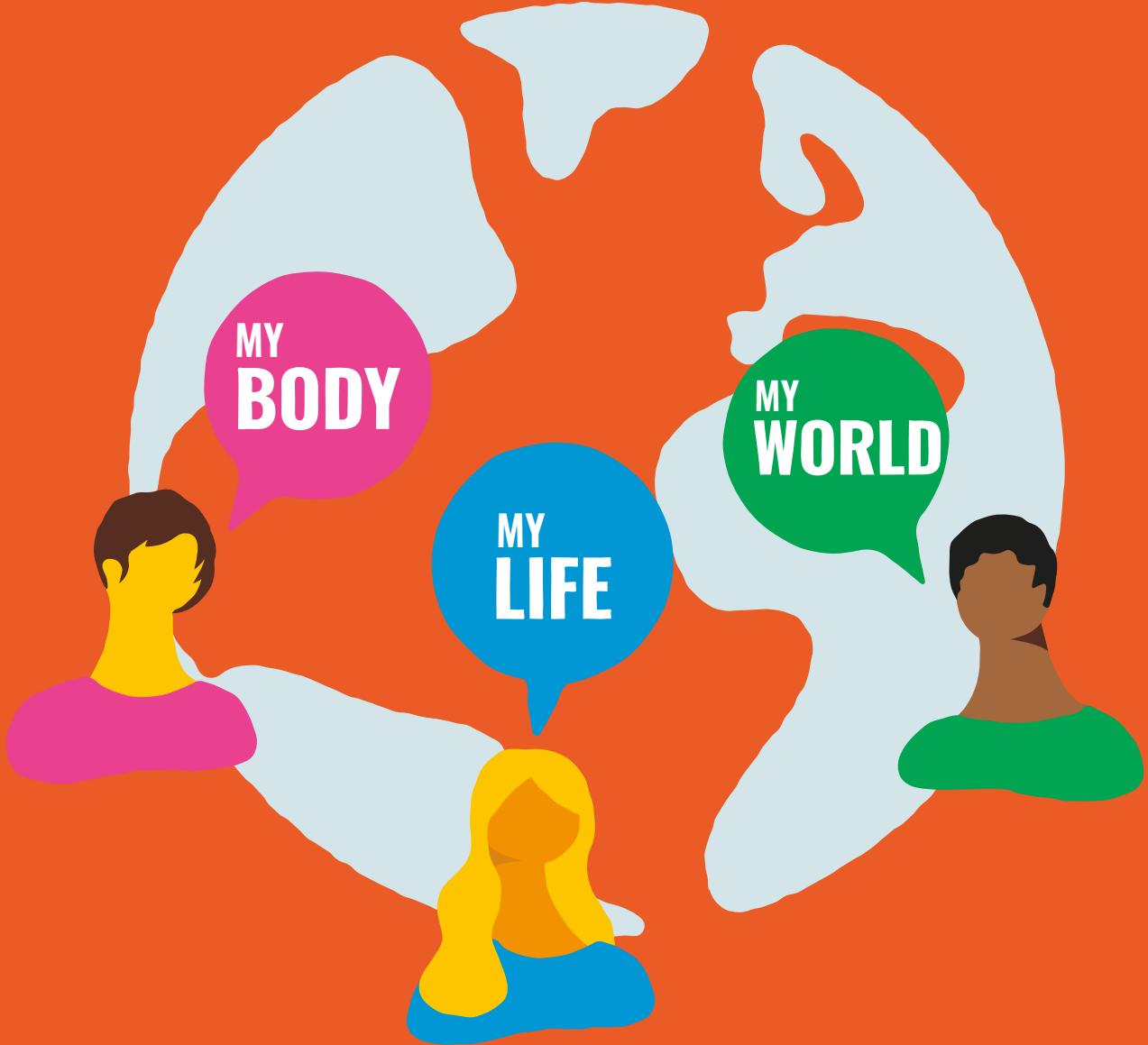




MY BODY, MY LIFE, MY WORLD THROUGH A COVID-19 LENS



UNFPA's approach to upholding the sexual and reproductive health and rights (SRHR) of adolescents and youth is encapsulated in its global strategy My Body, My Life, My World. The strategy was launched in 2019 to reaffirm and operationalize UNFPA's commitment to adolescent and youth SRHR 25 years after the International Conference on Population and Development affirmed the rights of girls, women and couples to choice and health.

At the start of 2020, the world was confronted by a pandemic in the form of COVID-19. The pandemic is having a tremendous effect on young people's lives, health and well-being. Its short-term impacts have already been devastating because of the large-scale interruption of employment, formal and informal education and learning, and health and social services. However, the medium- and long-term impacts could be irreparable if adequate measures are not taken to guarantee adolescents' and youth's basic rights to health, safety, choice and voice.

In order to safeguard these rights, UNFPA is supporting countries to reimagine, adapt and supplement the diverse range of interventions already undertaken across country contexts. Recognizing the complexity of this undertaking, the current package of technical briefs provides practical guidance in modular form to facilitate these adaptations. The briefs can be read and applied as a whole set or individually, depending on the context.

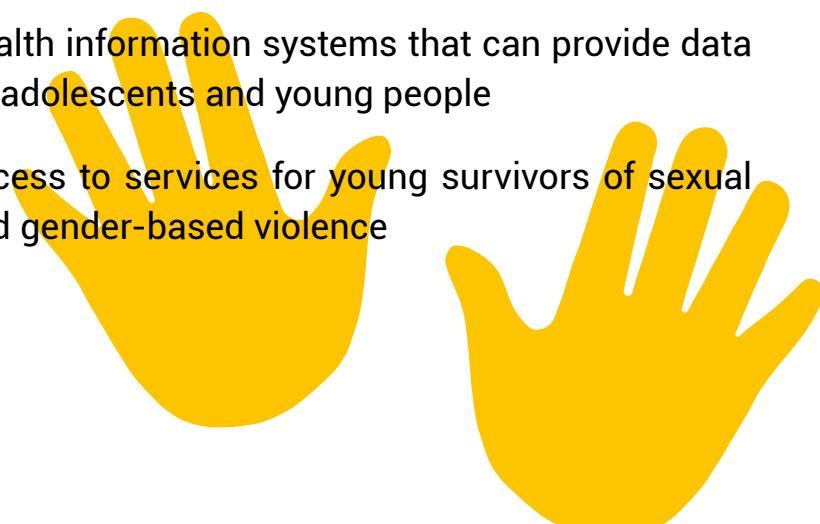
- To help address the impacts of COVID-19 on young people's health, including on their sexual and reproductive health and rights, there are three briefs under the umbrella of "My body". The first is a set of frequently asked questions on COVID-19 and young people, co-authored with WHO, UNESCO and UNICEF; the second is on risk communication and community engagement for and with young people; and the third on ensuring sexual and reproductive health services are still accessible to young people.
- To help tackle how COVID-19 is upending young people's lives, briefs under "My life" cover comprehensive sexuality education and girls' empowerment, particularly as it relates to child marriage.
- To help channel the dramatic changes from the pandemic into positive action, the section on "My world" comprises a brief on engaging young people as communicators and influencers through the #YouthAgainstCOVID campaign, a brief containing key survey questions for use during the pandemic and after it has passed, and a brief on the criticality of the youth, peace and security agenda during the pandemic.

While the pandemic has brought immense challenges to the mission of universal achievement of SRHR, it may also prove to be an opportunity to advance some areas, by pushing countries to deliver select information and services to the poorest communities through digital means, or to better address the economic determinants of SRHR (given the intense attention currently being paid to the effects that the pandemic has been having on the livelihoods of the poorest). No matter what the aftermath of the pandemic will look like, it is clear that critical attention must be paid to the needs of subpopulations defined by their age, gender, ability status, ethnicity and other critical intersecting identities. We hope that this kit, attentive to many of these factors, can advance current and future actions to support the health and well-being of young people everywhere, particularly those heavily affected by the COVID-19 outbreak.

WHAT DOES MY BODY, MY LIFE, MY WORLD PROMOTE?

MY BODY

- High-quality, integrated and innovative adolescent- and youth-friendly sexual and reproductive health services, including access to condoms and modern contraception
- Health policies and programmes that prioritize the needs of adolescents and young people
- A health workforce able to deliver high-quality, non-judgmental and confidential services to adolescents and young people
- Health information systems that can provide data on adolescents and young people
- Access to services for young survivors of sexual and gender-based violence



MY LIFE

- Access to comprehensive sexuality education for all children, adolescents and young people, in and out of school
- Programmes centred on adolescent girls that build their health, social, economic and cognitive assets, and reach the most marginalized
- Community engagement and empowerment, including boys, men, girls, women and local leaders
- Generation of data and evidence so that decision makers and planners can prioritize investments in adolescents and young people across all relevant sectors, including education and decent work
- Programmes and policies dedicated to building the capabilities and human capital of adolescents and young people



MY WORLD

- The meaningful participation of adolescents and young people in decision-making and dialogue
- Youth-led organizations, initiatives and movements, and their engagement in social and political processes, including in humanitarian and peacebuilding contexts
- Youth-led advocacy, mobilization and accountability mechanisms
- Greater focus on and investment in adolescents and young people in social, economic and environmental policies and programmes, and in peacebuilding and humanitarian action
- Demographic intelligence, including sex- and age-disaggregated data on young people



MY BODY

MY LIFE

MY WORLD

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QUESTIONS AND ANSWERS

ADOLESCENTS, YOUTH
AND COVID-19



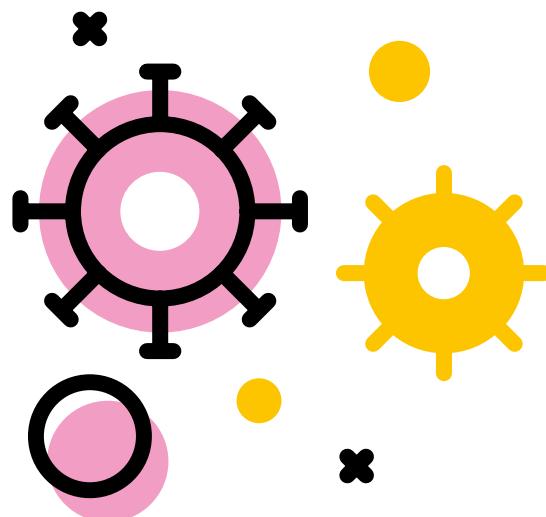
TECHNICAL BRIEF



United Nations
Educational, Scientific and
Cultural Organization

These questions and answers were developed by the World Health Organization, UNESCO, UNFPA and UNICEF¹.

We are grateful to young people from the Adolescents and Youth Constituency of the Partnership for Maternal, Newborn and Child Health who contributed to the development of these questions and answers.



¹ These questions and answers were published at the start of the pandemic on the WHO website on May 4, 2020. The question and answers may be updated coming months as the pandemic progresses.

Can adolescents catch COVID-19?

01

Yes. All age groups can catch COVID-19. While we are still learning about how COVID-19 affects people, older persons (e.g. persons over 60 years) and persons with pre-existing medical conditions, like high blood pressure, heart disease, lung disease, cancer or diabetes, appear to develop serious illness more often than others. As this is a new virus, we are still learning about how it affects children and adolescents. Evidence to date suggests that children and adolescents are less likely to get severe disease, but severe cases and death can still happen in these age groups.

READ
MORE

- https://www.who.int/docs/default-source/coronavirus/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4
- <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

Can adolescents spread COVID-19 to other people even if they have mild or no symptoms?

02

Yes. Infected people in all age groups – including adolescents – can transmit the virus to other people, even if they have mild symptoms or do not feel ill. The virus is spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs, sneezes or speaks. These droplets can land on objects and surfaces. People can then become infected by touching these objects or surfaces, and then touching their eyes, nose or mouth.

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- <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

Since there are few known cases of adolescents getting seriously ill with COVID-19, should I go to a health facility if I develop symptoms of the disease?



If you have minor symptoms, such as a slight cough or a mild fever, there is generally no need to seek medical care. Stay at home, self-isolate and monitor your symptoms. Follow national guidance on self-isolation.

Avoiding contact with others and visits to medical facilities will allow these facilities to operate more effectively and help protect you and others from possible COVID-19 and other viruses.

Seek medical care if your health gets worse, or if there is no one in your family that can take care of you at home. It is important that you follow the procedures put in place by your country. Ask a family member or another trusted adult how you can find out what these procedures are where you live.

READ
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- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- <https://apps.who.int/iris/rest/bitstreams/1272288/retrieve>

03

What should I do if someone in my family gets really ill with COVID-19?

04

Seek medical care, if members of your family get seriously ill. If possible, either you or an adult should phone the local or national COVID-19 emergency number for advice on where and how you could get care. If your family member is confirmed as having COVID-19, you must be prepared that you and other known contacts will need to monitor your symptoms, and continue to self-quarantine for 14 days, even if you feel healthy.

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- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

I am on medication for a chronic health condition. Should I change anything?

05

It is important to continue with any medication you may be using for chronic and other conditions, such as asthma, diabetes, HIV infection and TB, and attend recommended check-ups. Check with your health authorities and health provider if these check-ups should be done differently during the COVID-19 outbreak. Some services, such as counselling, may be available remotely. For treatment of clinically stable adolescents with HIV and adolescents with TB and/or other chronic conditions, your health provider should consider multi-month prescriptions and dispensing which will reduce the frequency of your visits to the clinic and ensure continuity of treatment, if movements are disrupted during the pandemic. Adherence to treatment is just as important during this period.

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- <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals>

I was due to get vaccinated for HPV, meningitis or tetanus, but immunization services have been disrupted. Should I be concerned?

WHO recommends that all vaccination in schools and mass campaigns should be postponed during the COVID-19 pandemic. However, vaccines provided to adolescents have sufficiently flexible schedules to make sure you can get the vaccine in time when vaccination services start again. For example, the HPV vaccine that requires two doses can be started any time between 9 and 14 years of age and the interval between the two doses can be longer. The minimum interval between doses is 6 months, but it can be 12 or 15 months and, if necessary, even longer. It is most important that you receive the second dose at some point in time to be fully protected.

Decisions to continue routine vaccination services are made by each country. Ask a family member or another trusted adult how you can get information about vaccination services where you live. It is important you get the vaccines you are supposed to get, even if they have to be delayed due to the COVID-19 pandemic.

READ
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- https://apps.who.int/iris/bitstream/handle/10665/331590/WHO-2019-nCoV-immunization_services-2020.1-eng.pdf
- https://apps.who.int/iris/bitstream/handle/10665/331818/WHO-2019-nCoV-immunization_services-FAQ-2020.1-eng.pdf

I am bored staying home. Since I am very unlikely to get severely ill even if I was to get COVID-19, why is it important that I follow the guidelines to prevent transmission such as keeping physical distance from other people?

Staying at home is difficult and can get boring, but it may help to do something you enjoy. This could be reading a book, playing games or listening to music. Try to stay connected with friends and family every day either by communicating with them by phone or internet if you can, or, if you live close to them and the local rules allow you to, by talking in-person while keeping your distance.

At the same time, it is still really important that you reduce your chances of being infected or spreading COVID-19 by washing your hands with soap and water or alcohol-based hand rub as often as possible, keeping at least 1 metre (3 feet) from other people, and avoiding crowded places. You might be one of the unlucky adolescents who does get severely ill if you catch COVID-19, or you could spread it to others and be responsible for them getting really ill or even dying. You have the power to make choices that could save lives and together young people can play an important part in fighting COVID-19.

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- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

Some of my friends are not sticking to the rules about physical distancing. What should I do?



Explain to your friends why it is important to protect themselves and others by washing their hands, avoiding touching their face, always coughing or sneezing into their elbow, sleeve, or a tissue, and cooperating with physical distancing measures and movement restrictions when called on to do so. Maybe you can share ideas for fun virtual activities that your friends can participate in, and you can encourage them to do them together with you or with other friends. This way you are giving them alternatives rather than just telling them to stay at home. But, remember that you do not have control over other peoples' actions so do not get into an argument or a fight to try to change their minds.

08

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→ <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

I am feeling really anxious about COVID-19 and its impact on my life. What should I do?

In situations like a pandemic it is very normal to feel anxious and powerless, and that is ok. Here are a few suggestions on things that could help you proactively manage your anxiety:

Think about how you are feeling. Don't ignore your feelings, especially if you don't feel well. When your life is disrupted, it is normal to have many different feelings: worry, frustration, sad, stress, anger, anxiety - this can happen to everyone. Draw on skills and strategies you have used in the past that have helped you to manage life challenges, and skills to help you manage your emotions. Here are a few examples:

- Keep a diary
- Express your feelings through art, like writing a poem, drawing, dancing, or playing music
- Talk about your feelings and concerns with someone you trust
- Try some breathing exercises. You may find guided breathing exercises online if you have access to internet.

Do something active every day: Any exercise will help, as it reduces levels of the body's stress hormones, which can help your body and mind relax. Exercise also produces a "feel good hormone" called endorphins which can help to improve your mood. Try taking a walk, running, or any physical activity outdoors while keeping a distance from others. For those who are unable to leave the house, you could open the window for fresh air and do some indoor exercises to stay active.

09

Don't use smoking, eating, alcohol or other drugs to deal with your emotions.

Stay connected with friends and family either by communicating with them by phone or internet if you can. If you live close to them and the local rules allow you to, you could also talk to them in person while keeping your distance.

Keep a daily routine as much as possible. Try to go to bed and wake up at the same times every day, making sure you get enough sleep. Plan ahead and try to have a balance of activities such as keeping up with schoolwork, physical exercise, connecting with friends and family, doing things you enjoy, and eating regular meals.

Talk to a health worker or counsellor if you, or someone you care about:

- feel overwhelmed with emotions like sadness, fears and worries
- feel like stress gets in the way of your daily routines, or
- feel like you want to harm yourself or others.

At this time, you may find it easier to speak to a counsellor than a health worker, given that there may be restrictions on movement and health facilities may be busy caring for those with COVID-19.

READ
MORE

- <https://www.who.int/docs/default-source/coronavirus/coping-with-stress.pdf>
- <https://www.who.int/docs/default-source/coronavirus/helping-children-cope-with-stress-print.pdf>
- <https://www.who.int/docs/default-source/coronavirus/mental-health-considerations.pdf>
- <https://www.un.org/youthenvoy/2020/04/copingwithcovid-a-webinar-series-on-young-people-and-mental-health/>
- <https://www.voicesofyouth.org/campaign/covid-19-and-youth-mental-health>

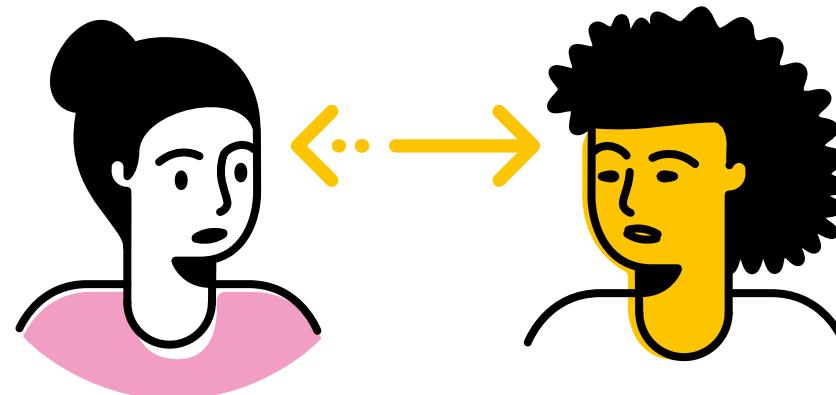
When will this pandemic end so I can go back to school and meet up with my friends?

We don't know when the pandemic will end, but we know it depends on every individual's contribution in helping stop the transmission. The sacrifices you have made by not seeing your friends and by stopping going to school and other activities are your contributions to fighting the pandemic. By putting societies and economies on hold, we have reduced the ability of the virus to spread through our communities. These defensive measures have helped to limit some of the short-term impacts of the virus, and bought us time to translate what we have learned about the virus into solutions so that we can get back to a more familiar way of living. It is important that you continue to practise these measures and encourage your friends to do the same.

10

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- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>



Schools are reopening in some areas of my country. Is it safe to go back to school?

A decision to reopen schools in every country and area is made based on careful assessment of the situation, with consensus among all the key parties involved, including the health and education policy-makers, teachers and other school staff, parents and health and community workers. In addition, the reopening of schools are carefully planned and prepared, with all necessary measures in place to protect the safety and health of everyone in the school community.

Therefore, if your school reopens, you should feel assured it is safe for you to go back to school – provided that you strictly follow the guidelines and rules that will be provided by your school.

Of course, if you have any concerns with going back to school, do not hesitate to speak out to your teachers and parents or guardians.

11

READ
MORE

- School reopening, UNESCO COVID-19 Education Response Education Sector Issue Note 7.1, April 2020
- Prepare for school reopening, IIEP-UNESCO's COVID response brief, April 2020
- Considerations for school-related public health measures in the context of COVID-19 <https://apps.who.int/iris/rest/bitsstreams/1277622/retrieve>



I know there is a risk of getting COVID-19 at the moment, but I feel fine. Can I still play sports?

Yes. You can still play sports that are in line with the physical distancing measures and movement restrictions that are in place in your country. Being physically active is good for your health, both physical and mental. Set up a regular routine to practice activities or sports that do not require close contact with others every day for 1 hour. You can do individual sports, like jogging, walking, dancing or yoga. There are many options to try. You can set up playground games indoors, such as jump rope and hop-scotch, play with your brothers and sisters, and practice some strength training activities, using improvised weights like bottles full of water or sand. If you have access to the internet, you can also join in online active games or fitness classes, or set up your own online physical exercises with your friends or classmates. Find an activity that is fun, can be done within the restrictions that are in place in your country, and makes you feel good.

12

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- <https://www.who.int/news-room/q-a-detail/be-active-during-covid-19>



I am missing out on my education because of the COVID-19 pandemic. What should I do?

Your school or place where you are studying are likely to make arrangements for you to catch up or to do exams at another time. Follow the procedures that your school has put in place to reduce the immediate impact of school closures, and to facilitate the continuity of education. If you have access to internet, you can also consult your teachers and other trusted adults to identify and access reliable online learning opportunities and resources, including those included in the **distance learning solutions recommended by UNESCO**, the United Nations agency that helps countries improve their education systems. In addition, UNESCO is collecting **stories from students, teachers and parents** about how they are coping and continuing to learn during school closures. Access those stories, they might inspire you. You can also contact UNESCO and share your story! Find out [how to share it here](#).

In places where internet connectivity is a problem, many governments have started to broadcast educational programmes on TV and radio channels during school closures. If you live in such a place, look out for educational programmes on your local TV and radio channels.

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- <https://en.unesco.org/covid19/educationresponse/solutions>
- <https://www.voicesofyouth.org/campaign/studying-home-due-coronavirus-how-young-people-around-world-are-keeping-their-mood>

13

COVID-19 is everywhere in the news, and I am finding it difficult to know what is true and what is false. What should I do?

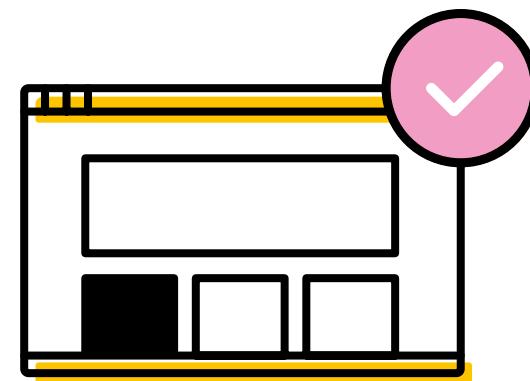
A near-constant stream of news, sometimes contradictory, can cause anyone to feel lost and distressed. Make sure to use reliable sources such as the **UNICEF** and the **World Health Organization's** sites to get information, or to check any information you might be getting through less reliable channels.

If you have a phone, you can use the **WHO Health Alert** on WhatsApp to get the latest information about the pandemic. This is a new service, which is free to use, designed to give prompt, reliable and official information 24 hours a day, worldwide. Start by clicking **WHO Health Alert**, then simply text the word 'Hi' in a WhatsApp message to get started. Keep in mind that overloading yourself with information about the COVID-19 pandemic can also be stressful, so seek information updates and practical guidance at specific times during the day and avoid listening to or following rumours that make you feel uncomfortable.

14

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- <https://www.who.int/docs/default-source/coronavirus/mental-health-considerations.pdf>



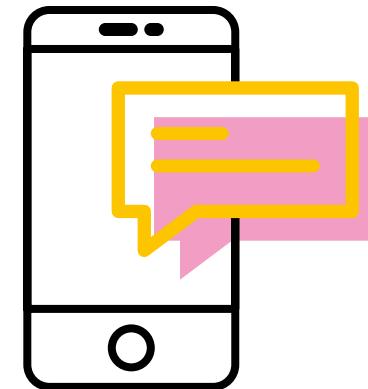
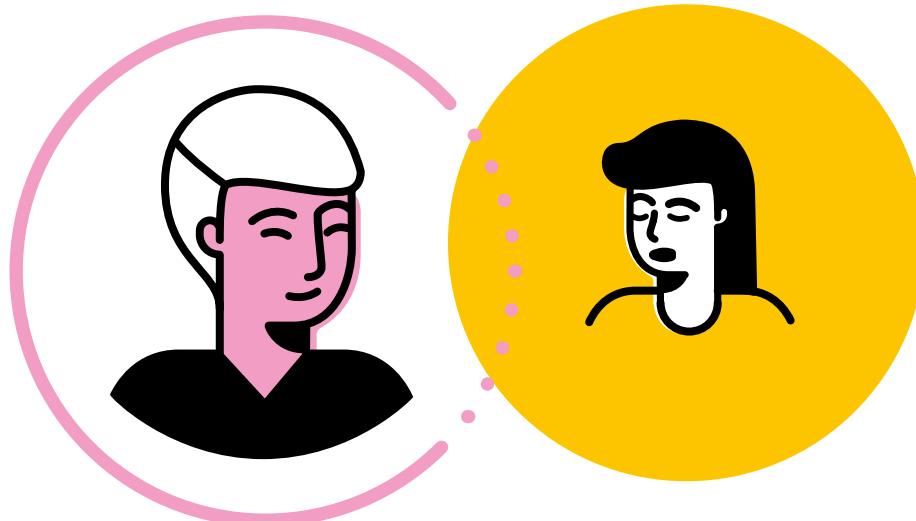
Is it safe to have sex at this time?

15

There is no evidence that COVID-19 is transmitted through semen or vaginal fluids. However, having sex with someone means that you are very close to them. This puts one person at risk if the other person has COVID-19. Masturbation does not involve another person, and carries no risk of COVID-19. Also, having sex with a partner whom you are living with does not carry this risk if both of you are taking steps to protect yourself from the virus. Make sure to use condoms and contraception to avoid sexually transmitted infections and unintended pregnancy.

READ MORE

- <https://www.who.int/news-room/q-a-detail/contraception-family-planning-and-covid-19>
- <https://www.unfpa.org/resources/adolescents-and-young-people-coronavirus-disease-covid-19>



In the lockdown, I am spending much more time online playing games, socialising and studying. Should I be worried about this?

16

COVID-19 has abruptly pushed many people's daily lives online, and you may be spending even more hours online than before. While online solutions provide huge opportunities for continuing your learning, socializing and playing, you should try to limit the amount of screen time that is not related to your studies or physical activity. This is because you need to be physically active to keep healthy and a positive attitude. In addition, some people are sensitive to flickering lights and may get headaches, nausea, and dizziness, and even seizures if they spend too much time in front of a screen. Therefore it is important to replace some of the recreational screen time with non-screen activities, like listening to music, reading, playing board games, and physical activity, like going for a walk or jog. Excessive gaming can lead to "gaming disorder" that leads to reduced sleep or day-night reversal, loss of appetite, aggression, headaches, and attention problems. If you experience these symptoms, seek help from your parents or a trusted adult.

I heard I can be hurt by online contacts. What are my risks and how I can protect myself online?

Since you might be spending even more time online than before, it is wise to be aware of some of the risks. First, be careful what content you share online. Risky behaviour, such as sexting or sharing of sexualized content, can expose you to risks of blackmail, harassment and humiliation. Second, spending more time online may increase the chances that you could come into contact with online predators who seek to sexually exploit young people. When in front of webcams wear appropriate clothing and do not connect with teachers or virtual classrooms from a bedroom. In addition, it's important to note that some adolescents – for example those with disabilities and those perceived to be different or at greater risk of catching or spreading COVID-19 – may be at increased risk of cyberbullying and discrimination. Hurtful, discriminatory or inappropriate online contact is never okay. If in doubt, or if you feel uncomfortable or distressed about some interactions you have online, tell a parent or another trusted adult immediately.

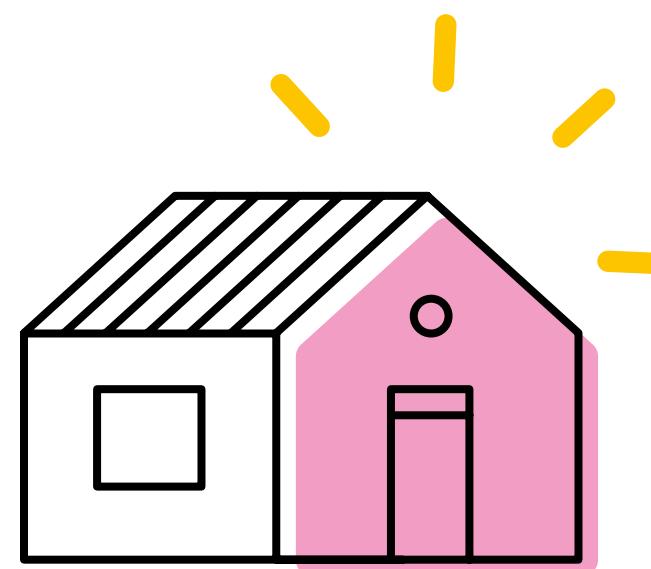
17

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→ <https://www.unicef.org/media/67396/file/COVID-19%20and%20its%20Implications%20for%20Protecting%20Children%20Online.pdf>

Since my parents stopped going out to work, they have been arguing with each other much more, and in some instances, I have seen one parent harm or hurt the other either verbally or physically. I don't feel safe at home. What should I do?

This is a difficult time. Many people – including perhaps your parents – are worrying about security, health, and money. When people are in the cramped and confined living conditions of lockdown, these tensions and stress can become even greater. It is normal to have disagreements. However, if the disagreements become verbal or physical, then it is right to take action.



If you are worried about what is happening in your home, or don't feel safe, talk to a trusted adult about what worries you, and seek their advice. During an argument or a fight, try not to draw attention to yourself so that you don't end up getting hurt. It might be useful to have a safety plan in case the violence escalates. This includes preparing a bag with essential items, like clothing, documents and electric charger, and having a neighbour, friend, relative, or shelter identified to go to should you need to leave the house immediately for safety reasons. Arrange with the trusted adult to help you alert the relevant authorities who can help you stay safe, including the police, emergency health services and social services.

In many of the countries that have been most affected by COVID-19, essential services are still available, including shelters or protection services. If there are no trusted adults for you to share your concerns with, your country may have helplines, including text services so that you can communicate with someone who can help you or give you advice.

18

READ
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- <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>
- <https://www.who.int/publications-detail/who-guidelines-for-the-health-sector-response-to-child-maltreatment>
- <https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf>

I don't like the way someone touches me at home and we are both at home all the time because of the pandemic. What should I do?



It is wrong for anyone to do this. And it is not your fault in any way. If you are staying in the same house as the person and/or are dependent on him (it will usually be a man), that may make some of the things that you could do difficult, especially during stay-at-home restrictions due to COVID-19. Here are some things that you can consider doing to improve your safety while in the house.

- You could tell him politely but firmly that you do not want him to touch you and ask him to please stop.
- You could inform your parents or other caregivers or trusted adult in the house about what is happening.
- You could inform a trusted adult outside your home such as a neighbour or a teacher or family friend or relative.
- If you have access to a phone, you could call or text for help and support. This includes calling hotlines/helplines for children and women who are in need of help or feeling distressed or subjected to abuse, or calling a child protection service in your area. Be careful not to leave your phone calls or text messages where anyone else could access them.
- If you need to leave the house immediately because he is hurting or harming you, think of discretely (without him overhearing) pre-arranging with a neighbour or trusted relative or family friend to help you leave the house and stay with them until it is safe for you to return home.
- If you have been sexually abused or raped and need urgent medical help or care, go as soon as possible to the nearest hospital or clinic to ask for medical care.

19

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- <https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf>

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[Q&A on Immunization in the context of COVID-19 pandemic](#)

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TECHNICAL BRIEF

NOT ON PAUSE

RESPONDING TO THE SEXUAL
AND REPRODUCTIVE HEALTH
NEEDS OF ADOLESCENTS
IN THE CONTEXT
OF THE COVID-19 CRISIS

INTRODUCTION

The coronavirus disease of 2019 (COVID-19) and the actions that countries are taking to respond to it are having a profound impact on the lives of adolescents (aged 10–19 years). In many places, schools have closed, hindering adolescents' abilities to continue their education and benefit from school-based services. Movement restrictions have been put in place, preventing adolescents from seeing their friends and partners, participating in their usual activities, and accessing supplies and services they need. Parents/caregivers may have had to stop working or are working from home, changing family dynamics. While all adolescents are affected by the pandemic and the responses to it, some adolescents are affected by it more negatively, based on the nature of the pandemic in the country, the responses put in place to address it there and their particular circumstances.

One major aspect of adolescents' lives that is being disrupted by COVID-19 is their access to health services. In many places, health facilities have closed or have limited the services that are available. Clinical staff who are occupied with the COVID-19 response may have less time to provide services, or lack the personal protective equipment to do so safely. Supply chain disruptions are limiting the availability of supplies and commodities.

Finally, adolescents may be unable to visit health facilities because of movement restrictions or may refrain from doing so because of fears about COVID-19 exposure.

The challenges in accessing and using sexual and reproductive health (SRH) services are layered on top of the many barriers to adolescents' access to and use of services in general. Restrictive laws and policies, parental or partner control, limited knowledge, distance, cost, lack of confidentiality and provider bias limit adolescents' autonomy and prevent them from accessing and receiving the sexual and reproductive health and rights (SRHR) information and services they need. Meanwhile, evidence from previous crises and projections about COVID-19 impacts suggest that this pandemic will have important repercussions for adolescents' SRH and well-being. For example, the 2014 Ebola outbreak in Sierra Leone contributed to increases in adolescent pregnancies and in sexual and gender-based violence.^{1,2,3}

¹ UNDP and Irish Aid, *Assessing Sexual and Gender-Based Violence during the Ebola Crisis in Sierra Leone* (New York, UNDP, 2015). Available at: https://www.sl.undp.org/content/sierraleone/en/home/library/crisis_prevention_and_recovery/assessing-sexual-and-gender-based-violence-during-the-ebola-cris.html

² Save the Children, UNICEF, Plan International and World Vision, *Children's Ebola Recovery Assessment: Sierra Leone* (Fairfield, Save the Children, 2015). Available at: <https://www.savethechildren.org/content/dam/global/reports/emergency-humanitarian-response/ebola-rec-sierraleone.pdf>

³ L. Denney, R. Gordon and A. Ibrahim, *Teenage Pregnancy after Ebola in Sierra Leone: Mapping Responses, Gaps and Ongoing Challenges* (London, ODI, 2015). Available at: https://securelivelihoods.org/wp-content/uploads/Teenage-Pregnancies-after-Ebola-in-SierraLeone_-Mapping-responses-gaps-and-ongoing-challenges.pdf

Projections from UNFPA suggest that, if the average lockdown (or COVID-19-related disruption) continues for six months, an additional 7 million unintended pregnancies and 31 million cases of gender-based violence could occur.⁴ Likewise, as a result of disruptions in prevention programmes as well as impacts on household economic status, an additional 13 million child marriages and 2 million cases of female genital mutilation could occur in the next decade.

Recognizing these challenges, there are adolescent-specific and other adolescent-relevant actions – set out in the table below – that can be taken by health systems and health service providers to respond to the SRH needs of adolescents in the context of the COVID-19 crisis.

⁴ UNFPA, *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-Based Violence, Female Genital Mutilation and Child Marriage* (New York, UNFPA, 2020). Available at: <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>



KEY CONSIDERATIONS

Service delivery to adolescents in COVID-19 times need to be informed by the following overarching considerations:

- **Adolescents are a heterogenous group.** While all adolescents have needs related to their SRH, some have greater needs than others and some face stronger barriers to accessing information and services, depending on their particular stage of development and circumstances. Some of these needs are exacerbated by the COVID-19 pandemic.
- **Adolescents – especially adolescent girls – are particularly vulnerable to increases in sexual abuse, unintended pregnancies and gender-based violence.** Disruption of social and protective networks and decreased access to services exacerbate these risks for adolescents. They can also create a sense of helplessness and increase the risk of anxiety and depression.
- **Adolescents are sexual beings.** Just like those of adults, adolescents' sexual thoughts, feelings and needs do not go away in the context of a pandemic. Furthermore, the discomfort, reticence and biases about acknowledging adolescents as sexual beings may be even stronger in times of crisis.

- Adolescents may have specific challenges in seeking SRH information and services, especially if school- and community-based services have stopped because of responses to COVID-19.
- Data and evidence on adolescents' health needs and circumstances are lacking, especially at the subnational level and for very young adolescents aged 10–14. This is a particular challenge in the context of COVID-19, when age- and sex-disaggregated data are key to staying alert to what is happening to whom, and to improving services in a timely manner.





In addition, service delivery should follow the principles of:

- **Doing no harm:** With physical distancing measures in place during this pandemic, essential person-to-person contact should be kept to a minimum and protective measures taken, and delivery should switch to contactless methods such as mass media and social media as far as possible.
- **Gender-sensitive, inclusive and human-rights-based programming:** Providing high-quality services to all adolescents in an inclusive way requires taking intentional steps to identify and reach socially vulnerable adolescents, including those living in humanitarian crises and conflicts and/or remote and rural communities. Adapt programmes to ensure they take into account the special challenges adolescent girls and adolescents with disabilities face during this pandemic, and ensure interventions do not depend solely on Internet or mobile phone services or require high levels of literacy.

DELIVERING THE ESSENTIAL PACKAGE OF SRHR INTERVENTIONS TO ADOLESCENTS IN THE CONTEXT OF COVID-19

The guidance set out in this brief builds upon UNFPA's foundational document on the essential package of SRHR interventions. Considerations for delivering this package to adolescents were subsequently detailed in the Journal of Adolescent Health's special supplement on the International Conference on Population and Development 25 years on.^{5,6} Successful implementation of the package in the context of COVID-19 requires an approach that looks at adolescents as biologically and socially distinct from other age groups and acknowledges that they face some barriers to obtaining SRHR services.

⁵ UNFPA. Sexual and Reproductive Health and Rights: an essential element of universal health coverage. New York: UNFPA; 2019.

⁶ Engel et al. An package of essential sexual and reproductive health and rights interventions - what does it mean for adolescents? Journal for Adolescent health; 2019; 65; S41- S50.

It covers eight essential interventions for adolescents⁷, laying out for each:

- 1 → recommended action – maintain, modify, enhance, postpone
- 2 → specific measures for delivery of services
- 3 → reinstatement triggers, which mark the resumption of the pre COVID-19 interventions
- 4 → considerations for transition towards restoration and recovery

Note that the guidance draws from WHO's Maintaining Essential Health Services: Operational Guidance for the COVID-19 Context, and UNFPA technical briefs focusing on COVID-19.

⁷ The provision of counselling and services for subfertility and infertility is part of the essential package of SRHB interventions but is less relevant for the adolescent population in general and in the context of COVID-19 in particular. For that reason, this intervention has not been included in this brief.

1

PROVISION OF COMPREHENSIVE SEXUALITY EDUCATION (CSE)



RECOMMENDED ACTION – Modify

SPECIFIC MEASURES FOR DELIVERY OF SERVICES

- Communicate CSE messages through mass media and digital media to which adolescents have access.
- Inform health-care providers on the important role they could play in informing and educating adolescents, and ensure that they have access to age-appropriate, accurate and up-to-date information that they can pass on to adolescents.
- Explore possibilities of delivering CSE out of school, following local policies on physical distancing (e.g. conducting training sessions outdoors and with smaller amount of participants) and ensuring access to PPE during training. Provide educators, including peers, with updated information on COVID-19 and how it affects young people.
- Encourage health care providers to use contact with adolescents to (i) communicate key CSE messages, (ii) provide educational materials and (iii) inform them about educational programmes in mass media or digital media.

MONITORING AND REINSTATEMENT TRIGGERS

- The reopening of schools and resumption of community-based activities.

CONSIDERATIONS FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE “NEW NORMAL”)

- Resume CSE with the assumption that what was done during the period of closures and disruption was likely to have been piecemeal and fragmented, and not have reached many sub-populations, particularly those that were housebound and lacked media access. Core content may need repetition and reinforcement, with inclusive targeting to reach all adolescents.

2

PROVISION OF CONTRACEPTIVE COUNSELLING AND SERVICES



RECOMMENDED ACTION – Maintain and modify

SPECIFIC MEASURES FOR DELIVERY OF SERVICES

- Inform adolescents where and how to access contraceptive counselling and services, including changes, if any, to service delivery times, location, etc. during the COVID-19 response.
- In health facilities, ensure that adolescents have access to the full range of contraceptive methods, including condoms and emergency contraception.
- Ensure that forecasting for commodities and procurement planning are taking adolescents' needs into account, and adjust for potential alterations in method choice.
- In case the preferred method is not available, support the adolescent to identify an alternative method that meets his/her needs and preferences.
- Consider waiving restrictions (if restrictions exist), such as those based on age, marital status or parental/spousal consent, and providing services free of charge within the relevant legal jurisdiction and in line with international guidelines.
- Consider providing multi-month supplies with clear information about the method and how to access referral care for adverse reactions.
- Counselling and services should continue to be provided discreetly and confidentially to adolescents, especially if someone else accompanies the adolescent to the consultation'.

- Consider establishing alternative delivery modalities for contraceptives that are more accessible to adolescents (such as through pharmacies, shops or community-based delivery).
- Consider setting up hotlines for adolescents providing information and advice on contraception self-use, side effects, method choice and other questions on SRHR.

MONITORING AND REINSTATEMENT TRIGGERS

- The resumption of routine health service provision from health facilities, removal of mobility restrictions and subsequent resumption of community health worker outreach visits and community-based distribution.

CONSIDERATIONS FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE "NEW NORMAL")

- Enable adolescents who had to pause contraceptive use or change methods, because their preferred method was unavailable, to return to it.
- Where possible, promote the institutionalization of good practices in improving accessibility and quality that were put in place during the period of closures and disruption.

3

COMPREHENSIVE ABORTION CARE

Comprehensive abortion care where mentioned in the brief always relates to services provided to the full extent of the law in the specific country and context. Post abortion care is legal in all countries.



RECOMMENDED ACTION – Maintain and modify

SPECIFIC MEASURES FOR DELIVERY OF SERVICES

- Inform adolescents where and how to access comprehensive abortion care, including safe abortion to the full extent of the law and post-abortion care, through appropriate channels.
- In health facilities, ensure that comprehensive abortion care remains available for adolescents, is safe and is provided respectfully and confidentially.
- Consider relaxing policies to enable the use of telemedicine for the provision of medical abortion to adolescents to avoid unnecessary clinical visits.
- Consider reducing barriers that delay access to care and therefore increase risks of adolescents reverting to un-safe abortion practices. In particular, consider waiving restrictions (if these exist), such as on age, parental/spousal consent or marital status, and providing services subsidized or free of charge within the relevant legal framework and inline with international guidelines.
- Ensure that gender-based violence prevention and treatment services are available to the adolescent during the care encounter, or that the adolescent is referred based on their individual situation.

- Ensure that sexually transmitted infection (STI) services are available to the adolescent during the care encounter, or that the adolescent is referred based on their individual situation.
- Counsel adolescents on, and provide, post-abortion contraception, where desired, to avoid rapid repeat pregnancy.

MONITORING AND REINSTATEMENT TRIGGERS

- The resumption of routine health service provision from health facilities and removal of mobility restrictions.

CONSIDERATION FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE “NEW NORMAL”)

- Where possible, promote the institutionalization of good practices in improving accessibility and quality that were put in place during the period of closures and disruption.



4

PROVISION OF ANTEPARTUM, INTRAPARTUM AND POSTNATAL CARE



RECOMMENDED ACTION – Maintain and modify

SPECIFIC MEASURES FOR DELIVERY OF SERVICES

- Inform adolescents where and how to access maternal care through mass media and digital media where adolescents have access to them.
- Consider using telemedicine for counselling and screening, including for risk factors known to be increased in the context of COVID-19 and to which adolescents may be particularly vulnerable (e.g. mental health conditions and gender-based violence) and the occurrence of danger signs.
- Where comprehensive facility-based services are disrupted, (i) prioritize antenatal care contacts for pregnant adolescents, (ii) ensure that birth preparedness and complication readiness plans are adapted at each contact to consider changes to services and (iii) prioritize postnatal care contacts during the first week after childbirth.
- Put in place targeted outreach strategies where coverage and care-seeking among pregnant adolescents have declined.

For further recommendations see [UNFPA Technical Brief package on facility-based maternity service delivery and phone-based antenatal and postnatal care during the COVID-19 pandemic](#).

MONITORING AND REINSTATEMENT TRIGGERS

- The resumption of routine health service provision from health facilities and removal of mobility restrictions.

CONSIDERATIONS FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE “NEW NORMAL”)

- Plan to catch up on missed antenatal and postnatal care contacts.
- Where possible, promote the institutionalization of good practices in improving accessibility and quality that were put in place during the period of closures and disruption.



5

PREVENTION AND TREATMENT OF HIV AND OTHER STIs



RECOMMENDED ACTION – Maintain and modify

SPECIFIC MEASURES FOR DELIVERY OF SERVICES (HIV AND OTHER STIs)

- Inform adolescents where and how to access HIV and other STI testing and care, where access is possible, through mass media and digital media.
- In health facilities, ensure the availability of HIV and STI diagnostics and medications are available and that HIV and STI testing and care are provided discreetly and confidentially.
- Ensure the availability of condoms and promote their use.
- Consider waiving restrictions (if these exist), such as those based on age, marital status or parental/spousal consent, and providing services free of charge.
- Prioritize HIV and other STI testing for adolescents who are at higher risk of infection and those presenting with defined conditions (e.g. screen people with tuberculosis for HIV).
- Encourage adolescents presenting for testing and care to refer their sexual partners, and/or offer them the possibility of dispensing treatment to their sexual partners themselves.
- Where possible, provide home-based HIV and other STI tests, as well as information about proper self-sampling and where to send samples. Establish clear pathways for further testing services and linkage to care.

- Where possible, use digital platforms and mobile health strategies (to minimize clinic visits) to provide adolescents with test results, treatment and prevention messaging, while ensuring privacy and confidentiality.

SPECIFIC MEASURES FOR DELIVERY OF SERVICES (HIV-SPECIFIC)

Prevention

- Provide for multi-month prescribing of pre-exposure prophylaxis, including for clients initiating it, if appropriate. Arrange for a facility-based visit after first month unless no exposure within past three weeks.
- Suspend voluntary medical male circumcision campaigns; continue post-operative follow-up.

Treatment

- For routine screening of adolescents living with HIV, use point-of-care CD4 cell count at start of anti-retroviral therapy (ART) and return to care to diagnose advanced AIDS.
- Emphasize same-day start for ART, including when the patient is starting outside a facility (e.g. during outreach or when attending mobile services).
- For ART treatment monitoring, reduce viral load testing to every 12 months unless otherwise clinically indicated.
- Modify services to promote out-of-clinic delivery of elements of the advanced disease package of care (prophylaxis, screening for CD4 count and tuberculosis screening).

MONITORING AND REINSTATEMENT TRIGGERS

- The resumption of routine health service provision from health facilities and removal of mobility restrictions.

CONSIDERATIONS FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE "NEW NORMAL")

- Run catch-up campaigns for HIV and other STI testing.
- Re-establish peer and group counselling and adherence support and tracing, and also re-engage people who have disengaged.
- Return to three-monthly dispensing, if preferred.
- Implement catch-up campaigns for full clinic check-ups and to assess viral load.
- Where possible, promote the institutionalization of good practices in improving accessibility and quality that were put in place during the period of closures and disruption.

**6****PREVENTION, CARE AND RESPONSE TO SEXUAL AND GENDER-BASED VIOLENCE****RECOMMENDED ACTION – Maintain and enhance****SPECIFIC MEASURES FOR DELIVERY OF SERVICES****Sexual abuse and sexual violence**

- Inform adolescents where and how to get care, where access is possible, through mass media and digital media.
- Sensitize and alert health-care providers, community workers and support networks to the potential for increases in sexual and gender-based violence and ensure they are aware of adolescents' specific vulnerabilities (e.g. limited ability to report abuse).
- Strengthen screening and enhance care and support, including mental health and psychological support for adolescents.
- Ensure the availability of post-rape care services including emergency contraception, HIV post-exposure prophylaxis, and testing and treatment for STIs for adolescents.
- Identify safe houses, shelters or social service referrals for adolescents at risk of violence in or around their homes.
- Establish help lines or enhance existing help lines for adolescents to seek help if needed.

Child marriage and female genital mutilation

- Communicate messages to adolescents and their families, through mass media and digital media where families have access to them, that child marriage and female genital mutilation are harmful and that they are forbidden (where legal restrictions exist).
- Advise community members and leaders to be vigilant about the possibility that child marriage and female genital mutilation may occur in increasing numbers during the pandemic.
- Establish help lines or enhance existing help lines for married adolescents or unmarried adolescents about to be married to seek urgent help if needed.

MONITORING AND REINSTATEMENT TRIGGERS

- The resumption of routine health service provision from health facilities, removal of mobility restrictions and resumption of community-based activities.

CONSIDERATIONS FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE "NEW NORMAL")

- Inform adolescents that they can seek care if they have experienced sexual and gender-based violence and were unable to do so during periods of confinement.
- Inform adolescents that they can report the occurrence of child marriage or female genital mutilation if they were unable to do so during periods of confinement.
- Where possible, promote the institutionalization of good practices in improving accessibility and quality that were put in place during the period of closures and disruption.

7

PREVENTION OF CERVICAL CANCER THROUGH HPV VACCINATION

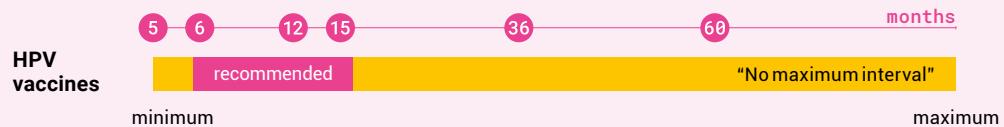


RECOMMENDED ACTION – Modify

SPECIFIC MEASURES FOR DELIVERY OF SERVICES

- WHO recommends that all vaccination in schools and mass vaccination campaigns be temporarily suspended during the COVID-19 pandemic. The necessity of delaying HPV vaccination programmes should be re-evaluated at regular intervals.
- If school-based HPV vaccination initiatives continue - or when they resume - infection prevention and control measures need to be implemented to avoid increased risk of transmission of the COVID-19 virus among students, school personnel and health care providers.
- If a HPV vaccine series was interrupted, it is still safe and efficacious to administer the second dose with a longer interval. If needed, adjust the HPV vaccine schedule using the graph below, which indicates the range of interval flexibility between the first and second doses. There is no maximum recommended interval between doses, however, an interval no greater than 12–15 months is suggested.

Interval for 2 dose schedule, initiated before 15 years of age



Source: WHO Position paper on HPV vaccines, 2017

Available at: https://www.who.int/immunization/policy/position_papers/hpv/en/

- If HPV vaccinations are postponed, start to design a catch-up programme for the period following the COVID-19 outbreak. It should assess immunity gaps and include strategies to track and follow up with girls who missed vaccinations.
- Engage the National Immunization Technical Advisory Groups (NITAGs) to review policies that may create barriers to catch-up vaccination (such as age restrictions) and revise if needed.
- Inform health workers and others involved in different aspects of HPV vaccine delivery (e.g. community health workers or teachers) about altered HPV schedules and updated age restrictions. Communicate the importance of HPV vaccination and the efficacy and safety of the new schedule or longer interval between vaccine doses.
- Inform adolescents and their parents about the importance of a full series of HPV vaccination and any altered HPV schedule, reassuring them about the efficacy and safety of HPV vaccination and the alternative interval.

MONITORING AND REINSTATEMENT TRIGGERS

- The reopening of schools, resumption of community-based activities and removal of mobility restrictions.

CONSIDERATION FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE “NEW NORMAL”)

- Close the immunization gap caused by COVID-19 through implementing a catch-up vaccination plan which includes:
 - Defining a strategy for tracking girls who missed doses during the pandemic, including those girls who changed schools or moved away.
 - Implementing vaccine checks at school entry.
 - Combining cohorts for catch-up if possible
 - Reviewing age restrictions linked to eligibility for HPV vaccination to ensure previous eligible cohorts are able to be fully immunized.
 - Reinforcing demand for the HPV vaccine by developing and implementing a communication strategy to reconnect with and inform communities of the altered vaccine schedule and eligibility.

8

COUNSELLING AND SERVICES FOR SEXUAL HEALTH AND WELL-BEING, INCLUDING PROVISION OF MENSTRUAL HEALTH INFORMATION AND SERVICES



RECOMMENDED ACTION – Maintain and enhance

SPECIFIC MEASURES FOR DELIVERY OF SERVICES

- Advocate with authorities to ensure that affordable menstrual products are available in stores as an essential service.
- Advocate for the inclusion of menstrual products in the distribution of food or non-food items to girls with limited movement or those in camps and institutions.
- Use contacts with a health-care provider to dispense menstrual products and to inform girls about alternative, reusable menstrual products.
- Engage community groups to extend the availability of affordable menstrual products.
- Ensure that menstrual health information is included in health service provision and that it is provided other health information efforts including those on self care.
- Ensure adequate access to essential medication for people under long-term treatment (e.g. hormonal therapy as part of gender-affirming care).

For further recommendations on menstrual health during COVID see the UNICEF brief "Mitigating the impacts of COVID-19 on menstrual health and hygiene" (April 2020).

MONITORING AND REINSTATEMENT TRIGGERS

- The resumption of routine health service provision from health facilities and removal of mobility restrictions.

CONSIDERATION FOR TRANSITION TOWARDS RESTORATION AND RECOVERY (THE "NEW NORMAL")

- Where possible, promote the institutionalization of good practices in improving accessibility and quality that were put in place during the period of closures and disruption.



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MY BODY

INVISIBLE BUT NOT FORGOTTEN

RISK COMMUNICATION
AND COMMUNITY ENGAGEMENT
WITH YOUNG PEOPLE LEFT
BEHIND DURING COVID-19

TECHNICAL BRIEF



BACKGROUND AND RATIONALE

Engaging young people during the COVID-19 health emergency and involving them effectively in risk communication efforts is a critical part of the United Nations' and the United Nations Population Fund's (UNFPA's) COVID-19 global response plan.¹ Failure to connect and communicate well with young people during this pandemic will affect their ability to protect themselves, their loved ones and their communities, and can erode their trust in health-care and other institutions.

It is always complex to provide reliable and timely multidirectional risk communication during a health emergency; however, COVID-19 presents particular challenges. The required social distancing, widespread lockdown measures and school closures all over the world call for new and innovative ways of effectively communicating with young people. Gender, class, age, race, ethnicity, income level, marital status, mobility and geography all determine the level of access to basic health information and services during the COVID-19 pandemic. As critical activities and institutions move online in response to the pandemic, digitally connected young people are relatively better positioned to adapt and respond.

However, young people living in poverty or isolated, hard-to-reach communities, or experiencing various forms of marginalization, still face major access and connectivity challenges. Many live virtually "off the grid", outside the reach of electricity and the Internet, and far from service delivery points. In addition, mitigation measures, such as frequent handwashing, physical distancing and stay-at-home orders, may be more difficult or impossible for them to adhere to.

Effective risk communication and community engagement (RCCE) strategies for these populations of young people require specific interventions and strategies relevant to their contexts that do not depend solely on Internet or cellular services or require high levels of literacy. The objective remains to improve young people's knowledge, attitudes, and/or behaviours, including increasing their risk perception, reinforcing positive behaviours, influencing social norms and empowering them to change and improve their well-being and resilience. Messages must be inclusive and transmitted through multiple media options, including radio, visual guides and community mobilization, in a diversity of languages, using accessible formats and technologies. Programmes need to reach all young people, regardless of their background and context, to ensure that they have the information, tools and support systems they need to make informed decisions that will have a direct impact on the health and safety of their communities and the progression of this pandemic globally.

¹ Risk communication and community engagement, and youth engagement, are accelerators in UNFPA's COVID-19 Global Response Plan (March 2020).

This resource pack has been developed to provide practical guidance on engaging young people in RCCE related to COVID-19. Although it has been designed with UNFPA country offices and their partners in mind, it can be utilized by any organization working with young people. The recommendations reimagine RCCE in the context of physical distancing and containment, and leverage community-based approaches to effectively and ethically reach marginalised young people. This document draws upon the extensive work on RCCE in emergencies developed by many stakeholders within and outside the United Nations system.



THREE STRATEGIES TO REACH YOUNG PEOPLE LEFT BEHIND AND THEIR COMMUNITIES

This document is organised around three sets of strategies, with a list of practical resources for each set.

- 1 → **Know young people and their experience.**
See, understand and listen to the diverse young people left behind.
- 2 → **Spread the message (not the virus).**
Share information, clarify misinformation and engage young people.
- 3 → **Intensify support systems.**
Be inclusive, complement information with services and build social support.

**KNOW THE
YOUNG
PEOPLE
AND THEIR
EXPERIENCE**

1



SEE

IDENTIFY THE POPULATIONS OF YOUNG PEOPLE AFFECTED

Identifying subgroups of young people in need of contextually relevant messaging, formats and platforms increases the likelihood of reaching and appealing to them. The subgroups listed below are illustrative, non-exhaustive and not mutually exclusive. In other words, your context may have young people with other identities and multiple identities at once.

- Young people living in low-resource settings and/or remote, rural communities (particularly adolescent girls and young women).
- Young people with low levels of literacy.
- Young people with limited or no access to Internet and cellular services.
- Young people living with disabilities.
- Married girls.
- Young people who are indigenous and of African descent.
- Young people who identify as lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI).
- Young migrants, young people who have been internally displaced or refugees.
- Young people in detention, experiencing homelessness or living in shelters.



UNDERSTAND

ASSESS THE SITUATION

Collating existing information and/or conducting rapid qualitative (including data disaggregated by sex and age and a subanalysis of data of existing socioeconomic assessments) and/or quantitative assessments can help understand the realities of young people living in a number of settings under the current pandemic, particularly those left behind.



DO:

Use available local resources to quickly map out young people's communication patterns and channels, and consider their vocabulary and preferred languages and beliefs.

Examine how their communities are organized, who their influencers are and the state of critical services, including health, education, social protection and nutrition.

Analyse and assess the situation, ideally together with young people themselves.



CONSIDER:

Identifying **context-relevant channels of communication**, for example community leaders and community councils.

Using **mobile phone surveys**, including the use of interactive voice response (IVR), to assess young people's knowledge, attitudes and practices.

Access to mobile devices or smartphones, Internet/app savviness, ownership of devices and/or connectivity by caregivers or by young people themselves.

The **digital divide** as well as uneven access to devices and the Internet, based on age, gender and other social factors. Boys and young men are more likely than girls and young women to have access to devices and the Internet, for example.



RESOURCES

- The World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the International Federation of Red Cross and Red Crescent Societies (IFRC) have published RCCE Action Plan Guidance for COVID-19 Preparedness and Response (March 2020).
- Viamo is a platform that supports nationwide mobile phone surveys using interactive voice response (IVR).
- Gender and Adolescence: Global Evidence published "Exploring adolescents' experiences and priorities in Ethiopia under COVID-19", which is a good example of a qualitative study conducted by phone yielding relevant and actionable insights (April 2020).
- Translators without Borders focused on the importance of languages in RCCE in their publication Do You Speak COVID-19? The Importance of Language for Effective Communication across the Response (March 2020).
- GeoPoll is conducting online and mobile surveys on perceptions of risk and the impacts of COVID-19 across various countries in sub-Saharan Africa.



KEEP COMMUNICATIONS CHANNELS OPEN

Keeping communication channels open during times of physical distancing and the pause in active social life is important for all areas of UNFPA's work, but it is particularly critical for youth engagement. Young people rely on school, community and leisure settings, not only for learning but also for social interaction and their development. With widespread lockdowns, it is important that programmes stay connected to the young people they serve and provide an avenue for them to express their concerns, anxieties and ideas of how to support each other in the fight against the virus.



DO:

Maintain communication with hard-to-reach young people, particularly while social distancing measures are in place, through a multitude of platforms and channels – for example, community leaders and volunteers where they are still active, community services, loudspeakers, radio, television, messaging services and social media.



CONSIDER:

Creating **intentional space to listen** to the concerns and needs of adolescents and young people, and co-determining what is feasible to act on. Establishing/using safe spaces for only adolescent girls or young women to address their particular needs.

Setting up a **feedback mechanism with young people** to increase the accountability and quality of the programmes and services they use.

Supporting **solutions that minimize mobile data usage** and related costs, and making sure that content is produced in a low-resolution format.

Allocating resources for mobile data to be provided to young people in your networks.

Leveraging **existing communication channels** at the community level, for example house-to-house flyer delivery and interactive radio programmes that young people can call and ask questions. Ask young people to provide comments on the format of radio shows and overall feedback on the type of communication that will effectively reach a young audience.



RESOURCES

- BBC Media Action summarized the lessons learned from Ebola in its publication [Using Media and Communication to Respond to Public Health Emergencies: Lessons Learned from Ebola](#).
- The Global Outbreak Alert and Response Network (GOARN) developed a comprehensive set of "Tips for engaging communities during Covid-19 in low-resource settings, remotely and in-person" (May 2020).
- IFRC's [Feedback Starter-Kit](#) responds to key questions and provides the most important tips for setting up and running a simple feedback mechanism.
- UNFPA's "[Women and girls safe spaces](#)" guidance note is based on lessons learned from the Syrian crisis.
- UNFPA East and Southern Africa presents www.tuneme.org, with live chats for active youth engagement.
- UNICEF's [Internet of Good Things \(IOGT\)](#) provides COVID-19 information on a mobile-friendly website, configured to use minimal data. The site is supported by Facebook and is available for free in 65 countries, reaching parents, caregivers and health-care providers.

2



SHARE

GET THE WORD OUT

Accurate information on COVID-19 – on prevention, symptoms, testing and treatment – is a critical component in the fight against COVID-19. How the message is conveyed matters nearly as much. Earlier outbreaks (SARS, Ebola) have shown that uptake of risk prevention recommendations has been highest when messages were delivered by trusted intermediaries and based on shared values and trust. These mediators can be community leaders, traditional and faith leaders, and trusted people in the media, education or work establishments.²



DO:

Spread the word about the COVID-19 pandemic and how it could affect and have an impact on young people, stressing the importance of intergenerational solidarity and gender responsiveness, and how young people can take action to contain the spread of the virus and support others in need.

Identify who is trusted and has legitimacy in the community and with young people, as these people will be crucial in making knowledge actionable.



CONSIDER:

Contextualizing RCCE for young people, taking into account the way their community is organized and the indigenous health system in the case of indigenous communities; promoting dialogue with their representatives in their local language; and including young people, along with elders and women, in decisions that may affect them. For example, consider the role of town criers in some indigenous communities and the consultation assemblies for disseminating messages to the entire community through local leaders.

Partnering with **local and community radios** is a great way to close a community feedback loop and provide answers to common questions.

Such formats can facilitate collecting questions and feedback on topics, providing interactive spaces for young people and hosting an expert who will be able to provide direct practical answers to address the concerns of young people.

Supporting **hotlines** for personalized accurate information, ideally pre-existing ones that community members are already aware of. Apart from sharing COVID-19 knowledge, hotlines can provide information for gender-based violence (GBV) referrals and psychosocial support to young people identifying as LGBTQI. They can be operated by young people who have been trained in how to respond to requests.

² See Social Science in Humanitarian Action Platform (2019). Social science lessons learned from Influenza and SARS, January 2019.



RESOURCES

- UNFPA, Prezi and youth partners have launched the [#YouthAgainstCOVID19 campaign](#), which provides young people with information about the pandemic and how it could affect them, their families and their communities.
- WHO has issued "[Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19](#)" (April 2020).
- Inter-agency Network for Education in Emergencies– Education Development Center (EDC) issued a guide to [Repurposing Established Radio and Audio Series to Address the COVID-19 Educational Crises](#) (April 2020).
- The EDC has assembled ideas and international resources for the COVID-19 crisis for partners and students.
- The UK Red Cross's "[Hotline in a Box](#)" toolkit provides step-by-step guidance on establishing a hotline to communicate with communities during a humanitarian crisis.
- GOARN issued useful tips for engaging communities during COVID-19 in low-resource settings, remotely and in person.
- BBC Media Action has produced a short, easy-to-understand guide to the dos and don'ts of community engagement – [Covid-19: Guide to Community Engagement at a Distance](#).



Try to ensure that the people answering calls speak the right local languages and dialects so that they will be able to communicate clearly with the community members. Make sure you properly assess the time it will take to set up a hotline and the multiple technological, language and training requirements involved in setting up a functioning service.

Working with **services still being accessed** by young people, such as bus, taxi and combi drivers, market vendors, pharmacies and health facilities, to disseminate information while maintaining physical distance. In areas of higher literacy, local language posters or wall paintings/messages with key preventive messages can be displayed.

Using **loudspeakers or megaphones** if available, which could be put in places near homes, allowing messages about handwashing and social distancing to be passed on to the community at certain times of the day, without people having to leave their homes. Vehicles equipped with loudspeakers and signboards can move through communities sharing messages.

Young people can be partners in operating the loudspeakers and/or megaphones if equipped with the right information.

Using **places of worship** to get information out. Work with religious leaders and faith-based youth groups, if possible, to make sure that the information they are distributing is accurate and youth responsive.

Using **SMS messaging and alerts** that do not require the Internet. You can provide real-time updates and relevant information on a variety of health and safety topics through short and relevant text messages. Partnering with companies providing text messaging services could reduce costs as part of their corporate social responsibility initiatives.



RESOURCES

- IFRC's "Guidance for national societies on safe and remote risk communication and community engagement during COVID-19" (April 2020) provides hands-on tips for practitioners.
- WHO, UNICEF and the IFRC issued a leaflet to distribute to community members as well as leaders, to enlist them in the prevention of the spread of COVID-19 – "How your community can prevent the spread of COVID-19".

Q CLARIFY

PROMOTE ACCURATE INFORMATION AND MANAGE MISINFORMATION

With so many sources of information at young people's fingertips, it is critical that they know where to go for the most accurate, reliable and up-to-date information. Given the novelty of the virus, scientists are still discovering its various characteristics. The overabundance of information and questions circulating in traditional media and social media has contributed to an "infodemic", which can make it hard for young people to assess risks, and know the preventive measures they need to take, and when and where to seek care.



DO:

Be a reliable resource for timely and credible information, disseminating accurate and youth responsive information in line with WHO-approved guidance.

Focus your communication on the spread of the virus, the risks associated with contracting it and why young people should comply with the recommendations, even if their relative risk of developing a serious illness from the virus is low.

Manage the spread of misinformation.

Avoid making assumptions about what young people need to know or how best to communicate with them by consulting with young people themselves.

Avoid generalisations even if working, even if working within a familiar context or country.



RESOURCES

- Use the WHO/UNICEF/UNESCO/UNFPA Q&A for adolescents and young people related to COVID-19.
- SMS Biz Mozambique created a quiz on myths and rumours about COVID-19.
- UNFPA, Prezi and youth partners' #YouthAgainstCOVID19 campaign script "Episode 3: sex, sexual health and COVID-19", which provides information about and tips for self-care, safe sex and protection during confinement.
- UNICEF's HealthBuddy is a tool, modelled on the U-Report chatbot, to tackle COVID-19 misinformation and myths in Europe and Central Asia.
- Internews is working with Translators without Borders and Standby Task Force to collect and analyse rumours and misinformation related to the COVID-19 outbreak. Access the Internews rumour tracker methodology and the regular COVID-19 social media rumour bulletin for more information.
- UNESCO's brief DISINFODEMIC on COVID-19 provides key elements to consider to prevent and manage misinformation.

**CONSIDER:**

Stating uncertainty clearly in communicating with young people. Do not over- or under-reassure, and lay out risks and potential consequences clearly in an understandable way. Providing numbers, facts and context, in a simple, age-appropriate and timely way, can help bolster trust.

Developing frequently asked questions or a question & answer (Q&A) on COVID-19, targeting adolescents and young people. A global version of a Q&A on COVID-19 for adolescents is available and can be adapted to the local context and age group.

Providing specific information to subgroups of adolescents and young people that may be at higher risk – such as young people living with HIV, young migrants, young people living in detention, young people living in refugee camp settings and young people living with disabilities, using appropriate communication channels and languages.

Addressing young people's **concerns about sex during the COVID-19 pandemic** in a non-judgmental, factual and accurate way. The campaign #YouthAgainstCOVID19 has developed a script on sex and COVID-19 that can be adapted to your context (see the resources section).

Following or participating transparently in community discussions, to **better understand what questions and knowledge gaps appear**. Use this information to strategically counter myths.

Identifying authoritative spokespersons in the community who may be deployed to counter the spread of damaging or incorrect information as soon as rumours appear.



SUPPORT YOUNG PEOPLE IN BEING A POSITIVE FORCE IN THEIR COMMUNITIES.

Many young people are at the forefront of helping to promote key information and addressing the COVID-19-related needs of the most vulnerable in their communities, including people with disabilities, migrants, older people, refugees, and those living in slums and informal settlements. When mobilized, young people can connect communities and raise spirits at a time of separation through innovative ideas and social media platforms, which strengthens the response. It is important to recognize that, for certain young people, it will be easy to actively engage themselves, while others, in particular marginalized young people, may need dedicated support to ensure their participation in community activities.



DO:

Support COVID-19 discussion/action/support groups led by young people. Such groups can be built upon pre-existing structures, such as community youth groups, faith-based groups, health committees, sports clubs, school management committees and safe spaces.



CONSIDER:

Cultivating **meaningful relationships with youth groups** and youth opinion leaders. These relationships allow the effective, consistent and timely sharing of information on young people's needs and ensure that two-way communication is ongoing.

Encouraging **youth groups to share feedback and concerns** that they receive from their networks, and ensuring that these are recorded and acted upon if possible. Ask young people about their opinion on the appropriateness of the tools and information deployed.



RESOURCES

- UNFPA, [Adolescents and Young People & Coronavirus Disease \(COVID-19\)](#)
 - [Coronavirus Disease \(COVID-19\) Preparedness and Response](#) UNFPA Interim Technical Brief gives an overview of UNFPA's approach to engaging young people during COVID-19.
- UNFPA, [Prezi and youth partners' #YouthAgainstCOVID19 campaign](#) "Episode 5: young people taking action against COVID-19" focuses on youth activism during the pandemic and features their stories.
- UNFPA East and Southern Africa – www.tuneme.org includes articles on COVID-19; www.amaze.org/za provides animated videos on COVID-19.
- UNICEF's "[Risk communication & community engagement](#)" document provides practical tips on engaging adolescents and young people in the COVID-19 response.
- CARE International's [recommendation on savings group risk mitigation, support and engagement in relation to COVID-19](#).

Supporting young people in establishing a **cascading communication model**, to share key messages with their families and wider community, in their local areas and back in their home villages – particularly with women and older people – to help widen the reach beyond the immediate audience.

Helping young leaders with **simple measures to encourage physical distancing** in public places, such as marking (e.g. with paint or chalk) properly spaced waiting lines at handwashing stations, and in health-facility waiting rooms, markets and other areas.

Providing **instructions and resources** to establish handwashing stations with soap and water where communities meet (for example boreholes, markets). Prioritize local solutions that promote local ownership.

Budgeting for **support-activity costs**, including transport, printing, handwashing stations and Internet/phone credit for youth groups.

Consider supporting savings groups and **targeted cash transfers** for young women at special risk of additional burdens due to COVID-19.



3

INTENSIFY SUPPORT SYSTEMS



INCLUDE

USE GENDER AND HUMAN RIGHTS LENSSES IN TAKING ACTION

Socially vulnerable young people, namely indigenous people, those of African descent, slum residents, refugees, prisoners, migrants and internally displaced persons, detainees and people living with disabilities, are often unable to adhere to physical distancing measures because of circumstances beyond their control and therefore face greater risk. Young people living with HIV who seek help may no longer be able to find ways to leave home to obtain treatment confidentially, which can have long-term and life-threatening impacts. Adolescent girls and young women can be at greater risk of sexual and gender-based violence, early and unintended pregnancies, and harmful practices such as child marriage and female genital mutilation, because of the breakdown in support systems and increase in family economic pressures. Young people whose living depends on transactional sex may accept greater risks to offset their loss of income.³



DO:

Promote respect for the human rights of socially vulnerable young people (for example indigenous young people and young people living in refugee camps) who may be affected by COVID-19 by providing context-relevant actions responding to their specific needs.

Integrate a gender approach tackling how the pandemic is deepening pre-existing inequalities, and exposing vulnerabilities in social, political and economic systems, which are in turn amplifying the impacts of the pandemic, particularly for adolescent girls and young women.⁴



³ Social Science in Humanitarian Action Platform (2020). Compliance with physical distancing measures for COVID-19 and implications for RCCE in Eastern and Southern Africa (April 2020).

⁴ United Nations (2020). Policy Brief: The Impact of COVID-19 on Women – 9 April 2020.



RESOURCES

- The Inter-Agency Standing Committee (IASC) has issued [COVID-19: How to Include Marginalized and Vulnerable People in Risk Communication and Community Engagement](#) (March 2020).
- The Inter-Agency Support Group prepared a guidance note on [indigenous peoples and COVID-19](#), providing entry points for action (April 2020).
- MenCare Campaign has published "[Taking care of others and yourself: Guidance during COVID-19 and beyond](#)" (March 2020).
- WHO has issued [key health and human rights considerations with regard to the COVID-19 pandemic](#) that highlight the importance of integrating a human rights-based approach in response to the pandemic.
- UNFPA, Prezi and youth partners' [#YouthAgainstCOVID19 campaign "Episode 6: youth, gender and COVID-19"](#) focuses on what young people can do to address gender inequalities during COVID-19.
- UNFPA Eastern Europe and Central Asia is promoting [10 ways men can step up at home](#), which can be adapted to radio, SMS or community channels.
- UNFPA Eastern Europe and Central Asia's "[Boys on the Move](#)" is a non-formal education curriculum centred around the needs of young male migrants and young males who have been displaced (2019).



CONSIDER:

Supporting responsive initiatives that tackle pre-existing inequalities affecting young people of African descent and indigenous young people and address their immediate and strategic needs.⁵

Disseminating **culturally relevant information** about COVID-19 to indigenous young people and those of African descent. For example, communicating in indigenous languages, using music and other approachable channels that appeal to their community sense of health and well-being.

Encouraging the **use of a human rights and gender-responsive approach** to protect the rights of young people in detention, migrants, refugees or people living in shelters, and the adoption of special measures to ensure access to information and equality in preventive care and health care related to COVID-19.

Ensuring accessibility of information for young people with disabilities during the COVID-19 response and recovery, including through partnerships that can support communications for young people with disabilities, in sign language and other inclusive means.⁶

Supporting **GBV prevention messaging and promoting a change in social norms** that sustain harmful practices for adolescent girls and young women, such as child marriage and female genital mutilation.

Promoting gender equality with men and boys by promoting positive masculinity and male engagement in work, care and fatherhood, as well as joint responsibility for domestic chores and for preventing violence. Use simple examples of actions that men and boys can do during quarantine to lessen the domestic work for women and girls.

Starting dialogues to **address the immediate economic and social constraints** for vulnerable young people and the need for public investments in education, employment, health and social protection during the recovery phase.

Using creativity and existing resources available to guarantee the right to information and participation for vulnerable young people, for example making posters and supporting community members in need.



RESOURCES

- UNFPA Guatemala has adapted the #YouthAgainstCOVID19 Campaign to reach the most left behind living in low-income and off-line settings by engaging with indigenous and rural youth leaders, as well as young people with disabilities overcoming the challenges of lack of internet and technology.
- UNFPA Latin America and the Caribbean Regional Office has developed technical briefs on the Implications of COVID-19 for the Afro-descendant population as well as for indigenous people to provide guidance on measures to be taken during the pandemic.
- The Office of the United Nations High Commissioner for Refugees (UNHCR) issued a guidance note on connectivity for refugees during the COVID-19 pandemic to support persons of concern's digital access and inclusion, to facilitate UNHCR's RCCE.
- UNHCR has published Age, Gender and Diversity Considerations – COVID-19 (March 2020).
- Public Radio International/Public Radio Exchange share a story about using radio programmes for indigenous peoples: "Mexico's community radio network shares critical COVID-19 information in indigenous languages" (April 2020).
- The United Nations has issued COVID-19 and Human Rights: We Are All in this Together (April 2020).

⁵ UNFPA Latin America and the Caribbean Technical Briefs on COVID-19 implications for indigenous people and people of African descent.

⁶ United Nations (2020). Policy Brief: A Disability-Inclusive Response to COVID-19 – May 2020.

COMPLEMENT

ENSURE THAT HEALTH AND OTHER SERVICES ADDRESS YOUNG PEOPLE'S CONCERNs

Even though staff at health facilities (or in other critical roles) are very busy during the pandemic, they can still play an important role in ensuring that young people have access to high-quality information and the ability to raise concerns and questions.



DO:

Brief frontline health teams on the basics of good interpersonal communication and make sure that they have access to accurate, up-to-date adolescent- and youth-friendly information that they can pass on to young people.

Ensure health-care workers are provided with personal protective equipment and the skills to maintain their own safety while interacting with people at the community level.



CONSIDER:

Supporting the continuation of **comprehensive adolescent- and youth-responsive sexual and reproductive health services** (for example contraception, HIV testing, counselling and treatment, maternity care), including through phone, SMS and chat-based help-lines and consultations.

Supporting the development of **information systems for teleconsultation** targeting young people (WHO).

Exploring alternative, non-facility-based modes of service delivery, such as the **use of mobile services, self-care methods and pharmacies**, that do not require clinical examinations.

Discouraging audio or video messaging at health facilities, as this is likely to encourage people to gather in larger groups. Opt for the use of posters – regularly updated with the latest information and advice – at these locations instead. Information that is hand-written on a whiteboard or flip-pad can be equally useful.

Providing **practical and emotional support through informal networks** and health professionals to young people.

Supporting **age-responsive actions in GBV prevention and response**, including messaging on age-specific elevated risks, such as dating violence, and ensuring the safety of girls in shelters or other institutions.



RESOURCES

- The IASC Interim Guidance Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings outlines how key public health and social measures needed to reduce the risk of COVID-19 spread, and how the impact of the disease can be adapted for use in low capacity and humanitarian settings (May 2020).
- WHO, IFRC and UNICEF have issued interim guidance on community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic, which includes a section on children and adolescents.
- WHO also issued a COVID-19 risk communication package for health-care facilities.
- CARE provides some guidance on setting up savings group risk mitigation, support and engagement in relation to COVID-19.
- See also the Social Science in Humanitarian Action physical distancing measures for COVID-19 brief.
- UNFPA Sierra Leone has partnered with Africell to disseminate sexual and reproductive health information via SMS during COVID-19.
- A United Nations Volunteer at UNFPA Uganda is reimagining mobile health care during COVID-19.
- The World Bank has published the brief "How countries are using edtech (including online learning, radio, television and texting) to support access to learning during COVID-19".

CONNECT

REDUCE SOCIAL STIGMA AND PROMOTE SOCIAL COHESION

Confusion and a lack of knowledge about this new virus serve as a breeding ground for stereotypes, prejudice and discrimination. In the United States and Europe, for example, people of Asian descent have been treated with suspicion and blamed for COVID-19, even though they are no more likely to spread the virus than the general population. As demonstrated by previous pandemics and humanitarian crises, marginalized groups face increased risks of experiencing xenophobia and stigmatization.



DO:

Reduce social stigma and promote social cohesion by directly addressing fears associated with those who may have or have had respiratory infections, people of Asian descent, those who have travelled, people who have been sick with the new coronavirus and people seeking health care in general.



CONSIDER:

Addressing the **young people's need for information and explanations**, with correct information that is not based on assumptions that may affect others. Local radio, television and trust influencers such as community leaders can be effective partners for this endeavour.

Ensuring young people understand that, **when talking about COVID-19, everyone's choice of words matters**. Certain words (i.e. suspect case, isolation) and language may have a negative meaning for people and fuel stigmatizing attitudes. The IFRC/UNICEF/WHO guide to preventing and addressing social stigma associated with the coronavirus pandemic provides a useful list of dos and don'ts to avoid increasing stigma and discrimination when

talking about COVID-19, which can be used with young people (see resources section).

Sharing positive stories of people who have had the new coronavirus and recovered.

Promoting **community dialogues and commitments** about the importance of preventing misinformation and social stigma and promoting social cohesion can be critical to protecting people at community level. Young people can contribute, together with community leaders and other influential people, to disseminating respectful information and calling for a stop to the stigma associated with coronavirus.



RESOURCES

- IFRC, UNICEF WHO guide to preventing and addressing social stigma associated with the coronavirus disease 2019 (COVID-19).
- Internews developed a rumour tracking methodology as a way to address misinformation during humanitarian crises in numerous countries.
- UNAIDS draws lessons from HIV for an effective, community-led response in the publication *Right in time of COVID-19* (April 2020).
- UNFPA, Prezi and youth partners' explore mental health and COVID-19 in "Episode 4: youth, mental health and COVID-19". of the #YouthAgainstCOVID19 campaign".

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LEARNING BEYOND THE CLASSROOM

ADAPTING COMPREHENSIVE
SEXUALITY EDUCATION
PROGRAMMING DURING
THE COVID-19 PANDEMIC

TECHNICAL BRIEF



BACKGROUND AND RATIONALE

The COVID-19 pandemic is having a tremendous effect on young people's lives, health and well-being, and its medium- and long-term impacts could be devastating if adequate measures are not taken to guarantee basic rights for young people. Unknown and unfolding periods of physical distancing measures and school closures leave adolescents and young people across the world without access to essential sexual and reproductive health information, services and rights, including comprehensive sexuality education (CSE). Continued access to CSE that equips young people with the foundation to make well-informed decisions about their lives and bodies and develop healthy relationships needs to be ensured in all phases of the pandemic.

Although social distancing, lockdowns and quarantine hinder the delivery of CSE in person, digital platforms and tools offer opportunities for reaching young people, and have the potential to provide innovative and interactive ways to engage them. Digital sexuality education can be more accessible and effective by reaching many young people at the same time across large geographical areas, and engages marginalized, left behind populations of young people who may otherwise be excluded from mainstream programmes.

Digital sexuality education may also potentially deliver CSE with increased fidelity, since content is fixed and not dependent on a facilitator's willingness to present it, and be interactive for the learner while letting the learner more actively engage with their own learning at their own pace.

While not a silver bullet on its own, digital CSE complements face-to-face CSE and, during this COVID-19 pandemic period, is an especially important supplement in the absence of, or with significantly reduced, access to face-to-face CSE in and outside school settings.

To maximize effectiveness, digital platforms and tools and other out-of-school CSE resources need to form part of broader efforts to promote sexual and reproductive health, including the provision of sexual and reproductive health services and commodities. The digital divide needs to be addressed, as digital access and digital literacy differ among the most vulnerable groups and can exacerbate the gender disparities that many young women and girls experience. Therefore, community-based approaches should be undertaken by creatively using the resources available as well as leveraging distance education platforms using radio and television alongside community communication channels.

This brief has been developed to provide practical guidance and to support UNFPA regional and country offices and implementing partners working on CSE programming to adapt their interventions in the light of the COVID-19 pandemic with a particular focus on how to include digital CSE in programme development and delivery.



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BENEFITS OF COMPREHENSIVE SEXUALITY EDUCATION

What does the evidence say?



IMPROVE YOUNG PEOPLE'S KNOWLEDGE AND ATTITUDES RELATED TO SRH AND BEHAVIOURS



DELAY INITIATION OF SEXUAL INTERCOURSE & REDUCE RISK TAKING



REDUCE NUMBER OF SEXUAL PARTNERS AND FREQUENCY OF SEXUAL ACTIVITY



INCREASE USE OF CONDOMS & CONTRACEPTION



CONTRIBUTES TO GENDER EQUITABLE ATTITUDES, CONFIDENCE & SELF IDENTITY



INCREASE COMMUNICATION WITH PARENTS ABOUT SEXUALITY, RIGHTS AWARENESS AND SELF EFFICACY

KEY MESSAGES

To adapt CSE programmes to the COVID-19 realities, consider the following:

- Advocate for continuity and adaptation to ensure access of CSE for all young people, including the most marginalized groups, and explore linking key messages on COVID-19 response.
- Explore modalities for digital delivery of CSE and training of facilitators. Use guidance from the international technical and programmatic guidance on out-of-school CSE (draft versions) and the International Guidance on Sexuality Education to inform programming.
- Include COVID-19 messaging in CSE outreach and communication activities, and address the need for psychosocial support for young people.
- Address the drivers of existing inequities, such as inequities in accessing digital platforms and technology (the digital divide), particularly for girls and young women and vulnerable populations.
- Revise timetables for training and delivery sessions to have fewer sessions later in the calendar year, in smaller groups and using outdoor areas.
- Ensure the procurement of necessary hygiene and personal protective equipment such as masks and soap so that programme activities can be implemented in accordance with safe hygiene standards.
- Revise project interventions with realistic targets; postpone activities that are not possible to conduct because of confinement policies. Review your priorities and take a pragmatic approach to what is feasible. Update annual work plans and budgets accordingly.
- Include CSE availability in regional and national assessments of COVID-19's impact on young people. Use results to inform programming.
- Foster South–South cooperation and share best practices from countries in overcoming challenges to implementing CSE programmes during the pandemic in communities of practice and webinars.

RECOMMENDATIONS FOR PROGRAMME ADAPTATION DURING COVID-19

OUTREACH AND COMMUNITY ENGAGEMENT



SUGGESTED ADAPTIVE STRATEGIES

- Assess the appropriate means of reaching young people in the communities and make sure that not only the most digitally literate and accessible are included.
- Consider using virtual outreach, where young people have access to digital platforms, and local radio channels, television, smartphones, house-to-house flyers, megaphones, etc. to reach marginalized groups of young people with sexual and reproductive health information and services.
- Include updated information on access to adolescent sexual and reproductive health services, such as online services, and key messages about COVID-19 in outreach activities during the epidemic.
- Partner with local authorities, community leaders, community-based health workers and influencers to spread messaging about relevant CSE topics during lockdowns.
- Partner with organizations working on entertainment education using distance education platforms such as radio and television, among other community communication platforms, to disseminate CSE content and messaging.

TRAINING OF FACILITATORS AND TEACHERS



SUGGESTED ADAPTIVE STRATEGIES

- Include physical distancing and hygiene promotion training as part of training sessions and make sure that necessary hygiene products are available (for example masks) and handwashing facilities are accessible.
- Consider using digital platforms for training sessions when in-person training is not possible. Facilitators can be trained online, mentored and supported virtually through remote consultations, and monitored and assessed remotely.
- Ensure that facilitators and health providers who deliver CSE have access to updated information on COVID-19 and how it affects young people, include raising awareness of increased risk of mental health problems, sexual and gender-based violence, and child marriage.
- Explore use of digital tools such as videos and online courses to complement traditional training.
- Provide pre-recorded training sessions by using radio, television or virtual platforms to strengthen the capacities of trainers to address the needs of young people during confinement.

CURRICULUM AND CONTENT DEVELOPMENT



SUGGESTED ADAPTIVE STRATEGIES

- Make sure to include lesson plans for addressing areas that have been identified as critical during the pandemic such as the increased risk of mental health issues, sexual and gender-based violence and child marriage, online safety and security, sexual health and psychosocial support.

DELIVERY OF CSE



SUGGESTED ADAPTIVE STRATEGIES

- Explore possibilities of delivering CSE out of school where schools are closed.
- Identify new entry points for delivering CSE that are accessible to young people during the crisis, such as community-based health-care workers and health-care facilities.
- Consider incorporating digital solutions in CSE delivery and integrate referral to youth-responsive services.
- Follow local policies on physical distancing etc. while enforcing hygiene measures such as handwashing and other sanitizing practices.
- Utilize distance learning platforms such as radio or television education, along with virtual learning.

YOUTH PARTICIPATION AND ENGAGEMENT



SUGGESTED ADAPTIVE STRATEGIES

- Ensure that COVID-19 response plans are sensitive to adolescent- and youth-specific needs, including sexual and reproductive health and rights (SRHR), and access to CSE.
- Explore alternative platforms for continued youth engagement in CSE programming to make sure youth partners are meaningfully engaged in the design, delivery and monitoring processes.
- Engage with youth stakeholders to identify the needs of young people, including the ones from left behind populations, and gaps in accessing CSE during the pandemic.
- Continue to build the capacity of, and support, youth-led organizations to engage in COVID-19 response and advocate for SRHR information and services.
- Ensure the engagement of left behind young people by using existing community participation platforms during the lockdowns.

ADVOCACY AND COMMUNICATIONS WORK



SUGGESTED ADAPTIVE STRATEGIES

- Argue for the importance of continuing CSE delivery throughout the pandemic as part of the essential package of SRHR/universal health coverage, through both formal and non-formal education.
- Strengthen advocacy that highlights the increased importance of human rights and gender-responsive programmes to address the exacerbated challenges, including gender disparities, that marginalized groups of young people experience during the pandemic.
- Support civil society organizations, citizen observatories and other human rights accountability mechanisms in order to ensure the provision of CSE as part of basic human rights, particularly the right to education.



GENERAL GUIDANCE FOR DIGITAL SEXUALITY EDUCATION AND USE OF TECHNOLOGY

PROGRAMME PLANNING AND DEVELOPMENT

- Assess the needs, usage and access of technology to support CSE that can reach the target group.
- Build on what already exists and use platforms that are used by young people.
- Digital interventions should be adapted to the local context.
- Build monitoring and feedback systems into the product to gather data for improvement.
- The digital intervention should be youth centred: young people, including ones from left behind populations, should be a part of the whole planning and development process.
- Assess and address privacy and security to ensure confidentiality and safety for all users.
- Establish a feedback and complaint mechanism. This is important for ensuring safe use.
- Take advantage of individualization and interactivity. The increasing sophistication of technology has transformed the ways it can be used to make CSE more effective. Material can be individualized to a learner's cognitive stage, level of education, gender or risk profile.

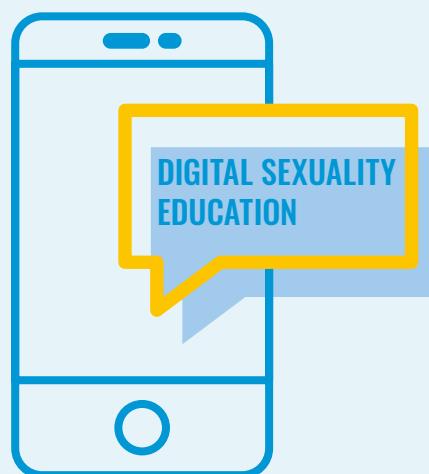
- Ensure technology-based CSE programmes are curriculum based. Technological approaches to CSE without other components must have a mechanism that requires the user to proceed through and complete specific elements in a given order.
- Plan for adequate content management and product maintenance.
- Invest in understanding the impact of digital platforms and effective ways of reaching audiences and assessing students' knowledge and learning.
- Explore the impact and effectiveness of existing digital spaces, including social media and dating apps.
- Consider using radio, television or distance education platforms to reach the most left behind young people with limited access to the internet.

PROGRAMME DELIVERY

- Broaden the focus of websites or apps. Addressing other needs and having additional desired features will help engage and retain more children and young people.
- Monitor digital interventions such as group pages, blogs and interactive fora. When participants engage in live chat or supply information to each other, consistent monitoring by knowledgeable staff is critical to ensure the accuracy and integrity of any information presented and ensure safety and confidentiality.
- Assess the use of distance education platforms already in place in your country or region that use the internet, radio, television or other local channels.

TEACHING AND LEARNING METHODS

- Consider a broad range of technology-based methods for delivering components of CSE: phone calls, text messages, emails, mass media, websites, blogs, vlogs, videos, podcasts, apps, social networks, interactive voice recordings, computer- or web-based interactive education, courses, quizzes, games, simulations, serious games, virtual reality and chatbots.
- Combine technology with other approaches. Many of these methods (online counselling, hotlines, etc.) cannot deliver CSE on their own. However, most can be used as a part of a CSE programme or as a supplement to it, in clinics, at home with parents and as a part of face-to-face programmes.
- Try to integrate interactive approaches in online CSE delivery, such as the use of gamification and/or edutainment approaches.
- Promote coordination for a multicomponent intervention on CSE to reach young people at the community level.



TOOLS AND RESOURCES

RESOURCES FOR DIGITAL CSE PLANNING AND DELIVERY

- The International Technical and Programmatic Guidance on Out-of-school CSE draft (UNFPA) *An evidence-informed approach for non-formal, out-of-school programmes*
- International Technical Guidance on Sexuality Education (United Nations)
- Framework for Planning, Developing, and Implementing Youth-Oriented Digital Health Interventions (WHO, with UNFPA, UNICEF and UNESCO – forthcoming)
- 'Principles for digital development' (website)
- 'The mHealth planning guide: key considerations for integrating mobile technology into health programmes' (K4Health, 2014)
- 'mHealth basics: introduction to mobile technology for health' (Global Health Learning Centre, 2013)
- The MAPS Toolkit: mHealth Assessment and Planning for Scale (WHO, 2013)
- mHealth Design Toolkit: Ten Principles to Launch, Develop and Scale Mobile Health Services in Emerging Markets (GSMA, n.d.)
- Guidelines for an Effective Design of Serious Games (Researchgate, 2014)
- Sex Education in the Digital Era (Institute of Development Studies, 2014)
- Switched on: sexuality education in the digital space (UNESCO, 2020)

TECHNICAL GUIDANCE NOTES FOR WORKING WITH YOUNG PEOPLE AND VULNERABLE POPULATIONS



SUGGESTED ADAPTIVE STRATEGIES

- Invisible but Not Forgotten – resource pack (UNFPA)
- 'Adolescents and young people & coronavirus disease (COVID-19)' (UNFPA)
- Technical brief 'COVID-19 and sexual health and well-being-Impacts and recommendations for UNFPA's sexual health programming' (UNFPA)
- COVID-19: How to Include Marginalized and Vulnerable People in Risk Communication and Community Engagement (The Risk Communication and Community Engagement Working Group on COVID-19 Preparedness and Response in Asia and the Pacific, co-chaired by WHO, IFRC and OCHA)
- COVID-19: Working with and for Young People (Compact for Young People in Humanitarian Action)

DIGITAL EDUCATION PLATFORMS



SUGGESTED ADAPTIVE STRATEGIES

- List of distance learning solutions

INTERNAL DIGITAL RESOURCES



SUGGESTED ADAPTIVE STRATEGIES

- UNFPA M-health starter pack for adolescents and young people
- mHealth for Adolescents and Youth – Learning for Impact Toolkit (UNFPA)
- APRO Turned On meeting report on sexuality education in the digital space
- UNFPA and Prezi #youthagainstcovid video campaign
- Amaze.org/za videos
- CSE online course for teachers and other youth serving professional (ESARO)

COVID-19 AND GENDER RESOURCES



SUGGESTED ADAPTIVE STRATEGIES

- 'Gender and COVID-19 resources'
- Evidence for Gender and Education Resource
- COVID-19 and child, early and forced marriage: an agenda for action (Girls Not Brides)

ANNEX

RECOMMENDATIONS FOR THE OUT-OF-SCHOOL CSE PROGRAMME

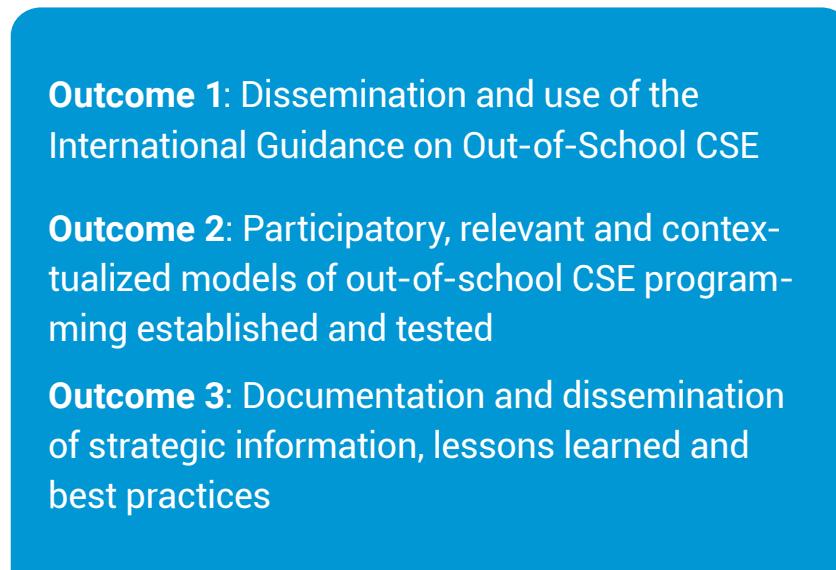


The following recommendations are structured in accordance with the Theory of Change framework of the CSE out-of-school programme found [here](#). The guidance can be applicable to other CSE programmes delivering CSE in both formal and non-formal education.

Outcome 1: Dissemination and use of the International Guidance on Out-of-School CSE

Outcome 2: Participatory, relevant and contextualized models of out-of-school CSE programming established and tested

Outcome 3: Documentation and dissemination of strategic information, lessons learned and best practices



OUTCOME 1: DISSEMINATION AND USE OF THE INTERNATIONAL GUIDANCE ON OUT-OF-SCHOOL CSE

1.1

INTERNATIONAL GUIDANCE ON OUT-OF-SCHOOL CSE DISSEMINATED IN FIVE REGIONS

- Plan for virtual launch and dissemination events for global, regional and country dissemination.
- Use digital channels for visibility to give information about the guidance including webinars, radio, television, etc.

1.2

MATERIALS AND TOOLS SUPPORTING THE IMPLEMENTATION OF THE INTERNATIONAL GUIDANCE DEVELOPED

- Develop or adapt digital tools to support the implementation of the guidance and follow the recommendations above, and in the guidance, for the development and delivery of digital CSE.

1.3

ENHANCED CAPACITY TO UTILIZE DIGITAL AND OTHER INNOVATIVE SOLUTIONS FOR ADVOCACY, DEMAND CREATION AND DELIVERY OF CSE AT NATIONAL, REGIONAL AND GLOBAL LEVELS

- Scale up efforts that use digital platforms in advocating CSE.
- Advocate including CSE in digital education and health platforms.
- Argue for the need to ensure adolescents' and young people's access to adolescent sexual and reproductive health services and information during confinement and especially for the project's target groups.

OUTCOME 2: PARTICIPATORY, RELEVANT AND CONTEXTUALIZED MODELS OF OUT-OF-SCHOOL CSE PROGRAMMING ESTABLISHED AND TESTED

2.1

YOUNG PEOPLE FROM SPECIFIC LEFT BEHIND GROUPS IDENTIFIED AND ENGAGED MEANINGFULLY

- Use digital platforms for outreach activities to the target groups.
- Address the digital and gender divide in accessing technology and consider using door-to-door flyers, radio, speakers and television.

2.2

FACILITATORS WITH THE COMPETENCIES, ATTITUDES AND TOOLS NEEDED TO REACH AND ENGAGE YOUNG PEOPLE FROM SPECIFIC GROUPS

- Use digital material such as audio, videos or pictorial content to complement training.
- Explore the use of digital delivery platforms if confinement measures hinder face-to-face training.
- Consider training sessions for facilitators outdoors and with smaller numbers of participants.
- Ensure access to hygiene measures during training, such as handwashing facilities.

2.3

RELEVANT GATEKEEPERS IDENTIFIED AND ENGAGED IN SUPPORT OF YOUNG PEOPLE'S ACCESS TO CSE, AND THEIR SRHR MORE BROADLY

- Reach out to gatekeepers by using digital platforms or other means such as radio, television, flyers and text messages.
- Conduct meetings online or plan for smaller meetings.

OUTCOME 3: DOCUMENTATION AND DISSEMINATION OF STRATEGIC INFORMATION, LESSONS LEARNED AND BEST PRACTICES

3.1

IMPLEMENTATION RESEARCH CONDUCTED IN AT LEAST FOUR SITES OF THE PROGRAMME

- Finalize the literature review and mappings, and focus on research activities that can be conducted during confinement.

3.2

LESSONS FROM PROGRAMMES SITES LEARNED AND SYNTHESIZED

- Share lessons learned from tackling COVID-19-related challenges in the community of practice.
- Continue routine monitoring and evaluation and strengthen frameworks and guidance for this to implementing partners.
- Integrate monitoring and evaluation in digital systems to assess the effects of digital interventions.

3.3

STATE OF OUT-OF-SCHOOL CSE ASSESSED IN SELECTED REGIONS

- Include CSE in national and regional assessments to understand the impact of COVID-19.
- Continue CSE assessments and formative research briefs by using secondary data and conducting interviews and Focus Group Discussions virtually.
- Compile reports on the impact of COVID-19 for the target groups, access to sexual and reproductive health services and CSE programming, and identify the most relevant areas that should be covered.

This brief was written by Bente Faugli (UNFPA HQ) with review and contribution from José Roberto Luna, Petar Mladenov, Ilya Zhukov, Danielle Engel (UNFPA HQ), Rose Kamanga (UNFPA Malawi), Maria Bakaroudis (Eastern and Southern Africa Regional Office), Josephine Sauvarin and Maki Akiyama (Asia and the Pacific Regional Office), Rune Brandrup (Eastern Europe and Central Asia Office) and the Adolescents & Youth team (UNFPA HQ).

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EQUALITY FOR GIRLS IN CRISIS

ADAPTING CHILD MARRIAGE
AND ADOLESCENT GIRLS'
PROGRAMMING DURING
COVID-19 PANDEMIC

TECHNICAL BRIEF



INTRODUCTION

COVID-19 is likely to have a significant impact on the implementation of interventions to reduce child marriage, particularly because of containment policies, including social distancing requirements, implemented in many countries. Researchers had previously projected that a well-defined package of interventions to reduce child marriage – by empowering girls, keeping them in school, and addressing social and cultural norms around early marriage – would reduce the number of child marriages by almost 60 million between 2020 and 2030. Deferring the implementation of this package by just one year, on average, will reduce the number of child marriages averted by an estimated 7.4 million.

In addition to reducing the efficacy and reach of such planned interventions, the pandemic is expected to cause a severe worldwide economic recession. This economic downturn will probably have a large impact on poverty levels in low-income countries, where child marriage is most prevalent. Because poverty is a key driver of child marriage, these economic impacts are expected to increase rates of child marriage in vulnerable communities. Although the ultimate size of the economic impact is still impossible to predict, one estimate has placed the reduction in gross domestic product (GDP) per capita in the range of 5 to 20 per cent.

Should the reduction in GDP per capita be 10 per cent, then an estimated 5.6 million additional child marriages are likely to take place between 2020 and 2030.

The total effect of the COVID-19 pandemic is therefore projected to result in 13 million additional child marriages.¹

This guide was developed to help United Nations Population Fund (UNFPA) country offices and partners working on child marriage and adolescent girls programming to adapt their interventions in light of the COVID-19 pandemic. Recommendations focus on (a) marginalized girls, (b) the family and community environment, (c) strengthening systems, (d) addressing drivers of poverty, (e) laws and policies, and (f) data and evidence. Although the note is structured around the programmatic framework of the UNFPA–UNICEF Global Programme to End Child Marriage, it is relevant to anyone working on child marriage or adolescent girls' issues more broadly.

¹ UNFPA, with contributions from Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia) (2020). Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage. Available at <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>. Accessed May 28, 2020

KEY MESSAGES

- 1 → Explore modalities for the remote delivery of asset-building, comprehensive sexuality education (CSE), and social and behaviour change communication (SBCC) interventions, including COVID-19 messaging, as appropriate.
- 2 → Consider programme timelines that are more compressed (such as fewer sessions later in the year, and smaller groups and outdoor areas to avoid large gatherings).
- 3 → Ensure continuity of essential services supported before the COVID outbreak, particularly for adolescent sexual and reproductive health and rights.
- 4 → For programme countries, procurement of equipment to support programme modifications is permitted – for example, radios for communities, and mobile phones for female mentors, to help them stay in touch with adolescent girls.
- 5 → Programme countries should plan to scale back interventions and targets when implementation is no longer feasible because of containment policies – this will not jeopardize future funding allocations. Work plans and budgets should be updated accordingly.



INTENSIVE SUPPORT TO THE MOST MARGINALIZED GIRLS

Underserved/marginalized adolescent girls (aged 10–19 years) who are at risk of child marriage, married, divorced or widowed, and adolescent girls who are pregnant or already have children, are engaged in gender-transformative life skills and CSE programmes that build their knowledge, skills and awareness of their rights and connect them to services.



SUGGESTED ADAPTIVE STRATEGIES

- Enable mentors to check in with girls by phone on their well-being and their needs
- Equip mentors with information on what services are available and where (gender-based violence (GBV) and other basic needs) so that they can serve as a network of support and referrals for girls and their families
- Use digital and broadcast media outlets to disseminate CSE and life skills content with information on protecting oneself and families against COVID-19 (see [repository of UNFPA-supported mHealth solutions](#))
- Support entertainment education featuring stories about child marriage, adolescent pregnancy, GBV and girls' education during emergencies (see [the programme currently supported by UNFPA and a partner organization for SBCC](#))

Adolescent girls are supported in enrolling and remaining in formal and non-formal education, including during the transition from primary school to secondary school.



SUGGESTED ADAPTIVE STRATEGIES

- Promote the inclusion of CSE and life skills curricula in distance learning and self-study approaches through the formal education system, as well as non-formal alternatives
- Reinforce messaging about the importance of continuing education and school completion when communicating with girls and families
- Ensure that adolescent girls, particularly those who are married or pregnant, have the appropriate support to return to school when containment measures have been lifted



FAMILY AND COMMUNITY ENVIRONMENT

Boys and men are engaged in gender-transformative programmes (including CSE for boys) that promote healthy relationships, positive masculinities and gender equality.



SUGGESTED ADAPTIVE STRATEGIES

- Use local radio, short message service (SMS) and social media to disseminate messages about positive masculinities, engage men and boys (particularly in GBV prevention), and urge them to take equal responsibility for domestic chores and care work
- Emphasize the role of male figures in preventing child marriage and its consequences for adolescent girls



Families, communities, traditional and religious leaders, and other influencers are engaged in dialogue and consensus-building on alternatives to child marriage (including education), the rights of adolescent girls and gender equality.



SUGGESTED ADAPTIVE STRATEGIES

- Use local radio and fixed-site public address systems to emphasize the importance of community support for children and adolescents, particularly girls who may be carrying caregiving burdens, living in unsafe environments, and at risk of child marriage and other violations of rights
- Share messages on the importance of protecting adolescent girls from child marriage and promoting their rights to education and equal opportunities during this pandemic with traditional, community and religious leaders, and other influencers
- Strategically place the programme's messages in supermarkets, pharmacies and other essential businesses and institutions that remain open. Where present, consider working with mosques to disseminate information through their loud-speaker systems

Women's organizations and youth-led organizations are included and supported in mobilizing the voices of the marginalized (particularly girls), challenging harmful social norms and promoting gender equality.



SUGGESTED ADAPTIVE STRATEGIES

- Continue to support organizations working on the frontlines of the pandemic
- Support youth activism and programming (see scripts and other assets from UNFPA's Youth Against COVID-19 campaign in partnership with Prezi; also available on Trello)
- Support the visibility of women's organizations and youth-led organizations in local media and social media, to raise awareness of child marriage, GBV and other vulnerabilities that adolescent girls, women and young people may face because of COVID-19



SYSTEM STRENGTHENING

Formal (primary and secondary) and non-formal schools are supported in providing quality, gender-responsive education for adolescent girls, including CSE.



SUGGESTED ADAPTIVE STRATEGIES

- Support the inclusion of digital CSE programming in online education systems
- Advocate the inclusion of CSE in alternative national education programmes that are being rolled out because of COVID-19 containment policies
- Advocate policies that can ensure married and pregnant girls can return to school after containment measures have been lifted (see [human rights analysis of discrimination against pregnant girls and adolescent mothers in education](#))



Health (including sexual and reproductive health), GBV and child protection systems are supported in implementing guidelines, protocols and standards for adolescent-friendly and gender-responsive coordinated, high-quality services for unmarried, married, divorced and widowed adolescent girls, and adolescent girls who are pregnant or already have children.



SUGGESTED ADAPTIVE STRATEGIES

- Support the continuation of comprehensive ASRH services (e.g. contraceptive, maternity), including through phone, SMS, and chat-based helplines and consultations ([see repository of UNFPA-supported mHealth solutions](#))
- Support age-responsive actions to address the specific needs of adolescent girls in GBV prevention and response, including providing messages on age-specific elevated risks, such as dating violence, and ensuring the safety of girls in shelters or other institutions
- Advocate the removal of restrictive consent requirements, waiting periods and other onerous policies for adolescents accessing sexual and reproductive health services
- Support the continued capacity-building of health-care and social workers, through virtual training sessions if possible. Ensure that they not only have access to accurate, up-to-date information that they can pass on to communities but also know how they should record and deal with any feedback, concerns or complaints that they receive from service users or community members

POVERTY DRIVERS

Partnerships with governments, civil society organizations and other implementers are supported to ensure that social protection, poverty reduction, and economic empowerment programmes and services are adolescent-friendly and gender-responsive and reach the poorest adolescent girls and their families.



SUGGESTED ADAPTIVE STRATEGIES

- Partner with social protection initiatives and institutions to ensure support for those adolescent girls and families who are at risk of engaging in child marriage (see evidence that, in every region of the world, the poor are most at risk of child marriage)
- Highlight the conditions of girls in informal work who face a loss of livelihoods and/or more dangerous work conditions
- Advocate ensuring that poverty alleviation programmes, including cash transfers, are accessible to girls at risk of child marriage and their families during the COVID-19 outbreak

DATA AND EVIDENCE

Capacity-building and technical support are provided to governments and civil society organizations so that they can generate and use quality data and evidence on what works to end child marriage and support married girls.



SUGGESTED ADAPTIVE STRATEGIES

- Continue to support previously planned research design and analysis stages during confinement (see UNFPA resource on adapting evaluations)
- Compile reports, if possible, on the short-, medium- and long-term effects of COVID-19 on girls and their families, particularly in terms of child marriage, and SRHR more broadly (see internal knowledge management templates and a highly cited study from Sierra Leone as an example)



LAWS AND POLICIES

Capacity-building and technical support are provided to governments to enact, enforce and uphold laws and policies, in line with international human rights standards aimed at preventing child marriage, protecting those at risk and addressing the needs of those affected.



SUGGESTED ADAPTIVE STRATEGIES

- Support policy dialogue to ensure that COVID policies and programmes at the national and subnational levels are respectful of human rights standards for adolescent girls (such as upholding the right of girls at risk of marriage or married girls to still seek asylum, and their right to express what is going on with them and their communities)
- Support policy dialogue to direct multisectoral investments during and after the pandemic towards populations that are most exposed to, most susceptible to and most impacted by COVID-19 (and thus most at risk of engaging in child marriage as a coping mechanism) (see useful framework for risk factors that can be adapted to this context)

Capacity-building and technical support are provided to governments to implement a budgeted multisectoral gender-transformative plan on ending child marriage across ministries and departments at subnational levels.



SUGGESTED ADAPTIVE STRATEGIES

- Advocate continued investments in health, education and protection policies and programmes aimed at longer term gender transformation and socioeconomic well-being
- Support civil society and other voices to ensure state and government accountability, particularly to marginalized girls and their families



For any questions or feedback, please contact Satvika Chalasani (chalasani@unfpa.org) and José Roberto Luna (jluna@unfpa.org). Thanks to Agnes Bangali (West and Central Africa Regional Office), Maja Hansen (East and Southern Africa Regional Office), Ingrid Fitzgerald (Asia and Pacific Regional Office), Neus Bernabeu (Latin America and Caribbean Regional Office) and Nishan Krishnapalan (Arab States Regional Office) for helpful insights and input.



MY
LIFE

#YOUTHAGAINSTCOVID19 CAMPAIGN

ALL THAT YOU NEED TO KNOW



TECHNICAL BRIEF

INTRODUCTION

This technical brief focuses on the #YouthAgainstCOVID19 campaign, which was launched in April. Presented in a question and answer format, the brief presents the following:

- An overview and information on the content and partners of the campaign.
- Information on situating the campaign in the context of the United Nations Population Fund's (UNFPA's) adolescent and youth work and COVID-19 response.
- Information on how to participate in the campaign, including how to adapt it to local contexts.

For an overview of the project, please watch the [intro video](#) and visit the campaign [website](#).

WHAT IS #YOUTHAGAINSTCOVID19?

#YouthAgainstCOVID19 is a campaign that aims to help teach young people around the world about COVID-19 and what they can do to keep their friends, families and communities safe. Designed as a six-part video series, the campaign features young people sharing their views on how COVID-19 affects them, how to protect their sexual and mental health, and ways to support each other. Using the platform Prezi Video, the campaign allows videos made by young people and youth partners around the world to be easily reused.

#YOUTHAGAINSTCOVID19 AIMS TO:

- reach young people
- share the right information about the pandemic
- showcase and support youth action against COVID-19
- do this in a participatory, inclusive and adaptable manner.

CAMPAIN PARTNERS



DESIGN AND TECHNOLOGY PARTNER: PREZI

Prezi is a technology company that offers web-based presentation and storytelling tools. One of its recently launched products, Prezi Video, allows users to produce videos with built-in presentation content, without a need for video editing. It also allows users to "reuse" video content, meaning that it is possible for users to immediately record a new video, using the same visuals as those in the video they have watched.

CONTENT AND DISSEMINATION PARTNERS

The campaign created a broad participatory platform of partners for content creation and dissemination. These partners included youth-led, youth-serving organizations, youth networks and other United Nations (UN) system partners. The main partners can be identified in the images below; however, please note that there are various other youth partners at country and regional levels that have supported the adaptation and dissemination of the campaign.



CAMPAIN CONTENT

The script for each video, which contains the key messages about the subject, was developed by youth-led and youth-serving organizations. The scripts were rigorously edited by technical and communications teams, to strike the right balance between being understandable and being attractive to youth audiences while conveying accurate, actionable information.

Each episode was recorded by volunteers from the youth partners that worked on the script. You can see a sneak peak of the videos in the screenshots below.

EPISODE 1: COVID 101

Learn the basics about COVID-19.
What is the virus?
How is it transmitted?
What can you do to protect yourself?

Content creation partner: IFMSA

Episode 1: COVID 101

In partnership with IFMSA

Learn the basics about COVID-19. What is the virus? How is it transmitted? What can you do to protect yourself?

[Re-use content](#)

[Download English script](#)

Tips on how to re-create your video

You can also record this video in any of the languages listed below. You can find translated scripts in the video description.

French | Español |  | Portuguese
Lao | Uzbek |  | Georgian
Russian | Korean | Indonesian



Prep Video

#YouthAgainstCOVID19

Hi!

EPISODE 2: HOW ARE YOUNG PEOPLE AFFECTED BY COVID-19?

In the second episode, we answered one of the burning questions young people might have: How are young people affected by COVID-19?

Content creation partner: IFMSA

Episode 2: How are young people affected by COVID-19?

In partnership with IFMSA

In the second episode of #YouthAgainstCOVID19, we will answer one of the burning questions you might have: How are young people affected by COVID-19?

[Re-use content](#)

[Download English script](#)

Tips on how to re-create your video

You can also record this video in any of the languages listed below. You can find translated scripts in the video description.

French | Español |  | Portuguese |  | Lao
Georgian | Uzbek | Lao



Prep Video

#YouthAgainstCOVID19

Hi!

EPISODE 3: SEX, SEXUAL HEALTH AND COVID-19

In the third episode of, we focus on sex and sexual health during the COVID-19 pandemic, including access to SRHR service and gender-based violence.

Content creation partners: Y-Peer, Choice for Youth and Sexuality, Youth Coalition, MGCY and IFMSA

Episode 3: Sex, Sexual Health and COVID-19

In partnership with Y-Peer, Choice for Youth and Sexuality, Youth Coalition, MGCY and IFMSA

In the third episode of #YouthAgainstCOVID19, we will focus on sex and sexual health during the COVID-19 pandemic.

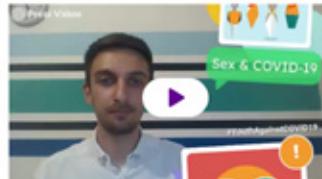
[Re-use content](#)

[Download English script](#)

Tips on how to re-create your video

You can also record this video in any of the languages listed below. You can find translated scripts in the video description.

French | Español |  | Portuguese
Georgian



Prep Video

#YouthAgainstCOVID19

Sex & COVID-19

Hi!

EPISODE 4: YOUTH, MENTAL HEALTH AND COVID-19

In the fourth episode of #YouthAgainstCOVID19, we focus on youth, mental health and the COVID-19 pandemic, with tips from young people on how they manage their mental health during the pandemic.

Content creation partners: UN Youth Envoy, MGCY and War Child

Episode 4: Youth, Mental Health and COVID-19

In partnership with UN Youth Envoy, MGCY and War Child

In the fourth episode of #YouthAgainstCOVID19, we will focus on youth, mental health and the COVID-19 pandemic.

[Re-use content](#)

[Download English script](#)

Tips on how to re-create your video

You can also record this video in any of the languages listed below. You can find translated scripts in the video description.

French | Español |  | Portuguese
Uzbek |  | Georgian



Prep Video

A YouthEnvoy COVID19

Hi!

EPISODE 5: YOUNG PEOPLE TAKING ACTION AGAINST COVID-19

In the fifth episode of #YouthAgainstCOVID19, we focus on young people taking action against COVID-19 through stories of youth leaders around the world.

Content creation partners: World Scouting, Restless Development and UNHCR

Episode 5: Young People Taking Action Against COVID-19

In partnership with World Scouting, Restless Development and UNHCR

In the fifth episode of #YouthAgainstCOVID19, we will focus on young people taking action against COVID-19.

[Re-use content](#)

[Download English script](#)

Tips on how to re-create your video

You can also record this video in any of the languages listed below. You can find translated scripts in the video description.

French | Español |  | Portuguese



Prep Video

#YouthAgainstCOVID19

Hi!

EPISODE 6: YOUTH, GENDER AND COVID-19

In the sixth and last episode of #YouthAgainstCOVID19, we focus on gender and COVID-19 by exploring how gender inequality plays out in the pandemic and sharing tips on how to stand up against inequality.

Content creation partners: UNGEI, Restless Development, IYAFP and CYGEN

Episode 6: Youth, Gender and COVID-19

In partnership with UNGEI, Restless Development, IYAFP and CYGEN

In the sixth and last episode of #YouthAgainstCOVID19, we will focus on gender and COVID-19.

[Re-use content](#)

[Download English script](#)

Tips on how to re-create your video

You can also record this video in any of the languages listed below. You can find translated scripts in the video description.

French |  | Portuguese | French



Prep Video

Record your video!

How does the campaign relate to UNFPA's COVID-19 response?

- Youth engagement, especially in **risk communication efforts**, is a key component of the campaign during this health emergency, and involving young people effectively in risk communication efforts is a critical part of the United Nations' and UNFPA's **COVID-19 global response plan**.¹
- For those who just view the videos (or other materials based on the scripts), the campaign presents **accurate, actionable information** on various aspects of the pandemic (prevention; sexual reproductive health and rights – SRHR; mental health; gender) in a **youth-friendly manner**.
- For those who also record the videos, the campaign presents an entry point through which to **fight misinformation** and **take action** during the pandemic.
- The ease of translations and adaptations makes it possible to reach adolescents and young people in **their own language**. Seeing their peers in the videos makes the content more **relatable**.

How does it relate to UNFPA's work on adolescents and young people?

Focus areas:

- Content in the campaign spans different areas of UNFPA's work on adolescents and young people, and "*My Body, My Life, My World*". Given this, the key messages in the scripts can be used beyond the campaign.
- While some episodes, such as the ones on SRHR and mental health, focus on young people's health and well-being ("*My Body*"), other episodes focus on gender inequality and harmful practices ("*My Life*"), and young people taking action against COVID-19 ("*My World*").

Programmatic use:

- The campaign is not only a risk communication tool but also an opportunity to **foster community engagement** and **youth participation** in the context of the pandemic.
- The campaign's messages focus on the positive role that young people can play in the fight against the pandemic, and use **rights-based** and **inclusive** language.
- In line with the principle of **leaving no one behind**, there is particular emphasis on featuring vulnerable groups of young people in the campaign. There are already various videos that were recorded by young people who identify as lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI), young people with disabilities and young refugees.

¹ Risk communication and community efforts and youth engagement are accelerators in UNFPA's COVID-19 Global Response Plan (March 2020).

Where can I find all the videos and communication materials?

To access all the videos and assets, please visit this [Trello board](#).

On the Trello board, you will find:

- communication assets (animations and visuals)
- suggested tweets
- intro videos about the campaign (not reusable)
- tips for recreating your video
- episode videos (reusable)
- accompanying script for each video.

How can I showcase our work and partners in the campaign?

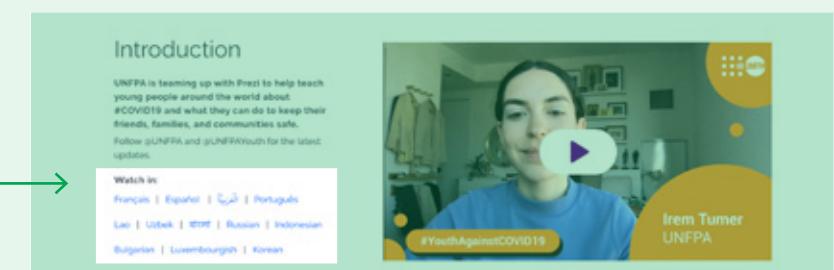
- If you are making a new video, you can add your organization's name and website to the description of the video when sharing it with others.
- You can also enter details about your involvement in the [partners and COs tracking sheet](#) so that it can be captured in the reporting of the campaign.

How can my office or partners participate in the campaign?

- You can share either the original videos or a recycled video of your making with your audiences.
- In both cases, you can ask your audience to recycle the videos and join in the campaign. Refer to suggested tweets on the Trello board for some messages that you can use. Don't forget to use the hashtag #youthagainstcovid19 and tag @UNFPAYouth in any social media posts.
- You can use the scripts or visual assets that are part of the campaign in whatever format works best for your context (posters, radio, shorter videos, webinars, etc).

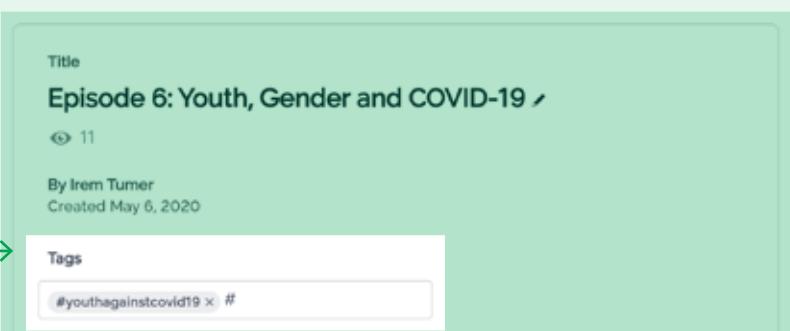
Which languages are these materials available in?

- Each episode was released (together with suggested tweets) in English, French, Spanish, Arabic and Portuguese.
- There are ongoing translations into over 30 languages; you can see the latest translations that have been released under each video on the campaign website.



Is there anything I should pay attention to when sharing a video?

- **Learn how to record.** Please read the tips for recreating your video before embarking on the campaign.
- **Use the right tag.** In order to make sure that the videos you produce are visible on the campaign website (under the "See more videos" section), you should enter the hashtag #youthagainstcovid19 in the "tags" section on the Prezi platform. See below for an illustration.



- **Enter the right description.** When you are entering the description for your video, the easiest method is to copy-paste the description from the original video that you are recreating. You can edit it as you wish; what is important is to retain the links to (a) the tips for recreating a video, (b) the episode's script and (c) the campaign website. This way, your viewers will have everything they need to create their own video and join the campaign.

Can I use the visuals and scripts of the campaign to create more materials (social media cards, posters, presentations, etc.)?

- **For visuals.** You will find all the visual assets from the campaign on the Trello board. These assets will open in the Prezi Design platform. Once you are on this platform, you can export each individual asset as a .jpg/png or use the Prezi Design platform to create other materials, such as slides, social media posts and posters. Refer to the relevant card on the Trello board for more information.
- **For scripts.** You can find all the scripts for the campaign on the Trello board or the campaign website. You can use the key messages for each episode to create social media posts, posters, WhatsApp messages, radio scripts, podcasts, etc.

Can I use these assets for a webinar?

- If you would like to use the visuals on your recorded video during a webinar, you can use the Prezi Video desktop app. (Watch the webinar on the campaign website for an example of how this works.)
- This technology will allow you to have the visuals on your camera view and click through them as you present the materials. For more information on how to do this, refer to this article.

We have problems with our Internet connection. How can I adapt the campaign to an offline format?

- If you are unable to record or share videos using a computer camera, you can use the scripts to record audio-only clips/radio shows and/or record videos on mobile phones. As explained above, you can also consider using the visual assets and scripts together to create printed materials that can be disseminated offline.

THE CASE OF UNFPA GUATEMALA ADAPTING #YOUTHAGAINSTCOVID19 CAMPAIGN TO OFFLINE SETTINGS

Considering the fact that most of the young indigenous leaders or youth activists living in rural areas face technological, financial and connectivity challenges when video recording the campaign messages and being aware that access to mobile phones is common, the UNFPA Guatemala country office adopted the following adaptive strategies to support youth participation meaningfully:

- It shared the video scripts with young indigenous and rural leaders via WhatsApp.
- It extracted key messages from the scripts so that they could be featured in 1-minute videos.
- It supported youth leaders by providing them with mobile data for their mobile phones.
- Young indigenous leaders and youth leaders with disabilities recorded short videos using their mobile phones and sent the footage back to the country office.
- The county office team edited the videos, including the visual identity coming from the UNFPA–Prezi campaign available on the public Trello board.

As a final outcome, the team disseminated the short videos in low resolution via WhatsApp and other means. Likewise, the key messages were recorded as voice messages so that they could be broadcast using WhatsApp, and radio and community channels.



This brief was written by Irem Tumer (UNFPA) with contributions from José Roberto Luna (UNFPA) and Sabrina Morales (UNFPA).

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SURVEYS AND ASSESSMENTS ON YOUNG PEOPLE AND COVID-19

DOMAINS, QUESTIONS AND RESOURCES

TECHNICAL BRIEF



BACKGROUND AND RATIONALE

The health and non-health impacts of the COVID-19 pandemic on adolescents and young people, including those stemming from policy responses such as lockdowns, are proving to be significant. An understanding of these impacts is critical for informing governments' responses and recovery plans in addition to UNFPA's pandemic response and mitigation measures. Many organizations are conducting surveys or assessments, which can be strengthened through reference to prior relevant practices in survey design and impact assessment.



TARGET AUDIENCE FOR THIS GUIDANCE

This guidance note is intended for UNFPA country offices and their implementing partners who are involved in monitoring/assessing the impacts of COVID-19 and adapting programmes and interventions for young people. Domains of assessment are provided, along with relevant links to existing surveys, where specific questions can be drawn or adapted. For mandate-specific domains, more detail is provided.



PART I KEY MESSAGES

- Many surveys on the impacts of COVID-19 have been or are being conducted, and many include an explicit focus on young people or are targeted specifically at young people. Before considering new surveys, use data and results from existing surveys to avoid overburdening partners and respondents, and duplicating studies. Gender-/age-disaggregated analysis of existing data will be particularly important.
- Data and evidence from the following sources can be useful to assess the situation of young people amidst the COVID-19 pandemic, **if data are appropriately disaggregated and if relevant content areas are covered**. Advocacy to ensure attention to young people in these types of data collection, as well as youth involvement, is essential:
 - a. key informant interviews with community leaders, service providers and frontline workers;
 - b. rapid assessment/mapping of services as well as data on service delivery;
 - c. news media reports.

- Be ready for multiple waves of pandemic impact, and accordingly consider multiple waves of surveys/data collection (including longitudinal studies if possible).
- There are many relevant domains of impact, so pursue data collection through partnerships and/or in conjunction with existing programmes. At the same time, short questionnaires are essential for high response rates, so limit domains and the number of questions within each domain to those that are most relevant.
- Commit to sharing data, findings and recommendations publicly and with relevant stakeholders, including youth and community groups. Advocate for partners to do the same.
- Whenever possible ask for respondents' age/date of birth; do not provide age intervals or brackets. Collecting individual age or date of birth information provides flexibility in aggregating data into various age ranges, and can prolong the usefulness of the data. See the demographic section below for further details.
- Report results consistent with survey design and sampling. If sampling is network-based/ non-representative, ensure that results refer to those who responded to the questionnaire, not "youth" or national populations, etc.

- Account for age, gender and educational disparities in access to technology, or other limitations that may make a sample biased towards better-off groups. Specific outreach to marginalized groups, through representative organizations, can help increase response rates and the diversity of respondents.
- Do not include questions that may put respondents at risk. For example, do not ask about personal experiences of gender-based violence if conducting phone or text message (SMS) interviews with participants who are taking part from home. Answers to these questions will be affected by participants' safety in responding, privacy in the home and trust in confidentiality, probably leading to significant undercounts.
- Surveys may lead to disclosures about missing services, so prepare data collectors with up-to-date referral information about social protection programmes, health providers, emergency hotlines, etc. The pandemic may have altered schedules or availability of some services.
- Conducting in-person interviews may contradict lockdown rules in many countries and put into question the safety of data collectors as well as respondents. Focus on alternative paths for data collection and ensure that platforms for collection (SMS, telephone, WhatsApp, videoconferencing, etc.) are context-specific and accessible.
- Make sure to avoid technical jargon in surveys. As far as possible, test questionnaires with a small group of participants before distributing them widely.
- Collecting information from subjects requires informed consent from participants over the age of 18. Interviewers must explain the purpose of the survey, lay out the procedure by which the respondents answers will be protected and clearly explain that the respondent will not benefit directly from the survey. Potential respondents should be given time and space to ask questions and decide if they would like to participate. Children under the age of 18 require informed assent indicating their willingness to participate and parental consent. At least one guardian must be provided with the information required for informed consent, so that they may decide whether or not to allow the child to participate in the study. Consider if these prerequisites of safety and confidentiality can be met in rapid assessments and in studies where participants are recruited remotely.¹

¹ UNFPA's Asia Pacific Regional Office (APRO) has developed a survey consent form with an added guardian consent form for participants under the age of 18. Although this form has no dedicated space for respondents to express any concerns they may have, a contact email address may be included for interviewees to ask questions.

PART II DOMAINS OF INQUIRY

While COVID-19 in young people is not highly associated with hospitalization or death, adolescents and young people do act as transmission connectors to those who may be at a higher risk for developing serious symptoms.² Mapping their interactions with their communities and their perceptions of procedures put in place to mitigate the pandemic in their contexts is essential for understanding the spread of the pandemic. The following section outlines relevant domains of inquiry to better understand adolescents and young people in the context of COVID-19 - each domain is presented with example surveys and/or assessments.



² Galvani et al., *The implications of silent transmission for the control of COVID-19 outbreaks* (PNAS, 2020). Available at: <https://www.pnas.org/content/early/2020/07/02/2008373117>

CIRCUMSTANCES OF LOCKDOWN

- Respondents' compliance with lockdown measures, risk perception and trust in public policy to mitigate impacts
- Perspectives on government's response: is response proportional, are responses effective (are responses – e.g. food/nutrition support, cash assistance – perceived to reach/benefit young people, not just households)?
- Stigma/misconceptions about those who may have come in contact with the disease
- Information and service delivery platforms (YouTube, apps, hotlines, SMS, radio, TV, chatrooms, bots, etc.), to understand effective pathways for communicating about COVID-19 and delivering services to different subgroups of interest
- Respondents' engagement with an essential activities for the maintenance of critical infrastructure during the pandemic

SURVEY EXAMPLES

Harvard Humanitarian Initiative, Global COVID-19 survey

Organisation for Economic Co-operation and Development (OECD), survey on the science and innovation policy responses to COVID-19

IMPACTS ON EDUCATION

- Access to formal/non-formal education/vocational training
- Changes in modality of learning
- Frustration with or fears about new ways of learning and absorbing information
- Delays in reaching educational milestones
- Changes in academic plans for the future (e.g. taking standardized exams, university attendance, graduate school, dropping out)
- Cyberbullying, trolling or any other forms of online harassment experienced or witnessed by young people who are working from home or have had education shifted to online platforms

SURVEY EXAMPLES

United Nations Educational, Scientific, and Cultural Organization (UNESCO), United Nations Children's Fund (UNICEF) and World Bank, survey focusing on education and mass school closures, [National education responses to COVID-19 school closures](#)

The United Nations Sustainable Group in Latin America and the Caribbean (LAC) and the members of the LAC Interagency Task Team, survey focusing on education, employment, health impacts and contraceptive access, [United Nations survey on youth in Latin America and the Caribbean within the context of the COVID-19 pandemic](#)

HEALTH IMPACTS OF COVID-19 AND RELATED KNOWLEDGE/ATTITUDES/BEHAVIOURS

- Stocktaking of health literacy: participant's understanding of basic information about the virus and how to protect him-/herself
- Access to accurate information about the pandemic and its implications
- Mental health concerns related to COVID-19
- Negative and positive coping mechanisms

SURVEY EXAMPLES

Population Council, KAP Studies: Kenya, COVID-19-related knowledge, attitudes, and practices in urban slums in Nairobi; Bangladesh, COVID-19-related knowledge, attitudes, and practices among adolescent girls; India, COVID-19-related knowledge, attitudes, and practices among adolescents and young people in Bihar and Uttar Pradesh

Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Development Programme (UNDP), UNICEF, UN-Women and Youth Voices Count, Assessing the needs of young key populations during COVID-19 outbreak in Asia and the Pacific, [Preliminary findings](#)

United Nations and World Health Organization (WHO), Civil society survey on misinformation about COVID-19

IMPACT ON CIVIC SPACE AND PARTICIPATION, ELECTIONS, MASS MOVEMENTS, SURVEILLANCE

- Changes in engagement with unions, political parties, youth organisations
- Changes in modes of activism, participation in protests
- Concerns over state or private surveillance (i.e. contact tracing, long-term implications for right to privacy and trust in government)



SURVEY EXAMPLES

OECD, [Youth and COVID-19: response, resilience and recovery](#)

ECONOMIC IMPACT

- Impacts on employment, unemployment, reduced hours, etc.
- Changes in income, savings
- Outlook for career, job prospects, labour market
- Benefits received from government (i.e. unemployment benefit, cash transfers)
- Changes in domestic work and caregiving burdens (i.e. caring for younger children, dependants, housework)



SURVEY EXAMPLES

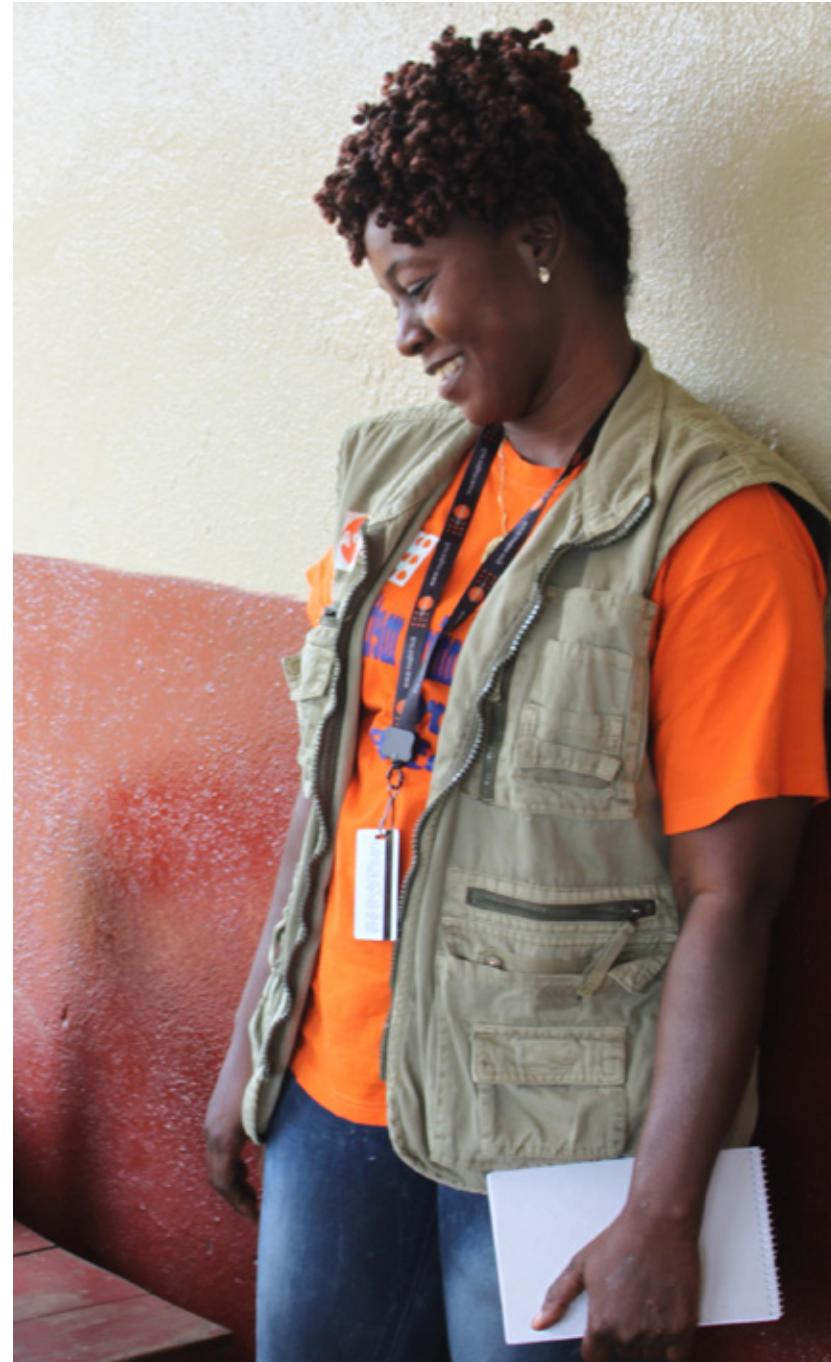
Global Initiative on Decent Jobs for Youth (United Nations Major Group for Children and Youth, AIESEC, the European Youth Forum, the European Union Emergency Trust Fund for Africa, the United Nations Human Rights Office and the International Labour Organization), survey focusing on employment and education, [Global survey on youth and COVID-19](#)

UNDP and Citi Foundation, survey focusing on employment and entrepreneurship in Asia-Pacific, [Youth Co:Lab rapid assessment](#)

PART III

DEMOGRAPHIC QUESTIONS AND RESOURCES THAT ALLOW FOR EFFECTIVE ANALYSIS AND DISAGGREGATION

Basic questions on age, sex, education, mobility, household composition, race and ethnicity, and the like must be correctly structured to allow appropriate analysis/disaggregation of survey/assessment findings. The following resources provide relevant guidance.



COVID-19-SPECIFIC RESOURCES:

- United Nations Department of Economic and Social Affairs (UNDESA), COVID-19 statistics hub
- Governance Lab, COVID-19 data collaboratives repository
- World Bank Group, Mobile Phone Panel Surveys in Developing Countries; High Frequency Mobile Phone Surveys of Households to Assess the Impacts of COVID-19 (Vol. 4): Questionnaire Template
- UN Global Pulse, COVID-19 data protection and privacy resources

AGE:

- Compact for Young People in Humanitarian Action, Data collection & age disaggregation
- UNICEF, Collecting and Reporting of Sex- and Age-Disaggregated Data on Adolescents at the Sub-National Level
- WHO, Illustrative Questionnaire for Interview Surveys with Young People

EDUCATION:

- UNESCO Institute for Statistics, Essential Education Data Collection Fact Sheet: primer on the collection of essential education data during COVID-19
- UNESCO Institute for Statistics, Data for the SDGs Project, Internationally comparable education data guidances, Data and analysis needed to reach out-of-school children and youth
- Evidence for Gender and Education Resource

SEX, GENDER IDENTITY, ETC.:

- The Evidence and Data for Gender Equality (EDGE) project (joint initiative of the United Nations Statistics Division and UN-Women)
- UNDESA and Statistics New Zealand, Gender identity – developing a statistical standard
- UN-Women and WHO, Violence against women and girls data collection during COVID-19
- Data2X, Gender and Data Resources Related to COVID-19

DISABILITY:

- Washington Group, Short set of disability questions
- Washington Group and UNICEF, module on child functioning questions

RACE/ETHNICITY, ADJUSTED FOR NATIONAL CONTEXT:

- United Nations Statistics Division, Social and demographic surveys

REFUGEE, INTERNALLY DISPLACED PERSON OR MIGRANT STATUS:

- United Nations Statistics Division and Expert Group on Refugee and Internally Displaced Persons Statistics, International recommendations on refugees statistics

COMPOSITION OF HOUSEHOLD (CHILDREN, PARENTS, SIBLINGS, FRIENDS, ETC.):

- WHO, Survey tool and guidance: behavioural insights on COVID-19
- UNDESA, Statistics Division, Designing Household Survey Samples: Practical Guidelines

PART IV EXAMPLES OF QUESTIONS RELATED TO SEXUAL AND REPRODUCTIVE HEALTH AND YOUTH EMPOWERMENT

The following questions are intended to be a point of departure to better understand the sexual and reproductive health (SRH) rights of adolescents and young people in the context of COVID-19. Their inclusion into surveys and assessments may help UNFPA staff adapt programming and learn about young people's perspectives and experience. Questions should always be adapted to local circumstances and priorities and data collection, presentation and dissemination must be done with caution, applying strict confidentiality measures, given the potential sensitivity of adolescent and youth SRH rights. Take into account differences in access to education, access to adolescent-specific programming such as comprehensive sexuality education services, safe spaces, restricted mobility, access to technology and livelihoods/earning that may be based on gender.



ACCESS TO ADOLESCENT SRH SERVICES AND SUPPLIES

Methods and services in the sample questions below should always be adapted to consider the relevant legal jurisdiction and context.

Since the pandemic began, have you received any information about where and how to seek sexual and reproductive health services, including contraceptives, during COVID-19, recognising that the delivery of some services may have changed?

- Yes (specify)/No, Not needed

In context of the lockdown, have you experienced any issues in accessing any of the following sexual and reproductive health services when needed?

- Contraceptive counselling
 - Y/N, Not needed
- Contraceptives, including emergency contraceptives
 - Y/N, Not needed
- Intrauterine device (IUD)
 - Y/N, Not needed
- Implant
 - Y/N, Not needed
- Self-administered injectable contraceptive
 - Y/N, Not needed
- Combined oral contraceptive [The pill]
 - Y/N, Not needed
- Progesterone-only contraceptive
 - Y/N, Not needed
- Male condoms
 - Y/N, Not needed

- Female condoms
 - Y/N, Not needed
- Lubricants
 - Y/N, Not needed
- Emergency contraceptive (EC) pill [Morning after pill]
 - Y/N, Not needed
- Gender-affirming hormone therapy
 - Y/N, Not needed, I have never been able to access needed hormone therapy
- Safe abortion care³
 - Y/N, Not needed
- If yes, mifepristone and misoprostol or misoprostol only
 - Y/N, Not needed
- If no, surgical abortion (manual vacuum aspiration (MVA) or dilation and curettage (D&C))
 - Y/N, Not needed

- Post-abortion care⁴
 - Y/N, Not needed
- Sexually transmitted infection (STI) testing and/or treatment
 - Y/N, Not needed
- HIV treatment and/or testing
 - Y/N, Not needed
- If yes, antiretroviral medication
 - Y/N, Not needed
- Human papillomavirus (HPV) immunization (category applicable largely to younger adolescents)
 - Y/N, Not needed⁵
- Services for gender-based violence or intimate partner violence
 - Y/N, Not needed

In the context of the lockdown, have you felt safe in accessing any of the following sexual and reproductive health services when needed?

- Contraceptive counselling
 - Y/N, Not needed, I have never been able to access contraceptive counselling
- Contraceptives, including emergency contraceptives
 - Y/N, Not needed

3 In the WHO handbook on safe abortion care, or safe abortion is defined as a three-stage service: pre-abortion, abortion and post-abortion. The pre-abortion stage includes information and counselling, medical history and physical examination, contraceptive counselling, and HIV testing and screening for STIs, with referral to treatment where necessary. The subsequent abortion procedure applies surgical or medical methods, depending on the preference of the patient, the recommendation of the doctor, the gestational age of the pregnancy and the availability of methods. Safe methods of providing an abortion include medical abortion before and after 12 weeks of gestation (mifepristone and misoprostol, or where mifepristone is unavailable, misoprostol alone), manual or electric vacuum aspiration up to 14 weeks of gestation, and dilatation and evacuation beyond 14 weeks of gestation (WHO, 2012).

4 Post-abortion care includes follow-up with a health-care provider or using a pregnancy test to assess the abortion outcome, contraceptive counselling, and assessing or managing abortion complications if necessary (WHO, 2014).

5 UNAIDS, Assessing the needs of young key populations during the COVID-19 Outbreak in Asia and the Pacific.

- IUD
 - Y/N, Not needed, I have never been able to access an IUD
- Implant
 - Y/N, Not needed, I have never been able to access an implant
- Self-administered injectable contraceptive
 - Y/N, Not needed, I have never been able to access self-administered injectable contraceptives
- Combined oral contraceptive [The pill]
 - Y/N, Not needed, I have never been able to access combined oral contraceptives
- Progesterone-only contraceptive
 - Y/N, Not needed, I have never been able to access progesterone-only contraceptives
- Male condoms
 - Y/N, Not needed, I have never been able to access ccondoms
- Female condoms
 - Y/N, Not needed, I have never been able to access internal condoms
- Lubricants
 - Y/N, Not needed, I have never been able to access lubricants
- Emergency contraceptive pill [Morning after pill]
 - Y/N, Not needed, I have never been able to access an emergency contraceptive
- Gender-affirming hormone therapy
 - Y/N, Not needed, I have never been able to access needed hormone therapy

Safe abortion care

- Y/N, Not needed, I have never been able to access safe abortion care
 - If yes, mifepristone and misoprostol/misoprostol only
 - Y/N, Not needed
 - If no, surgical abortion (manual vacuum aspiration (MVA) or dilation and curettage (D&C))
 - Y/N, Not needed
- Post-abortion care
 - Y/N, Not needed
- STI testing and/or treatment
 - Y/N, Not needed
- HIV treatment and/or testing
 - Y/N, Not needed
 - If yes, antiretroviral medication
 - Y/N, Not needed
- HPV immunization (category applicable largely to younger adolescents)
 - Y/N, Not needed⁶
- Services for gender-based violence or intimate partner violence
 - Y/N, Not needed

If needed, have you experienced any delay or disruption in accessing essential means to prevent HIV infection due to the COVID-19 outbreak?

- Condoms
 - Y/N, Not needed
- Opioid substitution therapy
 - Y/N, Not needed, I have never been able to access needed OST
- Clean needles and syringes
 - Y/N, Not needed, I have never been able to access needed clean needles/syringes

⁶ UNAIDS, Assessing the needs of young key populations during the COVID-19 Outbreak in Asia and the Pacific.

- Pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP)
 - Y/N, Not needed, I have never been able to access PrEP or PEP
- HIV testing
 - Y/N, Not needed⁷

Since the start of the pandemic, do you feel safe accessing any of the following services?

- Tick all that apply: non-judgemental counselling for your reproductive health, psychological support or counselling, antiretroviral medication you may require, routine STI testing, contraceptives, other (specify)) If no, why not?⁸

Have you heard about menstruation⁹ (monthly period/bleeding/different local names for menstruation)?

- (Y/N, Prefer not to answer)
- [Note to the interviewer: In case the participant has never heard about menstruation, the questioning should end here.]

Where did you first get information on menstruation?

- Internet, books, pamphlet, doctor, nurse, parent, sibling, friend, teacher, other (specify)

⁷ UNAIDS, Assessing the needs of young key populations during the COVID-19 Outbreak in Asia and the Pacific.

⁸ UNFPA ESARO, Restless Development, UNAIDS, AfriYAN and UNESCO, 'Have your say!' Survey.

⁹ Swiss Red Cross, Knowledge, Attitudes and Practices Concerning Menstrual Hygiene Management (MHM) of Adolescents in Rural Primary Schools in Malawi.

Who can you talk to about or ask for advice on menstruation?

- Parent, sibling, friend, teacher, other (specify)

Are any of the following materials for managing your menstruation available to you under circumstances of lockdown?

- Menstrual Cloth
 - Y/N, Not needed
- Disposable sanitary pads
 - Y/N, Not needed
- Reusable sanitary pads
 - Y/N, Not needed
- Tampons
 - Y/N, Not needed
- Menstrual Cup
 - Y/N, Not needed
- Other (specify)
 - Y/N, Not needed

Have you had difficulties accessing these materials while lockdown measures are in place?

- Menstrual Cloth
 - Y/N, Not needed
- Disposable sanitary pads
 - Y/N, Not needed
- Reusable sanitary pads
 - Y/N, Not needed
- Tampons
 - Y/N, Not needed
- Menstrual Cup
 - Y/N, Not needed
- Other (specify)
 - Y/N, Not needed

Could you afford the materials you prefer to use to manage your menstruation before lockdown?

- Y/N

Can you afford the materials you prefer to use to manage your menstruation during lockdown?

- Y/N

Before the coronavirus shut schools, did you use the washrooms at school to manage your menstruation?

- Y/N, Not needed

Before the coronavirus shut schools, did you use menstrual products provided by your school?

- Y/N, Not needed

In context of the coronavirus, have you had sufficient access to the following resources and conditions to manage your menstruation?

- Access to running water
 - Y/N, Not needed
- Private and safe washrooms
 - Y/N, Not needed
- Reliable disposal mechanisms
 - Y/N, Not needed

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

How anxious are you about COVID-19?

- Scale (1 to 5) from not anxious to extremely anxious) What concerns you most?¹⁰

Under the lockdown, do you feel lonely, depressed, stressed, anxious or irritable?

- Never, Sometimes, Mostly, Other (specify)¹¹

During lockdown, how have you spent your last 24 hours?

- Sample responses include: care of sick members of your household (COVID-19 symptoms only), housework, study, caring for siblings or children, leisure, religious work, other (specify)¹²

For how many days have you stayed at home all day, without going out at all and without receiving any visits?

- (____)¹³

¹⁰ UNAIDS, UNDP, UNICEF, UN-Women and Youth Voices Count, Assessing the needs of young key populations during the COVID-19 Outbreak in Asia and the Pacific.

¹¹ Population Council, Bangladesh, COVID-19-related knowledge, attitudes, and practices among adolescent girls.

¹² Population Council, Bangladesh, COVID-19-related knowledge, attitudes, and practices among adolescent girls.

¹³ Population Council, Bangladesh, COVID-19-related knowledge, attitudes, and practices among adolescent girls.

Have you ever been diagnosed by a doctor or therapist with one or more of the following?

- Answer yes or no:
 - a. Depression,
 - b. Mania/bipolar disorder,
 - c. Psychotic disorders (including schizophrenia),
 - d. Anxiety disorders,
 - e. Post-traumatic stress disorder,
 - f. Eating disorder,
 - g. Obsessive-compulsive disorder (OCD),
 - h. Substance abuse or addiction,
 - i. Attention disorder (ADD or ADHD),
 - j. Personality disorder,
 - k. Autism spectrum disorder.¹⁴

Are you currently receiving psychotherapy?

- Y/N
 - If no, were you previously receiving psychotherapy and stopped due to barriers associated with COVID-19?
 - Y/N
 - If yes, does the psychotherapy currently take place in face-to-face contact?
 - Y/N
 - If you receive psychotherapeutic treatment digitally, how satisfied are you with your treatment?
 - 0, not at all satisfied,
 - 1, 2, 3, 4, 5, very much satisfied

MEASUREMENT OF SOCIAL ISOLATION¹⁵

Since learning about COVID-19, have you had less communication with family?

- Y/N, Don't know

Since learning about COVID-19, have you had less communication with friends?

- Y/N, Don't know

Since learning about COVID-19, have you been more worried about going to public places, such as school, health centres, market, or community centres?

- Much more worried, more worried, somewhat more worried, not more worried

Has anyone in your household stopped you from leaving the house (Y/N), going to work (Y/N), going to school (Y/N) etc., because of COVID-19?

How has your participation in housework at home changed during lockdown?¹⁶

- Increase, decrease, stay the same

I feel that there is always someone I can talk to about my day-to-day problems during lockdown.

- Strongly agree, Agree, Disagree, Strongly disagree

How many friends would you say you have here in this community? By a friend, I mean someone around your age whom you can talk to about your day-to-day problems.

- More than 5, 3 or 4, 1 or 2, None

Under the lockdown, how often do you see, in person or virtually, these friends?

- Every day, A few times per week, Once per week, Less than once per week, Never

¹⁴ Ludwig Maximilian University Munich (Germany) and University of Oxford (UK), The COVID-19 Pandemic Mental Health Questionnaire (CoPaQ).

¹⁵ Women's Refugee Council, Cox's Bazar, Bangladesh, Social isolation among adolescent Rohingya girls benchmark survey.

¹⁶ LAC Interagency Task Team on Youth, UN Survey on Youth in LAC within the context of the COVID-19 pandemic.

YOUTH ENGAGEMENT AND SOCIAL COHESION

In the past month, have you attended an association, trade union or political meeting?

- Y/N¹⁷

Have you been involved in any of the following actions in response to COVID-19?

- No, Yes I have volunteered in person, Yes I have volunteered online, Yes I have donated money towards a COVID-19 response initiative, Other (specify)

If yes, in what field did you volunteer?

- My own initiative, In my community, Through a civil society organization, Through a national initiative, Through a business/firm, Through a religious organisation, Through an academic organisation, Other (specify)¹⁸

Over the past 14 days, I have the feeling that,

- There is greater solidarity and cohesion in our society
 - Strongly agree, Agree, Disagree, Strongly disagree
- I am an integral part of my community
 - Strongly agree, Agree, Disagree, Strongly disagree

¹⁷ UN-Women, Survey on GBV in Rwanda.

¹⁸ LAC Interagency Task Team on Youth, UN Survey on Youth in LAC within the context of the COVID-19 pandemic.

- My nation is growing closer together
 - Strongly agree, Agree, Disagree, Strongly disagree
- There is less solidarity and cohesion in my society (i.e. hoarding essential supplies, corona parties, refusals to physically distance, etc.)
 - Strongly agree, Agree, Disagree, Strongly disagree
- I am not an integral part of my community
 - Strongly agree, Agree, Disagree, Strongly disagree
- The crisis has divided my nation
 - Strongly agree, Agree, Disagree, Strongly disagree¹⁹

SAFETY AND PROTECTION, INCLUDING HARMFUL PRACTICES

Do not include direct questions to participants about their experiences of gender-based violence (GBV) if the survey is delivered to participants quarantined at home – it is unlikely that participants can be interviewed separately, confidentially and privately in this context. These questions may harm participants and any results will be unreliable because enumerators will not have had sufficient time to build up rapport with participants to ask sensitive questions. Questions around GBV and harmful practices are generally excluded from rapid assessments; furthermore, assessments around GBV are not required before putting services in place. Instead of assessments, it may be useful to conduct service mappings looking at services available to young people in conjunction with services accessed by young people.²⁰

- What kinds of items would help you to move around more freely and spend time outside your shelter?
- Are there items that you need to help you stay safe or access information, aid and services?

¹⁹ Ludwig Maximilian University Munich (Germany) and University of Oxford (UK), The COVID-19 Pandemic Mental Health Questionnaire (CoPaQ).

²⁰ UNFPA APRO, Decision tree: Data Collection on Violence against Women and COVID-19

After lockdowns have lifted and teams are able to safely visit homes to conduct interviews, the following resources, questionnaires and sample surveys may be of use.

- UNICEF, Ethical Considerations for Evidence Generation Involving Children on the COVID-19 Pandemic
- Reproductive Health Response in Conflict (RHRC) Consortium, UNHCR, UNFPA, Center for Health and Gender Equity and WHO, Gender-based Violence Tools Manual – For Assessment & Program Design, Monitoring & Evaluation in Conflict-Affected Settings
- WHO, Program for Appropriate Technology in Health (PATH), Researching Violence against Women: A Practical Guide for Researchers and Activists
- Population Council, Bangladesh, COVID-19-related knowledge, attitudes, and practices among adolescent girls
- UN-Women, Baseline Survey on Sexual and Gender Based Violence in Rwanda

CSE

Since the start of the pandemic, from what sources have you received information about puberty, sexual and reproductive systems, information about contraceptives or STIs?²¹

Some schools have classes on puberty, on sexual and reproductive systems, and on relationships between boys and girls. Did you ever attend classes on any of these topics? Do you attend classes on any of these topics in the context of lockdown?²²

Have you faced any challenges in accessing information or education about your sexual and reproductive health since the outbreak of COVID-19 in your country? If so, please provide more information.²³

21 UNFPA EECA, Youth and COVID-19 Assessment.

22 WHO, Illustrative Questionnaire for Interview Surveys with Young People.

23 UNFPA ESARO, Restless Development, UNAIDS, AfriYAN and UNESCO, 'Have your say!' Survey.

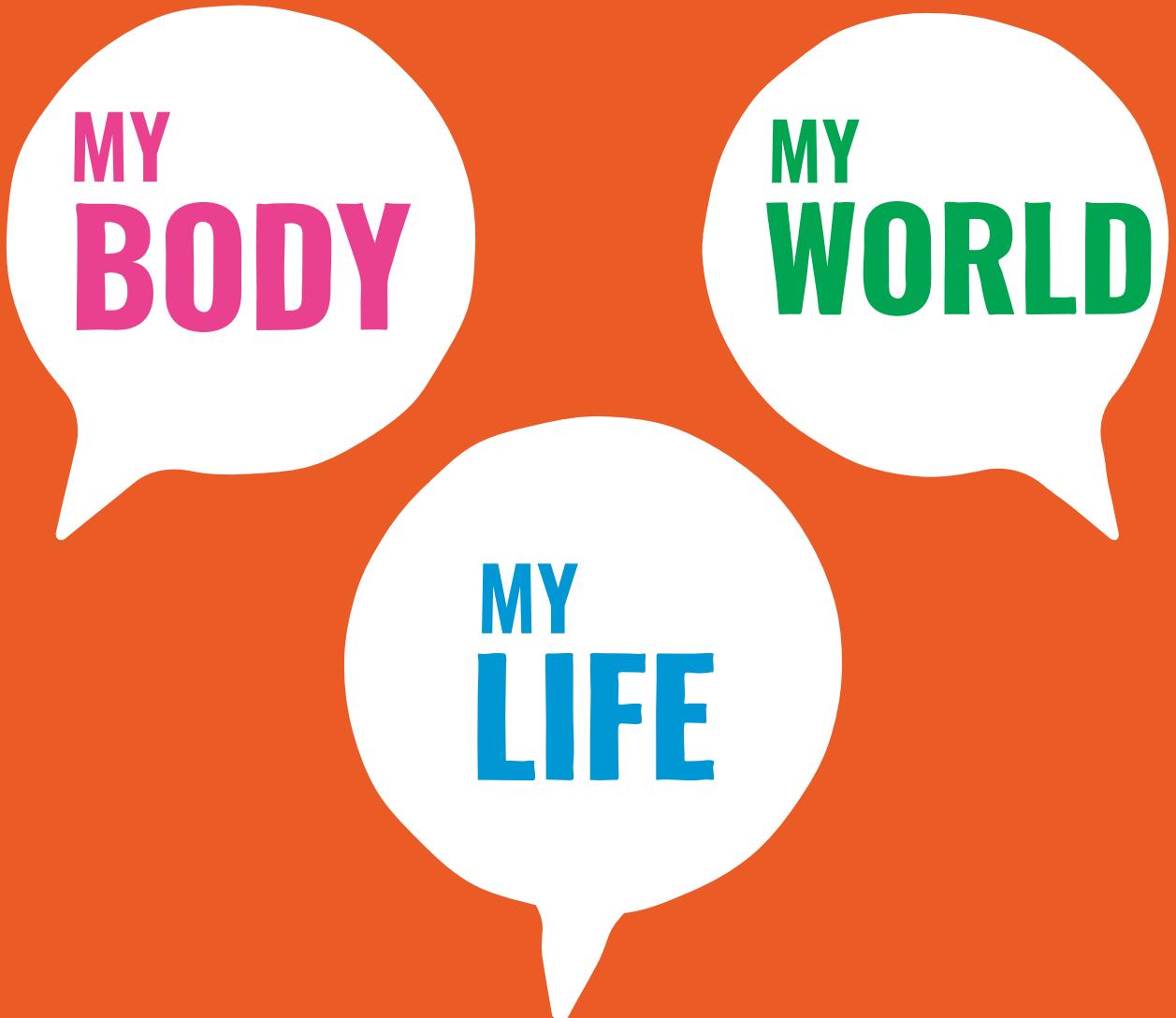
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