

BUILDING POWER TOGETHER:

A GIRL-LED RESEARCH PROJECT

Changing the world
with **women and girls**

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BANGLADESH | ETHIOPIA | INDONESIA

"I KNOW THAT GIRLS HAVE POWER AND I
WANT EVERYONE TO BELIEVE IT."
-RESEARCHER, BANGLADESH (17)



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Introduction

All around the world, adolescent girls living in poverty face unequal power dynamics that affect their everyday lives. This impacts their capacity to get the support they need, and to make their own decisions about various aspects of their lives. These structural inequalities shape their ability to claim their rights, such as a right to be listened to, to access quality education and information, support services, and community spaces, to make decisions about their own bodies or to live free from violence. Girls are too often on the frontlines in times of crises, and in times of crisis these inequalities get exacerbated. Their voices are discounted or unheard, their safety, economic security, education, health and wellbeing are under threat, and they have little access to protection systems and safety nets.

The global health crisis caused by the Covid-19 pandemic has exposed the most marginalised people, and those living in precarious situations, to the biggest risks. In a rapid assessment of the realities for young women (18-30) living in urban areas in Ghana, Kenya, India and South Africa during the Covid-19 crisis, an ActionAid report revealed the large scale economic and social impacts of the pandemic for young women aged between 18 and 30.¹ This research – “Building Power Together” –now looks at the realities facing adolescent girls between around 13 and 19 years old in Bangladesh, Ethiopia and Indonesia across five domains of their lives – freedom from violence; health and wellbeing; education and life-skills; economic rights; and girls in decision-making and crisis response. In each of these domains, the research explores how inequalities facing girls are structured and sustained, as well as opportunities to build individual and collective power to find solutions and to shift power to girls. It also considers the impact of Covid-19 on issues that girls faced before the pandemic and continue to face now, as well as their strategies and solutions for navigating these. Both reports demonstrate that without timely and effective interventions, there is a risk that the pandemic will have a

substantial negative impact on the life trajectories of the most vulnerable girls and young women.

However adolescent girls are also creating change, disrupting systems, and challenging patriarchy and unequal power every day. Using a feminist approach and a power framework, this collaborative research project was designed with a core belief that girls hold solutions and power when they are able to come together. It considers that girls’ voices and priorities should be central to the programme and policies that impact their lives. Following these principles, this girl-led research was designed and carried out in collaboration with groups of girls who participated in identifying relevant research questions, themes and people to interview, collected and analysed information, and contributed to this final report.

The research aimed to generate findings that can influence girls’ lived realities and provide tools for their advocacy with families, communities, and decision makers. It also aimed to help girls build leadership and research skills that they can use in similar projects in the future. With the support of a young feminist artist, girls have developed posters and other visual and digital materials and crafted their own strategies to share the findings and recommendations. These include organising community events, putting in place community billboards and taking part in radio talk shows to highlight key findings. Examples of the visual materials are shared in the Findings section.

This report starts with a literature review providing an overview of the global current situation for adolescent girls across the five domains listed above. It then presents the key findings from the research carried out by girls in their communities in Bangladesh, Ethiopia and Indonesia, before discussing what this means for girls during and after the Covid-19 crisis, and providing recommendations for governments, donors, national and international organisations and community members and practitioners.

Why ActionAid is focusing on girl-led research

ActionAid has made public commitments to use a feminist approach by sharing power, being accountable and collaborative, and calling out discrimination. Our feminist research guidelines² reflect our approach to do research in a way that is participatory and shifts power. As such, ActionAid strives to do research that prioritises girls’ perspectives, validates their knowledge and connects them with decision-makers so that they can create their own change. Ultimately, girl-led research aims to provide an opportunity to shift power back to girls – building a sense of self-confidence, providing opportunities to connect with peers, mentors and supporters, and to take action to share research results and express their power to make change.

ActionAid’s investment in girl-led research also aims to challenge ideas around what is considered solid, scientific social research when it comes to understanding girls’ needs, aspirations and wellbeing. International development actors have been criticised for making assumptions about girls’ aspirations and sometimes instrumentalising girls’ voices and narratives around their lives. For example, some actors might hold a common assumption is that all girls want to become educated, raise families and earn income, and run projects that follow an economic growth agenda that does not necessarily act in girls’ interests.³ International development actors have also been criticised for spreading stereotypes portraying girls of colour from the Global South, as subjects that need “rescue”, which

can then contribute to harmful neo-colonial ideas. The way that girls' own stories are framed and presented therefore requires careful consideration.⁴ For example, while we know that adolescent girls' lives will have been radically altered during the Covid-19 pandemic, very often in ways that compromise their rights and future opportunities, we also know that girls and their allies have been active responders to the Covid-19 crisis by supporting their families and communities and mobilising for change.

These critiques illustrate why projects about girls need to be designed with girls, to put their stated needs at the

centre and respond to their lived realities and aspirations. This goes for research projects too. Research that is led by girls should be different to research that is about girls. Girl-led research should involve girls leading at all stages – defining their own agenda; helping to design the research tools; collecting and analysing data; and disseminating the results.⁵ Girls should be carefully supported in that process, as studies have shown that young people can sometimes be barred from participation in studies if they are considered not capable of behaving in an “adult” enough way, and that research can be dominated by adult agendas, assumptions, methodologies or aspirations.⁶

Methodology

The feminist and girl-led approach used for this research meant transferring power directly into the hands of girls themselves to make important research design decisions and carry out the data collection and analysis.

To support this process, the ActionAid team first conducted a literature review to better understand promising practices of girl-led research and other youth-centred, participatory approaches. Despite a lack of information on engaging research tools that are designed specifically for different adolescent age groups, do not rely on literacy and are accessible to those with disabilities, the review highlighted some tools that have been used effectively.^{7,8} We drew on a number of these tools and approaches, in particular a set of age-tailored tools from GAGE⁹, as well as from ActionAid's own set of participatory tools designed to promote critical reflection and dialogue, and create an environment where everyone can contribute from “Reflect-Action”.¹⁰

Research mentors and ActionAid staff then ran a series of workshops¹¹ with adolescent girls and young women to review the initial findings from the literature review and analyse the situation in their own communities, and then design their own research process – including deciding on the research questions, identifying who had influence in girls lives and would be included as research respondents, and identifying which participatory qualitative research methods (from the tools and approaches mentioned above) they would use to collect information from other girls and community members. These tools included “community mapping”, “body mapping”, “relationship spiderweb”, “the Friendship circle” and “the human box” as well as more traditional methods such as focus group discussions and key informant interviews. Girl researchers also used drawings and photographs to help respondents express themselves fully. A combination of methods were used, depending on the nature of the respondent pool (e.g., girls, women's groups, mothers, aunties, men, boys, other community members, teachers, community leaders, health workers etc.). More details about research participants in each location can be found

in the findings section. Research mentors then supported the girl researchers in discussing and writing up the findings, including through a workshop to analyse the findings of the research and the challenges and benefits of doing research themselves. In these workshops girls also reflected on how the findings related to their own experiences, and as a result, quotes from both participants and from the researchers themselves are presented in the findings sections. This analysis was used to write this report. To further support girls in leading the research, the ActionAid staff also set up a safe and supportive peer space where girls could meet, provided remuneration for the girls and provided opportunities for girls to connect with women organisations.

An important part of the research process was also ensuring that girls and young women were able to use the results to spark dialogue with peers and in their communities, and lead their own process of change. With the support of a young feminist artist, girls have developed posters and other visual and digital materials and have designed their own strategies to share the findings and recommendations. These include organising community events, putting in place community billboards and taking part in radio talk shows to highlight key findings.

The broader literature review was the only part in this research which was carried out by ActionAid staff with limited involvement of girls. It included a review of academic and grey literature published in English in the past two years about adolescent girls' rights and the impacts of Covid-19, as well as older publications taking a girl-centred or girl-led approach. This broad search allowed the ActionAid team to identify five intersecting areas reflecting social and economic realities for girls: 1. Freedom from Violence, 2. Health and Wellbeing, 3. Education and Life-skills, 4. Economic Rights and 5. Girls and Decision-making. These five broad, and intersecting, areas were then used in research design workshops with girls to start the conversation about which areas they would like to focus on in their own community research.

A power framework for working with girls

Following a feminist approach, this research project includes a power analysis, which draws on various theories^{12 13} to (i) outline four types of positive and negative power that influence girls' lives across public and private spaces and manifest in formal and informal rules of behaviours, institutions, and relationships – from girls' relationships with friends, family and partners that impact their everyday lives, through to more formal relationships with service providers, leaders and policy makers, and (ii) review how, if at all, girls can exercise these types of power. The framework also outlines how working towards power equalities can help move from a situation where girls are discounted or invisible, to one where their communities, families and other supporters are working towards building power together – a place where girls would have the ability to make meaningful, strategic choices about their lives.

Four types of power shape girls' lives:

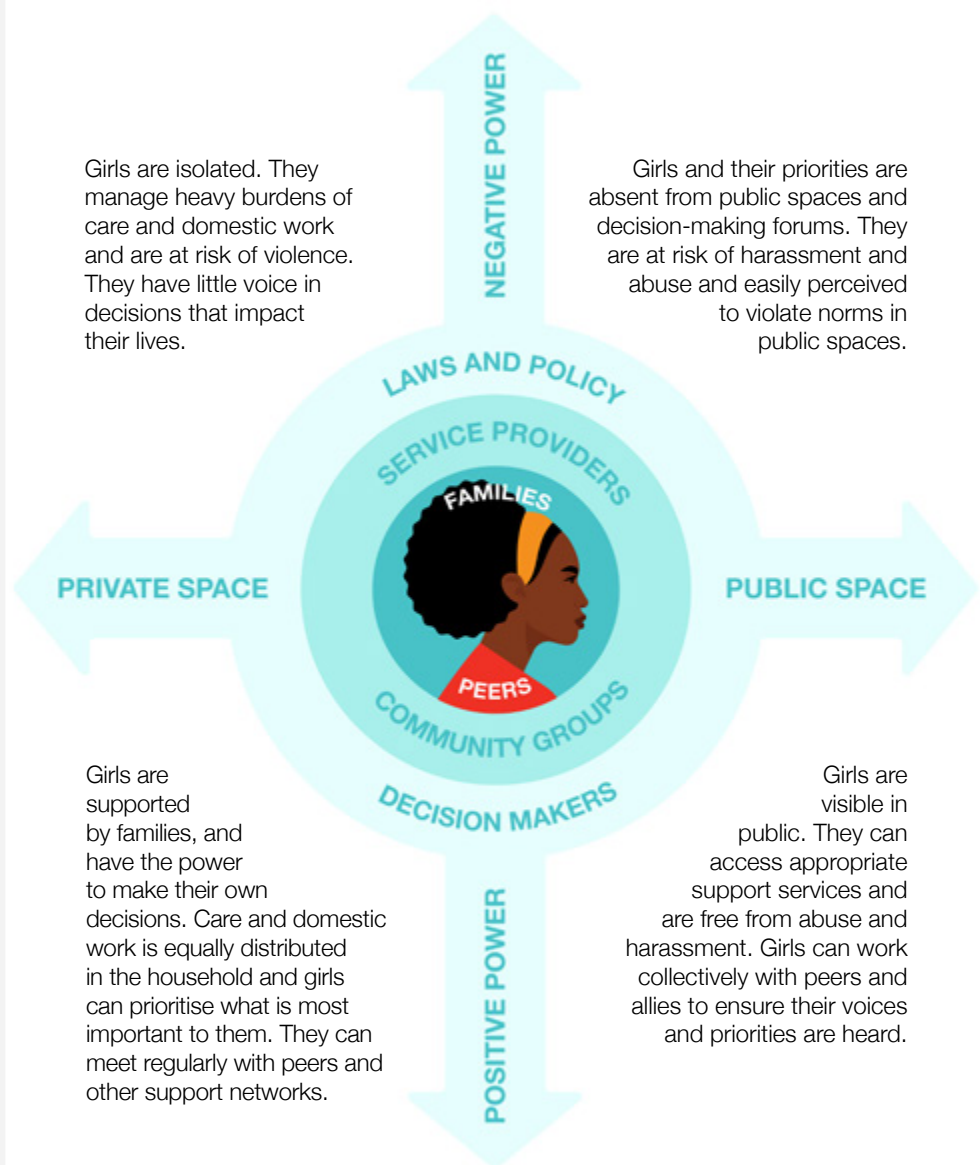
Power over – a negative type of power used to dominate, subordinate and control. Girls can't influence issues that impact them, can't control their bodies, their time and their life choices. They experience fundamental rights violations.

Power within – a positive type of power linked to a sense of self-worth, self-knowledge, and self-determination. Girls understand that they have value, know their rights, and feel a sense of possibility and choice about their own futures.

Power with – a positive type of power that involves building a sense of collective strength among peers and with other groups. Girls can meet together and with other allies to build friendships, understand their common and unique issues, and strategise on ways to support each other.

Power to – a positive type of power that refers to people's potential of every person to shape their life and world, and their ability to learn and to act towards meaningful change. Girls can speak out and influence the decisions that impact their lives in the home, community and decision-making forums.

Girls are invisible



Building power together

Limitations

A number of limitations are worth bearing in mind when considering the research findings.

Firstly, despite quality training in various participatory research methods, girls found it difficult to secure and maintain engagement of community members in longer sessions. Girl researchers also reported feeling inhibited at first when interviewing male community members, which reflects unequal power dynamics between both adults and young people as well as between men and women. This made it very challenging to use some of the participatory methods that require longer engagement. Girls also found it hard to balance their own schedule and the time required to engage in the research process.

Secondly, the research teams struggled to ensure diversity in the profile of respondents. Due to the sensitive nature of the research around Sexual and Reproductive Health and Rights (SRHR), violence, mental health, and harmful social norms, some participants were reluctant to take part in the research, particularly unmarried pregnant girls. Some research teams failed to prioritise or were not able to identify girls with disabilities and girls who lived outside the community. Therefore, these groups are not always represented in the research.

Thirdly, this qualitative research involved relatively small sample across very different contexts and geographies. As such, findings should not be regarded as statistically representative but as providing a rich narrative about girls' lives in specific contexts. The girl-led and participatory nature of the research also meant that girls designed their own research questions and approaches in each context. While this is in many ways a strength of the research, it also means that the type of data available in each country vary greatly, which makes it challenging to compare results across the three contexts. However, it was possible to identify common themes around systemic injustices facing adolescent girls in many parts of the world. These themes are explored in the Summary of findings and Recommendations sections.

Lastly, other limitations include the challenges around Covid-19 – additional time was needed to ensure the research was conducted in a safe and secure manner for all respondents and research teams, and changing guidelines and restrictions meant that sometimes focus groups and interviews had to be delayed or cancelled at the last minute.

Ethical and safeguarding considerations and learning

The research teams worked to meet the research objectives while minimising any risk of harm. Ethical procedures were developed to protect, as far as possible, all groups involved in research. These were guided by three principles:

- 1) Respecting people at all stages of the research process.
- 2) Minimising harm to respondents and researchers.
- 3) Maximising benefits to adolescent girls.

As part of this process, the ActionAid staff first shared information about the project and sought initial informed consent from the girl researchers, their parents and their caregivers. Then, they engaged other community members such as community gatekeepers, to ensure researchers' and participants' safety and privacy throughout the research process.

Before starting the research, the ActionAid staff made sure that basic care and support for survivors of gender-based violence and child protection concerns were available locally and mapped referral pathways. All staff, mentors and girl researchers were trained in concepts of safety and power, as well as survivor-centred approaches and safeguarding. This included understanding how to

recognise indicators of distress during interviews, what follow-up questions to ask (or not ask), and how to safely report any voluntary disclosure of abuse and exploitation. Trained women mentors were also there to handle sensitive discussions around abuse or violence and support the researchers if they themselves needed to access basic follow-up care or psychosocial support, and even if they wished to withdraw from the research. The ActionAid's Global Safeguarding Team was also available to further support mentors where needed.

All data collection was held in safe places that didn't draw unnecessary attention, and were fit to ensure respect of Covid-19 prevention measures.

Confidentiality was maintained throughout the whole research process. All identifiers such as names and contact details were removed from researchers' notes, communications product and research reports. As the research took place in small communities, it was not always possible to ensure research participation was fully anonymous. To mitigate this, the research teams avoided collecting individual stories and invited participants to reflect on the general situation of girls in their community.

Literature review: The impacts of Covid-19 on adolescent girls' rights

This literature review aimed to provide an overview of the state of adolescent girls' rights globally and how they were impacted by Covid-19 over the last two years. It also sought to identify any best practices in developing and implementing girl-centred or girl-led initiatives. Looking at academic and grey literature as well as blog posts and news articles, the research team identified five intersecting themes relating to the social and economic realities for girls and how they were impacted by the pandemic: **1. Freedom from Violence**, **2. Health and Wellbeing**, **3. Education and Life-skills**, **4. Economic Rights** and **5. Girls and Decision-making**. This section presents the findings from this literature review.

1. Freedom from violence

Violence against women and girls (VAWG)

While statistics about violence against women and girls (VAWG) vary across contexts, research has shown that during the Covid-19 pandemic, women across the world have experienced more violence and an eroded sense of safety.¹⁴ 52% of respondents to ActionAid's Young Urban Women survey believe that women and girls have become more vulnerable to violence during lockdown¹⁵. This rise in VAWG, which started right at the start of the pandemic, has been labelled a "shadow pandemic" echoing the "silent epidemic of rape, sexual assault and violence" highlighted during the Ebola outbreak¹⁶. For example, records from justice administrations and the police in Kenya and South Africa highlighted "significant spikes" in sexual offences and calls reporting acts of VAWG in the first weeks following lockdown restrictions.¹⁷ In Addis Ababa, Ethiopia, hospitals' data from mid March to mid May 2020, a period of only two months, included over 100 girls patients who were raped, including by close family members, while stay-home measures were in place.¹⁸ In Zimbabwe, an increase in economic insecurity due to Covid-19, has meant that transactional sex has been used as a coping strategy, with reports of girls being forced into transactional sex in return for cash, food, and sanitary products.¹⁹

While VAWG always increases in times of crisis and should be considered vital emergency response, other emergency needs and constraints often mean that funding and human resources get diverted away from violence prevention and response work led by women's rights organisations (WROs) and non-governmental organisations (NGOs), thereby increasing a risk to see other forms of violence rising. For example, the UN's Covid-19 Global Humanitarian Response Plan set aside just 0.58% of funding to tackle violence. Funding from national governments to address VAWG has also been limited.²⁰ The United Nations Population Fund (UNFPA) has estimated that the pandemic is likely to cause a one-third reduction in progress towards ending gender-based violence by 2030.²¹

WROs in various contexts have also highlighted how lockdown and other Covid-19-related measures have made it much harder to support survivors of VAWG. Travelling to facilities has become more difficult, VAWG services have become harder to access and many state-run services have closed. In response to these constraints, many WROs have set up helplines, offered protection services including legal support and safe spaces, and provided online or telephone counselling and legal advice.²² WROs are calling for adequate resources to address VAWG, including funding for safe spaces and public services that are both gender- and youth-responsive.

Child marriage

While significant progress has been made in the last 25 years on ending child marriage, it is now estimated that up to 10 million more girls are at risk of becoming child brides by 2030 as a result of the pandemic.²³ Child marriage is a complex issue rooted in gender inequality and caused by many factors. During the pandemic, several factors, such as economic hardship, school closures and services disruption have been identified as having a negative impact on progress towards ending the practice.

Many practitioners and policy-makers in different regions have witnessed these changes. 69% of education NGO representatives across 32 countries considered that school closures would increase the risks of VAWG, early marriage and adolescent pregnancy.²⁴ ActionAid Ethiopia reviewed a report by the Amhara Region Bureau of Women and Children's Affairs which highlighted a resurgence of harmful practices during the pandemic, with 585 cases of early marriage reported in the region just in the first part of the Covid-19 pandemic. Police Commander of Guna Woreda, Amhara Region, explains:

"Closure of schools and the resultant 'stay-at-home' measures escalated VAWGs in Kimir Dingay and surrounding rural areas in Guna woreda. Several girls and women have been victims of gender-based violence though we believe that most cases were not reported (...). This is by far higher than the cases earlier than Covid-19 times."

There are examples of effective programmes and campaigns supported by NGOs to end child marriage and contribute to social norms change, and these include girl-led communications and advocacy (such as girl-led radio programmes), working in close partnership with justice, education and child protection services, and community prevention and response initiatives that have been adapted during Covid-19.^{25 26} Several studies call for additional support from governments and NGOs to enforce legislation on this issue, and to continue to push for social norms change.

2. Health and wellbeing

Sexual and reproductive health

Complications from adolescent pregnancy and childbirth remain the leading causes of mortality for adolescent girls globally. Millions of adolescent girls across the world face obstacles to safeguard their sexual and reproductive health and rights (SRHR). For example, in 2019, in low- and middle-income countries, 43% of adolescents aged 15-19 who wanted to prevent pregnancy were not using modern contraception.²⁷ This lack of access to sexual and reproductive health (SRH) services, contraceptives and safe abortion is linked to many social and policy factors. Adolescent girls are often stigmatised and denied information based on their gender, age and marital status among other factors. Policy-based restrictions might also limit the provision of SRH services. This was the case with the Mexico City Policy for example.²⁸

The Covid-19 crisis has made it even more difficult for adolescent girls to access services. With movement restrictions and overwhelmed health facilities, routine healthcare and SRH services have been even less available, especially where healthcare systems were already weak. In 2020, UNFPA estimated that, with lockdown measures lasting more than six months, 47 million women in low- and middle-income countries could lose access to contraception, leading to seven million unwanted pregnancies. These estimates were echoed by ActionAid's Young Urban Women survey, with 25% of the young women surveyed reporting difficulties accessing contraceptives and 21% talking about difficulties accessing maternal healthcare during lockdown.²⁹ Menstrual hygiene management has also been impacted. For example, in a 2019 study in Somalia, CARE found that 55% of adolescent girls were reusing disposable pads and 26% of girls used reusable pads before they dried out, which can cause infection.³⁰ Girls with disabilities faced even greater challenges, with social distancing restrictions meaning they were no longer able to be accompanied by support staff, such as sign language interpreters for example, to access health facilities.

Many WROs, NGOs and girls themselves have organised to respond to girls' health and wellbeing needs in their communities. In Ethiopia, for example, the Girls Education Challenge (GEC) has worked with government health extension workers to distribute sanitary pads to marginalised girls.³¹ In Colombia, girl activists supported by CARE have implemented a community awareness campaign and served as focal points in their communities for girls' rights and healthcare. Evidence collected by CARE suggests that sharing power between NGOs and girls' groups can be mutually beneficial. NGOs can facilitate linkages with local leaders, share useful resources to support girls, and ensure programmes reach a diversity of girls and respond to their stated needs.³⁰ UNICEF has also stressed the positive role of community-based mentors who understand their local context and can guide girls in times of crisis, including by linking them to relevant services.³²

Mental health and wellbeing

While crises might offer an opportunity to reshape traditional gender roles in families and communities, they might also reinforce them. For example, many studies reported that lockdown measures and school closure have reinforced the movement restrictions that were already placed on women and girls before the pandemic, due to fears of gender-based violence. Keeping adolescent girls at home has exacerbated the unequal distribution of unpaid domestic work, limited their time for remote learning or socialising and has led to even greater isolation. A recent survey in Lebanon showed that girls were twice as likely as boys not to have left the house since lockdown.³³ Seventy-one percent of the young urban women surveyed by ActionAid indicated that their household chores had increased significantly during lockdown³⁴. Another study in Sierra Leone showed that most girls surveyed had only 0-1 hour per day left for studying.³⁵

In 2020, several studies found higher rates of anxiety and depression among girls affected by isolation at home, increased domestic work, limited time to study, limited access to friends, worries about the future, and limited access to youth-friendly mental health services. One study in Somalia showed the numbers of girls experiencing anxiety and depression on a monthly, weekly or daily basis had doubled to 62%.³⁶ Another study showed that 90% of girl respondents in Ghana, Brazil, Egypt and Vietnam reported being "very" or "somewhat" anxious, especially in poorer households.³⁷

Examples of mental health and wellbeing programmes for girls during the pandemic include the GEC project in Afghanistan, which involves helplines, TV and radio programmes and peer groups run by community-based female volunteers, offering in-person psychosocial support.³⁸ Yet many studies have stressed the need for more investment in mental health support and inclusive interventions to reach adolescents from all parts of society.³⁹

3. Education and life skills

Almost 90% of schools across the world closed in 2020 in response to Covid-19. While this was often needed to contain the spread of Covid-19 and mitigate the emerging public health crisis, many of the most marginalised did not have consistent access to remote schooling options provided by governments. Among the young women who were studying before the pandemic and were surveyed for ActionAid's Young Urban Women, only 21% were able to continue remotely. Others could not continue due to no access to the internet, to a smartphone or laptop, or to a conducive home environment to study. Girls with disabilities often face additional barriers, with distance learning programmes failing to consider any communication impairments they might experience and need support with. Of the 276 girls and boys with disabilities surveyed for a study in Sierra Leone in May 2020, only 56% were even aware that digital lessons existed due to information and lessons being broadcast over the radio in English rather than in local languages and in formats that were accessible to children. In many contexts, schools are also a place for girls to access sanitary products, regular meals, and sometimes centres that offer SRHR information and services. Therefore, the impact of school closures went even beyond girls' access to education.

As mentioned in previous sections, the Covid-19 pandemic has exacerbated harmful gender norms that were already affecting girls' domestic workload, freedom of movement, and pressuring them to marry and have children early especially in the poorest households, with direct consequences on their education.⁴⁰ For example, a study from Pakistan showed that 63% of the 1,188 parents surveyed did not intend to send their daughters back to school when they fully reopened, and 94% intended to allow their sons back to school.⁴¹ Using evidence from the Ebola outbreak in Sierra Leone, Guinea and Liberia, the Malala Fund estimated in 2020, that 20 million more secondary school-aged girls could be out of school after the Covid-19 pandemic.⁴²

Access to other services and programmes has also been affected by the pandemic, especially for girls living in poverty, in informal settlements or in more rural areas, with limited access to smartphones, TVs and radios. Boys are 1.5 times more likely to have access to online mediums than girls.¹² Evidence from many contexts has shown that even before the pandemic, male family members regulate girls' use of mobile phones and computers, sometimes hampering girls' opportunity to engage meaningfully in services and programmes that aim to support them.⁴³ As explain by a 16-year-old Palestinian girl, distance learning has sometimes added to the mental health issues already experienced by adolescents during the pandemic:

'(...) I am currently facing great difficulties with the long-distance learning that is mainly done through WhatsApp. This education method has caused us severe stress and depression.'⁴⁴

The consequences of a lack of access to quality education are far reaching and cut across many aspects of girls' lives. Education is crucial for their capacity to earn an income, build their resilience, protect them from child marriage or strengthen their capacity to participate in decisions. Some economists estimate that every additional year of schooling a child receives boosts their future income by 10%.⁴⁵ In a global study, the World Bank estimated that women who had not completed secondary school earned half that of those who had.⁴⁶ More importantly, children themselves consistently place the restoration of education services among the highest priorities for emergency response and post-crisis reconstruction.⁴⁷ More girl-led research would help refine girls' specific education needs and priorities.

Among inspiring examples of girl-led initiatives, three girls in Ecuador created the National Network for the Defence of Children's and Adolescents' rights (RODNNA) in June 2020 to respond to some of the issues that were affecting them during the pandemic, with a focus on education as the most pressing need.

4. Economic rights

The Covid-19 pandemic has exacerbated economic insecurity for many girls and young women. Loss of income for families and girls themselves, combined with often increasing costs of essentials, means that many girls are at risk of becoming stuck in cycles of poverty.

Traditionally, the male dominated industries in the formal sector have been highly impacted by crises. However, with Covid-19, the women-dominated industries were hit the hardest (e.g., tourism, hospitality and retail, mostly through informal jobs).⁴⁸ The International Labour Organization (ILO) estimates that almost 1.6 billion informal workers – mostly women – have seen their capacity to earn a living reduced. Many women and girls have reported having to reduce expenditure on food, personal care products and medicines because of drops in income and rising prices of food around the world.⁴⁹ According to a study conducted in Bangladesh, half of the adolescent girl respondents reported

that their households had no income during the pandemic and 20% reported urgent food shortages.⁵⁰ Any prolonged recessions caused by the Covid-19 crisis will likely be experienced disproportionately by girls, women and marginalised groups. At the start of the crisis, UN Women estimated that the pandemic would push 47 million women and girls into poverty and deepen existing pay gaps.⁵¹

In a context of economic hardship, there is a high risk of exploitation, with perpetrators who might take advantage of girls' needs for basic necessities. Across many contexts, there have been reports of girls turning to sex work to survive.⁵² Women and girls with disabilities have often been even more prone to isolation and have lost their access to education, employment, health services, clean water, sanitation and other basic needs.⁵³

While many governments have announced support packages to protect vulnerable groups, the reality is that too often this support is not reaching the most marginalised, including girls and young women, and is not designed to meet their needs, for example by excluding work in the informal economy. ActionAid's Young Urban Women study reported that despite governments implementing support packages during lockdowns, 52% of young women surveyed across Ghana, India, Kenya and South Africa had not received any benefits or social protection (such as food supplies, subsidies or cash transfers).⁵⁴ The UNDP Covid-19 global gender tracker has highlighted that globally, only 19.6% of over 3,000 social protection and labour measures are gender sensitive, and a tiny proportion respond to the specific needs of adolescent girls.⁵⁵

5. Girls in decision-making and crisis response

While girls can be powerful actors contributing to positive outcomes for themselves and their communities, many girl-led groups have often felt discriminated against on the basis of age and gender. In a recent study about girl-led organising, the majority of girls interviewed felt their activism was dismissed by adults and even by older feminist groups who failed to take them seriously, considering them too immature or radical.⁵⁶ Girl-led groups have identified a number of other barriers to engage in activism, including a lack of space to meet, cyber bullying when online space is accessible⁵⁷ and a lack of access to many funding opportunities due various factors such as age restrictions, formal status requirements, heavy administrative burden or high initial costs.⁵⁸

Funds, such the Global Resilience Fund, do exist to support girl-led activism including during the pandemic. They are helping to build up an evidence base of how best to support girls' activism. For example, they have stressed the importance of flexible funding, compensation for girls, intergenerational support and capacity strengthening programmes to enable girls and women to learn from each other.

The Generation Equality Youth Task Force, established by UN Women to promote youth leadership and participation, has published a manifesto to highlight this issue of girls feeling dismissed. In it, they call for measures to counter power imbalances in the governance structures of their organisation, as they do not feel that their views, recommendations and priorities are seriously considered. The Youth Task Force also recommends the appointment of an Adolescent Girl Advisory Body to make sure that girls are protected against tokenism, exploitation and burnout.⁵⁹

Evidence has shown that women's groups and women-led organisations usually have unique relationships and connections with their communities and are often first to mobilise and respond to emergencies, providing key services and identifying the specific and diverse needs of women and girls. Girl-led movements are the future of these groups and many around the world have continued being active throughout the pandemic. While available information on girls' activities and achievements is limited, there is evidence of girls sharing information about Covid-19 in their communities; tackling the immediate needs of their communities; adapting pre-pandemic activities, such as sharing SRHR information, to be Covid safe; and supporting marginalised groups such as sex workers, refugees, indigenous communities and LGBTQI+ communities.^{60 61}

Girl-led research teams: experiences and key findings

Data collection for this research took place in urban communities close to the capital cities in Ethiopia and Bangladesh, and in a more rural location, as well as one that was previously impacted by the Tsunami in Indonesia. Across the three locations, 37 adolescent girls and young women were part of the research teams for this project (11 in Bangladesh, 14 in Indonesia and 12 in Ethiopia).

This section first considers their experiences and learning. It then looks at their findings, country by country, across the five thematic areas identified in the literature review: 1. Freedom from Violence, 2. Health and Wellbeing, 3. Education and Life Skills, 4. Economic Rights, and 5. Girls in Decision-Making and Crisis Response. In each location, the girl-led research teams decided on their own research questions and focus, gathered and analysed data themselves. Therefore, not all research teams have highlighted findings across all five thematic areas. The findings sections are based on the reports from the analysis workshops that girls conducted with their mentors, and were then written up into the country findings sections by the ActionAid report authors. In the write up, authors have retained the overall character of the analysis, and have tried to retain girls' own words as much as possible.

The benefits of doing research: learnings from girl-led research teams

A key objective of girl-led research is to provide an opportunity to shift power back to girls. After completing this project, 97% of girl researchers reported believing more strongly in girls' power to make positive change in their communities and girls' greater power when they come together.

Girl groups have enjoyed working in teams. They have found collective strength, have learnt new skills and learnt

from each other. They have improved their communication and negotiation skills and have found the courage to use their voice. In addition, they felt the collective power to challenge harmful community attitudes towards girls. Many of the girl researchers described their motivation to keep working on the issues that most impact girls and to create real change, with the majority of girls citing child marriage as the issue on which they wanted to see change in priority.

“This research has represented our voice. It is voicing our problems.”

Researcher, Indonesia

“It increased my self-confidence, resilience, how to make effective communications. It gave a glimpse of how the community perceive girls and women.”

Researcher, Ethiopia

“I know that girls have power and I want everyone to believe it.”

Researcher, Bangladesh

“We learned a lot of new things during the research that we did not know before. Now we know about power. We know how child marriage destroys girls' lives. We want to change our society and work together to stop child marriage. Working together was a big learning. We did not know properly about our community before, now we know our community clearly and we want to work to change our society for a better future.”

Researcher, Indonesia

The girl groups faced a number of challenges during the research. This included balancing their involvement in the project with responsibilities at home; approaching community members – such as leaders, official, or older members of the community – who would not take them seriously. In Indonesia, the lack of telephone and internet signal, as well as poor transport options, made the data collection challenging. In Ethiopia, girls experienced verbal harassment on the street as research was being conducted.⁶² In Bangladesh, the group described how they initially felt shy and embarrassed to facilitate discussions, particularly with the men and boys, and particularly on the more sensitive topics such as menstruation. However, that there was a real sense of accomplishment once they had done it, describing “we get unbelievably confident.”

Overall, the large majority of girls reported many benefits to participating in the research, many of which relate to building a sense of agency and self-confidence, and having the opportunity to explore their “power within.” They also had a sense of building ‘power with’ others, and being able to identify the key issues that girls and women are facing in their communities, thereby motivating them to take action. Following an online collective workshop facilitated with all groups at the end of the research process, the “sketch note” below summarises girls’ overall experiences.

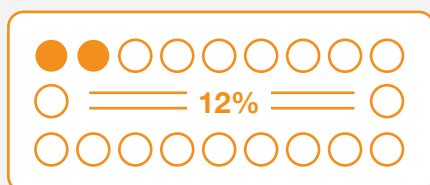


Findings from Bangladesh

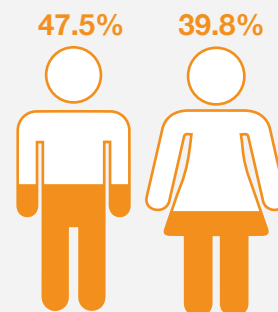
National context



Bangladesh Gender Inequality Index ranking



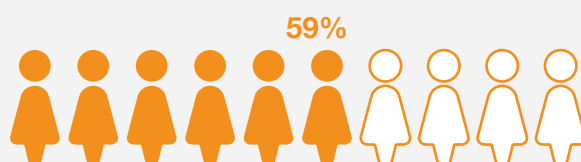
Percentage of women with an unmet need for family planning (DHS data 2016)



Population with at least some secondary education



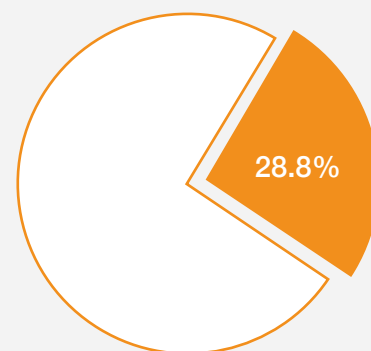
Adolescent birth rate (births per 1,000, ages 15-19)



Percentage of girls married before 18



Hospital beds per 1,000 people (2016)



Proportion of women subjected to physical and/or sexual violence in the last 12 months (women age 15-49, 2016)

Policy response to Covid-19

Out of the twenty-five Covid-19 policies led by the government, nineteen are considered “gender-sensitive” according to the global gender response tracker.⁶³ Most of these measures are VAWG related (14) and five aim to address women’s economic insecurity, although none seek to address the specific needs of adolescent girls. No measures focus on addressing women and girls’ increasing unpaid care burden and a few targeted adolescent girls’ needs (including child marriage prevention and online and mobile phone service provision for SRHR and sexual violence support service).

Relevant laws and policies

Relevant laws and policies include the Human Trafficking Deterrence and Suppression Act 2012; the Hindu Marriage Registration Act 2012; the National Women’s Development Policy 2011; the Domestic Violence (Prevention and Protection) Act 2010; the Citizenship Amendment Act 2009; the Bangladesh Labour Act 2006; the Acid Crime Prevention and Acid Crime Control Acts 2002; and the Prevention of Women and Children Repression Act 2000.

The minimum legal age for marriage in Bangladesh is 18 years for girls and 21 for boys. However, the Child Marriage Restraint Act 2017 includes a loophole where a court can allow child marriage in ‘special cases’ (for both girls and boys).⁶⁴

Research context and methodology

The research took place in the community of Rupponge – a small town close to Dhaka City, with a total population of about 60,000. Communities in Rupponge mainly have small businesses and experience high levels of economic insecurity. During the Covid-19 crisis many people lost jobs or saw their small businesses impacted. While men are usually the primary income earners, the negative impact of Covid-19 has been particularly strong for female domestic workers. Rupponge has also seen an increase in various drugs use (mainly “Yaba”, a combination of methamphetamine and caffeine), particularly among men and boys, and has been prone to significant political unrest, with some political leaders involved with various crimes and the community experiencing violence with groups fighting for control over drugs and other illegal businesses. The research team had to be particularly careful about their movements, especially as the research took place during an election.

Based on their analysis of the context, the girl-led research team decided to focus on sexual and reproductive health, and mental health during the Covid-19 crisis, and consulted with a large variety of actors, involving a total of 76 participants, the following groups:

- **Girls’ group:** 30 girls aged 12 to 17, including a variety of profiles (married, unmarried, in school, out-of-school, pregnant).

- **Women’s group:** 16 women aged 21 to 40, including mothers, aunties and neighbours, with 10 women involved in an ActionAid women’s group or ActionAid youth group.
- **Community group:** 10 women and men aged 22 to 50, including community leaders, a women’s group leader, social workers, business owners, health workers, teachers, mentors, youth leaders, child forum members and businesspeople.
- **Community organisation group:** 10 women and 5 men aged 18 to 50, including community health workers, teachers, NGO workers, and members of the youth, child’s and women’s groups set up by ActionAid.
- **Boys’ group:** 6 boys aged 12 to 17, all attending school at the time of the research.

Both the girls’ and women’s groups used “community mapping” tool to discuss mental health and safety within the community, and “body mapping” to discuss mental health, and sexual and reproductive health and rights. The community, community organisation, and boys’ groups all used the “helping relationships spider web” to discuss mental health and provision of services (especially SRHR and counselling services). In addition, the boys’ group used the “friendship circle” to discuss mental health, SRHR and social norms and values.

Research findings

Freedom from violence

Girls and other community members have noticed an increase in the level of insecurity experienced by girls and young women, and the number of restrictions imposed on their daily lives during Covid-19 and lockdown restrictions. For some girls this insecurity has also been experienced in the private sphere, with a number of respondents highlighting an increase in VAWG, including specific mentions of child marriage during lockdown.

Girls’ safety in public spaces

Girls reported often feeling insecure moving around their communities. Both girls and women from the research listed many unsafe places for girls (e.g., girls mentioned an island in the river where people often go to relax and socialise, the riverbank, playgrounds, community toilets, the corners of certain roads. Women talked about the graveyard, the community dumping station, certain lanes and playgrounds where boys are used to gather). While before the pandemic, girls reported feeling safe going to the riverbank, going to school and the school playground, this changed as a result of the crisis. Additional movement restrictions and school closures has reduced the number of places where people can gather. Girl reported that, as a result, more boys and men have gathered in these few locations to smoke and drink and verbally harass them, singing to them to “show their masculinity”⁶⁵ and trying to touch their dupatta.⁶⁶ They also talked about such experience happening at schools’ gates, colleges and madrassas, and in community toilets.

Feeling increasingly insecure, girls have started avoiding these places.

“During Covid-19, the boys always hang out in front of the door, we are not able to stand in front of the home.”

Adolescent girl, age unknown

There was some disagreement between the women’s and the girls’ group around girls’ safety in community clinics, NGOs, schools and the Madrasah. While the women interviewed described these places as “secure and helpful”, “providing a lot of training for girls”, girls’ groups explained that although they used to feel safe, they were now avoiding some of these places due to groups of men and boys gathering there in larger numbers during the pandemic.

Girls' safety in private spaces

Girls and community organisations highlighted an increase in “family issues” and VAWG at home during Covid-19, with participants reporting that they were witnessing and/or hearing of more incidents of violence in the community.

“Before Covid-19 we heard screaming and crying of women at night but during Covid-19 we heard it all time.” (Adolescent girl, age 15)

All research participants cited child marriage has a particular concern for girls. Some respondents and girl researchers themselves estimated that over half of female

students had dropped out of school to get married during the pandemic. Some girls reported feeling increased family pressure to get married and others talked about girls deciding to marry boyfriends either met before the pandemic or online during the pandemic. These adolescent-led marriages were carried out in secret and without parental permission. All married girls in the girls' group consulted for the research said they had decided to get married. Most of them mentioned feeling depressed and emotional about not seeing boyfriends for a long time, leading them to marry, and a few also talked about economic stress as a driver of child marriage.

Health and wellbeing

Girls and community members highlighted the negative impact of Covid-19 on girls' overall mental health and wellbeing. Girls talked about their limited freedom of choice both before and during the pandemic. They said that their opinions were often ignored by family members, felt like they had no control or freedom over their bodies while always having to be conscious of their bodies and not being able to say what they want, singing, dancing, laughing loudly or playing games. During the pandemic, they reported feeling low and depressed when lockdown meant they could no longer go to school and meet with friends and other support networks. Respondents also highlighted a decrease in access to sexual and reproductive health information and services, which already was extremely limited for girls in the community, which has been worsened by Covid-19 restrictions. Girls and community members have reported an increasing number of adolescent pregnancies.

Mental health

Girl respondents cited many factors affecting their mental health. These included:

School closure and movement restrictions: both married and unmarried girls talked about being unable to meet with friends and to discuss personal issues, which made them feel isolated and lonely, with some talking about depression. This was echoed by boys who mentioned feeling bad for the additional movement restrictions for girls compared to them. Some girls spoke about the difficulty of not being able to meet with their boyfriends. It is worth noting that a few girl respondent mentioned they felt closer to their family with lockdowns providing an opportunity to spend more time together.

Increased workload at home: married girls explained that their responsibilities at home hugely increased after marriage. Before marriage, they took care of younger siblings and helped their mothers with household work, but they still had some free time to meet with friends, sleep and read books. After marriage they also needed to cook, clean, taking care of elderly people and children, and find ways to cope with household poverty. For some, this means having to wake up at 5am and sometimes not sleeping until after midnight. Girls reported feeling a lot of pressure, with little time for entertainment or rest, and that this intensified during the pandemic.

Lack capacity to connect online or digital overload: most girls did not have access to their own smartphone during the Covid-19 pandemic, and some could only use a phone that belonged to the family, which reinforced their feeling of isolation from friends. Some reported that they overused

Case study

One adolescent girl respondent (age unspecified) told the research team that her father did not want to support her education. She has been trying to manage her educational expenses through conducting tuition and taking part in other types of work. Her mother has been supporting her with this, but she says that “I don't know how long I will be able to fight with my father.”

their phones – feeling like using games, social media and messenger (on Facebook) had become an addictive habit. This was echoed by adult female respondents.

Lack of mental health services: married girls reported discomfort in sharing their feelings and worries about fitting into their new household after marriage. Despite a few respondents who felt comfortable with their husbands and sister-in-law, many married girls shared that it was very difficult to talk to their husbands and they felt lonely at their in-laws' house where they did not feel able to talk to anyone freely. Despite a support need around expressing and sharing feelings, there are no formal services for girls to discuss mental health issues within the community, and community organisations consulted suggested that it was important for girls to have access to counselling services and a separate space where girls can gather together.

“Girls have no value in society.”

Pregnant adolescent girl, age 16

Menstrual health and wellness

Many girl respondents mentioned feeling unequipped to ensure good menstrual health and wellness. According to them, this is mainly due to:

Shame and taboo around menstruation: community members confirmed that it would be thought of as “shameful” for girls to discuss these issues with fathers or brothers, and mentioned a “good girl” should only discuss these matters with her husband and with other women. Some boys reported that boys sometimes ask about these issues but that girls are often reluctant to talk about it with them. Community members and women mentioned a number of common myths around menstruation such as believing that girls and women must avoid eating eggs and fish during menstruation, and that they should not leave the house at noon or in the evening, otherwise they could be caught by the “Kal Dristi” (evil spirits). During menstruation, girls have been using old clothes (mother’s old saree or dupatta), and a few girls have been using sanitary napkins but face barriers to purchase sanitary napkins for themselves. One 14-year-old girl researcher explained: “I do not go to the pharmacy when men are inside the shop because they smile curiously.” However, it is worth noting that a few girls did feel that there was nothing shameful in discussing menstruation with boys or men, including fathers being able to purchase menstrual hygiene products for them.

Lack of information: the research findings showed that many girls have little knowledge about menstruation before it starts, and that this was the case both before and during the pandemic. Girls and community organisations explained that in schools, science teachers tend to skip the chapter normally taught in class 8 on how the body changes during adolescence. As a result, girls often feel traumatised when menstruation starts – not understanding the cause of the bleeding, although some girls reported having heard from friends, elder sisters and “from the whispering of elderly women” about menstruation. Girls tend to talk more to their friends, neighbours who are close to their age, and other girls who are married.

Access to contraception and health services

Before the Covid-19 pandemic, a programme run by a community health worker used to provide information and access to contraception. However, during the pandemic this programme closed, leaving girls who were married during the pandemic with no information or access to birth control. With no access to this service, and additionally, facing pressure from men and boys who did not want to use condoms or birth control methods with limited negotiating power in their relationships, many girls were pregnant within a short period of time after marriage. Although the community health clinic was still open, there were a number of barriers for girls to use this service. Many girls were afraid to visit the clinic during the pandemic, as they were worried about contracting the virus. Most respondents also reported that doctors and health workers avoided seeing patients as they were worried about catching the virus themselves. Girls and community members also explained that visiting the clinic was too expensive for them. The quality and availability of health services at the clinic was also an issue. For example, certain essential services, such as the Tetanus vaccine,⁶⁷ were not available.

Married girls reported facing further restrictions – often needing permission from in-laws and husbands to leave the home, and not being allowed outside alone. During the Covid-19 pandemic especially, this meant that access to health check-ups was limited and many young women were unable to get pregnancy check-ups.

Case study

One girl in the community lived with her father and brother, and her mother had died. She didn’t receive information about menstrual hygiene from school or her family and was using old cloths which she would not always wash properly. She caught an infection through the cloths, which caused her abdomen to swell and made her look pregnant – which she received criticism for in the community. Her father took her to hospital to diagnose the problem, and doctors took her into surgery, however the girl very sadly died following the surgery.

Economic insecurity: economic insecurity due to Covid-19 meant that fewer girls were able to afford to buy sanitary pads, and that most girls were relying on cloth. Most girls also don’t feel comfortable drying these cloths in the open air and prefer using a corner of their house. However, using cloth that is not washed properly and dried in the sunshine can lead to health problem. Economic insecurity has also meant that girls were less likely to have access to healthy food during their menstruation.

“If you do not have money to purchase food how could we purchase sanitary napkins?”

Young woman, age 25

Key takeaways and recommendations

Once the data collection completed, the girl-led research teams analysed the information and identified four main priorities to improve the lives of girls in Rupgonge:

Better access to menstrual health products and information.

A lack of information can have extreme and sometimes even fatal consequences for girls, as outlined in case study 2. Teachers need support and training on how to engage in discussions about menstrual health and wellbeing with students, and schools need to ensure full coverage of the curriculum in classrooms. Girls (and boys) should also be able to access accurate, sensitive information about their SRH outside of school. This could include girls' clubs, female mentor programmes or access to community health workers trained in youth-friendly service provision. Girls also highlighted the need to make menstrual products, particularly sanitary napkins, free and more readily available. This is an advocacy point the girls' group has continued to address – for example, by using a slot on a community radio programme to call for menstrual products “booths” to be available in all schools.



Urgent action to address child marriage.

Bangladesh has one of the highest rates of child marriage in the world, with 59% of girls married before 18. While the law states that girls should not be married before 18, poor implementation and legal loopholes mean that girls under 18 can marry in “special circumstances.” Girls highlighted a need to work with government officials and policy makers to close legal loopholes and address the economic insecurity that contributes to high rates of child marriage. Working with communities, religious leaders and families would also help to better implement the law at community levels and challenge the harmful gender norms that push families, and sometimes young people themselves, to turn to child marriage. During the pandemic the Human Rights Commission issued an advisory letter urging better implementation of the law to prevent child marriage, but girls have noticed no change at local community level. Governments need to be particularly aware of how girls' rights are often at risk during times of crisis and to do more to ensure that policy translates into actionable change for girls at all levels.

Better freedom and safety for girls in public spaces.

Girls are too often not free to move around the community safely. Girls highlighted an urgent need for advocacy at the community level, to call for girls and women to be able to leave the house – at least for health check-ups if Covid-19 restrictions are in place, and to meet with friends and for leisure activities if there are no restriction; making community toilets and other essential facilities safe for girls; installing street lights and other infrastructures that makes the community safer to walk around; and taking comprehensive action on verbal and sexual harassment of girls and women.



Better access to quality health services, including mental health and counselling.

Little freedom of movement, harmful gender norms and limited availability of health staff and facilities have led to a lack of access to many important services for married and unmarried girls: access to contraception, broader sexual and reproductive health services, mental health support, counselling. This is particularly true in times of crisis. This research has demonstrated the real-life impacts for girls, who reported more pregnancies and less access to prenatal health services. These significant gaps could be addressed by ensuring that mobile community health workers are still available, even during crises; providing other information channels, such as hotlines staffed by trained service providers; ensuring better access to mental health services and counselling to address the urgent needs of girls and young women impacted by violence, abuse and other trauma during the pandemic.

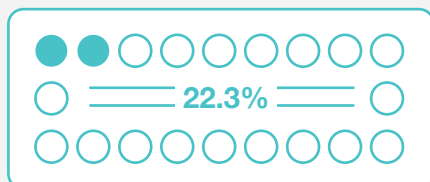
Based on these findings, the girl-led research group in Bangladesh has planned community dissemination events and billboards in the community to share information. These include girls' rights to be safe in their community; the importance of safe menstrual hygiene practices and the need to challenge stigma around menstruation. The group has worked with an artist on the posters below to support dissemination of their challenges and suggestions for change.

Findings from Ethiopia

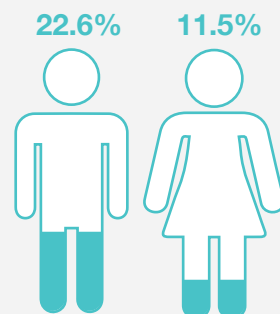
National context



Bangladesh Gender Inequality Index ranking



Percentage of women with an unmet need for family planning (DHS data 2016)



Population with at least some secondary education



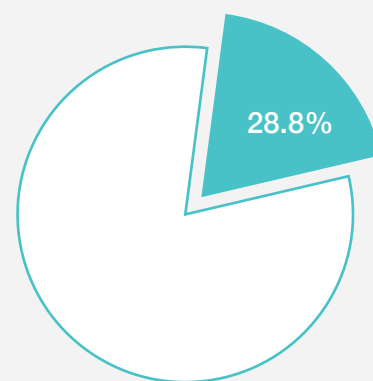
Adolescent birth rate (births per 1,000, ages 15-19)



Percentage of girls married before 18



Hospital beds per 1,000 people (2016)



Proportion of women subjected to physical and/or sexual violence in the last 12 months (women age 15-49, 2016)

Relevant laws and policies

Relevant laws and policies include the National Policy on Women in 1993 (referred to as Women's Policy); Ethiopia's new Constitution (1994), which created government and institutions structures to support the development of gender-sensitive policies and interventions and include articles promoting gender equality and children's rights to be free from violence;^{68 69} ratified international human rights treaties that urge to prevent and respond to sexual violence, such as the Universal Declaration of Human Rights (UDHR), International Covenant of Economic, Social and Cultural Rights (ICESCR – Article 13), International Covenant on Civil and Political Rights (ICCPR), the convention on the Rights of Child (CRC), the Convention on the Elimination of All Form of Discrimination against Women (CEDAW).

Article 620 of the Criminal Code states that whoever coerce a woman into sexual intercourse outside wedlock is punishable with rigorous imprisonment from five years to fifteen years,⁷⁰ however marital rape is not considered a crime under the Ethiopian criminal code.

The revised Family Code (2000) sets the minimum legal age of marriage at 18. Article 648 of the Criminal Code criminalises child and forced marriage. However, the Minister of Justice can allow exceptions to marry at 16. The law in this matter is rarely enforced and girls often marry before 18 in religious and customary marriages.⁷¹

Policy response to Covid-19

Out of the twenty-two Covid-19 policies implemented by the government of Ethiopia, twelve are considered “gender-sensitive” according to the global gender response tracker. Seven of these measures relate to VAWG, with five aiming to address women’s economic security. However, none have sought to address the specific needs of adolescent girls or women and girls’ increasing unpaid care burden. While four VAWG policy responses aimed at strengthening services and one at integrating VAWG into Covid-19 response plans, none of the were targeted to adolescent girls’ needs specifically.

Research context and methodology

This research was conducted in Addis Ababa, which is both the political capital and the commercial and cultural centre of Ethiopia and a city that attracts many people searching for employment opportunities and services. During the Covid-19 pandemic in Addis Ababa, financial shocks and the disruption of social services, care networks, education and essential health services meant that girls (and boys) were particularly vulnerable. Before the pandemic, two in three children in Ethiopia, and almost one in four children in Addis Ababa, already lacked access to essential goods and services, and nearly one in three were monetarily poor.⁷² Addis Ababa is divided into 10 sub-cities called kifle-ketemas, which are themselves divided into a total of 116 woredas. The research took place in two woredas in the sub-cities of Kirkos and Gulele. Both sub-cities are considered central and fully urban by the Addis Ababa city government. In 2016, Kirkos’ population was 270,721 people and Gulele’s population was 327,426.

Methodology and process

The Ethiopia research team included 12 girls and young women aged from 15 to 24. They worked together to identify the issues they believed were most relevant to girls in their community and decided to focus on physical and mental health during the Covid-19 crisis; violence against women and girls; and girls’ involvement in decision making. In an exercise using the circles of influence to identify the people and groups that influence girls’ lives, the research team identified key groups to involve in the research. They involved a total of 119 participants divided into the following groups:

- **Girls’ group:** 54 girls aged 15 to 19, including one young mother who had left school and lived with her parents
- **Women’s group:** 30 women aged 25 to 44, including two health workers, police officers, mothers, teachers, traders and child and women’s office leaders.
- **Men’s group:** 35 men aged 25 to 45 and over, including police officers, brothers, fathers, uncles, teachers, NGO leaders, health workers, religious leaders and child and women’s office leaders.

With the girls’ group, the girl-led research team used a tool called the “friendship circle” to get to know each other, identify the kind of activities they do together, what they discuss together, what they avoid doing, and what their common dreams and plans are. They also used an adapted version of “the human box” to explore gender norms and discuss what the community/society defines as being or not being a “good girl” or a “good boy”. The researchers also used Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) to gather information with female and male community members. Girls in the research group felt more comfortable using some of the more traditional methods, and the conversation based activities also allowed for better inclusion as one of the researchers has a visual impairment and could not always participate using some other tools.

Research findings

Health and wellbeing

The research team identified many types of health concerns for girls during the pandemic. These include:

Food security: girls reported that food supply shortage was a big issue during the pandemic. During lockdown, many

families that usually have daily jobs were not able to earn any income. Similarly, due to school closure, girls who would normally benefit from food programs in schools could no access longer these. Out of the 119 women and community members interviewed by girls, 78 also reported this.

Mental health: girls explained that many of them felt depressed and anxious as they could no longer see friends and socialise due to Covid-19 restrictions. They also talked about fear of the unknown in the future, and about having to take up additional household responsibilities as they were more at home than before the pandemic. The rest of the community seemed to have the same understanding of girls' mental wellbeing during the pandemic although some male community members did not see how spending time at home, watching TV, being on social media and spending more time with families could have caused any negative psychological impact on girls. To cope with the situation created by the pandemic, girls said that they tried to support each other psychologically, seeking each other's advice on personal issues, including boyfriends, to help them make decisions about their lives. The girl's group talked about dreaming of being a protective shield for each other.

“It is hard for me to go to the SHR department while everyone in the health centre is looking at me. I don't want them to judge me as unethical girl.”

Adolescent girl, 17

Sexual and reproductive health: girls reported difficulties in accessing services related to contraception, unplanned and unwanted pregnancies, clinical management of rape, and protection during sex, because they were largely unavailable as located within health facilities that prioritised the response to Covid-19. Girls also talked about how girls who are seen by other community members accessing these services experience stigma, which was another key barrier to access services for girls.

The interviews with women in the community confirmed girls' perception of stigma and prejudice. Apart from some mothers who talked about the health risks caused by the lack of SRHR information and services, 112 of the 119 people interviewed thought it was not acceptable for girls to request SRHR services because they should focus on their education instead. The male community members mentioned the taboo around girls' access to SRH services but there was no discussion about how they might contribute to this and what they could do to support girls.

“When the girls face pregnancy, they come to the health service and request other sickness services in order to get just another medicine. It is only through a long discussion we came to right discussions”

Female health worker

Freedom from violence

The girl-led research team chose to focus on sexual violence under this theme as they had noticed an increase in sexual abuse since the start of the pandemic, with movement restriction meaning that girls had to stay at home, sometimes in limited living space for the families with lower income. All participants said they knew of an actual incident involving a neighbour or acquaintance. This was echoed by doctors and police officers interviewed for the research who explained that family members, neighbours and peers perpetrated abuses that went unreported most of the times because of a fear of retaliation and a common harmful practice which consist in blaming the survivors for being “too provocative”. These harmful gender norms were also reflected in the girls' group when discussing what was considered being a “good girl” or a “good boy”. Girls identified that for their community, girls who are expressive, confident and fashionable, those who like to hang out with friends, including boys as friends, and stay out until late are labelled as “not good girls”. Whereas girls who are easy going, receptive to doing whatever they are told to do, and don't challenge any adult's order or idea is considered a “good girl”. The exact opposite was identified for boys. Participants in this exercise started to think about how they could challenge gender norms in the future.

Considering where girls go when sexual violence happens; mothers were the first trusted person they mentioned. Other women working at children and women offices in the woredas were second. Police officers were considered the go-to people to get protection and justice, and health personnel as those to go to for medical attention and psychological support.

While all participants thought that survivors of sexual abuse deserve justice, five mentioned that when the abuse happens within the family or neighbourhood, it should first be mediated by elders in the community, before being taken to the formal justice system. What type of action elderly leaders could take was unclear, including in terms of safety implications and wellbeing of the survivors, which are not always the first priority. Women interviewed about this topic also reported that girls who are survivors of sexual violence often don't report an abuse because they get threatened with death. They added that while some support is available locally, such as health centres providing psychosocial support and police officers taking action towards the perpetrators, there are no measures in place to protect the survivor's safety during the justice process. This can often leave the survivor and the perpetrator living under the same roof while the case goes through the justice system, putting girls at high risk of further violence and retaliation.

Girls in decision-making and crisis response

Girls divided this theme into two sub-themes: girls' decision-making and participation in community life.

Girls explained that their parents, caregivers or guardians take most important decisions on their behalf. In all spheres of their private and public lives, girls are told what to do and how to do it. Unlike boys, they need permission to go out to meet friends, parents decide of girls' field of study, what they wear and whether they can use a mobile phone. In one of the focus groups girls discussed how they seek each other's advice on issues they might be worried about discussing with family members.

“Our families don't trust us, and they believe it is not safe to let us do things on our own.”

Group of girls in a Focus Group Discussion, aged 15-17

This was echoed by the women's group and by other community members who reported that girls were too young to make decisions alone and letting them do so would be 'unwise, not right, short-sighted, and could put

them in danger, plus it is a parent's obligation to make decision on behalf of an underaged daughter.' However, 34 out of the 119 people interviewed explained that letting girls decide what matters in their lives is important as it helps them exercise responsibility and take charge of their own lives.

Regarding girls' participation in community life, all girls said that they do participate in some community services on a voluntary basis. The community members interviewed, including representatives of women's groups, added that girls took part in activities such as raising awareness regarding the pandemic, distributing food and Covid-19 prevention items. Girls talked about the future and thought they could do more, especially as this research experience made them realise that they could be very powerful together as a group. They talked about starting a girls' movement to urge their community to listen to them and be an ally to create a safer environment for girls.

Out of 119 respondents, 79 claimed that it is easy for girls to participate in community life while 40 acknowledged that girls face some barriers to participation, and that often their ideas and proposals are not taken seriously or given equal importance to those expressed by adults in the community.

Key takeaways and recommendations

Once the data collection completed, the girl-led research team analysed the information and identified recommendations directed at the government and families and communities to help improve the lives of girls in Kirkos and Gulele.

Families and communities should take action to:

- Address the stigma and control that prevent many girls and young women from accessing essential health services such as contraception and broader sexual and reproductive health information and services.
- Promote more open discussion and a culture of support for girls in families to allow space for girls to be honest about their problems and worries and to receive the right support from adults.
- Change attitudes and behaviours consisting in blaming survivors of sexual violence for being “too provocative”. Have zero tolerance towards abusers and people who try to protect them.
- Change attitudes towards girls and start believing in girls, understanding that they can be responsible for – and make decisions about – their own lives, instead of decisions being made for them.

Government should take action to:

- Strengthen sexual and reproductive health services and make them more accessible to adolescent girls and young women
- Raise awareness and support families and communities to address stigma around girls' access to SRH services, in potential collaboration with relevant NGOs
- Meet its national and international commitments to prevent VAWG
- Ensure tougher legal consequences for perpetrators of sexual violence in accordance with the Ethiopian Criminal Code, and criminalise marital rape
- Ensure a faster legal process and do more to protect the safety of the survivors, especially if they are minors confined in homes with the perpetrators, through better provision of response services and shelters that meet the needs of girl

The girl-led research group is planning to share research information with the community and to ask relevant government offices (e.g., those with a mandate on youth and women affairs), to create more opportunities for girls to be involved the community. They would like to start more initiatives at school and create a “girls' movement” to show their value and stand up for themselves, hopefully with the support of female activists and other established women's networks. An artist has created two posters that the research team will use to share their findings. These focus on reducing violence against girls in the home and the community, and on their right to move around freely and participate in community life equally with their male peers.

DESIGNED BY
MAITREE MUZUMDAR

act:onaid

meaningful economic,
social, political &
public participation of
girls and women

GIRLS=BOYS
SAFE SPACE

LET'S GO
50/50

**THIS IS OUR
COMMUNITY TOO!**

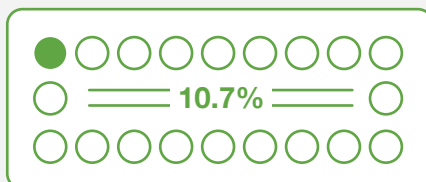


Findings from Indonesia

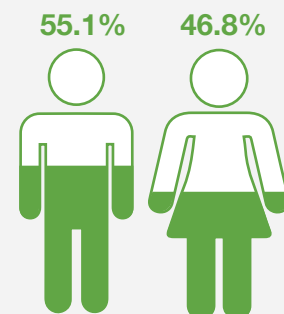
National context



Indonesia Gender Inequality Index ranking



Percentage of women with an unmet need for family planning (DHS data 2016)



Population with at least some secondary education



Adolescent birth rate (births per 1,000, ages 15-19)



Hospital beds per 1,000 people (2016)



Percentage of girls married before 18

Policy response to Covid-19

Out of the forty Covid-19 policies implemented by the government of Indonesia, only thirteen are “gender-sensitive” according to the global gender response tracker. Most of these measures relate to VAWG, economic security or unpaid care, but often didn’t address specific needs of adolescent girls.⁷³

In response to the Covid-19 crisis, the government increased the state budget to provide funds for healthcare, social protection, and businesses. However, all measures were gender-blind. Later measures were announced to support women’s income and activities but they only focused on economic aspects and were based on conventional notions of productivity. The challenges that women and girls faced with unpaid care, violence, child marriage and education were largely overlooked. A lack of disaggregated data used to describe the impact of the pandemic on women and girls meant that findings were not representative of the realities of women and girls in Indonesia.

Relevant laws and policies

In September 2019, Indonesia raised the legal minimum age of marriage from 16 to 19. However, children can still marry earlier through unofficial marriages in religious courts.

In 2015, in an effort to reduce the rates of poor children dropping out of school, the Government of Indonesia developed the “Smart Indonesia” programme, which provides an educational grant for school-age children (6-21 years old) in families which hold the Family Welfare Card (Kartu Keluarga Sejahtera or KKS). Children need to enrol in formal or non-formal schools as soon as they receive their Smart Indonesia Cards (Kartu Indonesia Pintar or KIP) to receive monthly cash assistance.⁷⁴

Research context and methodology

The research was conducted in Tamanjaya village, which is located in Sumur sub-district, Banten Province, Indonesia. Many of the seven communities in Tamanjaya have poor infrastructure and roads. They have kindergartens, elementary schools, a madrasah Ibtidaiyah (Islamic Elementary School), a junior high school, and a madrasah Tsanawiyah (Islamic Junior High School). However, the nearest high school is about 20 km away, which can take about an hour to reach by motorcycle or car. Poor road conditions and limited public transportation mean that girls in age of going to high school sometimes do not have any mode of transport to reach school.

The research location was hit particularly hard by a tsunami in December 2018.⁷⁵ Widespread damage was reported throughout the coast of Banten, and the Sumur District, where the girls live, was considered to be the most heavily affected area. This caused trauma to the communities. School activities were paused and the livelihoods of communities who partly depended on tourism were paralysed. Girls found it very difficult to deal with various issues such as menstrual hygiene management in the absence of any alternative support. As the situation began to improve and people started rebuilding their livelihoods, the government imposed large-scale restrictions due to Covid-19. These deeply impacted the community's ability to rebuild effectively, including in relation to girls' education and health.

When the Covid-19 pandemic hit, the cost of living for the people in Tamanjaya was affected in many ways. The delivery of agricultural and fishery products stopped or got delayed due to the large-scale social restrictions imposed by the government. This caused the price of grain and

marine catches to drop, which had a tremendous impact on the livelihoods of most people in Tamanjaya, who usually work in farming and fishing. At the same time, the price of necessities from outside the region, such as vegetables, became more expensive due to delays in delivery, which added to people's difficult economic situation. Tourism also stopped during the pandemic, which had a great impact on incomes. And people who depend on traditional arts activities and performances at wedding receptions and other celebrations were impacted as such events could no longer take place during the pandemic.

In this context, the research team, made of 14 girls aged 14 to 21, engaged 17 people to understand how the crises affected girls' education and risks of child marriage. Research participants were divided into different groups:

- **Girls' group:** 7 girls aged 15 to 19, including a majority of unmarried girls in junior high school or working as domestic workers, and a few married girls with children
- **Women's group:** 12 women aged 23 to 49
- **Community members and leaders' group:** 7 men aged 21 to 42, including village heads, teachers, mentors for youth empowerment and village local government staff members.

Girls conducted these sessions with the participants in separate groups and used the methods that were most appropriate given the respondent groups. These included body mapping, community maps and focus group discussions. During this process they ensured consent was taken from all participants and documented their own reflections and observations for later analysis.

Research findings

Education and life skills

Girls interviewed for the research believed that girls should have the opportunity to get a good education, and considered access to university as key to create a future for themselves. Community members, including the women's group were generally in favour of girls' education but only if it helped to sustain the family.

Respondents mentioned a number of barriers to girls' education. Many talked about financial difficulties preventing families to cover the costs of education. As explained in the context section above, many depending on agriculture, tourism and arts and craft, saw a steep decline in income and livelihoods during the pandemic, which in turn had a direct impact on spending for girls' education.

"Parents in our neighbourhood [Tamanjaya Village] generally think that education is not the main benchmark for the child's future life, but the benchmark is that the child works. Because with the child working will help the family economy. While education is the main basis for the child in the future. What we really must do is that apart from providing education to our children, we also have to educate their parents." (Teacher & mentor, age 24)

Although the majority of the girls, women and community members believe that young girls should not be working and should focus on their education, a contrasting view came from working girls in the group who believe they should have the choice to work as they need to earn money.

“I didn’t [allow] my daughter to work. I want her to seek education for her own [interest] establishment, [but] she doesn’t want to because of the family’s condition.”

Young mother, age 35

“Working is very tiring, very tiring, [but] because I need [money], I choose work.” (Girl respondent, age 15)

Others talked about gender norms which lead families to consider boys as more important because of their expected role to provide for the family, and therefore, to favour them over girls when a decision needs to be made on where to invest limited money for higher level education. This contrasts with social expectations placed on girls because of their gender, which include taking care of the house, doing domestic tasks and helping with care work in the family.

The Covid-19 pandemic has impacted girls’ ability to continue their education even further. Although some adolescent girls had already begun working before Covid-19 hit, the series of disruptions to education related to the pandemic led to further drop-outs during the pandemic. Many adolescent girls quit school and began working as domestic workers in nearby cities. Others stayed at home and helped their parents with household chores and home businesses. Dropping out from school increased their vulnerability and exposed them to risks of

child labour, working in the informal sector with minimal legal protection. School dropout also made girls more vulnerable to marrying at a young age, compounded by the lack of access to sexual and reproductive health information and services.

Even for those who continued their education, when distance learning was set up during the pandemic, teaching and learning activities in Tamanjaya stagnated. Girls in junior high school who do not have mobile phones were not able to attend lessons, leading to a wide gap in access and thereby learning. Some who could attend mentioned they sometimes had difficulty understanding the lessons delivered virtually. However, it is worth noting the positive impact of distance learning for those high school girls who had access to mobile phones and found it easier to access online learning platforms.

Case study

A 15-year-old girl respondent had quit school in 2020 due to the lockdowns and restrictions imposed when the pandemic hit. She did not have access to a smartphone and was therefore unable to keep up with her studies. As her family’s economic condition deteriorated and personal circumstances changed (her father died and her mother, a homemaker, remarried a fisherman), she was not left with many options but to take up a job as a domestic worker in Jakarta in 2020. She currently does not have any plans to return to school and continue her studies.

Health and wellbeing

Child marriage

According to women and girls, parents turn to child marriage to avoid adultery (zina) in Islamic Faith, and child marriage primarily happens in response to early and unplanned pregnancy, which is stigmatised and perceived as shameful in the community. Adolescent girls have limited access to SRH services and contraception. The nearest healthcare centres are approximately 20 kms away, and while reproductive health information is provided through Posyandu (community-based health services) activities, these are mostly for mothers and toddlers and happen only once a month in each village. ‘Cadres’⁷⁶ also provide various health-related support and information (e.g., family planning, maternal and child health, immunisation, nutrition, diarrhoea, infectious diseases, cleaning mosquito nests, providing first, etc.). However, none of these directly address the specific SRHR needs of adolescent girls, and with the lack of sexuality education teaching in schools, girls (and boys) are unaware of how to protect themselves

from sexually transmitted infections and early pregnancy, which contributes to driving child marriage.

“So, it’s like this, even now there is a rule that children at the age of 17 cannot be married. But we also have customary law (informal Islamic Law) that allows it informally. Sometimes children graduate from junior high school due to their promiscuity so that they become pregnant out of wedlock [unplanned], and so on because of being married off.”

Adolescent Girl, age 17

Marriages are usually carried out by the penghulu (Islamic religious officer) and are not registered at the religious affairs office (KUA-Kantor Urusan Agama) to avoid government regulations that prohibit child marriage and obligate parents to apply for a marriage dispensation to the religious courts if they want their daughter to marry younger.

Most respondents in the girls' group had been married due to unplanned pregnancy. Girls who have been married early often drop out of school even when they would like to continue their education. Most married girls interviewed for this research felt that not much could be done to change their circumstances.

“Actually, I also want to be educated like the others. But it can't be helped, this is my fate. I also really want to go to college to achieve my goals. If possible, I would like to have a special school for young people who are married, like me.”

Mother, age 18

Married girls also mentioned feeling physical and psychological fatigue related to household matters. Most of them felt they were not ready to take on heavy responsibilities at such a young age. An 18-year-old mother explains:

“I'm not stressed, I just feel dizzy sometimes, tired of taking care of children, taking care of my husband, taking care of the household. Moreover, carrying children, shoulder pain. Especially if the children have asked for snacks, where do you not have the money, waiting for your husband is still a long time. Dizzy anyway. That's why you don't want to get married. Especially if her husband is unemployed.”

Women and community members talked about the importance of educating girls and women, but only so they could share knowledge and wisdom to their children. The quote below illustrates how the value of girls' education remains tied to women's perceived role as mothers and primary carers for children and households, rather than as independent actors in their own right:

“In my opinion, women should and indeed must have a higher education because the first educator in the house for the children is in the woman as mother and the intelligence of the child is seen from his mother. So the mother is [has] an important role in the household (family) because nowadays there are no girls who have to be in the kitchen. The girl is working, highly educated.” (Member of Woman Cadre, age 23)

Community members and leaders placed the entire onus on parents, rather than also recognising the overall systemic issue perpetuating child marriage and school dropout.

“Yes, I think it should come from the parents first, the family must be aware of education first. For example, if the parents are not aware of education, it seems difficult because education is in school. But we need three elements of education: the first from the teacher, the second from the family, and the third from the community. If the three of them don't support the girls, it's hard. The point is that parents must first be aware of education, later they will automatically support their children to get a higher education.” (Teacher, age 28)

Solutions suggested by the women's group and community members and leaders' group to support married girls were also varied. The women's group suggested that families should not marginalise and ostracise girls who marry early, but instead provide support and encouragement for their future, including through prayers and by providing them with advice based on religious teachings. They also mentioned a need to share information about harmful gender norms that will affect girls in their new household; and to encourage girls to practice positive activities such as reading, sports and religious activities. Community members and leaders talked about the need for non-formal education and employment opportunities for married girls, while others only mentioned that parents should advise daughters to obey their husbands.

Case study

Last year, a 17-year-old girl was caught dating by her neighbours and was married due to the fear that she would commit adultery. After marriage she lived with her husband's parents in Tamanjaya, though didn't have children yet. In the middle of the research process, she was divorced and then returned to her parents' house in Sumur sub-district experiencing a combination and collective trauma due to dropping out from school, increased care burden, isolation, confusion and shame.

While community members stressed the need to have a good education and to support girls, it is not entirely clear what steps have been taken locally to keep girls in schools and how the local leaders intend to reduce dropouts and child marriages.

Access to sexual and reproductive health resources and services

Girls interviewed for the research had varied perspectives regarding access to SRH information and services. While some thought that access was quite easy because they can search for information on the internet and go to the midwives and Posyandu, others suggested it was quite difficult, describing SRH information as very limited or even rare, and considering that the presence of midwives was not enough to help. The women's and community members and leaders' groups agreed with the former perspective and talked about easy access to SRH information via the internet, mobile phones, and to SRH services through midwives, Posyandu and Puskesmas (Government Health Services).

"Now there is a midwife, so it's easy to just come to the midwife. Or come directly to the health center even though the distance is far. The easier way is to directly open the internet." (Female respondent, age 49)

"It's really difficult [access] here, it's rare and even non-existent. Then the midwives also don't like to do things like that [provide information about contraception and sexual health]. Besides, I don't have kids yet." (Girl respondent, age 18)

"I don't think [access] is [difficult], because nowadays there are cellphones, yes, all you have to do is open the internet. The midwife also makes it easier" (Girl respondent, age 18)

Community members and leaders did talk about a need for counselling on reproductive health and family education

from midwives and Puskesmas, and to improve health facilities and transportation facilities in the community. However, there were some suggestions that girls should only access SRH services from midwives when they are married or have already had a child. Some respondents also dismissed girls' agency and right to choose, and mentioned that their priority should remain having children, as explained by a 49-year-old woman respondent:

'So, if a girl is married, don't use contraception. Girls who are married should have children. Then later to get information to keep our delivery distance for each child, we contact the health midwife. Right now, there are tools such as implants, injections. At least she should have children first.' (Female respondent, age 49)

In addition to household responsibilities mentioned in the previous section, young mothers reported feeling tired and feeling pain during childbirth and breastfeeding.

"I'm tired of having to bathe children, feed children, childbirth pain, breastfeeding pain, sometimes I can't even wash clothes. I wish don't have to take care of children, that I don't take care of others, that I don't have to take care of my husband."

Young mother, age 18

Key takeaways and recommendations

Education and child marriage

Based on their analysis of the findings, the girl-led research team identified a number of priorities to improve education opportunities for girls in Tamanjaya:

- Improving infrastructure and transportation for girls to be able to attend the nearest high school safely and/or establishing a senior high school in the village.
- Educating parents on the need for good education for girls.
- Developing government programmes and assistance to support girls to remain in school. Developing good collaboration between communities and the government to ensure that programmes such as the new Smart Indonesia programme are genuinely reaching the most marginalised girls and families experiencing financial hardship and that eligible families feel equipped to make the most of the advantages offered by the programme.
- Developing better facilities and support for girls to learn via online platforms and have adequate access to devices that are not controlled by male members of the family, so that they can continue their education despite crises such as the Covid-19 pandemic.
- The government taking action to prevent employment of children, and prioritising graduation from school or college, whilst also allowing flexibility for girls and young women to find meaningful employment in circumstances where they are unable to attend school and college.
- Establishing collaboration between community leaders and policy makers to ensure better implementation of policies and laws to prevent

families from conducting informal religious marriages and to close legal loopholes.

- Supporting married and pregnant girls back into schools by addressing the barriers and stigma that might prevent them from returning, and also working in local authorities to arrange for non-formal education opportunities specifically targeted to girls in circumstances where they cannot return to formal

schooling. This could include conducting lessons in the village through community reading parks, organising open schools (PKBM) and conducting classes at flexible hours.

- Developing programmes encouraging parents, in-laws and men and boys to more fairly distribute the burden of unpaid care work and support them to continue their education.



Health and wellbeing

Based on their analysis of the findings, the girl-led research team identified a number of priorities to improve the health and wellbeing of girls in Tamanjaya:

- Developing better government or community outreach programmes implemented through a midwife or a healthcare service provider, or through the establishment of a Puskesmas or Posyandu to provide SRHR services and counselling for girls in every village.
- Providing better transportation to support girls in accessing SRH and counselling services.
- Ensuring programmes developed by policymakers and local authorities translate into actual implementation at the local level.
- Providing comprehensive sexuality education in schools to prevent unplanned pregnancies and child marriage.
- Fostering openness and mutual trust between children and parents, to provide advice and knowledge related to dating, friendship, relationships with girls and SRHR.

The girl-led research group in Indonesia has planned to disseminate the research findings at community events and has recently shared the findings with local Government authorities to raise awareness and gain their buy-in for better

facilities and services for married and unmarried girls. Girls also look forward to conducting online discussions with youth groups across Indonesia to present their research and initiate a dialogue regarding the gaps in the healthcare system, the lived realities of youth in similar situation, and to collectively find solutions. For community events with parents, in-laws and male heads of households, the group has planned to use reports, posters, and videos to initiate a dialogue and influence key stakeholders. The girls' group has worked with an artist to create the posters below to help them advocate for change.



Girls' access to power in times of Covid-19: summary of findings

Based on a global literature review and detailed field data gathered in rural and urban contexts in Bangladesh, Ethiopia and Indonesia, this research has highlighted the economic and social impacts of the Covid-19 pandemic for adolescent girls, and the many ways in which their rights and support systems have been weakened or eroded. Across all contexts, the pandemic has exacerbated the inequalities that girls were already navigating in their everyday lives, fuelled by a combination of harmful social norms and individual attitudes and structural gender inequalities as well as government responses that don't take girls' specific needs into account.

The power analysis used in this research has shown that girls often have limited options for exercising their full agency and make meaningful choice – meaning that their life trajectories and opportunities are shaped by others who wield “power over” girls. However, the research has also demonstrated that there are many opportunities for building “power with” girls – the girl-led teams all reported an increased sense of agency and “power within” after participating in this research. They have started identifying opportunities to build “power with” their peers and other supporters, including by disseminating the findings through community events, writing in the youth section of the national newspaper, creating community billboards on ending child marriage and writing to local officials and national government departments about the challenges girls face accessing education. The leadership skills they acquired could be used in their daily lives at home, at school, and in recreation, and many said they felt much more confident in carrying out similar research in the future.

This section summarises the various ways in which girls have experienced inequalities across the five thematic areas identified in the literature review. Recommendations for each of these domains are available in the next section.

Freedom from violence

Repeating lockdowns, increased economic insecurity, reduced access to services and informal support networks, and increased levels of stress within families, are some of the factors that have contributed to a rise in VAWG during the Covid-19 crisis. While VAWG has always been the most common human rights abuse, this “shadow pandemic” has been further intensified, and movement restrictions that have forced many girls to spend more time with perpetrators at home, have caused high levels of stress and anxiety, impacting girls’ “power within”.

Echoing the findings from the literature review, girls across all three research locations agreed that both violence in the home and child marriage rates had risen. While child marriage decisions usually lie with parents or caregivers, girls in Bangladesh also talked about adolescent-led marriages, with them deciding to marry boyfriends, often met online, to be able to see them and feel less isolated and lonely. While a power analysis acknowledges that girls often have limited options to exercise their power, these adolescent-led marriages also give a picture of how girls are exercising their agency and making strategic choices, even within constrained circumstances and sometimes with potential risks for their future wellbeing. In fact, many married girls interviewed in Bangladesh and Indonesia reported how unprepared they were for the responsibilities that come with married life and motherhood and how they also tended to feel tired and isolated, and had hardly any time left to study or even rest. With a lack of access to SRH services – which got worse during the pandemic – the rates of teenage pregnancy spiked, adding to girls’ challenges.

In addition to increased violence at home, the movement restriction measures implemented during the Covid-19

pandemic have impacted how people use community spaces – often making them even less accessible for girls due to risks of harassment. In Bangladesh, this resulted in girls being scared of moving around, even for absolute essentials such as using the bathroom, or giving up on connecting with friends or using their leisure time. In Ethiopia, girl researchers experienced similar challenges, navigating verbal harassment from boys on the street while conducting the research. Beyond the consequences for girls’ wellbeing and safety, this has also been an obstacle for girls to seek support or take collective action, leading to disruptions in building “power with”.

Despite the many challenges facing girls regarding their safety, education, mental health, sexual and reproductive and wellbeing, a lack of holistic, girl-friendly response services has been an important barrier to addressing the specific needs of adolescent girls. The pandemic has made access to the few limited services even more difficult and has pushed girls to rely on mediation from informal systems that don’t always prioritise their rights and safety. Girls have also sometimes been reluctant to use formal support options such as the police or broader justice system, which again, did not always seem to place their safety first. In Ethiopia, for example, respondents shared how the justice system mean girls have to wait for long periods of time before hoping to get justice, and often still have to live with the perpetrator in the meantime, which puts them at increased risk of further violence and retaliation. All this lack of available support has impacted girls’ ability to influence the system, decisions and stakeholders that currently sustain the inequalities they face, limiting their “power to”.

Health and wellbeing

Lockdowns, school closures and economic hardship due to the Covid-19 crisis impacted the health and wellbeing of adolescent girls in multiple ways.

Both the literature review and field data showed the negative impacts of the Covid-19 pandemic and related lockdown on girls’ mental health. Girls interviewed for this research in Bangladesh and Ethiopia reported feeling isolated, disconnected from friends and unable to discuss personal issues with them. They have also felt the weight of heavy control on their movement by other family members, which boys did not have to experience. In Indonesia, married girls indicated feeling exhausted and dizzy from all their household and care activities.

As mentioned in the previous thematic area, the Covid-19 pandemic has made access to already limited services, more difficult. Health facilities have been fully dedicated to fighting the virus in resource-constrained settings where service access was already precarious; movement

restrictions have made it harder to visit healthcare facilities; taboos and stigma around adolescent girls accessing sexual and reproductive health services already meant that many girls were reluctant in seeking the support and information they need. The literature review pointed out to several examples of decreasing access to contraception and use of family planning methods among adolescents across the world. Qualitative data from this research has shed light on the impacts of this for girls. In Bangladesh, girls have found increasing rates of teenage pregnancy, especially among married girls. According to them, this was in partly because the only community health worker who provided information and contraceptives was no longer available and healthcare workers were too busy addressing the pandemic to respond to girls’ needs in this area. Girls also mentioned that teachers were embarrassed to teach about SRH at school, which prevented girls from accessing key information about menstruation and being traumatised by the unexpected bleeding when their period started. In Indonesia, respondents reported rising rates

of teenage pregnancy and child marriage, and a lack of access to healthcare information and resources designed for adolescent health care despite. Part of the community members thought that it is important to support to young people to access SRH information, while others thought that only girls who were married and had a child should be eligible to access contraception – compromising girls’ right to choose when and how they have children. In Ethiopia, girls faced even greater opposition from community members who thought that it is unethical or unacceptable for unmarried girls to access SRH services, and mentioned that married girls always have to seek permission from their husbands and in-laws to access clinics for either SRHR or other health needs. This reflects

how little room for independent action girls have, which is a particularly concerning example of how “power over” girls is operating in their everyday lives.

Reports across all locations seem to point towards the need for more services that are tailored towards girls’ specific needs, and that they can access without fear of stigma or facing restrictions on their movements from family members. Local community health workers who can come to girls in their own locations (rather than girls needing to go to specific clinics) also seem to offer a potential practical solution to ensuring more girls have access to the SRHR and mental health services they need.

Education and life skills

Access to schools and education, and the negative impact that school shutdowns have had on children across the world, have been well-documented. The literature review has found a lot of evidence of this negative impact on girls, especially those living in low-income communities.

Qualitative data from Bangladesh, Ethiopia and Indonesia has provided examples confirming the different ways in which girls’ education has been further impacted by the pandemic. In Indonesia, economic insecurity and poor infrastructure have placed additional barriers on girls’ access to quality education – with some girls and families reporting that they have had to drop out of school to work in the nearby town during the pandemic. Many adolescent girls in this community have become domestic workers – a job that is often insecure and low paid, with little access to employment rights and protection. Poor infrastructure – long-distance to senior secondary school accessible through poorly surfaced with limited public transport options and associated safety concerns – also made it hard for girls to access school.

Early pregnancy and marriage have posed additional threats to girls’ education. The stigma and shame around early pregnancies have led to families forcing girls to get married and move away, leaving behind the opportunity to get a good education. While insights from women’s groups and community members have highlighted the importance of education for girls, there is little support available for parents to challenge gender norms around women’s role in society and implications for girls’ education, and little support to overcome practical challenges to send their girls to school. In Indonesia, families who are experiencing financial crisis are quick to withdraw girls from school, due to harmful gender norms that deem boys to be the only breadwinner and thus considered more worthy of education.

Access to school is not just about receiving a formal education. Schools also provide essential safety nets and protection mechanisms for girls, including opportunities

to expand social networks and connect with others, and information on issues such as menstrual and reproductive health. Among the most cited concerns from girls in both Ethiopia and Bangladesh were feelings of loneliness, isolation and depression as a result of not being able to see friends or have access to support systems beyond their families. Some girls live in households with no access to online devices or where they are often last in line for access within their household. Therefore, distance learning has not always allowed girls to maintain their access to quality education and support networks.

All these barriers have impacted their “power within” and as a collective, their “power with” and “power to”. Many girls also emphasised that their ability to access enough food was compromised during the pandemic as some schools had also provided access to feeding programmes and a regular meal. This was also echoed in the literature review.

Informal learning spaces, such as girls’ clubs, as well as opportunities to connect with older female mentors, have also been impacted by the lockdown, often cutting girls off from vital sources of support. As highlighted in the literature review, UNICEF reported that mentors often provide a vital bridge between girls and service provision, ensuring that their needs are met in times of crisis. The qualitative research in Indonesia echoed this and might suggest that female community mentors could provide an important route to supporting more girls to get back to school after the pandemic, including married girls who are particularly at risk. Research participants in Indonesia also recommended investing in non-formal education initiatives to support some girls who are excluded from the mainstream education system. This was highlighted as particularly valuable for married girls who are often marginalised and isolated. It is essential to ensure that married girls can remain in school or at least access non-formal education opportunities. This is especially crucial for girls to find common ground and build “power with” one another.

Economic rights

As highlighted in the literature review, the Covid-19 pandemic has placed a huge pressure on those already surviving on low income or informal employment, and government measures to support populations' basic needs have failed to meet the needs of girls and young women. Adolescent girls have been directly impacted. Those who generate income themselves often have informal jobs with low wages, and those who do not have a job have often see their family struggling to generate a regular wage and meet basic needs. In both Ethiopia and Bangladesh, girl researchers highlighted girls' limited access to sufficient quantities of healthy food, key items such as menstrual products, and essentials such as healthcare and medicines. In Indonesia, an increasing number of girls have started taking on informal jobs as domestic workers in nearby cities to be able to generate income, with little protection.

Unpaid care and domestic work also have an impact on adolescent girls' economic rights. In all three locations, girls clearly reported carrying a disproportionate burden of additional work at home, including cleaning, cooking,

taking care of siblings, and, for married girls, taking care of children, husbands and elderly. While some gender-sensitive Covid-19 policies were developed by governments all three locations, none of these related to relieving unpaid care and domestic work burdens – for example, by providing free childcare. There has been a lack of publicly funded universal services that are responsive to the needs of women and girls support them with access to education and health services. This has left many adolescent girls with an enormous burden, illustrating how girls experience “power over”. Wider infrastructural services, such as water, transportation, street lighting and funding for domestic violence organisations and institutional response services to prevent and respond to VAWG to help keep women safe have also been limited. Research findings have indicated how the Covid-19 pandemic has further marginalised girls from the essential services that they desperately need if their wider macroeconomic rights – rights that go beyond livelihoods and income generation – are to be fully realised.

Girls in decision making and crisis response

With greater confinement of girls within the household due to various factors such as Covid-19 restrictions, exacerbated harmful gender norms and increased number of child marriages, girls' access to public spaces has continued to shrink. In all research locations, girls have little autonomy and freedom compared to their male peers. It is expected that girls should not be making their own decisions on issues such as their education or their freedom of movement, and instead should take guidance from their families. In Bangladesh for example, some girls spoke about lacking freedom of choice and not feeling free in their own bodies. In some cases, girls reported not being able to sing, dance, laugh loudly or play games. In Ethiopia, girls reported that parents or caregivers most often make decisions about their lives.

However, the research has also shown how girls have expressed their agency and pointed towards opportunities for change, building alliances and building power with others. The literature review has highlighted that girl-led activism and girl-led organisations has helped responding to immediate needs, including by adapting pre-pandemic activities to support SRHR and education and to support marginalised groups more broadly. During the pandemic, adolescent girls continued to be active and support communities and organise around girl-led activities. In Ethiopia, girls had been involved in community activities such as sharing Covid-19 information and distributing food and Covid-19 prevention items. In Indonesia, women health workers were keen to support initiatives to establish access for adolescents to community health care, while other women provided suggestions of how there could be

more support and mentorship available to support girls back into education. These examples can point towards opportunities to find and build alliances with others. Wider circles of support for girls could be created through mothers and parents' groups; through working with essential community services providers such as health workers and teachers; and by building a sense of “power together” through initiatives such as women providing mentorship and support to girls.

The research process itself also provided an opportunity to reflect on girls' “power within”, and to build their communication skills and confidence to lead discussions and speak out. It has led them to reflect about their own power when they come together as a group, and how to leverage that power to create safer communities for girls.

Despite nuances and differences between the three research locations, across all settings, girls have too often been forgotten or de-prioritised, both in crisis response and overall systems of support. It is clear that without targeted action to ensure that Covid-19 does not further erode rights and protections for a generation, more adolescent girls will be at risk of further cycles of poverty and marginalisation. These actions need to address the community norms that marginalise girls and are reflected in the systemic inequalities they face every day. Girls have been clear about the need for their voices and issues to be heard and seen by decision makers and other stakeholders. Crucially, in designing systems that work for girls, adolescent girls' own voices and priorities must be central.

Recommendations: pathways towards 'building power together'

This research report has set out the stark realities and unequal power dynamics that adolescent girls navigate in their everyday lives, and how the Covid-19 pandemic has exacerbated existing inequalities, thereby limiting their agency and their ability to go about daily life. It has also shed light on some of the strategies used by girls to negotiate power at multiple levels and deal with these inequalities in both private and public spaces.

The Covid-19 crisis has demonstrated that rapid changes to the way we live, work and receive education are possible. As the world grapples with a “new normal” in the current phase of the pandemic, there is an opportunity to make deep structural changes that will have a real impact on girls’ lives. In order to push for transformative change to ensure systems, services and policies are more effectively responding to girls’ needs and rights, and that more resources are mobilised to support girls, it is crucial to hear girls’ voices and understand their perspectives on their journey through the pandemic, and the areas where the global community must focus in order to provide them with the support and resources they need. Girls who participated as researchers in this project have clearly explained that they must be at the negotiating table and have proved that their power can be strengthened by building sisterhood and networks of alliances.

The following recommendations are based on the research findings, which have placed girls’ perspectives at the centre. These recommendations start by exploring what can be done at the local, community level – where girls considered their recommendations could have the

biggest impact on their everyday lives. This section also considers possible actions by national and international actors, outlining some of the specific pathways for girls and their supporters to build power together over the five dimensions explored throughout this report.

“Age won’t limit us to do what we want to do and to dream big.”

Researcher, age 16, Ethiopia

Freedom from violence

Community members and local stakeholders

- Work with parents and other community members to create a supportive environment where girls can feel safe, believed and supported when reporting instances of violence. This includes families providing support when girls and young women choose to leave violent and coercive marriages.
- Work with community leaders and other relevant stakeholders to ensure that age-appropriate, gender-sensitive, supportive, medical, legal and psychosocial services, including counselling, are easily accessible to girls.
- Conduct deep and long-term community programmes to raise awareness on the risks of increased levels of verbal, physical and sexual abuse girls face in the community during the Covid-19 pandemic, the dangers of normalising the acceptance of violence, and find ways to prevent and respond to VAWG.
- Work with boys to help them understand girls' rights to safe communities, freedom from violence and equality with their male peers.

International donors and institutions

- Recognise, champion and prioritise feminist, women- and girl-led, and women and girls' rights organisations and movements as critical long-term leaders and partners in ending VAWG and advancing gender equality.
- Increase spending on VAWG prevention and response, ensuring that at least 30% of VAWG funding is dedicated to flexible, long-term direct funds for women's rights organisations, young feminist groups, and other women- and girl-led groups.
- Ensure that commitments made through the Grand Bargain are fulfilled, to ensure 25% of humanitarian funding reaches local and national responders.
- Support relationship building, learning and collaboration between women's rights organisations and young women/young feminist groups to ensure girls' needs, voices and leadership are a core part of violence prevention and response work.
- Ensure that all VAWG services include delivery metrics that track the prevalence and percentage of survivors who are girls; including modules on girl-friendly support in all trainings; and considering the Availability, Accessibility, Acceptability and Quality (AAAQ) for girls specifically in evaluations of service delivery.
- Ensure all research on VAWG is guided and informed by the needs and expertise (including practice-based expertise) of women's groups, young feminist groups and WROs working to tackle VAWG on the frontline. Ensure that research is accessible to these frontline organisations.
- Develop and promote a clear understanding of the links between VAWG and SRHR to world leaders and challenge states which fail to implement conventions and laws which they have ratified.

National governments

- Prioritise and fully implement all international commitments on eliminating VAWG, including CEDAW, the Beijing Platform for Action, the ILO Fundamental Conventions, relevant SDGs, the UN Guiding Principles on Human Rights, and regional initiatives such as the Maputo Protocol.
- Adopt zero-tolerance policies on VAWG and mobilise domestic resources to prevent and respond to VAWG. This should include appropriate resourcing for safe shelters, hotlines, mental health support, community prevention work and training of health and SRHR providers in how to work with survivors. Ensure that all response and prevention efforts consider the specific needs of girls.
- Take urgent action to mitigate the impacts of the Covid-19 pandemic on increasing rates of harmful practices for girls, including child marriage. Review, gather evidence and consult with girls (esp the most marginalised girls) on the drivers of these practices and the best ways to address them. Support community-led and girl-led social norms change initiatives that address the root causes of harmful practices, and support girl-led groups as peer educators and conveners to in efforts to end harmful practices.
- Urgently implement – and resource the implementation of – existing laws and policies to end harmful practices such as child marriage and

FGM/C, and close any loopholes in legislation (e.g., removing “special circumstances” and “religious dispensation” for marrying earlier). Work with community leaders and service providers to better implement laws at community level.

- Ensure that in times of crisis additional VAWG prevention and response services are available – including those that are most accessible to girls,

such as hotlines, mobile and community-based services led by community health workers and female mentors, and safe spaces.

- Develop clear pathways to ensure girls working in the informal sector and are particularly vulnerable to violence, are aware of and connected with specific VAWG services such as hotlines and safe spaces.

National and international NGOs

- Development actors, particularly international non-governmental organisations (INGOs), should add their voice in support of women’s rights organisations (WRO) and young feminist groups and networks, advocate for more funding to go directly to these groups, and ensure that they are not competing with local organisations and WROs for the limited funding already available.
- Development actors should build equitable partnerships with WROs, young feminist groups and other grassroots organisations – including by investing in relationship building, learning and collaboration – to ensure girls’ needs, voices and leadership are a core part of programmes that aim to support them.
- Development actors should ensure that their response services are accessible to girls and are meeting their specific needs (e.g., options such as hotlines and text message services might provide easier access to some). Ensure that service providers are trained to provide girl-friendly support. Capture information from service users to better inform comprehensive service provision.
- Development actors should invest in girls’ safe spaces and support female mentors who can in turn support girls in their communities. This will provide an essential bridge between girls and formal service providers, as well as fostering solidarity with girls when they report VAWG.

Health and wellbeing

Community members and local stakeholders

- Families should support girls to access the health services the need, including SRH and counselling.
- Families and community groups should work together to urge community leaders and state authorities to develop better health facilities that are adolescent-friendly and accessible to girls from.
- Girls’ and women’s groups should work collectively to raise awareness of the need for better mental health services for girls in schools, health care facilities as well as mobile service to reach the most marginalised girls.
- Community members should help create safe and accessible spaces where girls are able to come together. Girls should support one another by forming online and offline clubs and support networks.

International donors and institutions

- Ensure that funding for girls programming includes specific provisions for wellbeing and mental health support. Make sure the facilities providing mental health support are designed for adolescent girls’ needs, especially for those girls who are survivors of violence or trauma.
- Make additional funding available for SRH services that meet the specific needs of girls in times of crisis.

National governments

- Urgently address the interruptions of gender-responsive health care services that have occurred during the pandemic, and allocate more resources for the provision of SRHR and other essential services such as vaccination programmes.
- Ensure that every adolescent girl and young woman has access to free, non-judgemental SRHR services in a nearby location, and that new locations for services are chosen in collaboration with women and girls from a diverse set of backgrounds – including young women and girls who are not married.
- Provide access to sexual health information and serve other health needs of adolescent girls, through mobile and community-based services led by community health workers and female mentors.
- Ensure health service staff are trained to be able to deliver care which is compassionate, confidential and does not replicate patriarchal norms. Training on social norms, girls' rights and gender should be delivered to staff members on a regular basis.
- Invest in mental health and counselling facilities designed for adolescent girls' needs, especially for those girls who are survivors of violence or trauma.
- Ensure healthcare needs of young mothers are met, including by guaranteeing access to regular and comprehensive antenatal support and check-ups.
- Make comprehensive sexuality education an essential part of the national curriculum, provide appropriate teacher training and support to deliver this effectively and sensitively.

National and international NGOs

- Equip teachers, trained volunteers and para-professionals to deliver comprehensive sexuality education as part of the school curriculum and through non-formal education spaces such as girls' clubs and safe spaces.
- Make provision of counselling, mental health support and other wellness activities a standard part of any programming that works with adolescent girls, especially when programming deals with violence, harmful practices or other trauma.

Education and life skills

Community level and local stakeholders

- Parents and community members, including women's groups and other actors, should work together to advocate for community leaders to mobilise resources and provide adequate support for girl's education during and after the pandemic.
- Community leaders should work with local and national authorities to address the need for better infrastructure to enable girls to access schools, such as safe transport facilities.

International donors and institutions

- Fund holistic girls' education programmes that address the barriers to girls accessing and staying in school (including family poverty, lack of SRHR information and service provision, high rates of adolescent pregnancy, child marriage and VAWG). Invest in gender-responsive schools that create an environment where girls can be bold and ambitious in their future aspirations.
- Invest in research to understand which girls are most at risk of dropping out of school including following the Covid-19 pandemic. Fund specific mechanisms – such as outreach campaigns for parents on the importance of girls' education, and mentors to provide information and motivation – to support them back into the classroom.
- Promote the adoption of locally-led Abidjan Principles which monitor the rapid growth of private finance in education.

National governments

- Increase investment in publicly funded, publicly delivered, gender-responsive schools that create gender equitable environments where girls are supported to be ambitious and bold in their future aspirations.
- Increase the number of senior secondary schools available, especially in rural areas. Invest in safe transportation facilities and infrastructure to make it convenient and safe for girls to travel longer distances to schools.
- Address the “digital divide” and provide mechanisms for all girls to be able to access online education opportunities to prevent school drop out.
- Invest in back-to-school campaigns that reach the most marginalised girls and ensure they get back to the classroom once schools reopen.
- Ensure schools provide education on sexuality and relationships and can signpost girls to appropriate, girl-friendly services to support their needs.
- Support married, pregnant girls and young mothers to remain in school by revising discriminatory laws that prevent pregnant girls from accessing the classroom; ensuring that policies include measures to address discrimination against married, pregnant girls and young mothers in schools; and providing practical support such as childcare.

National and international NGOs

- Work with women’s groups and mentors to identify those girls who are most at risk of not returning to schools. Provide targeted support to get girls back into the classroom once schools reopen.

Economic rights

Community level and local stakeholders

- Ensure that adolescent girls have access to the right information on the social protection payments and access to basic necessities available to them. Provide support for them to work with collectives demanding better social protection from governments.
- Encourage families to support girls to explore all options available to them, including education and jobs or other income generation opportunities, so they can be economically independent and fulfil their aspirations.
- Work with key stakeholders such as women’s groups, teachers, community leaders and organisations to encourage families to redistribute the unpaid care burden for girls. Ensure girls have access to basic needs and support girls to access suitable work and education opportunities. This can be done by advocating and campaigning for better and safer infrastructure such as transport facilities, computer and internet access.

International donors and institutions

- In emergencies, take quick action to consult girls about their immediate needs and provide support that is practical and accessible. Make sure that essential items (and/or cash transfers) are given directly to girls rather than through intermediaries such as family members.

National governments

- Fully implement ILO conventions on freedom of association; equal pay; non-discrimination; work and family; and occupational safety and health.
- Recognise workers in the informal economy and ensure they are covered by both emergency and long-term protection mechanisms. Take specific action to address the gaps in labour practices to which adolescent girls are particularly vulnerable – such as lack of protection for domestic workers.
- Address increasing levels of Unpaid Care and Domestic Work (UCDW), including due to Covid-19, particularly the unequal burden on adolescent girls, through legislating for family-friendly working practices and universal social protection. Fund additional services that target unpaid care burdens such as community kitchens, childcare and elderly care, financed through a system of progressive taxation.

- Invest in the provision of basic necessities, such as menstrual products and meals, to better support girls to keep attending school, as well as making these items available to girls currently out of school.

National and international NGOs

- Consult adolescent girls on basic needs when providing emergency support and include items that meet those needs in any care packages/dignity kits. Ensure that additional support can reach girls directly, rather than through other family members.

Girls in decision-making and crisis response

Community level and local stakeholders

- Community members should support girls' decision-making abilities by including them in key community processes and trusting their leadership for action.

International donors and institutions

- Provide more flexible funding for girl-led groups and girl-led activism. In emergencies and times of crisis, work to make this funding quickly available for emerging needs.
- Fund the establishment of girls' consultation groups to provide rapid input into crisis response.
- Reduce compliance and administrative burdens for grants mechanisms so that they are accessible to all types of organisations, especially girl-led organisations that are unregistered or those that don't have financial structures or regular audits.
- Ensure that every business case for funding for adolescent girls' programmes requires direct consultation with girls as part of the process. Include a minimum of two adolescent girls on programme steering committees and boards.

National governments

- Ensure meaningful consultation with girls about the laws and policies that impact their lives.

Implementing organisations and INGOs

- Always involve girls in decisions that impact their lives and programmes designed to support their needs.
- Build links between girls and potential community allies – such as mothers' groups, women's networks and other mentors.
- Development actors, particularly INGOs, should do more to advocate for smaller organisations and unregistered groups with limited presence and visibility – such as supporting communications and creating websites, providing a bridge between them and donors with funding opportunities.

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- ⁷³UNDP, COVID-19 Global Gender Response Tracker, accessed Nov 2021, [COVID-19 Global Gender Response Tracker - UNDP Data Futures Platform](#)
- ⁷⁴Source: Indonesia Ministry of Education and Culture.
- ⁷⁵The Star Online (2021) "Number of injured in Indonesia tsunami surges to over 14,000". The Star Online. Asean Plus. Retrieved 31 September 2021.
- ⁷⁶A group of health volunteers from the community health centre

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