**UNFPA Submission to OHCHR Study on the Impact of the COVID-19 pandemic on human rights of young people**

**Introduction**

UNFPA is the United Nations sexual and reproductive health agency. UNFPA supports efforts to operationalize the human rights-based dimensions of the ICPD Programme of Action and to strengthen its normative framework. UNFPA works closely with and for adolescents and youth. As part of its global strategy for adolescents and youth, [My Body, My Life, My World](https://www.unfpa.org/publications/my-body-my-life-my-world), UNFPA ensures access to integrated quality SRHR services and information, addresses determinants of health and wellbeing and promotes the leadership and the fundamental right of young people to participate in decisions affecting their lives.

As part of these efforts, UNFPA promotes and mainstreams the human rights of young people, s[upports young people’s participation in human rights mechanisms](https://docs.google.com/document/d/1RqM1dVi1YmDbWCAdZu1oHrVgre1V0XdHOcz8j_6h31E/edit#heading=h.qapgew5v0233)and promotes youth-led accountability in different processes such as the Voluntary National Reviews (VNRs). Through its long-standing partnership with youth partners, UNFPA supports youth-led organisations and movements that advocate for their rights, particularly sexual and reproductive rights.

1. **Can you provide information on any programs or activities your agency has implemented regarding the impact of the COVID-19 pandemic on young people?**

The COVID-19 pandemic has fundamentally impacted adolescents’ and youth’s basic rights to education, health, safety, choice and voice. In order to safeguard these rights, UNFPA supported countries to reimagine, adapt and supplement the diverse range of interventions already undertaken across country contexts. As part of its COVID-19 global response plan, UNFPA worked towards providing reliable and timely multidirectional risk communication to young people and supported their engagement in communities. The main areas in which UNFPA implemented programs targeted at adolescents and youth during the COVID-19 pandemic relate to (i) access to sexual and reproductive health and rights, (ii) access to comprehensive sexuality education in and out of school, and girls’ empowerment, and (iii) supporting youth leadership and participation, particularly in response to the pandemic in development and humanitarian settings.

Some examples from UNFPA programming are presented below:

* Globally UNFPA launched the campaign #YouthAgainstCOVID19, providing a platform for young people to create and disseminate content on the pandemic and how they are affected, including topics such as sexual health, mental health and gender equality. With translations into more than 20 languages, and over 500,000 impressions on social media platforms, the campaign reached young people in all regions and allowed them to be engaged as communicators and influencers.
* In **Latin America and the Caribbean,** UNFPA adapted its ongoing Youth NOW! programme and had a virtual camp that allowed more than 300 adolescents and young people from 18 countries in the region to meet remotely to mobilise against gender-based violence (GBV).
* In **Eastern Europe and Central Asia**, in partnership with the regional youth led movement Teenergizer, UNFPA addressed the impact of COVID-19 on youth health and well-being by supporting the #StaySafe campaign aimed at empowering youth to feel safe and protected during the pandemic and beyond, and to become agents of change within their own families. The campaign reached over 2.5 million young people with online thematic videos, information messages and web broadcasts on popular social media platforms. More than 1,000 young people living with HIV in six countries of Eastern Europe and Central Asia were reached with online support groups, peer-to-peer counselling and educational training.

1. **Based on your work, what are the main challenges that young people face in connection with the COVID-19 pandemic and the response to it? If any age-disaggregated data has been collected in this regard, please include it in your response.**

*Access to sexual and reproductive health (SRH) services*

The challenges in accessing and using sexual and reproductive health (SRH) services are layered on top of the many and intersectional barriers to adolescents’ access to and use of services in general. Restrictive laws and policies, parental or partner control, limited knowledge, distance, cost, lack of confidentiality and provider bias limit adolescents’ autonomy and prevent them from accessing and receiving the sexual and reproductive health and rights (SRHR) information and services they need.

*Access to comprehensive sexuality education (CSE)*

Periods of physical distancing measures and school closures leave adolescents and young people across the world without access to essential sexual and reproductive health information, services and rights, including comprehensive sexuality education (CSE) and out of school methodologies not mainstreamed and or in place.

*Access to information, including risk communication related to the pandemic*

Gender, class, age, race, ethnicity, income level, marital status, mobility and geography all determine the level of access to basic health information and services during the COVID-19 pandemic. While digitally connected young people are relatively better positioned to adapt and respond, young people living in poverty or isolated, hard-to-reach communities, or experiencing various forms of marginalisation, face major access and connectivity Even for those who are digitally connected, the risk of digital violence remains rampant with serious mental health and other consequences, bringing forward the question of ensuring safety in online spaces.

*Child marriage, gender-based violence and other harmful practices*

COVID has significantly impacted the implementation of interventions to reduce child marriage, particularly because of containment policies as well as disruption to education and other services. In addition to this, the economic impact of the pandemic are expected to increase rates of child marriage in bulnerable communities as poverty is a key driver of child marriage. Although the ultimate size of the economic impact is still impossible to predict, one estimate has placed the reduction in gross domestic product (GDP) per capita in the range of 5 to 20 per cent. Should the reduction in GDP per capita be 10 percent, then an estimated 5.6 million additional child marriages are likely to take place between 2020 and 2030. The total effect of the COVID-19 pandemic is therefore projected to result in 13 million additional child marriages.[[1]](#footnote-0)

*Opportunities for meaningful engagement*

The COVID-19 pandemic has drastically limited opportunities for direct engagement and participation of young people, but the digitalization of the civic space has opened up new opportunities for participation and inclusion - while at the same time shedding light on the digital divide and presenting new protection concerns (on-line bullying and harassment, etc.) The upcoming SG report to the Security Council on Youth, Peace and Security (for which UNFPA, PBSO and OSGEY are pen holders) addresses these issues. OHCHR contributed to the report, a final draft can be shared upon request (to be published in April).

1. **Can you share any good practices to support young people and ensure the full implementation of their rights during and after the pandemic, including the following rights:**

* **right to work and social security (including, for example, to address the job loss, reduction of working hours, wage cut, etc.);**
* **right to education (including in the context of the closure of educational institutions and transition to online learning);**

*Access to comprehensive sexuality education (CSE)*

Digital CSE can complement face-to-face CSE and can be an important supplement in the absence of, or with significantly reduced, access to face-to-face CSE in and outside school settings. To maximize effectiveness, digital platforms and tools and other out-of-school CSE resources need to form part of broader efforts to promote sexual and reproductive health, including the provision of sexual and reproductive health services and commodities. The digital divide needs to be addressed, as digital access and digital literacy differ among the most vulnerable groups and can exacerbate the gender disparities that many young women and girls experience. Therefore, community-based approaches should be undertaken by creatively using the resources available as well as leveraging distance education platforms using radio and television alongside community communication channels. To read more about how to deliver CSE in the pandemic context refer to the technical brief [Learning Beyond the Classroom: Adapting Comprehensive Sexuality Education Programming During the COVID-19 Pandemic](https://www.unfpa.org/sites/default/files/resource-pdf/Learning_Beyond_the_Classroom.pdf)*.*

For example, in **Jordan** CSE was integrated in UNFPA’s humanitarian response, by informal CSE modules that were provided in youth centers and women and girls safe spaces. During the lockdown, Questscope and 27 Syrian volunteers who lead the youth center in Zaatari camp - A Space for Change - created 17 WhatsApp groups to keep up the conversation and services around youth wellbeing, mentorship, and health. UNFPA supported Zoom subscriptions for conducting virtual peer workshops and meetings, 50 tablets that were lend to youth in the camp, in addition to technical training on facilitating online discussions, and refresher training on GBV and SRHR peer education, mental health and psyco-social support, and monitoring and evaluation.  
  
**In Albania,** model online classes were prepared to facilitate the delivery of online CSE classes. Teachers were trained on the utilisation of digital platforms as well as smart-phones to facilitate the online/distance learning of students. The Agency for Quality Assurance at Pre-University Education level conducted face to face CSE trainings for teachers in small groups and consolidated online platforms for training of teachers and monitoring of CSE delivery at national scale. More than 50 % of the teachers (at national scale) were monitored on the delivery of virtual CSE.

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

*Access to sexual and reproductive health (SRH) services*

When it comes to young people’s right to access SRH services, provision of the essential package of SRHR interventions to adolescents in the pandemic should follow the principle of do no harm, essential person-to-person contact should be kept to a minimum and protective measures taken, to switch to contactless delivery methods as far as possible. These interventions include provision of Comprehensive Sexuality Education (CSE), contraceptive counselling and services, comprehensive abortion care to the full extent of the law, antenatal, intrapartum and posnatal care, prevention and treatment of HIV and other STIs, prevention, care and response to sexual and gender-based violence, prevention of cervical cancer through HPV vaccination and counselling and services for sexual health and wellbeing, inluding provision of menstrual health information and services[[2]](#footnote-1). For each type of intervention, services might need to be enhanced, modified or postponed depending on how they have been affected by the pandemic. It is important to take specific measures for delivery or services and consider transition towards restoration and recovery in cases where they have been significantly modified. Another important consideration is to take intentional steps to identify and reach socially vulnerable adolescents, including those living in humanitarian crises and conflicts and/or remote and rural communities. In this vein, programmes should be adapted to take into account the special challenges adolescent girls and adolescents with disabilities, and should not solely use Internet or mobile phone services or require high levels of literacy. Refer to the technical brief [Not On Pause: Responding to the Sexual and Reproductive Health Needs of Adolescents in the Context of the Covid-19 Crisis](https://www.unfpa.org/sites/default/files/resource-pdf/Not_on_Pause.pdf) for more information on how to deliver the essential package of SRHR interventions to adolescents in the context of COVID-19.

Some examples from UNFPA programming include:

* In **Uganda,** UNFPA carried out an assessment of the situation of adolescents’ and young people’s access to SRH services during the COVID-19 pandemic, which informed innovative program delivery approaches to sustain continued access to services in restricted environments. In spite of pandemic disruptions, various SRHR accountability platforms remained functional with UNFPA support.
* In **Armenia,** an assessment of Gender Based Violence and Domestic Violence services during COVID-19 pandemic was conducted within the EU funded Human Rights Protection Project (a joint project of UNDP, UNICEF, and UNFPA). Gaps in service provision were highlighted with concrete recommendations in order to ensure continuity of service provision during the COVID-19 pandemic and lockdown.
* In **Georgia,** an assessment among key populations at risk of HIV/AIDS was undertaken to identify health related and psycho-social challenges and problems, as the basis to develop and/or adapt service delivery strategies to ensure their responsiveness and effectiveness.
* In **Eastern and Southern Africa,** through the Safeguard Young People and 2Gether for SRH programmes, UNFPA and UNICEF rolled out a new poll on adolescent sexual and reproductive health and HIV social behaviour change communication for the U-Report, Internet of Good Things (IoGT) and TuneMe mobile platforms. A Time Series Community-Sourced Data for Rapid Assessment of Behavioural Changes, Coping Strategies and Evolving Needs During COVID-19 survey was conducted in the East and Southern Africa region. This data will complement other existing data to provide social and behavioural insight, which will help inform policy and programming decisions relating to COVID-19.

*Child marriage and gender-based violence*

COVID-19 had a significant impact on the implementation of interventions to reduce child marriage, particularly because of containment policies, including social distancing requirements. Here are some best practices to continue child marriage and adolescent girls’ programming in the context of the pandemic:

* Explore modalities for the remote delivery of asset-building, comprehensive sexuality education (CSE), and social and behaviour change communication (SBCC) interventions, including COVID-19 messaging, as appropriate.
* Support entertainment education featuring stories about child marriage, adolescent pregnancy, GBV and girls’ education during emergencies (see the programme currently supported by UNFPA and a partner organization for SBCC).
* Dissemination information to underserved/marginalized adolescent girls (aged 10–19 years) who are at risk of child marriage, married, divorced or widowed, and adolescent girls who are pregnant or already have children on what services are available and where (gender-based violence (GBV) and other basic needs) and adapt programming to ensure access to these services.
* Identify safe houses, shelters or social service referrals for adolescents at risk of violence in or around their homes. Establish help lines or enhance existing help lines for adolescents to seek help if needed.
* Support the visibility of women’s organizations and youthled organizations in local media and social media, to raise awareness of child marriage, GBV and other vulnerabilities that adolescent girls, women and young people may face be - cause of COVID-19.
* Support policy dialogue to ensure that COVID policies and programmes at the national and subnational levels are respectful of human rights standards for adolescent girls (such as upholding the right of girls at risk of marriage or married girls to still seek asylum, and their right to express what is going on with them and their communities)

For example in **Tanzania**, protection and referrals for girls and women were strengthened by capacitating the National Child Helpline (#116) and the Afya Call Centre (#199) to respond to calls on gender-based violence and harmful practices and to collect and store data on the calls. The two helplines responded to more than 15,000 calls, referred cases of physical violence, sexual abuse, rape, harmful practices (child marriage, female genital mutilation, other traditional practices) and early pregnancy to the relevant services (police, social welfare and health care facilities). In **India**, UNFPA engaged 43.000 peer educators and 500.000 students and teachers to promote life skills education, prevent child marriage and promote COVID-19 safe behaviour. Adolescent leaders played a key role in the **Mozambique** Child Marriage Challenge/Hackathon, aiming at sourcing new solutions to challenges related to child marriage from the tech, innovation and entrepreneurship community. The Challenge demonstrated the great interest and engagement from young people in social change with close to 100 submissions. Approximately 4,200 adolescents in **Bangladesh** were trained on COVID-19 messages through the mobile phone application called, “Digital Application for Adolescents”. Following a cascading model, these adolescents reached 132,846 adolescents (70% girls), 27.962 parents and 63,517 community members through the application.

To learn more about strategies to adapt child marriage and adolescent girls’ programming during the COVID-19 pandemic, refer to the technical brief [Equality for Girls in Crisis: Adapting Child Marriage and Adolescent Girls’ Programming During the COVID-19 Pandemic.](https://www.unfpa.org/sites/default/files/resource-pdf/Equality_for_Girls_in_Crisis.pdf)

* **right to participate meaningfully in political and public affairs (including in connection with the prohibition of gatherings and transition to online rallies);**

*Access to information, including risk communication related to the pandemic*

For young people to participate meaningfully in political and public affairs, including those related to the COVID-19 pandemic and measures that affect their lives, they need to have access to information on the pandemic. Effective risk communication and community engagement (RCCE) strategies for these populations of young people require specific interventions and strategies relevant to their contexts that do not depend solely on Internet or cellular services or require high levels of literacy. Messages must be inclusive and transmitted through multiple media options, including radio, visual guides and community mobilisation, in a diversity of languages, using accessible formats and technologies. Some more specific practices include:

* Identifying subgroups of young people in need of contextually relevant messaging, formats and platforms
* Collating existing information and/or conducting rapid qualitative (including data disaggregated by sex and age and a subanalysis of data of existing socioeconomic assessments) and/or quantitative assessments can help understand the realities of young people living in a number of settings under the current pandemic, particularly those left behind.
* Maintaining communication with hard-to-reach young people, particularly while social distancing measures are in place, through a multitude of platforms and channels – for example, community leaders and volunteers where they are still active, community services, loudspeakers, radio, television, messaging services and social media.

For example in **Namibia**, UNFPA identified 1064 marginalised girls in target regions and reached with information and guidelines for returning to school in the context of COVID-19. The guidelines were developed together with other UN agencies. Also, 16 videos against COVID-19 were produced by adolescents and young people and were aired on national television in eight local languages including sign language. In **Botswana**, during the month of May 2020, the radio programme put a spotlight on COVID-19 and persons with disabilities, after realising that while messages on COVID-19 are provided, platforms used have excluded those with disabilities. The first two shows hosted Special Olympics Botswana to discuss COVID-19 and persons with intellectual disability, while the last shows hosted the Blind and Partially Sighted to discuss the impact of COVID-19.

Refer to the technical brief [Risk Communication and Community Engagement with Young People Left Behind During COVID-19](https://www.unfpa.org/resources/risk-communication-and-community-engagement%C2%A0-young-people-left-behind-during-covid-19) to read more about measures to ensure access to information during the COVID-19 pandemic.

* **other rights or freedoms.**

1. **Based on your work on the topic, what role have young people had in COVID-19 response, vaccination, and recovery efforts, and how has that role been valued/encouraged?**

Young people have been frontline responders to the COVID-19 pandemic, mobilising across the world. They are activists, innovators, health workers, and social and community workers. To reach and engage young people during this pandemic, UNFPA worked on sharing information, clarifying misinformation, and equipping young people to take action to contain the spread of the virus. Some ways to support these efforts include:

* Bringing together governments, civil society, donors, the private sector and youth-led organisations to advocate for more investment and active engagement with young people,
* Ensuring youth engagement with COVID-19 response plans, and other relevant policies that are sensitive to adolescent- and youth-specific needs, including sexual and reproductive health and rights (SRHR), and access to CSE,
* Sustained capacity development support to youth-led organisations to enable them to exercise leadership, implement activities, advocate for their rights and keep decision-makers accountable. Leveraging existing relationships with youth-led organisations and helping them adapt their activities to the realities of the pandemic is an important tool to support youth mobilisation.
* Support to innovation solutions from young people, including through supporting youth innovation hubs and hackathons for youth-led solutions to the COVID-19 pandemic.

Some examples from UNFPA programming include:

* The UNFPA **East and Southern Africa Regional Office,** through its flagship programme for youth, the Safeguard Young People programme, has been engaging with young people in the region to find out how they are coping with the current COVID-19 pandemic. The aim of the [#YouthAndCOVID19 Diaries](https://esaro.unfpa.org/en/news/youth-and-covid-19-diaries-new-hobbies-have-helped-me-view-lockdown-positively) project is to share best practices among the youth and to expose them to the many interventions and responses to COVID-19 that UNFPA and its partners have put in place during this time. The role models showcased in these series served to empower and strengthen the resilience and response capacity of other adolescents and youth.
* In **Guatemala,** UNFPAprovided leadership development support to youth organisations. through the Youth Connected Initiative where together with OHCHR, three virtual forums were organised by youth organisations to address the challenges faced by youth in the COVID-19 pandemic context: (i) the right to education and continuity; (ii) youth employment, economic rights, recommendations for reactivation, entrepreneurial actions, and the recovery of the solidarity economy; (iii) stigmatisation against young women, young migrants and the LGBTQI population. The forums resulted in recommendations on the guarantee of rights of specific groups in the pandemic context.
* In **Uruguay**, five virtual meetings were held with the active participation of more than 80 Afro-descendant youth and adolescents from Montevideo, Canelones, Cerro Largo, Artigas and Rivera reflecting on sexual and reproductive rights, gender based violence, human rights, racism and discrimination. A Declaration prepared and presented at the X Meeting of Ministers and High Authorities on the Rights of Afro-descendants of MERCOSUR (RAFRO).
* In **Colombia**, UNFPA supported “Generating community against COVID 19”, an initiative in which young people showed, through videos, the actions they carry out from their daily lives and leadership, for the promotion of youth development, in the framework of the COVID-19 pandemic.

1. UNFPA, with contributions from Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia) (2020). Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage. Available at https:// www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-genderbased-violence-female-genital. Accessed May 28, 2020 [↑](#footnote-ref-0)
2. For more information on the essential package of SRHR interventions and how they apply to adolescents, refer to [Sexual and Reproductive Health and Rights: and essential element of universal health coverage, UNFPA, 2019](https://www.unfpa.org/sites/default/files/pub-pdf/SRHR_an_essential_element_of_UHC_2020_online.pdf) and [A package of essential sexual and reproductive health and rights interventions- What does it mean for adolescents? Journal for Adolescent Health, Engel et al., 2019](https://pubmed.ncbi.nlm.nih.gov/31761003/). [↑](#footnote-ref-1)