**Plan International, Inc.**

**SUBMISSION TO THE REPORT OF THE** **WORKING GROUP ON DISCRIMINATION AGAINST WOMEN AND GIRLS ON WOMEN’S AND GIRLS’ SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS**

Plan International has developed this submission to inform the forthcoming report of the Working Group on discrimination against women and girls on women’s and girls’ sexual and reproductive health and rights (SRHR) in situations of crisis to be presented at the 47th session of the Human Rights Council in June 2021.

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

1. **Why it is crucial to ensure the fulfilment of SRHR of girls and young women in humanitarian settings**

Sexual and reproductive health related challenges, and the need for sexual and reproductive health information, services and supplies intensify in emergency settings, including conflicts, natural disasters, pandemics and other fragile contexts.

Humanitarian crises cause a deterioration in health and well-being that negatively impacts SRHR outcomes, especially among adolescent girls and young women. Many risks that children, adolescents and young people face multiply in humanitarian crises. Adolescent girls and young women in particular are affected by risks related to gender-based violence (GBV), including sexual violence, child, early and forced marriage (CEFM) and other harmful practices, sexually transmitted infections (including HIV), unintended pregnancy, maternal morbidity and mortality, and mental health and psychosocial concerns, including depression. At the same time, structures, networks and systems that can protect girls and women are likely to be weakened or destroyed in crises.

**Some facts**

* **Half of the 1.4 billion people living in countries affected by crises and fragility are under the age of 20**;[[1]](#footnote-1)
* **Pregnancy rates tend to go up in humanitarian settings, and 61% of maternal deaths happen in countries with humanitarian situations**.[[2]](#footnote-2) 500 women and girls die in emergency situations every day from complications due to pregnancy and childbirth.[[3]](#footnote-3) Globally, complications related to pregnancy and child birth is the leading cause of death among adolescent girls aged 15-19.[[4]](#footnote-4)
* **Girls are at heightened risk of unintended and unwanted pregnancy and access to safe abortion care is often unavailable in crisis situations**. Of the estimated 5.6 million abortions that occur each year among adolescent girls aged 15–19 years, 3.9 million are unsafe.[[5]](#footnote-5)
* **The 10 countries with the highest child marriage prevalence rates are either fragile or extremely fragile**.[[6]](#footnote-6) Harmful practices, such as female genital mutilations and child marriage are expected to rise due to COVID-19 impacts and there are already reports of this happening.[[7]](#footnote-7)

**SRHR are still not seen as a critical humanitarian need, and the funding and programming gap is huge**, this despite knowing that the risks multiply in emergencies. Programming tends to cater to children or adults, and adolescents and young people often fall through the cracks. Adolescent girls and young women in particular are overlooked as child-focused organisations (including health and child protection actors) are often gender-blind and SRHR and GBV actors are often age-blind. Adolescent girls and young women therefore face double marginalisation and invisibility due to their age and gender.

From 2009-2012, proposals for adolescent sexual and reproductive health through humanitarian funding streams constituted less than 3.5% of all health proposals; the majority was unfunded.[[8]](#footnote-8) However, SRHR need to be recognised as essential and life-saving and prioritised as such. Prevention and treatment of STIs and HIV, preventing unwanted and early pregnancies through access to contraception and advice, services for pregnant women and girls and young infants are critical. They also affect lifelong morbidity and mortality and lay the foundations for the full realisation of girls' and women's rights and participation. SRHR are not only critical in their own right but also to achieving humanitarian objectives in other sectors such as child survival and education.

1. **What’s need to be done**

**Rights and equality**

Human rights should be ensured in times of crises and all actors involved in humanitarian responses should adopt a rights-based approach and take all possible measures to ensure that all children, adolescents and young people, including girls and young women, are able to fulfil their SRHR before, during and after disasters and conflicts. **SRHR are not an issue that should be reserved for long-term development work, but must be included in humanitarian responses as well**. This is particularly true as we see more and more protracted crises, and increased shocks due to climate change.

Human rights principles are critical to ensuring that humanitarian policies, programmes and funds are driven by and accountable to the affected individuals and communities. Principles of equality and non-discrimination, transparency, participation, and accountability should guide and inform all aspects of humanitarian service provision.

**All humanitarian actors should ensure accountability to individuals most affected, including children and young people**. It is essential that child and youth-friendly feedback mechanisms are established, which provide gender- and age-sensitive, inclusive, safe and confidential ways for children and young people to receive information, provide feedback and meaningfully participate in influencing humanitarian programming. **All actors should promote and fully resource the systematic participation of adolescent girls in all decisions that affect their lives**. This means they must be included in the design, implementation and evaluation of humanitarian programmes and processes. Initiatives are needed that both develop adolescent girls’ skills for leadership and participation in decision-making, and create an enabling environment.

**All humanitarian actors should ensure that needs assessments collect appropriately disaggregated data and that humanitarian response plans include gender- and age-related analyses.** They should also employ participatory methodologies to best capture the voices and perspectives of children of different ages and gender and allow responses to be tailored to their specific needs. Furthermore, far too often, SRHR related data is not included in assessments and analyses, making it invisible and limiting chances to design effective humanitarian responses that meet the SRH needs of affected populations and allocate resources to them.

**Throughout humanitarian responses, it is critical to ensure gender-responsive approaches to SRHR**.While there are opportunities throughout to work toward more gender-transformative approaches, especially in more protracted crises and long-term programming, it is **important to maximize interventions to work on norms and behaviours related to sexuality and gender also in the acute phase of an emergency**. Harmful social norms, gender stereotypes, power imbalances, including related to resource allocation and decision-making, perceptions of girls’ and young women’s sexuality, as well as perceptions of masculinity and femininity, and other inequalities are significant barriers in realising SRHR. While social norms and discrimination linked to gender and age are often amplified in humanitarian settings, crises can present opportunities to challenge and break harmful traditional practices**,** while norms and structures are in flux.

To bring about a change in attitudes, norms and behaviour, it is crucial to engage and promote inter-generational dialogue on sexual and reproductive health and rights, as well as to challenge stereotypical attitudes and expectations around sexuality and reproduction, including the perceived need to control female sexuality. Dialogue should include the participation of children, adolescents, young people, parents, caregivers, traditional and religious leaders, health workers and teachers.

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| **Migrant Adolescent and Youth Voices Programme**Plan International implemented a project in 2015-2018 for adolescent and youth migrants along the Thailand and Myanmar border. The main objective was to provide them with access to information and guidance on SRHR, health care, and other services, as well as to empower them to claim their rights and raise awareness in their communities and families.  Adolescents and youth received a comprehensive training programme to improve their knowledge on a wide range of social issues, develop confidence, develop and enhance their soft skills, and practice self-expression through creative arts using peer-to-peer approaches. Youth-led activities are aimed at establishing youth leaders as role models for other children in schools and to positively influence their communities. As such, youth leaders acquire the trust of their families, teachers, peers, and communities through advancing their SRHR. Youth-friendly and peer-to-peer education enable traditional beliefs to be challenged and educational activities around SRHR zo be considered acceptable and useful to live a better and safer life. Digital communication is coupled with artistic performances, such as music and drama and is rooted in the local culture to help communities to legitimise the work of young people and to better understand their needs. |

**Cross-sectoral collaboration and coordination**

Sector specific programmes and funding often fail to address the complex, interrelated challenges adolescent girls face. **Multi-sectoral approaches are therefore encouraged.** This includes addressing for example protection, education, livelihoods, WASH, nutrition, broader health needs as well as SRHR. Donors should provide **funding for programmes which respond to the needs of adolescent girls holistically** with comprehensive, cross-sectoral programming that addresses both immediate life-saving needs, and promotes long-term resilience.

Collaboration across the different sectors is needed, for example synergies between early childhood development on maternal and newborn health issues, and parenting behaviours; between education in emergencies on opportunities to strengthen comprehensive sexuality education in and out of schools, and child protection in emergencies responses ensuring GBV linkages as well as access to mental health and psycho-social support.

**Gender-based violence is a key concern for health and rights**, and is part of the integrated definition of SRHR.[[9]](#footnote-9) SRHR services must be linked with interventions to end GBV, and collaboration across the protection and health sectors is therefore key. Health workers are often an important first point of contact for safe identification and referrals of protection cases. Linking the SRHR response to GBV interventions, and vice versa, through a functioning and confidential referral pathway must be developed between providers, ensuring survivor-centred care and appropriate protocols for protection, including for child protection. However, the health sector should take a clearer position as lead, and prioritise SRHR issues in crises to ensure that these issues are not neglected or overlooked in the humanitarian coordination system. While SRHR concerns (and actors) should be integrated in all GBV prevention, risk mitigation and response activities, it is important that the health sector takes the lead on SRHR to ensure services and information are available for all people who need it (including but not limited to survivors of GBV).

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| ***Toolkit to support cross-sectoral programming for girls in crisis***Adolescents between 10 and 19 years are often overlooked in responses to humanitarian crises. To fill this gap, Plan International has developed a toolkit to promote more intentional, gender- and age-responsive programming with and for adolescents in crisis settings. The toolkit is intended to support programme design in a variety of settings, including emergencies, protracted crises and fragile situations. It was developed for Plan International and partner staff who are responsible for designing and implementing multi-sectoral, humanitarian programmes with and for adolescents. The Adolescents in Crisis framework addresses five thematic areas: SRHR; protection from violence; education; economic opportunities and livelihoods; and participation and leadership. Positive sexuality education and SRHR information are also included in an accompanying multi-sectoral Life Skills Curriculum and Parenting Sessions currently being piloted.Access the toolkit [here](https://plan-international.org/publications/adolescent-programming-toolkit)***Innovative research on child marriage in humanitarian settings***Child marriage is a cross-cutting issue across all humanitarian sectors and requires coordination from the earliest stage of a crisis. Plan International and the Women’s Refugee Commission are currently conducting a girl-led, community-grounded research in emergency responses across four countries: Colombia, Ethiopia, the Philippines and Zimbabwe. It seeks to gather evidence on the drivers and impact of child marriage in humanitarian settings. This will be used to develop a multi-sectoral humanitarian programme model that promotes protection, education, sexual and reproductive health, economic empowerment, life skills, and gender equality with the participation of adolescent girls, in order to improve access to services and advocacy at local and national levels. It will also build the capacity of humanitarian actors through trainings on child marriage prevention and response programming and increased deployable technical support, and improve accountability to adolescent girls at risk of child marriage and already married girls through girl-led research, programme design and participatory feedback mechanisms. |

**Financing**

**Donors and humanitarian actors should prioritise the needs of adolescent girls in crisis** **and increase funding for SRHR programming, including the provision of comprehensive sexuality education and age-responsive SRHR services**. Increased funding is also needed to support efforts to pilot and evaluate programmes to understand what works to address child marriage and adolescent pregnancy in these settings and support practitioners operating in very challenging crisis contexts.

Despite donor commitments to nexus programming, humanitarian funding remains largely short term, and as SRHR interventions are often not seen as life-saving (and/or not included in needs analyses), opportunities to receive funding to respond to these needs in the acute phase of an emergency are limited. Additionally, programme planning is mostly on annual cycles and result-based,rather than transformative and able to demonstrate improved results over extended periods of time. **Donors should provide a greater proportion of longer-term funding.** Effectively supporting continuous SRHR programming requires predictable funding and longer programme horizons. Longer-term funding also allows links to be made between humanitarian and development efforts.

**Sustainability**

While meeting the acute needs of the affected population, SRHR interventions can allow us to work towards longer term objectives including gender equality and social norm change.

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**Planning and preparing for shocks** can help to improve access to critical life-saving SRHR programmes and services and mitigate SRHR (and GBV) risks during an emergency, as well as ease the transition back to sustainable programming. Strengthening health systems and emergency preparedness, as well as improving resilience of communities is critical to ensure sustainability.

Key steps that should be followed include:

* Analyse SRHR related concerns, including the status of adolescent/youth SRHR, available services, pathways, and emergency capacities, in consultation with adolescents and youth during emergency preparedness (ideally as part of a thorough gender analysis);
* Prepare emergency preparedness and response (EPR) plans and implement preparedness actions in partnership with adolescents and youth, including emergency preparedness and response workshops; mapping of services and emergency capacities; prepositioning of contingency stock; trainings in SRHR, the Minimum Initial Service Package, and emergency response;
* Prepare to support systematic engagement and partnerships with adolescents and young people in all phases of humanitarian action, especially decision-making and budget allocations.

Adolescents and young people can be empowered to play leadership roles in the community by engaging them in emergency preparedness, capacity building, and other community-based initiatives. This includes participation in coordination meetings starting at the onset of the crisis, as well as in camp management meetings.

Providers of humanitarian assistance should **commit to the full and swift implementation of the Minimum Initial Service Package** including awareness-raising about SRH services, and the earliest transition to comprehensive services and supplies based on a detailed needs assessment and longer-term programme planning.

Transitioning from emergency response to comprehensive, sustainable SRHR programming includes strengthening health systems and expanding programmes to holistic and multi-sectoral approaches that promote and protect the SRHR of adolescents and young people, in particular adolescent girls and young women. Moving to such comprehensive, adolescent-responsive programmes includes work that promotes universal access to SRH services, information, and comprehensive sexuality education.

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| **MAIN RECOMMENDATIONS*** **Sexual and reproductive health and rights of children, adolescents and young people must be recognised and fully funded in humanitarian settings** – from meeting the acute needs at onset of a crisis, to comprehensive programmes in protracted crises. This must include both access to comprehensive sexuality education and quality age- and gender-responsive SRH services (access to contraception, menstrual health and hygiene management, ante- and postnatal care, clean and safe childbirth and provisions for the clinical management of rape).
* **Human rights** **should be ensured in times of crises** and all actors involved in humanitarian responses should adopt a **rights-based approach.** They should take all possible measures to ensure that all children, adolescents and young people, including girls and young women, are able to fulfil their SRHR before, during and after crises.
* **All actors should promote and fully resource the systematic participation of affected populations, including adolescent girls and young women, in all decisions that affect their lives**. This means they must be included in the design, implementation and evaluation of humanitarian policies, programmes and processes.
* Providers of humanitarian assistance should commit to **the full and swift implementation of the Minimum Initial Service Package** (MISP) including awareness-raising about SRH services, and the earliest transition to comprehensive services and supplies based on a detailed needs’ assessment and longer-term programme planning. The MISP should also be strengthened to incorporate specific criteria on adolescent sexual and reproductive health.
* **Humanitarian actors should capture age and gender-disaggregated SRHR data** and include SRHR in humanitarian needs assessments and response plans.
* Humanitarian actors should **ensure humanitarian interventions and programmes are gender- and age-responsive** and design interventions that are adapted to children, adolescent and youth, especially to meet the unique needs of adolescent girls and young women.

 * Under the leadership of the health sector, **the humanitarian system should promote integrated, multi-sectoral approaches** that address SRHR and work with the protection sector to tackle GBV in crises, including supporting safe identification and referral of cases of survivors to gender-based violence services.
* The **situation of women and girls in humanitarian settings should be raised and discussed in a more systematic manner in the context of human rights monitoring and reporting mechanisms**.
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1. **COVID-19 and the SRHR of girls and young women**

**Impacts on girls’ and young women’s SRHR**

Girls and young women, in particular from marginalised groups, faced significant barriers in accessing essential SRH information and services before the COVID-19 crisis. Amid a pandemic, there is a real risk that these rights will be even more difficult to fulfill. With lockdown leading to higher levels of gender-based violence – and rates of child marriage, teenage pregnancy and FGM predicted to increase exponentially – information and services that protect and promote girls’ and young women’s SRHR are more vital than ever.

The crisis threatens to shrink girls’ and young women’s SRH information and services in different ways. Resources are being redirected away from vital SRH services in favour of other COVID-related responses. We know from past epidemics that a lack of access to essential health services due to a shutdown of services can ultimately cause more deaths than the epidemic itself.[[10]](#footnote-10) Difficulty accessing contraceptives and other essential services such as safe abortion denies millions of girls and women the right to control their bodies and lives.

**The COVID-19 pandemic should not be used as an excuse to restrict or rollback girls and women’s access to essential SRHR**, **which must continue to be prioritised, funded and recognised as lifesaving,** along with essential health services for young children’s survival and healthy growth.

**Restrictions on movement should not impact on the ability to access SRH services.** This includes keeping clinics open and ensuring that those who need SRH services can leave home and obtain those services. Alternative channels for the delivery of SRH commodities to girls should also be considered.

**New ways of providing information should be established and support provided to adolescents and young people for SRHR, including through the use of social media, tele-health and the pooling of multiple services.** This should include steps to combat the stigma and discrimination created by the impact of COVID-19, which could constitute a further barrier to accessing SRH services, particularly for adolescent girls.

Lockdown measures have closed schools around the world, leaving an estimated 1.54 billion young people out of school. As a result, even fewer young people are now receiving vital comprehensive sexuality education. All too often when shifting from offline to online learning, comprehensive sexuality education is not included in learning packages. And even where it is, with limited connectivity and an ever-widening digital gender gap, girls and young women from marginalised, poorer households are the least likely to be able to access this information.

**Governments should promote the inclusion of comprehensive sexuality education** as part of online and distance learning packages during school closures. The channels through which this information is disseminated should ensure accessibility for girls.

The pandemic has consequences for everyone, but some groups are particularly vulnerable, including displaced and refugee girls and young women. Evidence shows that the impact of COVID-19 on girls and women – on their health, safety and opportunities for education and decent jobs – is making already difficult lives increasingly unendurable. For more details, please consult our report “*Close to contagion: The impacts of COVID-19 on displaced and refugee girls and young women*”.[[11]](#footnote-11)

**Examples of programmes and interventions during the pandemic**

***SRHR inclusion in rapid assessments***

- In April 2020, UNFPA, Plan International and the Institute for Family Health commissioned a **rapid assessment to measure the impacts of COVID-19 on GBV and SRHR** among adolescent girls and young women from the refugee and Jordanian population.[[12]](#footnote-12) The study shows:

* 69% of respondents agreed that GBV has increased since the pandemic started. Emotional and physical abuse – the types most often perpetrated by an intimate partner or family member - were the most commonly reported.
* Women and girls agree that accessing services for GBV and SRH was less difficult prior to the pandemic. The proportion of women who are completely unable to access family planning has increased by 10-20 per cent depending on the age group.
* Fewer women and girls have information on how they can access SRH services compared to before the lockdown. For 10 – 17-year-old girls, this has fallen from 37% to 18%.
* 90% of women and girls report not having access to income generating activities or material assistance compared to 74% of men and boys.
* Only 55% of women report that they are able to meet their family’s basic needs during the curfew compared to 58% of men

- In **Zimbabwe,** a rapid assessment of the impacts of COVID-19 on gender and SRHR was also conducted. Plan International and partners have adapted their programmes to the situation to support access to services and information through, for example, door-to-door-campaigns, hotlines, mobile clinics, road shows on SRHR and SGBV, radio skits and WhatsApp group discussions.

***Using innovative tools and strategies to reach the most vulnerable***

**- In Malawi,** Plan International together with Timveni, a youth radio and TV media programme with national coverage, has promoted key SRHR messages and supported a phone-in session with girls, where concerns were raised around increased rates of teenage pregnancy and child marriage. We have also worked with partners to establish a district WhatsApp-based COVID-19 and SRHR forum and helped distribute 300 COVID-19 leaflets in braille to support beneficiaries with visual impairment.

**- In Bolivia,** Plan International has been implementing the ARRIBA Project, which is utilising various digital platforms for different purposes to support SRHR and maternal, new born and child health (MNCH) during COVID-19. For example, we have been sharing key messages with young people via TikTok. We are also working with the Ministry of Health to train health workers through a mobile app and are supporting a monitoring application to map cases of mortality and connect with local services for maternal health.

***Strengthening access to SRHR services***

- **In India**, Plan International has been responding to COVID-19 and promoting SRHR and MNCH together with UNFPA through deploying mobile units to remote areas, offering counselling and services. Following increased rates of unintended pregnancy and unsafe abortions, the project is promoting information to adolescents about COVID-19, SRHR and contraception services, and how to access them. The project is also distributing menstrual hygiene management (MHM) supplies to the most vulnerable groups where supply chain disruptions has made access particularly challenging.

***Support to capacity building***

- In **Laos**, Plan International is working with UNFPA and the Ministry of Education and Sports to develop online modules on comprehensive sexuality education that teachers can use for distant learning. We are also developing e-learning materials for adolescents that will combine SRHR and COVID-19 prevention messages.

- Plan International in **Peru** has been training health workers through an online course after identifying a training gap around COVID-19 and SRHR. They have also been addressing risk of sexual and gender-based violence against women and children by collaborating with the Ministry of Women and Vulnerable Populations, as well as by training and sensitising police on the management and report of abuse.

1. **Useful tools and resources**

- Plan International, *Adolescent Girls in Crisis: Experiences of risk and resilience across three humanitarian settings***,** 2018**[[13]](#footnote-13)**

This research is drawn directly from the voices and experiences of girls in three crisis contexts: South Sudan, the Lake Chad Basin and the Rohingya refugee camps in Bangladesh.

- Plan International, *Close to Contagion: The impacts of COVID-19 on displaced and refugee girls and women*, 2020[[14]](#footnote-14)

- Plan International, *Living under lockdown: Girls and COVID-19*, 2020[[15]](#footnote-15)

- Plan International, *Halting Lives: The Impact of COVID-19 on Girls and Young Women*, 2020[[16]](#footnote-16)

This research looks specifically at the impact of the current pandemic on girls and young women, collecting data from over 7,000 girls across 14 countries. The report also includes extracts from interviews with young women, reflecting on the impact COVID-19 has had on their lives in Mozambique, Brazil, Ghana and Nicaragua.

- Girls Not Brides and Plan International, *COVID-19 and Child Marriage in West and Central Africa: Joint Policy Brief*, 2020[[17]](#footnote-17)

- Plan International, *Periods in a pandemic*, 2020[[18]](#footnote-18)

This report looks at how COVID-19 responses are exacerbating challenges for people who menstruate.

More resources and information on Plan International’s response to COVID-19 can be found here: <https://plan-international.org/>

- IAWG, Inter-Agency Field Manual on Reproductive Health in crises (including chapter 6 on adolescents): <https://iawgfieldmanual.com/>

- IAWG’s page on Adolescent SRHR: <https://iawg.net/our-work/adolescent-sexual-reproductive-health>

- IAWG's advocacy materials on COVID-10: <https://iawg.net/emergencies/covid-19>

1. <https://agendaforhumanity.org/initiatives/3829> [↑](#footnote-ref-1)
2. UNFPA, *Maternal mortality in humanitarian crises and fragile settings*, 2015. [↑](#footnote-ref-2)
3. UNFPA, *Humanitarian action: 2018 Overview*, 2019: <https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_HumanitAction_18_20180124_ONLINE.pdf> [↑](#footnote-ref-3)
4. WHO, *Adolescent pregnancy fact sheet* (online), updated in January 2020. [↑](#footnote-ref-4)
5. Ibid. [↑](#footnote-ref-5)
6. Girls not Brides, *Child marriage in humanitarian settings*, 2020. [↑](#footnote-ref-6)
7. Girls Not Brides and Plan International, *COVID-19 and Child Marriage in West and Central Africa: Joint Policy Brief*, 2020; <https://www.theguardian.com/world/2020/may/18/fgm-risk-in-somalia-heightened-by-coronavirus-crisis> ; <https://www.unfpa.org/press/new-unfpa-projections-predict-calamitous-impact-womens-health-covid-19-pandemic-continues> [↑](#footnote-ref-7)
8. Women’s Refugee Commission, Save the Children, UNHCR and UNFPA, *Adolescent sexual and reproductive health programs in humanitarian settings: An in-depth look at family planning services*, December 2012. [↑](#footnote-ref-8)
9. https://www.guttmacher.org/guttmacher-lancet-commission/accelerate-progress-executive-summary [↑](#footnote-ref-9)
10. https://pubmed.ncbi.nlm.nih.gov/28722621/ [↑](#footnote-ref-10)
11. https://plan-international.org/publications/close-to-contagion [↑](#footnote-ref-11)
12. <https://plan-international.org/publications/impacts-covid-19-girls-rights-and-reproductive-health>; <https://plan-international.org/news/2020-05-20-covid-19-jordan-domestic-violence-poor-access-family-planning> [↑](#footnote-ref-12)
13. https://plan-international.org/publications/adolescent-girls-crisis [↑](#footnote-ref-13)
14. https://plan-international.org/publications/close-to-contagion [↑](#footnote-ref-14)
15. https://plan-international.org/publications/living-under-lockdown [↑](#footnote-ref-15)
16. <https://plan-international.org/publications/halting-lives-impact-covid-19-girls>; https://plan-international.org/news/2020-09-21-nine-ten-girls-experiencing-anxiety-due-covid-19 [↑](#footnote-ref-16)
17. https://plan-international.org/publications/covid-19-child-marriage-west-central-africa [↑](#footnote-ref-17)
18. https://plan-international.org/publications/periods-in-a-pandemic#:~:text=Periods%20don't%20stop%20during,human%20rights%2C%20health%20and%20dignity. [↑](#footnote-ref-18)