Seventy-eighth session
Item 69 of the provisional agenda*
Promotion and protection of the rights of children

Impact of the coronavirus disease 2019 (COVID-19) pandemic on girls and the recovery from it

Report of the Secretary-General**

Summary

The present report is submitted pursuant to General Assembly resolution 76/146, in which the Assembly requested the Secretary-General to submit a report to it at its seventy-eighth session on the implementation of that resolution, including in relation to the impact of the coronavirus disease (COVID-19) pandemic on girls and recovery from it. In the present report, the Secretary-General highlights the devastating impact of the pandemic on girls, including adolescent girls, and emphasizes the need for urgent investment in recovery, measures to address legislative and policy gaps, effective tools to ensure age and gender-responsive services, and support for the full realization of the rights. He also highlights the importance of investing in girls’ resilience, leadership and participation in policymaking and in broader recovery efforts. The report also includes practical recommendations for future progress in that regard.

* A/78/150.
** The present report was submitted for processing after the deadline for technical reasons beyond the control of the submitting office.
I. Introduction

1. The global coronavirus disease (COVID-19) pandemic and efforts to contain it have had a devastating impact on girls and women across the full range of their rights, including their economic, social, cultural, civil and political rights. Although girls in all regions of the world have experienced negative impacts, those impacts have been especially profound for girls living in low- and middle-income countries, where within-country and between-country income inequality increased as a result of the pandemic. Girls experiencing multiple, and often intersecting, vulnerabilities, such as those living with a disability, in a humanitarian setting, rural area or a marginalized community, or on the move, were particularly affected. The disruption in health-care and education systems, coupled with the loss of economic stability and food security for many households, has magnified a wide range of risks for girls. Those include protection risks such as child marriage, female genital mutilation, sexual exploitation and abuse, gender-based violence, online and other forms of violence, trafficking and child labour.

2. Some Governments, multilateral organizations and civil society groups have made efforts to address gaps in service delivery for girls as part of their COVID-19 recovery efforts. For example, across Governments worldwide, a total of 1,605 gender-sensitive measures were adopted in the 18 months following the onset of the pandemic. Much more remains to be done, however, to respond to the devastating impacts of the pandemic on girls, including adolescent girls, and to address longstanding structural gender inequalities. The current polycrisis, including the debt crisis and the climate crisis, has caused compound shocks on developing countries in particular. Without a dramatic increase in financial investment and a significant scaling-up of efforts by Governments and their partners to support girls, the achievement of the Sustainable Development Goals that relate to girls in particular will remain far beyond reach.

II. Legal and normative framework

3. At all times, States have an obligation to respect, protect and fulfil the rights of girls and end all forms of discrimination against them, as enshrined in core international human rights instruments, including the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of Persons with Disabilities, and especially the Convention on the Rights of the Child and the Optional Protocols thereto. The rights of girls are also enshrined in regional human rights treaties, including the African Charter on the Rights and Welfare of the Child and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women. The Beijing Declaration and Platform for Action, adopted in 1995 at the Fourth World Conference on Women, acts as a global road map for achieving gender equality and empowering women and girls, and States reaffirmed their political will for action in 2020 at the 25-year review of the implementation of the Beijing Declaration and Platform for Action.

4. Although girls had been facing challenges to their fundamental rights for many years before the onset of the COVID-19 pandemic, the pandemic undermined global efforts to advance those rights and to eliminate discrimination against girls.

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Furthermore, it threatened to slow down, halt or even reverse progress in all spheres related to girls’ lives, including but not limited to their rights to equal participation in all spheres of public life and to education, health, freedom from violence and threats of violence, both online and offline, and freedom from discrimination.

III. Access to education, health, water and sanitation, and food and nutrition

A. Education

5. The COVID-19 pandemic has caused the largest disruption to education in history, affecting more than 1 billion schoolchildren worldwide and deepening the pre-existing global learning crisis. In 2022, it was estimated that the effects of the pandemic could reverse the overall progress in education outcomes made over the previous two decades. At the height of the outbreak, more than 180 countries had fully closed their schools, and although many of them implemented remote learning programmes, at least 463 million children globally could not be reached by such initiatives. Learning losses have affected children everywhere as, for example, an additional one in eight children is now unable to read a simple text with comprehension by the age of 10. Losses have been particularly acute for children who were already struggling to learn, as well as for children, including girls, who face multiple disadvantages, such as those living in low-income, rural or displaced settings, Indigenous girls and those belonging to minorities, and those living with a disability.

6. Prior to the pandemic, an estimated 127 million girls of primary and secondary school age worldwide were out of school. School closures and the related loss of safe spaces and peer-support networks intensified barriers to education for girls, in particular adolescent girls, for whom gender gaps in secondary school completion had already been of concern before the pandemic. Many girls had poor or no access to digital devices for remote learning and other purposes, as, for example, in low-income countries for every 100 male young people who have digital skills, only 65 female young people have such skills. Girls also had reduced access to sports, hygiene facilities, nutritious meals, and vital health services, such as anaemia prevention. Furthermore, girls shouldered heavier domestic and care responsibilities and were at heightened risk of adolescent pregnancy, mental health challenges and violence and harmful practices, including child marriage and female genital mutilation. Those factors, compounded by other social, economic and environmental pressures, have

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9 See E/2022/55.
led to many girls not returning to school,\textsuperscript{10} which in turn limits the opportunities for girls to find decent and meaningful employment. Unless immediate action is taken in the form of targeted policies and investment to change the situation, there will be an associated negative impact on women’s rights and gender equality for generations to come.

7. Although it is too early to assess the actual impact of the pandemic on gender equality in education, recovery plans have included a wide range of education-related interventions intended to support girls. At the start of the pandemic, these plans emphasized continued learning measures, as schools were forced to close their doors, and subsequently evolved into promoting and facilitating girls’ return to and retention in schools. Both school and non-school-based programmes have supported curricular reform, the promotion of girls’ learning, the delivery of life skills and comprehensive sex education, and the provision of mental health services, safe spaces and improved hygiene facilities.

8. Some initiatives have focused on providing educational services for girls who are out of school or at risk of dropping out. For example, some Governments have worked with the United Nations Children’s Fund (UNICEF) and other partners to allocate scholarships not only to help girls resume their education in formal or non-formal settings but also to expand outreach to girls who are out of school. Other Governments are working to improve learning outcomes for girls who are living in fragile and conflict-affected settings. In 2021, leaders at the Group of Seven summit committed to ensuring that, by 2026, an additional 40 million girls would be enrolled in school, and 20 million more girls would be reading by the age of 10 (or by the end of their primary school education). In 2022, leaders at the Transforming Education Summit recognized the range of challenges that girls face in gaining access to quality education and committed to advancing gender equality in and through education. The United Nations Educational, Scientific and Cultural Organization (UNESCO), UNICEF, the World Humanitarian Forum, Plan International, Malala Fund, the World Bank and the United Nations Girls’ Education Initiative launched the Global Platform for Gender Equality and Girls’ and Women’s Empowerment in and through Education as co-conveners.

9. Education-related recovery efforts that focus on girls have encountered various challenges, including education systems struggling with decreased budgets, and loss of teachers, including female teachers, due to the pandemic, making it even more difficult to keep girls in school and address their learning loss. A 2022 global study found that, on average, countries had only allocated 3 per cent of their COVID-19 stimulus packages to education, with even lower rates in low- and lower-middle-income countries. Furthermore, the share of both official development assistance and humanitarian aid given to education also declined during the pandemic.\textsuperscript{11} Another pressing challenge has been the limited availability of education data disaggregated by gender, age and other relevant factors. This hampers efforts by education administrators and other officials, which makes it difficult for school and other officials to monitor early warning signs relating to school dropouts, conduct targeted outreach to girls at risk, or allocate recovery funding effectively.

B. Health

10. The global disruption to basic health-care services has endangered the lives of girls, in particular of those facing multiple forms of discrimination based on such grounds as ethnicity, socioeconomic status, disability, age, race, geographic location

\textsuperscript{10} Ibid.
\textsuperscript{11} UNICEF, UNESCO and World Bank, “Where are we on education recovery?”, New York, 2022.
or sexual orientation. Disruptions to gender-specific services, such as maternal health and sexual and reproductive health services, compromised the continuity of care for adolescent girls and young women, thus increasing their risk of morbidity, mortality and unintended pregnancies. Several countries saw a surge in teen pregnancies related to school closures, lockdowns and girls’ reduced access to health services. Additional long-term and disaggregated data are needed to understand the full impact of the pandemic on the health and well-being of girls.

11. Many Governments have worked to address health sector disruptions for girls caused by the COVID-19 pandemic. For example, in Jordan, digital platforms were used to assess the extent to which COVID-19 affected adolescent girls and young women and to then provide them with targeted health-related services. In Zimbabwe, the Ministry of Health and Child Care, with support from Plan International and other partners, provided sexual and reproductive health services to adolescent girls and young people through mobile clinics. The United Nations Population Fund (UNFPA), UNICEF, the World Health Organization and their partners have supported several countries in establishing multisectoral and gender-responsive national plans for adolescent health, as well as establishing programmes to strengthen the delivery of quality maternal and newborn care. UNICEF has also developed a five-year road map for newborn care in humanitarian settings, which includes a benchmark specific to antenatal care for pregnant women and adolescent girls.

C. HIV and AIDS

12. The COVID-19 crisis further reduced already slowing attention to and funding for the global HIV and AIDS response, and has threatened aspirations for future success in this field, in particular in relation to the gendered impact of HIV on adolescent girls. The sharp pandemic-driven rise in poverty, limited access to education and sexual and reproductive health and rights services, including vital services related to HIV prevention and treatment, and increased vulnerability to harmful practices and gender-based violence all remain major, interlinked risk factors for HIV infection among adolescent girls and young women. Efforts to curb new infections among girls have failed to achieve the global target of at least a 75 per cent reduction by 2020, and are not on track to achieve the target of 90 per cent reduction by 2030. Recent estimates show that girls account for three quarters of new infections of HIV globally among adolescents aged between 15 and 19. In sub-Saharan Africa, women and girls account for 63 per cent of all new HIV infections, which is higher than the global rate of 46 per cent.

13. The COVID-19 pandemic has disrupted key HIV treatment and prevention services but work to provide services and prevent HIV risk for adolescent girls and young women has been evident in national COVID-19 recovery efforts, in particular in sub-Saharan Africa. For example, evidence-based programmes offered through online platforms are equipping adolescent girls and young women with critical prevention and treatment information; and prevention strategies are including an emphasis on integrated, differentiated and sustainable HIV, sexual and reproductive health and gender-based violence services. Furthermore Cameroon, Lesotho, Sierra

13 Country examples are taken from submissions to the report received from Member States.
Leone, South Africa, Uganda and the United Republic of Tanzania, among other countries, have completed relevant policy reform.

14. The Global HIV Prevention Coalition of the Joint United Nations Programme on HIV/AIDS (UNAIDS) has supported the South to South HIV Prevention Learning Network in more than a dozen countries in order to build the capacity of adolescent girls and young women through prevention programmes, and has also developed a global HIV prevention scorecard to improve disaggregated data collection. In addition, in 2021, UNICEF, UNAIDS, UNESCO, UNFPA and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) launched the Education Plus initiative, a five-year global effort to accelerate action and investments for expanding secondary education and empowering adolescent girls and young women in sub-Saharan Africa to drive down HIV rates.

D. Mental health

15. Globally, an estimated 77 million adolescent girls aged between 10 and 19 lived with a mental health condition prior to the pandemic.¹⁷ The stressful experiences caused by the pandemic have had detrimental effects on the mental health and well-being of many girls. Stressors included school closures, disruption of routines, remote learning, fear of infection and concerns for personal safety, isolation and disconnection from peers and social networks, increased social media usage, lack of family income and economic stability, restrictions on movement and loss of opportunities for the future. The result has been an increase in depression, anxiety and pessimism about the future for many girls.¹⁸ Young female caregivers are also struggling, faced with additional stressors related to child-rearing and increased domestic responsibilities.

16. Many low- and middle-income countries, with support from UNICEF, the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO), UNFPA, the United Nations Office on Drugs and Crime (UNODC), civil society and other partners, are increasing the provision of mental health services and psychosocial support for adolescent girls in response to the mental health crisis caused by the pandemic and the low ratio of mental health specialists with expertise in treating children and adolescents (currently below 0.5 per 100,000 people).¹⁹ Dozens of countries, including Botswana, Cambodia, Guatemala, Lesotho, Mozambique, Nepal and Uganda, are adapting or scaling up mental health and psychosocial support services for children and adolescents, including girls. Efforts to support children and caregivers have included disseminating important mental health information and messaging, providing psychosocial counselling through mobile and remote services, conducting rapid analysis to identify related needs among vulnerable groups, and integrating support services in back-to-school initiatives. For example, the UNICEF Caring for the Caregiver training package promotes frontline caregivers’ mental health and emotional well-being. As the effects of the pandemic on the mental health of young people, including adolescent girls, become apparent, it will be crucial over the longer term to invest in improved data to assess the impact of and gaps in services, and ensure a workforce that is able to meet the demand for greater support and resources.

¹⁸ “Where are we on education recovery?”; and UNICEF, “The impact of COVID-19 on the mental health of adolescents and youth”.
E. Water, sanitation and hygiene

17. Women and girls in many countries shoulder a disproportionate burden of household water collection and management and are particularly affected by lack of hygiene and sanitation, owing to both physiological differences, such as menstruation, and societal gender norms. The onset of the pandemic increased that burden for many women and girls, in particular for persons with disabilities and those living in humanitarian settings, rural areas, urban slums or informal settlements. The pandemic created new challenges or increased existing ones for women and girls, as water, sanitation and hygiene services were disrupted, national resources were diverted by Governments towards containment of the pandemic, and the supply of water, soap and other hygiene products was severely curtailed. Many women and girls had to rely on unsafe water and sanitation services or seek out new water sources and hygiene facilities, including for managing their menstrual needs. This increased their domestic workload and their exposure to harassment and violence on the way to water collection and hygiene points.\(^{20}\)

18. As part of recovery efforts, the focus of water, sanitation and hygiene programmes aimed at supporting girls to return to and stay in school has been the construction and upgrading of sex-segregated toilets in schools, the provision of menstrual supplies and puberty education for adolescents, and enacting legislation for menstrual health and hygiene education in schools.

19. Through its Water Game Plan, Gender Action Plan and other strategies, UNICEF has prioritized direct service provision, distribution of emergency menstrual health and hygiene supplies, capacity-building programmes and gender inclusion in its Water, Sanitation and Hygiene for All programming to promote continuity and affordability of services for girls and others, in particular in areas hardest hit by the pandemic, such as urban slums and other poor neighbourhoods, refugee camps, schools and health-care facilities.\(^{21}\)

F. Food and nutrition

20. The onset of the COVID-19 pandemic compounded food insecurity worldwide by disrupting food systems and health and nutrition services and causing devastating economic hardship. Food insecurity has disproportionately increased malnutrition among women and girls, in particular in low- and middle-income countries, and more than doubled the long-standing gender gap in food insecurity for girls and women across the world, from 49 million in 2019 to 126 million in 2021.\(^{22}\)

21. Moreover, food insecurity serves as a driver of school dropout, child marriage, gender-based violence, sexual exploitation and abuse and other protection threats for girls. In low- and-middle-income countries, during the pandemic, there was a 30 per cent overall reduction in coverage of essential nutrition services, including school feeding, micronutrient supplementation and nutrition promotion programmes, on which many girls depend.\(^{23}\)


22. Many Governments have worked to meet nutrition and food security targets for children, including girls, in the context of COVID-19 recovery efforts. For example, 76 countries have worked with UNICEF to provide services for early detection and treatment of child wasting, and used programmatic innovations, including using mobile or digital delivery methods, to strengthen systems and adapt to constraints caused by the pandemic. Additional countries have adopted iron supplementation for adolescents, which is a key intervention for tackling anaemia, which remains prevalent in adolescent girls globally and is exacerbated by gender inequality. Countries have also designed and implemented strategies that address the nutrition needs and overall well-being of school-age children and that motivate parents to send and keep girls in school.

IV. Protection of girls from violence and harm

A. Violence against girls

23. The COVID-19 pandemic exacerbated the pre-existing, widespread vulnerability of children to violence and caused disruptions to services, programmes and systems designed to address violence against women and girls, and children in general.24

24. School closures and containment measures forced many children to remain in unsafe homes, vulnerable to violence from family members. They also faced heightened risks of online violence, with the rapid rise of digital technology usage for school, work, and access to services and social activities.

25. In addition, children, including girls, in alternative living arrangements, detention or institutional care, faced intensified risks to their safety owing to the pandemic. This is consistent with evidence from previous disease outbreaks and control measures indicating increased child protection risks in such settings.25

26. Governments, United Nations entities, civil society organizations and global coalitions have carried out focused efforts to mitigate the increase of violence against girls due to the pandemic. Members of the Global Partnership to End Violence against Children and the coalition involved in the Safe to Learn initiative adapted and scaled up programming, and the WeProtect Global Alliance accelerated action to address online sexual abuse and exploitation. At the national level, Governments have collaborated with international partners to deliver health, social work and justice and law enforcement services, for example by establishing and expanding online psychosocial counselling and toll-free helplines to prevent and respond to all forms of violence, including those facilitated by technology. Work is also under way to develop innovative methodologies to measure the impact of the pandemic on the prevalence of violence against children, including girls, so that related prevention and response efforts can be improved.

B. Gender-based violence and trafficking

27. Pandemic-fuelled economic and social stressors, lockdowns and other measures for restricting social contact and movement, and the closing of protective spaces as a result of the pandemic, have led to a devastating increase in cases of gender-based violence against women and girls in both public and private, and offline and online

spheres. The crisis also placed a considerable strain on violence prevention and response services, impeding the ability of survivors to seek help and report abuse, and led to underreporting.26

28. Some estimates indicate that the lockdown conditions of the pandemic could have led to “a shadow pandemic” of an additional 31 million cases of gender-based violence globally. 27 Gender-related killings of women and girls constitute the majority of female homicides globally, and are most often perpetrated by intimate partners and the culmination of repeated episodes of gender-based violence.28

29. Both before and during the pandemic, trafficking in persons disproportionately affected women and girls. According to UNODC, in 2020, one out of five victims of trafficking detected globally was a girl.29

30. Although reliable data on the prevalence of trafficking during the pandemic are limited, the economic and social impacts of the pandemic, such as increased poverty and food insecurity, loss of livelihoods, school closures and disruption of health and other services, have exacerbated the vulnerability of women and girls to being trafficked. For example, lockdowns and associated restrictions on mobility provided traffickers, who are frequently intimate partners of their victims, greater scope to control those victims. As the pandemic drove more people online, traffickers increasingly used technology to profile, recruit, control and exploit their victims, and to hide information about their own activities and identities on the Internet.30 UNODC undertook a global study on the effects of the pandemic on trafficking in persons and the associated challenges and responses, and UNHCR has mapped protection services for trafficking victims, for example in the Sahel and Eastern Africa. Much more needs to be done, in particular by States, to track, reach and support trafficking survivors.

31. Many pandemic recovery policies across the globe have failed to apply a gender or intersectional lens. This has further exacerbated long-standing societal inequalities that put women and girls at risk of gender-based violence. At the same time, many recovery efforts have taken a gender-inclusive approach through interventions that promote the safety, resilience, empowerment and decision-making authority of women and girls. In countries including Argentina, Bangladesh, Jamaica, Lebanon, Madagascar, Mexico, Montenegro, the Sudan and Tajikistan, programmes to prevent and address gender-based violence against women and girls in the context of the COVID-19 pandemic have included the provision of gender-responsive health, psychosocial and judicial services for survivors, the development of standardized guidelines, and training for staff working on gender-based violence response and prevention. Programmes have also focused on economic and educational support, information-sharing and awareness-raising campaigns, prevention programming such as positive parenting and anti-trafficking strategies, and the expansion of helplines and reporting channels.

C. Child marriage and female genital mutilation

32. Despite notable progress over the past 20 years, efforts to eliminate child marriage and female genital mutilation were not on track to meet the 2030 targets set...
out in the Sustainable Development Goals even before the outbreak of the COVID-19 pandemic. As a result of the pandemic, up to 10 million more girls are at risk of child marriage and 2 million additional cases of female genital mutilation are expected over the next decade.31

33. Girls’ education is a protective factor against child marriage. In some areas of Africa and Asia, evidence suggests that girls who had taken part in schemes to help them remain in school before the pandemic were subsequently in child marriages owing to a breakdown in the protection programmes and structures, including school, as well as increased economic strains at the household level.

34. In a similar way, the reasons for actual and forecasted increases in the occurrence of female genital mutilation are wide-ranging, and include greater opportunities for undetected cases of female genital cutting when girls were out of school and more people were at home for longer periods; limited availability of protection and response services due to school closures and limited access to health services; and reduced opportunities for community sensitization and dialogue.32

35. Governments, including those of Australia, Bangladesh, Eritrea, Ethiopia, Nigeria, Uganda and Zimbabwe, have been using a variety of methods and platforms for their work in this area. For example, through the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change and through the Global Programme to End Child Marriage, Governments have been working to get programming back on track, by focusing on empowering adolescent girls and equipping them with life skills and comprehensive sex education; strengthening efforts to transform gender and social norms that drive harmful practices; delivering adolescent-friendly sexual and reproductive health services; and developing legal and policy frameworks. As part of the Spotlight Initiative, UNICEF, UNFPA, the African Union and other partners joined forces in 2021 to identify ways of reimagining youth engagement in ending harmful practices across Africa.

D. Girls in humanitarian settings and on the move

36. The combination of pre-existing discriminatory gender and social norms and structures with pandemic-driven service disruptions and socioeconomic upheaval has created a confluence of catastrophic consequences for many women and girls already living in highly insecure settings, for example in Afghanistan, where girls’ rights have deteriorated significantly. Girls affected by conflict and forced displacement are more than twice as likely to be out of school than boys, a reality only further compounded by the broader effects of the pandemic on the education of girls.33 Data gaps on adolescent girls in humanitarian contexts were problematic prior to the pandemic and continue to remain a significant issue.

37. Armed conflict, violence and extreme weather events continue to uproot children and families at an unprecedented scale, and COVID-19-related policies have contributed to the risks that some refugee, migrant and internally displaced children face, as some lockdown policies and border closures adopted at the outset of the pandemic remain in place.34 This situation has led to increases in poverty, family


separation, discrimination and other risks that disproportionately affect refugee, migrant and internally displaced children and their families, including girls. Moreover, many refugee, migrant and internally displaced children who missed out on essential services prior to the pandemic now also face exclusion from pandemic recovery efforts.35

38. Refugee, migrant and internally displaced girls are more vulnerable to sexual exploitation and abuse from smugglers, border guards, police officers and others along travel routes. Recent research indicates that those trends have continued during the current phase of the pandemic. For example, research by the UNODC Observatory on Smuggling of Migrants found that girls are more vulnerable to sexual exploitation by smugglers, compared with boys and men, along North and West African smuggling routes.36 Several countries have intensified trafficking detection efforts in crisis contexts, such as among people fleeing Ukraine for Latvia, Slovakia and Slovenia. Gender-disaggregated data on regular and irregular migration are, however, still not readily available in many regions, leading to girls remaining largely “invisible” within research efforts, and to a lack of evidence-based policies supporting the pandemic recovery in relation to girls’ needs.

39. Global recovery efforts that focus on girls living in humanitarian crisis include education and skills development programmes, gender-based violence prevention programmes, menstrual hygiene management services, and mental health and psychosocial support services. In 2021, UNICEF provided access to education for 31.7 million children (50 per cent of whom were girls) in humanitarian settings, including 4 million children on the move.37

40. Efforts to support refugee, migrant and internally displaced children during the pandemic recovery phase often address the issues that girls face but are not specifically designed with a gender lens. The United Nations Network on Migration, among others, advocates for the inclusion of migrant children, including girls, in global COVID-19 response and recovery efforts.

V. Economic and social inclusion and participation

A. Poverty and deprivation

41. The global economic contraction brought about by the COVID-19 pandemic has increased the number of people living in poverty around the world. Strong gains in reducing child poverty before the pandemic have been lost owing to COVID-19 and its impacts. Some estimates suggest that 150 million additional children will have experienced multidimensional poverty because of the pandemic.38 This situation has led to severe and broad repercussions for many women and girls, in particular for those living in low- and middle-income countries, in the poorest households, and under vulnerable conditions, such as humanitarian contexts, street situations, or displaced settings. Those women and girls have faced deprivation in particular in relation to health care, education, nutrition, and access to water, sanitation and hygiene services.

36 UNODC Observatory on Smuggling of Migrants, “Focus on Migrant Smuggling from Nigeria; Key Findings on the Characteristics of Migrant Smuggling of Nigerians”, September 2022.
42. Underlying discriminatory gender norms and structures, such as inequitable access to economic resources, decision-making power over household resources and expectations of caregiving, have fuelled and exacerbated structural barriers that limit the economic, social and political inclusion of women and girls.  

43. Energy poverty, including that brought on by the pandemic, also disproportionately affects women and girls. In some cases, women and girls may spend up to 20 hours a week gathering biomass and drinking water from sources far from their households and, while doing so, are vulnerable to sexual and other forms of violence. Some studies suggest that people exposed to air pollution, such as that created by using firewood or other polluting cooking methods, are more vulnerable to COVID-19. This vulnerability can disproportionately affect women and girls, as they are most often primarily responsible for daily cooking chores.

44. More than 115 countries have worked with UNICEF and other partners to expand inclusive social protection systems that integrate gender, as they have recognized the increase of multidimensional poverty and subsequent deprivations wrought by the pandemic. Cash transfers targeting the most vulnerable, including adolescent girls and their families, have been a key recovery strategy used by several of countries, including Ghana and India, with support from the World Bank, UNICEF and others.

B. Gender roles, labour and land rights

45. The COVID-19 pandemic has aggravated existing gender inequalities and reinforced discriminatory norms that often underpin child labour, unpaid domestic work, job loss and other negative repercussions for girls. An additional 9 million children were estimated to be at risk of being pushed into child labour by the end of 2022 as a result of the pandemic. Child labour is the combined product of many factors but, in the context of the pandemic, it is economic hardship that has mainly led families to push children, including girls, to contribute financially as a means of survival.

46. Loss of family income, food insecurity, school closures related to the pandemic, pressure to take over the responsibilities of ill or deceased household members and gender norms that place less value on the education of girls than that of boys pushed many girls, in particular those living in rural areas, to enter the labour market. Once in the labour market, girls are at risk of various forms of exploitation and hazardous work, including in the agriculture sector, where they may suffer poor working conditions and gender-based violence.

47. Many girls have had to assume a disproportionate burden of unpaid domestic work within the home and in family enterprises to mitigate financial and other strains on households caused by the pandemic. Girls may face exploitation and other

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protection risks in caregiving and unpaid work roles, as well as the loss of educational
and livelihood opportunities.\textsuperscript{44}

48. When young women and adolescent girls enter the labour market, they are likely
to work in low-paying informal jobs and in the direct service sector. This makes them
particularly susceptible to layoffs and loss of income in times of economic contraction
and industry closures. Moreover, such jobs often cannot be done remotely. In this
context, unemployment due to the pandemic affects girls and young women aged
between 15 and 24 to a greater extent than other sectors of society.\textsuperscript{45}

49. Women and adolescent girls who are dependent on climate-sensitive
livelihoods, such as in agriculture and tourism, suffered severe economic strain owing
to the contraction of those sectors with the onset of the pandemic. This issue
compounded the underlying gender inequalities and discriminatory policies that many
women and adolescent girls already faced in those industries prior to the pandemic.\textsuperscript{46}

50. Limited legal protections, lack of documentation and restrictive social norms
have long limited the ability of Indigenous, rural and other women and girls to own,
use and control land, which is an essential resource for many households. The
pandemic has caused further disenfranchisement, with rural women and girls often
experiencing disinheretance and loss of access to land after the death of a husband or
father.\textsuperscript{47} In such circumstances, they may also face land grabs by their husband’s
relatives, multinational corporations or others, and lack the necessary financial
resources, information or support to enforce their property rights. This situation can
lead to loss of livelihood options, and deepen poverty and food insecurity.

51. Some recovery and resilience plans include measures that address gender
equality and promote gender-equitable caregiving, partly to encourage the
participation of young women and adolescent girls in the paid labour market. For
example, in Europe and Central Asia, UNICEF and partners supported the scaling up
of a mobile application to challenge traditional norms about caregiving. In addition,
190 countries and territories have planned, introduced or adapted social protection
measures in response to COVID-19, including the use of cash transfers, which have
proven results in combating child labour.

52. Governments in Africa in particular have made several commitments in relation
to land rights in the past two years, including through the Protocol to the African
Charter on Human and Peoples’ Rights on the Rights of Women in Africa, and the
framework and guidelines on land policy in Africa, which both hold the potential to
advance the access of women and girls to land rights.

\section*{C. Girls’ participation and social inclusion}

53. Women and girls have been on the forefront of fighting the COVID-19
pandemic, as educators, health workers and unpaid care providers. Evidence shows
that girls’ perspectives on rebuilding after crises are critical because they know best
what they need, and their contributions are therefore essential for improving the
effectiveness of recovery programmes. Nevertheless, across the globe, girls remain

\textsuperscript{44} UN-Women, “From insights to action: gender equality in the wake of COVID-19”, New York,
2020.
\textsuperscript{45} ILO, “An uneven and gender-unequal COVID-19 recovery: update on gender and employment
\textsuperscript{46} “Think piece: gender and climate change in the context of COVID-19”.
\textsuperscript{47} A/76/204.
significantly underrepresented in pandemic recovery decision-making and the control of public resources.\footnote{UNICEF, \textit{Global Annual Results Report 2021: Gender Equality} (New York, 2022).}

54. There have been positive developments in some countries in increasing the participation of girls in recovery-related decision-making. For example, Egypt has increased support for strengthening the leadership and meaningful participation of girls as key information disseminators to their families and communities, including through online initiatives to combat misinformation about COVID-19. In Mexico, girl advocates were supported to safely and meaningfully participate in an intergenerational dialogue on COVID-19 with the Government. At the 15th Regional Conference on Women in Latin America and the Caribbean, Governments committed to incorporating a gender perspective into pandemic response and recovery policies and including women and girls in the design and implementation of those policies.

55. Through both the coronavirus itself and various containment measures employed by Governments, the pandemic has had devastating effects on the world’s estimated 240 million children living with disabilities and their families, and even more so for women and girls living with disabilities. Girls with disabilities have been less likely than boys with disabilities to receive access to health care, food, assistive devices and vocational training. They have also faced additional challenges related to accessing water, sanitation and hygiene facilities, including managing menstrual health, and have faced additional protection risks, including gender-based violence.\footnote{UNICEF, “Children with disabilities and COVID-19”, \textit{Children and COVID-19 research library quarterly digest}, issue 3, February 2022.} Some pandemic recovery efforts are directly targeting girls living with disabilities. For instance, in Yemen, households with children living with disabilities, including girls, have received cash transfers to help them cope with the socioeconomic impacts of the pandemic.

56. With more people digitally connected than ever before, many girls and women used the Internet for work, school, social interaction and leisure activities and to access vital information about the pandemic and other concerns. Because of the existing gender digital divide, however, many girls who lacked digital literacy or access to devices and Internet connection were unable to obtain essential information or access learning opportunities during school closures. The acceleration of digital usage has also increased online threats against girls and women, leading to violence, trafficking, exploitation and structural inequalities.\footnote{UN-Women, “Online and ICT-facilitated violence against women and girls during COVID-19” \textit{Ending Violence against Women COVID-19 brief}, 2020.} Beyond the initial remote learning solutions, notable recovery efforts related to digital and communications technology have included, for example, digital literacy and technology skills-building for girls in order to close gender gaps.

VI. Recommendations

57. Many investments at the global, regional, national and community levels have supported the rights and recovery of girls and women from the COVID-19 pandemic. Such efforts have, however, been hampered by inadequate resources, increasing humanitarian crises, insufficient data about the diverse conditions and needs of girls, the ongoing climate crisis and other obstacles. As a result, many girls and women continue to struggle with the socioeconomic and protection ramifications of the pandemic. In his report entitled “Our Common Agenda”, the Secretary-General called for women and girls to be placed at the centre of efforts to accelerate the implementation of existing agreements, including the 2030 Agenda for Sustainable
Development. The recommendations that follow are essential steps for States and other relevant actors to take to uphold the rights of girls in this context.

58. States and other relevant actors should build on the experience gained during the pandemic, which has shown that it is possible to significantly expand social protection systems, and ensure that sharp economic downturns do not hamper the ability of families to meet basic needs, thus mitigating the disproportionate effects that crises have on girls’ care burden, education, health and safety.

59. States and other relevant actors should increase multisector coordination across education; protection; water, sanitation and hygiene; and other sectors to promote integrated approaches and packages of services that address girls’ needs holistically and address deep structural inequalities that existed prior to the pandemic.

60. States and other relevant actors should eliminate policy and practical barriers to education for all girls and work to reach those who remain excluded. This requires flexible and inclusive registration and learning approaches; investment in accelerating girls’ access to education, including in science, technology, engineering and mathematics; and implementing targeted, girl-centred and girl-led approaches.

61. States and other relevant actors should provide long-term financing to meet international targets for girls’ education and ensure that learning environments, including those provided through digital technologies, are free from physical, psychological and sexual violence.

62. States and other relevant actors should mobilize public budgets to strengthen primary health-care systems and guarantee delivery of quality, gender-transformative, inclusive health care for all women and girls, through health workers trained in inclusive care and channels that are accessible to adolescent girls, such as virtual consultations, helplines and mobile phone applications, with the packages including adolescent-friendly sexual and reproductive health, HIV and gender-based violence services.

63. States and other relevant actors should ensure the ongoing and enhanced provision of mental health and psychosocial services to adolescent girls, in particular to those living in vulnerable and marginalized situations, through accessible systems, including school, mobile and community-based outreach and services, and including services that promote optimal child development across the life course.

64. States and other relevant actors should actively integrate gender into all future emergency water and sanitation policies and programmes, and work to ensure safe and inclusive access for all adolescent girls to quality hygiene and sanitation items and services, including in all learning environments.

65. States and other relevant actors should accelerate the transition to more resilient and sustainable food systems to ensure sufficient food reserves during and after emergencies.

66. States and other relevant actors should prioritize and strengthen prevention and response services related to violence against girls and gender-based violence, including by increasing investment in prevention (such as through cash transfers and outreach); establishing or reinforcing safe, trusted and confidential reporting channels and referral pathways; and ensuring quality and accessible services for survivors.
67. States and other relevant actors, including police and social service authorities, should invest in care, protection and rehabilitation services for girl survivors of trafficking and ensure that laws and policy incorporate legal and judicial requirements to protect them.

68. States and other relevant actors should establish legal and policy frameworks to eliminate female genital mutilation and child marriage, and invest in community- and adolescent-led solutions and mobilization programmes across all humanitarian and development settings. They should also promote multisectoral approaches that reach the most vulnerable girls and continue learning how the pandemic has affected harmful practices in order to develop more targeted and effective responses.

69. States and other relevant actors should address the structural barriers and harmful gender norms and discrimination that have disproportionately pushed girls into unsafe and unpaid child labour. This requires gender equality programming to address root causes, as well as gender-transformative employment policies that uphold fundamental principles and rights.

70. States and other relevant actors should strengthen investment in child protection systems, and in particular in the social service workforce, whose members should be considered essential workers in emergency contexts.

71. States and other relevant actors should, in humanitarian settings, ensure that COVID-19 recovery efforts are accessible and effective for all girls, facilitate the participation of women and girls in decision-making and leadership, and increase investment in order to ensure that the rights of all girls are respected, protected and fulfilled.

72. States and other relevant actors should reform inheritance laws and marital property regimes to uphold women’s and girl’s housing and land and property rights, and should engage with communities in the development and implementation of such reforms.

73. States and other relevant actors should ensure that long-term pandemic recovery policies promote the engagement of girls and young women in climate-related policymaking, focus on the creation of, and access of women to, green jobs, and support interventions such as conditional cash transfers and other social protection measures designed to protect young women and adolescent girls in climate-sensitive sectors such as agriculture, forestry and fishing, including by helping them to adopt climate-smart practices.

74. States and other relevant actors should ensure the meaningful and safe participation of girls and women, in particular adolescent girls, girls with disabilities and girls from marginalized or otherwise hard-to-reach groups, in the design, implementation and monitoring of pandemic recovery solutions that are gender-responsive and transformative.

75. States and other relevant actors should safeguard girls’ civil and political rights, such as the right to an identity and birth registration, to freedom of peaceful assembly and to freedom of expression, and should protect girls who are acting as human rights defenders from hate speech and violence.

76. States and other relevant actors should support the provision of accessible digital platforms for all girls and their families to ensure equal access to education, health and other services and to address digital divides, and should ensure that digital environments are safe and empowering for women and girls.

77. States and other relevant actors should prioritize the collection and analysis of gender statistics and critical data disaggregated by sex, age, disability and
other aspects of diversity in order to inform the design and implementation of pandemic recovery policies and efforts, thereby ensuring that such policies and efforts are gender-responsive and targeted to support girls in all settings, including girls on the move and in humanitarian crises.