ADDRESSING CHILD MARRIAGE IN HUMANITARIAN SETTINGS

TECHNICAL GUIDE

for staff and partners of the UNFPA–UNICEF Global Programme to End Child Marriage

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end child marriage
A voice. A chance. A future.

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ACRONYMS AND ABBREVIATIONS

AoR	Area of Responsibility
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CPIMS+	Child protection information management system
DHS	Demographic and Health Survey
FAO	Food and Agriculture Organization of the United Nations
GBV	Gender-based violence
GBVIMS	GBV information management system
GBV Guidelines	IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action
Gender Handbook	IASC Gender Handbook for Humanitarian Action
Global Programme	UNFPA-UNICEF Global Programme to End Child Marriage
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HPC	Humanitarian programme cycle
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
INEE	Inter-Agency Network for Education in Emergencies
IOM	International Organization for Migration
MICS	Multiple Indicator Cluster Survey
MIRA	Multi-Cluster/Sector Initial Rapid Assessment
MISP	Minimum Initial Service Package
NGO	non-governmental organization
NRC	Norwegian Refugee Council
OPR	Operational Peer Review
RGA	Rapid Gender Analysis
SRHR	Sexual and reproductive health and rights
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Action Service
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

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CONTENTS

Acknowledgements **02**

Acronyms and abbreviations **03**

1. Introduction **06**

1.1 Objective 06

1.2 Child marriage in humanitarian settings 07

1.3 Increased global attention on child marriage in humanitarian settings 08

1.4 The Grand Bargain and the New Way of Working 09

1.5 Principles of humanitarian response 10

1.6 Institutional responses to child marriage in development settings 11

2. Situating work on child marriage within the humanitarian programme cycle **12**

2.1 Needs assessment and analysis 13

2.2 Strategic response planning 15

2.3 Resource mobilization 17

2.4 Implementation and monitoring 18

2.5 Operational review and evaluation 21

3. Situating work on child marriage within the humanitarian cluster/sector system **22**

3.1 Clusters relevant to child marriage programmes 22

3.2 Protection 23

3.3 Education 28

3.4 Health 32

3.5 Camp coordination and camp management 36

3.6 Food security 39

3.7 Water, sanitation and hygiene 39

3.8 Early recovery 40

4. Conclusions **41**

5. References **42**

Annex: **44**
Resources on child marriage in humanitarian settings

1. INTRODUCTION

1.1 Objective

This technical guide sets out to identify a strategic approach for the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and partners to prevent and respond to child marriage in humanitarian settings in different stages of crises.

It provides guidance to UNFPA and UNICEF country offices on how to prepare for and respond to child marriage in humanitarian settings, recognizing the current humanitarian architecture strategies as well as development context responses to preventing child marriage and mitigating its effects on girls. It also identifies how to improve synergies between actions taken in different settings, including at the humanitarian–development nexus. It draws on existing evidence and programme learning related to child marriage in both development and humanitarian settings. This guide will be shared with agency staff, implementing partners and others working on child marriage in humanitarian and development settings.

The guide is laid out in three main sections. It starts by discussing the issue of child marriage in humanitarian settings, and increasing global attention on this issue, including within UNFPA and UNICEF. The second section situates work on child marriage within the humanitarian programme cycle, describing how child marriage-specific actions can be incorporated into needs assessment, planning, resource mobilization, implementation and operational review stages. It then focuses on work on child marriage in the humanitarian cluster/sector architecture, identifying child marriage-specific actions that can be taken by the protection, education, health and other clusters/sectors. The guide is supplemented by a list of useful resources and tools. The footnotes provide 'clickable' links to useful reference sources, with a full reference list provided in section 5.

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1.2 Child marriage in humanitarian settings

In times of crisis, girls face a number of specific vulnerabilities. These include the risk of being unable to continue attendance at school, an increased requirement for care work, sexual assault, unintended pregnancies, exploitation and abuse. Child, early and forced marriage, and female genital mutilation are additional, important risks. Some sub-groups are highly vulnerable; these include girls that are separated, unaccompanied, married, widowed, divorced, pregnant or have had children; those that come from ethnic and religious minorities, or that are associated with armed groups; victims of sexual exploitation and human trafficking; girls living with HIV; those with disabilities and survivors of violence.

Accounts of the impacts of humanitarian crises on the prevalence of child and forced marriage are mixed.[1] It is considered that 9 of the 10 countries with the highest child marriage rates are either fragile or extremely fragile.[2-8] While survey data exist on rates of child marriage in countries experiencing humanitarian emergencies and conflict through the Multiple Indicator Cluster Surveys (MICS) or Demographic and Health Surveys (DHS) for example, there are limited data[9] reflecting the rates during, or resulting from, conflict. Available research undertaken over the past five years by different agencies in different conflict-affected countries indicates that rates of child marriage have, in general, increased among displaced populations.[10-15]

The multidimensional factors driving or associated with child marriage in humanitarian and fragile settings include gender inequality, social and cultural norms, economic needs, poor educational access, perception of girls remaining 'inactive' at home, beliefs that child marriage is a positive transition for children with limited options, and the perceived protection that marriage provides.[16] Many of these multifaceted drivers exist in societies before the humanitarian situation occurs, although some may be exacerbated by the crisis. In particular, faced with insecurity, breakdown of the rule of law, and disruptions in social networks and family routines, families and parents may see child marriage as a coping mechanism that deals with increased economic hardship, protects girls from sexual violence, preserves virginity, and protects the honour of the families, including management of rape.[17] In the Democratic Republic of Congo, Iraq, Nigeria, Sudan and Syria, armed groups and militias have systematically abducted and trafficked girls and women, and used rape, slavery and forced marriage as 'weapons of war'.[18-20]

[1] United Nations (2018). Human Rights Report 2018.

[2] UNICEF (2017). Child Marriage in the Middle East and North Africa.

[3] UNICEF (2014). A study on early marriage in Jordan 2014.

[4] Spencer, D. (2015). "To Protect Her Honour".

[5] Hutchinson, A.J. (2018). Understanding the social processes underpinning child marriage: Impact of protracted displacement in Jordan.

[6] Women's Refugee Commission (2016). A Girl No More: The Changing Norms of Child Marriage in Conflict.

[7] Mourtada, R. et al. (2017). A qualitative study exploring child marriage practices among Syrian conflict-affected populations in Lebanon. Conflict and Health, 11(1): 53–65.

[8] Bartels, S.A. et al. (2018). Making sense of child, early and forced marriage among Syrian refugee girls: a mixed methods study in Lebanon, BMJ Global Health, 2018: 1–12.

[9] Most DHS and MICS data predates recent conflicts in the Middle East and North Africa. Limited data are collected in refugee settlements or among refugee populations. However, a number of MICS and DHS are currently being completed in the region, some of which are among refugee and displaced populations, and these will provide new data points.

[10] UNICEF Middle East and North Africa et al. (2018). Child Marriage in Humanitarian Settings: Spotlight on the situation in the Arab Region.

[11] UNICEF (2017). Child Marriage in the Middle East and North Africa.

[12] UNICEF (2014). A Study on Early Marriage in Jordan 2014.

[13] Michael, S. et al. (2018). Caught in Contradiction.

[14] UNFPA et al. (2016). The Prevalence of Early Marriage and its Key Determinants among Syrian Refugee Girls/Women.

[15] Spencer, D. (2015). "To Protect Her Honour".

[16] See fragile country references (footnotes 2–8).

[17] UNICEF (2017). Child Marriage in the Middle East and North Africa.

[18] UNICEF and YLDF (2017). Tadhafur Program for Safe Age of Marriage: Child Marriage Survey.

[19] Brown, C. (2012). Rape as a weapon of war in the Democratic Republic of Congo, 2012, Torture, 22(1): 24-37.

[20] UNFPA (2017). Leaders at United Nations address sexual violence as weapon of war.

Conflict and its related displacement have altered the social process of marriage, resulting in reduced age at first marriage,[21] shorter engagement periods, reduced (or increased, in parts of South Sudan) bride prices, changes in cousin-marriage practices, temporary marriages, or girls being married to older men. Similarly, in natural disasters or when countries face consequences of climate change, the risk of child marriage may increase as a means of protection or an attempt to save resources. Interestingly, however, disruptions to societal structures, and the traditional roles of men and women have also led to reduced child and forced marriage rates in some places, such as among refugees in Egypt. In some contexts, a lower incidence of child marriage is due to families lacking resources to provide for the wedding, such as in Ethiopia during recent drought. In most places, however, for varied and complex reasons, including acute economic and protection needs underpinned by gender power imbalances, conflict and displacement heighten the risks of child and forced marriage. In some countries (including Bangladesh, India, Indonesia, Mozambique, Nepal, Somaliland and Sri Lanka), climate change has increased child marriage or driven down the age of marriage.[22]

Early or unintended pregnancy can be both a driver and a result of child marriage, and this is particularly relevant in humanitarian settings because of the vulnerabilities faced by adolescents, particularly girls. Protecting and promoting the sexual and reproductive rights of adolescents is essential to ensuring their freedom to participate more fully and equally in society. Failure to provide information, services and conditions to ensure that adolescents can fulfil their reproductive health constitutes gender-based discrimination and is a violation of women's rights to health and life.[23] Moreover, adolescent girls are at increased risk of maternal mortality or morbidity compared to their adult counterparts. About three fifths of all maternal deaths worldwide occur in countries that are considered fragile because of conflict or disaster.[24]

1.3 Increased global attention on child marriage in humanitarian settings

The 2017 Human Rights Council resolution on child, early and forced marriage in humanitarian settings (A/HRC/RES/35/16) recognizes child marriage as a serious violation of human rights and calls for all parties to prioritize and strengthen their efforts to prevent and eliminate this harmful practice, and provide support to married girls in humanitarian contexts. It urges states to ensure access to protection, health and education services for girls who have been forced to flee violence and persecution, or who are unaccompanied or separated, including providing protection from and response to the practice of child, early and forced marriage. The 2017 resolution emphasizes the importance of offering protection and supporting married girls through services and counselling to avoid unintended and/or repeat pregnancies, and ensure the existence of tailored services for sexual and reproductive health and rights (SRHR).[25]

Girls Not Brides: The Global Partnership to End Child Marriage recently published a major review and recommendations for a range of actors interested in encouraging and driving greater action to address child marriage in humanitarian settings.[26]

In spite of increased attention on child marriage in humanitarian settings, it is rarely considered a priority in humanitarian response. This is due to several reasons:

- The complexity of child marriage, and its multiple drivers that cut across sectors, can potentially dilute efforts to address and prevent child marriage in humanitarian settings. Child marriage is included in both the child protection and gender-based violence (GBV) response; however, it is rarely addressed in its full complexity, coordination across sectors is often limited, and efforts focus more on response than on prevention.

[21] Women's Refugee Commission (2016). A Girl No More: The Changing Norms of Child Marriage in Conflict.

[22] Alston, M. et al. (2014). Are climate challenges reinforcing child and forced marriage and dowry as adaptation strategies in the context of Bangladesh? Women's Studies International Forum, 47.

[23] UNFPA (2016). Adolescent Girls in Disaster and Conflict: Interventions for improving access to sexual and reproductive health services.

[24] UNFPA (2015). State of World Population 2015: Shelter from the storm.

[25] United Nations Human Rights Council (2017). Child, early and forced marriage in humanitarian settings.

[26] Jay, H. (2019). Child Marriage within the global humanitarian system: Scoping review for Girls Not Brides.

- Funding for GBV and child protection programmes (under which many child and forced marriage interventions fall) is often limited.
- There is limited collaboration between humanitarian and development actors in efforts to prevent and address child marriage. The lack of coordination in responding to child marriage and the limited programme focus on prevention can be explained by the many competing priorities, but also by a lack of awareness on the issues and capacity to respond to and prevent child marriage in humanitarian settings in a coordinated and holistic manner, including across the humanitarian–development nexus.
- Child marriage is often driven by pre-existing social and cultural norms, some of which may be exacerbated during humanitarian crises; however, there is a common notion among humanitarian actors that norms are difficult to address in humanitarian settings. There is also generally little guidance in addressing norms in the humanitarian response.
- Adolescents, who are the main group affected by child marriage, sometimes fall between the remit of child protection and that of GBV response, resulting in piecemeal interventions and varying approaches among humanitarian actors.
- The lack of data and evidence on the incidence of child marriage in these contexts hampers ability to advocate for the importance of the issue, and to take adequate action to pre-empt and mitigate against it.

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1.4 The Grand Bargain and the New Way of Working

The Grand Bargain introduced in 2016 at the World Humanitarian Summit[27] provides a new means of delivery for humanitarian assistance, including greater transparency, localization, cash transfers, harmonized needs assessment and a participation revolution (to include people receiving aid in decision-making). The Grand Bargain is a unique agreement between the donors and humanitarian organizations that have committed to transfer resources and decision-making power into the hands of people in need, and to improve the effectiveness and efficiency of humanitarian action. It is of great relevance to work on ending child marriage because support to local actors and civil society organizations has proven critical in development contexts and past crises.

Over the past 10 years, humanitarian assistance has grown in volume, cost and length, mainly because of the protracted nature of crises and the scarcity of development action in high-vulnerability contexts. This has led to increased attention being paid to improving connectivity between humanitarian and development efforts. For the United Nations system, the New Way of Working[28] can be described as working towards achieving collective outcomes that reduce need, risk and vulnerability over multiple years, based on the comparative advantage of a diverse range of actors. For a problem such as child marriage, which has drivers and solutions that cut across sectors and levels, the New Way of Working provides an opportunity to bring actors together for convergent, multisector, multi-year action centred on the needs of girls and their families.

While this guide is structured around the humanitarian programme cycle and sectors, cross-sectoral collaboration and convergence remain imperative, given the multidimensional drivers of child marriage and the multisector solutions required to prevent it and mitigate its effects.

[27] Inter-Agency Standing Committee (n.d.). The Grand Bargain

[28] United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) (2017). New Way of Working.

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1.5 Principles of humanitarian response

The principles of humanitarian response are highly relevant when addressing child marriage in humanitarian settings. Child marriage needs to be addressed because human suffering must be countered wherever it is found, and humanitarian action must protect and respect all aspects of human health. Child marriage is often associated with pain and suffering for girls, as well as the boys who experience it; it violates the right to health and disregards other human rights. Under the principles of neutrality, impartiality and independence, humanitarian actors are obligated – autonomously and without taking sides – to address the most urgent cases of distress, making no distinctions on the basis of gender, religion, race or class. While not always seen as a priority for urgent action, it is well established that child marriage has immediate and long-term consequences, with some of its effects being invisible and/or severe.

In taking action, the safety and dignity of girls, and children and adolescents more broadly, are paramount in line with the principle of 'do no harm'. Child marriage prevention and response should take into account the specific vulnerabilities of the target groups and the diverse elements surrounding adolescents at risk. Humanitarian interventions should have solid exit strategies that minimize the risk of harming beneficiaries when the action comes to an end, especially within the humanitarian cycle, where programme action tends to be relatively short term. Safety plans should be put in place based on considerations identified during the needs assessment phase. Special attention should be paid to programme design and resources to ensure target groups gain meaningful access to programmes, information and services. Girls in younger age groups, those with children, or who are divorced or widowed may be kept in the shadows and may face difficulties in accessing services.

To ensure accountability, appropriate mechanisms should be put in place to allow affected populations, particularly girls, to provide feedback on the adequacy of interventions, so their concerns and complaints can be heard and addressed. Accountability mechanisms should be applied to the design, execution and post-intervention evaluation and dissemination of results, within both the target groups and the national and international community.

Finally, the participation and empowerment of girls and young women should be at the centre of efforts. Achieving this goal requires a focus on resilience-based approaches to strengthen capacities among girls for self-protection and claiming their rights.

1.6 Institutional responses to child marriage in development settings

UNFPA and UNICEF both work on addressing child marriage in development and humanitarian settings with a focus on adolescent girls through a joint flagship programme: the UNFPA-UNICEF Global Programme to End Child Marriage (Global Programme). This programme entered its second phase in 2020. The programme includes a specific focus on addressing child marriage in humanitarian settings, drawing on the comparative advantage, programme experiences and knowledge generated by the participating agencies.

The second phase of the Global Programme revolves around three goals: a) enhancing girls' voices and agency; b) enhancing resources and opportunities for girls; and c) ensuring a supportive legal and policy environment to end child marriage in the 12 focus countries. These include countries with ongoing humanitarian crises and/or that are in a state of protracted crisis resulting from conflict and natural disasters, countries with a large influx of refugees, and countries that are vulnerable to natural crises and/or are affected by natural disasters.

The Global Programme works across the fields of education, health, GBV, child protection, water, sanitation and hygiene (WASH) and social protection in development settings, seeking to enhance both policies and services. The programme is underpinned by girl-centred, human rights-based programming and takes a gender-transformative approach, recognizing that, to address child marriage, underlying gender inequalities and discriminatory practices must be tackled.

In development contexts, addressing child marriage is complex for many reasons, many of them similar to the challenges of humanitarian settings. These include the complexity of the issue, the need for collaboration across sectors, and the need for new social and cultural norms to drive long-lasting change. The years of programming to end child marriage in development contexts offer many lessons that can inform similar work in humanitarian settings. Therefore, improved collaboration, and an increased awareness of the humanitarian response mechanisms among development actors, can increase quality and exploit synergies across the humanitarian–development nexus.

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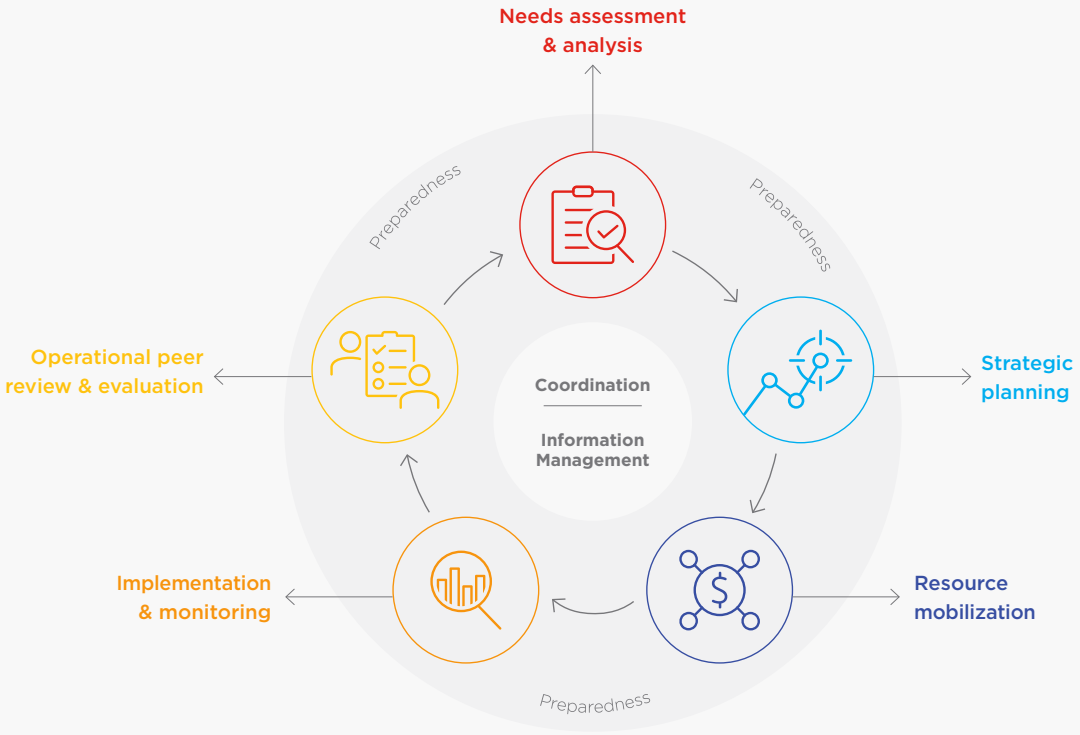
2. SITUATING WORK ON CHILD MARRIAGE WITHIN THE HUMANITARIAN PROGRAMME CYCLE

The humanitarian programme cycle (HPC) is a series of actions undertaken to help prepare for, manage and deliver humanitarian response. It consists of five coordinated elements. Successful implementation of the HPC depends on the efficacy of emergency preparedness, coordination with national/local authorities and humanitarian actors, and information management.

Figure 1 provides an overview of the HPC. The following sub-sections outline strategies for integrating child marriage programming meaningfully into the humanitarian response. It is important to ensure that these strategies are applied in close collaboration with the GBV and child protection coordination groups, including the sub-clusters and sub-sectors, to ensure coherence and build on existing initiatives, and feed into ongoing work in humanitarian settings.

Figure 1. The five elements of the humanitarian programme cycle[29]



[29] Adopted from UNOCHA (2020). Humanitarian Programme Cycle.

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2.1 Needs assessment and analysis

Humanitarian Needs Overviews (HNOs) present the best available information on humanitarian needs for a crisis, based on the analysis of data from surveys, household interviews with affected people, field visits, secondary data and consultations with country-based humanitarian organizations.[30] An HNO should be produced twice a year to support the Humanitarian Country Team (HCT) in developing a shared understanding of the impact and evolution of a crisis, and to inform response planning. It is structured along the analytical framework developed for the Multi-Cluster/Sector Initial Rapid Assessment (MIRA) and is also influenced by child protection, GBV and gender assessment tools, including the Rapid Gender Analysis (RGA). GBV is a standing agenda item for HCT meetings, which provide an opportunity to raise issues around child marriage and enhance shared accountability across clusters.

Gender- and sex-disaggregated data are increasingly included in the HNO to guide the prioritization and direction of Humanitarian Response Plans (HRPs), although the HNO has limitations in terms of its gender sensitivity. Instead, to complement HNO data collection, the RGA tool for humanitarian settings can be used to focus on the risks, vulnerabilities and empowerment of girls and women. This tool can be used at any stage of an emergency and consists of five steps, as described in the Inter-Agency Standing Committee (IASC) *Gender Handbook for Humanitarian Action* (the Gender Handbook).[31] The *Handbook for Coordinating Gender-Based Violence Interventions in Emergencies*[32] provides guidance on the participation of the sub-cluster in the joint inter-sector and needs assessment for the HNO. Finally, the IASC *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (GBV Guidelines)[33] provides useful guidance on collection, analysis and use of GBV-related data.

[30] UNOCHA (2018). Global Humanitarian Overview: Why does it matter?

[31] IASC (2018). Gender Handbook for Humanitarian Action. The Rapid Gender Analysis tool was originally developed by CARE International. All CARE Rapid Gender Analysis materials are open access under the Creative Commons. This means all use, sharing and adaption of the Rapid Gender Analysis is allowed as long as the original material is attributed to CARE.

[32] Global Protection Cluster (2019). Handbook for Coordinating Gender-Based Violence Interventions in Emergencies.

[33] IASC (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

Strategies for child marriage programming and response:

Preparedness: The Global Programme and other partners working on child marriage programming and response could:

- Liaise with their agency/institutional representation on the GBV and child protection sub-clusters to influence the MIRA and HNO. A set of three to five key questions that capture the issues around child marriage can be drafted to ensure streamlined input into the HNO, MIRA and/or RGA (and other relevant data collection mechanisms). Specialists in ethical and participatory data collection can help ensure community input and participation, including that of adolescent girls, to inform priority questions.
- Collaborate with relevant GBV and child protection humanitarian actors to compile key advocacy messages that a programme officer/cluster representative can bring into a meeting with any cluster lead(s) to advocate for the importance of adding at least one set of questions pertaining to child marriage in the HNO or other data collection initiative.
- Meet directly with local organizations and actors as part of the assessment process alongside relevant coordination mechanisms, Global Programme partners, youth and women's networks to safely and ethically solicit their views and inputs on needs and response priorities.[34]

At the onset of and during crises: The Global Programme and other partners working on child marriage programming and response could:

- Advocate for the collection of data of relevance to child marriage, including on education, SRHR, and sex- and age-disaggregated population data in surveys and assessments. If possible, join the assessment teams contributing to the development of tools and questions. Note that ascertaining the impacts of child marriage is not the same as trying to ascertain prevalence, and such forms of data collection should not be undertaken in an assessment, in line with usual practices for GBV assessments, etc.
- Where ethical considerations permit – particularly the best practice of not undertaking primary data collection with women and children on their experience of child marriage if there are no follow-up response services available – collect data on child marriage as part of routine response and situation monitoring, including through interagency information management systems and those specific to case management.
- Compile and share child marriage programme data of relevance (both quantitative and qualitative) to inform the response and prioritization of interventions and funding.
- Review existing quantitative and qualitative data on child marriage, and use this for advocacy to ensure child marriage is included in response planning for protection, education, health, etc. Enquire how best to provide support around the issue of child marriage by liaising with respective cluster leads and technical specialists.
- Meet directly with local organizations as part of the assessment process alongside relevant coordination mechanisms, Global Programme implementing partners and women's groups to solicit their views and inputs on needs and response priorities.

Post-crises: The Global Programme and other partners working on child marriage programming and response could:

- Use data from the humanitarian response to prioritize actions and target efforts in nexus and development programming.
- Conduct detailed analysis of humanitarian assessment data to see how impacts vary by age (children, younger and older adolescents), gender (child marriage among girls and boys) and marital status (unmarried, married, divorced, separated, widowed, etc.).

[34] Several points in the preparedness list are adapted from: IOM (2019). The GBV Accountability Framework.

2.2 Strategic response planning

An HRP is required for any response that includes more than one agency. The plan has two components: a) a country strategy consisting of a narrative, strategic objectives for the response, and means of implementation including indicators to measure success; and b) cluster plans consisting of objectives, and activities and accompanying projects undertaken by the clusters to contribute to the country strategy objectives, which detail implementation and costing of the strategy. The Humanitarian Coordinator and the HCT are responsible for drafting the country strategy in consultation with cluster coordinators and other relevant stakeholders.

In addition to the HRP, child protection and GBV sub-cluster members develop strategies to reflect the child protection and GBV priorities for the response. The GBV sub-cluster in-country is led by UNFPA and supported by the GBV Area of Responsibility (AoR). Similarly, the child protection sub-cluster in-country is led by UNICEF and supported by the child protection AoR. Examples of such strategies can be found at the Reliefweb site hosted by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA).[35] These strategies guide planning for responses to GBV and child protection in humanitarian crises, and are informed by the HNO, the MIRA and information gathered before the onset of the crises. They provide an overview of the different actors and potential strategies to ensure successful integration of child protection and response across the clusters and sectors.

Strategies for child marriage programming and response:

Preparedness: The Global Programme and other partners working on child marriage programming and response could:

- Where HCTs exist, advocate for the inclusion of child marriage concerns and priorities in HCT strategies and work plans, and ensure that child marriage-related concerns, priorities and updates are part of regular HCT meetings.
- Compile key evidence and advocacy messages that a programme officer or cluster representative could bring to a meeting with the coordinator or cluster leads to advocate for the importance of child marriage prevention and response in preparedness phases by all sectors and clusters.
- Build on the work of development actors, which may offer capacity-building for humanitarian actors in terms of understanding the context, including an overview of the legal and policy environment, social norms, traditional structures and existing mechanisms and interventions to address child marriage. Development actors are often first responders and should themselves receive capacity-building on conducting needs assessments and providing life-saving support that could prevent child marriage and mitigate its consequences when a humanitarian situation occurs.
- In line with child protection and GBV in emergencies standards,[36] consult with children and adolescents to understand their concerns and views on safety. Map the types and capacity of existing formal and informal service providers that currently provide child-friendly and survivor-centred services, e.g., girls' safe spaces, adolescent-centred services and other entry points where child survivors may seek support; and develop a referral pathway between these various services.

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[35] UNOCHA (n.d.). Reliefweb.

[36] Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action.

- Provide a clear overview of government initiatives and partnerships to facilitate collaboration with government throughout the response, and ensure system strengthening and continuous support to adolescent and married girls.
- In countries at risk of humanitarian crises and where child marriage is common, advocate for the establishment of a task force with a particular focus on child marriage, which can convene and act across the development–humanitarian nexus to ensure regular coordination. One example is the Regional Accountability Framework of Action for the Middle East and North Africa/Arab States region, which includes a commitment by development and humanitarian partners to work together to end child marriage in the region in line with the global development agenda, and strategic cooperation with the League of Arab States on sustainable development. The framework sets out a plan of action to support countries to meet their accountabilities with respect to the elimination of child marriage.[37]

At the onset of and during crises: The Global Programme and other partners working on child marriage programming and response could:

- Continuously update key messages based on needs assessment and existing data on child marriage in the crisis-affected context to share with the Humanitarian Coordinator, HCT and others, and raise the issue of child marriage in consultations that inform the country strategy.
- Identify the relevant clusters (including health, protection, education, food security, camp coordination and management, water and sanitation) and sub-clusters (child protection, GBV, reproductive health); share tailored evidence and messages with the cluster leads and sub-cluster coordinators on child marriage and interventions (including Global Programme interventions) that can be integrated into the clusters' existing actions.
- Use existing tools, such as the Minimum Initial Service Package (MISP)[38] to visualize the needs of adolescent girls.
- Share the findings of the RGA report, where relevant.
- Employ GBV and child protection strategies as an entry point.
- Advocate for the use of the GBV Guidelines to mainstream GBV response across clusters, and the IASC *Minimum Standards for Child Protection in Humanitarian Action*[39] to mainstream a child protection response across clusters.
- Highlight child marriage response priorities, including those informed by local organizations.
- Support the development and advocate for the inclusion of indicators in information management systems, including the Child Protection Information Management System (CPIMS+)[40] and GBV Information Management System (GBVIMS)[41] for measuring effectiveness of the response specific to child marriage. Analyse and compile data from information management systems to inform advocacy and programming.
- Provide normative guidance around participation and suggest mechanisms for engagement by the crisis-affected population (with a focus on the engagement of girls), including accountability mechanisms to ensure the quality of interventions.

Post-crises: The Global Programme and other partners working on child marriage programming and response could:

- Review child marriage interventions during crises to understand effectiveness and feasibility.
- Build on the interventions conducted during the response to plan and prioritize action and target follow-up efforts.
- Liaise with the task force, if established, or with relevant partners, to agree on a nexus plan, scaling up involvement of development and government counterparts.
- Continue to build on partnerships with government and non-government actors throughout the HPC to plan and prioritize actions and avoid duplication of effort. Focus on system strengthening and social norm change, paying specific attention to girls who are returning to their villages and cities, as well as those living in host communities and in camps, where relevant.

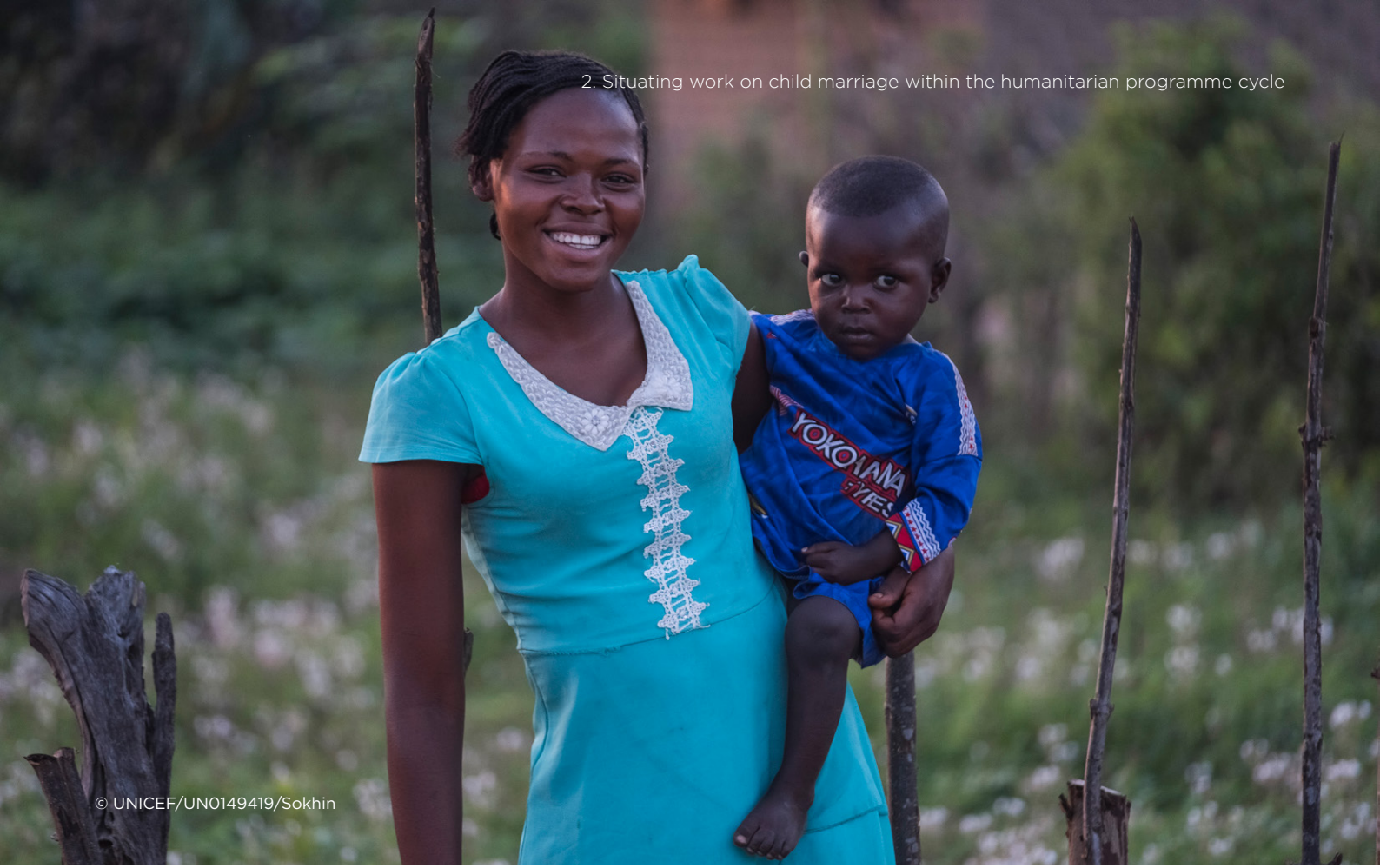
[37] UNFPA and UNICEF (2018). Regional Accountability Framework of Action for Ending Child Marriage: 2018–2021: Middle East and North Africa/Arab States.

[38] UNFPA (2020). Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in Crisis Situations.

[39] Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action.

[40] Child Protection Information Management System.

[41] Gender-based Violence Information Management System.



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2.3 Resource mobilization

Humanitarian responses are funded through different short-term funding sources and mechanisms in response to immediate needs. Assessments, and country and cluster strategies lay the foundations for funding applications; however, there are opportunities for sectors to apply for additional funds. The Central Emergency Response Fund (CERF) is one of the key mechanisms through which humanitarian action is funded. Common humanitarian funds represent another key instrument. These are country-based pooled funds, providing early and predictable funding to non-governmental organizations (NGOs) and United Nations agencies for response to critical humanitarian needs. However, despite the availability of streamlined resource mobilization mechanisms, resource gaps in protection response and for ensuring gender-responsive programming often occur.

Strategies for child marriage programming and response:

Preparedness: The Global Programme and other partners working on child marriage programming and response could:

- Undertake a donor mapping exercise to gain understanding on the landscape of potential contributors (national and international) to the work on preventing child marriage and mitigating its impacts, including looking beyond child marriage, child protection and GBV to include funders interested in adolescent girls, gender equality, education, youth, etc.
- Ensure development interventions target geographic areas that are prone to crises, due to climate-related issues (seasonal flooding) or conflict, to ensure local populations and delivery systems become more resilient over the longer term.

- Provide an overview of existing interventions and how these can link with a potential humanitarian response, to ensure the response can complement and adapt to existing initiatives when crisis arises, and to ensure resources are mobilized to do so from the onset.
- Advocate with donors to allocate resources to support cluster-level preparedness measures, with a specific focus on child marriage, e.g., training and pre-positioning of existing staff on the specificities of child marriage prevention and response, provision of relevant materials etc.
- Support ongoing humanitarian resource mobilization initiatives with key facts and messages around child marriage.
- Offer capacity development to humanitarian actors on issues related to child marriage to inform discussions and prioritization across clusters.
- Support capacity-building for government actors in understanding why child marriage is a relevant humanitarian issue that requires national investment even in times of crisis.

At the onset of and during crises: The Global Programme and other partners working on child marriage programming and response could:

- Engage with resource mobilization and proposal writing mechanisms to ensure a focus on child marriage is maintained and mainstreamed appropriately across the response.
- Engage with clusters that are relatively better funded to see how their resource allocation and spending can also serve populations at risk of, or affected by, child marriage.
- Ensure that earmarked funding includes resources for data collection on child marriage, including developing new tools where appropriate.
- Track funding flows to relevant interventions using internal and centralized fund-tracking mechanisms (applying lessons from development and setting budget analyses when relevant).
- Identify child marriage funding shortfalls and resource needs, with a specific focus on child marriage where possible, and advocate with donors and the HCT to fill gaps.
- Consider repurposing under-utilized funds to contribute to the response and offer funding for response mechanisms specific to child marriage.

Post-crises: The Global Programme and other partners working on child marriage programming and response could:

- Play a role in sustaining funding and bridging funding gaps following the initial response when resources are downscaled.
- Consider a rapid response funding mechanism to scale up ongoing activities where relevant and necessary.

2.4 Implementation and monitoring

Critical interventions identified in the HRP are implemented through the humanitarian coordination mechanisms, led by the Humanitarian Coordinator in the country or by the United Nations Resident Coordinator where there is no Humanitarian Coordinator. Cluster plans contribute to the strategic objectives outlined in the country strategy, and provide details about activities, roles and responsibilities among the partners in the cluster. Implementation of the country strategy is monitored and led by the HCT under the leadership of the Humanitarian Coordinator, while the clusters implement the cluster plans and report on the country strategy indicators to ensure coherence and effectiveness. Guidelines for the implementation process are outlined in the IASC guide: *The Implementation of the Humanitarian Programme Cycle*.[42] In addition to implementation of the HRP, other strategies such as sub-cluster strategies (including the GBV and child protection strategies) are implemented by the sub-clusters, feeding into and contributing towards the HRP. Furthermore, while not within the scope of this document, a significant portion of humanitarian needs in most crises is addressed by government and non-humanitarian actors, including through national recovery plans, poverty reduction programmes, or multilateral and bilateral aid programmes, including United Nations Sustainable Development Cooperation Frameworks. Implementation of the HRP should be coherent and

[42] IASC (2015). The Implementation of the Humanitarian Programme Cycle.

connected with current national recovery plans, durable solutions and development frameworks.

Monitoring is an integral part of the implementation of the HRP and seeks to achieve two main goals:

a) to identify shortcomings in the delivery of humanitarian aid as planned in the HRP; and

b) to improve accountability to affected populations and other stakeholders.

It is important to note that monitoring does not aim to follow the changes in the context or humanitarian needs (measured by needs assessment), track operational aspects of the response (part of coordination), examine the performance of the coordination system (part of cluster performance monitoring), or gauge the quality and impact of the response (covered by evaluation).

Monitoring of the cluster plans is coordinated by the respective cluster and inter-cluster coordination groups that prepare monitoring plans as part of the humanitarian response monitoring framework. This framework is a set of practices, performed by all humanitarian actors, to collect and analyse response monitoring data. The monitoring data is made available for use in public reports and forms the basis of the *Periodic Monitoring Report*.[43]

Data relating to minors are entered in CPIMS+[44] and data relating to GBV survivors seeking care are entered in GBVIMS[45] (where these systems are used). Child marriage sits at the intersection of these two systems, and there is a need for improved coordination across the systems to avoid duplication and improve accuracy of data shared outside these areas.

CPIMS+ was created to support all thematic areas of child protection, facilitating effective case management for individual vulnerable children. It is designed to promote best practices and accountability, and to assist child protection programmes in delivering quality care.

GBVIMS was created to harmonize data collection by GBV service providers in humanitarian settings. It provides a simple system for collecting, storing and analysing data, and enables the safe and ethical sharing of reported GBV incident data. Its intention

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is to assist service providers to better understand the GBV cases being reported, and to enable actors to share data, internally across project sites and externally with diverse agencies, to facilitate broader analysis of trends and improve GBV coordination.

Primero[46] (also known as GBVIMS+) is a protection-related information management system developed to enable humanitarian actors to safely and securely collect, store, manage and share data for protection-related incident monitoring and case management. It is a survivor-centred module that uses technology enhancements to accompany the full GBV case management process, manage individual cases and referrals, and aggregate incident monitoring. Since 2015, Primero has been used increasingly as the main inter-agency GBV case management tool, in conjunction with the 'legacy' GBVIMS.

The Gender Handbook[47] provides guidance to ensure gender-responsive monitoring and includes examples of indicators that can be used in the monitoring plans.

The IASC Gender with Age Marker[48] is also useful for assessing the gender responsiveness of a humanitarian action, and whether a humanitarian programme will ensure that women, girls, boys and men will benefit equally from the programme. This tool is based on

[43] IASC (2015). Periodic Monitoring Report.

[44] Child Protection Information Management System.

[45] Gender-based Violence Information Management System.

[46] Primero.

[47] IASC (2017). Gender Handbook for Humanitarian Action.

[48] IASC (n.d.). Gender with Age Marker.

a template and provides an automatic and objective score indicating the gender and age responsiveness of humanitarian programming, i.e., the quality of the programme. The marker is mandatory when applying for CERF, and many donors use it as a benchmark. It is also useful when advocating for gender- and age-responsive programming.

Strategies for child marriage programming and response:

Preparedness: The Global Programme and other partners working on child marriage programming and response could:

- Support the inclusion of child marriage in national disaster and crisis response plans, including gender- and age-sensitive approaches.
- Prepare inputs for HRPs outlining specific child marriage interventions, and how current programme responses link with humanitarian and local actors, including which programme activities should continue and/or be scaled up, which need adaptation or can feed into humanitarian response structures, and which activities should be put on hold. This information should be available for humanitarian and local actors, and preferably presented to the Humanitarian Coordinator as an asset to support and strengthen the response to mitigate against child marriage.
- Develop a clear development–humanitarian–development transition plan to mitigate fragmented services and responses, and protect the girls and boys included in the programme.
- Identify where existing platforms can be used for humanitarian response, including safe spaces, health and protection services, initiatives to keep girls in schools and learning centres, community mobilization programmes, etc.
- Identify opportunities for cross-cluster delivery to affected populations (girls, boys and families) to ensure a holistic response in line with evidence on the multiplicity of drivers of child marriage.
- Identify, partner with and support (e.g., with funding and capacity strengthening, and by amplifying voices in appropriate coordination forums) local women's and other female-led organizations as well as networks and groups of adolescent girls.
- Provide data and standard indicators to help inform and measure the response, such as characteristics and numbers of affected girls and boys, coverage (girls being reached by programmes), content and quality, etc.
- Offer capacity-building for humanitarian actors, local partners, and religious and traditional leaders on child marriage to ensure responsive implementation in line with the principles of 'do no harm' (such as not pressuring girls into programme participation, not putting the onus on engaged or married girls to defy their families, etc.). These activities can be linked with training and application of the Gender with Age Marker.[49]

At the onset of and during crises: The Global Programme and other partners working on child marriage programming and response could:

- Leverage the Global Programme to advocate for positive social and gender norms change and community awareness interventions, either through continued and/or scaled up efforts (adapted to the needs of the situation) in partnership with local authorities and actors.
- Advocate for the meaningful participation of girls in planning, design, implementation, and monitoring and evaluation of humanitarian interventions across all clusters/sectors.
- Identify the focal point within each cluster/sector relevant to child marriage, to ensure that child marriage concerns from each cluster are raised for discussion at HCT and inter-cluster meetings.

Post-crises: The Global Programme and other partners working on child marriage programming and response could:

- Use the data from the crises to inform targeted efforts, and link with existing structures and programmes implemented during the humanitarian situation.

[49] IASC (n.d.). Gender with Age Marker.

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2.5 Operational review and evaluation

Operational Peer Review (OPR) is an internal, inter-agency management tool introduced as part of the IASC Transformative Agenda.[50] This tool serves as a course corrector and identifies areas needing immediate corrective action; it also facilitates improvements in leadership, implementation, coordination and accountability.

The Gender Handbook[51] provides guidelines on how to evaluate the impact of adopting a gender equality programming approach, including levels of satisfaction and expected positive results as well as how to predict and measure threats in order to address them.

Strategies for child marriage programming and response:

Preparedness: The Global Programme and other partners working on child marriage programming and response could:

- Provide tools from development contexts that can be tailored for use in humanitarian settings to assess quality of response.

At the onset of and during crises: The Global Programme and other partners working on child marriage programming and response could:

- Advocate for full application of the Gender Handbook, to ensure gender dynamics and responsiveness are captured in the evaluation.
- Seek feedback from girls and families, in accordance with ethical principles, on whether the child marriage-related interventions and approaches are accessible and appropriate, and respond to their needs. The operational peer review is a mechanism of accountability to affected people, and should be used to understand the quality of services being provided.
- Ensure that child marriage-related interventions and strategies are reviewed as part of the evaluation, using quantitative and qualitative techniques, as needed.

Post-crises: The Global Programme and other partners working on child marriage programming and response could:

- Use the OPR report to inform continued programmatic efforts regarding child marriage.

[50] IASC (n.d.). Transformative Agenda.

[51] IASC (2017). Gender Handbook for Humanitarian Action.

3. SITUATING WORK ON CHILD MARRIAGE WITHIN THE HUMANITARIAN CLUSTER/SECTOR SYSTEM

Humanitarian response is organized under different clusters. The cluster system applies to internally displaced populations, and not to refugees. The recommendations outlined below are also applicable in the response to refugees that is coordinated by the United Nations Refugee Agency (UNHCR).

3.1 Clusters relevant to child marriage programmes

Figure 2 provides an overview of the clusters relevant to child marriage programmes. Response to child marriage sits under the Global Protection Cluster and is often shared between the child protection and GBV sub-clusters. Coordination of the child marriage response in a specific country is a joint decision made at country level, and determines which agency is best placed to lead the effort. However, ideally, there should be close collaboration between the two sub-clusters and, in some instances, a multi-sector task force may be established.

Figure 2. The humanitarian cluster system and respective agency leads[52]

Note: See acronyms list for full names of agencies. Under 'Camp Coordination and Camp Management', IOM leads in natural disaster situations and UNHCR in conflict situations; under 'Shelter', IFRC leads in natural disaster situations and UNHCR leads in conflict situations.

[52] Adopted from UNOCHA (n.d.). What is the Cluster Approach?

Child marriage also relates to many other sectors and must be addressed holistically. This section reviews some of the reasons why and how child marriage is relevant under the selected sectors in the response, as well as potential points for integration, synergies and collaboration along the HPC. The key actions suggested under the key clusters/sectors have been adapted from relevant documents, including the GBV Guidelines,[53] The Gender Handbook,[54] the Inter-Agency Network for Education in Emergencies (INEE) *Guidance Note on Gender*,[55] and the IASC *Minimum Standards for Child Protection in Humanitarian Action*.[56] Although this section is organized by cluster/sector, it is crucial to coordinate efforts across the different areas and ensure streamlined and linked approaches. The Global Programme can play a unique role in liaising across the clusters/sectors to ensure a holistic approach to addressing child marriage in humanitarian settings.

3.2 Protection

The Global Protection Cluster[57] is coordinated by UNHCR and consists of four AoRs:

a) the GBV AoR led by UNFPA;

b) the child protection AoR led by UNICEF;

c) the Mine Action AoR led by the United Nations Mine Action Service (UNMAS); and

d) the Land, Housing and Property AoR led by the Norwegian Refugee Council (NRC).

The AoRs are active only in internally displaced persons settings; however, the recommendations also apply to refugee settings.

The GBV AoR works to improve the effectiveness and accountability of humanitarian response for the prevention and risk mitigation of, and response to, all forms of GBV, to ensure that the agency and capacity of survivors is recognized and reinforced, and that primary prevention efforts are employed effectively to address underlying gender inequality. The AoR is increasingly working with development actors (nexus) and on preparedness, especially in regions affected by natural disasters.

The Child Protection AoR works to bring together the efforts of national and international humanitarian actors to protect children in humanitarian settings. It includes access to justice and such services as alternative care, family support and referrals.

How is this cluster relevant to child marriage?

Protection: There are several aspects to protection that must be considered in humanitarian response. UNHCR, as the overall coordinator of the cluster, manages protection pertaining to asylum seekers, refugees, internally displaced persons, returnees, stateless persons and those who have integrated into new communities. It is therefore important to ensure that child marriage programming is streamlined across these efforts. The UNHCR *Handbook for the Protection of Women and Girls*[58] provides guidance on initiatives and tools that help ensure the specific needs of women and girls in the categories above are taken into account. This includes efforts to ensure participation, decision-making, registration and identity documentation.

GBV: Child marriage is a harmful practice, and is often considered to be a form of GBV and/or associated with increased experience of GBV. GBV is unfortunately common, with one in three women and girls experiencing it in some form during their lifetime. There is growing recognition that crisis-affected populations are likely to experience an increase in GBV during times of conflict, natural disasters, displacement and even following their return home: all representing times of increased vulnerability. Increasing attention is also being paid to the issue of sexual violence in conflict, notably the use of rape or other forms of sexual violence as 'weapons of war'.

[53] IASC (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

[54] IASC (2017). Gender Handbook for Humanitarian Action.

[55] INEE (2019). Guidance Note on Gender.

[56] Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action.

[57] Global Protection Cluster.

[58] UNHCR (2008). Handbook for the Protection of Women and Girls.

Child protection: According to a global meta-analysis,[59] more than three quarters of the world's children (nearly 1.5 billion boys and girls aged 2 to 17 years) have experienced moderate or severe physical, sexual and/or emotional abuse during the past year. Violence against children is often exacerbated during an emergency, for reasons relating to the breakdown of social structures, such as education and health systems, safety nets that could offer some security, and punitive systems for those who break the law. Girls and boys can be at risk of different types of domestic violence, child labour, sexual abuse and exploitation, trafficking, female genital mutilation and child marriage.

Since child marriage in humanitarian contexts is considered both a GBV and a child protection issue, the response to child marriage often lies within both GBV and child protection AoRs, and is coordinated at country level, as mentioned above. A number of activities are often implemented under these sub-clusters and AoRs. These are linked closely with approaches used in child marriage programming and can therefore benefit from existing experience, expertise and materials. The social services workforce that works with children as well as service providers in the health sector are often the first points of contact for many children at risk of child marriage. The protection sector coordinates safe spaces, referrals and social services. Therefore, it is important to highlight the need for collaboration and to streamline response across the GBV and child protection AoRs.

Four key resources provide an overview of vulnerable groups and key considerations when responding to GBV and child protection in humanitarian settings:

- GBV Guidelines[60]
- Child Protection in Emergencies Coordination Handbook[61]
- Minimum Standards for Child Protection in Humanitarian Action[62]
- Inter-Agency Minimum Standards for GBV in Emergencies Programming[63]

In addition, the Gender Handbook provides guidance on how gender can be mainstreamed across the cluster/sector structure, with specific recommendations and considerations for protection. The vulnerable groups identified in these resources include adolescents, survivors of sexual violence, victims of sex trafficking, children and youth exploited by armed groups, children in detention, children with disabilities and children living with HIV/AIDS. While the Global Programme focuses primarily on girls, it recognizes the fact that boys and children with non-binary gender identity also experience violence, including sexual violence, GBV and child marriage. Table 1 lists the protection cluster interventions tailored to child marriage programming and response, organized along the HPC.

In addition to the above resources, specific guidance on child marriage in humanitarian settings is provided in the following publications:

- Caring for Child Survivors of Sexual Abuse[64]
- Interagency GBV Case Management Guidelines[65]

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[59] UNICEF (2017). Preventing and Responding to Violence against Children and Adolescents.

[60] IASC (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

[61] Global Protection Cluster (2016). Child Protection in Emergencies.

[62] Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action.

[63] Global Protection Cluster (2019). Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming.

[64] IRC and UNICEF (2012). Caring for Child Survivors of Sexual Abuse.

[65] Global Protection Cluster (2017). Interagency Gender-Based Violence Case Management Guidelines.

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Table 1. Protection cluster interventions tailored to child marriage programming and response, organized along the Humanitarian Programme Cycle

HPC Phase	Key actions: Protection
1. Needs assessment and analysis	Advocate for the inclusion of, and suggest specific questions pertaining to, child marriage and ensure adolescent girls are included as key respondents in the MIRA and HNO data collection, including married girls. Conduct a gender analysis as part of protection needs assessments with a focus on child marriage, and drivers of child marriage including gender and social norms. Promote the active participation of children and adolescents – particularly adolescent girls and married girls – in all child protection and GBV assessment processes (according to ethical standards and processes). Identify drivers, environmental and cultural factors contributing to child marriage in assessments, understanding the different risk factors faced by girls, boys and particularly at-risk groups of children (e.g., presence of armed forces/ groups, unsafe routes for firewood/water collection or travel to school or work, overcrowded camps or collective centres, status as a separated or unaccompanied child, being in conflict with the law, existence of child trafficking networks, etc.) as well as how the practice of child marriage may have changed as a result of the crisis. Be sure to consult pre-crisis information on the practice of child marriage in the context. Assess the level of participation and leadership of women and adolescent girls, including married girls and other at-risk groups, in the design, implementation and monitoring of child protection and GBV programmes. Assess the level of awareness among child protection and GBV staff on child marriage.

2. Strategic planning	Map community-level approaches to child protection that can be fortified to mitigate the risks of child marriage, particularly among adolescent girls (e.g., child protection committees, community watch committees, child-friendly safe spaces, learning or school spaces and school management structures, community-based organizations, families and kinship networks, religious structures, etc.). Identify and map response services and gaps in services, including capacity of personnel, for girl and boy survivors (including child-friendly health care, mental health and psychosocial support, security response, legal/justice processes, education, etc.) and ensure application of the principles of child-friendly care when engaging with girl and boy survivors. Review existing/proposed community outreach material related to child protection and GBV to ensure it includes basic information about child marriage risk reduction (including information about child marriage, prevention, where to report risk and how to access care) and information. Build on existing evidence-based interventions on how to effectively address child marriage in the context before the crisis, and make sure to assess ongoing initiatives and structures that can be used to facilitate programme implementation in both communities and service delivery platforms. Integrate child marriage programming, considering underlying factors such as gender equality and social norms, into protection programme design for the response, using the child marriage-specific findings from the needs assessment, gender analysis and other preparedness data. *Apply Gender with Age Markers* to protection programme designs for the response.
3. Resource mobilization	Include information and key messages on child marriage and the protection sector in initial assessment reports to influence funding priorities, also highlighting links with education, health and nutrition sectors. Develop joint proposals for child protection and GBV programmes that reflect awareness of child marriage risks for the affected population, and strategies for reducing these risks. Report on resource gaps in child marriage, child protection and GBV response within the protection sector to donors and other humanitarian stakeholders. Apply *Gender with Age Markers* to protection programmes in the response.

4. Implementation and monitoring	Build on ongoing initiatives and structures preceding the crises, targeting child marriage to facilitate programme implementation in both communities and service delivery platforms. Implement protection programmes that address the gender and social norms underpinning child marriage, as well as protection from child marriage more specifically including case management, community awareness, safe spaces, etc.; inform women, girls, men and boys of the resources available and how to influence the project. Train child protection and GBV actors (such as teachers, community/religious leaders, health care providers, nutrition workers, livelihood/cash and distribution colleagues) who work directly with affected populations and families, and who can recognize risks related to child marriage and connect them with resources and referral pathways; inform survivors and their caregivers about where they can obtain care and support. Involve women and adolescent girls, including already married girls and other at-risk groups including gender non-conforming persons, persons with disabilities and persons belonging to ethnic minority groups, in relevant aspects of child marriage programming. Support the capacity of community-based child protection and GBV networks and programmes to address child marriage (e.g., strengthen existing community protection mechanisms and support creation of girl- and boy-friendly spaces). Undertake coordination with other sectors to address risks of child marriage and ensure protection for girls and boys at risk. Develop and maintain feedback and participation mechanisms for girls and boys as part of protection projects focusing on child marriage. Apply *Gender with Age Markers* to protection programmes, disaggregated by sex, age, disability and other relevant vulnerability factors, to monitor risk reduction activities throughout the programme cycle. Monitor the access to protection assistance and case management pertaining to child marriage by girls and boys, and develop indicators designed to measure change for girls or boys based on the assessed gaps and dynamics.
5. Evaluation	Ensure child marriage is considered in the evaluation design. Assess which girls and boys were reached effectively and which were not, and why.

3.3 Education

The Global Education Cluster[66] is an open forum for coordination and collaboration on education in humanitarian crises. The cluster is led by UNICEF and Save the Children, and works to uphold education as a basic human right and a core component of humanitarian response.

How is this cluster relevant to child marriage?

Education is one of the most effective strategies for preventing child marriage. During emergencies, temporary learning spaces can become crucial for girls to learn about their rights and how to develop trusting relationships that facilitate reporting of abuse and mitigating against the risk of child marriage. Learning spaces can also help families learn about alternatives to child marriage for their daughters, and allow girls to develop skills and gain access to comprehensive sexuality education. Moreover, education is a critical channel to increase awareness around gender norms, including changes in gender roles and responsibilities often observed during and after crises. Education can provide the skills/competencies needed to allow girls to contribute to economic growth, recovery and maintenance of peace and stability. Education acts as an entry point for promoting gender equality, peace and stability as mutually reinforcing issues. The disruption of education during crises potentially exacerbates the risk of child marriage; therefore, it is important that the guidelines for education in emergencies and functioning of temporary learning spaces include considerations addressing child marriage and are geared towards its prevention. Table 2 lists the education cluster interventions tailored to child marriage programming and response, organized along the HPC.

[66] Global Education Cluster.

Table 2. Education cluster interventions tailored to child marriage programming and response, organized along the Humanitarian Programme Cycle

HPC phase	Key actions: Education
1. Needs assessment and analysis	Promote the active participation of adolescents in all education assessment processes, including reviewing the level of participation in programming. Ethically collect and analyse sex-, age- and disability-disaggregated data on needs, priorities and capabilities relating to child marriage. Advocate for the inclusion of, and suggest specific questions pertaining to child marriage, and ensure adolescent girls, including already married girls, are included as key respondents in MIRA and HNO data collection. Investigate community norms and practices that affect adolescent girls' access to learning opportunities to inform programming. Assess awareness and capacity to address child marriage, including knowledge of gender equality and gender equitable approaches within the classroom among education actors, i.e., teachers, community leaders, learning space facilitators; assess the capacity of the sector to respond to and/or refer adolescents that report child marriage to relevant services. Conduct a gender analysis as part of education needs assessments and analyse the findings in relation to the age-specific threats/barriers faced by girls and boys in relation to safe, quality education as a result of the crisis.

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2. Strategic planning	Use the analysis of participation, barriers to access to education and learning opportunities, capacity and awareness of education actors and referral systems to inform and tailor interventions. Build on existing evidence-based interventions on how to effectively address child marriage through education, i.e., use existing teaching materials, awareness-raising among adolescents and adults, in the context before the crisis. Assess ongoing education response and structures that can be used to facilitate programme implementation in both communities and service delivery platforms. Ensure comprehensive sexuality education is specifically addressed and incorporated across interventions. Apply *Gender with Age Markers* to education programme designs for the response.
3. Resource mobilization	Include information and key messages on child marriage and the links with education (i.e., access to quality education is linked with prevention of child marriage) for inclusion in the initial assessment reports to influence funding priorities. Report on resource gaps in child marriage response within the education sector to donors and other humanitarian stakeholders.

4. Implementation and monitoring	Ensure meaningful participation of adolescent girls, including married girls, throughout implementation, particularly when implementing strategies to maximize safety in and around education environments and accessibility to learning opportunities. Review existing frameworks around life skills and comprehensive sexuality education and reinforce the importance of continued skills development and comprehensive sexuality education throughout crises. Consider community-based and out-of-school structures to provide comprehensive sexuality education and life skills to adolescents, including married girls. Where relevant, offer content and support to help set up girl groups/learning spaces and/or use existing structures from child marriage programming (i.e., girls' safe spaces) in schools that can continue or be implemented in temporary education arrangements. Build capacity of education actors, including front-line actors, to address and respond to child marriage, including referral mechanisms for adolescents that report child marriage or any other sexual harassment or abuse by teachers or classmates, as well as strengthening capacity in safeguarding, and gender -equitable and responsive approaches in the classroom. Alternative learning pathways should be explored and offered where relevant. Education innovations mediated by technology can provide girls with comprehensive sexuality education and foundational learning when the journey to school or learning spaces is dangerous. This type of initiative could also be included in resource mobilization efforts. Initiatives such as cash grants and temporary schools should be considered as a means of reaching girls and offering them alternatives to dropping out of school and/or incentives for staying in school. Ensure the existence of policies and programmes that consider and lay out the pathways for reintegration of married and/or pregnant girls in formal education systems. Schools should be considered for the delivery of SRHR services, including contraception, and sexually transmitted infections testing and counselling. Monitor the quality of life skills and comprehensive sexuality education, and other relevant education-related services and facilities. Develop and maintain feedback and participation mechanisms for girls and boys as part of education programmes focusing on child marriage. Apply *Gender with Age Markers* to education programmes in the response. Monitor access to education attendance, retention and completion by girls and develop indicators designed to measure change for girls based on the assessed gaps and dynamics. This includes indicators that measure learning of both foundational and transferable skills, and changes in gender and social norms achieved through education.

5. Evaluation	Ensure child marriage is considered in the evaluation design. Assess the degree to which education programmes are linked effectively with health, GBV and child protection initiatives aiming to reduce/prevent child marriage. Assess the cost-effectiveness of education programmes, including child marriage rates, learning outcomes (comprehensive sexuality education and skills) and behavioural change as variables. Assess whether and why groups were left behind, i.e., could not access learning opportunities, including ethnic/religious minorities, people living in remote areas, married girls, pregnant girls, etc.

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3.4 Health

The Global Health Cluster[67] collectively prepares for and responds to humanitarian and public health emergencies to improve the health outcomes of affected populations through timely, predictable, appropriate and effective coordinated health action. The cluster is led by WHO. The Inter-Agency Working Group on Reproductive Health in Crises[68] includes United Nations agencies, governmental and non-governmental organizations, and research and donor institutions. It is committed to advancing the sexual and reproductive health of people affected by conflict and natural disasters, and has created a set of priority life-saving activities as a minimum standard.

MISP[69] is a set of activities designed to respond to reproductive health needs at the onset of a humanitarian crisis. The updated MISP (from 2019)[70] includes the objective to prevent unintended pregnancies. The five objectives of MISP are:

1. Ensure an organization is identified to lead MISP implementation
2. Prevent and manage the consequences of sexual violence
3. Reduce HIV transmission
4. Prevent maternal and newborn death and illness
5. Plan for comprehensive sexual and reproductive health care, integrated into primary health care, as the situation permits.

In addition to SRHR, adolescent mental health is particularly important in conjunction with GBV, including child marriage. Health systems are often not geared to respond effectively to mental health issues. It is important to bear this in mind and to train health actors that can respond to GBV and provide sexual and reproductive health services on mental health issues, as well as address how this may intersect with the services they are providing.

Mental health and psychosocial support is often provided through child-friendly spaces, and safe spaces for women and girls. As these structures are often managed beyond the health sector, however, it is important to support and liaise with the health sector/cluster. GBV and child protection case management is a primary entry point for children and GBV survivors, including child marriage survivors, to receive crisis and longer-term psychosocial support, especially in humanitarian situations that lack more established health and social support services. Psychosocial support is part of CERF criteria, and including such interventions can strengthen proposals for resource mobilization. It is a cross-cutting area of concern to health, child protection and GBV.

How is this cluster relevant to child marriage?

Adolescent girls often face barriers when accessing health care, particularly sexual and reproductive health services and information, including contraception, sexually transmitted infection testing and treatment, antenatal care, safe delivery, postnatal care, safe abortion care and clinical management of GBV for adolescent survivors. The *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings*[71] lays out the actions to be taken in different phases of a crisis, including preparedness, the minimum response at the onset/height of the emergency, and comprehensive response when the situation has stabilized. Table 3 lists the health cluster interventions tailored to child marriage programming and response, organized along the HPC.

[67] Global Health Cluster.

[68] Inter-Agency Working Group on Reproductive Health in Crises.

[69] UNFPA (2020). Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in Crisis Situations.

[70] Inter-Agency Working Group on Reproductive Health in Crises (2019). Minimum Initial Service Package Resources.

[71] UNFPA and Save the Children (2009). Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings.

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Table 3. Health cluster interventions tailored to child marriage programming and response, organized along the Humanitarian Programme Cycle

HPC phase	Key actions: HEALTH
1. Needs assessment and analysis	Promote active and meaningful participation of adolescents and parents in all health assessment processes, to understand cultural and community perceptions, norms and practices related to child marriage and SRHR services. Ethically collect and analyse sex-, age- and disability-disaggregated data on needs, priorities and capabilities relating to health, specifically sexual and reproductive health, among adolescents. Assess safety and acceptability of existing health services, particularly SRHR and GBV-related services, and whether or not they are responsive to adolescents' needs. Assess the awareness and capacity of health care providers and health actors to provide quality services responsive to adolescents' needs, including GBV response and SRHR services. Advocate for the inclusion of specific questions pertaining to child marriage and adolescent SRHR, and ensure adolescent girls are included as key respondents in MIRA and HNO data collection. Conduct a gender analysis as part of the health needs assessments and analyse the findings in relation to the specific threats/barriers faced by girls in relation to safe, quality education as a result of the crisis. Assess traditional practices and informal systems put in place by medical practitioners that are not part of the formal health system, and their role in providing services.

2. Strategic planning	Use the analysis of participation, barriers to access to health services, capacity and awareness of health providers, actors and referral systems where required to inform planning and programming priorities. Build on existing evidence-based interventions on how to effectively provide health services to adolescents, with a specific focus on SRHR and response to GBV, including addressing mental health. Assess humanitarian response mechanisms beyond the health cluster/sector where health interventions and/or information can be integrated (e.g., safe spaces, learning spaces and girls' groups/clubs) and ensure these platforms are used strategically, including setting up referral systems, as relevant. Explore existing health responses and structures such as community outreach, mobile clinics, and mobile phone-based health (mHealth) interventions that can be used to facilitate programme implementation at all levels; review the content of manuals and materials used to ensure they include specific information relevant to child marriage and SRHR for adolescents. Investigate national and local laws related to child marriage, SRHR and GBV that might affect the provision of relevant health services to adolescents. With the leadership/involvement of the ministry of health, assess whether existing national policies and protocols related to the clinical care and referral of relevant services (SRHR, GBV, child marriage) are in line with international standards (e.g., post-exposure prophylaxis, emergency contraception and abortion/post-abortion care to the full extent of the law). Identify entry points to address specific barriers to adolescents in their access to health services, particularly SRHR, using the findings from the gender analysis and other preparedness data. Use MISP to inform procurement and planning. Apply *Gender with Age Markers* to health programme designs for the response.
3. Resource mobilization	Include information and key messages on child marriage and the links with health (i.e., unintended pregnancy, risk of maternal mortality and morbidity, mental health issues and risk of GBV) for inclusion in the initial assessment reports to influence funding priorities. Use MISP to prioritize resource allocation to adolescents in humanitarian settings. Report on resource gaps in child marriage response within the health sector to donors and other humanitarian stakeholders. Apply *Gender with Age Markers* to health programmes in the response.

4. Implementation and monitoring	Ensure meaningful participation throughout implementation, particularly when implementing strategies to maximize safety, acceptability and accessibility of health service provision. Review existing policy frameworks and relevant clinical guidelines, and advocate for changes, as relevant, to ensure they address the issue of child marriage accurately and reinforce the importance of continued access to services for adolescents throughout the crises, particularly comprehensive SRHR services to the full extent of the law. Where relevant, offer content on health-related issues to support awareness materials used in girls' groups and learning spaces, and/or use existing structures from child marriage programming (i.e., girls' safe spaces) in schools and communities. Build capacity of health actors, including front-line actors, to address and respond to child marriage, including referral mechanisms for adolescents that report child marriage and improve ability to provide services responsive to adolescents. Enforce the use of the *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings*[72] for implementation of health interventions in humanitarian settings, and ensure that adolescents can access quality care to the full extent of the law, including safe abortion and emergency contraception services. Ensure service delivery reaches adolescent girls in a responsive, confidential and respectful manner. Ensure service delivery considers the specific needs of adolescents in the encounter, including referral mechanisms. Apply *Gender with Age Markers* to health programmes in the response
5. Evaluation	Ensure adolescent sexual and reproductive health outcomes are included in the evaluation design. Assess whether and why groups were left behind, i.e., could not access health services, including ethnic/religious minorities, people living in remote areas, married girls, pregnant girls, etc. Include disaggregation based on type of services sought, and age and marital status of the person seeking care.

[72] UNFPA and Save the Children (2009). Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings.

3.5 Camp coordination and camp management

The Global Camp Coordination and Camp Management (CCCM) Cluster[73] (or camp coordination and camp management in a cluster response) is a vital form of humanitarian assistance because it coordinates protection and assistance programming, and takes a holistic approach to upholding basic human rights and meeting the needs of the population living in camps during humanitarian crises. This cluster is coordinated by UNHCR and the International Organization for Migration (IOM).

How is this cluster relevant to child marriage?

The way camps are managed and coordinated during humanitarian crises has varying effects on different population groups. For example, the specific needs and vulnerabilities of unmarried and married girls must be taken into consideration in both coordination and management. In addition, aspects such as promoting dignity for all, building safer communities, promoting self-reliance and agency, enhancing ownership and challenging barriers must be considered. All of these components can influence child marriage directly or indirectly, and so it is important to ensure systems are in place to protect girls at risk of child marriage or other forms of GBV in the camp, ensure access to SRHR services and information, and address gender and social norms that are harmful to girls and women. Table 4 lists the CCCM cluster interventions tailored to child marriage programming and response, organized along the HPC.

Table 4. CCCM cluster interventions tailored to child marriage programming and response, organized along the Humanitarian Programme Cycle

HPC phase	Key actions: CCCM
1. Needs assessment and analysis	Assess the level of participation and leadership of women, adolescent girls and other at-risk groups in all aspects of site governance and CCCM programming (e.g., ratio of male to female CCCM staff, participation in site committees, governance bodies and executive boards, etc.). Generate information about targeting and needs of adolescent girls in particular, including survey and key informant data (on girls and marriages), monitoring of service delivery (whether girls are at risk of child marriage and number of married girls being reached) and community complaints feedback mechanisms. Assess awareness of CCCM staff and stakeholders on basic issues related to gender, GBV and child marriage, and sexuality (including knowledge of where survivors can report risk and access care, linkages between CCCM programming and GBV risk reduction). Conduct a gender analysis as part of the CCCM needs assessments, ensuring questions pertaining to adolescent girls, adolescent SRHR and child marriage are included; analyse the findings in relation to the specific threats and barriers faced by girls in camps. Review existing and proposed community outreach material related to CCCM, specifically communicating with communities and feedback mechanisms, to ensure material includes basic information about child marriage risk reduction.

[73] Camp Coordination and Camp Management Cluster.

2. Strategic planning	Build on existing evidence-based interventions on how to effectively address child marriage in the context before the crises. Identify entry points to address specific barriers to adolescents' access to SRHR and comprehensive sexuality education, and mitigate risks of child marriage by using findings from gender analysis and other preparedness data. Engage adolescents, particularly girls, in providing feedback on what would work best for them. Use MISP to inform procurement and planning. Apply *Gender with Age Markers* to programme designs for the response.
3. Resource mobilization	Include information and key messages on child marriage and CCCM for inclusion in the initial assessment reports to influence funding priorities. Use MISP to prioritize resource allocation to adolescents in humanitarian settings. Report on resource gaps in child marriage response within the health sector to donors and other humanitarian stakeholders. Apply *Gender with Age Markers* to programmes in the response. Prepare and provide training for government, humanitarian workers and volunteers engaged in CCCM work on safe design and implementation of CCCM programming that mitigates the risk of GBV.

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4. Implementation and monitoring	Set up safe spaces for girls and women, and prevent and mitigate GBV in the camp through design considerations such as adequate lighting, location of toilets, security personnel, etc. Enforce the use of the *Adolescent Sexual and Reproductive Health Toolkit*[74] for implementation of health interventions in humanitarian settings. Ensure service delivery, including provision of dignity kits, reaches adolescent girls in an adolescent-responsive, confidential and respectful manner. Develop and maintain feedback and participation mechanisms for girls and boys as part of education projects focusing on child marriage. Involve women, adolescent girls and other at-risk groups as participants and leaders in community-based site governance mechanisms and decision-making structures throughout the entire life cycle of the camp (with due caution where this poses a potential security risk or increases the risk of GBV). Support the role of law enforcement and security patrols to prevent and respond to child marriage in and around sites throughout the entire camp life cycle (e.g., advocate for adequate numbers of properly trained personnel). Integrate GBV prevention and mitigation into camp closure (e.g., closely monitor child marriage risks for returning/resettling/residual populations, work with GBV specialists to ensure continued delivery of services to GBV survivors, including married girls, who are exiting camps). Consult with GBV and child protection specialists to identify safe, confidential and appropriate systems of care (i.e., referral pathways) for survivors, and ensure CCCM staff have the basic skills to provide them with information about where they can obtain support.
5. Evaluation	Ensure adolescent girls, drivers of child marriage and child marriage prevalence are assessed specifically.

[74] UNFPA and Save the Children (2009). Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings.

3.6 Food security

The Global Food Security Cluster[75] focuses on coordination of food assistance, agriculture and livelihood interventions. The cluster is led by the Food and Agriculture Organization of the United Nations (FAO) and the World Food Programme (WFP). Food security interventions include the distribution of food items, cash transfers and assets (e.g., agricultural inputs and fuel-efficient stoves). Efforts to improve food security focus on ensuring that households have the means to produce food, or earn sufficient income and have adequate access to markets where they can buy it.

How is this cluster relevant to child marriage?

Unavailability or high cost of food can cause tensions in the household, leading to intimate partner violence and negative coping strategies, such as resorting to transactional sex to make ends meet or sending girls into child marriage.

Considerations for child marriage programming

It is crucial that GBV prevention and survivor services are considered and reach the target population. Specific cash and voucher transfer interventions and livelihood opportunities can target adolescent girls and incentivize the delay of marriage and the continuation of school, etc. Moreover, if adolescent girls are seen as an asset to the family, through offering livelihood opportunities, the risk of child marriage may decrease significantly.

3.7 Water, sanitation and hygiene

The Global Water, Sanitation and Hygiene (WASH) Cluster,[76] led by UNICEF, works to ensure that coordination, and the quality and capacity of national response in WASH coordination platforms is increased as a means to promote better relevance, quality, coverage and effectiveness of WASH assistance to people affected by emergencies.

How is this cluster relevant to child marriage?

Humanitarian crises affect access to clean water and adequate hygiene and sanitation facilities for women, girls, men and boys in different ways. Women and girls often bear the responsibility for water collection, and they also have special needs in terms of sanitation facilities. Travelling long distances to water points and unsafe sanitation facilities can increase the risk of harassment or assault of women and girls, and indirectly increase the risk of child marriage and/or GBV. It is therefore very important to apply a gender lens when designing WASH facilities, with particular attention to adolescent girls. Women and girls often provide an untapped source of knowledge regarding cultural WASH practices, which must be understood in order to effectively promote public health through hygiene.

[75] Global Food Security Cluster.

[76] Global Water, Sanitation and Hygiene Cluster.

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3.8 Early recovery

The Global Cluster for Early Recovery[77] leads global and interagency efforts to establish and maintain standards and policy, build response capacity and establish operational support. The cluster is chaired by the United Nations Development Programme (UNDP).

During and immediately after a crisis, urgent action is required to save lives. At the same time, from the start of a humanitarian response, it is imperative to establish time-critical interventions that lay the foundations for sustainable recovery and a speedy return to longer-term development. The focus must be on the people at the centre of the crises, and must move beyond short-term, supply-driven responses and towards demand-driven outcomes that reduce need and vulnerability. Institutional labels (e.g., 'development' and 'humanitarian') must be set aside, with partners working together over multi-year horizons towards the Sustainable Development Goals as a common results and accountability framework.

How is this cluster relevant to child marriage?

Early recovery programmes address such issues as livelihoods, food security, governance, and basic services and infrastructure (e.g., shelter, health, education, water and sanitation). The ability of women, girls, men and boys to recover quickly and completely from a humanitarian crisis varies greatly.

Considerations for child marriage programming

Girls are at increased risk of child marriage during and after crises. This makes the Global Cluster for Early Recovery crucial in engaging with and ensuring that the needs of adolescent girls are catered to specifically in the response. It is also important that a gender lens is applied across planning and implementation, and that social and gender norms are addressed actively to curb exacerbated risks of child marriage. Additionally, survivor reintegration of girls who have been abducted, trafficked or forcefully married (including to and/or by the armed forces/rebel groups) must be considered.

[77] Global Cluster for Early Recovery.

4. CONCLUSIONS

To achieve the vision expressed in this document, high-level political buy-in and commitment is needed to address child marriage in humanitarian settings and advance this issue on the humanitarian response agenda. A key global-level strategy is to maintain supportive language and wide buy-in to resolutions and international human rights frameworks on child marriage. The 2014 Joint General Recommendation/ General Comment No. 31 of the Committee on the Elimination of Discrimination against Women, and No. 18 of the Committee on the Rights of the Child on Harmful Practices direct States and Parties to adopt or amend legislation with a view to effectively addressing and eliminating harmful practices. The recent Human Rights Council resolution on child, early and forced marriage in humanitarian settings (A/HRC/RES/35/16) provides an excellent platform for high-level advocacy.

Data and evidence underpin advocacy. Although there is a growing body of evidence around child marriage in humanitarian settings, with a key focus on drivers and prevalence, there is limited evidence pertaining to the effectiveness of interventions to address child marriage, and what works for whom. New data and evidence on drivers, prevalence, effective interventions and implementation questions can drive a virtuous cycle of funding, programming, impact and evidence generation.

Child marriage programming in development settings often works at different levels, including policy advocacy, data and evidence generation, service delivery (including education, health and protection) and community engagement, with empowerment of adolescent girls at the core. All these strategies contribute to building resilient systems and developing resilience among people, particularly adolescent girls. They also address underlying determinants of inequity and discrimination, such as structural gender inequality and gendered social norms. Development actors can play a critical role, and have a strong responsibility to engage in meaningful resilience-building, particularly in known fragile countries and countries at risk from humanitarian crises. Resilience-building combined with a strong humanitarian architecture response can provide a way to uphold girls' rights, provide families with alternatives, and move closer to ending harmful practices such as child marriage.

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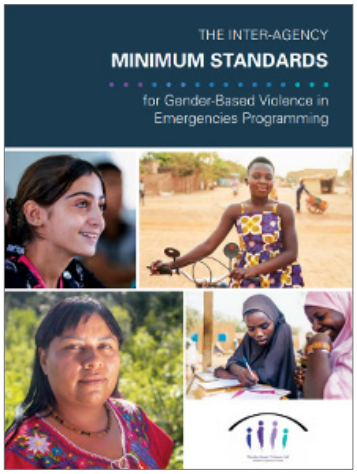
ANNEX: RESOURCES ON CHILD MARRIAGE IN HUMANITARIAN SETTINGS

Humanitarian guidelines and standards

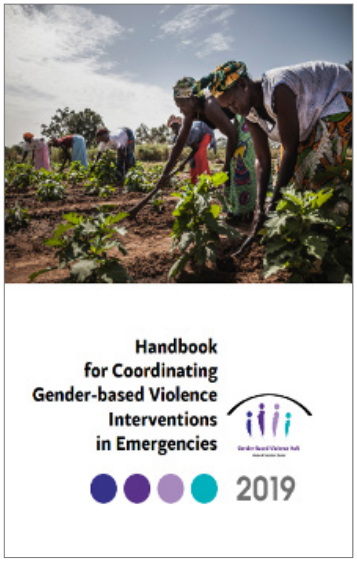


The Interagency Minimum Standards for Gender-Based Violence in Emergencies Programming provides guidance on engaging communities, supporting national systems, promoting positive gender and social norms, and collecting and utilizing data. The standards include child marriage as a type of GBV; however, they do not provide specific guidance on responding to child marriage.

Published by Gender-Based Violence Area of Responsibility (GBV AoR), November 2019, 182 pages.

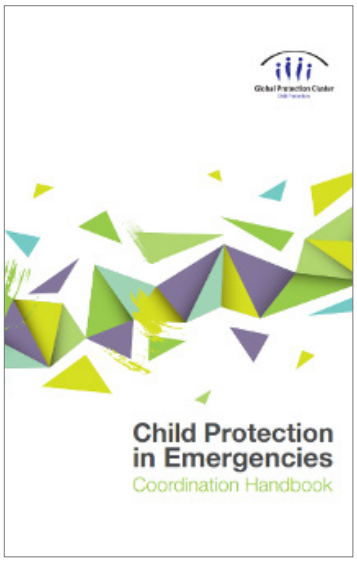
Minimum Standards for Child Protection in Humanitarian Action makes specific mention of child marriage in Standard 9 on sexual and gender-based violence, and under Standard 18 on case management.

Published by Child Protection Working Group, Global Protection Cluster, 2019, 344 pages.



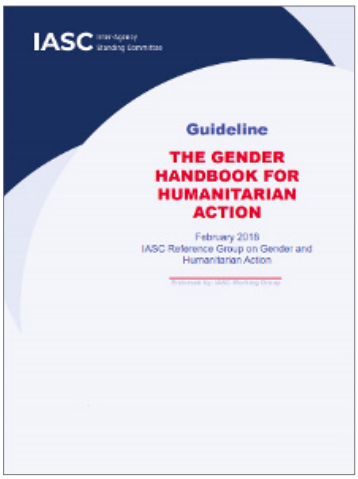
Handbook for Coordinating Gender-Based Violence Interventions in Emergencies is a quick-reference tool that provides practical, field-level guidance to establish and maintain a GBV sub-cluster in a humanitarian emergency. It provides the foundations for coordination. More in-depth information can be pursued through resources referenced in this handbook. The GBV AoR website maintains a repository of tools, training materials and resources that complement this handbook. As a second edition, this handbook provides an update to the 2010 edition.

Published by Global Protection Cluster, 2019, 324 pages.



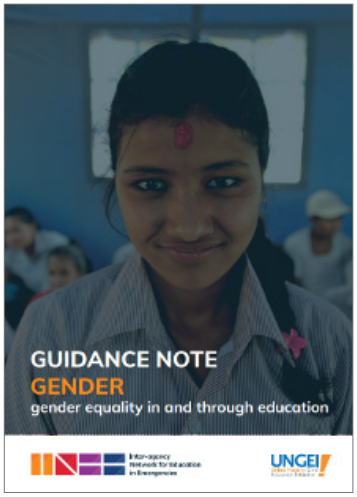
The Child Protection in Emergencies Coordination Handbook does not mention child marriage specifically, although it refers to child-friendly spaces, youth participation and other aspects of responding to children's needs relevant to child marriage.

Published by Global Protection Cluster, 2016, 158 pages.



The Gender Handbook for Humanitarian Action provides a deep dive into how to integrate and mainstream gender across all clusters and all stages of the HPC. It provides key messages around why it is crucial to address gender in programming and response, and offers excellent arguments for the importance of child marriage programming.

Published by Inter-Agency Standing Committee, 2017, 401 pages.

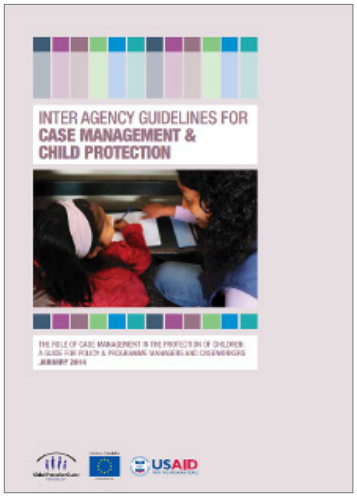


Gender Guidance Note: Gender equality in and through education builds on the *INEE Pocket Guide to Gender*, which was published almost 10 years ago. It shares current best practices and experience relating to gender and education in conflict and crisis from a range of partners.

Published by Inter-Agency Network for Education in Emergencies, 2019, 128 pages.

Interagency Gender-Based Violence Case Management Guidelines: Providing care and case management services to gender-based violence survivors in humanitarian settings includes a chapter providing guidelines for case workers on how to respond to child marriage. The guidance includes case management for already-married girls, and girls at imminent risk (i.e., girls in the process of getting married, whose parents are planning the marriage, etc.). It offers guidance regarding legal frameworks and the reporting of child marriage to authorities. It also offers guidance on how to approach and work with parents or trusted allies to avoid child marriage. Finally, it suggests pathways of risk reduction and how to handle cases of already-married girls.

Published by Global Protection Cluster, 2017, 248 pages.

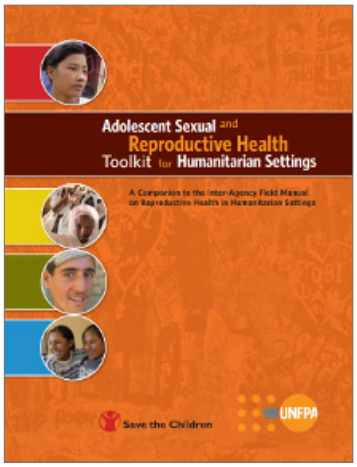


Inter-Agency Guidelines for Case Management & Child Protection provides a common understanding and step-by-step guide on case management for child protection, and complements the *Minimum Standards for Child Protection in Humanitarian Action* (2012, updated in 2019). Although the guidance does not mention child marriage specifically, it provides guidance to ensure child-friendly procedures and language.

Published by Global Protection Cluster, 2014, 122 pages.

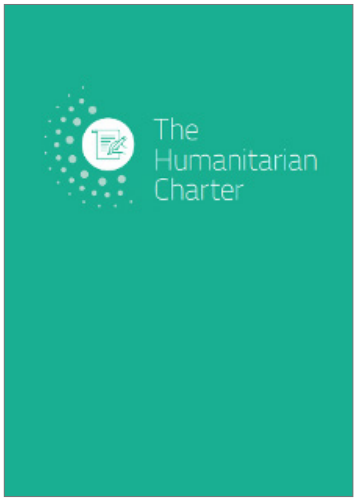
Interagency Field Manual on Reproductive Health in Humanitarian Settings is based on guidelines issued by normative bodies, particularly those of the World Health Organization (WHO). The manual incorporates specific evidence from, or examples about, the application and adaptation of global sexual and reproductive health or human rights standards in humanitarian settings. The manual continues to be the authoritative source for sexual and reproductive health in crises.

Published by Inter-Agency Working Group on Reproductive Health in Crises, 2018, 270 pages.



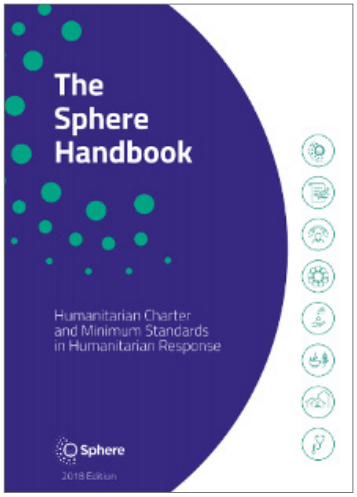
Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings is a companion to the *Interagency Field Manual on Reproductive Health in Humanitarian Settings* and includes specific guidance for provision of adolescent sexual and reproductive health and rights in humanitarian settings at different stages of response.

Published by the United Nations Population Fund (UNFPA) and Save the Children, 2009, 92 pages.



The Sphere Humanitarian Charter is the foundation document stating the ethical and legal principles that inspired the creation of the Sphere movement. The Humanitarian Charter was drafted in 1997 by a group of professionals from different humanitarian agencies, brought together by the commitment to make humanitarian aid accountable to affected populations.

Published by Sphere Association, 1997, 6 pages.



The Sphere Handbook: Humanitarian Charter and minimum standards in humanitarian response is used most often by practitioners involved in planning, managing or implementing a humanitarian response. This includes staff and volunteers of local, national and international humanitarian organizations responding to a crisis, as well as the people that are affected.

Published by Sphere Association, 2018, 458 pages.

CPIMS+

GBV IMS

The **Child Protection Information Management System** (CPIMS+) and **Gender-Based Violence Information Management System** (GBVIMS) provide data sources that can be used to analyse and understand trends in child marriage. These sources also provide an overview on how data can support planning and programming efforts to support more effective responses.

CPIMS+ facilitates effective case management for individual vulnerable children. It is designed to promote best practice and accountability, and to assist child protection programmes in delivering quality care.

GBVIMS is a multi-faceted initiative that enables humanitarian actors responding to incidents of GBV to effectively and safely collect, store, analyse and share data reported by GBV survivors.

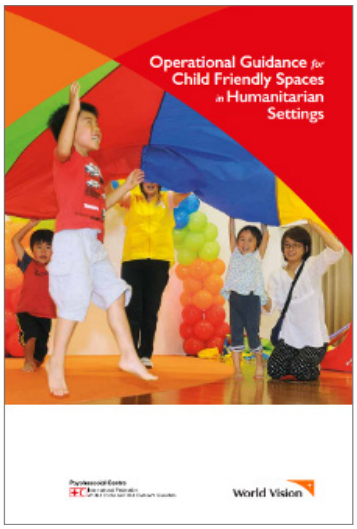
Compact for Young People in Humanitarian Action

The Compact for Young People in Humanitarian Action offers resources and guidance on programming with and for young people in humanitarian settings, including specific sectoral guidance around five key actions (services, participation, capacity, resources and data). Task teams in each area work to develop inter-agency guidelines, building on the potential of young people, and laying the foundation for adolescents and youth to continue contributing positively to their communities in the longer term.

Programming examples

Girl Shine is a programme model and resource package that seeks to support, protect and empower adolescent girls in humanitarian settings. It has been designed to contribute to better prevention of and response to violence against adolescent girls in humanitarian settings by providing them with the skills and knowledge they need to identify GBV and seek support services if they experience it or feel at risk. The model and resource package can be used in multiple humanitarian settings, including conflict and natural disasters, as well as within the various phases of emergency response.

Published by the International Rescue Committee, 2018.

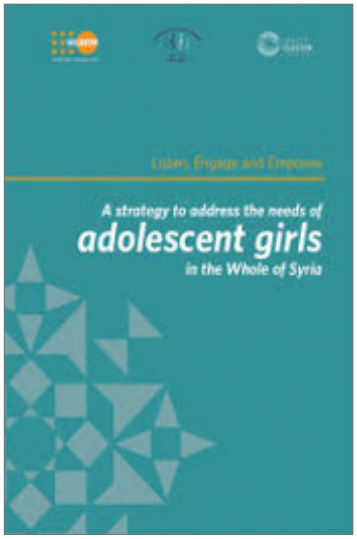


Operational Guidance for Child Friendly Spaces in Humanitarian Settings provides a set of materials to assist managers and facilitators/animators in setting up and implementing quality, child-friendly spaces. These interventions are used by humanitarian agencies to increase children's access to safe environments and promote their psychosocial well-being. Some child-friendly spaces programmes may focus on informal education or other needs related to children, with all aiming to provide a safe place where children can come together to play, relax, express themselves, feel supported and learn skills to deal with their challenges.

Published by World Vision International and International Federation of Red Cross and Red Crescent Societies, 2018, 68 pages.

Women and Girls Safe Spaces is a guidance note based on lessons learned from the Syrian crisis, among others, and describes how to create a safe space in humanitarian settings. A safe space is defined as a formal or informal place where women and girls feel physically and emotionally safe, i.e., the absence of trauma, excessive stress, violence (or fear of violence), or abuse. It is a space where women and girls feel comfortable and enjoy the freedom to express themselves without fear of judgment or harm. Women and girls' safe spaces are not the same as shelters or safe spaces at reception centres or one-stop centres.

Published by the United Nations Population Fund (UNFPA), 2015, 32 pages.



Whole of Syria Adolescent Girls Strategy is based on the 2017 Syria Humanitarian Needs Overview, which identified adolescent girls (aged 10–19 years) as a group that is particularly vulnerable to sexual violence and child marriage leading to early pregnancy. Based on these findings, and consultations held by the GBV AoR and the Reproductive Health working groups of the Whole of Syria, a need was identified for a strategic framework that would address the specific needs of adolescent girls in Syria, focusing on GBV and reproductive health. This strategy intends to strengthen and expand existing programming for adolescent girls in Syria through cross-border programming managed from Damascus in Syria, Gaziantep in Turkey, and Jordan. It is based on the findings of a literature review of adolescent girls in emergencies, and the findings of a series of consultations held with humanitarian actors working on protection, GBV and reproductive health. These included programmes working with adolescents in Syria and more broadly in the region and globally. The strategy presents four primary objectives to guide responses to the needs of adolescent girls in Syria, with justification for the focus and a list of activities.

Published by the United Nations Population Fund (UNFPA), 2017, 28 pages

Tools and Resources for Girl-Centred Programming provides a range of resources developed by the Population Council around girl-centred programming in development settings. These resources aim to reduce girls' risks and increase their opportunities by building their protective assets and translating evidence on what works into girl-centred programming. The resources include programmatic tools, including girls' safe spaces and curricula/ content for such spaces.

ADDRESSING CHILD MARRIAGE IN HUMANITARIAN SETTINGS

TECHNICAL GUIDE

for staff and partners of the UNFPA–UNICEF Global Programme to End Child Marriage

Belgium partner in development · Canada · Co-funded by the European Union · Government of the Netherlands · Norad · Ministry of Foreign Affairs and International Cooperation · UKaid · ZONTA INTERNATIONAL EMPOWERING WOMEN THROUGH SERVICE & ADVOCACY · end child marriage A voice. A chance. A future. · UNFPA · unicef for every child