

Humanitarian and Conflict Brief

Adolescent Girls Resource Pack



VIOLENCE
AGAINST
WOMEN
AND GIRLS
HELPPDESK

Overview

Times of crisis expose adolescent girls to multiple risks. At a point when support and security are crucial, girls are more likely to experience different forms of gender-based violence (GBV), sexual and reproductive health related complications, have limited access to public spaces and services, and be the first to lose access to education. This is particularly the case in the current context of the COVID-19 global pandemic where movement is further restricted by quarantines and curfews causing tensions within households already living in cramped conditions, limiting opportunities for income generation and increasing poverty levels, which in turn exacerbates the risk of sexual exploitation of adolescent girls. Rates of early forced marriage and teenage pregnancy are also known to increase¹.

One-size-fits-all approaches commonly adopted by humanitarian actors, which focus on the needs and capacity of younger children and adult women, mean that adolescent girls tend to fall through the gaps in interventions.

While there is growing guidance on programming to empower adolescent girls in humanitarian and conflict contexts, there is limited evaluation of the impact and efficacy of interventions.

Where evidence is available, multicomponent approaches that work with adolescent girls alongside the wider community, and which combine safe spaces, with skills curricula, mentorship, and male and female parent-caregiver engagement, seem to be most effective. In the COVID-19 context where social distancing and quarantines are in place, there is a need to consider how to safely and effectively deliver these types of approaches. The importance of safe spaces as a key entry point for providing life saving services and support to adolescent girls must be considered alongside the COVID-19 response. Interventions will need to be adapted to address public health measures, including reducing the numbers of people gathering and respecting social distancing measures. It will be important to consider how to deliver support remotely, as necessary, making use of different delivery models such as radio, TV, social media, mobile phones and delivering information door-to-door.

To strengthen the empowerment of adolescent girls in humanitarian and conflict settings, structural change is needed in how the humanitarian sector operates. This means investing in longer-term nuanced approaches, which focus on long-term transformational change, encourage holistic and joined up multi-sector programming, and which prioritise adolescent girls' resilience and leadership potential across preparedness, response and recovery efforts.

KEY FIGURES

- **9 out of the 10** countries with the highest rates of child marriage are fragile states.² In Yemen, child marriage rates have increased threefold for adolescent girls under 18, due to diminishing household resources for families.³
- **1 in 5** women and girls who are forcibly displaced will experience sexual violence or abuse.⁴ In South Sudan and Ethiopia, adolescent girls displaced by conflict have experienced both partner and non-partner violence.⁵
- **507** women and adolescent girls die from pregnancy and childbirth complications in conflict or natural hazard related emergencies every day.⁶ In Syria, reduced use of contraceptives, menstrual irregularity, unplanned pregnancies, preterm birth, and infant morbidity, are ongoing issues for women and adolescent girls.⁷
- **62 million** girls around the world are not in school, and at least 20 million of them live in conflict-affected and fragile settings as refugees, internally displaced persons (IDPs).⁸ The refusal of both the Myanmar and Bangladesh governments to allow their curricula to be used by the Rohingya means that Rohingya adolescent girls have no access to formal education.⁹

Context

Humanitarian crises are growing in scale and intensity and are increasingly protracted and complex in nature. While adolescence can

be a time of growth and opportunity, it also brings specific risks. Times of crisis expose adolescent girls to multiple risks. At a point when support and security are crucial, girls are more likely to experience different forms of GBV, harmful traditional practices¹⁰, early and forced marriage, sexual and reproductive health related complications, unwanted pregnancy, have limited access to public

spaces and services, and be the first to lose access to education. Strikingly these trends are observed across both conflict and natural hazards, including global health crises and epidemics, and extreme climate affected contexts.¹¹

The issues affecting adolescent girls are multiple, complex and interrelated. While the evidence base is growing, there are still significant gaps in the availability and disaggregation of data on adolescent girls, especially from an intersectional perspective. There is particularly limited information on excluded populations, including those from minority groups, with disabilities, and those who are stateless and 'invisible' – all of whom are

disproportionately impacted during times of crisis.¹²

The humanitarian system: Adolescent girls continue to fall through the gaps of interventions in contexts of crisis. The ‘one-size-fits-all’ approach often adopted by humanitarian actors, reinforces and rewards siloed sectoral working and generic approaches, which either focus on child protection or working with adult women, and fail to lay the foundations for longer-term transformational change. There are also significant funding gaps for crucial areas of investment for adolescent girls, including the prevention and response of GBV. For example, GBV services accounted for just 0.12% of the \$41.5 billion allocated for humanitarian funding from 2016-2018.¹³ There is a need for holistic and multisector approaches, which tackle the complex and nuanced interconnection of issues affecting adolescent girls – including GBV prevention and response. Investing in meeting adolescent girls’ needs in humanitarian and conflict-affected contexts is not only essential from a rights-based perspective, evidence shows that it can multiply benefits for families, communities and the long-term stability and prosperity of countries.¹⁴

Gender-based violence: Times of crisis and stress exacerbate existing gender inequality and create new forms of gender-based discrimination.¹⁵ In addition, protective legal, community and family structures often erode and break down. This can be particularly concerning for adolescent girls who are at risk of child, early and forced marriage, trafficking and sexual exploitation, in part due to diminishing household returns, and a perception amongst families that these strategies may protect their daughters.¹⁶ Rates of both non-partner and partner violence are also extremely high for both younger and older adolescent girls, including those from refugee and displaced communities. Girls with disabilities may be more likely to experience GBV and are less likely to be able to access related support services.¹⁷ The impact of violence on adolescent girls can put them at significant risk during the immediate aftermath of a crisis, and can have lifelong negative impacts.¹⁸

Adolescent sexual and reproductive health (ASRH): Pregnancies, birth, the spread of sexually transmitted infections (STIs), and other complications, continue during times of crisis. Adolescent girls often find themselves with little or no access to sexual, reproductive and maternal health services in these contexts.¹⁹ In contexts of epidemics or global health emergencies, limited health resources may be diverted away from providing these essential life saving services, further limiting adolescent girls’ access to comprehensive ASRH services. Without access to a comprehensive package of family planning services, including high-quality safe abortion and post-abortion care (PAC), adolescent girls and women in emergencies may be forced to perform self-induced abortion or rely on unskilled providers in unhygienic conditions.²⁰ Adolescent girls with disabilities are most likely to be excluded from services and support.²¹

Menstrual hygiene management: Menstruating women and adolescent girls are also often unable to access WASH facilities or sanitary products during emergencies, which is commonly cited as a major concern of adolescent girls in the aftermath of a disaster. This can act as a key barrier in adolescent girls accessing an education, and in certain contexts can heighten protection and health risks – as shown through such as ‘Chhaupadi’ practiced in Nepal and parts of India and Bangladesh, where adolescent girls are segregated during menstruation,²² and are more likely to experience psychological and physical illnesses, and abuse and rape during periods of isolation.²³

Education and learning: Adolescents continue to prioritise their education in times of crisis, but too often they are unable to exercise this basic right. This is particularly true for adolescent girls who face multiple barriers in accessing an education, which are intensified and exacerbated during crisis²⁴. In disaster contexts, adolescent girls are more likely to be married by 18 than to finish school, while two out of three won’t even start secondary school.²⁵ In contexts where schools are closed in response to an emergency or pandemic these risks are further exacerbated as families face increasing poverty levels and coping strategies often involve adolescent girls in increasing risky practices. Displaced communities are also particularly affected – only 1 in 4 adolescent refugees makes it to secondary school and for every 10 refugee boys in secondary education, there are fewer than seven girls.²⁶ Where adolescent girls are able to access an education, they may also be exposed to school-related GBV within schools and learning spaces, or on their routes to and from these locations.



Livelihoods and economic empowerment: Crisis contexts are characterised by severe economic hardship, entrenching economic dependence, exacerbating economic insecurity and reducing safe livelihoods options. This leaves many women and adolescent girls with limited opportunities to support themselves and their families. Harsh economic conditions increase girls’ risk of GBV as families resort to marriage as a survival strategy. Adolescent girls also usually bear a greater share of the household burden than boys, and work options available to them are often very limited due to prevailing gender norms, and are unsafe, insecure and low paid, involving domestic work and other tasks in the informal economy that put them at increased risk of sexual and physical violence and exploitation, including transactional sex.

Voice, agency and mental health: Adolescent girls in crisis contexts want more control and power over their lives and to be consulted about decisions that affect them.²⁷ Mental health is a growing issue for adolescents, and suicide is one of the leading causes of death for adolescent girls globally – during times of crisis mental health issues are exacerbated and new ones emerge, including dealing with bereavement and other losses.²⁸ Adolescent girls are far more likely to be restricted in terms of their movement, which is particularly pronounced for adolescent girls with disabilities,²⁹ and in camp settings. This can impact their ability to access an education, services, build friendships and connections, and their sense of identity and independence, which has a significant impact on their mental health and aspirations.³⁰

Guidance for practitioners

While meeting **practical basic needs in the aftermath of a disaster** is essential to maintain the health, safety and dignity of adolescent girls, **strategic longer-term investment** is equally important, and still largely deprioritised by the humanitarian community, who continue to uphold the rationale that overwhelming need, weakened infrastructure, and limited capacity offer little time for data collection, analysis, and use. Ensuring adolescent girls benefit from relief operations is **every sector's responsibility** and requires all actors to be **proactive, intentional, and data-driven**; **action and analysis are not mutually exclusive**, but are rather mutually reinforcing concepts that should support more effective and accountable humanitarian action for adolescent girls.³¹

Understand and prioritise adolescent girls needs and participation

- **Disaggregate data:** The [IASC Gender Handbook for Humanitarian Action](#) also provides guidance on ensuring gender equality and women's empowerment are mainstreamed throughout all stages of the humanitarian programme cycle, including collecting sex and age disaggregated data, consulting with diverse adolescent girls throughout all related processes across the humanitarian programming cycle, and encouraging cross-sectoral working to help ensure interventions are responsive to adolescent girls' diverse needs. DFID's [data disaggregation plan](#) highlights the importance of disaggregating data by gender, age, disability, location.
- **Rapid gender analysis can highlight girls' needs and opportunities**, during the first phase of an emergency, or in [more protracted conflict-affected settings](#). Listening to and engaging directly with adolescent girls as part of these efforts helps us to understand their experiences, better recognise and appreciate their agency, and help identify potential entry points for working with and for them.
- **Step up the participation, voice and leadership of a diverse group of adolescent girls** throughout the humanitarian programming cycle, *and* within preparedness, recovery and peace-related decision-making spaces and processes.³² The Women's Refugee Commission [I'm here](#) approach offers tools and guidance on how to support adolescent girls throughout

the humanitarian programming cycle; ActionAid have also developed guidance on the importance of harnessing women and girl's leadership as part of their [women-led community based protection approach](#), which recognises women's capability to drive their protection, identifying problems and solutions and creating community-based support structures that can better protect women's rights in times of crisis.

Draw on and adapt existing evidence and best practice

- Although there are longer-term promising practices that could be applied in humanitarian and protracted contexts, they have largely not been taken to scale or applied in these settings. However, overall, and as is evidenced in development and non-crisis settings, **multicomponent approaches**, which are guided by longer-term visions of transformation, engage with a diverse group of adolescent girls alongside the wider community, through an intersectional lens, are shown to be most effective for the sustainable empowerment of adolescent girls in contexts affected by natural hazard, epidemics or conflict-related crises. A significant contribution to the evidence and best practice on multicomponent approaches in humanitarian contexts is IRC's [COMPASS multi-country programme \(Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces\)](#) programme (see case study below).
- While there is still limited rigorous evidence to guide programming that seeks to reduce adolescent girls' experiences of violence or exploitation in humanitarian settings,³³ there have been **significant contributions to the learning and guidance available to strengthen both the protection and empowerment of adolescent girls, notably in the GBV field**. For example, the [Inter-Agency Minimum Standards for GBV in Emergencies Planning](#), outline best practice and guidance on the collaboration between child protection services and GBV actors, and the importance of girl-centred programming. Further resources include: the IRC's [Girl Shine programme model and resource package](#) marks a significant contribution to the guidance and tools in this space, and can be used in multiple humanitarian settings; the [GBV Area of Responsibility \(AoR\)](#) has adolescent girls-focused [resources](#); the Child and Adolescent Survivor Initiative (CASI), led by the Child Protection and GBV AoR, provides inter-

GLOBAL POLICY

Several policy frameworks have been developed to meet the needs of young people in conflict and crisis settings, but there remains limited recognition of the specific needs of adolescent girls or gender/age-sensitive implementation plans. For example:

- **UN Convention on the Rights of the Child (CRC)** and General Comment No. 20 on Adolescence (2016) lay out special provisions for protecting and empowering adolescent girls in crisis and conflict (paragraphs 83–84).
- At the 2016 World Humanitarian Summit a new **Compact for Young People in Humanitarian Action With and For Youth** was launched. There are new IASC guidelines on youth in emergencies (draft 2019 – likely to be adopted in 2020).
- The **Grand Bargain**, **Sendai Framework** and **The Call to Action on Protection from Gender-based Violence in Emergencies** have limited visibility of the specific needs of young people and adolescent girls.
- There is a general acceptance of gaps in both the **Women, Peace and Security** and the **Youth, Peace, and Security (YPS)** agendas when it comes to visibility, inclusion and participation of adolescent girls in all aspects of preventing and recovering from conflict and building peace. The **UK's National Action Plan on Women, Peace and Security (2018 – 2022)** refers to the often-neglected needs and potential of adolescent girls but does not include targeted actions or plans around their engagement at a strategic outcome level. **UNSCR 2250** is the first resolution on youth, peace and security, but does not specifically reference adolescent girls.
- In some countries **national laws may contradict protective global policy**, which may expose adolescent girls to risk of different forms of exploitation and violence. For example, in Sudan a child can marry at 10 or in many countries such as Myanmar, a person becomes an adult at 15.

agency support to country-level CP and GBV coordination mechanisms and service providers on the response to child and adolescent survivors. The [GBViE helpdesk](#) has produced guidance on how to adapt service provision and case management in contexts where social distancing and maintaining face to face support is not possible³⁴.

- A recent systematic review³⁶ on the **sexual and reproductive (SRH) needs** of young people in humanitarian settings highlights the urgent need to increase the quantity and quality of evidence on programmatic implementation in the areas of comprehensive abortion care, prevention of mother-to-child transmission (PMTCT) urogenital fistulae, FGM, and adolescent girls with disabilities and adolescent girls with diverse sexual orientations and gender identities. Best practice and guidance on the provision of comprehensive and high-quality SRH services in humanitarian and conflict-affected contexts includes: [the Inter-Agency Field Manual \(IAFM\) for Reproductive Health in Humanitarian Settings](#) (chapter on adolescent SRH); [Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings](#); IRC Guidelines for [Mobile and Remote Gender-Based Violence \(GBV\) Service Delivery](#), which may also be particularly effective for adolescent girls

CASE STUDY

In partnership with Columbia University, the IRC developed, implemented and evaluated the **Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces (COMPASS)** programme, funded by the UK Department for International Development (DFID). COMPASS has worked with refugees living in camps on the Sudan/Ethiopia border, conflict-affected communities in eastern Democratic Republic of Congo (DRC), and displaced populations in north-west Pakistan. The programme's final global report, which draws on the findings from an impact evaluation in Ethiopia, and evaluations in DRC and Pakistan, found:

- Adolescent girls as young as 10 are experiencing GBV in humanitarian settings. Intimate partners were most likely to be the perpetrators of nearly all types of violence against adolescent girls.
- Adolescent girls expressed a clear demand for the tailored support provided by COMPASS. As a result of participating in the program, girls had better knowledge of professional GBV services, felt more positive about themselves and about the future, and had stronger social networks and a safe space to go to.
- Consultation with adolescent girls throughout implementation was essential to ensure programming was responsive, flexible and addressed the needs of girls from diverse backgrounds.
- The existence of quality GBV services and trained staff was critical to ensure the safety and wellbeing of adolescent girls.
- COMPASS has made a valuable contribution to the evidence of what works to promote the health, safety and empowerment of adolescent girls in humanitarian settings. However, further programming and research is needed to build on this learning and increase understanding of which strategies and interventions are most effective in reducing GBV against adolescent girls in humanitarian settings.³⁵

who are more likely to use such technologies and are at high risk of sexual violence, abuse, and exploitation in humanitarian settings; and [new guidance developed on Menstrual Hygiene Management \(MHM\)](#) by the Research for Health in Humanitarian Crises (R2HC) programme.

Work with girls' communities, including female and male caregivers

- **Female and male caregivers** provide the initial tools for girls to navigate spaces outside the home, yet, in conflict-affected and emergency settings they have limited control over this environment and may not have the leverage of collective mobilisation or the rule of law to create safe environments for their children. There is a need to better understand caregivers' perspectives on protecting adolescent girls from GBV. A selection of caregiver focused programmes has demonstrated positive impacts on caregivers' parenting styles but no evidence of reduced exposure to sexual violence without wider social change and GBV response system strengthening. IRC's [Caregiver Curriculum](#) offers guidance on working with female and male caregivers in this context.
- **Working with adolescent girls' communities** can help reduce GBV in emergency-affected settings; The UNICEF ['Communities Care' programme](#) offers an example of good practice community-based approach to preventing and responding to violence against girls and women in emergencies. Increasing girls' **access to their communities**, where it is safe to do so, can improve community perceptions of safety in public spaces, reduce the culture of fear among caregivers and adolescent girls, and potentially lead to a reduction in experiences of sexual violence. This may also be particularly pertinent for adolescent girls with disabilities who may be largely confined to the home.

Supporting girls' education and economic empowerment

- **There is increasing consensus on the importance of investing in the education** for girls displaced by crises, and the ways in which strengthening adolescent girls' education increases their economic productivity and the wider stability of communities.³⁷ Education offers adolescent girls a safe space to learn and develop the skills, to thrive and contribute towards the peaceful recovery of their communities, and can act as an entry point for girls to access health services including mental health support, and information about staying safe during disasters³⁸, and is an important factor in delaying marriage and related childbearing. In contexts where schools are closed it is critical to consider how to provide remote / distance learning either through radio broadcasts or directly providing learning materials to families to enable continuing education, which can both support adolescent girls in the immediate term but also make it easier to transition back to school once it is possible, and safe to do so.
- **Adolescent girls' 'economic empowerment' interventions** in crisis contexts is a relatively new area of practice and research, and there is limited evidence about what types of interventions are effective, in which contexts and for which groups.³⁹ There is growing interest in, but still limited evidence on, the ways in which building economic assets alongside broader empowerment programming may help to mitigate girls' risk of GBV and their exposure to 'unsafe' livelihood options (such as transactional sex work and early marriage). Evidence shows that age and developmentally appropriate economic asset-based interventions for marginalised girls delivered as part of an integrated approach

to health, protection and empowerment can play an important role in GBV prevention in emergency contexts. Crucially there is also a significant risk of harm, which must be mitigated.⁴⁰

- **Cash transfer programming (CTP)** can increase girls' and women's decision-making power and reduce physical abuse by male partners in humanitarian and non-humanitarian settings.⁴¹ Largely these interventions still tend to target households or adult women – this may still lead to improved conditions for adolescent girls through broader impact on more equitable intra-household decision making and shifts in power at a household level. The negative impacts and risks of CTP for adolescent girls have also been well documented, and more resources should be dedicated to monitoring and evaluating the short, medium and long term effects of cash for adolescent girls, including in relation to the impact on early marriage.

Safe spaces interventions

- Safe spaces are an effective strategy for both the protection and empowerment of women and girls living in natural hazard related humanitarian crisis and conflict-affected contexts⁴², and may forge the path for longer-term gender transformative change, as discussed in ActionAid's [feminist approach to safe spaces](#). Growing evidence shows that these spaces can help to reduce risks and prevent further harm during acute emergency responses by acting as an entry point for women and girls to access life-saving and specialist referral services and information, and for the distribution of relief items, and are particularly crucial for adolescent girls with disabilities who are more likely to be excluded from services and targeted with violence. These spaces can also offer an opportunity for adolescent girls to forge friendships and solidarity, develop networks and build social assets. IRC have developed key [resources and guidance](#) to support the establishment of safe spaces, and harness adolescent girls' leadership in these processes, including the [Women and Girls Safe Spaces: A Toolkit for Women's and Girls' Empowerment in Humanitarian Settings](#). [Interagency guidance](#) developed for COVID-19 pandemic stresses the importance of not closing women and girls safe spaces at the first sign of COVID-19 but rather to ensure risk mitigation measures are explored and where possible groups can be adapted in terms of number of participants and location so that social distances measures can be adhered to. Alternatives to consider include one-to-one interventions, remote support through technology where possible, and taking account of the digital divide between adolescent girls.
- There is evidence to show that **life skills interventions, often delivered in safe spaces**, targeting adolescent girls in humanitarian contexts can increase gender equitable attitudes, freedom of movement, perceptions of safety, self-esteem, and hope over time – but may not decrease experience of sexual violence. This highlights the need for wider social norms and behaviour change programming that addresses violent behaviour and the patriarchal social norms that normalise violence. IRC's [life skills curriculum](#) offers useful guidance, and the [My Safety, My Wellbeing](#) curriculum is an example of good practice used in Lebanon, Syria and Iraq.

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