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'IT'S THE FEAR THAT IS KILLING US, NOT THE ACTUAL DISEASE!'

Covid-19: An unfolding crisis for adolescents in humanitarian settings

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Introduction

The world has faced many serious health and economic crises over the past 30 years, which have undermined human development, but overall, development gains have continued at the global level. Covid-19 is different. With its intersecting impacts on health, education, economies, incomes, social norms and routine daily living, it may change that development trend (United Nations Development Programme (UNDP, 2020). As of February 2021, Covid-19 had killed over 2.3 million people and infected more than 106 million (Johns Hopkins University, 2021). The pandemic presents an enormous challenge but possibly also a window of opportunity for reaching the 2030 Agenda and the Sustainable Development Goals (SDGs). While it may have disrupted original plans to achieve the SDGs, it highlights the importance of accelerating progress on achieving all of the SDGs as they are collectively vital for combating the pandemic and addressing its multifaceted consequences (ibid.). The SDGs are a road map for addressing inequalities and promoting people's wellbeing, with the rallying call to leave no one behind. Although the coronavirus affects all social groups, structural factors within societies result in the uneven distribution of infections and effects of the public health response (UNDP, 2020) with refugees, displaced and economically disadvantaged people more harshly affected.

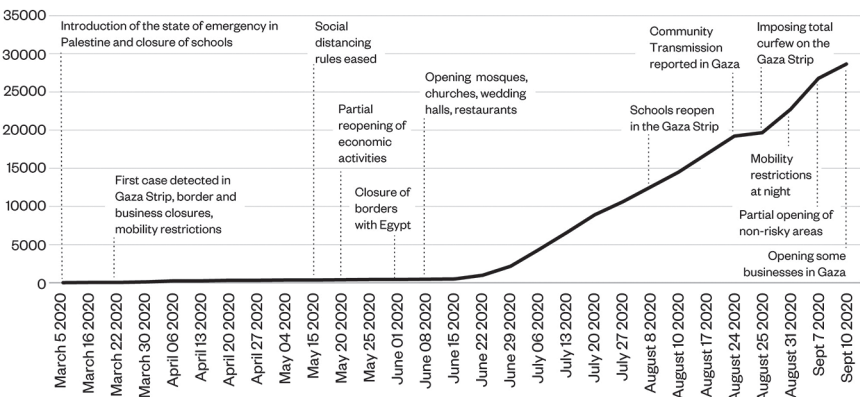
Adolescents are least likely to be infected with Covid-19 or to die from it (Parshley, 2020). However, they have typically been pictured in the mainstream media as 'part of the problem' – as a vector of the disease (King, 2020) and as reluctant to adopt preventive measures (Kobie, 2020). Yet there are many age- and gender-specific negative impacts – both of the virus and response measures – that remain largely untold, and which require further attention in line with the leave no

one behind agenda. This chapter reflects on the emerging experiences of adolescent boys and girls in humanitarian contexts in relation to the Covid-19 pandemic, to disclose many untold stories. This is especially important given that, as in other emergency situations and crises, the focus (whether of families or service providers) usually shifts to life-saving interventions at the expense of other important social issues, including gender and age dynamics. Responses to crises in general tend to ignore the dynamics around citizenship and displacement that exacerbate the marginalisation and vulnerabilities of refugees and displaced people.

What further complicates adolescent boys' and girls' lives is that unlike other pandemics, the response to Covid-19 has had a catastrophic impact on households and on national economies. The International Monetary Fund (IMF) predicts that the global economy will shrink by 3 per cent in 2020 (IMF, 2020). The lockdown approach exacerbates inequalities, with people living on hourly or daily wages for jobs that cannot be done online and remotely suffering an immediate drop in their income (Gavi, 2020). The same source indicates that the number of people who are acutely hungry is set to double. Oxfam estimates that the crisis could push half a billion people back into poverty (Oxfam, 2020). The International Labour Organization (ILO) reports that more than one in six young people have lost their jobs since the pandemic began and those that are still at work have seen their hours reduced (ILO, 2020).

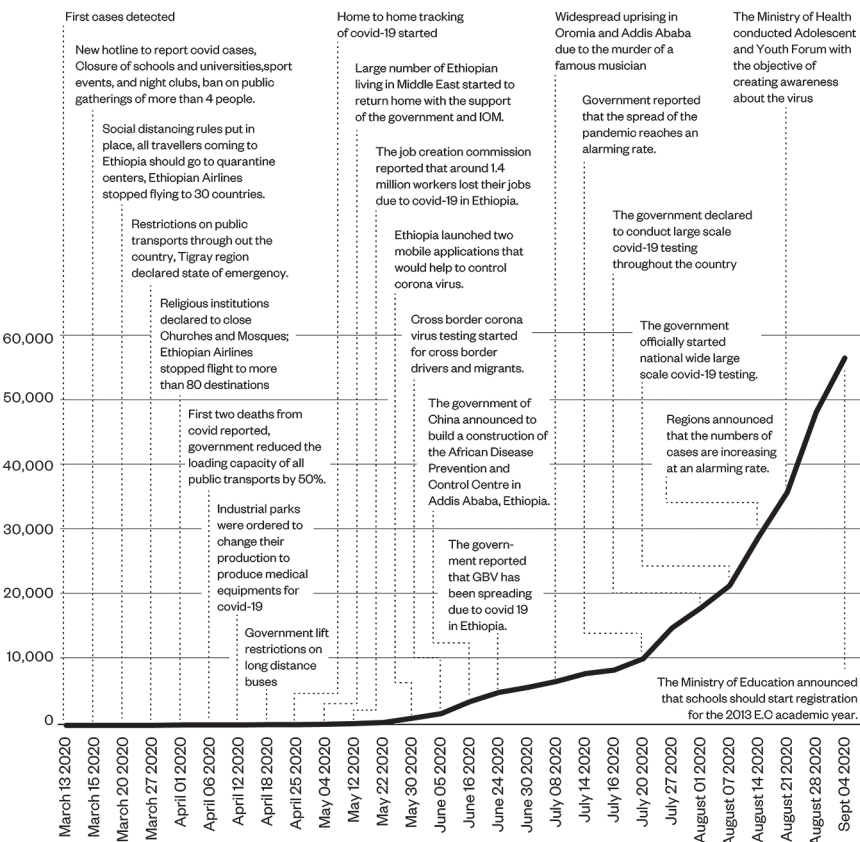
During previous pandemics such as HIV and Ebola, and economic shocks such as the 2007/8 global financial crisis, children and adolescents faced multiple, interconnected and gender-specific risks (Espey et al., 2010; Kobie, 2020). These included reduced access to education and livelihoods at a stage in the life course that is pivotal in terms of physical, cognitive and socio-emotional development (GAGE consortium, 2019). In humanitarian contexts, girls further suffer from compounded vulnerabilities due to displacement, economic hardship, deterioration of psychosocial wellbeing, domestic and community violence (including sexual violence), decreased access to education, inadequate socialisation and recreational opportunities, discrimination and discriminatory gender norms and practices (such as child marriage and gender-based violence), which are often intensified during a crisis. They are also affected by inadequate access to livelihoods, poor housing and living conditions, food insecurity, and lack of access to water and sanitary facilities (Samuels et al., 2017; Abu Hamad et al., 2017b).

The impact of the pandemic on young people's lives is, in turn, underpinned by pre-existing contextual and structural factors. The countries covered in the book chapters are, on the one hand, very diverse contexts, but they are all also regarded as fragile countries (Fund for Peace, 2019). They each face significant structural, political and socio-economic challenges, not least political unrest, mass uprisings, ongoing conflict and major recent and chronic displacement. For these reasons, they all fall within the most vulnerable third of the Fund for Peace's Fragile State Index (Fund for Peace, 2019). Interestingly, however, the responses to Covid-19 by the governments in each country have varied greatly, ranging from the slow,



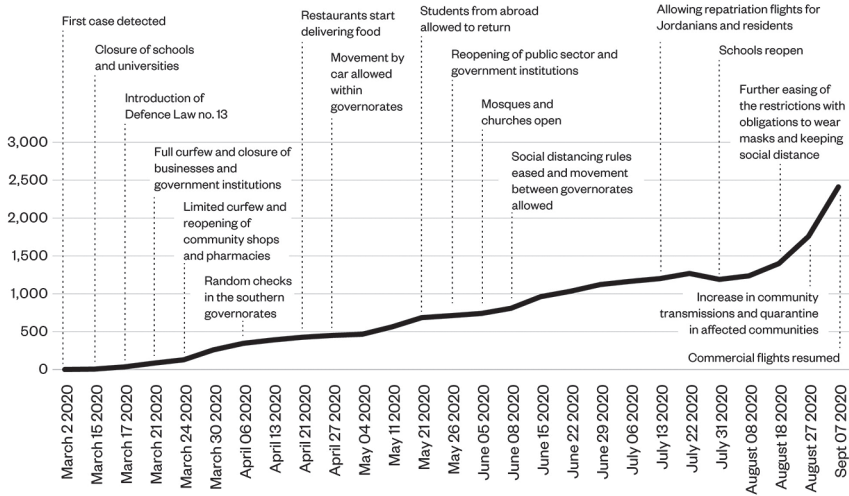
Source: World Health Organization, <https://covid19.who.int/region/emro/country/jo>; Data last updated: 2020/7/16

FIGURE 9.1 Evolution of the pandemic and policy responses in Palestine.



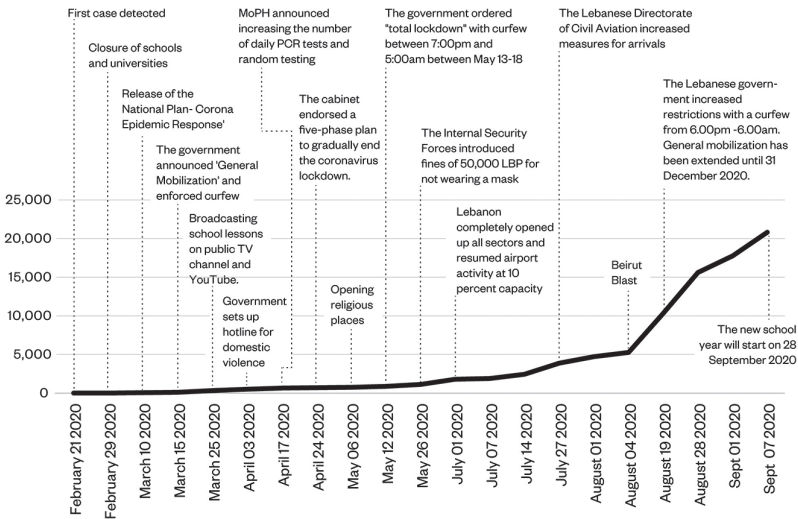
Source: World Health Organization, <https://covid19.who.int/region/afro/country/et>;

FIGURE 9.2 Evolution of the pandemic and policy responses in Ethiopia.



Source: World Health Organization, <https://covid19.who.int/region/emro/country/jo>; Data last updated: 2020/9/09

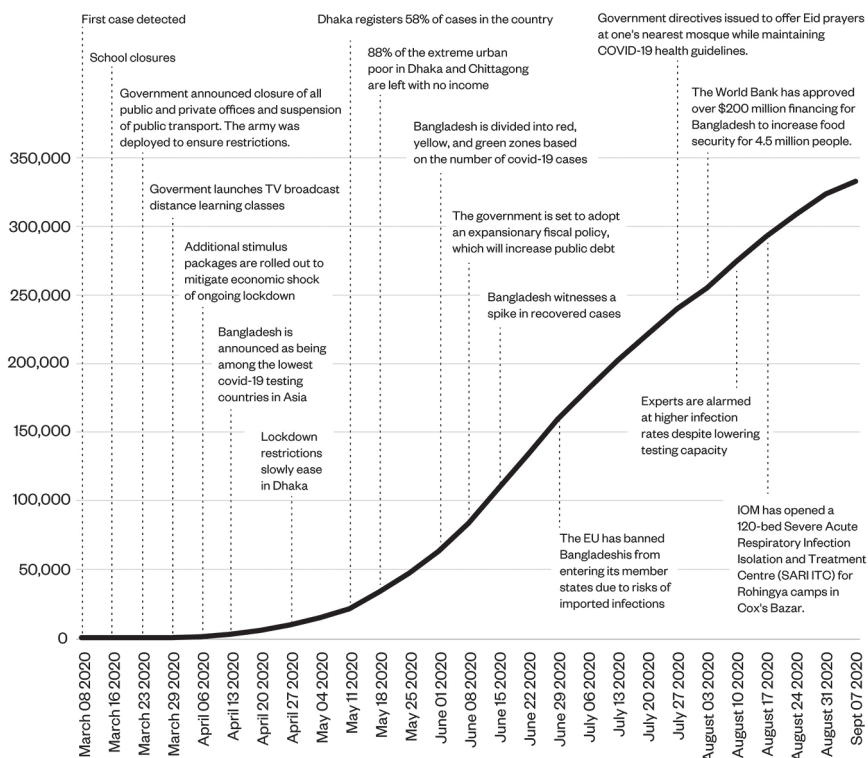
FIGURE 9.3 Evolution of the pandemic and policy responses in Jordan.



Source: Ministry of Public Health (MoPH). Monitoring of COVID-19 Infection in Lebanon. Retrieved from <https://www.moph.gov.lb/en/Pages/2/24870/novel-coronavirus>

FIGURE 9.4 Evolution of the pandemic and policy responses in Lebanon.

reactive, fragmented approach of the Bangladesh government through to highly organised lockdowns and contact tracing in Gaza and Jordan (Jones et al., 2020). To set the scene in the countries covered by the book chapters, we present figures here to show the evolution of the pandemic by the number of confirmed cases and the policy responses over time.



Source: World Health Organization, <https://covid19.who.int/region/searo/country/bd>

FIGURE 9.5 Evolution of the pandemic and policy responses in Bangladesh.

Methodology

Despite significant challenges in conducting research during the pandemic, GAGE was proactive and uniquely positioned with its pre-existing sample of young people in humanitarian contexts to explore the impacts of Covid-19. This chapter draws on virtual qualitative research with 224 refugee and internally displaced adolescent girls and boys involved in GAGE's longitudinal study on gender and adolescence in low- and middle-income countries (LMICs) and 79 key informants, in order to explore the gendered impacts of the pandemic on marginalised adolescents.

Through in-depth interviews (IDIs), small focus group discussions (FGDs), participatory photography and audio diaries, GAGE aims to capture the insights of adolescent refugees and internally displaced persons and their experiences under lockdown (for more details see Małachowska et al., 2020). Interviews were conducted by local researchers by phone or WhatsApp, in the respondent's local language. These were then tape-recorded, transcribed and translated, and coded thematically, drawing on debriefing sessions with the research teams.

Key findings

In the context of the devastating loss of life, the disruption to normal life and the damage to national economies caused by the pandemic, the lockdowns and social distancing measures, young people have experienced far-reaching changes at a pivotal state in the life course but have not been prioritised in the response. State responses to Covid-19 – which have often included closure of public institutions, schools, recreational places, religious institutions and curtailment of movement – have rarely considered adolescents' specific needs. Lockdowns and restrictions on movement have had an unprecedented impact on young people, particularly refugee and displaced adolescents in fragile contexts, who were already highly vulnerable and marginalised prior to the pandemic and have limited access to alternative livelihood options.¹

Education and learning

Education is a basic human right and a significant factor in the development of young people, their communities, and countries. Across the five countries, government responses to COVID-19 have negatively impacted progress in achieving SDG 4, 'Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all', which has increased the vulnerability of young children and pushed many of them to leave school. The United Nations Educational, Scientific and Cultural Organization (UNESCO) estimates that about 1.25 billion students globally are affected by lockdowns (UNESCO, 2020), with 86 per cent of primary school children from developing countries not being educated due to the pandemic.

Our research confirms that for young people from different humanitarian contexts, closure of schools and other educational institutions has been a major challenge, especially given that even prior to the pandemic, access to schools and quality education was limited and there were many structural, financial and cultural barriers (rooted in conservative gender norms) that resulted in higher dropout rates and truncated educational futures for girls and boys. The closure of schools has been particularly worrying for many adolescents, especially refugee and displaced adolescents, as education represents a window for self-development and can help them to overcome multilayered economic and social barriers (Justino, 2014; Abu Hamad et al., 2017a). Many participants in our research expressed strong anxieties about their education and future aspirations linked to the challenges associated with Covid-19, which has shifted family priorities such that education has been deprioritised in the light of pressing economic challenges now facing millions of families.

In almost all the countries concerned, school closure happened abruptly, with little notice, so neither schools nor students were prepared for what lockdown would mean. In some contexts, like Gaza, Ethiopia and Bangladesh, it was not clear how education would even be delivered during lockdown. It is true that in all five

countries, the government has sought to provide some form of online learning during lockdown. However, most adolescents – and especially the young refugees in our sample – had great difficulty accessing online learning due to their limited access to devices, internet connectivity and electricity, while teachers were not well-trained in delivering online education. The pandemic has clearly re-emphasised the ‘digital divide’ and the right to internet access, particularly for adolescents who are economically disadvantaged, for girls, for displaced and refugee adolescents and for those living in remote areas. Moreover, among adolescents with disabilities who had been enrolled in special education before the pandemic, there were particular concerns about school closures, as for many, schools represent the only spaces accessible to them where they can learn, meet, socialise and interact with their peers. Their sense of social isolation has been further complicated by the fact that online education services have not been adapted to the needs of adolescents with disabilities, exacerbating their anxiety.

Physical health and nutrition

Good health and nutrition is not only central to human wellbeing, it is also important to economic progress and productivity over time. The Covid-19 pandemic represents an unprecedented global threat to health and underscores the urgent need to accelerate progress on achieving SDG 3, ‘ensure healthy lives and promote wellbeing for all at all ages’ (UNDP, 2020). Although the number of reported Covid-19 cases and deaths in the countries studied here is lower than the hotspots in Northern countries, the lockdown policies aimed at controlling the spread of the disease have dramatically impacted adolescents’ health in these countries in many ways.

However, GAGE research studies (Jones et al., 2019a; Abu Hamad et al., 2017b) show that even prior to the pandemic, adolescents’ access to age- and gender-sensitive health services in these countries was very limited, particularly for refugee and displaced adolescent girls and boys; services that are provided are typically maternal health interventions for married girls who are pregnant. With the shifting focus from regular services to Covid-19-related services, adolescents’ access to healthcare has further diminished. In some cases (as in Lebanon and Jordan, for example), refugees and displaced people are not covered by state/governmental health insurance and have to pay ‘foreigners’ fees’ to access care. Our research confirms that adolescents have faced increasing difficulty in accessing non-Covid-19 health services, with many health centres closed (e.g. in Gaza), doctors not attending clinics (e.g. in Bangladesh) or sending patients away.

The pandemic has also accentuated inequalities in the provision of health services, particularly in contexts where provisioning was already limited, especially for refugee and displaced families, people with disabilities and rural populations. While better-off families in Jordan, Lebanon and Gaza reported turning to expensive private healthcare centres, poorer families do not have this option. In Ethiopia, study participants mentioned that people had started to avoid public health facilities,

resorting to traditional practices such as home deliveries, with reported increases in maternal mortality. Some participants from different contexts reported using the internet to find information on how to manage their health.

Psychosocial and mental health

Although adolescence is a time of heightened psychosocial vulnerability, with half of all mental illnesses beginning by age 14, adolescent psychosocial issues are rarely prioritised, especially during crises (Samuels et al., 2018) and for groups such as displaced or refugee adolescents, who facing compounded multidimensional vulnerabilities. Within the SDGs, mental health is incorporated into health; however, many of the goals and targets are mental health-related, especially target 3.4: 'Reduce by one-third premature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing.' Adolescents in our study, particularly refugees and displaced young people who are extremely disadvantaged economically, repeatedly underscored the psychosocial toll that the pandemic and resulting lockdowns are taking on them. Displacement and ongoing conflict were additional stressors. In these contexts, adolescents reported high levels of psychosocial distress due to the combination of lockdown measures intersecting with chronic poverty, age and gender hierarchies, constraining cultural norms and heightened tensions within the family, which are accentuated by displacement and statelessness.

In general, mental health services in these focal countries are limited, fragmented, unaffordable and rarely tailored to young people (see Abu Hamad et al., 2018; Jones et al., 2019a; Jones et al., 2019b; Mohammad et al., 2019). Access by vulnerable populations, even during normal times, has been limited, and Covid-19 has only made the situation worse especially for refugees and displaced young people living in camps. Our research confirms that provision of mental health services was inadequate in almost all contexts even before Covid-19, and mostly not accessible in this unprecedented context. Although mental health services may remain accessible to people who can afford to pay for such services, vulnerable adolescents and their families are denied access to these specialist, high-quality private services (Jones et al., 2019a; Samuels et al., 2017). The pandemic response in some contexts included launching telephone hotlines to provide psychosocial support, but these were provided relatively late on and there has been low uptake among marginalised groups. Adolescents, especially refugee girls, were left under-served with no support and appear to have internalised the psychosocial issues facing them. While most adolescent girls turn to their families to discuss problems and to express their emotions, some use social media as a source of comfort and engage with online self-help groups, when they have access to the internet. Also, as a result of stress and isolation, some adolescent boys reported turning to negative coping strategies, such as substance abuse and smoking.

Our findings across contexts highlight that adolescents with disabilities – especially girls – were particularly isolated and distressed during lockdown, with most

organisational and government responses failing to pay attention to their specific needs. Married girls reported higher levels of stress due to increased marital tensions brought on by increased financial pressures on families, with many husbands (breadwinners) out of work and at home all the time. Particular efforts are needed to reach these young people to provide much-needed access to psychosocial and mental health programmes.

Bodily integrity and freedom from violence

Violence can harm adolescents in the short and long term and result in serious health, psychosocial and developmental consequences across the life course (WHO et al., 2013). In the pre-Covid-19 era, adolescents – especially those in conflict-affected areas – were already at heightened risk of violence (Samuels et al., 2018). The SDGs incorporate a number of targets on violence (Butchart, 2020);² however, slow progress in achieving these targets has been further constrained by the pandemic. The level of violence perpetrated against young people, especially girls and young women, has increased significantly in association with the pandemic response (Azcona et al., 2020).

Epistemologically, while we are aware that due to privacy concerns around virtual interviews during the data collection there is under-reporting of intra-household violence, several girls in our sample from different contexts noted that family tensions had become heightened due to the multilayered stresses they are facing and that sometimes this spilled over into physical violence, especially among economically disadvantaged refugees/displaced young people and married girls.

Girls reported increased domestic violence due to unemployed men taking out their frustrations on female family members. Boys also reported increased tensions at home and heightened conflicts within their communities, especially when men do not go to work and instead stay in the streets, especially in crowded areas like camps and informal tented settlements (ITSs). While the presence of police in streets and neighbourhoods to reinforce lockdowns has increased the level of security for adolescents, there were cases of abuse of power, including beatings of adolescents in refugee camps and ITSs. In these places, more stringent lockdown measures were forcefully imposed.

Voice and agency

For many girls who already had very limited mobility outside the home, the lockdown has resulted in further restrictions on their movement and loss of the very few activities they were allowed to do before Covid-19. It has also brought a much heavier share of household chores, which has led to additional psychological strain (with boys and adult males not taking any share of this workload). Girls' anxieties have been further fuelled by intra-household tensions, poverty and lack of resources. While boys can go outside more freely, girls are obliged to stay at home to serve males and meet their never-ending demands and are therefore more exposed to

family fighting and lack of agency. For many girls in our study, internet and mobile were the only avenues available to vent their frustrations and interact with the external world. However, this choice is not a valid option for the poorest refugee girls, for adolescents in rural communities and those belonging to very conservative families. Lack of resources and age and gender hierarchical social norms often restrict girls' access to mobile phones and the internet, with married girls often under even stricter surveillance by husbands and in-laws. Interestingly, in Gaza, there was a noticeable change in the social roles associated with gender brought on by the pandemic; some boys reported doing household chores and having greater appreciation for women and girls' role within the household.

Our findings highlight that school closures have also had important gendered effects on adolescents' interactions with peers. While many adolescent boys are still managing to meet with peers in the neighbourhood, girls' movement (which was often severely limited even before the pandemic) is restricted more heavily now and even more scrutinised by adult males during lockdown. For many girls, especially in the Middle East and North Africa (MENA) region, school was not just a place to learn but also provided a legitimate reason to leave the home, exercise voice and agency, and interact with peers without interrogation or supervision of male adults (Abu Hamad et al., 2017a). Many girls have now lost that opportunity.

The pandemic, and its negative consequences for education, economies and livelihoods, and social norms, has triggered a reversion to deep-rooted cultural practices such as child marriage. Our findings highlight that in contexts where child marriage was already prevalent prior to Covid-19 (such as in Ethiopia and among Syrian refugees in Jordan and Lebanon), adolescent girls are at heightened risk of child marriage where lockdown, poverty, displacement, family honour and school closures have coincided with traditional norms. Married girls reported heightened tensions within the home, and some reported experiencing severe physical violence at the hands of husbands, brothers or fathers.

Economic empowerment

Our findings on adolescents' economic empowerment are congruent with the international literature, which highlights that the pandemic's devastating impacts on the global and domestic economies are likely to be even more severe in fragile contexts (IMF, 2020). Many of the participants in our research, especially refugee or displaced adolescents, belong to families who have been struggling with daily survival for many years, experiencing high levels of unemployment and food insecurity. Refugees in countries that have not signed up to international accords guaranteeing refugee rights are not allowed to work legally in decent or permanent jobs and are typically limited to casual, insecure and poorly paid day labour (where such work is available). Lockdowns have exacerbated economic inequalities, further disadvantaging people whose work cannot be done online and remotely, whose incomes have suffered an immediate drop, usually with no safety net they can access.

Our research indicates that adolescents and their families are becoming poorer, with many reporting food insecurity, inability to afford rent or having to move to cheaper, poor-quality housing. Even before the pandemic, food security levels were compromised in the study contexts (Jones et al., 2019a; WFP, 2019). Lock-downs have hit the majority of households hard, and adolescents' nutrition has been affected, with many adolescents in vulnerable communities reporting fewer meals and more food shortages at home, prompting concerns about longer-term health impacts. For adolescents living alone – for example, adolescent migrants – the economic pressures resulting from Covid-19 are especially acute. For adolescents living in refugee camps (as in Gaza, Lebanon and Jordan), in overcrowded housing and with limited access to resources, hygiene and social distancing measures have been challenging to implement. Due to contraction of employment opportunities, many adolescents (especially those engaged in child labour) are being expected to work long hours, in risky jobs, or have lost their jobs already. Because of the precarious economic situation, some adolescents are compelled to work but are not being offered protective clothing, and they are working in environments where social distancing guidance is not enforced, putting themselves at greater risk of infection. Also, as a result of school closures, some boys and girls said they were now working unpaid in their family business (often agricultural labour) and were unlikely to return to school.

Many adolescents reported that their family had no access to much-needed social protection, and for the few whose families were receiving social protection support prior to the pandemic, there has been little evidence of support being scaled up. Indeed, some mentioned that because of Covid-19 and its impacts, the informal support they used to receive from extended family members or charities was no longer being provided. Some also mentioned that assistance is not distributed fairly, citing a lack of transparency in targeting and distribution. However, families who received food vouchers and cash support emphasised that this was vital in meeting their basic needs, but many adolescents reported that their families were in a dire situation, despite receiving support.

Conclusions and implications for the Covid-19 response

To conclude, the vulnerabilities mapped out pre-Covid-19 through GAGE research are still very evident and have, in most cases, been exacerbated due to the pandemic, with severe consequences for refugee and displaced adolescents, and with new forms of vulnerabilities emerging, which risk pushing them further behind. For refugee and internally displaced families, already highly precarious living situations have been rendered even more challenging as a result of the pandemic, but social protection responses have been slow to scale up to provide a meaningful safety net. In particular, rural refugee adolescents, adolescents with disabilities and married girls are significantly disadvantaged compared to their counterparts during lockdowns in terms of access to services, support, essential livelihoods and digital connectivity. Current downturns in funding due to plummeting levels of gross

national product (GNP) and strains on meeting the 0.7 per cent donor aid commitments will compound these vulnerabilities even further.

GAGE is unique in following and monitoring the life of vulnerable and marginalised adolescents in real time during the pandemic. This pandemic is different and represents a unique global challenge, with many uncertainties not only around the nature of the virus and its transmission but, most importantly, its impacts on different aspects of life in the short, medium and longer term. Still, most government responses are reactive, with debatable impact, and there remain many unanswered questions about how to mitigate the effects of the pandemic on the most vulnerable groups in society, of which adolescent refugees are one. Therefore, it is important to invest in longitudinal studies like this – which have enabled us to provide real-time evidence as the pandemic evolves benefiting from pre-existing study samples and relationships – whereas much of what we are seeing in the public arena is hypothetical and not based on empirical data.

We conclude with some reflections on priority actions for the national and international Covid-19 response to ensure that adolescents in humanitarian contexts will not be further left behind in the context of the pandemic.

To promote progress to achieve the SDG 4 targets on quality education for all, barriers limiting vulnerable adolescents' access to education should be urgently addressed, particularly for refugee and displaced children and adolescents, over the short and longer term. There should be further investments in the education sector, opening new schools that are accessible to refugee and displaced families and launching proactive outreach programmes to re-enrol vulnerable adolescents who have already dropped out or are at risk of dropping out. Government responses could also be strengthened by investing in alternative methods of education when schools are closed, addressing the needs of the most disadvantaged groups (including refugees, displaced adolescents, adolescents with disabilities and economically disadvantaged adolescents living in remote areas). Improving access to online education by expanding access to low-cost devices and providing mentoring either in person (socially distanced) or online, through schools and social media platforms is a priority in this regard. This should, in turn, be complemented with training for school management and teachers and investments so that schools can secure the resources they need to deliver online and hybrid forms of education.

In line with SDG 3 and the leave no one behind agenda, it is also vital that adolescent health is not overlooked, neither in normal times nor in crises; adolescent health should be routinely incorporated in the public health response plan. It is essential that government responses to Covid-19 should address adolescents' health vulnerabilities, particularly the specific health needs of refugee and displaced adolescents (who are typically not covered by formal health services) and adolescent girls (particularly married girls, including access to essential health services and sexual and reproductive health information) in crisis contexts. It is also important to proactively target adolescents in remote areas, those living in ITSs and camps, through mobile health teams and through e-health, web-based and hotline counselling approaches.

In terms of commitments to mental health, it is essential that government responses should be comprehensive and move beyond a focus on life-saving measures to provide proactive psychosocial support that addresses young people's anxieties and worries, to avoid longer-term mental illnesses that can have dramatic lifelong consequences. Mental health and psychosocial support should be an essential component of each country's Covid-19 response plan. It is important not only to invest in psychosocial first aid but also to proactively monitor progress of interventions and target the most vulnerable adolescents through specialist mental health services that can be delivered both in-person and online (in contexts where digital connectivity is better). Hotline and online services could be more effectively employed to support and serve adolescents, particularly in providing counselling and psychosocial support to overcome the stigma attached to seeking mental health services. In addition, involving adolescents as community animators in the response plan and engaging them in awareness, dissemination of appropriate messages and providing peer-to-peer support would benefit both the individuals involved and their peers.

In keeping with the commitments to social protection in SDG 1, it is critical that programmes in humanitarian contexts are informed by an understanding of adolescents' age and gender-specific needs, especially those at greater risk, including young people with disabilities. Interventions should be scaled up during emergencies and better linked with complementary services, including water, sanitation and hygiene services (not least in the context of the Covid-19 pandemic), positive parenting practices, positive coping mechanisms and longer-term strategies to address gender inequality and changing social norms. Adolescent girls' vulnerabilities – including heightened exposure to physical, sexual and gender-based violence, child marriage, and limited voice and agency – should be proactively monitored and addressed. Outreach programmes and web-based forums for reporting abuses and providing support for adolescents could be utilised to ensure that no vulnerable adolescent is left behind in the midst of a crisis.

Finally, if the gains that have been made towards gender equality are not to be reversed by the pandemic, adolescent girls' voices and experiences must be considered when developing policy and programming responses in crisis settings. Responses should both address immediate, life-saving needs and promote longer-term resilience of marginalised groups, paying specific attention to gender- and age-specific needs of the most vulnerable groups. It is vital to engage adolescents and young people in emergency and recovery responses through partnerships, earmarked funding and taking up leadership positions, ensuring that adolescent girls from diverse backgrounds and social groups are equitably represented and supported in these roles.

Notes

- 1 For more detailed information about adolescent experiences with Covid-19 in the countries covered in this book, please go to the GAGE website (www.gage.odi.org/)

publications), which provides policy briefs about the status of adolescents and the effects of Covid-19 on adolescents across six key capability domains.

- 2 SDG Target 5.2: eliminate all forms of violence against women and girls. SDG Target 5.3: eliminate all harmful practices such as child, early, and forced marriage and female genital mutilation. SDG Target 16.1: significantly reduce all forms of violence and related death rates everywhere. SDG Target 16.2: end abuse, trafficking and all forms of exploitation against children.

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