Literature Review

Gendered Impacts of COVID-19 on Girls’ Education and Wellbeing in the Indo-Pacific

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## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contents</td>
<td>3</td>
</tr>
<tr>
<td>List of acronyms</td>
<td>4</td>
</tr>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Purpose and approach</td>
<td>5</td>
</tr>
<tr>
<td>Evidence gaps</td>
<td>5</td>
</tr>
<tr>
<td><strong>Headline findings</strong></td>
<td>7</td>
</tr>
<tr>
<td>Girls’ education and learning</td>
<td>7</td>
</tr>
<tr>
<td>Compounding factors and vulnerabilities</td>
<td>9</td>
</tr>
<tr>
<td>Girls’ wellbeing</td>
<td>10</td>
</tr>
<tr>
<td>Compounding factors and vulnerabilities</td>
<td>12</td>
</tr>
<tr>
<td><strong>Effectiveness of responses</strong></td>
<td>13</td>
</tr>
<tr>
<td>Conclusions</td>
<td>14</td>
</tr>
<tr>
<td>Bibliography</td>
<td>15</td>
</tr>
</tbody>
</table>
Introduction

The potential impacts of the COVID-19 pandemic on girls’ education and wellbeing are numerous and diverse. Most directly, many schools in Southeast Asia and the Pacific have been closed for extended periods, and large numbers of children have been unable to access distance learning opportunities. Global estimates suggest that girls’ education will be disproportionately affected by the pandemic, both in terms of access to education and in terms of learning outcomes. Pre-existing gender inequalities and discriminatory gender norms are likely to mean that girls and female adolescents are disproportionately affected, threatening to undermine gains made in relation to girls’ education and wellbeing over the past decade.

This literature review presents an initial scan of evidence carried out in preparation for two more in-depth Rapid Evidence Reviews (RERs), commissioned by the Australian Department of Foreign Affairs and Trade (DFAT). The review focuses on the Indo-Pacific region which, with a particular focus on Southeast Asia and Pacific Island Countries (PICs).
Purpose and approach

The literature review has two main objectives:

1. To capture a basic understanding of the availability of evidence in relation to the impact of the pandemic on girls in the Indo-Pacific region, largely to inform the methodology for the forthcoming RERs.
2. To identify initial headline findings in relation to:
   - the current impact of pandemic on girls’ education and learning and on girls’ wellbeing;
   - the effectiveness of responses to address the pandemic’s impact in relation to girls’ education and learning and girls’ wellbeing.

Across these two objectives, the literature review also sought to identify any differential impacts of the pandemic and the effectiveness of responses on various subgroups of girls, seeking to identify disaggregated evidence wherever possible.

Methodology and limitations

The literature review took the form of a quick scan of online resources, in order to identify the most immediately relevant publications. Basic searches were undertaken using a small number of keywords, including ‘Covid’, ‘Girls’ Education’, ‘Pacific’ and ‘Southeast Asia’ in Google and Google Scholar. Additional search terms related to the various dimensions of wellbeing were also used. In addition to online searches, the team included further resources by snowballing citations from initial resources found.

Through online searches, a total of 97 resources were identified. Of these 97 resources, 57 were found to provide at least some evidence on girls’ education and wellbeing in relation to the COVID-19 pandemic in the Indo-Pacific region. Many of these resources provided regional-level evidence, rather than country-specific studies. The literature review does not include any assessment of the quality of evidence found. The review is also limited to evidence which is easily available online and in English. The review does not include evidence related to pre-primary or post-secondary levels as this was out of scope; however, some of the data we draw on is inclusive of these levels.

Evidence gaps

Based on the 57 resources included in the literature review, there appears to be an uneven concentration of evidence in certain areas and some notable gaps. These are explained below.

The majority of evidence was from secondary reviews. Of the 57 resources that were found to be relevant - at least to some extent - 30 provided evidence largely based on secondary reviews. This meant there were considerable examples of re-use of the same original data and repetition in terms of the evidence presented in various resources. Twenty-seven of the resources did provide evidence based on primary data, including 13 with quantitative data, 9 with qualitative data and a final 5 which were mixed methods.
In addition, a significant proportion of the resources identified were grey literature, including reports from INGOs and various offices of the United Nations. There was a distinct lack of academic literature, although this could be due to the nature of our search approach (i.e. using Google and Google Scholar rather than more specialist academic databases).

**Much of the evidence was published early on in the pandemic.** Perhaps surprisingly, the majority of resources identified in the literature review were from 2020. Only 11 resources were from 2021. When the data collection period was specified, this tended to be in the early stages of the pandemic (March to August 2020). This means that most of the evidence found focuses on the immediate impacts of the pandemic with a potential gap in terms of evidence on medium-term impacts.

**Countries are unevenly represented in the regional evidence.** The majority of regional resources included in the literature review drew on evidence from larger countries, such as Vietnam (11 resources), Indonesia (9 resources), and the Philippines (4 resources). Somewhat surprisingly, there were also four records drawing on evidence from Fiji and Vanuatu. Two resources included evidence from Laos, Myanmar, Papua New Guinea, Solomon Islands, and Tonga. However, there was just one resource with evidence drawn from Cambodia, Kiribati, and Samoa. Evidence was not found from six of the countries included in the Indo-Pacific region: the Cook Islands, French Polynesia, Marshall Islands, Nauru, Niue, and Palau.

**There appears to be a greater volume of evidence related to the pandemic’s impact on girls’ wellbeing.** There was a relatively substantial amount of evidence on the impact of COVID-19 on girls’ wellbeing, including on mental health and psychosocial support services (MHPSS), sexual and reproductive health and rights (SRHR), gender-based violence (GBV), domestic care, and livelihoods (e.g. financial security and employment). This included some primary data (mostly quantitative, but some qualitative), and a few studies that used modelling to estimate short (i.e. immediate) medium (1 year) and long-term impacts (5 years) (e.g. Save the Children 2020a). UN Women, the United Nations Population Fund (UNFPA), and International Labour Office (ILO) offer key sources.

However, looking more closely at the wellbeing-related evidence, there seems to be a lack of evidence on specific aspects of wellbeing, such as data on early marriage (CARE 2020a); or on longer term impacts on education (such as drop outs or longer term outcomes) (Mendez Acosta and Evans 2020). However, there are estimations for both of these topics (Save the Children 2020a; UNESCO 2020a).

**Evidence of the pandemic’s impact on girls’ education appears to be particularly limited.** The majority of the evidence on girls’ education and learning comes from grey literature, including reports by international development agencies, such as UNICEF, CARE International, Plan International, and Save the Children. Most of the evidence addresses regional trends, including East Asia and the Pacific or Southeast Asia. There is also a range of country-level data available, though more so for larger countries, including Vietnam, Indonesia, and the Philippines. Most evidence draws on what is known about social issues affecting girls prior to the pandemic, making estimates or assumptions about how the pandemic will exacerbate inequalities in girls’ access to education and learning outcomes. For
example, research on vulnerabilities explains how COVID-19 is likely to exacerbate barriers for groups of girls who are already marginalised (e.g. ethnic minorities, migrants, girls with disabilities or those from remote communities), but with little evidence that it has done so.

There appears to be a lack of disaggregated data and evidence on compounding factors. Much of the evidence focuses on ‘girls’ in general. In some cases there is a focus on ‘adolescent girls’ or ‘children’ generally (non-disaggregated) and there is some evidence that is specific to women (ages 18+). Although some factors (e.g. age, disability, ethnicity/migration and remoteness) were in some cases found to compound the negative impacts of the COVID-19 pandemic, there was generally a lack of sex- and age-disaggregated data. Most of the literature that referred to marginalised groups was based on prior emergencies and/or modelled projections or estimations.

There was almost no evidence on the effectiveness of responses. There appear to be a large number of resources that set out organisations’ current or future response plans to address the impacts of the pandemic. This includes some evidence of reach (e.g. UNICEF-EAPRO 2020). However, there is a distinct lack of evidence related to how successful these responses have been. In fact, the literature review identified just one source of evidence on the effectiveness of government and development partners’ responses to the impact of the COVID-19 pandemic on girls (see below). However, it is possible that some of this evidence may exist in the form of unpublished evaluations.

Headline findings

Girls’ education and learning

Global estimates suggest that girls’ access to education and learning outcomes will be disproportionately affected by the pandemic. In the worst case scenario, according to research by Right to Play, 53% of adolescent girls will not return to school after lockdowns (UNICEF-ROSA 2020). Approximately 24 million additional students, of which 11.2 million are girls and young women (ranging from pre-primary to tertiary education) could either drop out or lose access to school in 2021. Girls are at risk of dropping out due to increased economic pressure to earn an income and fulfil domestic and caring duties, as well as early and forced marriage and unintended pregnancies. Global projections indicate that generally girls are more at risk of dropping out of primary and secondary education, while boys are more at risk of not returning to school at tertiary level (UNESCO 2020a). There are, however, some regional differences that are described below.

It has been estimated that losing 6 months of learning will have a proportionally greater impact on marginalised and vulnerable girls in low and middle income countries, who could lose 50% of their total years of education (UNICEF-ROSA 2020). This is the only evidence found on the long-term impact of COVID-19 on girls’ education.

Global estimates suggest that discriminatory gender norms have a negative impact on girls’ learning. A survey of 37 countries (including countries in Asia and the Pacific) found that globally, since the pandemic began, household
chores increased for almost two thirds of girls (63%), while more than half (52%) reported an increase in time spent caring for siblings and others. Increased domestic and care work burdens prevented them from being able to study at twice the rate of boys (Save the Children 2020b).

Projections specific to East Asia and the Pacific demonstrate how large numbers of girls have been unable to access remote learning and may not continue their studies as a result of the pandemic. Forty million girls (20% of girls in the region) and forty million boys were unable to continue learning remotely, mainly due to a lack of ICT equipment (UNICEF 2020 in UNICEF 2020a). An additional 1.9 million girls and young women are estimated to be out-of-school (pre-primary to tertiary) due to COVID-19 in the East Asia and Pacific region (UNESCO 2020a). Increases of this magnitude suggest an 8 per cent increase on the 15 million girls not currently enrolled in pre-primary to upper secondary school in this region (UNICEF 2020a).

Evidence also suggests that there are differential gendered impacts across the various education levels. For example, in East Asia and the Pacific, boys and young men are at a greater risk than girls and young women of not returning to school in the later years (secondary and tertiary levels). On the other hand, girls are more at risk of not returning to the pre-primary level, and girls and boys face about the same level of risk at the primary level. In South and West Asia, girls are at greater risk of drop-out than boys at pre-primary and upper secondary levels (UNESCO, 2020a).

National responses have differed significantly across the region. Recent data from UNESCO1 indicates that school closures in the region have lasted between 6 weeks (in Papua New Guinea) and 60 weeks (in Myanmar), showing significant differences across countries. A recent World Bank study predicts falling test scores and up to a 10% increase in the share of lower secondary-aged girls who are below the minimum level of proficiency in basic literacy and maths in the East Asia and Pacific region; these estimates assume that schools are closed for five months.

The quality of remote teaching and learning is part of the problem. More than 2 in 3 females (69%) in East Asia and Pacific reported learning less than usual as a result of transitioning to distance education (ILO 2020, cited in UNICEF 2020a). Although comparable regional data is not available for boys, global evidence suggests females were more likely (67%) than males (63%) to believe they were learning less at the onset of the COVID-19 crisis. Similarly, boys were slightly more likely (17%) than girls (16%) to believe they were learning more since the start of the pandemic (ILO 2020).

Across the literature, evidence points to myriad barriers that girls face in achieving quality education and wellbeing outcomes since the onset of COVID-19. This evidence usually draws on what was known prior to COVID-19 to illustrate how progress towards gender equality has been reversed and inequalities have been exacerbated. Examples of these barriers include: access to technology and devices, social norms including boys getting priority when limited household devices are available, access to Internet (or costs of data/internet packages), economic

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1 Data from UNESCO’s “Total duration of school closures” map, accessed July 29, 2021: https://en.unesco.org/covid19/educationresponse.
impacts and the need to take on paid employment or engage in more unpaid domestic work, poor quality teaching, changes to the curriculum, inconsistency in teaching styles and abilities, stressful home environments or mental health challenges, difficulty to maintain concentration and motivation, and lack of access to on site teaching-learning facilities, teacher support or parental support.

Compounding factors and vulnerabilities

Most of the literature reviewed does not point to differential impacts, and does not disaggregate data. However, some evidence was found on increased vulnerability of girls based on age, ethnicity/migration, disability, and other factors. We discuss this below.

There is some anecdotal evidence showing differentiating experiences for younger and older adolescent girls. For example, the need to work or to support their family or care for younger siblings is often more of a challenge for older adolescent girls (Pacific Women 2020).

Ethnicity and migration influence girls’ access to and quality of their educational experiences. Asia and the Pacific is the region with the highest rates of south-south migration (ICRC 2020a) and the region with the most indigenous population (335.8 million or 70.5%) (FIMI 2020), making these subgroups of girls important for this research. Though the initial literature review uncovered no evidence specific to migrant and indigenous girls’ education access or learning outcomes, migrants generally face challenges in accessing public services such as health and education, (ICRC 2020a), as well as ethnic abuse, displacement, and restrictions on their mobility (FIMI 2020).

Learners with disabilities are less likely to have access to the teaching methods and materials they need. A review of literature on persons with disabilities in the region found that few country-level surveys addressed the educational needs of children and adolescents with disabilities (Hillgrove 2020). An online survey found only 20% of families of learners with disabilities in East Asia and Pacific have access to the internet, making it the region in the world with the lowest amount of access (World Bank 2020b). In Indonesia, a needs assessment (YAKKUM 2020, cited in Hillgrove 2020) found: (1) “school from home” materials were challenging for children, both in terms of access and understanding; (2) not all families had enough devices for all children to study at once; and (3) physical distancing meant that therapy stopped for most children with cerebral palsy. Many other respondents were relying on others to access essential medication from health services on their behalf. It is important to note here a lack of gender and sex disaggregated data in the evidence found related to children with disabilities.

Adolescent mothers face unique barriers to education. As a result of lockdowns, young mothers (15-28 years) in Indonesia reported bearing additional burden of childcare and managing the household with limited resources (due to husbands having lost jobs or faced pay cuts) (ASPBAE, 2021).

Overlapping emergencies cause increased risks for girls and add another layer of challenges that governments must respond to. At the national level, some countries in the Indo-Pacific face (or are more at risk of) multiple
emergencies, e.g. natural disasters such as earthquakes and cyclones in Fiji and Vanuatu (UNICEF 2020b), and armed conflict or violence in the Philippines and Myanmar (UN Women 2020a). When communities are affected by a combination of COVID-19 and other emergencies, the inequalities girls face are likely to be exacerbated.

Despite declines in mental health, there is some evidence of improved physical health as a result of school closures. In Indonesia, adolescents and young adults (15 to 28 years) reported that although they had experienced anxiety early in the pandemic, they felt healthier physically (ASPBAE 2021), though this requires more examination as to why.

**Girls’ wellbeing**

Evidence suggests women and girls are less likely to access health services during the pandemic (e.g. in Cambodia, and Thailand, CARE 2020a). Reasons for this include fear of contracting coronavirus or safety issues for women travelling in Lao PDR (CARE 2020a); closing of facilities and travel restrictions for women, particularly affecting women in rural areas in Myanmar (CARE 2020a), increased costs of health services and transportation to facilities (e.g. in Vanuatu) (ASPBAE 2021). Adolescents in particular may face challenges in accessing SRHR due to taboos around sexual activity outside of marriage (UNFPA 2015).

Several studies report worsening mental health in the Indo-Pacific, sometimes in relation to school closures, mobility restrictions and isolation, affecting girls more than boys. Several studies have noted that girls and female adolescents reported negative feelings (e.g. stress, anxiety, boredom, loneliness, or feeling unsafe) in the Philippines, Indonesia, Kiribati, Vietnam, Myanmar, Fiji, Papua New Guinea, Solomon Islands and Vanuatu (Plan International 2021a, UNICEF-EAPR 2020b, Wang et al. 2021, Pacific Women 2020). It is important to note that there are differences across countries, with, for example, less anxiety reported by girls in Australia than their peers in Vietnam (Plan International 2020).

There have been reports of increased child marriage in the region. Economic pressures increase the perceived burden of girls due to son preference, and contribute to an increase in child marriages. Nearly half (49%) of children and young people (ages 11-19) interviewed for a qualitative study in 10 countries in the Asia Pacific region - including the Philippines, Myanmar, Laos, Indonesia, and Thailand - spoke about an increase in child marriage in their communities; some respondents mentioned that lockdowns may make hiding child marriage easier (Thakur et al. 2020). Increases in child marriage have been reported in Indonesia (Plan International 2021a) and Vietnam, although accurate data were ‘impossible’ to find (as reported by Blue Dragon Children’s Foundation in Cousins 2020). It is estimated that in one year, an additional 61,000 girls from East Asia and the Pacific and 191,200 girls from South Asia

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2 This youth-led action research was carried out in Barru Regency and Pangkep Regency, as well as, in the peripheral areas of Makassar City in South Sulawesi.

3 According to UNFPA Asia and the Pacific Regional Office and UNICEF Regional Office for South Asia reports (cited in UNFPA and UNICEF, 2020).
will be at risk of child marriage (Save the Children 2020a). In five years, these estimates rise to 305,000 and 956,000 girls, respectively (Save the Children 2020a).

Girls are more at risk of pregnancy due to school closures. Reports suggest that in recent years adolescent pregnancies have had the steepest rises in Cambodia, Fiji, and Malaysia, with Laos keeping steady rates (Jalloh 2018, in Save the Children 2020a). It is estimated that in one year, an additional 118,000 girls from East Asia and the Pacific and 138,000 girls from South Asia will be at risk of adolescent pregnancy (Save the Children 2020a).

Several sources mention GBV increases, although some focus on women more widely. For instance, increases in calls to helplines were reported in Fiji, Samoa, Malaysia and India (UN Women 2020b, Eco Business and the Asean Post, cited in UNESCAP 2020, the new India Express and the Hindu, cited in UNESCAP 2020). Shelter clients doubled in Vietnam (UNICEF 2020, in UNESCO 2020b) and Tonga (UN Women 2020b), and increased in Indonesia (Eco Business, in UNESCAP, 2020) and Myanmar (Myanmar Times, in UNESCAP, 2020). Multiple sources show that domestic violence cases reported were often perpetrated by first time offenders, suggesting that current conditions are driving partners to higher levels of violence (UNESCAP 2020). However, many cases go unreported. A small-scale survey (Pacific Women 2020) found that 2 in 5 adolescent girls (ages 14-19) in Fiji, Papua New Guinea, Solomon Islands and Vanuatu feel unsafe at home and/or unsafe with their intimate partner at times, and half of adolescent girls that responded reported that they sometimes feel unsafe online. Contributing factors to lack of safety at home were reported to be loss of income and increased drinking, while there is less detail about why girls might feel unsafe online.

More than 37% of all women (ages 15-49) in South Asia, 40% in South-East Asia and 68% in the Pacific have experienced intimate partner violence (physical and/or sexual) in 12 months (UN Women 2020, in Plan International and Save the Children, 2020). Globally, 243 million women and girls have experienced violence a 12-month period during the pandemic (UNDP n.d., in Plan International and Save the Children, 2020).

There is some literature pointing to increases in newer types of GBV, such as online violence, sex trafficking, or cyber-bullying, as a result of increased use of the internet, including in Vietnam (UNICEF 2020c), Thailand (UNICEF n.d. in Plan International and Save the Children 2020) and in the Philippines (Thomas Reuter Foundation 2020, in Plan International and Save the Children 2020). Girls in the Asia-Pacific region have some of the highest increases in social media use: 89% of girls report having increased usage of social media (online survey) (Plan International 2020). In the Philippines, from March to May 2020, the government recorded almost three times as many cases of online sex abuse of children as in 2019 (Macairan 2020). In Vietnam, there was an online beauty contest for girls aged 12-15 years where they had to submit four naked pictures to participate (UNICEF 2020c). Cyberbullying between peers is also a risk since the start of COVID-19 (Thakur et al. 2020).

There is a lack of sex-disaggregated data on youth livelihoods, financial security and unemployment in the Indo-Pacific Region. An exception is data from the Pacific region reported by Pacific Women (2020); among respondents, one of six girls reported that they needed to work to support their family, and could therefore not do their
schoolwork (Pacific Women 2020). The available data shows that the pandemic has resulted in: (1) more young people taking on work to support their families in the Philippines, Myanmar, Laos, Indonesia, and Thailand (Thakur et al. 2020), with 47% of respondents mentioning having to stop learning in order to work; and (2) significantly higher youth unemployment rates in Vietnam (ILO and ADB 2020, in Favara et al. 2021) and the Philippines (ASPBAE 2021). The loss of livelihoods in Vanuatu has meant that families' ability to pay school fees and continue education has been impacted (ASPBAE 2021). Loss of livelihoods, coupled with school closures and the increased need for childcare, have increased girls' and youth' burden of unpaid family care. This has, for example, been reported by youth in the Philippines, who either took on household chores or looked for income by selling small items such as food (Favara et al. 2021).

Due to discriminatory gender norms women and girls are disproportionately affected by the burden of increased unpaid care affecting their ability to study/access education. There is evidence that lockdowns have led to an increase in unpaid care work for women from 11 Asia-Pacific countries as a result of school closures (Seck et al. 2021). In Tonga, girls reported that during the two weeks of lockdown in March 2020, they had challenges balancing schoolwork with increased domestic and care work (Talitha Project, cited in Pacific Women 2020), although no links to education and learning outcomes were made in the report. Older siblings may have to undertake more work, such as caring for younger siblings. In Fiji, 20% of girls surveyed reported challenges in balancing education and work (FWRM in Pacific Women 2020).

Compounding factors and vulnerabilities

Most of the literature reviewed does not point to differential impacts, and does not disaggregate data. However, some evidence was found on increased vulnerability of girls with disabilities, and migrants/refugees.

Girls with disabilities are more at risk of GBV and less likely to have access to health services or family planning. Research from the Pacific Islands indicates that before COVID-19 women and girls living with a disability were two to three times more likely to be victims of physical or sexual abuse than those without a disability (Pacific Islands Forum Secretariat 2018, cited in Save the Children's 2020a), and this is likely to be exacerbated by the pandemic. In a global survey of women with disabilities, nearly 1 in 4 respondents reported fear for their personal safety, due to greater proximity to members of their household, power imbalances caused by increased dependence on others, or stigma and discrimination from members of the public (cited in Hillgrove 2020). Girls (and boys) with disabilities also are less likely to have access to public health services, including SRHR services and therapies that are essential to their wellbeing (World Bank, forthcoming).

Ethnic and linguistic minorities (especially migrants and refugees) experience discrimination and violence. In the Mekong region, CARE reported discrimination against ethnic or linguistic minorities, especially undocumented migrant workers (CARE 2020a). In some cases inadequate water, sanitation and hygiene (WASH) facilities and

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4 In Vietnam, the pandemic resulted in increases in the youth unemployment rate between an estimated 56-91%, and the proportion of 19-year-olds enrolled in school or working dropped from 44% to 25%.

5 For example, as reported by Pacific Women partners in Tonga and Fiji. Pacific Women 2021.
overcrowded conditions in refugee settlements or camps for internally displaced persons (IDP) (e.g. in Rakhine State, Myanmar) can inhibit the ability of women and girls to practice hygiene and social distancing measures recommended (UN Women 2020a).

**Effectiveness of responses**

The UNDP COVID-19 Global Gender Response Tracker monitors responses taken by governments worldwide to tackle the pandemic, and highlights those that have integrated a gender lens. It captures national policy measures taken by governments, including school feeding programs and efforts to combat gender based violence. The raw data can be downloaded, and an initial scan points to several relevant initiatives in countries of the Indo-Pacific Region.

Most governments in the region have provided alternative methods of study or learning in response to the COVID-19 pandemic (Price 2020), though there is limited data on the effectiveness of such approaches. There is also a wealth of literature that describes the sorts of wellbeing programs and initiatives that international development agencies, such as UNICEF, have launched (or will launch) in response to COVID-19. Many times, these initiatives are in partnership with state governments. For example, various actors have put in place GBV, mental health and health/nutrition responses. A few examples are highlighted here:

- **GBV prevention:** (1) UNICEF is supporting the enhancement of a nationwide network of child protection units (One Stop Centers) in the Philippines. (Girls Education Issue Brief, in UNICEF-EAPRO 2020b); (2) UN Women, in partnership with governments, focuses on GBV prevention in Fiji, and on protection of children in quarantine facilities in Vietnam (UN Women 2020c); (3) Various governments are adapting GBV and COVID-19 procedures, implementing communication strategies, or providing support to safe shelter and counselling. These include Kiribati, Tonga, Samoa, and Solomon Islands (UNDP Global Gender Response Tracker).

- **Mental Health and Psychosocial Support Services (MHPSS):** UNICEF is making and disseminating accurate and accessible information and communication materials for young people. There is some evidence of reach in the region: 700,000 children (51% girls) in primary school in Laos were reached by UNICEF Lao PDR and partners, through provision of risk communication materials on COVID-19 to the schools; while over 11,000 people in Vanuatu (of which 6,825 children – 3,460 boys; 3,365 girls) have been reached by five psychosocial support teams in a combined response to COVID-19 and Cyclone Harold (UNICEF-EAPRO 2020a).

- **Physical health responses:** UNICEF is offering peer to peer distribution of folic acid to adolescent girls in Indonesia (Girls Education Issue Brief, in UNICEF-EAPRO 2020b).

While some of the above examples have gender-disaggregated evidence of their reach, they do not provide any evidence on their effectiveness (e.g. declining rates of violence or improved access to health services). Only one example of program effectiveness was found, this is described below.
Educational technology solutions may support access and learning. One publication was found supporting this finding, although this is based on self-reported data. Ruangguru, a tech-enabled education provider in Indonesia, launched a free online class programme for students of different ages as a response to the pandemic. This initiative is implemented in partnership with internet providers, so that students receive free credit bundles. Although this is not gender disaggregated, data shows that during COVID-19, seven million students participated in online classes. According to Ruangguru, 92% of users reported improved academic performance after 3 months. (GSMA Mobile for Development webinar, June 2020, in Chebib 2020) The majority (80%) of Ruangguru students are from outside the city of Jakarta (Ruangguru website, in Chebib 2020), and 70% come from low and middle income families (Chebib 2020).

Conclusions

The literature review has identified a greater volume of evidence related to the pandemic’s impact on girls’ wellbeing than on their education and learning. Available evidence suggests that girls’ wellbeing is being negatively impacted by the pandemic. In particular, some emerging evidence is beginning to show the impact that the pandemic and related restrictions are having on girls’ mental health and psychosocial wellbeing. There is also some evidence of increases in early marriages, and estimations of increases in adolescent pregnancies, as well as reports of increased levels of GBV, including specific types of violence, such as online abuse.

In contrast, although there is some evidence which points to the impact of the pandemic on girls’ access to education and on the quality of teaching and learning experiences, there is a distinct lack of evidence which captures impacts on girls’ learning. Available evidence tends to discuss risks related to dropout and barriers to girls’ education, in particular those related to increased pressures to contribute to household income and to take on domestic and caring responsibilities during the pandemic. Although there appears to be a lack of sex-disaggregated data, available evidence shows increases in young people taking on work since the outbreak of COVID-19. There are also some indications that loss of household income may impact on girls’ ability to continue their education.

Overall, disaggregated data appears to be limited, whether by sex, age or school stage, and there is a distinct lack of evidence on disability, ethnicity and remoteness. The literature review also found an uneven spread of relevant evidence across countries, with a complete lack of evidence in some. The literature review also points towards evidence gaps in relation to differential impacts, compounded risks and exacerbated vulnerabilities among certain subgroups of girls.

By far the largest gap which the literature review has highlighted is evidence related to the effectiveness of government and development partner responses to the impacts of the pandemic. However, it is possible that more of this type of evidence is available offline and may start to emerge over time.
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A. The evidence


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B. Other resources


