

# Concept Note

## UNICEF Narrative for DFAT SRHR proposal- Oky

*Indo Pacific Sexual and Reproductive Health and Rights COVID-19 Surge Response (C-Surge)*

### 1. Background and Rationale

#### COVID-19 impact on Sexual and Reproductive Health (SRH)

The COVID-19 pandemic has affected many facets of life including freedom of movement, safety, education, economic stability and health. As in other crises, it is girls and young women who suffer disproportionately, as the pandemic exposes and exacerbates gender inequalities. The COVID-19 pandemic is having a particular adverse impact on women's and girls' ability to access life-saving sexual and reproductive health (SRH) services. SRH rights are key to gender equality and women's and girls' empowerment. Women and girls need universal access to quality services, information and education so they may lead healthy lives, and be free to participate in all facets of life, including social, economic and political life. However, there is evidence that since the onset of the pandemic, hard-won gains in SRH are being lost, and women and girls burdened with unwanted pregnancies, obstetric complications and maternal deaths; sexual abuse and exploitation; and challenges to menstrual health and hygiene.

Strained health systems are diverting resources and disrupting the delivery of SRH services at a critical time, as they are not considered 'essential'.<sup>i</sup> The WHO reports that 68% of family planning and contraception services were disrupted across 105 countries, in the second quarter of 2020, with LMICs reporting the greatest difficulties.<sup>ii</sup> Facilities face closures, diversion of staff, supply chain breakdowns and many staff lack time, equipment and supplies to provide safe, effective service. Fear of infection and economic hardship also reduce access to SRH services and supplies.<sup>iii</sup> These factors combine to reduce women's and girls' access to vital SRH information. In Timor-Leste, for example, 24% of women surveyed reported missing appointments with family planning or SRH services, since the crisis began.<sup>iv</sup> Young people generally face greater obstacles to accessing SRH services and this is exacerbated during crises. In Thailand, the number of youth reporting difficulties accessing SRH services, including contraception, counselling, STI testing and HIV PrEP, has doubled from 20% to 40%.<sup>v</sup>

COVID-19 has also disrupted access to education, a key source of information and guidance for young people about SRH.<sup>vi</sup> Parents are not always comfortable discussing SRH issues with their children and this discomfort may be heightened during a time of crisis. Without access to SRH information, services and supplies, unwanted pregnancies are surging, along with unsafe abortions, home deliveries without skilled health professionals, and increased maternal and newborn mortality. UNFPA estimates that in 2020, the pandemic disrupted contraception for approximately 12 million women, resulting in 1.4 million unintended pregnancies across 115 LMICs.<sup>vii</sup> In the Philippines, the unmet need for family planning is estimated to have increased by 67%, between March and December 2020, affecting some 2 million women, and leading to 2.5 million more unintended pregnancies and 26% more maternal deaths, by the end of the year.<sup>viii</sup> Rates of birth to mothers under the age of 20 are predicted to more than double as a result of quarantines, with approximately 200,000 young Filipinos becoming parents.<sup>ix</sup> An unintended pregnancy, particularly outside of marriage, can have many negative consequences for a girl including stigma, social isolation, school expulsion, forced marriage and, in some cases, violence and suicide.<sup>x</sup>

Lockdowns have also triggered a surge in domestic violence against women and girls, with three-fold increases in many parts of the world.<sup>xi</sup> Harmful practices, such as child marriage and female genital mutilation, that

negatively impact girls' SRH, are also on the rise.<sup>xii</sup> Data from Indonesia indicates a doubling in the rate of child marriages, with 33,000 in the first half of 2020 compared to 22,000 for the previous full year.<sup>xiii</sup> Early marriages may force girls into sexual relationships for which they are unprepared. Once again, COVID-related service interruptions raise obstacles for girls and young women seeking advice or assistance in times of need.

### Impact of COVID-19 on menstrual health and hygiene (MHH)

Menstruation can also be a significant source of stress and anxiety for girls and young women.<sup>xiv</sup> Prior to COVID-19, many girls across the region reported struggling to manage their periods and being unprepared for menarche.<sup>xv</sup> Taboos, myths and secrecy, often perpetuated in the home, prevent girls from getting the support and knowledge they need to manage their periods with confidence and dignity. Added to this, misinformation about the impact of COVID-19 vaccines on menstrual cycles may hamper vaccination efforts.<sup>xvi</sup> Pandemic response measures which restrict mobility and close schools raise further barriers to reliable information and access of sanitary supplies. A survey in mid-2020 of professionals working in WASH and SRHR found most (75-81%) were worried about the pandemic's impact on women's and girls' menstrual hygiene management and the potential for health risks.<sup>xvii</sup> These concerns were justified: one in three girls and women, surveyed in the Pacific, reported period products had become harder to find, almost half (40%) said they had trouble finding facilities for changing and disposing of sanitary products safely, privately and hygienically and one in five indicated they felt more embarrassed about their periods during the pandemic.<sup>xiv</sup>

While in Indonesia, a UNICEF poll found one in five young women reported either mobility restriction or price as barriers to access of sanitary napkins, with one in ten indicating either a lack of privacy or increased shame in managing menstruation.<sup>xviii</sup> More than half of respondents reported greater irregularity in periods and 28% experienced increased pain during menstruation. At the very time when they need it the most, women and girls face barriers to vital SRH knowledge and healthcare. It is unsurprising, with mobility restrictions and service interruptions, that many young people are searching digital spaces for advice on SRH, including menstruation.

### Shifting to online

The COVID-19 crisis has escalated time spent on digital devices, allowing greater opportunity for connecting and viewing content online. Demand for online health information has surged during lockdowns. In the process of searching for information about sexuality and SRH, it is likely many young people have been exposed, whether deliberately or by accident, to material that may be unsafe or violent.<sup>xix</sup> Time spent on devices also raises the risk of abuse and targeting by online predators; online sexual exploitation and abuse of children (OSEAC) has sky-rocketed during the pandemic, with girls being particularly vulnerable to this abuse and featured in 90% of images.<sup>xx</sup>

As the pandemic disproportionately impacts women and girls, response measures must prioritize action to advance gender equality and SRHR. Access to reliable, evidence-based SRH information and advice is pivotal for young women and girls. While the pandemic poses many potential threats to the SRH of young people, it also provides opportunities to leverage the time spent in digital spaces to enable access to safe, accurate SRH information, guidance and support services, so that young people may better understand their rights, relationships and bodies. Information about menstruation, fertility, contraception, positive health behaviors; and where to get help when they need it, are invaluable. There is a need for investment to support and develop safe, localized digital platforms that help girls and young women gain better access to quality information about SRH, including fertility, menstruation and relationships, and connections with appropriate services, when required.

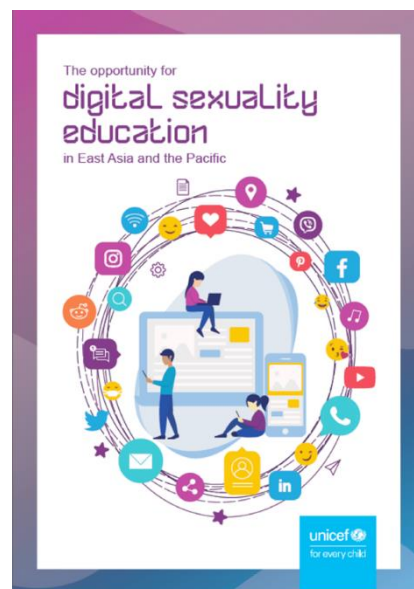
## 2. UNICEF's work on digital sexuality education and SRH information for adolescents

### Supporting digital sexuality education and online SRH

East Asia Pacific has seen a rapid uptake of digital technology by children over the past years and increasing online searches for health information. As girls and boys go online to look for information about health, sexuality, and relationships, little is known about what they find during these searches and if it helps or harms them.

The UNICEF EAPRO desk review [The Opportunity for Sexuality Education in the Digital Space in East Asia Pacific](#) (2018/19) explored these questions and what online sexuality education options and SRH information platforms are available, the impact they have, and whether digital media provides a safe option for curious adolescents (as a complementary delivery channel to in-school comprehensive sexuality education (CSE)). The review also provided background information and an assessment of opportunities and risks, for those seeking to improve the health and well-being of young people through online engagement.

Based on the insights from the review, and to ensure quality and safe online sexuality education and SRH information, UNICEF EAPRO in collaboration with UNFPA, UNESCO, YouthLead and LoveFrankie, convened a diverse range of stakeholders and thought leaders from the fields of digital education, youth engagement, content creation, SRH information services. to advance opportunities and potential solutions for improving young people's access to trustworthy information about sexuality and reproductive health (Bangkok, November 2018).



As the COVID-19 pandemic hit in 2020, a virtual community of practice (CoP) of digital sexuality education (DSE) content creators, educators, influencers, and SRH stakeholders was supported by UNICEF EAPRO and UNFPA APRO; a virtual directory created; virtual community events organized to connect DSE providers across the region, exchange learnings and discuss challenges for SRH and DSE platforms and the impact of the COVID-19 pandemic on platforms. Regular community e-newsletters and a repository for knowledge products and evidence-based CSE and SRH resources were created by UNICEF EAPRO and UNFPA APRO for DSE and SRH information providers. These activities and connections have supported direct collaborations between nearly 40 platforms in 2020, including the development of a national DSE community in Indonesia. In addition, online CSE and SRH content creators have contributed, via survey, to a knowledge product which examines the impact of the COVID-19 pandemic on the SRH of young people in Asia Pacific.

### Girls' SRH information and menstruation education needs

Adolescent girls search in particular for menstruation and health information. UNICEF's menstruation related U-Report polls across countries have shown that girls around the world seek answers to similar questions, about menstruation and reproductive health.

However, girls face a range of barriers to accessing evidence-based, trustworthy menstruation and reproductive health information online. Menstruation information online (and offline) is often too scientific, or ripe with myths and misinformation, including gender stereotypes, social taboos on how girls need to behave, what food they can eat or not, unhygienic practices that can cause harm, etc.

Girls' digital realities are also often different to boys'. Girls' digital access is often restricted by gender norms and gatekeepers. When girls have access to digital devices, in particular mobiles, they are more likely to share phones with friends or family and are less likely to own a phone than boys. Girls usually have access to older (often hand-me-down) and slower low-end mobile devices, with less storage space, and with older operating systems that are rarely updated.

To meet girls' needs for online menstruation education and SRH information, tailored technology is required with trustworthy, quality content, developed specifically for girls.

### Development of Oky, a girl-centered mobile period tracker app

UNICEF engaged with girls over previous years to learn more about their menstruation and reproductive health questions, and how they would like to access such information via digital means.

An extensive human-centered design (HCD) process started in 2018, with more than 400 girls engaged across Indonesia and Mongolia. Girls reflected on their barriers to menstruation information and brainstormed how to break the silence and myths surrounding periods, sexuality education and reproductive health. They decided on a mobile application that works offline on low-end smartphones, to bring girl-friendly menstruation education and individual cycle tracking to as many girls as have access to phones.



In the HCD workshops, girls thought through options and crafted digital models (mock-ups) that would meet their needs and wants, and their digital realities: from phone sharing to connectivity limitations. Girls informed everything from the application's technical specifications, gamified features and content to its look and feel. Girls designed the app to be gamified and easy to navigate, ensuring that all users - regardless of their digital literacy - are comfortable using the app, and can navigate it easily through visuals, simple user journeys, a text-to-speech option, avatar support and tutorials, content in local languages, and engaging girl-friendly content. Girls also chose the name for the app: Oky (a made-up, fun word, unrelated to periods).

More information on the Oky co-creation process can be found on this blog: <https://www.unicef.org/innovation/stories/oky-co-created-girls-girls>

As a result of the co-creation and girls' engagement, the Oky app is unique, it is fun, girl-centered and gamified, to drive user engagement, and encourage learning and access of SRH services.



Oky is a game-changing solution, it is the world's first open-source mobile phone period tracker and menstruation education application co-created with and for girls in LMICs. Oky illustrates innovative tech design, tailored to girls' digital realities (regarding connectivity, devices, literacy, gatekeepers), that tackles the taboo, stigma, misconceptions, and lack of quality information related to menstruation and SRH for girls. Oky is built together with girls to meet their needs and wants, to support period and body positivity, and to increase girls' digital literacy while learning about periods, puberty, and SRH. Oky helps girls to track their individual cycle and to monitor related body changes. Oky offers responsible predictions and fertility awareness, so girls are empowered to manage their periods with dignity and confidence and make informed decisions over their reproductive health.



While more than 200+ commercial period tracker apps are available on the global market, as well as numerous SRH platforms (including websites, Facebook groups, chatbots, apps, social media postings, etc), Oky is the first-of-its kind period app, developed for girls by girls, that is educational, positive, gamified and evidence-based, with connections to SRH services. It also rates highly in terms of trust, by girls and their social circles.

Oky's points of difference to other period trackers and SRH digital products include:

- Target users are adolescent girls (10-19yrs)
- Gamified design, for girls by girls
- Fun icon and app name (not period-related)
- Avatars and personalized interface
- Supportive, empowering messaging
- Period and body positive
- Challenges gender stereotypes and celebrates diversity
- Evidence-based information in girl-friendly and entertaining language
- Localized language and content
- Provides referral contacts of local SRH services
- Machine learning for individual cycle tracking and predications
- Does not over-promise on predictions (pauses predictions when periods are too irregular)
- Open-source code and content
- Lightweight app for low-end smartphones
- Fully functions offline
- Does not collect personally identifiable data
- Multiple user login and password protection for girls who share phones
- Easy to navigate by design
- Read-out function and visual tutorials for low literacy or vision impairment
- Downloadable via link or QR code as well as Google Play Store
- High data protection and privacy: personal information stays private and secure on girls' phones
- Designed for scale
- Modular for collaborative feature builds
- Free of charge and non-commercial (no advertisements).



## Oky's girl-friendly MHH and SRH content

The Oky [open-source content](#) on menstruation, puberty, and reproductive health is in girl-friendly language and has been developed based on girls' frequently asked questions (FAQs) and suggestions for content during the consultation process. CSE and SRH experts and partners (including UNFPA, USAID, GirlEffect) have collaborated to develop and vet the Oky content, to ensure it is evidence-based and aligned to [the International Technical Guidelines on Sexuality Education](#). A global master content repository is available in English language and can be expanded, adapted, translated and localized, by partners for new country deployments.

The Oky content is already available in Bahasa Indonesia, Mongolian and Swahili languages. In each new deployment of Oky, the country partners localize the global, vetted, English content for their context and language. Each country version of Oky is uniquely adapted to the context, to be culturally appropriate. The content can also be expanded, amended, and built out as needed by Oky partners (for example, during the COVID-19 pandemic, the Indonesia Oky app version included content to dispel COVID-19 myths and misinformation pertinent in their context). Content can be updated and added to the app's encyclopedia in real-time via the Content Management System (CMS); there is no need for app upgrades when expanding and amending content.

A [guidance note](#) is available for Oky content writers. Standard operating procedures (SOPs) are in place to ensure that localized content is reviewed and endorsed for quality control, before it is included in Oky products in the respective country. Indonesia Oky partners have developed specific [SOPs for collaborative content creation and vetting](#). And in Kenya, the Oky partner has set up an in-country content review board, made up of SRH organizations and specialists, to ensure quality control and girl-friendly content. In addition, all new content must be reviewed by UNICEF before it is published, as a condition of the partner agreement.

Oky users can access content in various ways: Oky has an encyclopedia feature, as well as gamified reproductive health content in the form of quizzes and tips of the day. Oky users can pro-actively suggest new or more detailed content to be included, via the feedback function in the app, through the website, or through the Play and App Stores.

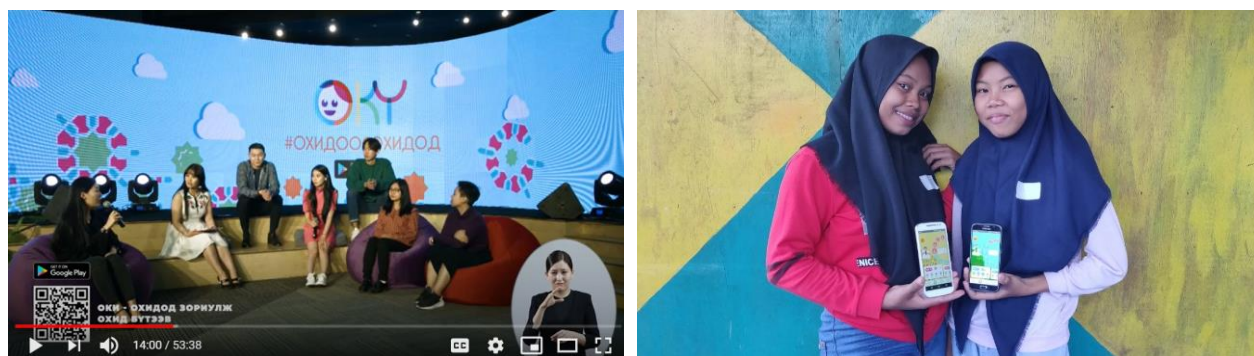
The Oky content is also available on the welcome page of the app (without creating an account): for parents, teachers, health workers and community members to be supported with evidence-based, age-appropriate information, as they educate and engage with girls and boys on sexual and reproductive health.

The open-source Oky content also lends itself for developing other Oky multi-platform products, including chatbots (for example, using RapidPro, as in the U-Report app), messaging such as SMS or USSD, or voice platforms (for example, audio dramas or interactive voice response (IVR)). This will be harnessed in the proposed scaling phase, when bringing Oky to less connected contexts, such as Papua New Guinea. Other SRH actors and partners have also started to make use of the Oky content. For example, GirlEffect have expanded the chatbot (Big Sis) knowledge base, in collaboration with UNICEF and Ilhasoft, providing natural language processing (NLP) training to Big Sis.



## Oky Launch

The Oky app was made available in December 2019 on GooglePlaystore using a soft launch approach. On 28 May 2020, International Menstrual Health and Hygiene Day, [Oky](#) was successfully launched in the pilot markets of Indonesia and Mongolia, using TV shows and digital media for the formal launch events (due to COVID-19 measures). Oky was introduced as a tool for girls to learn about puberty, menstruation and SRH in the ways they want, on the digital devices available to them, empowering them to manage their periods with confidence and normalcy and to make informed decisions over their reproductive health. More than 55,000 users, the vast majority of them girls, downloaded the app within the first couple of months of the launch.



Oky app launch in Mongolia (TV show) and Indonesia (Social media) May 2020

## 3. Objectives of the Oky initiative

### Overall goal

The overall goal of Oky is to contribute to girls' wellbeing and empowerment, and for **every girl to manage her period with normalcy and confidence and to make informed decisions over her reproductive health.**

### Expected results

With the DFAT contribution, the following results are envisaged for 2021-23:

- (1) Accelerated uptake and impact of Oky in Indonesia.
- (2) Localization of Oky to Philippines context and deployment.
- (3) Oky multi-platform products developed for girls with basic phones in PNG.
- (4) Peer-to-peer methodology for connecting the unconnected to benefit from Oky.
- (5) Improved Oky accessibility for girls with disabilities.

### Targets

A full list of KPIs and targets to measure the Theory of Change will be further fleshed out in the inception phase. Some key targets include:

### Outputs

- After one year (2021 to 2022) Oky has 250,000 users.
- After two years (2021 to 2023) Oky has more than 550,000 users.
- 70% are active users: they use Oky at least once a month.

## Outcomes

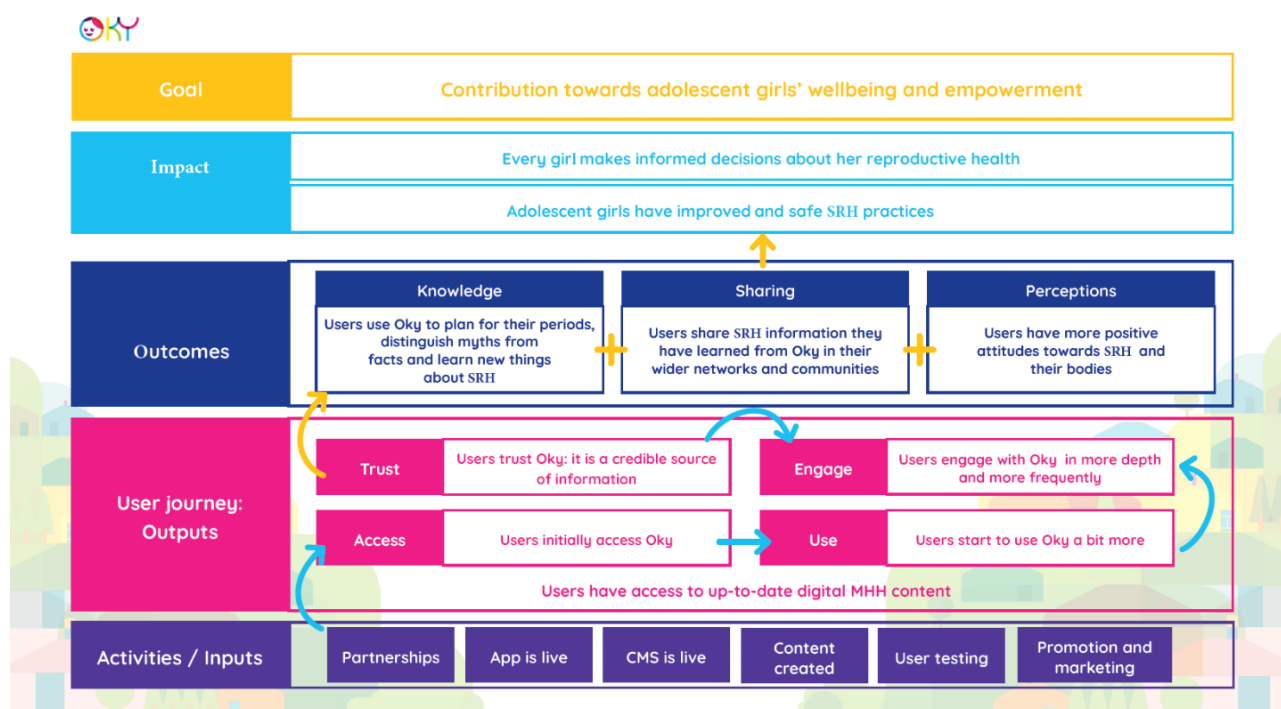
- 80% of users report that they trust Oky's MHH and SRH information.
- 80% of users report that they have a better understanding of MHH and SRH after using Oky and have learned something new.
- 60% of users report better understanding of the biological significance of different days of their cycle.
- 60% of users report more positive perceptions of themselves, increased self-confidence, and SRH knowledge.

## Impact

- 50% of users report that they are able to make more informed decisions over their reproductive health after using Oky.
- 50% of users report they have changed at least one of their MHH/SRH practices after using Oky.
- 50% of users report feeling more confident in accessing SRH services.

## Theory of Change

Oky has a Theory of Change (ToC) and a monitoring, evaluation and learning (MEL) framework, which clearly articulates expected results - both from the user journey when girls use Oky, as well as what happens after they use the app in the short-term and the long-term, linked to UNICEF Strategic Plan and Gender Action Plan and SDG targets. The Oky ToC has been mapped to SDG Goal 5, Target 5.6 (*Ensure universal access to sexual and reproductive health and reproductive rights*), and SDG Goal 3, Target 3.7 (*Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes*).



Outcomes and indicators for Oky have been developed specifically for articulating pathways for changes in knowledge, attitudes, behaviors, and practice. The MEL framework is based on insights and data possibilities from Oky's backend (Firebase and CMS) and in-app surveys to quantify and track these changes. Oky's backend system includes data points to collect analytics, around user demographics and engagement, as well as in-app surveys to collect user feedback and measure some of the outcomes articulated in the ToC. Additional user



research insights will be used to add greater nuance to the MEL framework, based on real-life user experiences.

## MEL and data collection

The Oky MEL plan suggests a number of different data collection methods along the different components of the ToC.

### Outputs

The ToC identifies sequential outcomes along the Oky user journey for routine monitoring, and tangible results from the CMS and Firebase analytics:

- **Access:** users initially become aware of Oky and start to access it. Metrics include number of downloads / registrations (disaggregated by device, operating system (OS), gender, age, for example) often known as 'reach'.
- **Use:** users start to use Oky a bit more than just initial trials, they start to use different features, log on more regularly, record more data. Metrics include frequency and duration of use.
- **Engage:** users engage with Oky in more depth and more frequently: moving beyond trialing and occasional use, to real engagement with regular log ins and data recording, using a range of different features on a regular basis, and finding Oky useful and relevant to their needs. Metrics include repeated use, churn rates and retention rates, sharing with others, and high levels of satisfaction.

These data points can be collected through CMS analytics, Firebase analytics, the Google Play Store and the iOS App Store, and in-app surveys pushed from the CMS.

### Outcomes

Immediate outcomes indicate what happens to users in the short term after using Oky. As Oky users engage with (and trust) the MHH-SRH information, are able to track their menstrual cycles in real time through a calendar, and have on-demand access to non-static SRH content, they are expected to gain (new) knowledge and skills, be more willing to share information they have learnt with others, and have more positive attitudes / perceptions towards their body and reproductive health.

These outcomes can be measured through in-app surveys and feedback loops pushed through the CMS; in-person quantitative methods, through surveys with users identified through opt-in methods on the app (e.g. surveys on the app to ask users if they want to be contacted) as well as potential panel studies with selected users, from schools.

### Impact

Longer-term effects are what we expect to see after users have been using Oky for some time: once girls having become engaged Oky users, track their cycles and body changes on a regular basis, have had opportunities for discussion, have learnt new things and have positive attitudes towards SRH and their reproductive health, we expect to see some of the practices they have learnt from Oky put into practice. Key areas include improved and safe SRH behaviors and practices; users anticipating when their period is due and making sure that they are prepared (e.g. have sanitary supplies ready so that they don't miss school); understanding their individual cycle and fertility awareness; making informed decisions about SRH and their reproductive health.

These impacts can be measured through in-app surveys and feedback loops pushed through the CMS; through surveys with users identified through opt-in methods on the app (eg surveys on the app to ask users if they want to be contacted) as well as potential panel studies with selected users.

## 4. Outline of activities

With the DFAT investment of AUD7 million over 24 months (2021-23), UNICEF proposes the following activities to scale Oky in Indonesia, Papua New Guinea and Philippines, and bring its benefits to the greatest number of girls, and boys, in the region and beyond:

### Scaling Oky reach and uptake in Indonesia

#### Oky Indonesia to date: Launch and promotion in 2020

The Indonesia Oky app was launched in May 2020 by UNICEF and partners during the COVID-19 crisis, with the theme “*periods don’t stop for pandemics*”, in conjunction with series of educational events and a social media campaign which reached nearly one million accounts. Educational activities and capacity building included online menstrual health and hygiene training for 200 adolescent health cadres, principals and teachers from 40 schools and madrasahs, and 50 health staff from Community Health Centres. Access to sanitary supplies was boosted through distribution of 15,000 COVID-19 hygiene kits, with disposable pads, to vulnerable households.

Oky was also included in the Menstrual Hygiene Day campaign by the Ministry of Education and Culture (MoEC), Government of Indonesia. Through its Facebook account, with almost 2 million followers, MoEC posted a series of infographics on MHH issues and linked them with resources, such links to download MHH guidelines for teachers and parents, and the Indonesia Oky period tracker app.



Oky Social Media Tiles Indonesia Launch May 2020

UNICEF Indonesia hosted a Menstrual Health and Hygiene Champions webinar and a competition for adolescents to share their experiences using Oky, via photography, videography or writing. One great entry was uploaded by Griselda Hameline on Instagram, holding up a sanitary pad while smiling with her thumb pointing at the Oky app displayed on a mobile phone.

Another Oky promotion activity was a talk show between Alexandra Clarin Hayes, a medical doctor, health influencer and Vania Santoso, UNICEF Communication Officer on Youth Engagement on Instagram Live. Oky was introduced as a girl-centered digital tool designed to track their cycle and provide reproductive health information through quizzes and games - to shift uncomfortable and shameful menstrual experiences into stress-free ones. Both emphasized that the information available on Oky is also accessible to boys, to build their knowledge on menstruation.

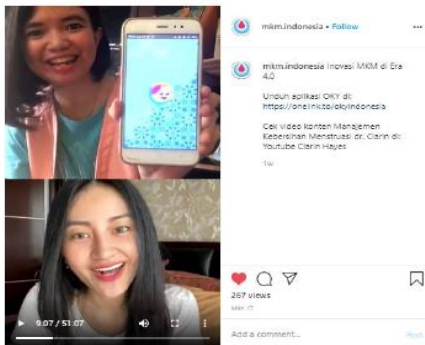
A webinar on Oky was led by Nadia Riwu Kaho, runner up Miss Indonesia and now studying public health at Nusa Cendana University, in collaboration with UNICEF Indonesia, Softex and Indonesian Red Cross, Chapter East Nusa Tenggara Province.



Images from Oky Indonesia launch, May 2020



Competition photo entry by Griselda Hameline



Oky Instagram Live with Alexandra Hayes, a medical doctor Influencer



Oky Webinar with Nadia Riwu Kaho, runner up Miss Indonesia

Oky was also promoted by Perfect Fit, an initiative of the Kopernik Foundation and SIMAVI, through a forum about menstrual health information and reusable pads in eastern parts of Indonesia. The official Instagram account of MHH Indonesia launched a video tutorial on Oky featuring Dhea Seto, a social media influencer and traditional dancer and actress. Dhea shared information on Oky, how it was developed, its features, and how to use and download Oky.

Since April 2021, the Oky Indonesia app is being hosted and maintained by the Kopernik Foundation and its social enterprise The Perfect Fit, with support from SIMAVI, UNICEF, and the Indonesia MHH WASH partnership, as the long-term Oky hosting partner in Indonesia.

### **Oky Indonesia: 2021-23 promotion and dissemination**

Over the next 24 months, Unicef and partners will collaborate to promote Oky uptake across the Indonesian archipelago, with a focus on reaching marginalized girls in remote, under-served areas. The target is to bring Oky to 250,000 new users per year. The following strategies are being considered:

#### **(i) Digital marketing**

With Covid-19 lockdown measures in place, schools closed, and in-person Oky promotion restricted, UNICEF and partners will continue to engage in digital marketing and outreach. There is scope to work with experienced Indonesian digital marketing companies (eg. Limestones, Leverate, etc) to develop fun and engaging Oky campaigns, leverage digital outreach via Unicef U-Report (which has over 100,000 users) and other digital channels, as well as working with Social Media Influencers who have a following amongst adolescent girls in various (remote) areas in Indonesia. Additional consideration will be given to Facebook ads targeting girls 12-18, and other related digital marketing strategies.

UNICEF and partners will also continue to engage with mobile network operators in Indonesia and with private sector companies for Oky partnerships and accelerated promotion. Companies (such as Softex in 2020) have

the ability to boost Oky publicity via their digital marketing platforms, via Oky displays (including QR code) at point of sale, or including Oky info on packaging of their products, etc.

#### **(ii) In-person promotion in schools and via health services**

Once in-person promotion is feasible again, UNICEF will engage with partners and stimulate uptake of Oky through all of its MHH & life-skills programme implementation areas, which includes South Sulawesi, West Papua, Papua, and Tangerang (outside of Jakarta).

Promising Oky partnership include the Indonesian Scouts movement and the Indonesia Adolescent Girls network (AKSI) members' programmes. AKSI network includes organizations like Planned Parenthood (PKBI) which have branches in every province and can reach adolescent girls and their communities across the country (for more info: <http://jaringanaksiremaja.com/>). Other partnership prospects for helping Oky outreach via the health system include collaboration with the Indonesian Red Cross and other organizations working across Indonesia. The Ministry of Health (MoH) has already included the Oky download link in thousands of copies of their MHH booklets, which will be distributed widely.

Indonesia also has a village governance system with institutionalized adolescent health posts which leverage village funds for community education and empowerment activities. UNICEF partners and UNFPA have developed a series of games and activities for out-of-school sexuality education to be implemented by these adolescent health posts. During the COVID19 pandemic, interactive community education activities are implemented online. There is scope to include the Oky app and its content into the work of adolescent health posts.

#### **(iii) Inclusion of Oky content in digital teacher training package**

Indonesia has a national digital platform "*Guru Belajar*" for teacher certification and teacher professional development. UNICEF Indonesia has previously created teacher training modules offered on this digital platform on the topic of: *Safe schools* (training teachers and students on how to be prepared in the event of a natural disaster occurring while students are at school), and is currently developing a teacher training module on *Body Image and Self-Esteem for Girls* (based on the DOVE curriculum and partnership).

For SRH teacher training, UNFPA has been working with the Ministry of Education and Ministry of Health to create standards for teacher training on CSE for primary, middle and high schools, and schools for children with psychosocial and intellectual disabilities. With funding support, UNFPA will digitize the CSE teacher training module to be accessible for teachers via the "*Guru Belajar*" platform and include Oky into the training package. About 3,000-4,000 teachers per year access the training packages on the platform and will be able to include Oky's girl-friendly menstruation education in their teaching and support students in the use of the Oky app.

#### **(iv) Peer-to-Peer methodology**

Girls in remote areas, especially in Indonesia and PNG, may have no or limited access to mobiles, low digital literacy (and low functional literacy), and are much more likely to share devices than boys. Many digital initiatives are developing peer education strategies for connecting the un-connected to benefit equally from digital educational tools. This has proved particularly effective for women and girls, who often learn organically, turning to their peers and their female networks for help and support in using digital products and services. Based on experiences and best practices (e.g. UNICEF-UNFPA SRH U-Buzz Mozambique; BRAC and GirlEffect), UNICEF will work with partners to develop a peer education strategy for tapping into adolescent girls' peer networks to create a cadre of Oky peer educators around menstruation and how to use the Oky period tracker app ('Oky Sisters' / Oky champions). A prototype for peer-to-peer methodology as well as training and other materials for these 'Oky Sisters' will be developed, with a view to be repurposed for other markets (especially PNG), and piloted in low connectivity areas in Indonesia.

## v) App updates

Feedback from girls on the Indonesia Oky app will be reviewed on a regular basis together with the implementing partner Kopernik-The Perfect Fit, and if needed, improvements to the software (including the prediction engine), Oky features, content, design and user experience will be developed and updated app versions released. There is also scope to bring the iOS version of Oky to Indonesia, so girls with access to iPhones or iPads may benefit from Oky.

## Oky localization and deployment in Philippines

To address the lack of CSE and high levels of adolescent pregnancy in the Philippines, exacerbated through the COVID-19 pandemic, UNICEF has been supporting the [#MeronAko Campaign](#) to break the taboo of menstruation and reproductive health, as part of its work with the Department of Education (DepEd). School lessons on the human reproductive system were academic and bookish prior to #MeronAko. For the campaign, UNICEF developed several colorful, age-appropriate materials that were used to introduce the reproductive system to both boys and girls. Girls were also taught relevant menstrual hygiene practices, including how to dispose of their sanitary napkins.

Given digital use, adoption rates and digital savviness of youth in the Philippines, the Oky app has great potential in the market. The localization and deployment of the Oky app to the Philippines context – both Android and iOS, depending on the market needs - will be a meaningful supplement to the #MeronAko campaign and can build on its reach and partnerships. UNICEF already has experience in localizing and deploying Oky to new contexts, e.g. in Kenya. Deployment guidance is available and includes 10 key activities such as: (1) consultations with girls and their close social circles in the new country (using the existing English Oky app as a starting point), (2) knowledge review / market scan, (3) identifying local app (and CMS) requirements, (4) local Oky app build out, (5) localization of content, (6) user review and feedback, (7) app finalization and soft launch, (10) iterations and full launch, with ongoing marketing and promotion once Oky is live.

Partners in Philippines have expressed interest in collaborating on the localization and deployment of Oky, including Plan International. A full mapping of potential partners for localization and deployment as well as in-person and online promotion and digital marketing and technical support will be carried out as a first step. Specific efforts will be made to adapt the Philippines Oky app to the context of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) and support uptake by girls (supported by lessons from Indonesia).

The planned target is for Oky Philippines to be live on both Android and iOS and have up to 50,000 users by mid-2023.

## Oky multi-platform products for basic phones in Papua New Guinea

The digital landscape in PNG is very different to other markets where Oky is deployed, and the gender digital divide is stark, with girls and young women facing key barriers to mobile phone ownership and usage such as affordability, accessibility (including limited access to identification documents, electricity and limited mobility to access network coverage), safety concerns, and usability and skills. UNICEF together with UNFPA have identified a need for a product like Oky in PNG to provide MHH and SRH information to girls, and there is a unique opportunity to deploy Oky as simplified digital product(s) that are relevant for the context and that would meet the needs and digital realities of girls in PNG.

Oky has been planned from the onset as a multi-platform product, to exist as a suite of different digital products and platforms under the Oky brand. Oky products are expected to look different in different markets, according to each country's digital landscape and girls' access to and use of digital technology in that country. Oky may exist not only as a smartphone app, but also as an IVR product that runs on basic phones



with the Oky content repurposed as audio, or as a simple chatbot, or as a [KaiOS app](#) that can run on low-cost ‘smart feature’ phones such as the [JioPhone](#). Smart feature phones are rapidly gaining popularity in markets where the gender digital divide is largest. They are specifically designed for a wide range of users, including those with lower levels of technical literacy, who have not previously used the internet or typed on keypads, and therefore help drive digital adoption for women and girls.

In order to determine the appropriate Oky product(s) for PNG, a scoping exercise is in planning for Q3 2021 to determine how Oky should be deployed in PNG and on what platform(s) in order to reduce digital exclusion and bring the benefits of Oky to girls and communities affected by poverty or marginalization. This scoping work will determine what kind of Oky product(s) would be appropriate for the PNG market; what devices (and operating systems) Oky PNG should be available on; what online (or offline) platforms Oky PNG could be available on; how content needs to be adapted / localised / changed given literacy levels; how content should be delivered (via social media, IVR, SMS, USSD or even radio, to improve accessibility); and partnership opportunities, including mobile operators, content partners, government partners, radio partners, etc. Based on the findings, Oky will be built out as products on appropriate platforms for the PNG context with implementing and contributing partners, to be deployed by mid-2023.

For Oky reach and promotion in PNG, UNICEF and partners will build on the WASH programme with 200 school-based MHH clubs, U-Report engagement with young people, and partnering with DigiCel (currently a UNICEF partner to deliver COVID-19 Risk Communication and Community Engagement). There is also an opportunity to collaborate with partners of the DFAT Water for Women Fund (e.g. WaterAid, Marie Stopes), to link with GSMA Connected Women and UNCDF digital and financial literacy for women programmes for cross-promoting Oky.

The Oky multi-platform product(s) created for PNG will be built in line with Oky’s values of open source and collaboration, and will be made available for adaptation and deployment by Oky implementing partners operating in similar low-connectivity contexts with stark gender digital divides. Guidance and learning on how to develop solutions for girls in low-connectivity contexts will be developed and shared widely among the GenderTech ecosystem.

### **Oky accessibility for girls with disabilities**

Oky is for all girls, and the Android and iOS app already include a read-out function for girls with low literacy or vision impairment. With the DFAT investment, there is an opportunity to explore Oky adaptation, or additional Oky products to cater to girls with physical and/or intellectual disability (e.g. opt-in ‘easy read’ function for girls with intellectual disability) with partner organizations specialized in accessibility (e.g. Inclusion International).

Engagement in Indonesia with Oky users who have special needs will help inform required adaptations. The localizing process of Oky in the Philippines and PNG will include consultations with girls with disabilities to help shape Oky accordingly. Insights and changes from Indonesia, the Philippines and PNG can be incorporated into the global Oky products and then made available to the wider Oky ecosystem, for integration into Oky in other markets.

Some activities that may emerge out of the disability consultations with girls and adaptations may include:

- Including design and UX amendments that promote inclusion and diversity – for example, including Oky avatars with a disability.
- Adapting Oky to make it available on different platforms and services that may effectively reach more girls with disabilities – for example, creating audio-only versions (IVR), or radio versions, as planned for PNG.

- Deliberately designing communication and outreach strategies to reach more girls with disabilities, such as the planned face-to-face activities in Indonesia (which can be replicated in the Philippines and PNG as well, to improve accessibility).
- Working strategically with disabled person's partner organizations, in each country and across the EAP region, not only as experts for the consultations but also for promoting Oky within their networks in order to reach more disabled girls.

## Oky Management Support and Governance

### Partnership brokering & Technical support

As Oky scales across countries and regions, the UNICEF East Asia and Pacific Regional Office (Oky Business Owner) views its role in Oky's life evolving from the founding partner into a supporter and facilitator, technical advisor, eco-system broker, or partnership and resource mobilizer. UNICEF will galvanize partners (tech, telecom, private sector, etc) and experts to work with and support Oky implementing partners to localize, deploy and promote Oky, including the branching of Oky multi-platform products. The UNICEF Oky Business Owner will facilitate the Oky open-source community building and partnerships across industries.

### Oky Governance

UNICEF will initiate the establishment of the Oky Steering Committee and serve as a member, among multiple partners and supporters of Oky. The Oky Steering Committee is to ensure sustainability and improvements of Oky products; it will oversee and endorse the Oky network of partners and franchisees, as well as help establish processes and accountabilities for supporting the deployment of Oky in new markets.

The Steering Committee is also intended to oversee the governance of the open-source code on GitHub: Oky partners who have access to the code will share any code modification or additional features to the main Oky repository on GitHub so the global Oky community can have access to all code and app modifications from all countries. With the support of technologists, the Steering Committee will review different pull requests and code modifications from Oky partners and decide what modifications and features add value to the main global Oky repository, and what modifications should be approved and merged into the main Oky code repository.

### Learning

Oky has a particular focus on learning, not only within the feedback loops and insights from users, but also from the partnership model and sharing insights with and from the Oky and GenderTech ecosystem.

Oky has been gathering user feedback and insights from the very beginning. Girls were involved in the co-creation at every step and were the decision-makers regarding its specifications. In addition to the HCD processes, regular user feedback loops are embedded through the in-app contact forms, the Play Store and iOS reviews, and through the website. This informs what content needs to be added or adjusted on the app, as well as common issues that users are facing in using the app. This allows for course-correction and response to user needs through iterations and app updates. For example, similar questions were coming up from girls via the contact form on the CMS about using Oky, and these FAQs were subsequently included in the encyclopedia.

Gathering and sharing insights and lessons learned is continuous in Oky, with learning coming in from operational experiences in deploying Oky in different countries (as well as for the global app) and going out back to Oky EAP partners as well as the GenderTech ecosystem (both in the countries Oky is deployed, as well as across the wider global GenderTech community.) The Oky team regularly publish blogs, briefs and papers, and share insights at conferences, workshops and communities of practices in order to share learnings and insights for others. This will be continued throughout the DFAT partnership. Some examples of learning shared to date include: [a suite of GenderTech Toolkits](#) on creating innovative and technology products and solutions for and with girls based on the Oky experience; presentation at the Global Digital Development Forum 2021

on how to design tech for and with girls using Oky as an example; and a keynote at the Human Centred Design Global Exchange Community of Practice 2021.

### **Evidence generation and impact assessments**

As Oky scales across EAP countries, UNICEF aims to build partnerships to generate more insights and data to accelerate the benefits of Oky for girls in other contexts. The Oky team are in discussions with several research partners on how Oky can contribute to the wider evidence base around adolescent girls' menstrual health and hygiene, and sexual and reproductive health, and how we can leverage Oky's health data as a public good.

UNICEF EAPRO plans to work with research partners (e.g. The Burnet Institute) to understand how Oky could potentially contribute to the global knowledge on menstrual and health trends (including demographic/geographic specifics). This will help to inform and improve digital menstruation and SRH information as well as related policies, programmes, products, services for adolescent girls; identify the most appropriate indicators to track in digital MHH and SRH monitoring and evaluation frameworks (analytics); explore different means of data collection (in-app/offline); etc.

Current Oky impact assessment plans also include a partnership with the University of Melbourne. The research aims to understand how young women and girls, in the two markets in Asia where Oky is live, are utilizing, adopting and adapting to app-based menstrual management technologies - specifically Oky - and how these technologies shape (or could shape) their lived experiences. The rationale is that despite the growth and interest in digital health tools there is not a strong evidence base on their use and impact among young populations, particularly in relation to mHealth for MHH/SRH. The findings from the University of Melbourne research will contribute to understanding how such innovations are influencing the experience of adolescent girls and feed back into mHealth and MHH/SRH design and implementation spaces.

### **Reporting**

UNICEF will submit six monthly updates, including an annual performance report in mid-2022 and a terminal report in mid-2023. A formal meeting (review meeting) with DFAT is expected for mid-2022.

### **Visibility**

The Australian contribution to Oky scaling in Indonesia, Philippines and PNG will be acknowledged and appreciated through a range of visibility options: the Australian Aid logo to be featured on the Oky website (<https://okyapp.info/>) and within the Oky app itself, on the 'About Oky' screen (where UNICEF and partner logos are featured). Oky presentations at conferences will include acknowledgement of Australian Aid support as well as Oky communications assets (including media interviews or press releases).



# **UNICEF East Asia and Pacific C-Surge Funding Proposal**

**Accelerating Child Marriage and Adolescent Pregnancy  
Programming in Southeast Asia**

## Introduction

Adolescence is a period of rapid biological, cognitive and psychosocial development and a critical time of transition from childhood to adulthood.(1,2) Yet across Asia and the Pacific, this crucial period is disrupted for many girls, by motherhood or marriage. A pregnancy, marriage or union during adolescence can have profound and life-long consequences for a girl, including negative impacts on her health and well-being, and that of her children.(3–6) Early marriage, unions and childbearing are also likely to compound social disadvantages for the girl and her family: disrupt her education, restrict her role in the domestic and reproductive sphere, and limit her future employment opportunities.(3,7,8) The economic impacts carry to the next generation and wider community, as the cycle of poverty is perpetuated and social development, including progress towards equality, is forestalled.(3,9,10)

Addressing child marriage and early unions, reducing adolescent pregnancies and empowering adolescent girls are key to achieving sustainable development, as well as being Sustainable Development Goals (SDG) targets themselves. While many countries across Southeast Asia made significant advances at the beginning of the millennium, for most, progress over the last decade has stalled. Urgent and targeted action is required for nations to meet their goals. The imperative for action has reached a critical juncture, as the COVID-19 pandemic exacerbates gender inequality and threatens progress made in past decades to reduce early marriages and pregnancies.

Strategies and interventions are needed to address the drivers of adolescent pregnancy, child marriage and early union. Many complex and interlinked factors are involved, and their contribution will differ between settings. Gender inequality and harmful norms that deprive girls of agency, stigmatize adolescent sexual activity, and promote marriage as the main pathway to adulthood, are key drivers.(3,4,11,12) Other factors that may contribute include lack of access to sexual and reproductive health information and services, poverty, lack of education, shocks and crises. Child marriage, itself, can also be a consequence or cause of adolescent pregnancy.

The following proposals for C-Surge funding, to accelerate child marriage and adolescent pregnancy programming in Southeast Asia, includes programming in Lao PDR and the Philippines with coordination and technical support from East Asia Pacific Regional Office.



## LAO People's Democratic Republic

### Accelerating Child Marriage and Adolescent Pregnancy Prevention



<b>Project</b>	Accelerating Child Marriage and Adolescent Pregnancy Prevention Programming in Lao People's Democratic Republic
<b>Goal</b>	To effectively prevent early marriage and adolescent pregnancy in five provinces in Lao PDR
<b>Targeted population</b>	1,000 adolescent girls and boys, 500 social service workforce and allied sector staff, 930,300 community members
<b>Geographical coverage</b>	Five provinces: Luang Prabang, Luang Namtha, Xienkhouang, Bokeo and Phongsaly
<b>Key partners</b>	National and Provincial Child Protection and Assistance Committee (Members: Lao Women's Union, National Commission for the Advancement of Women, Mothers-Children, Lao Youth Union, Ministry of Technology and Communications, Ministry of Information, Culture and Tourism, Ministry of Education and Sports, Ministry of Health, Ministry of Labour and Social Welfare). UNICEF will also collaborate with relevant stakeholders, including UNFPA and CSO partners working on child marriage and adolescent pregnancy.

## 1. Country context

As one of the fastest-growing economies in Southeast Asia over the past decade, Lao People's Democratic Republic (PDR) is home to an estimated 7.2 million people of whom 42 per cent are aged 0 to 19 years. The majority of children under 18 years old in Lao PDR is multidimensionally deprived: 70 per cent suffer from at least two deprivations, and 50 per cent from three or more deprivations concurrently<sup>1</sup>.

The 9<sup>th</sup> National Social-Economic Development Plan (NSED) 2021-2025 sets out ambitious socio-economic development interventions and directions to ensure comprehensive preparations for the country's smooth graduation from the Least Developed Country (LDC) status. This is supported by ambitious sectoral plans which have led to the improvement in the situation of women and children and the achievement of the SDGs. The 9<sup>th</sup> NSED prioritizes the development of human resources and the promotion of the people's well-being, emphasizing investment on children, adolescents and young people as they are the future workforce that can contribute to Lao PDR's economic and social transformation.

Hence, adolescents in Lao PDR, especially girls, require special attention. Despite recent social development progress in Lao PDR, adolescent pregnancy rates remain high. Lao PDR has one of the highest proportions of child marriage and the highest adolescent birth rate (83 per 1,000) in ASEAN<sup>2</sup>, despite marriage below 18 being prohibited by the Penal Code (2018). While the national adolescent birth rate is 83 per thousand, the rate in rural areas is as high as 136 per thousand. Among some vulnerable groups, adolescent birth rates have even gone up since 2012. Nationally representative data shows that 35 per cent of women aged 20 - 24 years had a union or marriage before reaching the age of 18 years<sup>3</sup>.

Strong determinants of early marriage are low levels of education, poverty, limited opportunities for adolescents, and social norms and attitudes including ethnic and local practices. In particular, 46.4 per cent of women aged 20 to 49 years with no education were married before the age of 18, compared to only 1.5 per cent of women with a higher level of education. Early marriage among ethnic groups is significantly more prominent, with the rate of women who got married before 18 years old reaching 56.9 per cent among Hmong-Mien headed households<sup>4</sup>. Over twice as many women are married before 18 in rural areas without roads (49 per cent) than in urban areas (21 per cent)<sup>5</sup>.

Young people need to be better educated on measures to protect themselves from risks, ranging from HIV and other sexually transmitted infections to trafficking. Nationwide, 5 per cent of female youth and 3 per cent of male youth engage in sex before age 15. The practice of early sex is most common among the poorest households, among the Hmong-Mien girls and Chinese-Tibetan boys. Condom use with non-regular partners is not optimal and could be improved, especially since 21 per cent of young men and 6.3 per cent of young women reported having sex with a non-marital, non-cohabiting partner<sup>6</sup>. The Lao Social Indicator Survey (LSIS) II also indicates that the highest levels of unmet need for modern contraception are found among adolescents and unmarried women.

Various components of the child protection system are in place, but a stronger and more integrated child protection system is needed to protect children at multiple risks, as recommended by the 2018 Convention on the Rights of the Child (CRC) Concluding Observations to Lao PDR. Seven in ten children experience physical

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<sup>1</sup> UNICEF Lao PDR CPD 2022-2026 [https://www.unicef.org/executiveboard/media/6876/file/2021-PL16-Lao\\_PDR\\_CPD-EN-ODS.pdf](https://www.unicef.org/executiveboard/media/6876/file/2021-PL16-Lao_PDR_CPD-EN-ODS.pdf)

<sup>2</sup> The Situation of Children and Women of Lao People's Democratic Republic, UNICEF Laos 2020  
<https://www.unicef.org/laos/reports/situation-children-and-women-laoprd>

<sup>3</sup> Ibid.

<sup>4</sup> Lao Social Indicator Survey II, 2017 <https://www.unicef.org/laos/reports/lao-social-indicator-survey-lsis-2017>

<sup>5</sup> Ibid.

<sup>6</sup> The Situation of Children and Women of Lao People's Democratic Republic, UNICEF Laos 2020  
<https://www.unicef.org/laos/reports/situation-children-and-women-laoprd>

and psychological aggression<sup>7</sup>. In households, the Violence against Children Survey (2016) found that 1 in 10 children had experienced sexual abuse. Only 5.2 per cent of girls knew where to get help if sexually abused. Of girls who reported experiencing sexual abuse, none received any help or services. Sexual exploitation of children remains a problem – according to the Lao Women’s Union, adolescent girls and young women form the majority of trafficking victims.

Unfortunately, protection and welfare services are limited by inadequate human and financial resources. The current response to child sexual abuse and other child rights violations is fragmented and inadequate, concentrated in Vientiane Capital. The Lao Women’s Union (LWU) and the Lao Youth Union (LYU) have helpline services for young people and survivors of violence, but these services are not so operational at the provincial level. The LWU also has a protection shelter in Vientiane Capital and Luang Namtha Province, however, the needs outstrip the service capacity.

The CRC Concluding Observations (2018)<sup>8</sup> call for increased intervention in preventing early marriage and pregnancy through stricter enforcement of the law, raising awareness, encouraging service uptake, and strengthening the capacity of village protection mechanisms. In addition to CRC’s recommendations, the Committee on the Elimination of Discrimination against Women’s Concluding Observations (2018)<sup>9</sup> also recognized the importance of tackling early marriage and pregnancy, and recommended the Government of Lao PDR to address the root causes of early marriage, better protect girls in early marriage, and ensure that child custody and visitation decisions take into account gender-based violence at homes.

On the occasion of the 30th anniversary of the CRC in 2019, the Government of Lao PDR together with the private sector, civil society, development partners and UN agencies renewed the commitment to advance the rights of the child through the adoption of the paper “Unleashing the Unlimited Potential of the Lao Generation 2030”. The Lao Generation 2030 Initiative<sup>10</sup> calls to take full advantage of the demographic transition that the country is now experiencing. Among various crucial commitments in safeguarding and promoting child’s rights, the Lao Generation 2030 Initiative highlighted the importance of paying special attention to strengthening the child protection system and preventing early marriage and adolescent pregnancy to empower youth in becoming agents of change.

## 2. Justification

Lao PDR recognizes the importance of the young generation as a catalyst for the country’s future through various government commitments, and policy- and decision-makers acknowledge that children today will be driving the development of the country in 2030. Human capital development is a key priority of the government as prioritized in the 9th NSEDP. The time to invest in this generation is now.

Globally and regionally, there is vast evidence on the cost of inaction on child marriage and adolescent pregnancy. Adolescent girls in early marriage and/or early pregnancy are often deprived of future educational and employment opportunities, potentially creating intergenerational cycles of poverty, exclusion and marginalization that will enlarge gender gaps for girls. For both girls and boys, early marriage has profound physical, intellectual, psychological and emotional impacts, cutting off educational opportunities and chances for personal growth. For girls, it will almost certainly mean pregnancy with an increased risk of infant and maternal mortality. Early marriage is also likely to lead to a lifetime of domestic and sexual subservience over which they have no control and increases the risk of domestic violence. Because they cannot abstain from sex

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<sup>7</sup> Lao Social Indicator Survey II 2017 [www.unicef.org/laos/reports/lao-social-indicator-survey-lsis-2017](http://www.unicef.org/laos/reports/lao-social-indicator-survey-lsis-2017)

<sup>8</sup> CRC Concluding Observations, 2018

[https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC/C/LAO/CO/3-6&Lang=En](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC/C/LAO/CO/3-6&Lang=En)

<sup>9</sup> CEDAW Concluding Observations, 2018

[https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/LAO/CO/8-9&Lang=En](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/LAO/CO/8-9&Lang=En)

<sup>10</sup> LAO Generation2030 Roadmap Call To Action, 2019 <https://www.unicef.org/laos/sites/unicef.org.laos/files/2019-11/LAO%20Generation2030%20Roadmap%20Call%20To%20Action.pdf>

or insist on condom use, child brides are often exposed to such serious health risks as sexually transmitted infections and increasingly, HIV/AIDS.

The cost of inaction is huge. Girls and boys married early are more likely to lack the skillset and prospects needed to lift their families out of poverty and contribute to their country's social and economic growth. Global data shows child marriage reduces the future earnings of child brides by 9%, and ending child marriage would increase labour market earnings and productivity for women and nations as a whole<sup>11</sup>. A 10 per cent decrease in child marriages would result in a 76 per cent decrease in the maternal mortality rate. The global estimated annual benefits for lower under-five mortality and malnutrition is US\$98 billion by 2030<sup>12</sup>.

The ongoing COVID-19 pandemic is creating worsening impacts on early marriage and pregnancy in Lao PDR. UNFPA estimates an increase in the number of unintended pregnancies in 2020-2021 by 15% (44,322) in the best-case scenario and potentially by up to 24% (68,541) based on the extrapolation of administrative data. Of the unintended pregnancies, 35% are expected to occur among females aged 15–24 years<sup>13</sup>. The Ministry of Planning and Investment's Impact of COVID-19 on Reimagining Gender Policy and Programming Recommendation Paper calls for urgent actions to address early marriage and pregnancy.

With the strong necessity and urgency to act, this proposal aims to address the issue of child marriage and adolescent pregnancy through a multisectoral approach, which includes strategic and complementary areas by focusing on **prevention** – which is the best remedy to address child marriage and adolescent pregnancy. This choice of strategy is evidence-based; the recently issued research findings of the UNICEF-UNFPA's Understanding Pathways to Adolescent Pregnancy in Lao PDR Study (2022) identify social norms and power dynamics between boys and girls as the top drivers towards adolescent pregnancy and call for social behaviour change interventions. The study identifies the top drivers towards adolescent pregnancy as 1) community acceptance towards early unions; 2) boyfriends' or husbands' control over reproductive decision-making; 3) varied access to contraceptives; and 4) non-consensual sex (rape).

Considering UNICEF's existing partnerships and the solid foundation laid in the prevention of child protection risks and system strengthening works, the proposed interventions will build on current gains in better preventing early marriage or pregnancy and scale up the delivery of preventive services by working closely with multi-sectors, including Education, Child Protection, Health and Communication for Development among others. Through this interactive approach, UNICEF Lao PDR will engage adolescent girls, boys, parents, school staff and communities to empower them to take appropriate actions to prevent and respond to child marriage and early pregnancy. By addressing child marriage from a multisectoral point of view, we expect to increase efficiency in our work and achieve long-term impact.

The project situates itself within the Government of Lao PDR's 9<sup>th</sup> NSEDP, and more specifically in the National Plan of Action on the Elimination of Violence against Women and Children 2021-2025 and the National Plan of Action on Child Protection System Strengthening 2022-2026, to align and promote sustainability of efforts for improvement in the well-being of adolescent girls and boys and unleashing their potentials. Finally, this funding will contribute to strengthening collaboration with other UN agencies, such as UNFPA, and to better influence policies for scale-up.

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<sup>11</sup> Putting a Price Tag on Child Marriage, World Bank 2017 <https://www.worldbank.org/en/news/feature/2017/06/26/infographic-putting-a-price-tag-on-child-marriage>

<sup>12</sup> The economics of child marriage, Berkeley Economic Review 2018 <https://econreview.berkeley.edu/the-economics-of-child-marriage/>

<sup>13</sup> IMPACT OF COVID-19 ON REIMAGINING GENDER, UNICEF Laos 2021 <https://www.unicef.org/laos/reports/impact-covid-19-reimagining-gender>

### 3. UNICEF Laos in Action

As a trusted, long-term partner of the Government of Lao PDR, UNICEF is committed to providing support in the child protection system strengthening and ending child marriage and adolescent pregnancy. Specifically:

In terms of **Strategy and Advocacy**, UNICEF Lao PDR supported the development of the Core Recommendations for Child Protection System Strengthening, accompanied by the National Plan of Action on Child Protection System Strengthening 2022-2026 and the National Plan of Action on the Elimination and Prevention of Violence against Women and Children 2021-2025 to strengthen service delivery for child protection issues, including child marriage and adolescent pregnancy. In 2019, the 30th anniversary of the CRC, UNICEF Lao PDR successfully advocated for the Government of Lao PDR to initiate its commitment “Lao Generation 2030” to strengthen the country’s Child Protection System. UNICEF supported the government in the development of the State CRC periodic reports and disseminating and implementing the CRC and CEDAW Concluding Observations, including those relevant to child marriage and adolescent pregnancy.

In terms of **Evidence Generation**, UNICEF facilitated multiple research and studies in child protection. In 2019, UNICEF supported the Child Protection and Assistance Committee (CPAC) to conduct a comprehensive Assessment of the Child Protection System in Lao PDR<sup>14</sup> to assess the capacity gaps of the formal protection system in addressing the needs of vulnerable children and families. Specifically, on child marriage and adolescent pregnancy, Lao PDR recently completed the Understanding Pathways to Adolescent Pregnancy in Lao PDR Study, which is part of the regional study led by the UNICEF East Asia and Pacific Regional Office and the UNFPA Asia Pacific Regional Office. From 2020 to 2021, the research was conducted in Luang Namtha, Vientiane Capital and Vientiane Province. 57 young women who conceived before they were 18-years of age participated in individual interviews. The objective of the research was to identify and explore in-depth the drivers and pathways that lead to intended and unintended adolescent pregnancy, and the relationship with early marriage/union. In February 2022, a findings dissemination workshop was organized by the Center for Development Policy Research (CDR) of the Ministry of Planning and Investment, UNICEF and UNFPA. The highlight of the workshop was the presentation by the research partners, Burnet Institute and Indochina Research, on the study findings of the eight pathways to adolescent pregnancy in Lao PDR. Some of the most common drivers of adolescent pregnancy and early marriage in Lao PDR were community acceptance of early union and marriage, boyfriends’ and husbands’ control over reproductive decision-making, and non-consensual sex. The research findings informed the development of this proposal and the main intervention strategy, which is to focus on prevention and behaviour change.

In terms of **Youth Empowerment**, UNICEF has been partnering with the National Commission for the Advancement of Women, Mothers and Children to organize adolescent social and life skills training for girls and boys aged 14-17 from secondary schools in Attapeu Province, where the Government is piloting a child protection system model. The training topics cover leadership, agency building, decision-making, negotiation power, child marriage/adolescent pregnancy prevention, peer support, etc. Follow-up support in continued education, job readiness training, and livelihood development support is offered based on adolescents’ interests and needs. This model will be used to engage and empower adolescent girls and boys in the target provinces.

In terms of **Service Delivery**, UNICEF capacitates the social service workforce in better addressing child protection issues including child marriage. The Lao Women’s Union (LWU) and Lao Youth Union (LYU) have been receiving financial and technical support from UNICEF to strengthen the capacities of counsellors and helpline services for girls and youths who are experiencing violence, exploitation, and harmful practices, including child marriage and forced marriage. In 2021, thanks to UNICEF and partners’ support, 3,124 young people called the LYU helpline, representing a 93% increase in calls compared to 2020. 616 survivors of

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<sup>14</sup> [www.unicef.org/laos/reports/assessment-child-protection-system-lao-pdr](http://www.unicef.org/laos/reports/assessment-child-protection-system-lao-pdr)



violence, including gender-based violence (GBV) and violence against children (VAC), sought help through the LWU helpline.

UNICEF also operationalizes the social service workforce under the Ministry of Labour and Social Welfare to deliver child protection services at the community level. Developed with UNICEF's support, the Ministry of Labour and Social Welfare's Strategic Guidelines for the Social Service Workforce Development identifies the social service workforce as a key player to identifying risks, facilitating access to basic social services and providing poverty reduction supports. Especially village Child Protection Networks (CPN) are the eyes and the ears of the communities to prevent, respond and identify child protection and child maltreatment risks at the village level.

In terms of **Training and Supervision**, UNICEF engaged in the development of the LYU Helpline Counselling Manual, Mental Health and Psychosocial Support Training Modules, and Psychological First Aid Manual and rolled out training to capacitate child protection frontliners in providing psychological support to adolescents. In 2021, with UNICEF support, more than 300 LWU and LYU staff were trained on youth counselling techniques, case management and victim assistance. Nearly 200 frontline workers from Social Welfare, Health, Education, LWU, LYU and CSO partners from Vientiane Capital and three provinces were trained on mental health and psychosocial support for young people and the prevention and response to gender-based violence during emergencies. With support from DFAT and UNICEF Australia, UNICEF also has been working closely with the Juvenile Justice Coordination Committee (Ministry of Justice, Ministry of Public Security, People's Supreme Court and People's Supreme Prosecutor) to train law enforcement actors on child rights and child-friendly justice. This training module has been integrated into the curriculum of all justice institutions in Lao PDR.<sup>15</sup>

In terms of **Awareness Raising and Communications**, UNICEF has been working with the Lao Women's Union (LWU), the Ministry of Health (MOH), the Ministry of Education (MOES), the Ministry of Labour and Social Welfare (MOLSW), the Ministry of Home Affairs (MoHA) and the Lao Front for National Development (LFND) to develop and launch the culturally responsive and gender-sensitive behaviour change strategy to influence and transform parenting practices within families and opportunities for children across the country. This "Love and Care for Every Child (LCEC) initiative," developed with support from multiple donors including DFAT, promotes equitable access to the resources and support for all caregivers, including those from marginalized groups, parents with disabilities and parents of children with disabilities. The prevention of child marriage and adolescent pregnancy is one of the key messages. The first phase/pilot of the initiative is being implemented in four districts in two provinces. So far, the rollout of the package at the village level had reached 254 villages with 1,127 trainers being trained.

In terms of **Partnership and Coordination**, UNICEF has been supporting the Child Protection and Assistance Committee (CPAC), a multi-sectoral government coordination mechanism for Child Protection, to strengthen its operational capacity to oversee and coordinate child protection activities in the country. UNICEF as a lead UN agency for Child Protection is also the "Protection" output lead of the UN Sustainable Development Cooperation Framework (UNSDCF) 2022-2026, coordinating UN interventions for child protection issues, including child marriage and adolescent pregnancy.

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<sup>15</sup> Project Review and Documentation Report, Strengthening Community Based Child-Protection Services for Vulnerable Children Project in Lao PDR. [www.unicef.org/laos/reports/project-review-and-documentation-report](http://www.unicef.org/laos/reports/project-review-and-documentation-report)

## 4. Target beneficiaries

UNICEF, in partnership with the Government of Lao PDR, will use an equity-based approach for geographic mapping of interventions. The following five provinces are selected for this proposal implementation: Luang Prabang, Luang Namtha, Xienkhouang, Bokeo and Phongsalay. These provinces are some of the provinces with the highest rate of adolescent pregnancy and child marriage, located in remote and rural areas, with concentrated populations of ethnic minorities whose cultures accept child marriage and early pregnancy, and are multidimensionally deprived. UNICEF also has existing networks and presence in these provinces. This group of priority target beneficiaries consists of adolescent groups and their parents, frontline social service workers, Lao media journalists, law enforcement actors and school staff. Girls and adolescents as beneficiaries will be identified from the selected schools and communities with the following criteria:

- Aged 10-18 years;
- May have a disability that is impeding their access to quality education and child protection services;
- Those who have dropped out of school due to early pregnancy or other challenges;
- Girls identified in the community by the social workforce who need protection services or at risk of dropping out of school;
- Girls who conceived before the age of 18 and/or in early marriage/union.

Also, UNICEF will actively engage with young men and boys to become our partners in the empowerment of girls. Overall, the project will reach an estimated 1,000 adolescent girls and boys in five provinces.

Moreover, around 500 sub-national social service workers and their allies, including media professionals, teachers, health workers, etc. from the target provinces will be direct beneficiaries in terms of capacity building and ongoing support. In the community, child protection volunteers (Child Protection Network, CPN) will engage with the girls through household visits. The volunteers will interact directly with the girls and will follow up with them on an individual basis. CPN will sensitize girls on their rights, will advise them on services that are available, and will provide basic counselling to girls and boys. CPN will also mediate with parents on behalf of young girls who get pregnant. If there is a need to involve a professional, such as a social worker or gender and family officer, a request will be made to the district for case management and the appropriate referrals will be made through the existing child protection referral pathway. At the community level, approximately 930,300 people (Female 462,000 and Male 468,300)<sup>16</sup> will be reached with key awareness-raising messaging on the prevention of adolescent pregnancy and child marriage through radio programmes, community loudspeakers and other channels.

### Map of the project target provinces



<sup>16</sup> The total number of populations in the five target provinces is 1,329,000 (Female 661,000 Male 668,000) (Source: <https://laosis.lsb.gov.la/notice/popularStats.do>). The Ministry of Information, Culture and Tourism can reach approximately 70% of the populations through community loudspeakers and community radios.

## 5. Goal of the intervention

The long-term goal of this project is to effectively prevent early marriage and adolescent pregnancy in five provinces in Lao PDR. The outcome of the project is that *adolescent girls, boys, parents and their communities from five provinces in Lao PDR are better equipped with knowledge, practices and skills to address child marriage and adolescent pregnancy.*

This will contribute to the UNICEF and the Government of Lao PDR's Country Programme of Cooperation 2022-2023, specifically to Outcome on Protection:

*Outcome statement: By 2026, more children are better protected from violence, abuse, neglect, exploitation and harmful practices and benefit from a strengthened child protection system, services and positive behaviours.*

## 6. Expected outputs

With its strong expertise, experience as well as strong global and local partnerships, UNICEF Lao PDR will collaborate closely with the Government of Lao PDR and relevant stakeholders to bring forth the following outputs, ensuring the accelerated programming in **preventing** child marriage and adolescent pregnancy in the country whilst contributing to sustainable child protection system strengthening:

<b><u>Output 1:</u></b>	Improved information accessibility and awareness among parents, children, and adolescents.
<b><u>Output 2:</u></b>	Creation of safe space for adolescents and capacitate service providers.
<b><u>Output 3:</u></b>	Empowered adolescents in life decision-making and providing opportunities.
<b><u>Output 4:</u></b>	Strengthened cross-sectoral gender and adolescent mainstreaming in UNICEF Lao PDR.

## 7. Key activities

### Output 1: Improved information accessibility and awareness among parents, children, and adolescents

- Develop key awareness-raising messages and Information, Education and Communication (IEC) materials on the importance of delaying early marriage/pregnancy and keeping girls at school, to be disseminated through the existing parenting groups in partnership with the Lao Women's Union (LWU) in five provinces.
- Widely disseminate the existing 10-minute short film on child marriage and clips in ethnic minority languages developed by the Lao Government (National Commission for the Advancement of Women, Mothers-Children and the Lao Youth Union) in cooperation with UNICEF through multiple platforms, including online.
- Collaborate with the Ministry of Technology and Communications and the Ministry of Information, Culture and Tourism to develop SMS messages and community loudspeaker messages with key information related to child marriage and adolescent pregnancy and engage young influencers to conduct campaigns (i.e. radio campaign) on adolescent-friendly reproductive health services and youth protection services.

- Engage with schools in five provinces to conduct awareness-raising campaigns on the roles of both girls and boys in preventing child marriage and early pregnancy and the benefits of delaying marriage.

### **Output 2: Creation of safe space for adolescents and capacitate service providers**

- Expand the UNICEF-supported Lao Women's Union (LWU) and Lao Youth Union (LYU) counselling hotline services in five provinces, including text messages counselling. Additional funding can be utilized in the procurement of helpline infrastructure (including computers, phones, and internet fees) and capacity building for counsellors.
- Carry out in-school consultations for children and teenagers to seek health and social workers' advice on relationship issues related to early marriage and pregnancy in five provinces.
- Organize multi-sectoral case management training to strengthen existing mechanisms among concerned sectors (Health, LYU, LWU etc.) in counselling, handling and referring cases related to adolescent pregnancy, early marriage and sexual violence in five provinces.
- In collaboration with the National Commission for the Advancement of Women, Mothers and Children and the Ministry of Education and Sports to develop practical recommendations for the Education Sector on supporting girls dropped out of school or at risk due to early marriage and pregnancy and creating non-discriminative and supportive school environment.

### **Output 3: Empowered adolescents in life decision-making and providing opportunities**

- Building on the National Committee for the Advancement of Women, Mothers and Children (NCAWMC)'s life skills training for adolescent girls and boys in Attapeu Province, further roll out trainings to increase agency and voices of young people on different protection risks and to help them understand gender equality and make risk-informed decisions in five provinces. The training can offer life opportunities to young people instead of early marriage by linking with continued education and TVET support based on the needs and interests of adolescents.
- Peer-to-peer advocacy: Identify youth champions and create platforms (e.g. schools, radio, social media channels) for them to share their career goals and outlook.
- Document the project and widely circulate best practices of engaging adolescents to prevent adolescent pregnancy and early marriage.

### **Output 4: Strengthened cross-sectoral gender and adolescent mainstreaming within UNICEF Lao PDR**

- Strengthen gender and adolescent programming across sectors based on the new Gender Action Plan (GAP) 2021-2025.
- Build capacity of UNICEF and government staff on mainstreaming gender and adolescent issues in their thematic areas.
- Support the development of gender and adolescent action plan for the UNICEF Lao PDR for convergent programming.

## 8. Monitoring and Evaluation

UNICEF will carefully track progress towards achieving output- and outcome-level results using national data sets and a rigorous process-level monitoring plan. All monitoring and evaluation will consider gender disaggregation. To monitor the project implementation on a regular basis, a project management team will be established in partnership with the members of the Child Protection and Assistance Committee – who are Lao Women’s Union, Lao Youth Union, National Commission for the Advancement of Women, Mothers-Children, Ministry of Labour and Social Welfare, Ministry of Information, Culture and Tourism, Ministry of Technology and Communications, Ministry of Health and the Ministry of Education and Sports. The project management team will meet at least bi-annually to review the implementation, exchange challenges and identify joint solutions.

Quarterly field monitoring will be undertaken in partnership with the partners and other key stakeholders over the duration of the project. The field visits will incorporate discussions with partners and beneficiaries to gather information on the success of the programme’s approach and make any adjustments as necessary.

UNICEF will undertake annual reviews of the work, in collaboration with its key partners, including the Government. This will be an assessment of key achievements, challenges, and ways forward, with modifications, if necessary. The annual review will include a gendered review, analysing key results for girls and implications for boys.

## 9. Results Framework

Outcome / Output	Indicator disaggregated by gender, age and ability, whenever possible	Verification / Measurement	Target	
Outcome			Baseline	Target Cumulative Sept 2023
Adolescent girls, boys, parents and their communities from five provinces in Lao PDR are better equipped with knowledge, practices and skills to address child marriage and adolescent pregnancy	% of women aged 20-24 years who first married or entered a marital union before the age of 18 years	LSIS III (2023)	Phongsaly: 42.2% Luangprabang: 36.8% Xiengkhouang: 36.0% Luangnamtha: 34.9 Bokeo: 36.8% (LSIS II, 2017)  *National average: 32.8%	3% reduction in each province
Output				
1. Improved information accessibility and awareness among parents, children, and adolescents	# of people reached by DFAT-supported awareness-raising and information dissemination to prevent child marriage	Partner reports MICT MTC LYU	0	930,300 people (F462,000 & M468,300) to be reached



2. Creation of safe space for adolescents and capacitate service providers	# of multi-sectoral service providers trained on their roles and responsibilities to create safe spaces for adolescent girls and boys	Partner reports MOLSW LWU, MOH MOES	490 (F249, M241) service providers on child protection in 2021	500 people to be reached (at least 50% female)
	# of people sought help through LWU and LYU counselling and VAWC helplines	Partner reports LWU LYU	3,740 people (2021)	5,000 people to be reached through the project
3. Empowered adolescents in life decision-making and providing opportunities	# of adolescent girls and boys received adolescent social and life skills training	Partner reports NCAWMC	172 adolescents (F98 M74) 2021	1,000 (at least 50% female) adolescents to be reached
4. Strengthened cross-sectoral gender and adolescent mainstreaming within UNICEF Lao PDR	Availability of the UNICEF Lao PDR gender and adolescent action plan  % of UNICEF staff trained on gender mainstreaming and adolescent issues	UNICEF report	No (2022)  21% 18 people (F15 M3) were trained on GBV risk mitigation in 2020 and 2021	Yes  90% (at least 50% female) to be reached through this project

## PHILIPPINES

### Changing Adolescent Sexual and Reproductive Health Norms through Community and Education-based Interventions



<b>Goal</b>	Adolescents in the target areas are empowered on making informed sexuality and reproductive choices to prevent teenage pregnancy, through a multi-sectoral convergence of relevant education and community-based services (DepEd, Health Office, Social Welfare and Development Office, Population Office)
<b>Geographical coverage</b>	Focus areas: Angeles City, Southern Leyte Nationwide roll-out of components, particularly education, social behaviour change communication (SBCC)
<b>Key partners</b>	Department of Education Local government units of Angeles City and Southern Leyte

## 1. Country context

The Philippines is a middle-income nation of an estimated 109 million people<sup>17</sup> and among the fastest growing economies in South-East Asia. It is home to a young and mobile population and 22 per cent are adolescents aged 10 to 18 years. As a nation, the Philippines is poised to reap significant socio-economic benefits from what is known as the demographic dividend, which is realized when a largely young, healthy and educated group of the population enter the workforce. In theory, the opportunities that come with a huge demographic dividend fits well with the nation's development ambitions to transform into a peaceful society and become a globally competitive knowledge economy and high-income country by 2040. In practice, however, the future drivers of socio-economic development – the Filipino adolescents of today – face multiple risks to their health and well-being. They currently face many inequities that manifest in risks of early pregnancy, poor learning outcomes, school drop-out, vulnerability to violence, and engagement in behaviours that have negative and long-term implications for health and wellbeing. Many of them struggle to get the education and life skills they need to participate in a modern knowledge-based society and economy.

## 2. Justification

### Adolescent Sexuality and Reproductive Health in the Philippines

#### Health dimension:

Menstruation remains a taboo topic around the world. In the Philippines, while there are no established ritual barriers that discriminate against menstruating women, adolescent girls face multiple challenges to menstrual health and hygiene. One of them is access to accurate information about periods and puberty- what is happening to their bodies. Girls often meet silence, myths, or misinformation. Too often they are shamed and bullied, face restrictions and social isolation for what is a natural reproductive function. Moreover, poor access to water, sanitation and hygiene facilities and supplies at home, in school and public spaces create barriers to girls and women managing their menstruation with comfort, safety and dignity. These challenges have caused menstruation to hinder girls and women from optimizing what they can do and can be.

The United Nations Populations Fund (UNFPA) has reported the Philippines to have one of the highest teenage pregnancy rates among the ASEAN member states. According to the 2017 National Demographic and Health Survey (NDHS), 9% of teenage women aged 15 to 19 have begun childbearing. It should be noted that this figure is an average across the country, with a number of provinces in Mindanao experiencing 15 to 18% teen pregnancy rates. The Commission on Population and Development (PopCom) further reported that the number of children, below 15 years, experiencing pregnancy has more than doubled from 1,000 in 2007 to 2,200 in 2018, and increased a further 7%, to 2,411, in 2019.<sup>18 19</sup> The increasing rates of teenage pregnancy has been flagged by the government and civil society as a growing societal concern. Childbearing in adolescence carries increased risks for poor health and nutrition outcomes for both mother and child, with evidence indicating that the younger the adolescent, the greater the risks<sup>20</sup>. Adolescent girls who become pregnant are at risk of suffering maternal undernutrition<sup>21</sup>, which subsequently increase the prevalence of low

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<sup>17</sup> Philippine Statistics Office. 2020 Census of Population and Housing (2020 CPH) Population Counts Declared Official by the President. PSA website, Reference Number 2021-251 July 2021. <https://psa.gov.ph/content/2020-census-population-and-housing-2020-cph-population-counts-declared-official-president>

<sup>18</sup> Salaverria, L.B. Pregnancy among girls below 15 rising – PopCom. Inquirer.net:18 September 2020. <https://newsinfo.inquirer.net/1336845/pregnancy-among-girls-below-15-rising-popcom#ixzz7JoVpcC4R>

<sup>19</sup> Abad, M. Teen pregnancy is 'most important problem of women today' in PH – survey. Rappler: 17 Feb 2021. <https://www.rappler.com/nation/teen-pregnancy-most-important-problem-women-today-philippines-sws-survey-november-2020/>

<sup>20</sup> WHO Media Centre. Updated September 2014. Adolescent Pregnancy Fact Sheet <http://www.who.int/mediacentre/factsheets/fs364/en>

<sup>21</sup> Data from the 2013 National Nutrition Survey shows that 40% of pregnant adolescent girls are nutritionally at risk and 30% have from anaemia.

birthweight babies and stunting among children, and thus perpetuating the intergenerational cycle of malnutrition. Pregnancy during adolescence is associated with higher risk of health problems like anaemia, sexually transmitted infections, unsafe abortion, postpartum haemorrhage, and mental disorders, such as depression.<sup>22</sup> Globally, maternal conditions ranked first among causes of death among females aged 15-19 years.

It should also be noted that the Philippines has the fastest growing HIV epidemic in Asia and the Pacific – according to the Department of Health (DOH), 30% of reported cases are among youth aged 15-24 years old. DOH also noted an escalating HIV problem among Filipino adolescents, where newly diagnosed HIV cases among young key affected populations increased by 230% from 2011 to 2017, primarily because of unprotected sex between males (58%), male sex with both males and females (26%) and sharing of infected needles (7%). Adolescents becoming pregnant at an early age have common risk factors such as multiple partners and greater partner age differences, which may put them at greater risk of acquiring HIV.<sup>23</sup>

Lack of a national policy on condoms, low rates of consistent condom use, and poor access to condoms especially among the at-risk adolescent groups remain a challenge. Analysis of the gap years in condom use among sexually active teens shows that condom use began four years after becoming sexually active, which increases the risk of pregnancy and HIV transmission.

### **Protection dimension:**

In 2015, the Government of the Philippines with support from UNICEF Philippines, conducted the first baseline survey on violence against children in the Philippines wherein it was reported that one in five children below age 18 years have experienced sexual violence. It is also interesting to note that more males experienced sexual violence including forced attempted sex.<sup>24</sup> According to the survey, sexual violence often occurred at home (9.1%), during dating (9.5%), and in the community (9.6%). Perpetrators of sexual violence at home are cousins (8.4%), brothers (8.3%) and fathers (5.9%). In the community, the most common perpetrators for sexual violence are neighbours (29.5%) and strangers (22%). The baseline survey also underscored the vulnerabilities of self-identified LGBTQI+ children as 3 in 10 reported to have experienced sexual violence. Children with disabilities are particularly vulnerable to sexual violence. Studies have shown that “children with disabilities are three to four times more likely to experience violence than other children.”<sup>25</sup>

According to the Systematic Literature Review of the Drivers of Violence Affecting Children in the Philippines conducted by UNICEF Philippines and the Child Protection Network in 2016, further triangulated by the results of the *Kapit Kamay* Summit which saw the consolidation of adolescents to provide insights on the ever-growing problem of early pregnancy and marriage in the Philippines, the following factors were attributed in the increasing trend of sexual violence against children in the Philippines:

- *Fear of reporting and a culture of silence around sexual violence are risk factors in all settings.* There is a lingering social norm around the fearful disclosure of the act of violence experienced by children which leads to a culture of silence that further reinforces the predatory behaviour of perpetrators. Boys are less likely to report sexual violence due to social norms around masculinity. Perpetrators also use psychological violence to instil fear, blackmail, and intimidate children into silence.
- *Current legislation, including the minimum age of sexual consent and statutory rape laws, contribute to legal impunity to prosecution for sexual violence against children.* Only until the recent passage of Republic Act No. 11648 which amended a 90-year law on the age of sexual consent in the Philippines from below 12 to below 16 years old, the Philippines remained to have one of the lowest age of sexual

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<sup>22</sup> Concept Note for Kapit Kamay: Empowering the Youth to Make Informed Choices

<sup>23</sup> Concept Note for Kapit Kamay: Empowering the Youth to Make Informed Choices

<sup>24</sup> The National Baseline Survey on Violence against Children showed that 26.4% males and 18.2% females reported having experience sexual violence at home, school, workplace, in the community, and during dating. Sexual violence was defined as taking photos or sex videos of being naked or engaging in sexual activities, unwanted touch, forced attempted sex, and forced consummated sex.

<sup>25</sup> University of the Philippines Manila, The University of Edinburgh, Child Protection Network, and UNICEF Philippines. *A Systematic Review of Drivers of Violence Affecting Children in the Philippines*. Manila: UNICEF Philippines, 2016.

consent globally. Another significant legislative milestone is the passage of Republic Act No. 11596 which now prohibits child marriage. Lastly, President Rodrigo Duterte signed Executive Order No. 141 in June 2021 which stipulated protective measures for adolescents, including the strengthening of interventions to address violence against women and their children, to prevent and respond to adolescent pregnancies.

- *Lack of integrated pathways to link adolescent sexual and reproductive health facilities to child protection units.* Currently, efforts are still underway to ensure and institutionalize the linkage between protection and sexual and reproductive health in service delivery networks in the Philippines. While this is currently mentioned in SRH laws such as the Responsible Parenthood and Reproductive Health Act and the new HIV Policy Act, this has yet to fully be operationalized.

### **Education dimension:**

The 2020 Annual Poverty Indicator Survey (APIS) of the Philippine Statistics Authority (PSA) estimated the number of out-of-school children and youth (OSCY) aged 10 to 24 years at 9.4 million, with 46.3% or 4.3 million being female. Based on 2017 data, 16- to 24-year-old females indicated early marriage and household chores (61.9%) and lack of personal interest (11.0%) as their main reasons for not attending school. A UNFPA-commissioned study in 2016 found that adolescents who have begun childbearing before the age of 18 are less likely to complete secondary education compared to their peers.

If adolescents do enrol in secondary education, they are often not equipped, in school or at home, with the knowledge and life skills they need to avoid pregnancy or exposure to sexually transmitted infections. Adolescents are also not permitted to seek and access sexual and reproductive health services without parental consent. The teaching approach used for adolescent sexual reproductive health (ASRH) has largely been top-down and very academic, with integration in Science and Health lessons limited to anatomy, physiology and emotional development. The cultural notion that discussion of sex and reproductive health matters is offensive and shameful has inhibited open healthy discussions. In addition, limited learning management skills of teachers and lack of relevant teaching materials on ASRH inhibit the development of creative and interactive learning approaches.

APIS 2017 data showed that among 12- to 15-year-old males and females, lack of personal interest (71.3% and 51.5%, respectively) was their primary reason for not attending school – implying that educational interventions are not relevant to their developmental needs. Furthermore, the same survey indicated that the one-half of out-of-school children and youth belong to families whose income fall at the bottom 30% based on per capita income. This non-completion of basic education and higher education impact on employment opportunities in the future and total life earnings of families. UNFPA estimated that foregone earnings due to early childbearing is estimated to reach as high as Php 33 billion annual losses for the country, or one percent of the country's gross domestic product in foregone incomes.<sup>26</sup>

In addition, lack of access to sanitary protection materials and appropriate WASH facilities in schools, mean many girls struggle to manage their menstrual hygiene. This has been linked to girls' reduced participation in school, including distraction, missing class, absenteeism and self-exclusion.<sup>27</sup> To date, efforts to promote menstrual hygiene management (MHM) in schools, have had limited coverage and been unsustainable.

The National Baseline Survey on Violence against Children reported that 5.3% children experienced sexual violence in school.<sup>28</sup> The violence was experienced mostly in the age range of 13 to 18 years old (49.5%), with some reporting to have experienced sexual violence as young as 6 to 9 years old (9.9%). Experiencing sexual violence in school affects learning, retention, and attendance.

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<sup>26</sup> Proceedings from Kapit Kamay: Emerging the Youth to Make Informed Choices

<sup>27</sup> NDHS 2017

<sup>28</sup> Council for Welfare of Children and UNICEF. National Baseline Study on Violence against Children: Philippines. 2016



## Adolescent Sexual and Reproductive Health as a High-Priority Issue

The realization of the government's vision of a high-income society by 2040 largely depends on how this generation of young people will transition into a strong, healthy and educated workforce. For the Philippines to seize the momentum of the demographic dividend, it is crucial to provide meaningful support to adolescents and young people, to help them to break out of the cycle of poverty, unleash their potential, and become productive members of the society.

A critical element of the RH Law is the integration of Comprehensive Sexuality Education (CSE) to the K-12 curriculum, "anchored on cognitive, emotional, physical and social aspects of sexuality that is scientific, age- and developmentally appropriate, culturally and gender-responsive, and with rights-based approach". In August 2018, Department of Education (DepEd) issued the Policy Guidelines on the Implementation of the CSE (DepEd Order No. 31, series 2018 or DO 31, s2018) that "aims to enhance the holistic wellness of the Filipino adolescents and effectively address their needs for health and protection through education by ensuring that they are equipped with comprehensive information and appropriate life skills that can advance gender equality and empowerment, clarify their values and attitude, and reduce risks related to poor health outcomes – thereby enabling them to achieve their full potential." This integration into the curriculum aims to contribute to the development of learners' critical thinking and decision-making skills in relation to their health, well-being, and dignity, thus contributing to better learning outcomes and increased completion rates.<sup>29</sup> As with any other major curriculum reform, the implementation is mired with challenges in terms of availability of appropriate learning materials as well as teacher capacity and readiness that significantly impact learning delivery.

In June 2019, the Philippine President signed Executive Order 141, adopting prevention measures for teenage pregnancies as a national priority and mobilizing government agencies to address this rising concern, including allotment of resources for relevant interventions, youth and community mobilization, and monitoring.<sup>30</sup> The DOH and DepEd convened a national summit, in August 2019, to look into an integrated, cohesive, multi-sectoral response to teen pregnancy. This summit "*Kapit Kamay: Empowering the youth to make informed choices*" brought together various stakeholders to forge a consensus on ways forward through the 2019 *Declaration on Addressing the Education, Health and Development Issues of Early Pregnancy* ("Declaration").<sup>31</sup> To concretize this, in September 2021, DepEd, DOH, and the Population Commission (PopCom) launched the Comprehensive Sexuality Education and Adolescent Reproductive Health (CSE-ARH) Convergence. This Convergence, with emphasis on its whole-of-government, whole-society approach, aims to significantly contribute to curbing the numbers of unplanned pregnancies among adolescents by improving the link between "classroom instruction to critical adolescent reproductive health interventions accessible from various public social and health facilities within the community."<sup>32</sup> Guided by EO 141, the Convergence is being piloted in select areas in each region nationwide.<sup>33</sup>

Related to this is the recent signing (December 2021) of Republic Act 11596 that deems unlawful the "facilitation and solemnization of child marriages, along with the cohabitation of an adult with a child outside of matrimony."<sup>34</sup>

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<sup>29</sup> Department of Education. 2018. *Comprehensive Sexuality Education: Developing responsible youth vs rising risks*. <https://www.deped.gov.ph/2018/08/04/comprehensive-sexuality-education-developing-responsible-youth-vs-rising-risks/>

<sup>30</sup> Copy of Executive Order 141. <https://www.officialgazette.gov.ph/downloads/2021/06jun/20210625-EO-141-RRD.pdf>

<sup>31</sup> Proceedings from Kapit Kamay: Empowering the Youth to Make Informed Choices

<sup>32</sup> Joint Press Release: DepEd, DOH, PopCom. ICYMI: DepEd, DOH, PopCom Launch Convergence of Comprehensive Sexuality Education and Adolescent Reproductive Health. DOH website, 16 September 2021. <https://doh.gov.ph/press-release/ICYMI-DEPED-DOH-POPCOM-LAUNCH-CONVERGENCE-OF-COMPREHENSIVE-SEXUALITY-EDUCATION-AND-ADOLESCENT-REPRODUCTIVE-HEALTH>

<sup>33</sup> Copy of DepEd Joint Memorandum on the CSE-ARH Convergence Pilot Implementation. <https://region6.deped.gov.ph/wp-content/uploads/2021/11/Office-Memo-No.-307-s.-2021-Comprehensive-Sexuality-Education-CSE-Adolescent-Reproductive-Health-ARH-Convergence-Pilot-Implementation.pdf>

<sup>34</sup> Copy of the Republic Act 11596. <https://mirror.officialgazette.gov.ph/downloads/2021/12dec/20211210-RA-11596-RRD.pdf>

Echoing the Declaration's overall vision, UNICEF Philippines is proposing an 18-month programme that envisages **adolescents to be empowered and nurtured in making healthy and informed choices on matters that are relevant to them, especially in relation to sexuality and reproductive health.**

### 3. Target beneficiaries

- Adolescents in two UNICEF Philippines programme priority areas: Angeles City and Southern Leyte, where rates of teenage pregnancy, online sexual exploitation and abuse (OSEAC), and violence against children are high (see Table 1. for the estimated number of direct beneficiaries in these priority areas).
- Some programme components, namely Education and SBCC, will target national roll-out at the latter part of the programme.

Estimated number of direct beneficiaries from the two priority areas	Target*	Disaggregation
Number of Alternative Learning System (ALS) adolescent learners (10-19 y/o) with improved knowledge on CSE-ARH and available services in the community NB: once scaled up, will benefit at least 390,000 ALS adolescent and young learners/year	1,297	Gender, age 10-14 and 15-19 years, disability
Number of ALS implementers with improved capacity in delivering CSE (across 17 regions and DepEd BAE)	175	Gender, disability
Number of young people with increased knowledge on ASRH and are capacitated to engage with government	300	Gender, age 10-14 and 15-19 years, disability
Number of mothers, fathers and other primacy caregivers reached through parenting programmes	100	Gender, age
Number of service providers with improved capacities to deliver ASRH and other adolescent related services	100	Gender, age
Number of Peer Educators with improved knowledge on delivering ASRH information and referral to services	50	Gender, age 10-14 and 15-19 years, disability
Number of local mechanisms with improved capacities to respond to adolescent concerns	1 per site	
(Increased) Number of ALS learners who accessed AFHF services	TBD	Gender age 10-14 and 15-19 years, disability
(Increased) Number of young people accessing services from AFHF or SDN	TBD	Gender, age 10-14 and 15-19 years, disability
(Increased) Number of young people accessing local protection mechanisms	TBD	

\* Beneficiary numbers will be sex-disaggregated

## 4. Expected Programme Outcome and Outputs

<b>Outcome:</b>	Adolescents in target areas use their improved capacity to make informed sexuality and reproductive choices and practice protective behaviour to prevent child marriage and teenage pregnancy.
<b>Output 1:</b>	Enhanced capacity of the Department of Education in delivering a contextualized CSE through the Alternative Learning System (ALS).
<b>Output 2:</b>	Strengthened coordination between ALS and community-based facilities/bodies in delivering adolescent health services and learning opportunities.
<b>Output 3:</b>	Social behaviour and change strategy to eliminate sexual violence against children developed and pilot tested.
<b>Output 4:</b>	Enhanced evidence-based holistic national parenting framework or strategy relevant to the context of young key population.

Specifically, the Programme aims to:

- Revive the implementation of CSE in the Alternative Learning System (ALS).
- Establish strong linkages between ALS and community-based services in relation to adolescent health.
- Influence behavioural change to empower girls to practice safe and protective behaviour to make informed sexuality and reproductive choices as well as for the general public to counter negative perspectives on CSE-ARH, and instead adapt, advocate and practice health and help seeking behaviour, positive parenting, and non-judgmental behaviour in provision of services, with emphasis on multi-sectoral engagement and adolescent participation.
- Support enhancement of child protection policy framework, including popularization of new and relevant child protection laws addressing sexual violence against children and adolescents.
- Capacitate key actors (i.e., ALS trainers, teachers, parents, peer educators, and other local community partners) in strengthening the operationalization of the CSE-ARH Convergence within the community.

The proposed programme contributes to the following UNICEF Philippines 8<sup>th</sup> Country Programme of Cooperation (CPC8) Outcomes & Outputs:

<b>Output 1.3</b>	The Government demonstrates a strengthened capacity to ensure that adolescents have improved access to gender-responsive, culturally competent physical, mental, sexual and reproductive health services and information.
Indicators	<ul style="list-style-type: none"> <li>Number of national and sub-national partners with SBCC strategy/costed plan to improve access of adolescents to health and social services and information.</li> </ul>
	<ul style="list-style-type: none"> <li>Number of Local Government Unit (LGU)-coordinated adolescent physical and mental health service models that demonstrate increased use of services.</li> </ul>
<b>Output 2.3</b>	Government entities have strengthened capacity to improve the system for quality, equitable and inclusive education including the development of social and emotional skills (adolescents).
Indicator	<ul style="list-style-type: none"> <li>Existence of draft policy framework on strengthening quality social and emotional learning for adolescents.</li> </ul>
<b>Output 3.1</b>	The legislative and institutional framework is strengthened to better protect girls and boys vulnerable and exposed to violence, abuse, exploitation, and harmful gender norms.
Indicator	<ul style="list-style-type: none"> <li>Existence of three new or strengthened laws to strengthen the CP system, particularly eliminating harmful gender norms.</li> </ul>
<b>Output 3.3</b>	The Filipino public are more informed and equipped to engage the Government to call for its commitment and action to eliminate all forms of violence against children.
Indicator	<ul style="list-style-type: none"> <li>Number of children and youth reached online and offline, engaged in youth-led calls and social/digital movements for ending violence in the community.</li> </ul>
<b>Output 3.4</b>	The Government has strengthened coordination mechanisms and approaches to enhance the capacities of parents and caregivers to practice behaviours and demonstrate attitudes which help children and adolescents to learn, thrive and be protected from violence.
Indicator	<ul style="list-style-type: none"> <li>Existence of an evidence-based holistic national parenting framework or strategy relevant to the context of Filipinos.</li> </ul>

## 5. Programme Components / Key Activities

In view of the complexities in addressing the different facets of CSE-ARH, UNICEF will be supporting the Government in achieving the overall goal through a multi sectoral convergence of relevant education and community-based services. This will involve key stakeholders at the local level, including, but not limited to, DepEd Schools Division Offices and LGU's Health Office, Social Welfare and Development Office, Population Office, Youth Development Office, among others. UNICEF will ensure the programme complements and links to existing programmes and activities, especially those related to the provision of adolescent-friendly community-based health services.

Key programme components and activities include:

## 5.1 Reviving CSE in the Alternative Learning System

In collaboration with UNFPA, UNICEF's cross-sectoral team (Education, Health, WASH, Child Protection, Social and Behaviour Change (SBC)) will provide technical assistance to the Department of Education Bureau of Alternative Education (BAE) in revitalizing the integration of Comprehensive Sexuality Education in the ALS Program.

Reviving CSE aims to increase ALS learners' knowledge, instil attitudes, and develop skills to address reproductive health as well as promote healthy and responsible sexual and social behaviour. It will also assist BAE in operationalizing existing CSE policies within the context of ALS. The activities will be designed and implemented, in close collaboration with DepEd, to develop a functional model or programme pilot, with a view to nationwide roll-out later. The programme will leverage and customize existing ASRH/CSE frameworks and learning resources for ALS implementation. It will also take advantage of UNICEF's convening role, facilitating participation of multi-sectoral experts and practitioners, to address the multi-faceted nature of ASRH issues and interventions.

Activities will include:

- **Drafting policy guidance on the institutionalization of CSE in ALS.** Guiding principles, assumptions, parameters, and strategies would need to be identified to ensure a common understanding on the phased approach among the different stakeholders.
- **Reviewing and customizing teaching/learning materials for CSE in ALS.** Technical assistance will be provided to enhance and customize available teaching/learning materials on CSE/ASRH<sup>35</sup>, including facilitator guides, taking note of ALS learners' diverse contexts and needs. The previously issued trial guide on "age-appropriate and segmented core messages", developed by DepEd and UNFPA with funding from AusAid, will serve as the foundation. The project will ensure that designs for learning resources and activities will take into consideration the perspectives of adults, girls and boys, and LGBTQ young people. Topics will include children's rights and protection, adolescent development, social and emotional learning, life skills, ASRH, child marriage, menstrual health and hygiene, etc. Awareness of human rights, self-worth and life opportunities, will be included to inform decision-making around life choices such as marriage, parenthood, continued education, and career.
- **Building capacity of ALS trainers and teachers for implementation.** This includes implementation of the learning model within a supportive environment and supporting the ASRH convergence within the community. The target outcome for convergence is for adolescents and young people to make informed SRH decisions to prevent pregnancy and child marriage. However, the sensitivity of ASRH is reported to cause discomfort, even among trained teachers, inhibiting open discussion in class. To address this, learning/training activities and materials will not only cater to ALS learners but also to adults within the community (i.e., teachers, counsellors, and parents/caregivers) since they must be knowledgeable and comfortable with the topic. The capacity of ALS teachers and learners' parents will be developed to establish safe spaces for CSE discussions.

## 5.2 Community Based Adolescent Health Program

The Responsible Parenthood Law provides for the Comprehensive Sexuality Education for formal education but prohibits adolescent minors from accessing family planning services from public facilities without written parental/spousal consent. UNICEF worked with Dept of Health, Council for the Welfare of Children, Dept of Social Welfare and Development and Local Government Units in some key cities to test a model for a community-based adolescent health programme.

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<sup>35</sup> This may include existing materials that can be used/adapted for ALS, such as those in the Adolescent Health Education and Practical Training (ADEPT) E-learning Toolkit for health care providers and programmers, Health Promotion Playbook for Adolescent Sexual and Reproductive Health ( "The KADA Network" or Key Assistance for Developing Adolescence Network, includes tools to help promote and protect ASRH), HIV Reference Materials; #MeronAko campaign materials and MHM learning resources; etc.



The concept builds on strengthening the service delivery network in the community, ensuring that adolescents are provided with a range of services including access to family planning commodities and HIV testing and treatment. Since government facilities (such as Adolescent Friendly Health Facilities or AFHF) are constrained in service provision, they refer adolescents to the partner facility run and managed by an NGO partner. The trained social worker (either from the LGU or from a civil society organization (CSO)) or medical doctor can facilitate access to services following an evaluation. Criteria has been developed to guide the providers, with the proxy consent protocol allowing for trained social workers or medical doctor to provide consent for access to services in the context of the best interest of the child. Further referral (in cases where adolescents need social welfare assistance, legal and protection related issues) is done by CSO through the service delivery network. Aside from trained providers, laboratory and other supplies, the CSO facility also has trained peer educators who provide support in social mobilization activities and linking young people to services. They are also responsible for sharing ASRH information, following up with peers on repeat tests, treatment schedules, etc.

Collaboration with community stakeholders and DepEd to ensure meaningful convergence. Local health workers, community-based NGOs, and youth volunteers/peer educators shall be tapped by teachers in using a team-teaching approach to CSE-ARH. Furthermore, they will have access to systematic referral mechanisms and services in place within the local communities in relation to health, WASH, and child protection.

The Adolescent Health Friendly Facility (AFHF) will be the main institution convening this multi sectoral group (service delivery network) and oversee the following components:

- Development of guidelines on service delivery and referral system
- Capacity building of service providers on adolescent health tools - Adolescent Health Education and Practical Training (ADEPT), HEADSS assessment (home, education, drugs, suicidality, sex), and mental health and psychosocial support services (MHPSS) among others
- Peer education training, mentoring and coaching, including youth groups such as Sanggunian Kabataan (Youth Councils).
- Implementation and monitoring of the SBC plan
- Collect and analyse data on uptake of services among adolescents

### 5.3 Social and Behaviour Change and Youth Participation

Proceedings from the Kapit Kamay Summit included an urgent need among different stakeholders in desensitising the public and in providing accurate information on ASRH matters and related topics (such as health, education, WASH/MHM, child protection, child marriage and social protection). Likewise, the systematic literature review of the drivers of violence affecting children in the Philippines emphasizes existing social norms which condone the proliferation of violence against children in the Philippines. It also highlights that these harmful social norms, both at the community and in education-based institutions, continue to limit the access of adolescents to information and prevention of adolescent pregnancy, child marriage and sexually transmitted infections such as HIV.

In view of this, the proposed intervention focuses on supporting stakeholders, children and young people participate in the implementation of recently passed/drafted child protection laws addressing child marriage and sexual violence. Child participation in relevant policies will be mainstreamed and young people engaged to co-design and rollout key messages and evidence-based information campaigns. Discourse among different target groups will be facilitated, to counter “taboo” perceptions, lack of information and misinformation on ASRH, both at the community and education based institutions.

This co-created campaign will be anchored on the ALS comprehensive sexuality education curriculum as well as recent legislation on child marriage and sexual violence, including that related to the increased age for statutory rape and prohibition of sexual harassment. Any further child protection or sexual and reproductive

health related legislation enacted during the life of this grant may also be addressed, such as the anticipated Anti-Online Sexual Abuse and Exploitation of Children Act.

It is envisaged that the project will be able to provide the wider audience with accurate, relevant, and appropriate (in terms of gender, age, culture, etc.) information on ASRH that would enable children to demonstrate personal skills in managing risks, protecting themselves from violence, reporting their experience of violence, and seeking professional help when needed.

Thus, this cross-sectoral component will include the following activities:

- Support to conduct consultation workshops on child protection legislation, with stakeholders in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) and other regions with indigenous population. These workshops, led by the Department of Social Welfare and Development (DSWD) will engage parents, caregivers, children, and young people, to develop the implementing rules and regulations for the child marriage legislation and the anticipated Anti-Online Sexual Abuse and Exploitation of Children Act.
- Support the formulation of a resource tool or a primer on the new relevant legislations to support community child protection workers implement the law locally.
- Develop and implement an advocacy and communications plan to support the implementation of child protection laws with the Child Rights Network focusing on sexual violence including the laws on child marriage, increasing the age of statutory rape, online sexual abuse and exploitation of children, and safe spaces. The caravan shall include the following:
  - Face-to-face and virtual platforms to disseminate and popularize the aforementioned laws on sexual violence and child marriage.
  - Co-creation workshops with parents, caregivers, children, and young people to develop creative strategies and materials that will be used to advocate for the prevention and response to sexual violence and child marriage.
- Develop and implement a social and behaviour change strategy in Angeles City and Southern Leyte utilizing the strategies and materials developed during the national advocacy caravans to address the issue of sexual violence and lack of ASRH knowledge in these local government units. The strategy design shall ensure that adolescents and young people, as well as parents and caregivers and stakeholders, would be reached with key messages and materials, through both community and community learning centres, utilizing both health and education frontline workers and ensuring meaningful convergence.

#### 5.4 Implementing a Positive Parenting Program for Teens

Parenting support programs have been proven effective in reducing child maltreatment, including sexual abuse and exploitation, and associated risk factors such as corporal punishment and parent negative psychological health.

UNICEF at the global level has established a partnership with the Parenting for Lifelong Health (PLH) in developing and testing positive parenting programs to reduce violence against children in low and middle-income contexts, including the Philippines.

Since 2016, UNICEF has been integrating parenting messages via the Masayang Pamilyang Pilipino Program (MaPa) to the DSWD Pantawid Pamilya Pilipino Program's Family Development Sessions, which target the most vulnerable and marginalized sector of the society. MaPa is a localization of the PLH modules, which have been revised to be more fit to the Filipino societal and cultural norms. While these localized modules have

mostly covered positive parenting for young children, PLH modules are also available for parenting for adolescents, which have yet to be localized.

The PLH for teens module, which would be dubbed as MaPa teens, would be focused on parenting of 10 to 17 years old to establish caregiver-teen relationships and reduce the risk of violence against teens in and outside the home. It also aims to strengthen the ability of caregivers to provide a protective environment and ensure the health and well-being of their child through positive parenting techniques.

Through the CSE-ASRH group, parents would be taught alternative parenting strategies to reduce adolescent problem behaviours and avoid corporal punishment, in a participatory manner. Specific emphasis shall also be given to parenting for teenage parents, integrating messages on prevention of child marriage, sexual abuse and exploitation, as well as on ASRH.

This component shall include the following activities:

- Consultation workshops with parents, caregivers, and teenagers (including teenage parents).
- Localization of the PLH modules to include cultural and societal norms on VAC and ASRH as well as translation to local languages.
- Pilot testing of the modules in Angeles and Southern Leyte.

## 6. Monitoring and Evaluation

UNICEF Philippines Adolescent Task Force will work closely with the Planning Monitoring and Evaluation section to develop a comprehensive results matrix for this project. Baseline data will be collected using existing government reports such as the Field Health Services Information System, Annual Poverty Indicator Survey, National Baseline Survey on Violence Against Children. A rapid assessment may also be done to collect data that is not available in the national government reports.

UNICEF will work with the Government, development partners and other relevant stakeholders to conduct regular field monitoring and spot checks to track the implementation and progress of the different programme components. National capacities will be strengthened with joint monitoring and evaluation, and capacity development to ensure results-based management. The programme team, government units, and implementing partners will also ensure effective tracking of indicators to support programme evaluation and meet periodically to review the programme and discuss technical issues. Project information will be reported and shared among partners. Reports will include updated quarterly reports, annual reviews as well as lessons learnt and best practices.

## East Asia Pacific Regional Office (EAPRO)

EAPRO will serve as the grant management counterpart for the DFAT C-Surge Child Marriage and Adolescent Pregnancy programming in Laos and Philippines. The EAPRO Gender Section will provide coordination support as well as tailored technical assistance to intervention strategies and implementation as needed by COs and partners, eg. related to CSE, SRH, GBV, Adolescent Girls Empowerment, etc. and will facilitate cross-sectoral inputs and support from the relevant Regional Office Sections as required. EAPRO Gender will also promote and disseminate learnings from the CEFM programme interventions by sharing across the region and facilitate the showcasing of best practices at both the regional and global levels. Communications and visibility activities by the Laos and Philippines COs on the DFAT C-Surge Child Marriage and Adolescent Pregnancy programming will be supported and amplified by the Regional Office.

## DESIGN AND IMPLEMENT APPROACH

### Design

Upon contract signing, UNICEF will develop a more detailed design of the Laos and Philippines proposed child marriage and adolescent pregnancy interventions and submit to DFAT for approval a formal project logic and the following documents which, once approved will be used to support program management by both partners:

- costed workplan setting out outputs, timelines for achievement of outputs, means of verification, and any other detail as required, for DFAT's approval, including but not limited to, detailed risk matrix
- monitoring and evaluation plan of program activities
- cross cutting issues including disability inclusiveness
- safeguarding in working with children.

DFAT will provide approval or make any requests for changes, within two weeks of receipt.

### Implementation

Once approved, UNICEF will commence implementation of the program until the stipulated end date of the contract amendment (31/7/2024).

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