



# ADDRESSING DATA GAPS ON CHILD, EARLY AND FORCED MARRIAGE IN HUMANITARIAN SETTINGS

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Dyan Mazurana, PhD and Anastasia Marshak



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## ACRONYMS

CEDAW	Committee on the Elimination of Discrimination against Women
CEFM	Child, Early and Forced Marriage
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CRC	Committee on the Rights of the Child
CSO	Civil Society Organizations
DHS	Demographic and Health Survey
EFSA	Emergency Food Security Assessment
EFSNA	Emergency Food Security and Nutrition Assessment
FSMS	Food Security (and Nutrition) Monitoring System
GNB	Girls Not Brides
HRC	Human Rights Council
ICC	International Criminal Court
ICF	Infant and Child Feeding
IPC	Integrated Phase Classification
INGO	International Non-Governmental Organization
LRA	Lord's Resistance Army
MENA	Middle East and North Africa
MICS	Multiple Indicator Survey
OHCHR	Office of the High Commissioner for Human Rights (United Nations)
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
U.N.	United Nations
UNFPA	United Nations Populations Fund
UNGA	United Nations General Assembly
UNICEF	United Nations International Children's Emergency Fund
WFP	World Food Programme

## EXECUTIVE SUMMARY

Over the last decade, there has been a significant push by the United Nations (U.N.) and its partner agencies to focus on the eradication of child, early, and forced marriage (CEFM). Biannual resolutions, since 2014, in both the U.N. General Assembly and the Human Rights Council (HRC) have contributed greatly to the normative framework on preventing and responding to CEFM. Political leadership at the regional and national level taking concrete action to address CEFM, including through the development of National Action Plans to end CEFM, have also led to significant progress and continued momentum.

The need for better data collection and disaggregation of that data for improved analysis and learning is crucial and has been emphasized consistently in multiple platforms and by multiple actors, including in the last two substantive resolutions on ending CEFM at the U.N. General Assembly and the HRC respectively. To that end, Save the Children commissioned this discussion paper with the goal of producing a comprehensive and user-friendly proposal for how to address current data gaps, with a specific focus on addressing the need for better and more comprehensive data on CEFM in humanitarian settings, which includes humanitarian emergencies, situations of forced displacement, armed conflict, and natural disaster. This discussion draft was developed after extensive interviews with key stakeholders on CEFM across program, policy, and academia in combination with a comprehensive literature review. The result is a report that identifies the existing knowledge and data on CEFM in humanitarian settings, reveals gaps in that evidence base, and provides recommendations for moving forward to address data gaps on CEFM in humanitarian settings.

While the practice of CEFM has declined over time from one in four (25 percent) to approximately one in five (21 percent), current trends suggest that an additional 150 million girls will be married by 2030. South Asia is home to the largest number of married girls, followed by sub-Saharan Africa, with countries such as Niger reporting more than 75 percent of all girls married before the age of 18. However, the problem of CEFM is global and not limited to these two regions.

Significantly, nine of the ten countries with the highest rates of CEFM are fragile or extremely fragile contexts, emphasizing the urgent need to better understand and address CEFM on the national, regional, and local level in humanitarian settings. For initiatives to be impactful, there needs to be continued effort and human and financial investment in producing, identifying, and sharing quality data on CEFM, including in humanitarian settings.

CEFM is a human rights violation and a form of sexual and gender-based violence (SGBV) that robs children of their agency to make decisions about their lives, disrupts their education, makes them more vulnerable to violence and discrimination, and prevents their full participation in economic, political, and social spheres. It has been strongly associated with higher rates of maternal morbidity and mortality as well as harmful outcomes (morbidity, mortality, birth weight) for their offspring.

The literature and key informant interviews identified a variety of factors driving CEFM, including insecurity, protection, access to education, displacement, assets and wealth, food security, access to health services, freedom of movement, experience of shocks, etc., with gender inequality serving as a common root factor. Yet, the research further made clear that the practice is not the same across the world and neither are the “push and pull” factors, even within the same contexts where other factors play a role. Currently, the state of collective knowledge on drivers is unable to clearly unpack this complexity over time and space.

At present, there is particularly a significant lack of rigorous studies on CEFM in humanitarian settings, resulting in large gaps in evidence and knowledge. The existing research on CEFM in humanitarian settings has predominately been comprised of small, stand-alone qualitative studies. Most of the knowledge on CEFM in humanitarian settings is geographically limited, mainly coming out of the Middle East and North Africa (MENA). Most of the key informants the consultants interviewed were very aware of limitations in this knowledge.

Key informants stressed that CEFM in humanitarian settings is shaped by a wide variety of factors that shift over time, necessitating a large, rigorous body of context-specific and comparative evidence to inform prevention and response. The reality is that most aspects of CEFM in humanitarian settings are significantly understudied, a reality that is being addressed through a number of research initiatives being undertaken by humanitarian and human rights actors across contexts.

Over the past couple of years, a number of actors have advocated for more data collection and knowledge sharing on CEFM in humanitarian settings. Some examples of initiatives propelling these efforts include Global Programme to Accelerate Action to End Child Marriage; the new Compact for Young People in Humanitarian Action; and the creation of the INGO, Girls Not Brides (GNB). In response to the call for additional evidence, some research initiatives have been set in motion. For example, the Women's Refugee Commission (WRC), United Nations Population Fund (UNFPA), and Johns Hopkins University will carry out a series of on-going studies on CEFM in humanitarian settings in seven countries. UNICEF and UNFPA have requested that WRC produces standardized toolkits with indicators for both quantitative and qualitative research on CEFM in humanitarian settings.

Significantly, Save the Children is partnering with the Human Rights Center at the University of California, Berkeley School of Law to conduct a three-phase research initiative titled Preventing Child Marriage in Humanitarian Settings. The initiative includes a review of child marriage and prevention and response interventions; a multi-country study in humanitarian contexts to identify child marriage drivers, decision-making factors, and solutions (forthcoming, 2020); and a co-designed intervention with girls themselves to be piloted in a humanitarian context.

Despite these promising initiatives and others underway, which will undoubtedly add much evidence and learning to the collective knowledge on CEFM in humanitarian settings, quantitative data on incidence and prevalence on CEFM in humanitarian settings remains a stark gap.

Progress has been made in collecting CEFM data more generally, although nearly entirely within stable contexts. Following the unanimous adoption of the 2030 Agenda for Sustainable Development by the U.N. General Assembly in 2015, there was a concerted effort made to better capture CEFM data, thus enabling the international community to measure progress on Sustainable Development Goal Target 5.3 on ending child marriage. The prevalence data around CEFM in most reports and research reviewed primarily comes from Demographic and Health Surveys (DHS) and Multiple Indicator Surveys (MICS), which is generally collected every three to 10 years. This data is important for revealing global trends over time, but it does not allow for community-level analysis and mostly reflects periods of stability. Given that practices around CEFM in humanitarian settings are likely localized and experience greater variation over time than in stable settings, the existing data is insufficient for providing more contextual information, identifying drivers, and establishing shorter term temporal trends.

Current initiatives in this area remain decentralized, and the expansion of the current CEFM data requires a coordinated effort across all groups working on CEFM. This discussion paper has concluded with the recommendation that efforts should be coordinated with UNICEF given that it already houses a database on CEFM, as well as with other actors who already engage in data collection efforts in humanitarian settings.

There is significant opportunity under the U.N. framework to expand data collection beyond the DHS and MICS mechanisms that would require only a slight modification of the existing data collection tools and methods. In addition, collecting, analyzing, and using already existing or slightly expanded sources of quantitative data, including for instance data collected under the Gender-Based Violence Information Management System (GBVIMS), and data collected by such U.N. agencies as UNHCR and WFP, has the potential to contribute greatly to addressing the current data gap. This approach requires a multitude of actors working together and thus a high level of coordination, cooperation, and goodwill among key stakeholders to become reality.

At the time of this report, the U.N., NGOs, and academics are demonstrating enthusiasm towards tackling this issue. Now is the time to take advantage of this momentum, continue to build our knowledge base around CEFM in humanitarian settings with initiatives like those being executed by Save the Children and other U.N., civil society, and government actors, and make significant progress in addressing persistent data gaps on CEFM in humanitarian settings.

## I. WHAT WE KNOW ABOUT CEFM IN HUMANITARIAN SETTINGS

### CEF M: CONTEXT AND CONTENT

Marriage is a complex and diverse social, cultural, religious, and legal institution that has been examined in a range of fields, including social anthropology, legal scholarship, economics, sociology, and political science. Scholars studying marriage contend that there is no universal definition of marriage that can be applied cross-culturally.

According to the Office of the United Nations High Commissioner for Human Rights (OHCHR), child marriage is any marriage where at least one of the parties is under 18 years of age. Similarly, UNICEF has defined child marriage as any "formal or informal union" where either or both parties are under the age of 18. The term "early marriage" is often used interchangeably with child marriage although some distinctions exist. Early marriage in some contexts refers specifically to marriages involving a person below the age of 18, where the age of majority is attained earlier or upon marriage. Forced marriage is defined as marriage at any age that occurs without the free and full consent of both spouses and can involve both children and adults. Child marriage is a form of forced marriage given that children under 18 are not able to give full, free, and informed consent.

Recent guidance by the Committee on the Elimination of Discrimination against Women (CEDAW) and Committee on the Rights of the Child (CRC) recommended that all States ensure "that a minimum legal age of marriage

for girls and boys, with or without parental consent, is established at 18 years." In 2018, the U.N. General Assembly also made strides on setting a universal marriage age, calling upon "States to enact, enforce and uphold laws concerning a minimum age of marriage, to monitor their application and to progressively amend laws with lower minimum ages of marriage and/or ages of majority to 18 and engage all relevant authorities to ensure that these laws are well known."

It is important to recognize that the practice of CEFM includes those that are formalized, registered, and recognized by custom, religion, or the state, as well as those that are not formalized, are unregistered, and are not recognized by custom, religion, or the state. It is necessary to recognize and collect information on the entire range of CEFM in order to eradicate it globally.

The practice of CEFM is a human rights violation and a form of SGBV that threatens the lives and futures of girls and women around the world. Importantly, "deep-rooted gender inequalities and stereotypes, harmful practices, perceptions and customs, and discriminatory norms are not only obstacles to the full enjoyment of human rights and the empowerment of all women and girls but are also among the root causes of child, early and forced marriage." CEFM is further driven by a variety of factors, including "insecurity, increased risks of sexual and gender-based violence, the misconception of providing protection through marriage, [exacerbated manifestations of] gender inequality, lack of access to continuous, quality education, the stigmatization of pregnancy outside marriage, the absence of family planning services, disruption in social networks and routines, increased poverty and the absence of livelihood opportunities."

In some contexts, and often exacerbated by other factors, girls and young women can be viewed as economic assets of the family or male head of household. Women's and girls' sense of internally and externally perceived value is thus directly tied to their ability to marry well for the economic benefit of their family, as may be manifest in the case of dowries, for example. Similarly, women's and girls' value may also be tied to their reproductive capacities and capability of birthing even more girl children. This can

drive down the age of marriage in order to maximize and leverage what are seen to be women's and girls' prime childbearing years.

CEFM robs children of their agency to make decisions about their lives disrupts their education, and makes them more vulnerable to domestic and intimate partner violence, discrimination, and abuse. CEFM prevents children's full participation in economic, political, and social spheres throughout their lives.

CEFM is also often accompanied by early and frequent pregnancy and childbirth, resulting in higher-than-average maternal morbidity and mortality rates. Maternal health consequences associated with child marriage have been extensively documented. Adolescent mothers are at a substantially greater risk for maternal morbidity and mortality and to experience debilitating health complications related to pregnancy and childbirth. They are more likely to experience pregnancy complications. Complications during pregnancy and childbirth is the number one cause of death for girls aged 15-19 worldwide. Significantly, 90 percent of births to girls aged 15-19 occur within a marriage. These risks in turn increase the probability of neonatal death, stillbirth, premature and low birthweight infants, and infant and child morbidity and mortality.

Although international policy and legal frameworks and international bodies have stressed the need to address CEFM, momentum has increased notably over the last decade. The inclusion of a specific Sustainable Development Goal (SDG) on ending CEFM globally by 2030 was a significant achievement and increased pressure on demonstrating measurable and sustained progress on ending CEFM. Beyond SDG 5.3, which specifically aims to eradicate CEFM, SDG 16.1, 16.2, and 8.7 are also particularly relevant and further reinforce the commitment to end CEFM. SDG 16.1 calls for "significantly reduc[ing] all forces of violence and related death rates everywhere," and 16.2 similarly calls for "end[ing] abuse, exploitation, trafficking and all forms of violence against and torture of children." As CEFM is a form of SGBV, the eradication of CEFM is integral to the achievement of both SDG 16.1 and 16.2.

SDG 8.7 calls for the international community and endorsing states to "take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms." The achievement of SDG 8.7 requires urgent action to prevent and respond to the abduction and perpetration of CEFM and/or sexual slavery by armed actors in conflict contexts. CEFM perpetrated by armed actors in conflict contexts constitutes a grave violation against children, is a violation of international humanitarian and criminal law, and is a form of SGBV. Depending on the context and circumstances, such crimes may also be considered one of the worst forms of child labour under the International Labour Organization (ILO) Convention 182.

Important international, regional, national, and subnational instruments, mechanisms, and initiatives are now in place to end CEFM. Most notably, these include the African Union's Campaign to End Child Marriage, the Regional Action Plan to End Child Marriage in South Asia, the Joint Inter-Agency Programme to End Child Marriage and Early Unions in Latin America and the Caribbean, and the Southern African Development Community Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage.

Eradicating CEFM requires that stakeholders increase their attention, knowledge, appropriate and evidence-based prevention and response measures, and resources in a coordinated fashion. It also requires the full and meaningful participation of the women and girls who are at risk and affected, from the early stages of developing policies and programming through the monitoring and evaluating of efforts to address this pressing issue.

## STATE OF KNOWLEDGE ON CEFM IN DEVELOPMENT CONTEXTS

Child marriage is a global problem that spans across countries, religions, and cultures. Gender inequality is the root cause of CEFM, with poverty and lack of educational opportunities among the key drivers of the

practice. Research finds that CEFM is driven by multiple, complex factors including gender norms, poverty, lack of alternatives, tradition, insecurity, and rural and urban differences, among others.

While CEFM affects both boys and girls, girls suffer disproportionately—650 million women alive today were married as children, compared to 150 million men. Generally, girls are married at younger ages and there is often a large age difference between the female and male spouses. Currently, 12 million girls under 18 years of age are married each year worldwide. South Asia is home to the largest number of already married girls, followed by sub-Saharan Africa, though CEFM is found in all regions of the world, including the Western world.

However, CEFM is not the same phenomenon around the world. Context plays a highly significant role in determining the many factors that shape child marriage in different settings. To illustrate, research by Petroni et al. (2017) across four countries in Sub-Saharan Africa (Kenya, Senegal, Uganda, and Zambia) confirms the findings of the existing literature,

*"child marriage is rooted in inequitable gender norms that prioritize women's roles as wives, mothers, and household caretakers, resulting in inadequate investments by families in girls' education. These discriminatory norms interact closely with poverty and a lack of employment opportunities for girls and young women to perpetuate marriage as a seemingly viable alternative for girls."*

Yet, the same report also found at the African study sites that sexual relations, unplanned pregnancy, and school dropout often preceded CEFM. These findings differ from most existing evidence on CEFM in South Asia. Furthermore, unlike in South Asia where family members typically determine the spouse a girl will marry, most girls in the Africa study settings have greater autonomy in partner choice selection.

The practice of CEFM has continued to decline around the world. During the past decade, the proportion of young women who were married as children decreased by 15 percent, from one in four (25 percent) to approximately

one in five (21 percent). However, according to UNICEF, given population growth, at the current rate of decline, countries are still not on track to reach SDG 5.3 by 2030. In fact, at current rates, an additional 150 million girls will be married by that date.

## STATE OF KNOWLEDGE ON CEFM IN HUMANITARIAN SETTINGS

This report uses the definition of humanitarian settings defined by the HRC to include "humanitarian emergencies, situations of forced displacement, armed conflict and natural disaster."

In recent years, the implications of conflict-related SGBV have drawn increased attention at the local, national, and international levels. The focus on women and girl survivors of conflict-related SGBV has resulted in increased attention to the long-term impact that violence has on their socio-cultural acceptance, economic opportunities, and livelihood options in post-conflict environments.

Additionally, there is evidence to suggest that girls in humanitarian crisis situations and fragile states may be particularly vulnerable to child marriage. Significantly, nine out of the 10 countries with the highest prevalence rates of CEFM are considered fragile or extremely fragile, emphasizing the link between humanitarian settings and factors that drive CEFM.

A recent review of CEFM in humanitarian settings finds that international and national humanitarian response is failing to address the protection risks and threats posed by CEFM. There is also a notable failure to protect adolescent girl survivors or adolescent girls at risk of SGBV in humanitarian settings more generally.

# INDIVIDUAL AND COMPARATIVE STUDIES OF CHILD MARRIAGE

There is very little research that looks in depth at CEFM in humanitarian settings. Existing research is predominantly comprised of one-off, small-scale, primarily qualitative research focusing on particular populations. The majority of studies to date have been carried out in the Middle East and North Africa (MENA) region and have focused on CEFM among internally displaced and refugee communities. GNB has synthesized the key findings from this body of research. The GNB briefing note provides a list of the key factors found to influence CEFM in humanitarian settings and highlights findings from individual country-specific research carried out in Afghanistan, northern Cameroon, Central African Republic, Chad, Ethiopia, Jordan, Iraq, Lebanon, Mozambique, northern Nigeria, Somaliland, Sudan, Syria, Yemen, and with the Rohingya population in India, Indonesia, and Malaysia.

To date, only one study by UNICEF and the International Center for Research on Women (ICRW) has carried out comparative research on CEFM in humanitarian settings and development settings. The study was carried out in Egypt, Jordan, Lebanon, Morocco, Sudan and Yemen and highlighted four factors influencing CEFM: 1) spatial mobility, 2) social and cultural functions that enforce gender and social roles, 3) key service provision, and 4) legal gaps that enable children to be married. The report stressed the urgent need for coordination regarding the generation of knowledge through research and programmatic interventions to address CEFM. GNB has recently taken up this task and has mapped and is continuing to track research initiatives as they are developed and executed.

Another comparative research program is underway between the UNFPA and Johns Hopkins University, with research carried out in Ethiopia, Myanmar, Jordan and being designed for four other locations. Results will be available in 2019 or 2020.

Save the Children and the Human Rights Center at the University of California, Berkeley are also leading a three-phase research initiative on this topic, titled Preventing Child Marriage in Humanitarian Settings. Phase one of the project produced a review of child marriage and prevention and response interventions in humanitarian and development contexts; phase two (currently underway) is comprised of a multi-country study in humanitarian contexts to identify child marriage drivers, decision-making factors, and solutions; and phase three will be a co-designed intervention, informed by girls' voices and community stakeholders, to be piloted in a humanitarian context.

## CHILD MARRIAGE BY FIGHTING FORCES AND GROUPS

One notable exception to the lack of robust knowledge on CEFM in humanitarian settings is information on girls forcibly married into fighting forces and groups. For nearly 20 years, academics and practitioners have undertaken substantial quantitative, qualitative, mixed-methods, and comparative research detailing girls' entry into these marriages; their personal and their children's experiences within these relationships; and the experiences of the girls, young women, and their children upon leaving these relationships. Research with these populations has been conducted in Colombia, Iraq, Liberia, Mozambique, Nepal, Rwanda, Sierra Leone, South Sudan, Sudan, Syria, and Uganda.

While contexts vary, on the whole, researchers find that girls are often forced into these relationships, entering through coercion and ensuing captivity. For girls who enter into CEFM this way, they, their families, and their communities often do not consider these relationships valid. In some cases, the girls are considered polluted by these relations. Other girls may 'willingly' take a fighter husband as a means to try to ensure their own or their family's security or access to food and shelter. Once inside these relationships, girls perform many essential roles for the fighting group or force. They are also required to assume the conjugal roles of monogamous sexual relations, child bearing and rearing, house-making and keeping, and the status of a 'wife'. Indeed, these components were essential to the development of

international jurisprudence on the crime of forced marriage, first seen in the Special Court for Sierra Leone and most recently prosecuted by the International Criminal Court (ICC) in cases concerning the Lord's Resistance Army (LRA).

Importantly, studies show that those who have been forcibly married and have children born of conflict-related sexual violence experience different challenges than those who do not. Most girls forcibly married into armed forces and groups who return with children will never enter or re-enter schooling, and they remain largely uneducated and poor throughout their lives.

Research also finds that the majority of these girls and children produced from these forced marriages are rejected by their families and communities upon their return. The reasons for rejection include a combination of being perceived as polluted, out of social harmony or possessed by evil spirits; an economic burden to the family; and a potential economic threat to the land and inheritance of the other male children in the family. Studies in Northern Uganda find that even upon return from captivity and years after the conflict has ended, these girls and their households are significantly more likely to be a victim of a range of crimes committed by family and community members because of stigma and low social status.

Significantly, the more extensive body of research on girls forcibly married to armed actors has helped to drive a shift in the framing of this violation and thus contributed to more nuanced and inclusive response efforts. Girls who have been forcibly married to armed actors are now more commonly included in conversations and service provision for children associated with armed forces and armed groups (CAAFAG). This has broadened the way humanitarian actors respond to the violation to better incorporate the ongoing needs that "association" with an armed force or armed group drives. This shift has also allowed for girls as a specific group defined by their age and gender to be more visible in discussions that previously only focused on more traditional forms of "association", for example, child soldiers.

## CHILDREN BORN TO GIRLS MARRIED TO MEMBERS OF FIGHTING FORCES AND GROUPS

While there is a strong body of literature on girls married into armed forces and groups, gaps in knowledge remain regarding children born as a result of CEFM to members of fighting forces and groups. Insisting on the need to protect children from rape and sexual violence in armed conflict and post-conflict situations, United Nations Security Council Resolution 2122 specifically notes "the need for access to the full range of sexual and reproductive health services, including regarding pregnancies resulting from rape, without discrimination". During the last decade alone, it is estimated that tens of thousands of children have been born worldwide as a result of CEFM to members of fighting forces and groups and of their conflict-related sexual violence and exploitation. What is known about these children?

Only a handful of researchers in the world have carried out in-depth fieldwork with the children born of these relations, their mothers, and their communities, most notably in Bosnia, Mozambique, Rwanda, Sierra Leone, and Northern Uganda. The evidence suggests that regardless of the nature of the parents' sexual relationship (forced, survival sex, consensual, or somewhere in-between), many of these children are stigmatized, discriminated against, abused, abandoned by family members, and denied basic rights and access to services such as health care and education. In some cases, children may be beaten or starved to death by family members frustrated at their parentage. These children are routinely denied membership in their mother's family and community. This exclusion demonstrates one of the most profound intergenerational consequences of CEFM in conflict settings: the loss of identity and social exclusion experienced by resulting children. This exclusion is compounded by their father's perpetrator status, their perceived association with the armed group, and by the shame and 'pollution' surrounding rape. The accumulation of these factors may give rise to grave abuses and crimes against these mothers and their children throughout their lives.

Important new research in Northern Uganda working directly with the children born of forced marriages finds that at times the children prefer their treatment during war and in captivity to their experiences of so-called 'post-conflict'

and ‘peace’. However, there are some cases in which these children and their mothers appear to be accepted by their families and communities, and much more knowledge is needed on these cases.

## **CHILD MARRIAGE AMONG REFUGEES AND THE DISPLACED**

The U.N. and INGOs are leading the way in research on CEFM among refugees and the displaced; rigorous academic and scholarly studies are only just now emerging. In refugee and displaced camps or in urban settings where these populations settle, research finds that, at times, loss of assets and livelihoods, inability to find paid employment, increase in debt, reduced incomes, and increased seclusion of girls due to entrenched social norms that discourage freedom of movement (leading to their inability to contribute to household livelihoods) can lead families to see CEFM as a way to meet their needs, as noted in research in Lebanon, Malaysia, India, and Indonesia (regarding Rohingya girls) and northern Cameroon and Nigeria. Upon repatriation, studies in Afghanistan and Pakistan find that children who are not in school are at increased risk of marriage compared to those who are enrolled in school.

There is an important body of knowledge being built around the situation of Syrian girls fleeing the conflict in Syria. Studies in Jordan, Syria, and Turkey have found that displacement due to armed conflict increases Syrian girls’ vulnerability to CEFM as resources are lost or drained, families are split apart, social and family protection networks fray, and insecurity— including to sexual violence—increases, causing families to look for ways to protect their girls, their family honor, and themselves.

An earlier study by UNICEF tracked child marriages registered in shari’a courts in Jordan over the time period of 2005 – 2013. Combining quantitative and qualitative data, this study enabled the establishment of an important baseline for CEFM. It also disaggregated among nationalities. It captured the arrival and increase of CEFM among Syrian girls fleeing from the Syria conflict and it recorded the increase in CEFM between Syrian refugee girls and Jordanian men over time. The study enabled a much more detailed look at marriage of Syrian girls than previously

existed. It produced important findings on the prevalence of CEFM, the difference in ages of the bride and groom, the impact on girls’ education, reproductive health, and physical and mental wellbeing. The study was widely reported on in the media and resulted in an upsurge in media and policy attention to CEFM related to the Syria conflict. However, the study was unable to capture instances of CEFM that were not registered, thus little is known about what is happening with girls inside these marriages and how they compare to registered marriages.

A qualitative study among Syrian refugees in Lebanon investigated recent reports suggesting that CEFM had increased among Syrians as a result of displacement and conflict. While child marriage was a common practice in pre-conflict Syria, the study found that new factors contributed to an increased risk of marriage for Syrian girls taking refuge in Lebanon. Key factors increasing this risk included “conflict- and displacement-related safety issues and feeling of insecurity, the worsening of economic conditions, and disrupted education.” The study also recorded changes in marriage practices, including a briefer engagement period, reduced bride price, modifications in marrying cousins, and a lowering of girls’ minimum age of marriage.

Another recent study sought to understand the factors driving CEFM. The researchers collected and analyzed the narratives of approximately 1,400 adolescent Syrian girls and boys who sought refuge from the Syria conflict in Lebanon. The study is particularly interesting in that it found significant differences in narratives of CEFM among female and male participants.

*“Syrian girls and mothers were more likely to share stories about protection/security and/or education and were more likely to report that girls were overprotected. Male participants were more likely to share stories about financial security as well as sexual exploitation of girls and more often reported that girls were not protected enough.”*

These findings highlight the fact that the gender of the respondent significantly influences an understanding of drivers of CEFM and the impact those drivers have on the lives of Syrian refugee girls.

## **FACTORS LINKED WITH CEFM IN CONFLICT**

One of the most consistent findings from both the emerging body of literature on CEFM in conflict settings and interviews with experts and practitioners is the primacy of the context of the conflict or crisis in shaping CEFM. The literature and experts stress that CEFM trends, drivers, and push and pull factors vary greatly based on context, the moment of time within a conflict or crisis, and how communities and individual families are coping with insecurity and shocks. Hence, what is learned from one context (or community or household) may not apply to another context (or community or household). Additionally, what was true at one point in the conflict or crisis regarding CEFM may not hold true for a past or future point in time for the same conflict or crisis.

Another important finding from the literature and interviews with experts is the range of key factors that can influence families’ and girls’ and boys’ decisions around CEFM, as well as the prevalence and incidence of CEFM. Specifically, these factors include physical security, security risks and threats, food security, assets and wealth, livelihood options, health and nutrition, education levels, spatial mobility and freedom of movement, experience of shocks and crimes, and coping strategies.

Furthermore, individuals’ own intersectional identities also play a role, particularly gender, and age, nationality, ethnicity, class/caste, religion, disability, and urban or rural status. Influences also include larger gendered societal, economic, security, religious, and psychosocial factors.

## **CHILD MARRIAGE DURING CLIMATE CHANGE AND NATURAL DISASTER**

There are only a handful of academic and INGO studies that specifically focus on exploring the links among climate change, natural disaster, and CEFM. Thus, at present, there is a significant lack of rigorous studies on this topic, and large gaps in knowledge.

Climate change has been shown to increase climate-related crises. Based on the few academic and INGO studies that exist, findings suggest that in contexts where marriage is an economic transaction or a strategy to

improve capital accumulation (e.g., through dowry or bride price systems), more climate crises – drought, tsunami, flooding, earthquakes – result in increases of families’ economic hardship. These increased economic hardships are believed to lead to higher rates of CEFM, as well as a driving down of the age of married girls, as found in research in Bangladesh, India, Indonesia, Mozambique, Nepal, Somaliland, and Sri Lanka. However, in some cases, climate crises may result in fewer incidences of CEFM, as found in a study of drought in Ethiopia (a country with one of the world’s highest rates of CEFM). In the study in Ethiopia, drought caused a reduction in people’s ability to provide for a wedding and thus resulted in a decrease in CEFM. Again, it’s clear that context deeply matters for understanding what is happening and why with CEFM in humanitarian settings.

A better understanding is required as to what, if any, are the different drivers and impacts that arise in sudden and slow-onset natural disasters as opposed to conflict settings. What are the differences between Internally Displaced Person (IDP) settings and refugee settings? Within refugee and IDP settings, are there differences in camp settings compared to host community influxes? Such data would be extremely useful for prevention and response planning and requires that data is compiled in a way that allows disaggregation in enough detail for the tailoring of program design.

## **ALREADY MARRIED GIRLS WHOSE HUSBANDS HAVE DIED, LEFT, BEEN DETAINED OR DISAPPEARED**

Almost no research has been specifically conducted on married girls whose husbands have died. There is also a lack of research on already married girls whose husbands have left to fight or seek refuge internally or across borders, or who have been detained or disappeared. An important and rare study finds that armed conflict and disaster contribute to the widowing of already married girls, who are among the most vulnerable of widows. Their vulnerability comes in part because they are physically and emotionally immature and struggle to handle the psychosocial, economic, cultural, legal, labor, and child-rearing implications of the death of their adult husbands.

Furthermore, they are often denied inheritance rights, may lose custody of their children, may be evicted from their homes and land, and are vulnerable to exploitation and abuse by family and community members. Data on already married girls whose husbands have died, have left to fight, have sought refuge internally or across borders, or who have been detained or disappeared is almost never collected in humanitarian or development settings. However, these girls are key populations that must be considered to better understand and respond to within efforts to address CEFM in humanitarian settings.

## II. STATE OF EFFORTS TO COLLECT EVIDENCE AND SHARE KNOWLEDGE

Over the last few years, promising efforts have been and are being undertaken to specifically collect data, share knowledge, and generate evidence on CEFM in humanitarian settings.

The Global Programme to Accelerate Action to End Child Marriage is a joint initiative led by UNICEF and UNFPA. The Global Programme provides a framework to promote the rights of girls, delay marriage, understand and address the factors underpinning CEFM, and provide care for already married girls. It looks to support girls and their families in upholding girls' rights, strengthening key social services for girls, and ensure laws and policies protect girls' rights. Additionally, it stresses the need for the collection and use of robust data and evidence to inform approaches to girls. Currently, the Global Programme focuses on girls (ages 10-19) at risk of CEFM or already married girls in 12 countries: Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, Niger, Sierra Leone, Uganda, Yemen, and Zambia. The Global Programme began in 2016 and did not have a focus on humanitarian settings. Yemen is the only country in a humanitarian crisis within the Global Programme presently. However, beginning in 2020 the Global Programme will shift to include a focus on CEFM in humanitarian settings, with planning for that shift starting in 2019.

UNICEF in MENA has created a regional accountability framework where it has mapped out what the different organizations in the region are doing on CEFM. One of the purposes of the framework is to track research on CEFM in the region. It is an informal network of people who share what they are learning and doing on CEFM to help strengthen knowledge and coordinate the work on the ground.

UNICEF and UNFPA jointly convene the Global Programme to Accelerate Action to End Child Marriage meetings and jointly administer the accountability framework. The agencies use one another's advantages in a complementary way; UNFPA focuses on SGBV prevention and response and health service needs, and UNICEF focuses on child case management. UNICEF and UNFPA are coordinating at the country and regional level in MENA to ensure programs are complementary, that they do not duplicate research, and instead identify and fill research gaps. They are currently carrying out research and programming on social norms and behavior change to address CEFM. They have developed a social norms measurement tool and guidelines to determine drivers of CEFM. Their teams in Yemen have begun using the tool, and teams in Jordan and Lebanon will begin in early 2019. UNFPA is currently embarking on qualitative research under the Global Programme to Accelerate Action to End Child Marriage in Djibouti, Iraq, and Yemen.

UNICEF in MENA is also prioritizing qualitative research. In Yemen, for example, they are approaching addressing CEFM through behaviour change. They seek to understand why CEFM is happening and what happens in the decision-making process. Who decides and why? This knowledge is necessary to inform interventions. For example, if CEFM is predominately driven by economic factors, then it is unhelpful to have programming focused on telling people it is a harmful social practice; rather, cash-based and other assistance would be more effective.

UNICEF in MENA points to the need to develop a conceptual framework that maps drivers and identifies which are the most influential, so they can be more effectively targeted. UNICEF in MENA also recognizes that the situations in humanitarian settings can change rapidly

and thus stresses the need for timely information and evidence to inform how to respond to those changes.

Following the World Humanitarian Summit in Istanbul in 2016, a new Compact for Young People in Humanitarian Action was launched. Led jointly by UNFPA and the International Federation of Red Cross and Red Crescent Societies (IFRC), it is made up of over 50 humanitarian partner organizations with a goal of strengthening the input of young people into humanitarian response in five key areas: services, participation, capacity, resources, and data. The data task team is led by UNHCR with core team members Plan International, UNFPA, UNICEF, UNHCR, UN-Habitat, and UN Major Group for Children and Youth. The focus of the data task team is on generating accurate information on the needs of young people in humanitarian settings. Specifically, they are working on: 1) creating a mapping tool to better understand and assess the data that member organizations are currently collecting; 2) identifying and recommending credible data collection methods; 3) ensuring that data collection is sex- and age-disaggregated; and 4) developing sex- and age-disaggregated data standards, encouraging donors to insist on them, and working towards more real-time data collection tools. The Compact for Young People in Humanitarian Action is an important platform for efforts regarding coordination and sharing of information on CEFM, as the majority of the key international actors involved are already part of the Compact and attend a yearly meeting. Currently the group is largely self-funded and self-initiated, limiting its capacity.

The INGO, GNB serves as the secretariat for 1000 organizations from 97 countries working on addressing CEFM. Most of these 1000 organizations are small, locally-based, civil society organizations (CSOs). GNB provides these organizations with concise summaries of what the current evidence shows and how to use it to fundraise and for advocacy. GNB also provides important capacity building and networking opportunities for their members and serves as a hub for publications on CEFM from around the world. GNB has a strong media relations department, and promotes findings through social media, workshops, webinars, and international meetings. Given that much of the work to address CEFM in humanitarian settings will be

carried out by local CSOs, GNB and its members have a crucial role to play in moving evidence to action.

WRC, UNFPA, and Johns Hopkins University have teamed up to carry out a series of ongoing studies on CEFM in humanitarian settings in seven countries. They jointly developed the data collection tools. Their indicators use DHS and MICS, to ensure comparability, and they have developed standardized surveys. In addition, they developed modules for particular factors and contexts. Given the primacy that context plays in understanding CEFM, data analysis is carried out by a combination of national staff for the agencies working in the countries, lead academic researchers, and international research staff. Importantly, WRC has been requested by UNICEF and UNFPA to produce standardized toolkits for both quantitative and qualitative research and indicators on CEFM in humanitarian settings, which will be complete in 2019. These will be unique toolkits specifically designed to collect data on CEFM in humanitarian settings.

UNFPA, UNICEF, WRC, CARE International (CARE), University of Bedfordshire, Johns Hopkins University, and Lebanese American University have created a regional reference group with a focus on standardizing data collection tools, methods, and analysis; generating research questions; sharing data and best practices; and building research capacity in the MENA region.

Save the Children has been actively addressing CEFM since 2001. Between 2001 and 2018, Save the Children conducted 52 projects, programs, and advocacy initiatives related to CEFM in 41 countries. In 2018, Save the Children published a review of all its literature on CEFM programs, projects, and advocacy initiatives. Having reviewed 355 development and 27 humanitarian articles, it found that none of the humanitarian articles met the criteria of the STROBE or CONSORT scales to be included in the review. The review also included an analysis of Save the Children's efforts in these areas and interviews with key informants and experts. The review produced important findings to inform interventions, and stressed the need for context-specific research, knowledge, and interventions. Regarding research, it highlighted the need for evidence on context-specific needs, drivers, and preferences in the community; on

the needs, outreach strategies, and effective interventions for already married girls; and on how to engage youth in participatory research projects. Importantly, the review called for building the body of knowledge on CEFM in humanitarian settings, with attention to 1) why CEFM increases in some contexts, 2) decision-making factors, 3) pre-existing and crisis-specific drivers of CEFM, 4) support needs of girls and their families, and 5) what interventions work to address CEFM.

CARE also carried out a review of their work to date on CEFM, including in humanitarian settings. This review highlighted key knowledge, tools, and frameworks CARE has adopted to address CEFM. CARE also carried out in-depth research on CEFM in Syria to inform its approach. The research provides specific knowledge on the impact of the Syria conflict on marriage of Syrian girls, the factors pushing and pulling CEFM, the relevant laws regarding CEFM, and the attitudes and beliefs leading to incidences of CEFM in attempts to protect girls from violence and to preserve the honour of the family. The work also highlights the health implications of CEFM for Syrian girls and importance of finding ways to reach this population. For example, in Northern Syria, CARE collaborated with UNFPA to provide adolescent mothers and pregnant adolescent girls with information on reproductive health and SGBV through young mothers' groups, which included awareness raising on CEFM and healthy timing and spacing of pregnancies.

In summary, over the last several years, national, regional, and local efforts have accelerated to address the issue of CEFM in humanitarian settings. It is therefore vital that these efforts continue to produce and benefit from the collection of data, sharing of knowledge, and generation of evidence to address child marriage in humanitarian settings.

### III. WHAT KNOWLEDGE IS NEEDED TO PREVENT AND RESPOND TO CEFM IN HUMANITARIAN SETTINGS

Almost without exception, every published report and study and every person interviewed for this project noted the urgent need to build a robust body of knowledge and data on the subject of CEFM in humanitarian settings. While the current studies are invaluable, the reality that CEFM is significantly shaped by a wide variety of factors, context, and changes over time necessitates a larger, rigorous body of context-specific and comparative evidence to inform prevention and response efforts.

The reality is that most aspects of CEFM in humanitarian settings are significantly understudied. Much of the existing knowledge is based on a handful of important but limited, one-off studies; observations of field practitioners; and anecdotal findings or hypotheses that remain untested. The lack of a rigorous body of evidence, comparative research, and research that tracks changes over time on CEFM in humanitarian settings leaves practitioners, policy makers, and scholars with more questions than answers.

Save the Children has already taken the initiative to fill some of these knowledge gaps, working in conjunction with the University of California, Berkeley on the second phase of its research initiative to gather context and time-specific information in the following areas:

- Both the prevalence and incidence of CEFM at country, regional, and sub-regional levels and among particular communities.
- How changes in a range of factors may significantly affect a family's or girl's decision to reject or accept CEFM. These factors could include: security, insecurity, gender inequality, views on pregnancy out of wedlock, traditions of early marriage, access to continuous quality education, access to quality health services including

reproductive health services, livelihoods, livelihood opportunities, assets and wealth, debt, poverty, food security, freedom of movement, experience of a range of shocks and crimes (including SGBV), and displacement.

- How families decide to protect their girls from CEFM, or how and why they decide to accept or pursue the marriage of their girls.
- Decision-making processes in households and families around rejecting or pursuing CEFM.
- The ability of girls to negotiate within these spaces, or when and why they may reject or pursue marriage.
- How best to anticipate and mitigate the risks, threats, and vulnerabilities faced by these children and their families, and how these risks, threats, and vulnerabilities change over time.
- How to promote these children's (and if they are married eventually their own children's) well-being, rights, and acceptance in their families and communities.
- What happens to these girls, young women, and their children when they are widowed, left, or abandoned, or when their husbands are detained or disappeared, as many likely are in situations of armed conflict, major natural disasters, and as a result of displacement.
- The role of gender norms, particularly the relationship between the rigidity of these norms and the practice and prevalence of CEFM.

In addition, the U.N. has expressed a commitment to collecting data and establishing mechanisms to meaningfully use it. In December 2018, the U.N. General Assembly passed a resolution CEFM that highlighted the:

*“need for States to improve the collection and use of quantitative, qualitative and comparable data on violence against women and harmful practices, disaggregated by sex, age, disability, civil status, race, ethnicity, migratory status, geographical location, socioeconomic status,*

*education level and other key factors, as appropriate, to enhance research and dissemination of evidence-based and good practices relating to the prevention and elimination of child, early and forced marriage and to strengthen monitoring and impact assessment of existing policies and programmes as a means of ensuring their effectiveness and implementation”*

The General Assembly also called on relevant U.N. bodies, regional organizations, international financial institutions, civil society and other key stakeholders to work together with states and their national statistical agencies to build capacity for data and reporting on progress to end CEFM. Finally, the General Assembly called on the U.N. Secretary-General to submit a comprehensive report, based on evidence, on progress to end CEFM, including gaps in research and data collection. Thus, a proposal to produce data collection tools, an enhanced database, and research outputs on CEFM in humanitarian settings is a significant step to building an essential body of knowledge to prevent and address CEFM in humanitarian settings.

What is clear from the review of the literature and interviews with key informants is that understanding and addressing CEFM in humanitarian settings requires the coordinated development of common data collection tools that can deliver both snapshots in time and be collected over time and with greater frequency than is currently occurring. There is a need for data collection that can provide data on prevalence, incidence, trends, drivers, push and pull factors (including social and gender norms), and consequences. There is a need to collect data on children at risk of CEFM, those already married, those with children of their own, and those who are widowed, as well as on the other family members in their households. It is important to collect data on what is happening to the children born of CEFM. Furthermore, the data collection tools need to be nuanced enough to capture contextual influences; differences (if any) among CEFM incidences, including formal and informal marriages and unions; CEFM perpetrated by armed actors; and, as possible, already married girls whose husbands have died, left to fight, to seek refuge internally or across borders, or who have been detained or disappeared.



Data collection tools need to produce data that provides users with a more sophisticated contextual understanding of CEFM in the settings where they are working. And, to understand how CEFM may differ and/or be similar in different settings, the data needs to be comparable among conflict, disaster, refugee, and development contexts.

## IV. HOW AND WHERE WE COULD COLLECT DATA

### CEFM: EXISTING DATA COLLECTION AND FUTURE OPPORTUNITIES

This section explores 1) the existing available data on CEFM, 2) forthcoming data, and 3) opportunities and challenges for additional data collection on CEFM in humanitarian settings.

#### EXISTING DATA ON CEFM

As previously discussed, CEFM is included as a key priority under the SDGs, specifically target 5.3: 'Eliminate harmful practices, such as child, early, and forced marriage and female genital mutilations.' Two indicators are used to capture this information:

- Proportion of women aged 20-24 years who were married or in a union before age 15 (%)
- Proportion of women aged 20-24 years who were married or in a union before age 18 (%)

These two indicators are critical in terms of countries generating additional data to monitor progress in decreasing CEFM.

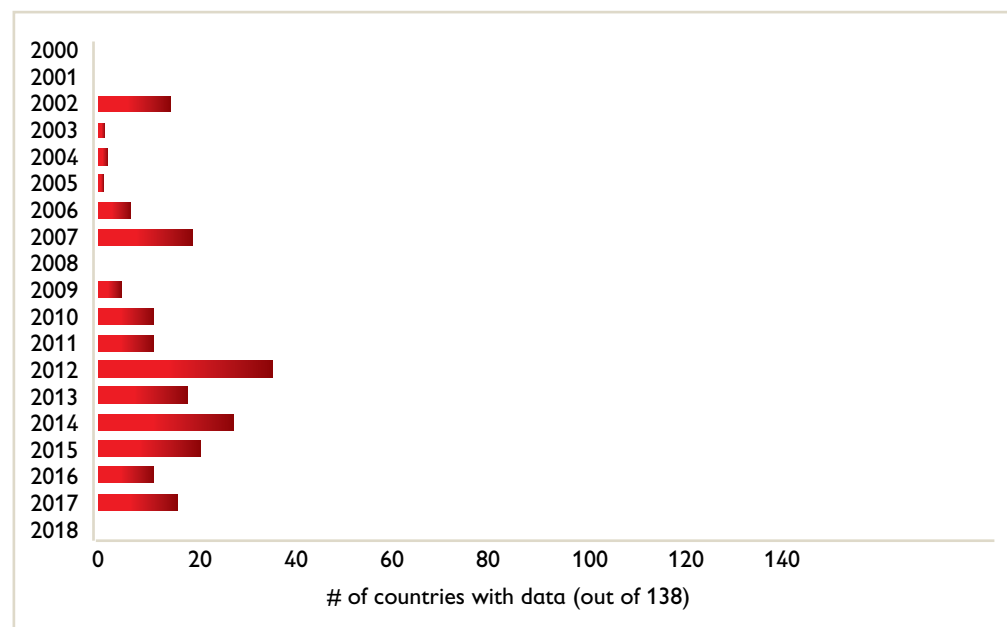


Figure 1: Number of countries with information on the prevalence of child marriage (<15 years) by year  
Source: <https://unstats.un.org/sdgs/indicators/database/>

The main source for the data on CEFM that populates the SDG database comes from a dataset compiled by UNICEF (and made publicly available at <https://data.unicef.org/topic/child-protection/child-marriage/>). Using the available public information provided by UNICEF, Figure 1, above, shows that between the years 2015 – 2017 the number of countries that reported even this basic data ranged from 10 to 18 countries out of a total of 138 countries. Though, it is worth noting that the data publicly available does not capture all the data that exists on CEFM. The SDG database only includes data that fulfils certain criteria for reporting, primarily related to issues of comparability. UNICEF publishes only the latest available evidence and does not yet have a database that compares and compiles all questionnaires and data sources available, but only what is necessary for SDG reporting.

Review of the data and interviews with the Senior Advisor on Statistics at the UNICEF Office of Child Protection and Development finds that the data comes primarily from Demographic and Health Surveys (DHS) and Multiple Indicator Surveys (MICS): 45 percent DHS, 38 percent MICS, and nine percent from a combination, including other national surveys. The remaining data comes from Family Health Surveys, national surveys on health issues, and census data (which collects current marital status). The DHS and MICS surveys capture this data via the following question in the women's marriage module:

*How old were you when you started living with your (husband/partner)?*

In addition, information on current marital status, age of the woman, number of wives, and age of the husband is collected (see Annex B for an example of a MICS module on marriage) and can be used to report on the following five indicators agreed to by UNICEF and its partners in 2003:

- Percentage of women 20-49 first married or in a union by age 15 and 18, by age group
- Percentage of girls 15-19 years of age currently married or in a union
- Spousal age difference
- Percentage of women currently in a polygamous union, by age groups
- Percentage of ever-married women who were directly involved in the choice of their first husband or partner.

The UNICEF dataset is a subset of a bigger database owned and maintained by UNICEF. The larger database pulls additional information from the surveys on wealth, educational status, residence, household food security, and other available data to see how it correlates with CEFM. In addition, drawing on the age cohort data, UNICEF can use the dataset to identify trends in CEFM prevalence over time.

Beyond aggregating and maintaining the CEFM database, UNICEF also uses the database for statistical analysis and report writing. While referenced throughout this report, it is worth noting here that UNICEF has published several reports from this larger database – though only for countries with a sufficient number of surveys – specifically looking at the following relationships:

- Where is child marriage more prevalent
- Changes in child marriage over time
- Child marriage by gender
- Child marriage by wealth
- Child marriage by rural vs urban settings
- Child marriage and associated number of children
- Child marriage and access to medical care during pregnancy

#### LIMITATIONS

While the UNICEF dataset is an important data source and clearly allows for looking at key relationships, there are multiple limitations identified by the key informants and this report:

- DHS and MICS are mainly carried out in stable settings and only occasionally collected in humanitarian settings;
- DHS, MICS, and census data, when collected, are collected only between every three to 10 years;
- Collection of data on displaced populations within countries is not consistent;
- The data is country level, and can be disaggregated by regional or sub-regional level, but is insufficient for looking at community or more local analysis;
- The data only provides information on prevalence, and not incidence.

One of the key limitations is the gap of knowledge on CEFM in humanitarian settings. This is partially a product of the data sources themselves. DHS and MICS (and most routine data collection) occurs mostly in stable settings, with some notable exceptions. DHS has been carried out in Haiti following the earthquake, as well as in Iraq and Yemen. A post-emergency DHS module does exist. However, data collection very much depends on the humanitarian setting. In a humanitarian setting, geospatial information can be completely turned around due to mobility, displacement, or physical damage, making selection of households and representation difficult. When there are security issues, DHS surveys can be postponed, or some regions removed. For the survey to be carried out, certain conditions need to be in place relating to volatility and mobility, thus the majority of DHS and MICS surveys do come from stable conditions. Considering that humanitarian crises, whether protracted or limited in duration, potentially change the prevalence, incidence, drivers, and push and pull factors of CEFM, there is a substantial omission in understanding and knowledge of CEFM in these settings.

Similarly, because the data in DHS or MICS is collected every three to 10 years, it is difficult to capture the dynamic nature of CEFM (for example, the status of a marriage or union or proposal of a marriage or union upon threat of insecurity at initial displacement versus one year later). The DHS was set up to collect population-level data that is unlikely to change over short periods of time in stable settings. Prevalence of CEFM in a country like India, for example, is unlikely to oscillate dramatically between years unless a significant policy change has occurred. However, given the limited existing research on CEFM in humanitarian settings, localized changes are likely to be far more dramatic in these fragile and unstable stable contexts.

Depending on the country, DHS and MICS data is not always representative of displaced (whether internally or externally) populations living within the country, where prevalence, drivers, and overall trends might look very different from the general or host population. However, there are examples of more purposeful sampling. The Uganda DHS 2006, for example, redid its sampling design

specifically to be able to capture a representative sample from internally displaced person (IDP) camps. The Jordan 2018 DHS followed a similar approach in order to properly capture representative information on displaced populations.

Another limitation currently is that the data is meant to be representative at the country, regional, and sub-regional level. However, in humanitarian settings there could be dramatic localized differences. Qualitative research from an upcoming (not yet published) study in Jordan found great variability in practices around CEFM depending on the tribe that the household belonged to within the displaced Syrian community, with varying impacts of displacement on CEFM practices tied to their tribe.

The DHS and MICS dataset also cannot distinguish between forms of CEFM in conflict settings, for example, CEFM perpetrated by armed actors and groups, limiting analysis that would allow to differentiate between different types of CEFM and likely the different drivers, and prevention and response needs.

Finally, the DHS and MICS capture marriage events that could have happened between one and 35 years ago (though they can isolate more recent marriages by specifically focusing on a younger respondent cohort) and not necessarily the conditions of the household at the time of that marriage. The respondent, her household, her husband, and his household could have been living in another location with very different household characteristics and contextual factors at the time of the CEFM incidence, thus skewing the understanding of what correlates with CEFM. While focusing on the youngest cohort (and hence capturing marriage that has occurred in the past one to three years) helps with understanding real-time drivers, it does not directly address the problem when it comes to the dynamic nature of humanitarian settings.

## UPCOMING DATA AND ANALYSIS ON CEFM

This sub-section concisely reviews current work around CEFM in humanitarian and development settings that is specifically being undertaken to fill gaps in knowledge.

Several key informants highlighted the recent DHS carried out in Jordan as an exciting prospect to better understand CEFM. The DHS survey reportedly has a more complete module on CEFM and distinguishes between displaced and non-displaced populations.

Save the Children and the University of California, Berkeley, Human Rights Center will complete relevant research during phase two of their Preventing Child Marriage in Humanitarian Settings initiative. This participatory research project includes a multi-country study in humanitarian contexts to identify child marriage drivers, decision-making factors, and solutions. Potential study locations include Bangladesh, Jordan, Iraq, and Ethiopia. Project activities include training for adolescent girls in participatory research methods and data collections; key informant interviews with caretakers and other community stakeholders; and workshops to validate research findings and design interventions for preventing child marriage in humanitarian settings. In addition, Save the Children is working across its global movement, with a presence in over 120 countries, to form a cross-movement mechanism, coordinate programming and advocacy efforts to end CEFM, and to develop an evidenced-based technical framework for use across all its efforts.

Another promising study, briefly mentioned above, is currently underway through a partnership between UNFPA and Johns Hopkins University. It aims to better understand CEFM specifically in humanitarian settings. The research is being conducted in seven humanitarian settings including Ethiopia, Myanmar, and Jordan. The data collection tools for the research were jointly developed among UNFPA, Johns Hopkins University, and UNICEF. The research teams decided that the indicators used to identify CEFM will be the same as in the DHS and MICS surveys to ensure comparability among and across humanitarian and development settings. While results will add useful evidence to the knowledge base, there are some limitations with this approach. All seven studies are a snap shot in time. From a review of the literature and through conversations with experts on the topic, it is clear that CEFM and its drivers are extremely dynamic, meaning the prevalence, incidence, drivers, and push and pull factors could change as circumstances change. For example, consider that even

in stable contexts, little is known about the seasonality of CEFM and how it might be impacted by the different financial capabilities and needs of a household throughout the year.

UNICEF is also working to better understand how conflict might affect the prevalence of CEFM. In doing so, UNICEF is using its existing database (described above) to look at how CEFM changes across age-cohorts, and how periods of conflict might have affected the marital status of children under the age of 18. It is supporting this work with careful review of the existing literature. While this analysis is promising, multiple caveats remain. First, this analysis is only possible for countries where UNICEF can see trends over a long-period of time and where it can identify a relatively clear start and end date to the conflict. Second, as noted before, a 35-year-old woman who reports in the DHS that she was married at 17 might have been in a different country at that time or displaced internally. Third, the level of analysis still has to be on the country, regional, or sub-regional level, and given that conflict is not evenly distributed, nor is its impact on CEFM, this more macro-level analysis might obscure overall impact or trends. UNICEF is only now starting on the analysis and thus cannot say what it is finding and when or if the findings will be made public.

As part of the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, UNFPA and UNICEF are working to develop more localized, qualitative work in Yemen, Djibouti, and Iraq. The main concerns raised so far on their approach are the need for better standardization of qualitative data collection tools on CEFM, and the cost-benefit of smaller, localized qualitative studies over investment in more standardized quantitative data on larger populations on the topic.

### EXISTING DATA COLLECTION MECHANISMS IN HUMANITARIAN SETTINGS

While it is extremely important that a database on CEFM already exists and is expertly managed and analyzed, this review and the key informants interviewed have found significant gaps in what information can be extracted from this database. This sub-section identifies additional existing

surveys specifically carried out in humanitarian settings that could be used to supplement and expand data on CEFM in humanitarian settings. Please see Annex A for a summary of these surveys and their respective benefits and opportunities and limitations. This section concludes with a discussion of possible challenges and opportunities for moving forward including proposed additional questions for these data collection tools to capture key information on CEFM in humanitarian settings.

### **ADDING SOME (LIMITED) QUESTIONS ON CEFM IN DHS AND MICS SURVEYS**

While the DHS and MICS surveys have their limitations, these are still rich datasets that are collected across a variety of settings and should remain a key resource for understanding some aspects of child marriage. UNICEF, given its role as custodian of SDG 5.3, acknowledges its responsibility in terms of information and maintaining a global database. Thus, if the global community working to eradicate CEFM were to develop additional questions that were tested and validated, UNICEF indicated there is room to further develop the marriage module in both MICS and DHS. However, it is important to consider that length of a survey is inversely correlated with quality, and thus any additional module would have to be limited and verified.

### **DISPLACED POPULATION REGISTRATION DATA**

A key opportunity identified in the review of additional CEFM data collection comes from UNHCR's registration data from displaced populations. Currently, UNHCR collects registration data in over 70 countries covering more than seven million people. The registration data provides details on time of arrival, family relationships, and particular needs, as well as roster information on age, sex, and marital status. UNHCR already uses this data to flag "child spouses" for the purpose of case management. Furthermore, while registration happens upon arrival, these records are updated using continuous registration. Verification exercises are also done about every five years, further lending the data to trend analysis. If changes occur in the household, such as a new marriage, the registration data is intended to be updated accordingly. Thus, this

dataset potentially could help with tracking incidence (thus moving beyond prevalence) of CEFM across different displacement settings and how that incidence might change based on duration and conditions of displacement.

Besides the registration data, UNHCR also has other methods for data collection from which CEFM data could be extracted, particularly through their population profiles and household vulnerability assessments. Household vulnerability assessments would be a good source of data on CEFM. They are carried out as the basis for assistance programming (unless it is a blanket distribution), per the goals of that program. Sometimes they are carried out yearly, but that is determined on a case-by-case basis. While some of these datasets do not specifically collect data on CEFM, that information could either be extracted from roster data by looking at age and marital status of a household member or by the inclusion of the standard DHS/MICS question on time of marriage.

### **GENDER-BASED VIOLENCE MANAGEMENT SYSTEM (GBVIMS)**

The GBVIMS was identified by key informants as another possible mechanism in the data collection toolkit that could be used to better understand CEFM. Developed by the GBV Area of Responsibility, under the Protection Cluster of the broader international humanitarian coordination system, the GBVIMS is a standardized tool for effectively and safely collecting, storing, analyzing, and sharing data reported by GBV survivors, including reported incidences of CEFM in order to improve coordination in humanitarian settings. Where the GBVIMS may show general trends, it cannot be used for prevalence data and only provides data on reported incidences of GBV. GBV itself is grossly underreported and CEFM is also not likely to be well-reported in any context. GBVIMS includes a Steering Committee that can provide technical support. Additionally, there is a Surge Team that consists of two consultants hired by UNICEF and two consultants hired by UNHCR to provide technical support to ongoing implementation of the GBVIMS in selected conflict-affected contexts. Although it should be noted that capacity limitations may hamper the ability of the Steering Committee and Surge Team to provide support to external partners.

Furthermore, the International Rescue Committee (IRC) GBV Information Management Specialist provides technical support to IRC's GBV programming while engaging with inter-agency rollouts and implementations of the GBVIMS. The GBVIMS Technical Team works closely with, and is accountable to, the GBVIMS Steering Committee. Thus, GBVIMS is both a potential resource for including an additional module on CEFM in existing surveys, going beyond the standard DHS/MICS question and even capturing unofficial or temporary marriages not otherwise recorded, as well as a potential source of additional data on CEFM in humanitarian settings.

### **FOOD SECURITY SURVEYS**

As part of the data collection for the Integrated Phase Classification (IPC) used in early warning for situations of heightened food insecurity and famine, the World Food Program (WFP) collects a host of baseline, real-time, and monitoring data on food security in an emergency setting. For example, the Emergency Food Security and Nutrition Assessment (EFSNA) or the Emergency Food Security Assessment (EFSNA) is done in phases: an initial assessment six to 10 days after crisis, another assessment three to six weeks after the crisis, and a more in-depth assessment six to 12 weeks after the crisis. In settings that experience frequent crisis, WFP usually also carries out a Comprehensive Food Security and Vulnerability Analysis (CFSVA) during normal, non-crisis periods in order to set up baseline values for key indicators. Finally, in order to monitor the process, data is collected as part of the Food Security (and Nutrition) Monitoring System (FSMS). Besides information on livelihoods, coping strategies, food security, and nutrition, the surveys usually include information on households' size and composition, such as age and sex profiles, education level, and marital status. Thus, data could either be extracted to identify households with an already married girl or boy (in real-time), or a question on age of marriage, as those asked in the DHS and MICS, could be added. The benefit of using these surveys for the purposes of collecting information on CEFM is that the frequency of data collection could help reveal how CEFM changes with the crisis, as well as how those choices are associated with varying levels of and changes in household vulnerability.

An example of this exact approach is found in a recent study by UNICEF on the situation of children in Yemen. A key component of the study was to compare the prevalence of CEFM before and during the conflict. The report showed that CEFM prevalence increased from 50 percent of all girls under 18 years of age before the crisis to 66 percent of all girls in 2017. The report also highlights geographical hotspots for this increase. The reference for this data is "WFP, FAO and UNICEF, Yemen Emergency Food Security and Nutrition Assessment (EFSNA) – 2016, preliminary results for public release, 26 January 2017". Thus, demonstrating that questions on CEFM could be included in existing food security surveys to capture more detailed information on CEFM and its trends related to crisis.

### **NUTRITION, HEALTH, AND MORTALITY SURVEYS**

Nutrition, health, and mortality surveys are another potential source of data collection on CEFM in humanitarian settings. The most common source for this data in a crisis situation is Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys. More so, these surveys are now being conducted in some countries during non-crisis periods to be able to monitor nutrition and health outcomes. In areas with significant seasonality (such as the Sahel), these surveys are routinely performed twice a year. While carried out in crisis settings, SMART surveys are not necessarily representative at the regional level. Though as they become more frequently used for monitoring, they are being carried out to be representative at the regional level. Thus, SMART surveys provide an additional resource for better understanding trends and seasonal variation across crisis and non-crisis locations and periods in settings frequently affected by humanitarian crises. For example, Chad, which has one of the highest prevalence of child marriage (69 percent of all women were married before age 18) routinely collects regionally representative SMART surveys twice a year. This data would give additional insight into relationships between CEFM and maternal health, child, and newborn health, and nutritional status. However, it is important to note that the SMART surveys only collect data from households with children under the age of five.

A new approach for health and mortality surveillance is called the Health Management and Information System (HMIS). HMIS is a data collection system used to help with the planning, management, and decision-making in health facilities and organizations. The approach has been recently implemented in parts of Ethiopia. For individuals who utilize the health center, information on mortality and morbidity (and sometimes additional information) is entered into the system for surveillance. Frequently, additional information is provided and collected on family planning, which includes CEFM. So, HMIS could be another opportunity for both extracting data or including a question on CEFM.

Another important component of the HMIS is the community health information system (CHIS), which organizes information on individuals and families related to family planning, maternal and child health. The CHIS is based on community-level surveillance where individual households provide information on household identification, data on family members, and household characteristics in terms of environmental sanitation. This system is meant to capture deaths, births, and in-migration, and could therefore again be useful for collecting information on CEFM incidences, as well as possible correlations with deaths and births in a household.

An additional source of data could also come from feeding centres. Using a combination of information on the mother's and child's age, the data could be used to track the number of new child mothers and how that changes over time. However, as with SMART and HMIS data, information from feeding centres suffers from self-selection bias.

For infant and young child feeding (ICYF), some organizations use house visits (this was done in Syria) to provide information on behaviour change and ICYF. From the monthly reporting, data could be extracted or collected on how many of the mothers were under 15 and 18. Given that this approach requires household visits, some of the selection bias related to the feeding centre and health centre data could be minimized. However, the representation bias still remains, as this would only capture information on mothers of children under the age of five. Notably, it might be worth considering piloting these data collection approaches where NGOs run their own feeding centres or support health centres.

## CHALLENGES AND OPPORTUNITIES FOR MOVING FORWARD

While existing data collection mechanisms offer real opportunities for enhancing knowledge on CEFM, challenges remain. This sub-section lays out some of the challenges and opportunities, as well as considerations for steps forward.

### CHALLENGES

An important challenge is the representation of certain datasets. For example, information from SMART surveys would only be representative of households with children under the age of five, and therefore not of the population more generally. Information from feeding centres of health information systems suffers from self-selection bias, as information would only be collected from those households that utilize the health centre. However, at the same time, the approaches listed here can provide more localized or regionally representative data compared to the sub-regional level data coming out of DHS and MICS surveys.

For the purpose of standardization, if a survey did not include information that would allow analysts to capture CEFM, the standard DHS/MICS question could be included. This means that while there is potential to be collecting more frequent prevalence data, it would still only be prevalence. However, some options around data collection at health centres and feeding centres, as well as ICF home visits, could help with incidence data for new mothers (which implies at least a lag of nine months and again would not be representative of all incidences of CEFM).

As noted earlier, the DHS and MICS question cannot distinguish between types of CEFM, for example, family instigated or driven incidences of CEFM or CEFM perpetrated by an armed actor or group in a conflict setting. Thus, greater consideration needs to be made to pick up on these likely smaller and hidden groups that are unlikely to be present in sufficient sample sizes for comparable analysis. To better reach children affected by CEFM perpetrated by armed actors and/or survivors of

sexual slavery, smaller studies with a much more qualitative approach that are sufficiently sensitive to the experience of the individual will need to be considered. Again, a robust literature already exists on this group of already married girls and girl survivors, so new efforts should not duplicate already validated findings.

An important challenge with the general approach of using existing data collection mechanisms is that it still represents disparate information across surveys, with no one survey capturing all the possible components of what might be associated with or drive CEFM. Thus, for the analyst, to combine these surveys, it would mean aggregating the data on the lowest enumeration area possible and hence doing a geographic rather than household analysis of drivers of CEFM. Temporal variations, particularly variations between and within years in the timing of data collection, would further complicate comparability. However, more data collection partially addresses this by allowing analysts to triangulate across surveys, time-periods, and geographic areas. Nevertheless, as with any secondary data collection and collation, the variety of data across time, space, populations, and enumeration areas would contribute to the challenge of making sure UNICEF has the capacity to analyse the additional data being collected.

Finally, data protection, privacy and assurances of both short- and long-term safeguarding measures for girls and their families throughout the data collection process is an important challenge to recognize and address. Data collection and management teams should receive proper training and follow standardized protocols so as not to put children and their families at risk. This should include for example, the use of non-identifiable data.

### OPPORTUNITIES

While challenges remain, embedding or scraping existing data collection for information on CEFM offers a myriad of opportunities to better understand, advocate for, and prevent and respond to CEFM in humanitarian settings. First, given the dynamic nature of CEFM, particularly in humanitarian settings, more frequent data collection is needed to move beyond a three-to-10 year trend line

and help unpack periods or characteristics of crisis and households associated with an increase in the prevalence of CEFM.

Second, including a variable to capture CEFM in these data collection tools would allow analysts to more closely evaluate how CEFM is correlated to food security, coping strategies, child and maternal mortality, child and maternal health and nutrition, livelihood strategies, access to services, household demographics, displacement, and more.

Third, many of these surveys would provide much more localized information on CEFM.

Fourth, information from feeding centres or health surveillance systems could help in capturing a proxy of the trend in incidence of CEFM. Particularly where NGOs run these programs, this approach could be piloted in-house.

## V. THE WAY FORWARD

### TO MOVE FORWARD, THE FOLLOWING RECOMMENDATIONS ARE PROPOSED:

**First**, this report should be shared with key stakeholders across the U.N., civil society, government, and academia.

**Second**, Save the Children should organize an in-person or virtual discussion on the findings in the report and steps forward. The discussion should include key stakeholders across the U.N., civil society, governments, and academia, including individuals who were interviewed for this report. The purpose of this facilitated discussion would be to provide feedback on the report and realistically discuss how to move forward with these recommendations and proposed solutions. This step is integral to this process as all recommendations for building the database heavily depend on strong coordination across actors.

**Third**, all relevant parties should join or continue to contribute to existing efforts and consortia to increase the evidence base on CEFM, including the Global Programme to Accelerate Action to End Child Marriage and the Compact for Young People in Humanitarian Action. Both initiatives have already invested time and resources into mapping the existing evidence base, collecting available quantitative

and qualitative data, and making progress towards the standardization of data collection tools. Future work on the creation of a robust evidence base on CEFM should be done in partnership across existing efforts to avoid duplication of efforts and to expand available resources and organizational competitive advantages. Additional platforms to consider include the Child Survivors Initiative under the GBV Area of Responsibility and the Girls in Emergencies Collaborative, co-chaired by WRC and Population Council.

**Fourth**, given that UNICEF already houses, maintains, analyzes, and reports on a database on CEFM, which is most frequently cited and used for SDG reporting, all future efforts around the creation of a CEFM database should be done through and with UNICEF, building on its existing data and analysis.

**Fifth**, while a database already exists on CEFM, there are still clear limitations around what can be learned from the aggregated DHS and MICS data. Thus, additional data and information is needed. Existing data collection mechanisms, as identified throughout this report, should be utilized to collect more localized and frequent data on CEFM in humanitarian settings. For some data mechanisms, this would entail slightly modifying the data collection tools. For others, it could mean scraping existing data collected in humanitarian settings to capture a variety of data points on CEFM in these contexts and over time. There is no reason to “reinvent the wheel” or design entirely new data collection systems. Given current enthusiasm and existing collaboration identified in this report (i.e., the expansion of Jordan DHS to include additional CEFM questions, and using the Yemen EFSNA to collect mid-humanitarian crisis data on the prevalence of CEFM), there is evidence of a strong demand for more collaboration and more data.

**Sixth**, where a question would need to be inserted into existing data collection mechanisms, it should replicate the format in the DHS and MICS surveys to allow for comparability and standardization among and across humanitarian and development settings. If more detailed information on CEFM is requested, organizations should work with GBVIMS and its Steering Committee and Surge Team, given their role in providing technical support and their investment in creating standardized modules around

GBV. More financial and human resource capacity should be prioritized for the Surge Team to ensure that they are able to provide such technical assistance given current capacity limitations.

**Seventh**, while additional quantitative data collection through existing mechanisms should be collected, the organizations collecting the data should not be tasked with its cleaning, aggregation, analysis, or write up. Instead, as with the DHS and MICS information on CEFM, this data would be stored, managed, and analyzed within the existing (though necessarily expanded) UNICEF data analysis section. This would allow for greater consistency and quality in data management, but also would reduce the organizational burden of data management and analysis, especially given that high-level statistical knowledge and programmatic capacity might be low.

**Eighth**, while quantitative data can go a long way toward increasing understanding of trends and drivers of CEFM, where possible investments should be made in smaller qualitative studies to better get at the “why” of CEFM. Momentum to address the qualitative knowledge gap is well under way. Over the last year in particular, research efforts on CEFM in humanitarian settings have been initiated in large numbers, led by civil society organizations, U.N. agencies, and academics. For example, phase two of Save the Children’s research on CEFM in humanitarian settings will collect qualitative data through in-depth interviews, group discussions, games, mapping exercises, and other activities. These kinds of efforts should be done in partnership with other actors working to prevent and address CEFM such as the WRC, IRC, UNFPA, UN Women, and UNICEF, considering their work around standardizing qualitative tools to help understand child marriage.

**Ninth**, any additional data collection should initially be limited in scope to a few key countries to pilot this approach and to meet UNICEF’s capacity to analyze the data. Especially given the variability of existing data collection mechanisms, specific hypotheses or goals should be iterated so as to make the process manageable, allowing for easier extraction of program recommendations and advocacy. For example, if the goal of the data collection is to get more reliable localized trend and prevalence data, then the monitoring food security surveys would be a good place

to start. If the goal is to better understand how CEFM is associated with maternal and child health, then the SMART survey would be a good source of data collection. If the goal is to better understand how displacement of a particular population over time is affecting CEFM, then the UNHCR registration data would be an important point for data collection. Each of these could then in turn lead to more focused targeting of programs (for example by household characteristics, length of stay after displacement, cultural norms of host population, etc.), better design of programs (for example, added focus in health centres on adolescent mothers), and of course national, regional, and international advocacy.

**Tenth**, the recommendations around feeding centres as a possible source of lagged incidence data on CEFM is a novel and creative approach suggested by a senior nutritionist interviewed. This is an avenue worth exploring, with a possible starting point or pilot at feeding centres as part of ongoing health support carried out by NGOs.

**Eleventh**, these efforts cannot be an unfunded mandate that runs on the passion of individuals. It needs to be sufficiently funded and staffed. Furthermore, individuals within the key agencies (noted throughout this report) will need to champion this issue and make it their legacy. While they will need the support of strong technical experts, what will drive this initiative is the right champions and leadership.

**Twelfth**, the recommended approach requires a high level of coordination, cooperation, and good will among key stakeholders to become reality. Key stakeholders engaged in preventing and responding to CEFM should hold a series of high-level meetings bringing together key relevant stakeholders to determine:

- If the proposed recommendations make sense to the stakeholders and how they might improve upon them;
- If other data collection tools could be drawn upon that were not highlighted by the consultants;
- MOUs for all relevant stakeholders involved in the process;
- Data sharing agreements among key stakeholders;

- How to coordinate with UNICEF to house, clean, and analyze the data;
- The types of public goods and aggregate reports produced by in-house data analysts;
- The possibility of the production of reports on a fee basis by in-house data analysts;
- Location and composition of pilot studies on collecting and analyzing quantitative and qualitative data on child marriage in humanitarian settings;
- Distribution outlets for public goods (UNICEF and UNFPA websites, Girls Not Brides to reach grassroots, etc.);
- Data sharing guidelines with other users, for example, having anonymized data available in Excel with the questions used to collect it so other researchers can continue working with the data;
- Ways to tag data collection onto existing tools already in use so that the expanded datasets are easily accessible and useful to others
- How to remove friction or barriers to reporting and data submission.

The literature review and key-informant interviews highlighted the gaps in collective knowledge on CEFM in humanitarian settings. However, it also identified the myriad of existing approaches, organizations, consortia, and compacts that are working on addressing data gaps and deficiencies. Furthermore, the review identified an existing and well-managed database on CEFM, though with its own limitations that need to be addressed. Thus, the list of recommendations provided above mainly focuses on how key stakeholders engaged in preventing and responding to CEFM should collaborate within existing efforts to expand knowledge of and advocacy on CEFM.

# ANNEX A: LIST OF ADDITIONAL SOURCES OF DATA COLLECTION IN HUMANITARIAN SETTINGS

\*Note to ensure that asking questions about child marriage does not prevent adolescent girls, including adolescent mothers from seeking health services. Mitigation measures must be taken.

Data	Population	Pros	Cons
<b>UNHCR registration data</b>	Displaced populations	· Already collects roster information on age, gender, and marital status	· Requires scraping of private and identifiable information
		· Updates to registration could yield incidence data	· Would only pick up on recent child marriage via roster data, but would need a DHS style question to capture prevalence of child marriage
		· Verification exercises could allow for some over time analysis	
<b>UNHCR household vulnerability assessment</b>	Displaced populations receiving assistance	· Already collects roster information on age, gender, and marital status	· Not consistently carried out
			· Only representative of displaced population receiving assistance
			· Would only pick up on recent child marriage via roster data, but would need a DHS style question to capture prevalence of child marriage
<b>WFP Emergency Food Security and Nutrition Assessment (EFSNA) or Emergency Food Security Assessment (EFSa)</b>	Accessible populations in humanitarian settings	· Can be collected at multiple times following a 'crisis': Initial (6-10 days after crisis), rapid (3-6 weeks after the crisis), or in-depth (6-12 weeks after crisis)	· Triggered by an emergency
		· In settings with frequent humanitarian crisis, these surveys are conducted the most frequently over many years	· Not collected in least accessible areas
		· Already collect data on household characteristics, including, age, gender, education, etc.	· Would only pick up on recent child marriage via roster data, but would need a DHS style question to capture prevalence of child marriage
		· Would allow to look at associations with food security, livelihoods, shocks, and other household characteristics	
<b>WFP Comprehensive Food Security and Vulnerability Analysis (CFSVA)</b>	Accessible populations in humanitarian settings	· Conducted in normal times in countries subject to vulnerabilities therefore serving as a baseline to the EFSNA and EFSa	· Not collected in least accessible areas
		· Already collect data on household characteristics, including, age, gender, education, etc.	· Would only pick up on recent child marriage via roster data, but would need a DHS style question to capture prevalence of child marriage
		· Would allow to look at associations with food security, livelihoods, shocks, and other household characteristics	
<b>WFP Food Security (and Nutrition) Monitoring System (FSMS)</b>	Accessible populations in humanitarian settings	· Used as a monitoring tool	· Not collected in least accessible areas
		· Already collect data on household characteristics, including, age, gender, education, etc.	· Would only pick up on recent child marriage via roster data, but would need a DHS style question to capture prevalence of child marriage
		· Would allow to look at associations with food security, livelihoods, shocks, and other household characteristics	

# ANNEX A: LIST OF ADDITIONAL SOURCES OF DATA COLLECTION IN HUMANITARIAN SETTINGS CONTINUED

Data	Population	Pros	Cons
<b>UNICEF SMART</b>	Households with children under the age of 5	· Collected in humanitarian crisis	· Not collected in least accessible areas
		· Some countries that experience frequent humanitarian crisis collect SMART data twice a year on an annual basis as a monitoring tool	· Only representative of households with children under the age of five
		· Already collect data on household characteristics, including, age, gender, education, etc.	· When collected in an emergency, geographical representation varies greatly making comparability over time difficult
<b>Health Management and Information System (HMIS)</b>	Population utilizing health services	· Consistently collected in health centers	· Would only pick up on recent child marriage via roster data, but would need a DHS style question to capture prevalence of child marriage
		· Information on mortality, morbidity, birth outcomes	· Biased towards households that can utilize health centers
<b>Community Health Information System (CHIS)</b>	Populations with a CHIS in their community	· Would allow to look at associations with maternal and child health and nutrition	· Does not necessarily collect information on marriage status or timing, so would either need to add that question or infer based on the mother's age
		· Focused on family planning, maternal, and child health	
		· Community level surveillance capturing deaths, births, and in-migration, so potentially could look at incidence of child marriage in communities	· Biased towards communities who are organized and have the support to have a CHIS
<b>Feeding centers</b>	Population with children under five utilizing feeding centers	· Would allow to look at associations with maternal and child health and nutrition	· Only captures marriages into and not out of the community
		· Potential for capturing data on adolescent mothers.	
		· Information on mother's and child's age	
<b>Feeding centers</b>	Population with children under five utilizing feeding centers	· Would allow to look at the association between adolescent mothers and maternal and child health outcomes	· Biased towards households who utilize feeding centers
		· Could allow to capture the incidence of adolescent mothers	· Only captures information on mothers with children under the age of five
		· Information on mother's and infant's age	· Does not collect information on marriage status or timing, so would either need to add DHS question or infer based on the mother's age

## ANNEX B: MICS MODULE ON CHILD MARRIAGE

<b>MA1</b>	Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED YES, LIVING WITH A PARTNER NO, NOT IN UNION
<b>MA2</b>	How old is your (husband/partner)?  <i>Probe: How old was your (husband/partner) on his last birthday</i>	AGE IN YEARS DK
<b>MA3</b>	Besides yourself, does your (husband/partner) have any other wives or partners or does he live with other women as if married?	YES NO
<b>MA4</b>	How many other wives or partners does he have?	NUMBER DK
<b>MA5</b>	Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED YES, FORMERLY LIVED WITH A PARTNER NO
<b>MA6</b>	What is your marital status now: are you widowed, divorced or separated?	WIDOWED DIVORCED SEPARATED
<b>MA7</b>	Have you been married or lived with someone only once or more than once?	ONLY ONCE MORE THAN ONCE
<b>MA8A</b>	In what month and year did you start living with your (husband/partner)	DATE of (FIRST) UNION MONTH DK MONTH YEAR DK YEAR
<b>MA8B</b>	In what month and year did you start living with you first (husband/partner)	DATE of (FIRST) UNION MONTH DK MONTH YEAR DK YEAR
<b>MA9</b>	<i>Check MA8A/B: Is 'DK YEAR' recorded?</i>	YES NO
<b>MA10</b>	<i>Check MA7: In union only once?</i>	YES NO
<b>MA11B</b>	How old were you when you started living with your (husband/partner)?	AGE IN YEARS
<b>MA11B</b>	How old were you when you started living with your <u>first</u> (husband/partner)?	AGE IN YEARS

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