

LEARNING PAPER

Improving how we handle cases of child marriage in case management for refugee and forcibly displaced populations

UNHCR and Plan International

December 2023





Introduction

A joint phased project between Plan International and UNHCR¹ identified gaps in capacity and guidance on how best to handle cases of child marriage in case management in refugee and mixed settings. In response to these gaps, the project ran activities to support staff and partners by strengthening capacity – particularly of child protection (CP) and gender-based violence (GBV) staff working on case management in three different country responses.

This learning paper focuses on how to clarify and better integrate the handling of child marriage cases into CP and GBV case management. The aim is to more effectively meet the needs of girls who are at risk of child marriage, as well as ever-married girls² whose needs are rarely adequately met. The paper focuses on girls given that they

are disproportionately affected by child marriage practices and face adverse health and wellbeing outcomes as a result.

The paper serves as a springboard for improved case management services in order to respond better to at-risk and married or ever-married girls in refugee and mixed displacement settings. It is intended for CP and GBV sub-sector coordinators at national and global levels, technical advisers, case management supervisors and case workers. While the pilot locations were refugee and mixed displacement settings, many lessons learned are of relevance for non-refugee settings or other complex operation environments. [See here for the Checklist for frontline workers to apply lessons in daily practice](#)

¹ The Phase I project ran from August 2021 to February 2022; and Phase II between June 2022 and February 2023. Pilot locations were: Cox's Bazar in Bangladesh, Diffa and Tillabéri Regions in Niger, and Medan in Indonesia.

² "Ever-married girls" refers to girls who are currently married, or who have ever experienced marriage or marriage-like situations. This includes girls who are widowed, divorced, separated or no longer in a union.

Background

How displacement impacts child marriage

Child marriage is practised to varying degrees in every country of the world. It is not specific to a continent, region, religion, ethnicity or culture. Despite progress to reduce the global prevalence of child marriage over the past 20 years, there are pockets of rapid increase in the practice that coincide with some of the most fragile and crisis-prone areas of the world [1]. These fragile contexts substantially elevate the risk of child marriage for girls, according to a growing body of evidence [2–13]. Over recent years, the practice of child marriage has rapidly increased in fragile settings and crisis affected areas due to the impact of COVID-19 containment measures [14], the global food crisis and the worsening effects of climate change. [12].

Evidence increasingly shows how experiencing displacement can increase a girl's likelihood of entering into child marriage and how displacement can drive rates of child marriage higher than they were previously, as these snapshots illustrate:

In Yemen, more than 65% of girls are married before the age of 18, compared to 50% before the conflict there [2]. A 2021 study found that girls who are forcibly displaced experience child marriage more than boys or girls in the host community [7].

In Nyal – a village in South Sudan severely affected by conflict – 71% of girls were married before the age of 18, compared to the national rate of 45% before the conflict[3].

In Lebanon, 23% of Syrian refugee girls under the age of 18 were married – a figure nearly three times higher than in pre-conflict Syria (8.5%) [15]

Crises and forced displacement contribute to increases in the incidence of child marriage because such events often reduce a person's access to their rights or prevent the full attainment of refugee rights. This subsequently has a negative impact on household economic security and access to resources. Crises and displacement erode social protection networks and systems – for instance, by reducing opportunities for children to access education (especially girls). They increase the risks of violence, including gender-based violence (GBV), within and outside the home. All these factors combine to push parents into marrying their daughters early, and justifying the decision to do so as a form of protection, as a deterrent to protect family honour, or as a means to gain greater access to services or economic benefits [16]. Forced displacement can also push girls themselves to seek out marriage as a way to meet their basic needs given the often harsh and insecure environment, or to get away from direct or indirect abuse in their household. Often girls are encouraged to marry

through peer pressure, or due to gendered expectations that marriage will secure their economic future, and a lack of female role models that offer alternative options.

In some contexts, adolescent girls may find they have greater opportunities to interact with boys and men outside the family in crowded camps and transit centres in ways that would have previously been prohibited due to the taboos of girls mixing with the opposite sex. This environment also makes it easier for men to identify and interact with girls, especially vulnerable girls such as unaccompanied girls or child headed households. Research has found that gossip and rumour regarding a girl's interactions with men outside the family circle can be enough for families to want to cover it up by forcing a child marriage [16]. This fast-changing and chaotic landscape can disrupt a community's usual social and cultural norms. This may push children and their families towards child marriages [13]. In rarer cases, the acute and chaotic phase of a crisis can momentarily protect girls from child marriage due to panic about what is happening, the family reaction to consolidate and protect resources, and an effort to keep the family and loved ones together until the situation can be better understood; this can all pause the planning of children's marriages [17].

Forcibly displaced persons, particularly refugees, may not be granted full access to their rights by the host government. In some cases, national laws may not be enforced or applied to refugee or displaced communities. This can create gaps and opportunities for gender inequality, thereby exacerbating rates of GBV against girls. Often in such an environment, GBV, including child marriage, is committed with impunity regardless of any national legal frameworks [18].

Globally there are around 110 million forcibly displaced people, including 36.4 millions refugees and 62.5 millions internally displaced persons (IDPs) according to mid-2023 data[19]. These figures were projected to increase in the second half of 2023, and they do not include Palestinian refugees. In terms of the number of people under UNHCR's Mandate, this figure represents over a 25 per cent increase in numbers from 2021 to 2023 [19]. An estimated 18 million girls under the age of 18 years are currently forcibly displaced. **Tackling child marriage as a harmful coping strategy is therefore an urgent priority for humanitarian response actors.** Furthermore, it is estimated between 2018-2022 an annual average of over 385,000 children were born as refugees [19]. They may face challenges with birth registration and documentation that will impact their ability to access essential services and to claim their rights during their lifetime. Many of these children are being born to adolescent mothers who are living as refugees, creating complicated layers of disadvantage that will remain throughout their lives.

Identifying and addressing child marriage in case management services must be a priority. This must include how to support girls who have experienced marriage, as well as ways to reduce the prevalence of child marriage. This learning paper seeks to draw attention to this complex issue and advocates for the strengthening of case management systems in order to better identify, support and protect at-risk and married adolescent girls who are forcibly displaced and in need of case management services.

Common challenges when handling child marriage in case management

In 2021, through in-depth context analyses into practices and programming on child marriage in three refugee and mixed responses, Plan International and UNHCR identified the following gaps in case management for cases of child marriage. Face-to-face training and mentoring support from an expert were the most favoured ways identified by case workers to reduce these technical gaps.

Technical capacity in service delivery:

- Case management service providers are overwhelmed and need support to build their technical capacity and to improve coordination at all levels. Improved foundational and technical knowledge is needed to handle child marriage cases in case management, including safe and ethical case identification / disclosure, as well as how to draw on both the survivor-centred approach and the best interests of the child.
- There are knowledge gaps among implementing partners and staff working in refugee or mixed displacement responses regarding UNHCR processes, in particular the Best Interests Procedure and the registration, refugee status determination and durable solutions processes for refugee girls who may be at risk or already in child marriages.
- *“If the marriage is consummated, there is no follow-up.”* Case management is rarely provided to married girls. In many resource-constrained settings, case workers consider it too late to intervene if the couple have had sex (consensual or not) because of the difficulty in reaching married girls. A case involving a married girl is usually only opened if there is pregnancy, other health issues or injuries associated with intimate partner violence or other forms of abuse.
- Typically, standard operating procedures (SOPs) and referral mechanisms do not make specific reference to handling cases of child marriage, nor do they comprehensively cover referral services that are suitable for adolescent girls or girls who are young mothers (the focus is often on adult women or young children). They should include how to identify cases safely; when and how to safely involve in-laws and spouses; and when to coordinate with CP and/or GBV actors on specific cases. Roles and responsibilities are often not well defined, and various actors appear to be involved on an *ad hoc* and unstandardised basis. This often places staff and girls in high-risk situations and affects quality service delivery. Case management SOPs do not support case workers to

draw on the survivor-centred approach while also navigating the best interests of the child and legal frameworks that pertain to children and marriage in their setting.

Coordination challenges:

- Despite the high prevalence and negative impact on girls' lives, child marriage remains largely unprioritised across CP and GBV actors in humanitarian settings. Collaboration between sectors in responding to child marriage is disjointed, compartmentalised and often there are big differences across responses.
- In general, humanitarian response strategies do not systematically address the issue of child marriage. For example, it is often not included in needs assessments, humanitarian or refugee response plans, and there appears to be little collaboration between agencies or sectors in designing joint interventions. Common objectives and outcomes need to be formulated to address child marriage and to plan together the monitoring and evaluation of the impact of joint initiatives.

Structural challenges:

- There are often weaknesses in the referral systems for specialised services, especially regarding the attitudes and behaviours of police and judicial services that do not have the training or capacity to meet the needs of adolescent girls in a survivor-centred way.
- While the international community, including UNHCR, follows international law that states the age of marriage at 18 years, this can sometimes contradict national or customary laws. This disparity can create additional complications and weaken the position on deterring child marriage in places where it is not technically illegal. The same impact can occur when child marriage laws are not enforced.
- Child marriage is often seen as a religious, social and cultural norm. As a result, some community members perceive reporting or referring cases of child marriage to either the authorities or case management services as a betrayal of community rules, values and norms. Similarly, case workers and community volunteers are often negatively associated with preventing marriages and thereby seen as challenging traditional and cultural practices. In some locations this negative perception of volunteers and staff as blocking community practices erodes the trust between the community and case management services; staff are seen as traitors and they may be subjected to slander, threats and in some extreme cases, violence and murder.
- Many projects are funded on a short-term basis. This has a detrimental effect on the planning, sustainability and consistency of personalised case management services, especially for at-risk and ever-married girls.
- In more underfunded responses, identifying and retaining competent staff, especially female staff, in hard-to-reach areas is a challenge. In turn, this problem is jeopardising the delivery of quality services and further undermines efforts to respond to the needs of girls at imminent risk of marriage and ever-married girls.

What did we do?

Capacity strengthening for handling cases of child marriage

Activity 1: Workshops for child protection and gender-based violence case workers

Objective: to increase understanding and capacity of case workers to provide case management services for at-risk and married adolescent girls

The content of these workshops was based on the gaps and weaknesses identified through child marriage context analyses³ including a light CP and GBV capacity mapping. Content for each of the workshops was nuanced per setting. The workshops brought together interagency CP and GBV case workers and managers in a unique opportunity to learn and exchange together. Drawing on global guidance, standards and existing case management resources, they enabled a deep-dive into some key elements of the case management process where child marriage cases create particular complexities. The workshops also focused on adolescent girl-responsive approaches and practical tools to be used.

Activity 2: Exercises for Values Clarification and Attitude Transformation (VCAT)

Objective: to ensure a respectful, supportive attitude among case workers who are trusted by the community and who can act as role models in the community and among peers

VCAT exercises focus on strengthening gender transformative attitudes, inclusive norms and behaviours among staff to challenge internal bias and discrimination that can affect service delivery and run counter to organisational values and code of conduct. It is especially important for frontline staff working on sensitive topics like child marriage, to understand how they may inadvertently behave and act in a way that could create a barrier for married girls' when accessing services and support. These exercises provide an opportunity for staff to reflect on their values and unpack them in a safe space.

Activity 3: Strengthening CP and GBV case management Standard Operating Procedures (SOPs)

Objective: to better include guidance on handling cases of child marriage

It was found that there may be different processes for updating or streamlining SOPs. This was especially true in mixed refugee and IDP contexts. For example, there may be national SOPs, interagency SOPs as well as UNHCR processes all active in one setting but not all up to date due to different timelines for revision. Through conversations with relevant partners – for example, government ministry representatives, CP and GBV sub-cluster/sector leads or SOP task teams – recommendations and/or revisions were proposed to strengthen interagency case management SOPs in terms of guidance in handling cases of child marriage and to establish a common approach to handling cases of child marriage between CP and GBV actors. Challenges were also documented related to refugee case processing and ever married refugee children. Such as, complications when seeking durable solutions for married children.

Activity 4: Case management forums

Objective: to improve the functioning, skill set and knowledge of CP and GBV case workers when handling cases of child marriage

Case management forums were piloted in some locations. They brought together NGOs, national actors, UN agencies and other frontline staff to discuss and reflect on the problems they face related to child marriage in their caseload, and how to overcome these problems at the local level or sub-regional level. Holding open dialogues was insightful for defining ongoing and future technical support and workshop content, as well as for building relationships and networks at the response level focused on the issue of child marriage in case management.

Activity 5: Training on adolescent girl-responsive programming

Objective: to ensure that programming and service provision are accessible and available to diverse adolescent girls

The project delivered workshops to a range of stakeholders and actors on what adolescent girl-responsive services and attitudes are, and how and why they should be applied in case management, especially for cases of GBV such as child marriage. Applying this approach is critical when tackling harmful social and gender norms to ensure that service providers do not reinforce these discriminatory norms but rather create safe spaces where girls affected by child marriage are empowered to define how and what support they want and need without judgement, and can then access these services.

³ UNHCR and Plan International developed and pilot tested a toolkit for country teams to better understand the practice of child marriage in their context and the current capacity of the response to respond to the needs of girls and their families. [add a link when ready]

What did we learn?

I: Knowing and understanding the context for refugees

A strong understanding of the challenges related to the status of the refugee population and the national setting is essential to facilitate and support effective handling of cases of child marriage. Such challenges relate to rights, legal considerations, refugee determination, durable solutions and opportunities or barriers. The lack of this knowledge and information can lead to confusion about the roles and responsibilities of the different agencies – national, international, local, government – and a lack of coordination among these. In addition, if the unique consequences, risks and other factors associated with displacement and refugee rights are not well socialised across all staff working on case management, then case management services are likely to be ineffective and potentially harmful.

In every setting, child marriage is driven by gender inequitable social norms and attitudes. These harmful gender-based social norms and attitudes affect the power between different members of a society and typically discriminate against girls, women and minority groups. Social and gender norms also underpin a combination of other drivers and determinants that result in decision-making around child marriage by parents and caregivers on behalf of their daughters, as well as by girls who are initiating marriages themselves. This intersection of child marriage, and gender-based social norms and power should be part of contextual analyses (or needs assessments) that underpin all case management responses and protection decision-making. These should also be regularly refreshed to account for changes in the dynamics of the crisis to ensure that interventions do not reinforce harmful norms or practices, in particular on child marriage.

WHAT CAN WE DO?



ACTION 1: Include child marriage as a priority issue in needs assessments and context analyses to guide decision-making and approaches on how best to handle cases of child marriage in case management. Either as a stand alone analysis or integrated into a broader assessment, consider including the following elements:

- A strong analysis of the drivers and risks of child marriage and consequences for girls and their families across all domains of the socio-ecological model. This analysis should consider the intersection of child marriage, gender-based social norms and power, and how this may have changed as a result of the crisis or displacement dynamics. It should draw on local contextual factors as well as global evidence on causes and consequences of child marriage.
- An assessment of the CP and GBV capacity to respond to adolescent girls' needs – this is strongly recommended.
- A comprehensive understanding of how child marriage cases are being handled in UNHCR refugee case processing, including registration, refugee status determination and durable solutions procedures.
- An understanding of the rights granted to the host and forcibly displaced populations including a clarification of what enforcement of the legal framework is being enforced for each group in response to child marriage practices.
- A summary to clarify any agreements and coordination structures between the different actors – national, international, local, government – about how to reconcile national and customary laws around child marriage with international law.

ACTION 2: Engage community and family members, and particularly men and boys, in co-creating community mobilisation and prevention strategies to reduce stigma, shame and other barriers that girls and young women face in accessing case management and other essential services they need.

2: The role of case workers when responding to child marriage cases

The role of the case worker when handling cases of child marriage was very often identified as problematic and at times harmful for both girls and the case worker. For example, when a case worker found out that a marriage was imminent, it became apparent that typical practice was for the case worker and/or the community volunteer to engage urgently with the girl's parents to prevent the marriage without an adequate or quality case management process being followed. Such an approach not only often bypassed the consent/assent of the girl, but it also bypassed her agency to be involved in the decision-making process, especially for older girls. It did not weigh the risks and benefits of alternatives and in particular, usually did not consider if direct engagement with parents or caregivers, the intended husband, and his family and/or others to stop the marriage, would result in further harm to the girl.

Case workers need to be confident about finding ways to engage with the girl and her family by leveraging a more survivor-centred and adolescent girl-responsive approach to explore whether it is possible and safe to prevent the marriage. For example, this could be in collaboration with other service providers and programmes such as health outreach. The case worker needs to have the tools and opportunities to develop skills to navigate conversations with girls and other trusted persons in girls' lives to delay marriage until adulthood.

Similarly, the community was found to have a negative perception of case workers and volunteers in several locations of the project. This is because the community associated case workers and volunteers with trying to stop marriages from taking place which resulted in pushback from communities and complaints of interfering with traditional and cultural practices. Our assessment of this situation suggests that it relates to how case workers and community volunteers are trained. Often case management staff, especially in child protection, believe that they should do everything possible to stop a child marriage from taking place. This can at times put the case worker in harm's way, rupture the relationship between the case workers and the family and/or community, and ultimately can be counterproductive in reaching the girl to provide support.

In many cases, child marriages will happen among forcibly displaced communities no matter what efforts have been taken to deter them.

Case workers need to know that they are not the only actors responsible for preventing and delaying child marriages.

Case worker's responsibility is to assess the risks and benefits of different options with the girl and her trusted adult or caregiver(s), and then to identify which is in her best interests. In difficult cases, this may be the least harmful option.

Staff need to be equipped with knowledge and skills, as well as adequate support and guidance from supervisors and technical leads. A protection system needs to be working with girls, families and their communities to reinforce the supportive structures that advocate for alternatives to marriage. For example increasing the opportunities for livelihoods or skills training for girls, or amplifying faith leaders to reach more families and communities with guidance to deter child marriage.

Relatedly, case workers often have the perception that once children are married, there is nothing more that can be done. This mentality is often coupled with a limited capacity in difficult working conditions that consequently further deprioritises married girls. As hard as it may be, case workers must receive training and support to work with ever-married girls. When child marriages go ahead despite best efforts, the priority is to secure contact with the girl and provide a safe space for girls to ask questions and receive information in anticipation of the marriage or what married life may entail. Case workers should assess and remove barriers that a girl may face once married to increase the likelihood she can continue to access case management.

What does it mean to prepare girls whose marriages will go ahead?

Case workers can, and should, keep the focus on the best interests of the girl and should equip her with necessary information, guidance and support to mitigate possible risks and dangers associated with the marriage. This may include: information on essential services in case she experiences violence or coercion, explaining her rights and where to find female-friendly services, answering any questions honestly about expectations of marriage in terms of sex, contraception, early signs of pregnancy and the benefits of delaying pregnancy. It DOES NOT mean preparing her for marriage in terms of training related to household chores, how to be a good wife, how to please her husband or how to be a good daughter-in-law.

It is more important to remain in contact with the girl, even if she gets married, than to be pushed out by the family and community due to the unintended consequences of trying to force the family to stop the marriage. Depending on the legal framework in each setting, there may also be additional courses of action that can be taken.



WHAT CAN WE DO?

ACTION 3: Ensure that case workers responsible for handling cases of child marriage are well-trained in both the Best Interests Procedures and the survivor-centred approach including adolescent girl-responsive service delivery, so that they can centre on and adapt to the needs of girls.

ACTION 4: Ensure that supervisors provide sufficient, adequate and appropriate support to case workers who are handling cases of child marriage to address any stigma or challenges they face due to perceptions that they are getting involved in “family matters” or negative perceptions of betraying or interfering with cultural traditions. This is also intended to facilitate community acceptance of the work they are doing.

ACTION 5: Always weigh the risks and benefits of all possible options with the girl and the trusted adult / caregiver(s) when assessing the best interests of the child and determining the appropriate action. In some cases, neither the child nor the case worker will be able to stop the marriage. In other cases, going ahead with the marriage may be the least bad option (i.e. stopping the marriage would entail more risks in the short and long term. Risks for the girl, the family, the case worker or the relationship with the community).

ACTION 6: If a child marriage will happen, the priority should be to determine how to protect and support the girl, and mitigate the risks associated with the marriage.

3: Prioritising and responding to cases of child marriage among refugee children

Case workers often work in resource-constrained environments, where the number of children and adolescents affected by child marriage exceeds the response capacities of organisations (both humanitarian and national). In some settings, it may be necessary to prioritise higher-risk cases. The criteria for prioritising cases could be set by national sub-sectors or coordination mechanisms at local level (for example, as a part of case management SOPs), and should always be based on individual case assessments. Not all cases of child marriage will require extensive case management services.

During UNHCR refugee case processes, all identified married children or those at risk should be referred to protection for Best Interests Procedures and/or to GBV services depending on the SOPs in place in the operation.

In general, if there is a need to prioritise, it is recommended to prioritise:

- children and adolescents who are with their spouses
- child marriage cases (both imminent risk or already married) involving children under the age of 16 any cases requiring urgent medical attention or raising concerns of a threat to life, violence or abuse.

The rationale for this prioritisation is due to the immediate risks to married girls who are living with their spouse, which could include early pregnancy, intimate partner violence or child sexual abuse, deprivation of resources and other forms of GBV. Furthermore, the younger the child who has been married (especially for girls), the higher and more serious the risks to their health and wellbeing, and the lower their empowerment will be given the power dynamics within the marriage. Therefore, cases involving younger children should be categorised as a higher priority. While all cases of child marriage should be considered high-risk, they may be further categorised by prioritisation based on the above factors. The criteria for prioritisation should be determined not only taking the above recommendations into consideration

Examples of prioritising cases of child marriage in a high-prevalence area with a low capacity to respond:

Example 1: Lower priority

- *Where the girl is an older adolescent of around 17–18 years and has freely chosen to marry someone around her own age, around 17–20 years*
- *Where the girl has the maturity and capacity to understand the implications of her choice, and where there are no immediate or urgent protection, wellbeing or health concerns*

Close follow-up and referrals to services such as life skills, access to livelihoods or skills building, encouraging retention in education and other available services would be recommended as risk reduction strategies. You should also make any GBV protection services in the area aware of the case and where feasible, include the girl in any existing services such as women and girl's safe spaces or youth/girl empowerment activities.

Example 2: High priority

- *A young adolescent girl being married to a much older man*
- *Where the girl is unaccompanied or separated from family, or living with relatives*
- *Where the marriage is primarily motivated by economic reasons.*

This case should be deemed a high priority given the girl's lack of agency, her age, her refugee status, her lack of supportive network, and the obvious risks to her health and wellbeing associated with child marriage and the power dynamics of being with an adult man.

WHAT CAN WE DO?



ACTION 7: Update case management SOPs to reflect clearly the case management assessment process, risk ratings, criteria settings and nuances associated with UNHCR refugee protection procedure (as relevant), so that case workers understand how to apply them when handling cases of child marriage in either CP or GBV.

ACTION 8: Case management supervisors should review assessments of cases of child marriage with case workers both for girls at immediate risk and ever-married girls to ensure quality service delivery.

ACTION 9: In high-prevalence areas with a low capacity to respond, there may be a need to prioritise cases. A general recommendation would be to prioritise the following: married children who are with their spouse; children under the age of 16 who are married or at risk of child marriage; and cases at risk of immediate harm. However these should be adapted and updated based on the practice and dynamics of child marriage in every setting.

4: Creating a common approach between CP and GBV actors

Given that girls are the most adversely affected by child marriage, responsibility for tackling this harmful practice in humanitarian crises lies with *both* the CP and GBV sectors. It therefore requires critical interaction between both these sectors in any given context. By ensuring that all capacity-strengthening efforts engaged both sectors, this project created a unique environment for enabling discussion and practical application of a common approach for handling cases of child marriage. It identified challenges and diverse practices across sectors and enabled standardised ways of working. For example, by revising SOPs that gave all actors more confidence in the best way to support adolescent girls at risk of child marriage and ever-married girls, it also encouraged and empowered staff to work more cohesively together.

Adolescent girls benefit from a common approach between CP and GBV practitioners as this ensures they receive a coordinated and quality response to meet their specific needs. By working together, CP and GBV practitioners can develop stronger case management mechanisms by reducing the gaps in service delivery. These might include:

- creating joint working groups on child marriage;
- inviting each other into joint technical case conferences;
- developing joint strategies, trainings and messages;
- feeding back learning from child marriage cases and challenges into broader CP and GBV working group discussions and sharing with other sectors as relevant;
- ensuring service mapping and referral pathways adequately capture services for adolescent girls, including ever-married girls and young mothers;
- developing or strengthening joint SOPs to provide guidance on handling child marriage cases.

A common approach to handling cases of child marriage also includes agreement on, and application of, several joint core standards and principles that underpin CP and GBV case management. There are three cross-cutting principles that must be incorporated into every aspect of the process for handling cases of child marriage: 1) do no harm; 2) best interests of the child; and 3) survivor-centredness. The remaining standards and guiding principles are especially pertinent for handling cases of child marriage and should already be familiar to both CP and GBV case workers. Listed below, they expand on and/or flow logically from these three core principles:

- Informed consent/assent
- Confidentiality
- Professional boundaries
- Safety and wellbeing
- Meaningful participation
- Age appropriateness
- Adolescent girl-responsiveness
- Non-discrimination
- Continuity of care

A final lesson learned on establishing the common approach relates to case management forums. These forums brought together actors from across the case management system, including representatives from different referral services, UN agencies and local actors to improve ways of working through dialogue and sharing of experiences. Forum participants suggested also including representatives from the community-based child protection committees or other community representatives to ensure better participation and linkages with the community.

WHAT CAN WE DO?



ACTION 10: Advocate for integrating lessons learned on handling cases of child marriage into CP and GBV case management guidelines, trainings and resources to prevent inconsistent responses and maximise learning between child protection and GBV actors.

ACTION 11: Encourage coordination groups to review case management SOPs to ensure clear collaboration and coordination across CP and GBV actors. This includes ensuring that regularly updated service mapping and referral pathways adequately capture services for both unmarried and ever-married girls.

ACTION 12: Encourage frontline staff to hold joint CP and GBV case conferences when there are complex cases of child marriage. This will also help to ensure an individualised response that meets the girl's needs and that is led by the most appropriate care provider based on the details of each case and the capacity of actors.

ACTION 13: Test the use of case management forums as an innovative, replicable and scalable way for actors from across the case management system to come together and identify challenges such as child marriage, and to collectively problem-solve based on contextual factors, limits and capacity. This action may require additional guidance to support the optimal functioning and technical quality of the forums. It is recommended to closely monitor this approach for impact and to share lessons learned.

ACTION 14: Ensure that UNHCR policies and processes regarding registration, refugee status determination and durable solutions clearly outline best practice when handling cases of child marriage, and that the use of Best Interest Procedures is well understood by both UNHCR staff and partners.

5: Handling reports and disclosures of child marriage and other forms of GBV by children and adolescents

Knowing how to handle reports and disclosures from children and adolescents emerged as an issue for staff across sectors and settings. In many cases, the theory may have been known but practical application was weak with limited opportunities to improve this technical skill. A key aspect is for case workers to know how to communicate and react to adolescent girls about their situation and experiences, including sensitive topics such as physical violence, intimate partner violence, marital rape and sexually transmitted infections.

This is particularly pertinent in settings where it is hard to recruit and/or retain female case workers. Since adolescent girls are those most affected by child marriage and other forms of GBV, disclosing any form of GBV to an adult man may increase barriers in girls accessing support. In addition, in many settings, the lack of knowledge or availability of services and referral pathways that are adolescent girl-responsive was a constraint to quality services.

WHAT CAN WE DO?



ACTION 15: Make sure that all case workers (both CP and GBV) are regularly provided with appropriate learning opportunities from trained GBV professionals to practise and receive technical inputs on techniques to handle GBV disclosures by children and adolescents.

ACTION 16: Improve the capacity of other sectors such as education, livelihoods, sexual and reproductive health, and other adolescent girl-responsive services, to better identify and handle identification and disclosures of child marriage and GBV (as non-GBV practitioners), and correctly refer to case management services. Ensure that case workers have a clear overview of the adolescent-responsive and multisectoral services available to holistically meet the needs of adolescent girls who are at risk or ever-married, and their families.

6: Special considerations for identifying, engaging and working with ever-married girls

A lot of the work on child marriage focuses on girls at (imminent) risk of marriage. However, ever-married girls equally need support and arguably more so, to ensure that protection risks can be identified, mitigated and responded to. As ever-married girls, including young mothers, often face barriers to accessing services, ensuring that they know about services available for them and are provided with necessary information is a critical part of case management. This entails CP and GBV actors working together to find a balance between: (i) being pro-active in engaging with ever-married girls and young mothers and identifying protection concerns in their households; and (ii) creating an environment where ever-married girls can seek out help in line with a survivor-centred approach.

WHAT CAN WE DO?

ACTION 17: Case management is as important for married girls as it is for imminent risk cases. Case management should not stop because a girl has entered a marriage, or equally if her marriage ends. Barriers she faces to continuing case management once married or in accessing other services (e.g. education) or in strengthening social networks, must be explored with the girl, her family and in some cases, her husband (involving the husband should only happen after consultation from case management supervisors or as an outcome of case conferences).

ACTION 18: Ensure that case workers and service providers have access to training to improve their competencies and skills to provide adolescent girl-responsive services and to promote inclusive attitudes. This means that services are empowering and free of discrimination, judgement or reinforcement of harmful attitudes that might limit some adolescent girls' participation and access.



7: Transferring cases involving child marriage

Continuity of care is one of the key standards identified when handling cases of child marriage. However, dealing with case transfer can become complicated quite quickly, especially if clarity on who handles cases of child marriage (and when) is not clearly outlined in SOPs. Adolescent girls affected by child marriage who are receiving case management support need that support to be continuous and seamless regardless of how their status or age changes.

This is another scenario that calls for harmonisation and coordination between CP and GBV actors and practitioners. For example, in the case of a married adolescent girl turning 18 who still has identified protection risks or concerns, her case worker should consult with the girl and decide if she wants her case to be transferred to GBV services or if she meets the criteria to remain with child protection for an short period to ease the transition or resolve outstanding concerns. There are some exemptions that will permit cases of youth to stay on with Child Protection until the case is closed or until she reaches 21 years of age if support has already been provided and a relationship of trust established.

Such as, if the girl is a young mother and her children are also under child protection case management services. Alternatively, if a girl is seeking support from GBV case management but requires BIA/BID for durable solutions processes or even for transfer of registration, transferring or additional support from Child Protection will be required. How to transition between services needs to be defined by the best interests and wishes of the girl, with guidance on the process and exemptions detailed in the joint operational SOPs to ensure a smooth and standardised service.

WHAT CAN WE DO?

ACTION 19: ensure that CP and GBV SOPs outline the processes and steps for the transfer child marriage cases between actors.



Conclusions

This project demonstrated how providing tailored technical support to both CP and GBV frontline case management staff helps to build capacity and strengthen processes in a more holistic way which ultimately improves service delivery for all adolescent girls. It also highlighted how working across both of these areas of responsibility provides a unique opportunity to learn and exchange together.

The project highlighted structural challenges that are system-wide, and which could not be tackled in this fixed-term project, namely:

- **The short-term nature of humanitarian projects** – this reduces the capacity of case management services to be reliable and consistently maintained. It therefore undermines impact and the ability to support vulnerable populations, such as adolescent girls.
- **The challenge of identifying and retaining quality staff**, especially female staff, in hard-to-reach areas – which impacts on quality service delivery to at-risk and ever-married adolescent girls.

To change and improve practice, it is essential to highlight these issues, as well as those outlined at the start of this document, to donors and humanitarian decision-makers to advocate for solutions.

In summary, harmonising our ways of working when handling of cases of child marriage across CP and GBV, as well as with UNHCR refugee protection procedure, emerged as an achievable and impactful approach to improving service delivery that can be applied across all types of humanitarian crises. Lessons learned from this project should be disseminated widely and integrated into standard case management trainings and future guidance across all case management services so as not to create silos or pockets of specialisation among case workers.

See here for our checklists for staff handling cases of child marriage in CP and GBV case management.

For more information about child marriage in forced displacement settings, contact Plan International and UNHCR at: Helpdesk.ChildMarriage@plan-international.org and hqchipro@unhcr.org

Summary of actions for handling cases of child marriage in case management

ACTION 1

Include child marriage as a priority issue in needs assessments and context analyses to guide decision-making and approaches on how best to handle cases of child marriage in case management.

ACTION 2

Engage community and family members, and particularly men and boys, in co-creating community mobilisation and prevention strategies to reduce stigma, shame and other barriers that girls and young women face in accessing case management and other essential services they need.

ACTION 3

Ensure that case workers responsible for handling cases of child marriage are well-trained in both the Best Interests Procedures and the survivor-centred approach, including adolescent girl-responsive service delivery, so that they can centre on and adapt to the needs of girls.

ACTION 4

Ensure that supervisors provide sufficient, adequate and appropriate support to case workers who are handling cases of child marriage to address any stigma or challenges they face due to perceptions that they are getting involved in “family matters” or negative perceptions of betraying or interfering with cultural traditions. This is also intended to facilitate community acceptance of the work they are doing.

ACTION 5

Always weigh the risks and benefits of all possible options with the girl and the trusted adult / caregiver(s) when assessing the best interests of the child and determining the appropriate action. In some cases, neither the child nor the case worker will be able to stop the marriage. In other cases, going ahead with the marriage may be the least bad option (i.e. stopping the marriage would entail more risks in the short and long term. Risks for the girl, the family, the case worker or the relationship with the community).

ACTION 6

If a child marriage will happen, the priority should be to determine how to protect and support the girl, and mitigate the risks associated with the marriage.

ACTION 7

Update case management SOPs to reflect clearly the case management assessment process, risk ratings, criteria settings and nuances associated with UNHCR refugee case processing (as relevant) so that case workers understand how to apply these when handling cases of child marriage in either CP or GBV.

ACTION 8

Case management supervisors should review assessments of cases of child marriage with case workers both for girls at immediate risk and ever-married girls to ensure quality service delivery.

ACTION 9

In high-prevalence areas with a low capacity to respond, there may be a need to prioritise cases. A general recommendation would be to prioritise the following: married children who are with their spouse; children under the age of 16 who are married or at risk of child marriage; and cases at risk of immediate harm. However these should be adapted and updated based on the practice and dynamics of child marriage in every setting.

ACTION 10

Advocate for integrating lessons learned on handling cases of child marriage into CP and GBV case management guidelines, trainings and resources to prevent inconsistent responses and maximise learning between child protection and GBV actors.

ACTION 11

Encourage coordination groups to review case management SOPs to ensure clear collaboration and coordination across CP and GBV actors. This includes ensuring that regularly updated service mapping and referral pathways adequately capture services for both unmarried and ever-married girls.

ACTION 12

Encourage frontline staff to hold joint CP and GBV case conferences when there are complex cases of child marriage. This will also help to ensure an individualised response that meets the girl's needs and that is led by the most appropriate care provider based on the details of each case and the capacity of actors.

ACTION 13

Test the use of case management forums as an innovative, replicable and scalable way for actors from across the case management system to come together and identify challenges such as child marriage, and to collectively problem-solve based on contextual factors, limits and capacity. This action may require additional guidance to support the optimal functioning and technical quality of the forums. It is recommended to closely monitor this approach for impact and to share lessons learned.

ACTION 14

Ensure that UNHCR policies and processes regarding registration, refugee status determination and durable solutions clearly outline best practice when handling cases of child marriage, and that the use of Best Interest Procedures is well understood by both UNHCR staff and partners.

ACTION 15

Make sure that all case workers (both CP and GBV) are regularly provided with appropriate learning opportunities from trained GBV professionals to practise and receive technical inputs on techniques to handle GBV disclosures by children and adolescents.

ACTION 16

Improve the capacity of other sectors such as education, livelihoods, sexual and reproductive health, and other adolescent girl-responsive services, to better identify and handle disclosures of child marriage and GBV (as non-GBV practitioners), and correctly refer to case management services. Ensure that case workers have a clear overview of the adolescent-responsive and multisectoral services available to holistically meet the needs of adolescent girls who are at risk or ever-married, and their families.

ACTION 17

Case management is as important for ever-married girls as it is for imminent risk cases. Case management should not stop because a girl has entered a marriage, or equally if her marriage ends. Barriers she faces to continuing case management once married or in accessing other services (e.g. education) or in strengthening social networks, must be explored with the girl, her family and in some cases, her husband (involving the husband should only happen after consultation from case management supervisors or as an outcome of case conferences).

ACTION 18

Ensure that case workers and service providers have access to training to improve their competencies and skills to provide adolescent girl-responsive services and to promote inclusive attitudes. This means that services are empowering and free of discrimination, judgement or reinforcement of harmful attitudes that might limit some adolescent girls' participation and access.

ACTION 19

Ensure that SOPs are in place that clarify processes and steps when dealing with case transfers involving child marriage.

Continuous learning opportunities and resources

- 1. Webinar series on tackling child marriage in our humanitarian programming, UNHCR and Plan International 2022-3** Two technical webinars showcase the common challenges and best practices when handling cases of child marriage in case management process. Including the intersection with refugee case processing. Contact us for access!
- 2. E-learning series on tackling child marriage in child protection and gender-based violence programming, UNHCR and Plan International, 2024 (forthcoming).** This learning series was developed with child protection and gender-based violence programme staff in mind. However, it is also highly relevant for staff working in other sectors, such as education, health and sexual and reproductive health rights (SRHR), or livelihoods. It comprises of three modules including one on handling child marriage cases in case management. Each module takes around 2 hours to complete. For more information, contact us!
- 3. Gender-based violence and child protection case management steps, UNHCR, Disaster Ready:**

 - Note that you will need to register for Disaster Ready to take this course. It is free.
 - *This 2-hour course introduces humanitarian workers to the Gender-based Violence (GBV) case management process, Child Protection (CP) case management process, and Best Interests Procedure (BIP). The course reinforces knowledge of standards and guidelines in each of those areas.*
- 4. Child marriage case management guideline: For case management staff working with girls and young women in the MENA region, Terre des Hommes and King's College London:**

 - *This guidance is largely based on both the Tdh/KCL research findings and existing case management guidance. Building upon efforts of various agencies, this guidance compiles relevant parts of Tdh and interagency child protection (CP) and gender-based violence (GBV) existing guidance. It is not based on a review of global evidence on child marriage and should be reviewed and adapted if used in other contexts.*
- 5. Interagency gender-based violence case management guidelines: Providing care and case management services to gender-based violence survivors in humanitarian settings, UNHCR, UNICEF, IMC, IRC, UNFPA, USAID, GBVIMS, Primero (2017, first edition):**

 - See especially *Chapter 16 on early marriage.*
 - *These guidelines aim to build capacity on GBV case management and information management and to strengthen the links between these to improve services provided to GBV survivors. The resource focuses on setting standards for quality, and compassionate care for GBV survivors in humanitarian settings, with particular emphasis on the provision of case management services*
- 6. Inter Agency Guidelines for Case Management & Child Protection: The role of case management in the protection of children: a guide for policy & programme managers and caseworkers, Child Protection Working Group (CPWG), Global Protection Cluster, European Community Humanitarian Office (ECHO) and the Office for US Foreign Disaster Assistance (OFDA) of the United States Agency for International Development (2014).**

 - *See especially Section 1 on Principles & Practices.*
- 7. The Minimum Standards for Child Protection in Humanitarian Action, Standard 18 “Case Management”, The Alliance for Child Protection in Humanitarian Action (2019 edition).**

 - *Standard 18 sits under Pillar 3: Standards to develop adequate strategies.*
 - *Case management cuts across several levels of the socio-ecological model and supports any child who requires an individualised response to their specific needs.*
- 8. The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming: Standard 6 “Case Management”; Standard 7 on “Referral Systems”**

 - *GBV survivors access appropriate, quality case management services including coordinated care and support to navigate available services.*
 - *Referral systems are in place to connect GBV survivors to appropriate, quality, multisectoral services in a timely, safe and confidential manner.*
- 9. Gender-Based Violence and Child Protection Field Cooperation Framework: A Practical Guide for Coordinators and Co-ordinators, UNFPA and the Gender-based Violence and Child Protection AoR (2021):**

 - *See especially Coordination Core Function 1 Support service delivery.*
 - *Available in Arabic and English. Essential for intersectoral cooperation and collaboration.*
- 10. Adolescent Girl Service Provider Training, International Rescue Committee (2022):**

 - *Self-paced training designed for GBV, CP and health practitioners who provide services to adolescent girls. It consists of four modules to further the understanding of adolescent girl-responsive approaches to promote the provision of safe, appropriate and comprehensive services.*
- 11. UNHCR Best Interests Procedure Guidelines: Assessing and Determining the Best Interests of the Child, UNHCR (2021):**

 - *Available in Arabic, English, French, Spanish, Turkish. Everything you need to know about this crucial element of the UNHCR child protection mandate. The primary objective of the BIP Guidelines is to support UNHCR and partner staff in improving the protection outcomes for refugee children.*

References

1. United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF) (2021). *Act now: Accelerating gender equality by eliminating child marriage in a pandemic: UNFPA-UNICEF GLOBAL PROGRAMME TO END CHILD MARRIAGE Annual Report 2020*, <https://www.unicef.org/reports/act-now-eliminating-child-marriage>
2. Rialet-Cislaghi, J. (2019). "Child marriage: a major obstacle to building adolescent girls' resilience", *Humanitarian Exchange*, 75, pp. 36–39, https://odihpn.org/wp-content/uploads/2019/05/HE75_revised.pdf
3. Buchanan, E., Kuol, M., Tap, G. and Kuol, N. (2019). *Born to be Married: addressing early and forced marriage in Nyal, South Sudan*, <https://doi.org/10.21201/2019.3927>
4. United Nations Children's Fund (UNICEF) (2017). *Falling through the cracks: The children of Yemen*, <https://www.unicef.org/yemen/reports/falling-through-cracks-children-yemen>
5. UN High Commissioner for Refugees (UNHCR) (2020). "They have erased the dreams of my children': children's rights in the Syrian Arab Republic". <https://digitallibrary.un.org/record/3863498?ln=en>
6. United Nations Children's Fund (UNICEF) (n.d.). "Child marriage on the rise in Horn of Africa as drought crisis intensifies", <https://www.unicef.org/press-releases/child-marriage-rise-horn-africa-drought-crisis-intensifies> (accessed 17 July, 2022).
7. Hunersen, K., Attal, B., Jeffery, A., Metzler, J., Alkibsi, T., Elnakib, S. and Robinson, W.C. (2021). "Child Marriage in Yemen: A Mixed Methods Study in Ongoing Conflict and Displacement", *Journal of Refugee Studies*, 34, pp. 4551–4571, <https://doi.org/10.1093/jrs/feaa144>
8. Girls Not Brides (GNB) (2020). *Child Marriage in Humanitarian Contexts*, <https://www.girlsnotbrides.org/learning-resources/resource-centre/child-marriage-in-humanitarian-contexts/>
9. Chae, S. and Ngo, T. D. (2017). "The Global State of Evidence on Interventions to Prevent Child Marriage. GIRL Center Research Brief No. 1", *Population Council*, 1–19, https://knowledgecommons.popcouncil.org/departments_sbsr-pgy/533/



About Plan International

Plan International is an independent development and humanitarian organisation that advances children's rights and equality for girls. We believe in the power and potential of every child but know this is often suppressed by poverty, violence, exclusion and discrimination. And it is girls who are most affected.

Working together with children, young people, supporters and partners, we strive for a just world, tackling the root causes of the challenges girls and vulnerable children face. We support children's rights from birth until they reach adulthood and we enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge.

For over 85 years, we have rallied other determined optimists to transform the lives of all children in more than 80 countries.

We won't stop until we are all equal.

Contact us

- facebook.com/planinternational
- twitter.com/planglobal
- instagram.com/planinternational
- linkedin.com/company/plan-international
- youtube.com/user/planinternationaltv

Plan International
International Headquarters
Dukes Court, Duke Street, Woking,
Surrey GU21 5BH, United Kingdom
Tel: +44 (0) 1483 755155
Fax: +44 (0) 1483 756505
E-mail: info@plan-international.org
plan-international.org

About UNHCR

What we want to achieve

A world where every stateless person and every person forced to flee can build a better future.

Who we are

UNHCR, the UN Refugee Agency, is a global organisation dedicated to saving lives, protecting rights and building a better future for refugees, forcibly displaced communities and stateless people.

What we do

UNHCR, the UN Refugee Agency, leads international action to protect people forced to flee their homes because of conflict and persecution. We deliver life-saving assistance like shelter, food and water, help safeguard fundamental human rights, and develop solutions that ensure people have a safe place to call home where they can build a better future. We also work to ensure that stateless people are granted a nationality.

Why we matter

Every year, millions of men, women and children are forced to flee their homes to escape conflict and persecution. We are the world's leading organisation dedicated to supporting people forced to flee and those deprived of a nationality. We are in the field in over 130 countries, using our expertise to protect and care for forcibly displaced and stateless people, who number 114 million as of September 2023.

Follow us on

- twitter.com/refugees
- facebook.com/UNHCR
- instagram.com/refugees/
- youtube.com/c/unhcr
- tiktok.com/@refugees
- linkedin.com/company/unhcr/

United Nations High Commissioner for Refugees
Case Postale 2500, CH-1211 Genève 2 Dépôt, Suisse
Phone: +41 22 739 8111 (automatic switchboard)

Suggested citation: Plan International, & UNHCR. (2024). Lessons learned: Improving how we handle cases of child marriage in case management for refugee and forcibly displaced populations. Available at: <https://plan-international.org/publications/child-marriage-case-management-for-refugees/>

Published in 2024. Text © Plan International and UNHCR