



AMPLIFY
GIRLS



Understanding the Barriers to Girls' School Return: Girls' Voices from the Frontline of the COVID-19 Pandemic in East Africa

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AMPLIFY's mission is to amplify the voices, work, and collective impact of community-driven organizations focused on the power and potential of adolescent girls. We do this by strengthening organizational efficiencies, creating opportunities for collaborative learning, building evidence and engaging in global policy and practice fora. AMPLIFY is a collective of partner organizations, governed by an East Africa-based Board of Directors elected from amongst the membership.

This research study was undertaken as part of a global effort, funded by our partner Echidna Giving, to investigate the barriers to girls' school return both during and after the COVID-19 pandemic.

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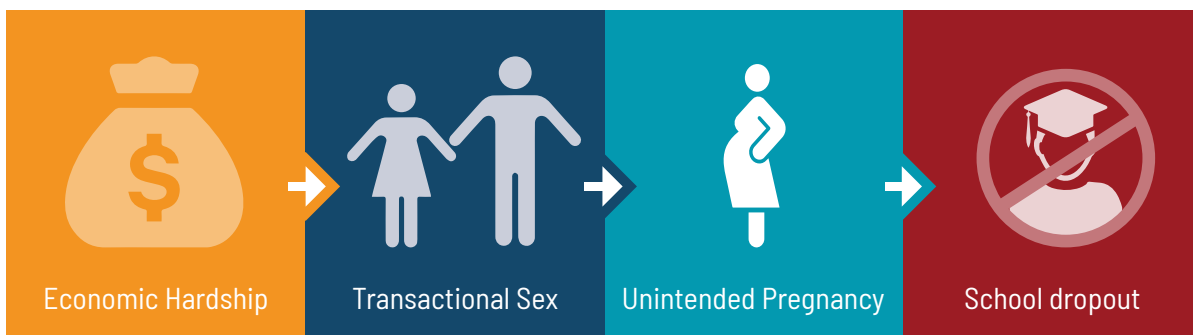
EXECUTIVE SUMMARY

In March 2020, with the declaration of the global Coronavirus pandemic, schools closed around the world. In East Africa, the first school re-openings were in Tanzania in June, but schools remained closed in Kenya and Rwanda for seven to ten months and in Uganda for over one year. Research shows that the negative impacts of both the economic devastation of the pandemic and the associated school closures were particularly acute for vulnerable children and most especially for girls.^{1 2}

This study examines the pandemic-related experiences of 382 vulnerable adolescent girls in Kenya, Rwanda, Uganda and Tanzania who were school-enrolled prior to the COVID-19 closures. Participants largely came from rural communities, living in the catchment areas of the AMPLIFY Girls community-driven organizations (CDOs) who collaborated on this study. Focus Group Discussions (FGDs) were conducted with girls who had already or who were planning to return to school, and In-Depth Interviews (IDIs) were conducted with girls who had dropped out during the pandemic. Approximately 56% of the 108 girls who had dropped out of school were currently or recently pregnant, and approximately 30% of girls who said they were planning to return to school also reported being pregnant.

At the highest level, our findings suggest that pregnancy is the primary driver of girls’ dropout from school during the pandemic, but that pregnancy is a symptom of underlying, acute, economic vulnerabilities and is augmented by situations of social and physical isolation that are often mutually reinforcing. **The overwhelming majority of FGD participants cited transactional sex for basic goods (such as food, clothing, and menstrual hygiene products) as the primary cause of unintended pregnancies in their communities.** Accordingly, we found that economic precarity leading to transactional sex and unintended pregnancies was the most common pathway leading to girls’ dropout.

PRIMARY PATHWAY TO GIRLS’ DROPOUT



1. Rafaeli, Tal, and Geraldine Hutchinson. (2020) "The Secondary Impacts of COVID-19 on Women and Girls in Sub-Saharan Africa." United Kingdom: K4D: Knowledge, Evidence and Learning for Development.

2. Neetu J., Roy C., Mwangi, M., Raval, N. & McGovern, T. (2021). COVID-19 and gender-based violence (GBV): hard-to-reach women and girls, services, and programmes in Kenya. *Gender & Development*, 29:1, 55-71.

Resulting from pandemic-related pregnancies, we found that the primary barriers to girls’ school return are toxic home, school and community environments that view pregnancy from a moral lens. Whereas respondents very rarely reported that their families were unsupportive of girls’ education, girls frequently noted that their communities were discouraging towards *pregnant* girls’ education. **Our research suggests that the social stigma surrounding teen pregnancy and motherhood is the single biggest factor keeping girls from returning to school post-pandemic.**

Although pregnancy and stigmatization of pregnancy were the most frequently cited reasons for girls’ drop out or failure to return to school, these barriers exist within a tapestry of vulnerabilities, and complex challenges facing girls during the pandemic. To make sense of the universe of the barriers to girls’ school return, we group the phenomena emerging from this study into the following five categories:

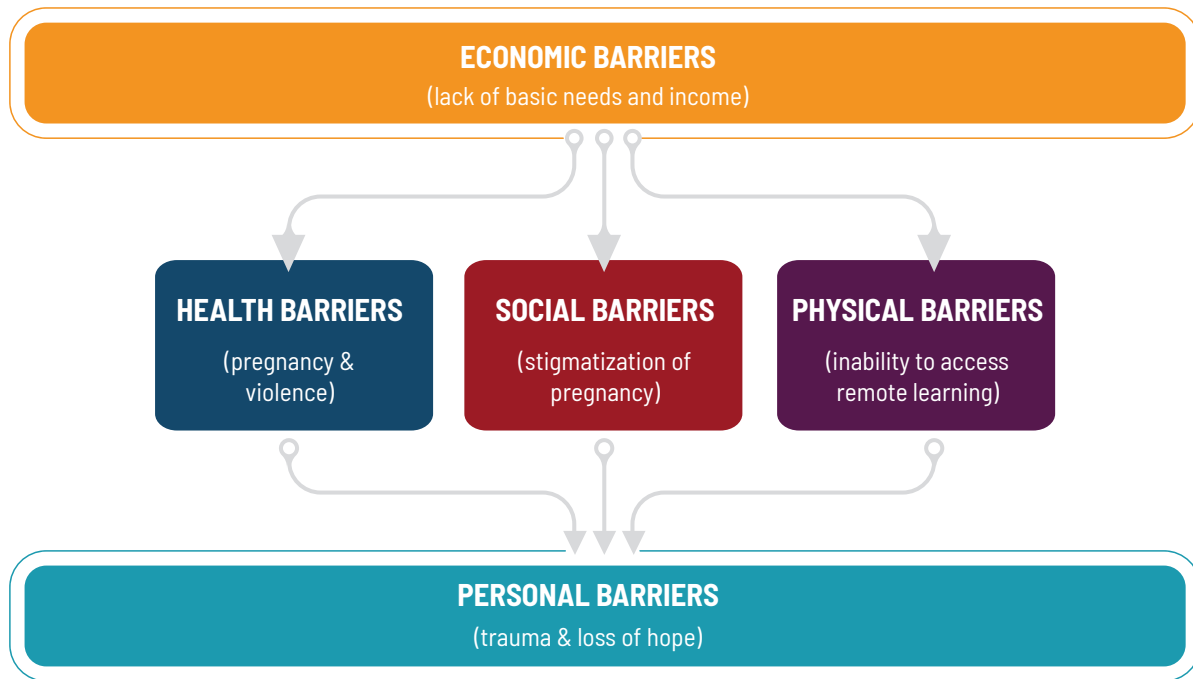
<p>Physical Barriers that kept girls from engaging in remote learning and physically kept them from accessing school. These included unequal access to remote learning technologies, unsupportive learning environments, and relocation and/or displacement.</p>	
<p>Economic Barriers such as loss of guardian or guardian income, leading to a lack of basic needs, increasing pressure to earn income, food insecurity, and almost uniformly, a lack of financial resources for school materials and fees.</p>	
<p>Health Barriers primarily unintended pregnancies, and health outcomes associated with girls’ experiences of both sexual and physical violence, violence against pregnant girls, reduced access to sexual and reproductive health information and services and girls’ inability to access sufficient nutrition while pregnant.</p>	
<p>Social Barriers centering around the stigmatization and isolation of pregnant girls both at home and at school. These barriers included hostile home environments and toxic school and peer culture, as well as early and forced marriage.</p>	
<p>Personal Barriers characterized especially by an acute loss of hope for the future, increasing social, economic and academic anxieties that stem from their wider experience of the other barriers cited in this study.</p>	

FIGURE 1 ILLUSTRATES PROPORTIONATELY ALL THE BARRIERS MENTIONED BY GIRLS, ACCORDING TO THE FREQUENCY OF MENTION.



Notably, these barriers were related to each other in very specific ways. The economic vulnerabilities cited by girls served to drive the health and social barriers to school return (most of which centered around the condition of early and unintended pregnancies). The cascading impact of economic hardship leading to other types of vulnerabilities in the form of violence, food insecurity, and social stigma served to compound girls’ anxieties about school, their futures, and academic performance and created a sense of hopelessness that was pervasive throughout the study population. This hopelessness was augmented by physical barriers: specifically, girls’ struggle to access remote and digital learning which heightened their fears of falling behind, being socially isolated, and being ‘too old’ to return.” These relationships are depicted in Figure 2.

FIGURE 2 RELATIONSHIPS BETWEEN BARRIERS TO GIRLS’ SCHOOL RETURN



Our analysis makes clear that girls are experiencing protracted trauma during COVID-19—trauma that is much larger and long-lasting than the period of school closures. The daily experience of violence, acute poverty, stress, anxiety, stigmatization and insecurity have all served to deteriorate girls’ psychological and emotional health, making school return unlikely without sustained and holistic care for multiple facets of their wellbeing.

Girls offered many important solutions and policies that they felt could support their continued learning. Recognizing the complex nature of their own needs, common features of these recommendations were their holistic nature and their deep care for the social and emotional aspects of girls’ wellbeing, particularly pregnant girls. The vast majority of girls felt that psychosocial support, combined with community norm shift and sensitization around *pregnant* girls’ value, their needs, rights and opportunities would be profoundly impactful. Girls had many suggestions for government including: strengthening reintegration policies, making schools more supportive of pregnant girls’ and young mothers’ needs, in addition to community-based strategies for preventing early and unwanted pregnancies. Girls also wanted better access to the necessary tools for participating in remote learning and more structured support and encouragement for engaging in home-learning.

Our synthesis of these findings and girls’ recommendations leads us to the following calls to action to support girls’ school return. We divide these into actions that should be taken immediately to halt attrition in the short term, and actions that should be taken in the medium and long term to prevent future dropout.

SHORT-TERM ACTIONS:

- **Provision of immediate economic relief—specifically menstrual health supplies, food and school fees** for both pregnant and non-pregnant girls. Removing the immediate economic pressures associated with risky behaviors and dropout is a necessary and basic prerequisite for returning girls to school.
- **Trauma counseling and mentorship. The vast majority of girls are experiencing both acute and protracted trauma.** Psychosocial support and counseling are necessary to encourage girls (both pregnant and not pregnant) that it is possible to return to school. Mentorship by either peers or adult women can provide girls with a sense of connection, belonging, and hope.
- **Pathways for pregnant girls to continue learning.** As work is undertaken in the long term to make schools more girl-friendly and less toxic to pregnant girls, pregnant young women require opportunities for learning outside the formal system. This might include private tutoring, private schooling, vocational training or other creative solutions.
- **Investment in physical and social infrastructure for digital learning.** The pandemic is long from over in East Africa, and school closures are likely to continue. Vulnerable girls require immediate access to remote learning resources such as data, devices or hardcopy materials, combined with communities of support such as study circles and teacher guidance to help them remain engaged and motivated.

LONG-TERM ACTIONS:

- **Make schools girl-friendly and supportive of pregnancy and young-motherhood through policy and enforcement.** Explicit policy action is needed to support pregnant girls and young mothers' right to complete their education. This must be combined with protracted engagement with schools to shift social stigmas and school-based policies around how pregnant girls are treated and what resources are made available to them to support their physical and emotional health and well-being.
- **Combat social stigma around pregnancy, and raise awareness about girls' rights and needs in the community.** This work is best done through community sensitization efforts and facilitated dialogue with girls, families, community leaders, men and boys.
- **Establish psychosocial support networks** for girls and their families to navigate the social, emotional and health consequences related to unintended pregnancies, violence, and economic hardship. These might take a variety of forms including mental health services, peer-to-peer counseling, and/or adult mentorship.
- **Establish multiple access points for SRH information and services.** The COVID-19 pandemic has laid bare the ways in which girls rely almost entirely on schools for sexual and reproductive health information and access to menstrual health hygiene products. Finding ways to embed these resources creatively within communities will improve resilience and prevent health vulnerabilities in the future.

We further recommend one over-arching call to action in both the short-term and long-term:

Invest in community driven organizations to do this work. Schools, governments and multi-national NGOs are not well-suited to meet the variety, complexity and long-term trajectory of what girls require. Supporting girls' mental health, effecting community norm change, creating and maintaining community-based sources of support in the short and long term can only be done by organizations that have established community relationships and trust, flexible and creative approaches, access to the most vulnerable girls, and the ability to adapt to rapidly to changing local and global crises.

These actions are not an either/or recommendation: stemming pandemic losses in girls' education will require that we pursue all of these strategies simultaneously. Just as our findings suggest that girls' needs are layered and complex, the supports they require are holistic, deep and best delivered by organizations already embedded within communities. Rather than bypass CDOs in non-crisis times, donors and governments should proactively invest in CDOs as part of a long-term commitment to community and global resilience.



01

INTRODUCTION AND BACKGROUND



Photo credit - GLAMI (Tanzania)

INTRODUCTION

Background

In March 2020, the World Health Organization (WHO) declared the novel Coronavirus (COVID-19) outbreak a global pandemic.³ Countries implemented several pandemic control measures that resulted in the largest global disruption of the education sector in living memory.⁴

An estimated 1.6 billion learners in 190 countries remained at home for months on end without access to structured learning, social protection and other benefits associated with schooling.⁵ Globally, 31% of learners from pre-primary to upper secondary schools could not be reached with remote learning programs.⁶ While countries are expected to witness an economic rebound in 2021, most forecasts predict a decline in global and country spending on education that will slow down measures to address the short and long term impact of COVID-19 on education.⁷ Within this context, not only are vulnerable girls more at risk than boys of school dropout, but it is estimated that 20 million more girls are likely to drop out of secondary school due to the long term effects of COVID-19 pandemic.⁸ This study deepens our knowledge about the challenges that girls are facing in East Africa and seeks to understand from girls' experiences and their own recommendations what strategies will best support their return to school.

COVID-19 Impact on Learning in East Africa

In East Africa, school closures ranged widely in terms of duration. In Tanzania, schools closed for 3.5 months, or one term. Schools in Kenya and Rwanda closed for between seven and ten months for all learners, while schools in Uganda remained closed for one year, with at least five grades still out of school as of April 2021. The prolonged closures gave impetus to innovative government-led remote learning that included the use of radio, television, and internet-based learning approaches.⁹ 87% of countries worldwide implemented some form of remote learning policy,¹⁰ with countries in East Africa

3. World Health Organization. (2020, March 11). WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19--11-march-2020>

4. World Bank. (2020) The impact of the covid-19 pandemic on education financing <http://documents1.worldbank.org/curated/en/479041589318526060/pdf/The-Impact-of-the-COVID-19-Pandemic-on-Education-Financing.pdf>

5. UNICEF (2020) COVID-19: Are children able to continue learning during school closures? A global analysis of the potential reach of remote learning policies. <https://data.unicef.org/resources/remote-learning-reachability-factsheet/>

6. (UNICEF 2020)

7. (World Bank 2020).

8. The Malala Fund. "Girls' Education and COVID-19: What Past Shocks Can Teach Us about Mitigating the Impact of Pandemics." 2020. <https://malala.org/newsroom/archive/malala-fund-releases-report-girls-education-covid-19>

9. eLearning Africa (2020). The Effect of Covid-19 on Education in Africa and its Implications for the Use of Technology: A Survey of the Experience and Opinions of Educators and Technology Specialists. http://www.guninetwork.org/files/the_effect_of_covid-19_on_education_in_africa.pdf

10. (UNICEF 2020)

relying primarily on radio and/or television programming.^{11 12} Efforts in Rwanda were supplemented with telephone help-lines, WhatsApp messaging and teacher phone calls.¹³

Although governments moved quickly to implement remote learning approaches, many of these approaches did not reach the most vulnerable or geographically dispersed (rural) students.¹⁴ An estimated 49 % of learners in Eastern and Southern Africa could not access digital learning at all, due to lack of household ability to receive digital lessons including lack of devices, internet access and/or electricity.¹⁵ In Rwanda, only 42% of the poorest learners took part in government- provided radio lessons,¹⁶ while in Uganda, 35% of households reported not owning a radio.¹⁷ This differential access to the means to participate in remote learning left many learners with no instruction, feedback or interaction with teachers for the entire closure period.

While early findings suggest the impact of SMS instructional strategies could stymie some learning loss in Africa,¹⁸ these interventions still assume that the most vulnerable children will have regular access to cell phone technology for their learning. For many girls, this is simply not the case. In fact, digitally-delivered learning initiatives had the effect of unintentionally amplifying pre-existing gender, economic and technological disparities in education.¹⁹ Before the pandemic, boys were 1.5 times more likely to own a phone than girls, and women 1/3 less likely to access the internet.²⁰ Evidence from the Ebola epidemic suggests that girls were almost three times less likely than boys to participate in home study initiatives.²¹ During COVID-19, household chores and caretaking burdens increased disproportionately for girls, disadvantaging their ability to participate in home learning, even for girls who might have otherwise been able to access digital lessons.^{22 23} Unequal access to remote learning is likely to have created and/or increased existing learning gaps between boys and girls.

COVID-19 Impact on Girls' Health in East Africa

Early in the pandemic, news outlets in East Africa began to report an epidemic of teen pregnancy especially in rural regions. These reports preceded more substantial evidence that now shows that girls

11. Tumwesige, Josephine. (2020) "COVID-19 Educational Disruption and Response: Rethinking e-Learning in Uganda."

12. Msigwa, Faustina. (2020) "COVID-19 Pandemic and Its Implications on Education Systems in Tanzania." *International Journal of Science and Research* 9 (9): 167-71.

13. INEE. "No Education, No Protection: What School Closures under COVID-19 Mean for Children and Young People in Crisis-Affected Contexts." (2021) New York, NY: The inter-agency Network fo Education in Emergences (INEE) & The Alliance for Child Protection in Humanitarian Action.

14. (eLearning, 2020)

15. (UNICEF 2020)

16. (INEE, 2021)

17. (Tumwesige, 2020)

18. Noam Angrist & Peter Bergman & Caton Brewster & Moitshepi Matsheng, 2020. "Stemming Learning Loss During the Pandemic: A Rapid Randomized Trial of a Low-Tech Intervention in Botswana," CSAE Working Paper Series 2020-13, Centre for the Study of African Economies, University of Oxford.

19. Rafaeli, Tal, and Geraldine Hutchinson. (2020) "The Secondary Impacts of COVID-19 on Women and Girls in Sub-Saharan Africa." United Kingdom: K4D: Knowledge, Evidence and Learning for Development.

20. (Rafaeli & Hutchinson, 2020)

21. (Rafaeli & Hutchinson, 2020)

22. Human Rights Watch. (2020, July 2). *Impact of Covid-19 on children's education in Africa*. HRW.

23. UN Women. 2020. "Whose Time to Care? Unpaid Care and Domestic Work During COVID-19." *Women Count*. New York, N.Y.: UN Women.

face reduced access to healthcare and contraceptives during the pandemic²⁴ and increasing instances of gender-based violence and pressure to engage in transactional sex.²⁵ A growing body of evidence has identified the negative impact of school closure on limiting girls' social protection and access to essential services, resulting in a surge in exploitation, violence, teenage pregnancy, early marriages, child labor and female genital cutting.²⁶ Teachers and the related services provided through schools often are the first line of response and defense against domestic and community-based violence as well as an important safe-haven for many girls who would otherwise face more regular risks of exploitation during the school day at home.

In Kenya and Rwanda, teachers predict a 59% higher dropout rate for girls due to economic hardships, early marriage and teen pregnancy resulting from the pandemic.²⁷ Government authorities in both Kenya and Uganda have reported serious spikes country-wide in domestic violence, sexual violence and child abuse,²⁸ while in Rwanda the government fielded hundreds of calls per day on their GBV hotlines during the shutdown.²⁹ Although closures were shortest in Tanzania, a recent study from Haki Elimu shows that more than 80% of school children surveyed across 16 districts had experienced psychological abuse in the last year and almost 20% of girls had experienced some form of sexual violence.³⁰

These experiences of violence, lock down, economic pressure and struggle to access learning will have serious negative consequences on girls' psychological and emotional well-being. Research on experiences during COVID-19 as well as during previous health crises, indicate that the mental health effects of the current pandemic are far-reaching and serious, hitting economically vulnerable populations and countries with limited mental health infrastructure the hardest.³¹ In East Africa, the most vulnerable population includes adolescent girls who are bearing the brunt of family economic insecurity,³² are less likely than boys to have access to or time to participate in digital learning, and are increasingly vulnerable to violence of multiple kinds. These compounding factors spell disaster for girls' health and education outcomes.

24. (Rafaeli & Hutchinson 2020, 8-9)

25. Neetu J., Roy C., Mwangi, M., Raval, N. & McGovern, T. (2021). COVID-19 and gender-based violence (GBV): hard-to-reach women and girls, services, and programmes in Kenya. *Gender & Development*, 29:1, 55-71.

26. (Neetu et al. 2021)

27. Action AID (2020). Girls hardest hit by Covid-19 school closures - as teachers report spike in early marriage and teen pregnancies- 28 September 2020. <https://actionaid.org/news/2020/girls-hardest-hit-covid-19-school-closures-teachers-report-spike-early-marriage-and-teen>

28. Plan International, and African Child Policy Forum. 2020. "Under Siege-Impact of COVID-19 on Girls in Africa." Surrey, United Kingdom: Plan International.

29. (Rafaeli & Hutchinson, 2020)

30. Haki Elimu. 2020. "The State of Violence Against School Children in Tanzania Mainland." Study Brief. Dar es Salaam, Tanzania: Haki Elimu. <https://tenmet.or.tz/wp-content/uploads/2021/03/VACis-Brief-Updated.pdf>

31. The Lancet Infectious Diseases. 2020. "The Intersection of COVID-19 and Mental Health." *The Lancet* 20 (11). [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30797-0/fulltext#articleInformation](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30797-0/fulltext#articleInformation).

32. The Population Council. "Social, Health, Education and Economic Effects of COVID-19 on Adolescent Girls in Kenya: Responses from the First Round of Adolescent Data Collection, August 2020—Kilifi." 2020. COVID-19 Research & Evaluations Brief. Nairobi, Kenya: The Population Council. https://knowledgecommons.popcouncil.org/departments_sbsr-pgy/1163/.

Purpose of the Study

What do girls think about their own educational prospects? What are girls' specific experiences of the economic, social and health vulnerabilities that have been so prominent in the literature? For girls who have already dropped out of school, what was the main driver and what might make re-entry possible? These questions are critical for informing the design of effective policies and programs to support girls' school return, they are also questions that only girls themselves can answer. To date, few studies have captured girls' voices from the pandemic and even fewer have asked for their expertise.

Between September 2020 and March 2021, AMPLIFY Girls undertook a qualitative study on the impact of COVID-19 and prolonged school closure on girls' education and return to school in East Africa (Uganda, Rwanda, Tanzania and Kenya). The study commenced during a period of total or partial government-mandated school closures in most countries, with schools only fully operational in Tanzania where they had reopened after an initial three-month period. This report draws on the voices and expertise of 382 vulnerable girls living in low-resource settings, including in-depth interviews with 108 girls, who were unlikely to return to school or who had already dropped out.

Study Setting

The study was conducted in collaboration with 16 AMPLIFY Girls community-driven organizations (CDOs) who are situated in diverse contexts in four East African countries. AMPLIFY Girls members operate in urban slums, rural communities, peri-urban areas and suburbs of major cities with constituencies representing dozens of ethnic and linguist groups. The study targeted adolescent girls ages 13-19 years who were previously enrolled in schools before they were closed due to Government directives. The vast majority of respondents were drawn from rural farming communities and in two instances (Marsabit, Kenya and Arumeru, Tanzania) from rural pastoralist communities. The rest of the participants were drawn from low-income settlement areas in the capital cities of Nairobi (Kenya) and Kampala (Uganda). The girls included in this study were all identified as extremely vulnerable by the AMPLIFY Girls organizations that serve them. Respondents in this study largely reside in areas outside of the normal purview of large NGO programs either because they are located in remote or hard-to-reach areas, or because they are socially isolated (as is the case with urban-dwelling girls with disabilities), and/or face such a wide-range of needs that engaging them may be deemed high-risk of failure by organizations with singularly focused interventions.

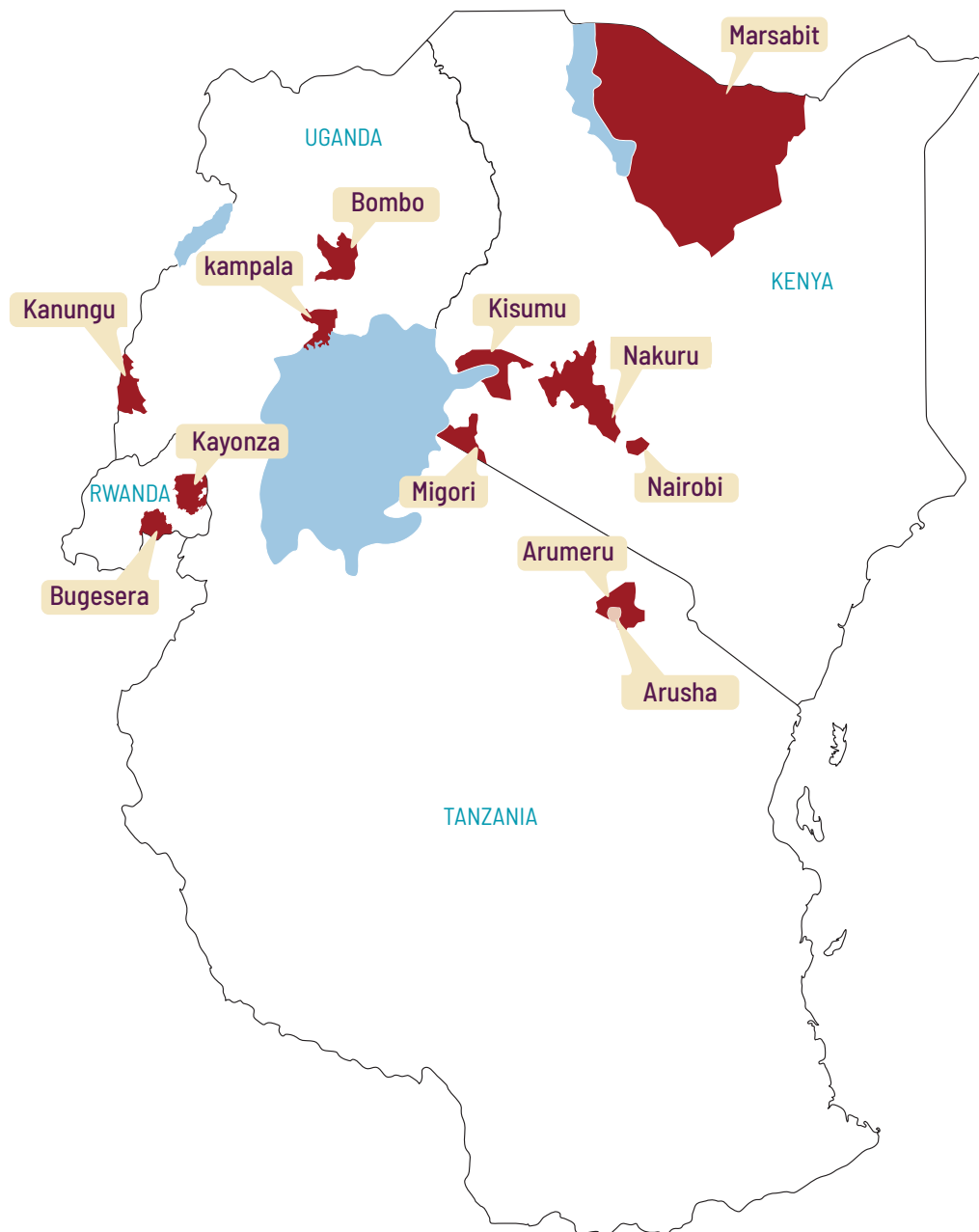
AMPLIFY organizations' programs are diverse but broadly can be grouped into three categories:

- 1) programs that operate community centers or community hubs, serving multiple purposes and operating programming in a variety of sectors (e.g., health, education, economic empowerment) for a range of stakeholders (including adolescent girls) but also women, men and boys;

- 2) programs that operate low-cost private schools for vulnerable girls, and that also provide a host of other wrap-around services in leadership training, economic empowerment, agency and skills building;
- 3) programs that provide school-based interventions (usually after school or on school breaks) and meet girls' psychosocial and material needs.

Many organizations cut across these three categories of services.

Study Districts



Geographic Variation

Across the study population, and even within study countries, there was a great deal of sociocultural and economic variation between study sites. In Uganda for example, the three study sites represented rural, urban and peri-urban environments with dramatically different economies, linguistic and ethnic groups. Respondents in Kanungu come from rural Runyankore-speaking border villages more than ten hours overland from the capital, Kampala. In this region, pandemic closures shut down much of the formal and informal cross-border trade that typically bolster the economy in this region. This is quite distinct from urban respondents in Kampala or peri-urban respondents in Bombo who come from multi-ethnic and multilingual communities where economic dependence on the neighboring military barracks create unique kinds of vulnerabilities for girls and their families.

In Kenya, the range of study participants included both rural and urban girls. In Nairobi, many participants were girls with disabilities living in urban slums during city-wide curfews and lockdowns or rural girls who had migrated to the city for educational opportunities. Rural girls living Nakuru or Kisumu counties came mostly from subsistence-farming communities growing maize or beans, while girls in Migori came from fishing villages on the shores of Lake Victoria more than 20 hours overland from Nairobi. Many of the communities in Nakuru, Kisumu, Nairobi and Migori are multi-ethnic and multilingual, with predominately Christian populations, and notable Muslim minorities. By contrast, Marsabit county, (located in the large desert region in northern Kenya), has a population that is almost uniformly Gabra—an ethnic group which is socially, culturally and linguistically distinct from the rest of the country. Livelihoods amongst the Gabra people depend on pastoralist animal husbandry as the primary means of subsistence, and religious practices include both Islam and the traditional religion indigenous to the area.

Although respondents in Tanzania and Rwanda came from neighboring (or nearly-neighboring) districts, the sociocultural and economic variation in these communities was also quite wide. In Tanzania, Arumeru and Arusha are mostly rural districts despite the presence of the city of Arusha; and ethnic diversity in the region includes at least a dozen tribal identities, representing both religious majority and minority groups (Christian, Muslim and others). Notably, some respondents in Arumeru, Tanzania also come from Maasai pastoralist communities. Similarly, Rwanda's Kayonza and Bugesera districts are both rural farming regions. Respondents in Rwanda generally came from rural villages, with the exception of respondents from one study site located in Kayonza town center in Kayonza District, who are predominately street children or former street children.

Contextualizing the experience of young mothers and pregnant girls

Underlying the within-country ethnic, social, and economic differences detailed above is a universal social practice of stigmatizing early pregnancies, and young out-of-wedlock motherhood. In July 2020,

a survey of AMPLIFY Girls organizations' staff determined that pregnancy was one of two primary anticipated barriers of girls returning to school, along with economic hardship. Yet even in countries with supportive legal policy frameworks protecting girls' right to return to school after pregnancy, social practice and local interpretation of the policy makes this functionally impossible in most countries in East Africa.

Kenya and Uganda both have detailed re-entry policies for young mothers, and newly pregnant girls, but these policies are undermined by school and peer culture, which result in pregnant girls and teen-mothers being unwelcome in school environments. In Uganda, policy explicitly states that girls are allowed to be in school while pregnant until their second trimester at which point they must leave until after birth; girls who are suspected to be pregnant are subjected to mandatory pregnancy screening—a practice that was still active in Kenya until 2009. In places like Marsabit in Kenya for example, school-based screenings for pregnancy and Female Genital Cutting (FGC) were commonplace until very recently.

Unlike Kenya and Uganda, Rwanda's policy framework is a case of omission. Rwanda has a comprehensive Girls' Education Policy put into place in 2008 and the government has acknowledged pregnancy as a barrier to girls' education, but has yet to put in place policies that protect pregnant girls' right to return to school. Accordingly, social norms in Rwanda continue to sideline pregnant girls and keep them from attending school.

Tanzania has the most explicitly discriminatory set of policies. In 2002, Tanzania's parliament passed a law allowing for the expulsion of school-going girls, using vague language about expulsion for 'offences against morality' and 'wedlock.' Although these terms are loosely defined, they have resulted in the practice of keeping pregnant girls and young mothers from school altogether. This trend was exacerbated in 2017, when the late President John Magufuli made a public declaration explicitly forbidding the entry of pregnant girls into school, arguing that they have 'chosen motherhood' and should not be allowed to return school lest they promote 'loose morals' and encourage others girls to follow the same fate.³³ Although this declaration was technically never written into law, the effect in Tanzania is that most parents, girls and school administrators do not believe that girls who are pregnant or who have children are allowed in schools at all. Over the past decade, Tanzanian schools have expelled over 55,000 school-going girls for getting pregnant.³⁴

33. <https://www.theguardian.com/global-development/2017/jun/30/tanzania-president-ban-pregnant-girls-from-school-john-magufuli>

34. Center for Reproductive Rights Report, 2013 - <https://reproductiverights.org/new-report-tanzania-forces-girls-to-undergo-invasive-pregnancy-tests-expels-pregnant-students/>

METHODOLOGY



Photo credit - The Action Foundation (Kenya)

METHODOLOGY

This study is informed by two broad assumptions:

1. The underlying causes of the looming threat of girls' failure to return to school, are not monolithic, and girls are best positioned to communicate their needs and recommend solutions for the way forward.
2. Community Driven Organizations have a unique and important perspective in terms of addressing the current crisis in girls' education. We require evidence from girls and solutions developed by the organizations that most closely serve girls to effectively address these underlying causes.

Study design

The research presented in this report is the result of a multi-country (Kenya, Uganda, Rwanda and Tanzania) qualitative cross-sectional study to obtain adolescent girls' voices on the specific challenges that they were experiencing due to the COVID-19 related school closures in their respective countries.

Study population

The study targeted adolescent girls ages 13-19 years who were previously enrolled in schools in the region before they were closed due to Government directives. This population was further sub-divided into two constituencies: 1. those who were currently participating in AMPLIFY members' programs and thus, by virtue of their engagement with AMPLIFY, likely to return to school and 2. girls who were not affiliated with an AMPLIFY organization and who had already dropped out of school and/or who were unlikely to return. The former group participated in Focus Group Discussions (FGDs) in groups of five to seven participants. The latter group participated in In Depth Interviews (IDIs) lasting 35 to 60 minutes, with one participant at a time. Further inclusion criteria included willingness to participate and provide informed consent among those above 18 years, and parental consent for those below 18 years. Those who had dropped out of school prior to the COVID-19 pandemic or were not willing to participate and give consent were excluded from the study. Inclusion and exclusion criteria are further illustrated in Figure 1.

Inclusion and Exclusion Criteria

The total study population was 382 adolescent girls drawn from the four countries. A total of 274 participants from 35 Focus-Group Discussions (FGD) and 108 In-Depth Interviews (IDI) were conducted across all countries. Further details of the distribution of study participants are provided in Table 1 and 2.

FIGURE 3: AMPLIFY GIRLS BARRIERS STUDY

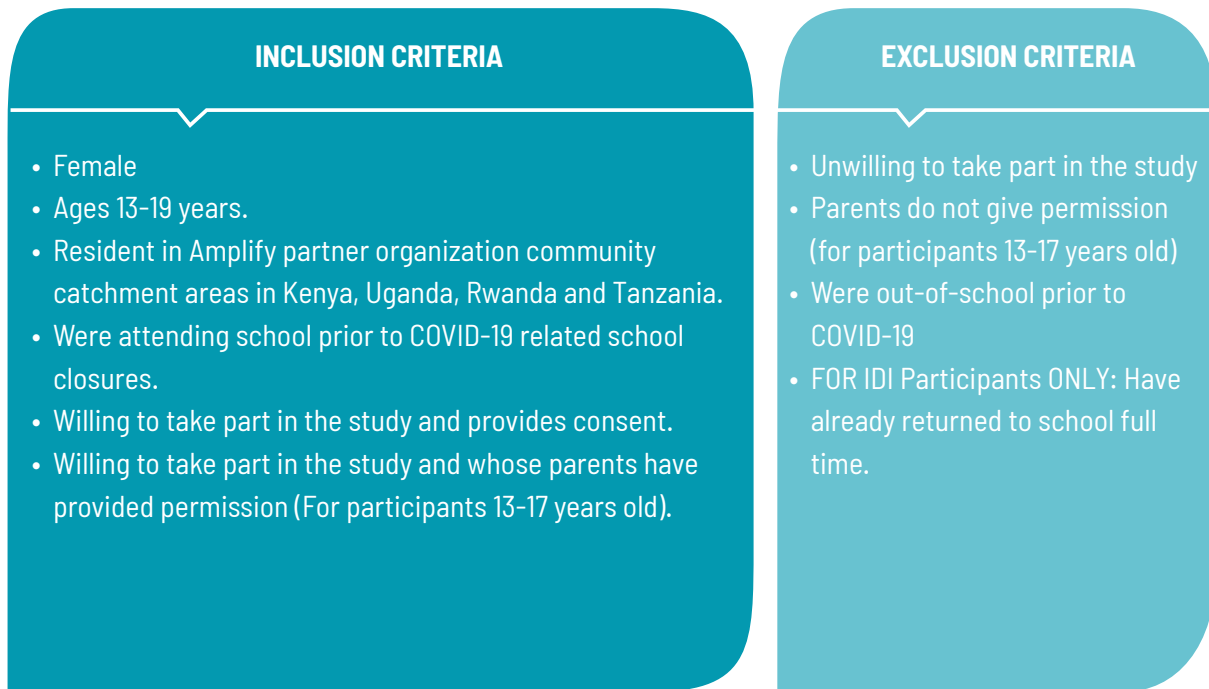


TABLE 1: BREAKDOWN OF FOCUS GROUP DISCUSSIONS BY COUNTRY

COUNTRY & CITY	PROGRAM	AGE RANGE	PARTICIPANTS
Kenya			
Kisumu	Riley Orton Foundation	13-15	8
		13-16	8
		14-16	8
Marsabit	Chalbi Scholars	13-18	10
		14-18	10
Migori	Wiser	13-19	7
		13-19	7
Nairobi	AkiraChix	18-21	6
	The Action Foundation	13-19	8
			9
Nakuru	Dandelion Africa	13-17	7
		13-17	5

TABLE 1: BREAKDOWN OF FOCUS GROUP DISCUSSIONS BY COUNTRY

COUNTRY & CITY	PROGRAM	AGE RANGE	PARTICIPANTS
Rwanda			
Bugesera	Rwanda Esther's Initiative	13-17	6
		13-17	6
Kayonza	Komera	15-18	8
		16-19	7
	Learn Work Develop	13-15	10
		15-19	11
	Streets Ahead Children's Center Association (SACCA)	15-18	10
		15-19	9
Tanzania			
Arumeru	Jifundishe	16-19	6
		16-19	6
	The Girls Foundation of Tanzania (TGFT)	15-18	10
Arusha	Girls Livelihood and Mentoring Initiative (GLAMI)	14-16	6
		17-19	6
	The Girls Foundation of Tanzania (TGFT)	14-15	7
Uganda			
Bombo	Elohim Development Association	17-18	7
		18-19	6
		18-19	7
Kampala	Girl Up Initiative Uganda	13-15	10
		14-16	7
		14-16	7
Kanungu	Girls to Lead Africa	13-15	9
		16-19	10
		17-19	10
TOTAL	35		274

As per the inclusion criteria, IDIs were conducted only with girls who had failed to return to school once directives to resume were given. This population provided a unique contribution to the growing body of knowledge on the effects of the COVID-19 pandemic on girls' education.

TABLE 2: BREAKDOWN OF IN-DEPTH INTERVIEWS BY COUNTRY

CITY	ORGANIZATION	IN-DEPTH INTERVIEWS
Kenya		
Kisumu	Riley Orton Foundation	4
Marsabit	Chalbi Scholars	9
Migori	Wiser Girls	9
Nairobi	The Action Foundation	9
Nakuru	Dandelion Africa	5
Rwanda		
Bugesera	Rwanda Esther's Initiative	9
Kayonza	Komera	9
	Learn Work Develop	9
	Streets Ahead Children's Center Association (SACCA)	9
Tanzania		
Arumeru	Jifundishe	5
	The Girls Foundation of Tanzania (TGFT)	6
Arusha	Girls Livelihood and Mentoring Initiative (GLAMI)	9
Uganda		
Bombo	Elohim Development Association	5
Kampala	Girl Up Initiative Uganda	5
Kanungu	Girls to Lead Africa	6
TOTAL		108

Data Collection

Data collection was conducted between October 2020 and March 2021. A multi-national team of researchers with extensive research experience in adolescent girls' education, health and social sciences designed the semi-structured interview guides. Questions were informed by early findings of a preliminary assessment of the barriers faced by adolescent girls in returning to school which had been conducted among AMPLIFY staff representing at least seven communities in the AMPLIFY network. Interview questions sought information on adolescents' general knowledge and personal experience during the lockdown period, specifically on challenges they or their peers were experiencing that may curtail their education. The interview guides were developed in English and translated into various local languages namely Kiswahili, Kinyarwanda, Luganda and Runyankore by professional translators. The

research team, in collaboration with field interviewers, reviewed the local language translated guides to ensure consistency in meaning. The guides were pilot-tested by research teams during mock interviews in the course of training.

Data collection was performed by two-person field teams in each participating organization/region. These were comprised of a local research assistant preferably with a background in social work/public health and staff person from the partner organization who was familiar with the community and study population. Field teams in each country were supervised by a designated research monitor who had undergone specific training on the various aspects of this study and had been involved in the training of the data collection teams. With the oversight of the research team, research monitors provided guidance to in-country field teams during the entire phase of data collection.

All study staff were trained virtually via Zoom on proper data collection procedures emphasizing probing techniques, aspects of human subjects' protection aspects including informed consent protocols, confidentiality, data privacy and protection, identification of participants requiring referrals for psycho-social counseling and consequently country-specific referral protocols. COVID-19 specific public health regulations required in their country/region were emphasized and strictly observed during data collection activities, as further elaborated below.

Focus Group Discussions were conducted in person, outdoors, following strict social-distancing and local health protocols, including mask-wearing at all times, handwashing or provision of hand sanitizer for both participants and researchers. FGDs were limited to ten participants maintaining the recommended six-foot physical distancing, and took place outdoors on the property of participating organizations. Physical distancing during FGDs provided unique challenges with audibility of some participants but in most instances, this was overcome by the field teams reminding participants to continuously speak louder. On average, the group discussions lasted about an hour.

One-on-one interviews were conducted in the same manner either outdoor on location at the participant's home, or outdoors in a nearby public community space; these interviews lasted 35-45 minutes on average. FGDs and IDIs were conducted in English and the various local languages, based on the assessment of the field team on the respondents' language comprehension and preference.

Sampling procedures

The research team worked with field teams to sample and recruit the participants. All respondents were identified through purposive sampling techniques. Local organizations identified FGD participants, thus ensuring an appropriate mix of various ages within each group whenever possible. Snowball sampling was employed to identify IDI participants who were unable to return to school. In some cases, IDI participants were identified by a girl participating in an FGD. In other cases, study teams were introduced to a potential participant by the accompanying organization. The study was advertised to potential participants using

flyers written in local language; girls were given opportunities to ask questions and consequently decide about whether to participate. Those who chose to participate were asked to identify other potential participants.

Data Coding and Analysis

Data collected for coding and analysis was available via field notes taken during the interviews and discussions, or via recorded audios where consent was given by participants. The audio recordings were transcribed and translated verbatim into English by professional transcriptionists and translators. The data collected was coded and analyzed in two phases, using a combination of inductive and deductive analysis methods, informed by the conceptual framing, preliminary research, and literature reviews for this project. During the first phase, three research team members independently coded the transcripts, using a jointly developed codebook on NVivo software. During the second phase, the research team reviewed all of the coded data from the initial inductive coding process in order to derive key overarching themes and categories using a grounded theory approach.

From this analysis, the research team was able to cluster the data using the overarching thematic categories, including economic barriers, social barriers, physical barriers, personal barriers, and health barriers. Within each of these clusters, the research team further disaggregated the data into subcategories that more precisely reflected the mechanisms leading to dropout. The coded data were then analyzed in relation to these clusters and subcategories, as well as girls' recommendations for ameliorating the challenges identified. While the researchers approached the data with prior knowledge of likely barriers, emergent barriers and challenges from the discussions and interviews were considered and incorporated into the framework analysis. Resulting themes were compared between various regions and countries.

Every time a phenomenon of interest was mentioned, it received a code. For FGDs, this means that code tallies are reported as frequencies throughout this report, but are not necessarily linked to specific individuals. Frequency tables produced from the FGDs show the number of times a phenomenon was mentioned or the proportion of times it was mentioned in relation to a broader set of similar items. These should not be confused with the proportion of unique individuals who mentioned something. Where such tallies of unique individuals are useful and possible within a reasonable margin of error we have included them (typically from IDI data, which can be more easily tied to the individual).

Ethical Considerations

The research team obtained ethical approval for this study from the Cornell University Institutional Review Board (IRB) which served as an oversight review board and further obtained additional approvals from local Research Ethics Committees (RECs): Strathmore University in Kenya; Makerere University

School of Social Sciences in Uganda; and University of Rwanda. Research permitting processes were followed in all countries.

Research field teams were responsible for carrying out informed consent processes and emphasis was placed on the voluntary nature of participation. All informed consent documents were translated and presented to participants in the language of their choice—e.g., English, Luganda, Swahili, Kinyarwanda, or Runyankore. Respondents above 18 years gave written informed consent to participate in the study; for participants aged 13–17 years, parental/guardian consent was obtained, in addition to assent from the minors. As discussions understandably explored sensitive topics, interviews were conducted in places offering auditory privacy to protect the confidentiality of responses and enhance the comfort of respondents. Each field team had a referral process in place to support participants who disclosed experiencing violence or trauma. If these disclosures were made in the context of the interview, girls were offered confidential counseling and referrals for professional services. In total, 23 referrals were made during the course of the study.

Limitations:

First and foremost, we want to acknowledge that our study does not draw on a representative sample of the countries and/or communities of study participants. For that reason, our findings cannot be generalized to a wider region. Second, in Focus Group Discussions, many (but not all) participants were beneficiaries of an AMPLIFY organization, and a member of that organization's staff was typically part of the interview team. Also, in most instances it was likely that girls participating in each FGD knew each other and came from the same community. In these cases, girls might not have felt comfortable discussing their own experiences, either with adults they viewed as authority figures or in front of their peers. In many FGDs, girls discussed what 'other girls' were doing or talked about what they had 'heard some girls' were experiencing. Although 'other girls' were discussed in the abstract, in some instances participants may have been talking about experiences of their own or their direct peers or family members. Given the scope of the study, we cannot be sure. We have simply represented their ideas as 'what girls reported.' IDIs participants, on the other hand, were largely unaffiliated with the AMPLIFY organization and were unlikely to know or have relationships with anyone on the interview team. These girls were asked questions directly about their own lives and experiences and were interviewed alone in private settings.

Qualitative studies primarily use inductive reasoning to understand trends, themes and the social contexts of phenomenon under study. As such, any quantification of results are tallies of qualitative information, and are primarily meant to be illustrative, not conclusive. FGD data in particular is not intended to identify or understand unique individuals' experiences but rather to conceptualize girls' experiences and contextualize them. The primary focus of this study is in understanding how girls' experiences of the pandemic fit together and contribute in both surprising and unsurprising ways to keep them from school.

Finally, it should also be noted who is not included in this study. The girls who participated were both available and visible to the field teams and were able to speak for themselves in private settings with strangers. We want to acknowledge that rural girls living with disabilities, girls who were working when interviewing took place, girls who have been displaced, or girls who were/are unable to leave their homes for any number of reasons likely represent an even greater level of need than the girls whose voices appear in this study.



03 IN THEIR OWN WORDS



Photo credit - Wiser International (Kenya)

IN THEIR OWN WORDS: SUMMARY OF GIRLS' HOPES, FEARS AND CHALLENGES AMIDST THE PANDEMIC

The picture that emerges from this research is a complex one, illustrating the compounding challenges faced by vulnerable girls in a range of contexts across East Africa. By engaging girls directly and providing space for them to talk about their hopes and fears, this study sheds light on the specific ways that the COVID-19 pandemic is reshaping livelihood trajectories and possibilities for girls across East Africa. But it is also a picture of hope, and of action: the girls who participated in this study expressed an overwhelming desire to return to school, while also elucidating the particular barriers that prevent them from doing so. The overwhelming desire to return to school signals that with the right interventions and community-based support mechanisms, these obstacles may be overturned and some of the gains in girls' education lost during the pandemic may yet be reinstated.

While the physical barriers of school closures, most especially the digital divide, are often the most visible indicator of the pandemic's impact on education, this research reveals that the economic precarity engendered by the pandemic has created a tectonic shift for girls' educational prospects. The loss of income and employment experienced by families across the region has pushed more and more girls into formal and informal employment and markedly increased household labor burdens. Even for families who were relatively secure prior to the pandemic, this economic turmoil has created new barriers around school costs and even basic needs. Economic insecurity has further compounded health and social barriers, creating new vulnerabilities for girls around violence, increased incidences of early marriage, transactional sex, and unplanned pregnancies and experiences of social stigmatization, and emotional distress. Figure 4 and 5 provide a summary of the key barriers that emerged from the FGD and IDI data. The barriers are represented visually proportionate to the number of times they were mentioned by girls.

FIGURE 4: KEY BARRIERS THAT EMERGED IN FOCUS GROUP DISCUSSION BY FREQUENCY OF MENTION

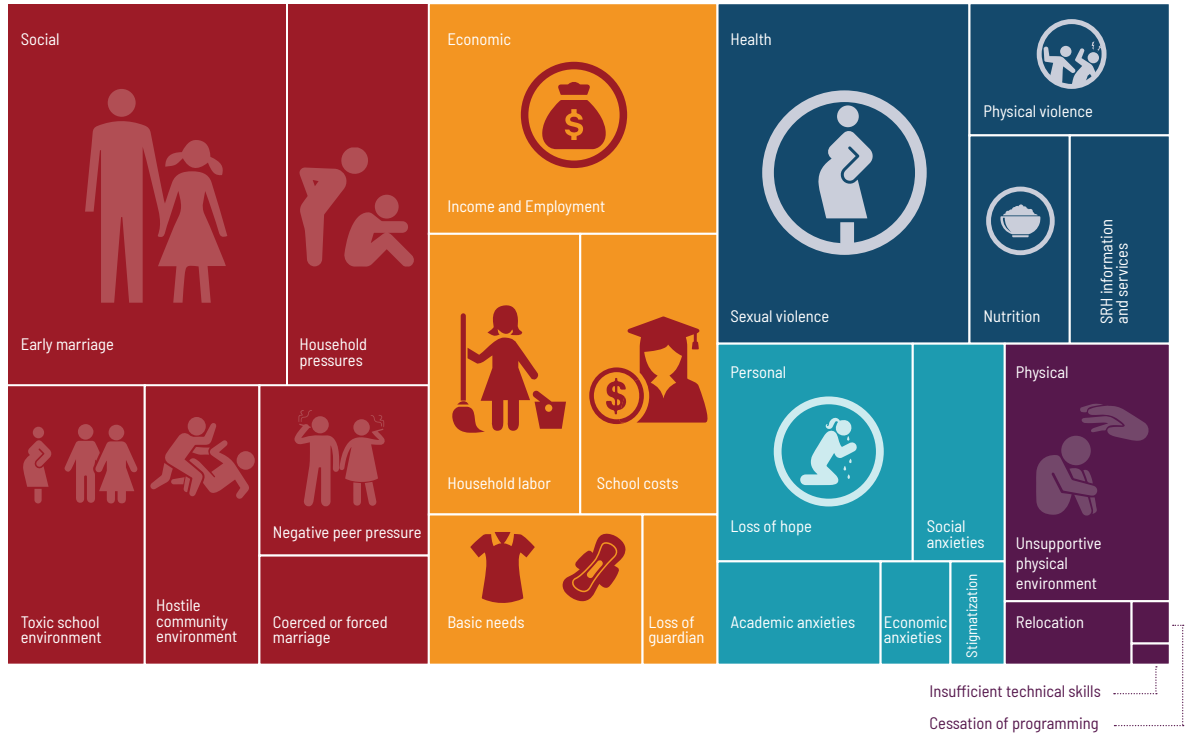


FIGURE 5: KEY BARRIERS THAT EMERGED IN IN-DEPTH INTERVIEWS BY FREQUENCY OF MENTION



Compounding barriers for pregnant girls and young mothers

Universally across the study cohort, girls reported that economic stress was a primary driver of unplanned pregnancies, resulting from transactional sex. In Focus Group Discussions (FGD), participants repeatedly mentioned transactional sex for basic goods namely food, clothing, pads, soap or lotion. For young mothers and pregnant girls, the stigmatization of pregnancy further exacerbated the economic and social barriers that they face. For the majority of the IDI participants, pregnancy was a key determinant in not returning to school, largely due to the social pressures they face related to the stigmatization of unplanned pregnancy or the unsupportive nature of schooling environments that would not afford them proper protections for their health—including nutrition and lactation. Pregnant girls and young mothers in our study reported experiencing physical violence, food and housing insecurity with higher frequency than others- much of which was related to social stigma of their condition and the neglect, or abuse, perpetrated on them by family members or intimate partners.

Variations between countries and geographic contexts

The data also reveals notable variations in the barriers reported between different geographic contexts, as illustrated in the comparative view of barriers by country and city presented in Figures 6 and 7 below. Generally, we see that in Kenya, social barriers to education were more frequently noted in extremely rural and/or pastoralist contexts, including Marsabit and Migori, while economic barriers were more frequently reported in urban contexts like Nairobi and Kisumu. In Rwanda, FGD participants reported a relatively even mix of economic, health and social barriers, while IDI participants more frequently reported economic barriers. In Tanzania, physical barriers including lack of access to technology and unsupportive learning environments, were reported with higher frequency than in the other study countries. In Uganda, health barriers, including physical and sexual violence, were more frequently reported by FGD participants, while IDI participants more frequently reported economic and personal barriers.



FIGURE 6: FREQUENCY OF BARRIERS REPORTED IN FGDs BY COUNTRY

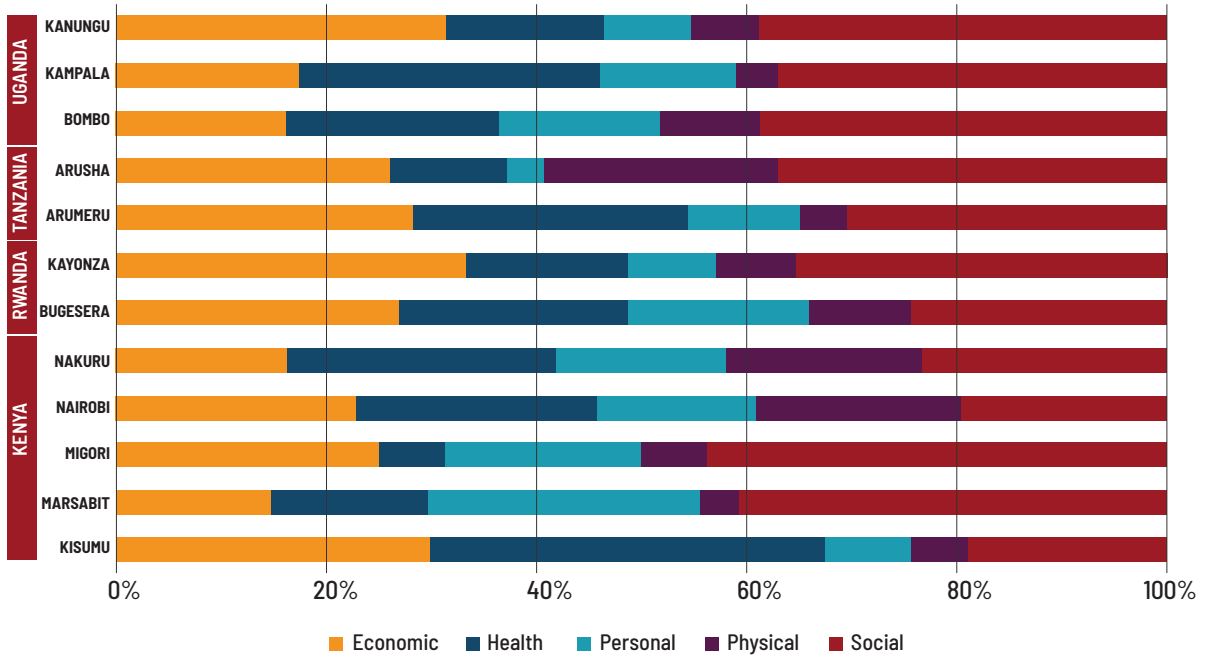
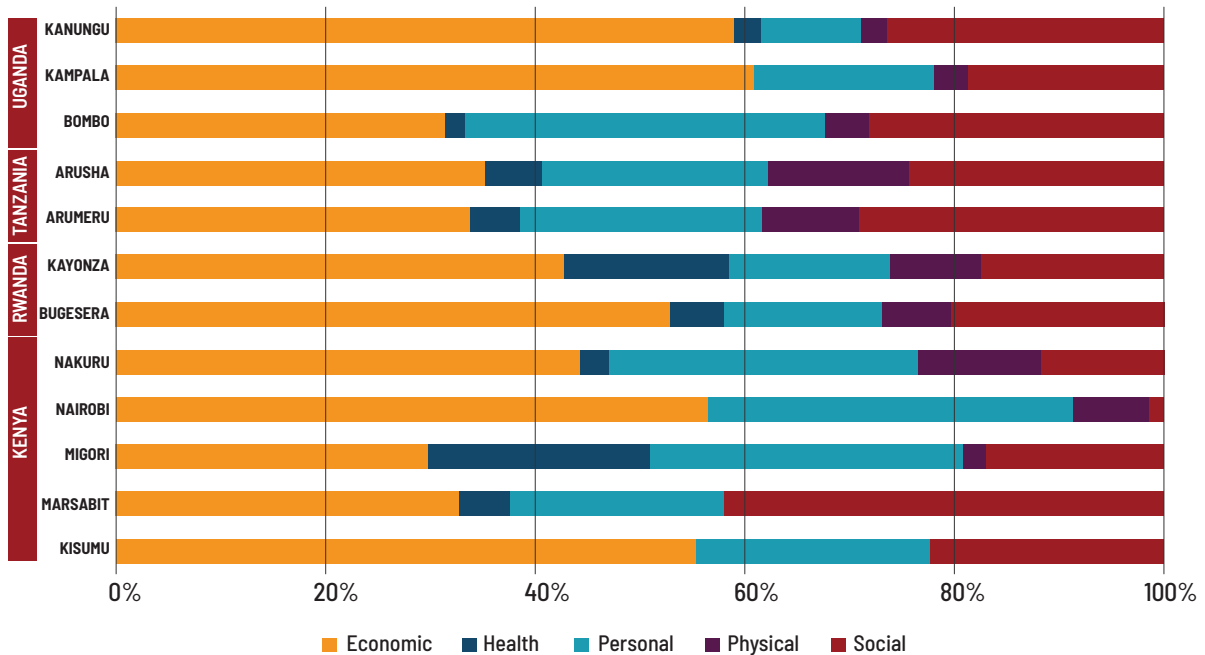


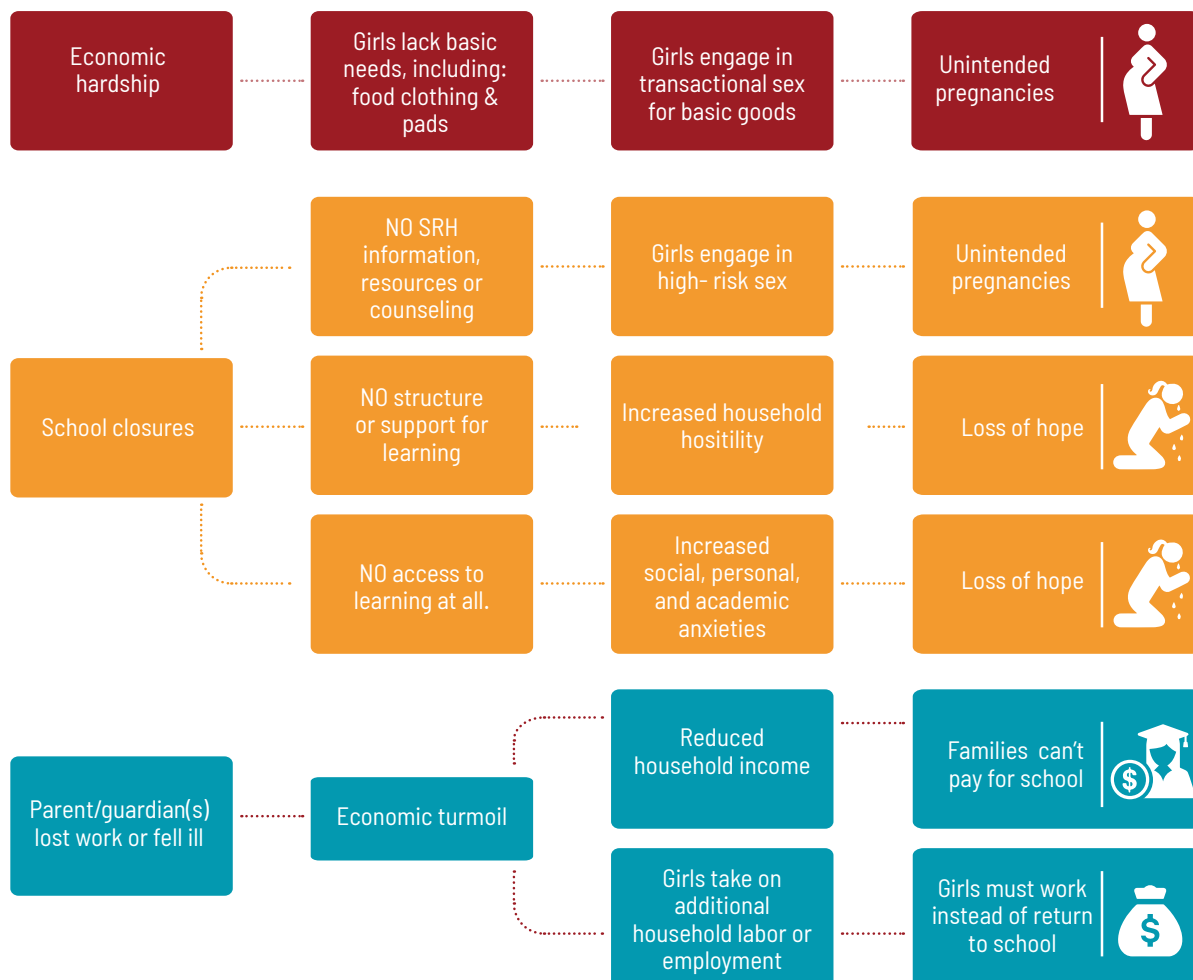
FIGURE 7: FREQUENCY OF BARRIERS REPORTED IN IDIs BY COUNTRY



Common pathways to school dropout

As illustrated in figure 6 and 7 (above), participants in both IDIs and FGDs reported a range of compounding challenges that often intersect with and exacerbate existing socioeconomic inequalities. Participants reported a multitude of interlinking barriers brought on by the pandemic, highlighting the ways in which vulnerable girls experience multiple forms of exclusion that inhibit their learning trajectories. In both FGDs and IDIs, the interviewers tried to gather as much detail as possible to understand the mechanisms driving girls' increased vulnerability during the pandemic, in order to identify the linkages between these different barriers. From this data, we distilled several primary pathways or common scenarios through which girls experienced increasing precarity and school dropout. The following graphic provides a schematic for understanding these pathways.

FIGURE 8: PATHWAYS TOWARDS DROPOUT



Of all of these pathways, by far the most commonly reported chain of events was the lack of basic needs, particularly feminine hygiene products, leading to transactional sex and unplanned pregnancy. Girls who found themselves pregnant faced serious social stigmatization and increasing economic precarity, making school return seem impossible to the vast majority of pregnant girls. It is important to note that very few of the participants explicitly reported cultural prejudice against educating girls as a primary social barrier; rather, the most frequently reported social barriers were the stigmatization of pregnancy and toxic school culture for pregnant girls and young mothers. In the remainder of this chapter, we highlight illustrative examples of the hopes and fears expressed by girls in these interviews and discussions, in their own words.

Strong desire to return back to school

The vast majority of girls who had dropped out of school (approximately 84%) expressed a strong desire to return to school. However, nearly all girls who had dropped out of school also expressed negative feelings that included sadness, hopelessness, self-hate, self-pity and boredom, among others, with only a handful indicating that they were fine with not going back to school. Most of them worried about lagging behind academically, failing national exams and repeating a grade due to prolonged absence from school. Many could not fathom how to find resources or support for return to school, including school fees, childcare and adequate nutrition for their infants.

When I see others wearing the school uniform, I feel like I can wear it and go back to school, but I think that it is not possible. IDI-21-RWANDA

It is hard because sometimes when I see other students coming from school I start thinking even me I could be in school, but now because of what has happened, I just have to persevere. At times, I sit down and think until I tell my mother, "Mum, at times other people give birth to children and they die and the baby is given cow's milk." Now when I think about it, I was supposed to go to form four but now I am going to repeat the same class and I am finding repeating is very difficult for me. My mother just tells me to persevere but it's a challenge for me. IDI-28-KENYA

Frustrations and anxieties about losing access to school

Most of the girls expressed feeling sad, frustrated and hopeless about staying at home and missing out on school. They talked of their future being shattered stating that with no schooling they had limited career options. For girls who left school due to employment or household labor, most reported sadness, anxiety, and a loss of hope for their future:

It makes me sad to see others coming back from school that I even hide myself from them to avoid questions like why aren't you coming back to school. IDI-35-RWANDA

Mom always promised me to have in mind that I will not go back to school. I took it as a joke as if things were easy until I was surprised when others went to school and I went to the farm to cultivate. It is hard for me to bear, even when I see students coming from schools I used to go inside the house... I feel ashamed when I see others go to school and I go to the farm. However, I always pray to God to create ways and help my parents to allow me back to school. I see that mom can't afford it. IDI-22-RWANDA

Of particular note, pregnant girls and young mothers more frequently reported a loss of hope for returning to school, due to economic pressures and social stigmatization. The majority of pregnant girls who had dropped out of school expressed fear of discrimination and gossip from school mates; some stated that their parents would no longer be supportive of their dreams and would force them to get married. For young mothers, childbirth was seen as an inevitable pause in studies, when they would be forced to postpone any plans for their future in order to raise their babies.

It's a very hard feeling, it's not easy thinking about my peers who are now in class studying and I have no one to support me to achieve my dream. I am mentally tortured. IDI-31-KENYA

It makes me sad about not being able to go back to school and I also ruined my future by getting pregnant just like that. I wanted to become a doctor, because doctors take good care of us and they all took very good care of my mother the whole time she was sick, which motivated me to become a doctor. IDI-35-RWANDA

Many pregnant girls expressed feelings of social isolation stating that they can no longer chat with girls they used to talk to because now that they are pregnant, their peers view them as a bad influence. Others expressed a loss of hope, stating that schooling was their only means of uplifting their families' living standards but that was now impossible. Dropping out of school made some of the girls feel ashamed, with some isolating themselves to avoid questions from friends, relatives and classmates.

So I hate myself because I am not in school, but I told myself that if for example I do not go back to school, I will go look for a job ...when the child gets older, I will go somewhere to ask for work IDI-11-TANZANIA

Most of the times, those whom we used to chat, now we can't since I am pregnant, they think that I can teach them wrongdoing. So, I sometimes feel lonely. Some we used to interact that much. But now we are not going too far as we should. For instance, one I used to visit before getting pregnant; I am not able to visit them anymore. IDI-21-RWANDA.

Among pregnant girls who were not seeking help to return back to school, the most commonly mentioned reasons included employment, fear of being mocked at school, health status, lack of childcare, lack of support from family, and lack of school fees or scholastic materials.


I don't think that I can be able to go back to school. I am not sure if I can do that, even after giving birth. Apart from giving birth, even recently, I passed by there, but students were bothering me running after me saying that calling me mummy. If there were allowed to get out of school, they could have come out. I am ashamed of this that even I can manage to go back to school after giving birth. I wonder even who can babysit while I can be at school. My mother is always hustling, so going back to school for me is not possible. IDI-30-RWANDA.

Although all countries in this study but Tanzania legally allow young mothers to return to school, many reported being discouraged from continuing their educations by parents and family members.

They discouraged me about school. After I give birth, if I have resources, I may think about enrolling in a vocational school. I would do that to try to make the future brighter. I wanted to become a journalist. When I am talking with my father about this, I ask her if it may be possible for me to go back to school after two years sitting home with my baby. He tells me, "you would rather save money for a vocational school." And I ask him "what about my dreams?" he tells me "your dreams are gone, you kicked away your future." And that shows me going back is not possible for me. In my mind, I think that if they let me go back to school, I can make it happen. IDI-20-RWANDA

Looking Forward

Collectively, these statements testify to young girls' hopes, dreams, and aspirations that have been deferred or disrupted by the pandemic. But they also speak to the possibilities that could be reopened through community-based intervention and support. In the following chapters of this report, we detail the specific physical, economic, health, social, and personal barriers to girls returning to school, drawing from the evidence gathered through focus group discussions and interviews. By detailing and analyzing these barriers, we aim to illuminate specific mechanisms and support structures that can help reverse the losses of the pandemic and better equip girls across the region to realize their dreams.



04

PHYSICAL BARRIERS

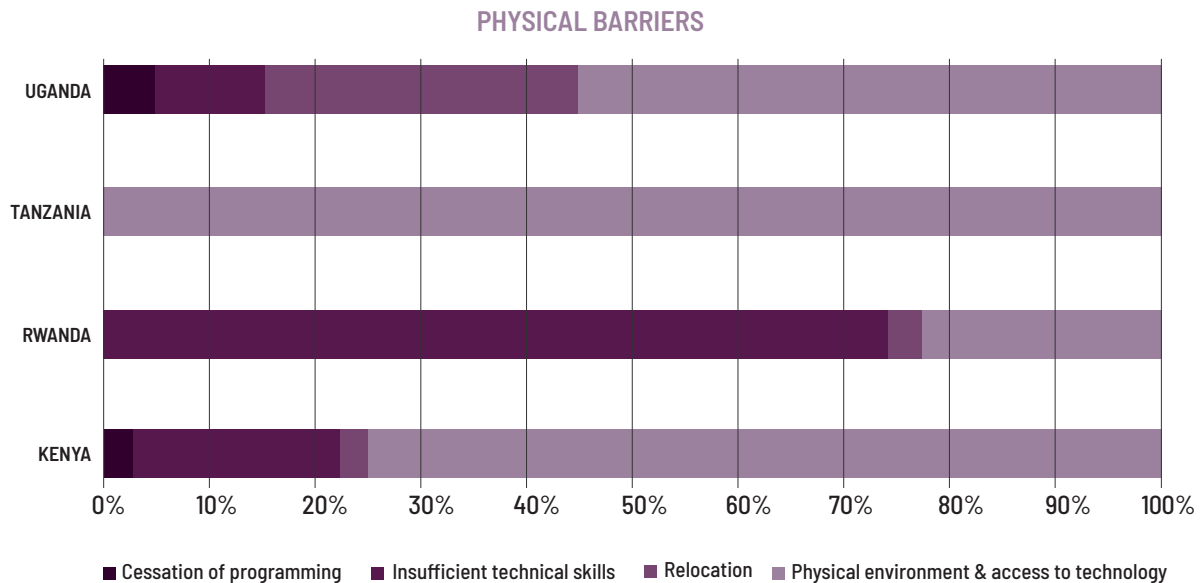


Photo credit - Komera (Rwanda)

PHYSICAL BARRIERS

The pandemic introduced a series of new physical barriers to girls’ ability to access education. Our data reveals that these physical barriers were experienced in highly uneven ways by different groups of girls, depending on their geographic location, social context and socioeconomic status. While remote educational programs usually in the form of radio or television broadcasts, WhatsApp or phone-based programming were provided across the region to compensate for the physical school closures, these lessons were only accessible to girls with sufficient technical skills, access to devices, and supportive learning environments. In this way, physical impediments to remote learning compounded and exacerbated many of the existing barriers to education before the pandemic, making it particularly difficult for girls in remote locations with limited electricity infrastructure to access education. The chart below shows the distribution of physical challenges by country: sudden cessation of remote learning programming, insufficient technical skills (knowledge of how to operate computers or smart phone technology), unsupportive physical environments (primarily lack of electricity and devices, but also lack of time to dedicate to studies, and/or encouragement) and relocation.

FIGURE 9: FREQUENCY OF PHYSICAL BARRIERS REPORTED BY FGD PARTICIPANTS



Across IDIs and FGDs, girls reported using a range of learning tools including radio, television, cell phones, newspapers, WhatsApp and internet sites. The most commonly reported tool used was radio, with many girls identifying specific radio stations they would tune into to access government-sponsored lessons. Many girls reported that they did not have access to a personal laptop, phone, tablet or other computing device; some would borrow the devices of family members or friends; and where available, some would access cyber cafes or devices provided by community resource centers operated by CDOs to access Zoom classes and Wifi.

While remote learning platforms were often hailed as a solution to school closures, respondents identified important factors that limited girls' uptake of the various modes of remote learning, namely uneven access to technology, technical skills, and supporting infrastructure. Further, lack of continuity in remote learning was noted in all countries. Girls reported that as weeks progressed to months, some schools withdrew their remote learning sessions abruptly, including radio and television broadcast. Some girls also lost hope of returning to school and so abandoned learning prematurely.

About e-learning, before, in those days when we had just gone home when they had given us one month and some days, I had access to the radio...KBS. I would study economics. It was there at 2pm. But afterwards when the government continued to add the days, after the month they had given us, that program of studying ceased. That is when I stopped learning but I got some little material from there and I was helped somehow somewhere. FGD-09-UGANDA

Access to Technology and Supporting Infrastructure

The shift to remote learning drastically exacerbated inequalities in educational access for girls living in remote rural communities with limited digital infrastructure and electricity. Overall, 23% of FGD participants and 43% of IDI participants reported not being able to access remote learning because of a lack of technology and supporting infrastructure. The variation between these two groups reflects the heightened economic precarity of the IDI participants. Respondents frequently reported that girls from socioeconomically disadvantaged or marginalized backgrounds had limited or no access to remote learning devices like radio, television, phones and computers, with girls from rural settings the most affected. Several participants reported intermittent internet and television access, and some reported complete lack of access to online learning due to a lack of devices or the inability to afford internet and phone data packages. In addition, girls who hailed from rural Kenya reported the lack electricity at home as a major obstacle.

... So, I think not all of them will get money to buy bundles and to buy all those SMS for them to read from home because we have said earlier, we have the challenge of power (electricity), home chores, so not everybody would get that privilege of getting education online because you don't have all those resources FGD-08-KENYA

Comparing studying from home and studying from school that's two different worlds. Since, like at home we don't have internet the school really tried maybe sending two GB. let's say two GB in two weeks, that sometimes would finish before even the two weeks are finished so you have again to beg the parents I need money for bundles. Sometimes there is no electricity and you are supposed to learn on WhatsApp so you don't have a battery so you have not recharged your phone. Now at school at least we have wifi. FGD-08-KENYA

So first thing I'll say is electricity, leaving in an area where you're using solar. So solar, you need to let the solar charge so that you can be able to use it at night, so during the day, if you charge your phone during the day and it goes off, there's nothing you can do. You will need to wait until that night because when you charge your phone during the day, you will not have lights during the night. And so that maybe you can attend one lesson and then you miss the other lesson looking or going to a neighbor to ask for power to charge your phone. And most people in my area are using solar so it is difficult for you and taking your phone for someone to charge, maybe your phone has battery, someone steals your battery or exchanges your battery. So your phone keeps going off even if it is 80%, it will go off because the battery is poor, then the internet, the school buys you 2GB. But you have that mentality that you have to read on your own you don't know when googling, researching, the internet even doesn't even finish a week. So you have to hustle and maybe your parents can't be providing for you bundles everyday. So sometimes and maybe you buy bundles just for doing assignments. You buy bundles for 10 bob for doing assignments. And the lesson you attend using free WhatsApp because there is nothing you can do and your parents can't buy you bundles. FGD-08-KENYA

So one of the challenges that I had was about the device that I was using online ,because sometimes we will be sent like a PDF, you don't have something that can open that PDF or a google doc in your phone. So that was a challenge because you had to ask for a screen shot. FGD-08-KENYA

Unsupportive Physical Learning Environment

In addition to the lack of technology and supporting infrastructure, unsupportive physical environments were also cited by respondents as a major hindrance to learning. This included noisy backgrounds, distractions and a lack of dedicated physical space for learning. Very few girls reported that they were able to find spaces within their communities for temporary reprieve from distraction as they studied. Further, even those who were able to access remote learning tools often reported that they received very little guidance, structure, instruction or support in using these tools to complete their work. For example, some participants highlighted how difficult it was to try and grasp scientific or mathematical concepts over the radio, while others highlighted how challenging it was to be unable to ask questions over the radio when they didn't understand.

Yes we got access to the e-learning and some of us were studying on radios and we could study biology but we could not understand some things like graph plotting while we were there at home and the teachers could be on radios. FGD-09-UGANDA

They listened to radio by them didn't catch well what they taught. You were not able to ask, so how could we know what to write. They thought that they are learning only on radio, but they will not return to school. FGD-03-RWANDA also in school if you understand something you follow the teacher to guide you but now because of Corona we don't get it all. FGD-03-TANZANIA

I had no one to discuss or study with, because you know at school there are a lot of people that you can study with, but there was no one to teach me at home or discuss with. FGD-06-TANZANIA

Relocation

The COVID-19 pandemic disrupted girls' living arrangements and household situations, making it difficult for girls to return to school. A few girls (one in Kenya, three in Rwanda and six in Uganda), mentioned relocation specifically as a barrier to accessing remote learning. Mostly relocation was linked to girls' or families' movement to look for work and/or sustenance which had the effect of breaking girls' ties to a neighboring school and the lessons being provided. Some girls affected by relocation reported relocating to urban towns in search of domestic work which then caused them to fail to return to school since they were employed and far from the schools where they were enrolled. Similarly, other girls reported being sent from towns and urban areas to relatives' homes in rural areas ultimately because of economic pressures.

Some girls have been sent in (sic) the village because of no money and their parents don't have money and they say some won't go back to school. FGD-06-UGANDA

Inadequate Technical Skills for Remote Learning

Some girls experienced challenges accessing radio broadcast using their phones due to inadequate technical skills. In addition, some had difficulties adapting to remote teaching methods, citing lack of support from teachers. Some girls used their e-devices for non-academic activities due to lack of monitoring during prescribed remote learning. In addition, some stated that their intention to study was derailed by pop-ups from social media and lack of parental guidance or structured support from teachers.

I have a telephone but when I play the radio it doesn't play. I don't know why? IDI-27 -RWANDA

I once tried to use the telephone. I don't remember well the question they asked me and I was not able to answer it, so I decided to not use the phone again but use my notebooks to do self-study. At school when I was not able to answer I asked for help and explanation, but by using the phone it was difficult to write them. I am not able to answer the asked questions. It was my mother's phone and I used it when she put it down. IDI-24- RWANDA

As for me when the schools were closed we were being send work on WhatsApp then they got lost all over sudden. FGD-10-KENYA

Pandemic v. Pre-Pandemic Disruptions

In assessing the impacts of the pandemic, one question that arises is whether the disruptions that girls are experiencing are entirely new, or linked to pre-existing factors that were present prior to the onset of the pandemic. This question is key to understanding the causal mechanisms that are contributing to the decline of girls' educational outcomes, and consequently, to designing appropriate and effective response strategies. In order to address this question in relation to the physical barriers to girls' education, girls who had no expectations of returning to school following COVID-19 school closure were asked if they had ever experienced significant interruptions to their education before the COVID-19 pandemic, and the reasons for the prior interruptions.

The vast majority (90%) of girls who dropped out of school during the pandemic had never experienced significant learning interruptions prior to the pandemic, which points to the specific impact of the pandemic school closures on erosion of gains in the girls' education outcomes in the region.

I never dropped school before covid-19 but I would spend like a week without going to school because my grandmother would not agree with me going to school as she thinks there is no use for me to go there. IDI-17-RWANDA

I used to attend school all the time. But After corona period I went to school and was expelled. IDI-18-TANZANIA

I was studying and I had no problem since I had a parent to take care of me. No, I didn't drop out of school. Before coronavirus I had no problems, and even when I was absent it was because of sickness. I was not used to missing classes. IDI-27-RWANDA

A small number of participants did cite previous experiences of dropping out of school, primarily due to a lack of school fees and school materials, parental death or family obligations. However, these students reported that they were eventually able to return to school; while in contrast, a higher proportion of girls who dropped out during the pandemic did not anticipate returning to school.



05 ECONOMIC BARRIERS



Photo credit - Wiser International (Kenya)

ECONOMIC BARRIERS

The economic challenges reported by girls in this study are vast, highlighting the profound economic dislocations of the pandemic in East Africa and its impact on everyday livelihood struggles. Over 70% of FGD participants reported that they had to seek employment or other income generating activities during the pandemic, ranging from agricultural cultivation to industrial and service employment. 25% of FGD participants reported starting small businesses selling food and handcrafts, some reported working in salons or as housemaids, and others became welders and construction workers. 86% of FGD participants and 53% of IDI participants reported financial barriers to returning to school, including lack of resources for school fees, scholastic materials, books, uniforms and learning tools. Many participants also highlighted the particular challenges for girls whose parents or guardians had fallen ill or died during the pandemic, with 34% of FGD participants reporting the loss of guardian or head of household. For many girls, these pressures also led to increased household labor burdens as they had to cook, clean, cultivate crops and care for family members while their guardians were ill or searching for work. Figures 10 and 11 below illustrate the frequency of economic barriers reported by FGD and IDI participants, including income and employment barriers, household labor, school costs and basic needs.

FIGURE 10: FREQUENCY OF ECONOMIC BARRIERS REPORTED BY FGD PARTICIPANTS

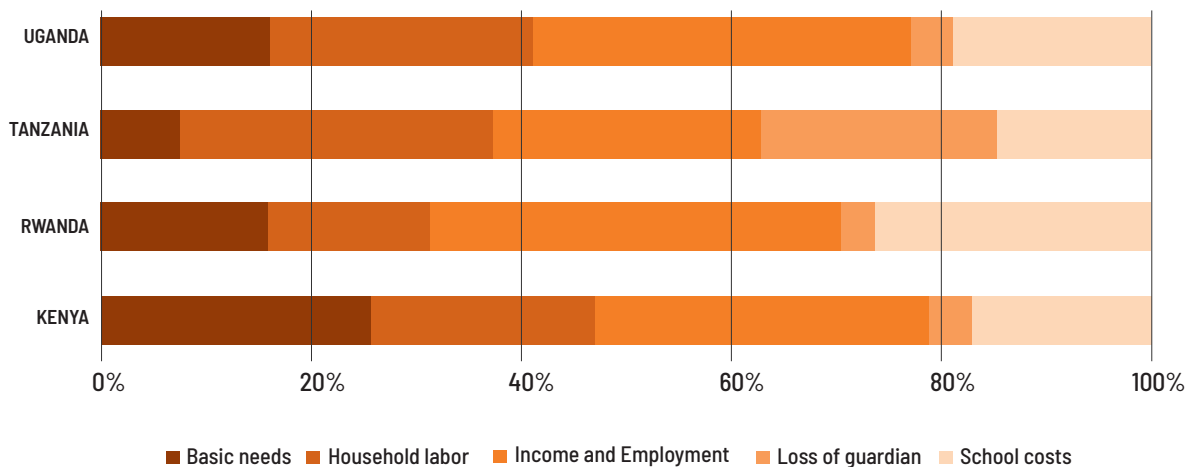
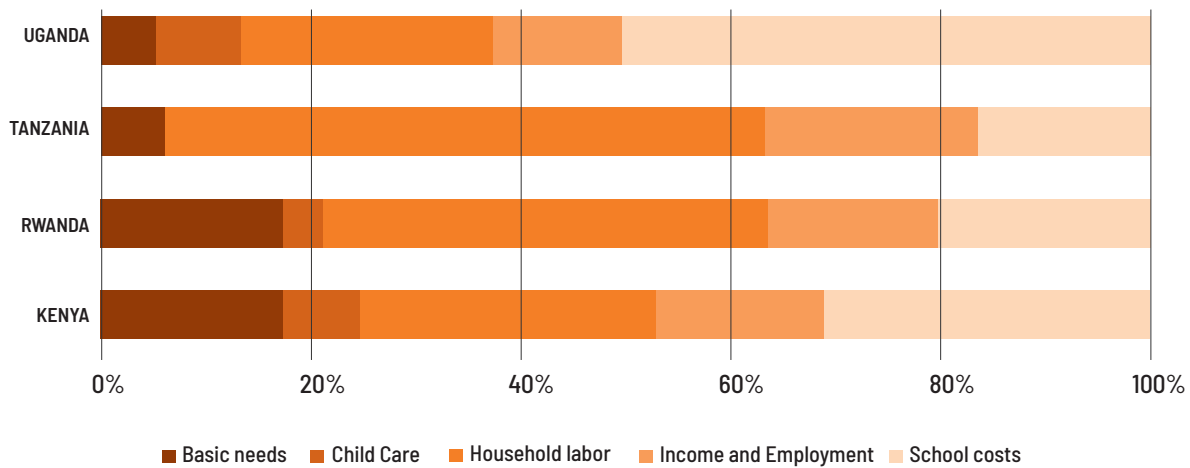


FIGURE 11: FREQUENCY OF ECONOMIC BARRIERS REPORTED BY IDI PARTICIPANTS



Lack of Basic Needs and School Costs

For many respondents, the acute economic impacts of the pandemic meant that family-level financial resources to support basic needs became extremely limited or nonexistent. As a result, many girls were forced to leave school because they could no longer afford it. Respondents in all four countries observed that orphanhood, parental illness and death due the COVID-19 pandemic had negatively affected parents’ and guardians’ ability to provide girls with basic needs such as food, school fees, uniforms and hygiene products. In Uganda, respondents felt that girls whose parents spent days and nights working in markets drop out of school because they are forced to assume parental responsibilities and lack parental guidance to return to school. Girls whose families experienced parental conflict were also likely to drop out of school.

You can't go to school when you are hungry. FGD-04-RWANDA

I also can't go to school yet I know I won't get food at home when I am back. I can choose to stay home and sleep. FGD-04-RWANDA

Some girls have failed to go to school because they don't have some.... some... some things to support them like sanitary pads and school fees, and others. FGD-01-UGANDA

There are girls that haven't been able to return to school in my village because of limited resources. Some have their fathers leaving the families. FGD-04-RWANDA

Across all four countries, respondents who returned to school without school fees were expelled. In-depth interviews with girls who had dropped out of school due to lack of school fees demonstrate a lack of clear options to support the girls to return to school.

Income and Employment

Due to the economic effects of the COVID-19 pandemic, respondents observed that girls were compelled by parents and guardians to seek employment, start small businesses or support parents in agricultural work and businesses to meet their needs and those of their families. Girls narrated that loss of household income increased expectations for them to contribute to their families' income by engaging in paid labor or small businesses. While respondents felt that seeking employment during school closure was beneficial in terms of helping girls meet their families' economic needs and acquiring new skills, it was a significant deterrent to returning to school. Additionally, respondents felt that some parents preferred girls' continued employment to ensure a continuous stream of income for the family.

Lost parental income

For example, my father had work and when Corona came he was stopped. On the other hand my mum had work and she was stopped due to Corona. As a girl I will start to fight (sic) myself, I will go to work for money, if I don't find money a man may come and give me money, I can be pregnant due to my parents' joblessness. FGD-03-RWANDA

Some of my friends who I know, they were going to pick (tea) to help their parents. Others went to look for their own money to help their basic needs like the sanitary towels. FGD-10-KENYA

For the few that I know, they discussed with their parents and because you know some parents come from humble backgrounds, now they tell their children that you can't just sit here. So, like when for example you're my child, I can't go to pick alone because I can't harvest as many Kgs (kilograms) as we can harvest when there's the two of us. So, some parents talk to their children and carry them to the tea plantation so that they will pick a lot of tea that will maybe satisfy their basic needs. FGD-10-KENYA

Pressures to continue working

I would say returning to school for many girls will be impossible, other girls find money very interesting or very sweet, so they will see returning back to school is like wasting time, because they could have gone to the potato farm or tomato farm and they could have farmed something and be independent. FGD-11-KENYA

Let me give you an example of mine. I had got a job near the CHIC building in a restaurant known as Mummy's Cuisine. I thought of how I was going to get a 60,000 RWF salary and I was fighting with my mind whether I had to return to school or not. This also may be a challenge to return to school but it's good when you have someone who is by your side and giving you some guidance, that's where you overcome those challenges and decide to return to school. FGD-04-RWANDA

Loss of Guardian or Parental Support

Respondents in all the four countries observed that orphanhood, parental illness, and death due the COVID-19 pandemic had negatively affected parents' and guardians' ability to provide girls with basic needs such as food, school fees, uniforms, and hygiene products. 34% of FGD participants had lost

a parent or guardian presumably due to COVID and many more girls in the study reported knowing of instances of parental loss in their communities. Such loss has resulted not only in severe mental and emotional health disruptions, but also in increased economic burdens. Many of these newly orphaned girls have been forced to assume parental roles to provide financially for their families as households fell into poverty.

There are pregnancies by accident, for example the girl I told you about who just lost her mother and she has siblings to look after she is going to be tempted a lot and incase, she gets pregnant it will be an accident... am just saying if it happens, since her late mother used to take care of them really well but even her other young sibling did not go back to school. As she is a sister, she will not let her younger ones stay hungry ... you cannot tell me such a young girl can able to start up any kind of business. FGD-06-TANZANIA

Not only pregnancy there are others who had to raise their families after one parent died, so failing to go back to school they had to stay to take care of their younger siblings and do other activities to support their families and younger siblings. FGD-02-TANZANIA

Economic Barriers for Pregnant Girls

Pregnant girls in all the four countries universally lacked the financial support they need to navigate the demands of pregnancy, delivery and raising a child. The majority of FGD respondents (57%) reported rejection by intimate partners, leading to increased financial burdens for pregnant girls and young mothers. Amongst IDI participants, over half of whom were pregnant or young mothers, economic barriers were reported more frequently than any other category. Economic barriers for pregnant girls were reported with particularly high frequency in Rwanda (Kayonza) and Uganda (Bombo and Kanungu). Participants reported a lack of financial resources for basic goods, housing needs and childcare support. Among FGD participants, 63% reported lack of childcare support as a key barrier to girls' education.

If you get pregnant and at your house you have no money, most men leave the girls they get pregnant which make it hard for them to take care of their babies since there is no money. FGD-01-KENYA

After giving birth, they have no clothes for the baby, they end up cutting their clothes to pieces to cover their babies with. When they tell their parents, they are told to go back to the man who got them pregnant. FGD-03-KENYA

They face problems of economic changes since most guys/ boys after impregnating the girl they actually leave and let the girl take care of the unborn baby alone. So, the girl faces economic problems. Um, some for those who are chased away from home by their parents. Whenever they will have to face economic problems since they had no work status. They have no access to money so they suffer the economic problem. FGD-01-TANZANIA

Some girls face a problem at the time of giving birth, they don't have the requirements needed to give birth yet the parent has the money but she decided to leave her husband or boyfriend to care for her yet even the boyfriend is not caring. So some girls face a problem of lacking money at the time of giving birth. FGD-04-UGANDA

Throughout our study, it is evident that pregnancy poses risks to girls' safety, health and well-being. In

the next section we look specifically at the ways in which girls are becoming pregnant and seek to better understand the underlying factors contributing to their lack of safety.





HEALTH BARRIERS



Photo credit - Girls To Lead Africa (Uganda)

HEALTH BARRIERS

Our study shows that in addition to the specific health risks created by the COVID-19 virus, the pandemic created new compounding physical and sexual health risks that pose grave threats to girls' ability to thrive across the region. This section examines these risks with particular attention to specific forms of violence that are increasing during the pandemic. A key insight of this research is that pregnancy is the primary driver of girls' dropout from school during the pandemic, but that pregnancy is a symptom of underlying, acute, economic vulnerabilities and situations of social and physical isolation that are often mutually reinforcing.

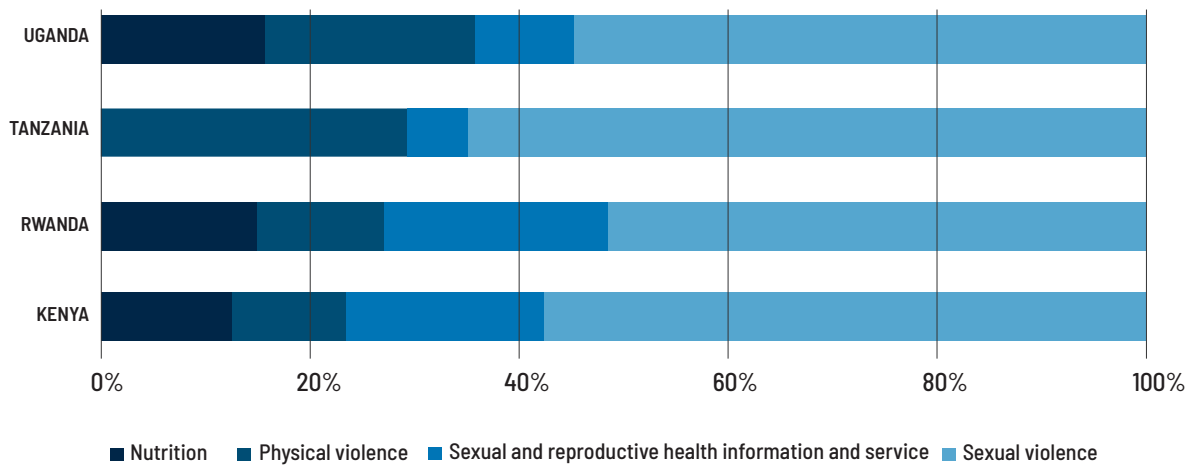
Violence

Across all four countries, girls reported the occurrence of various forms of violence that could potentially make it difficult for them to return to school. Of particular note, violence was reported more frequently by FGD participants in Uganda, where 44% of the discussions reported physical violence and 100% of the discussion groups reported incidents of sexual violence in their communities. It is important to highlight the specific vulnerabilities of pregnant girls in relation to violence, as across all four countries, 37% of FGD participants and 23% of IDI participants who were pregnant reported experiences of violence. Respondents identified fathers, grandfathers, relatives, boys and men as some of the perpetrators of physical and sexual violence against girls. Particularly striking was the violence experienced by pregnant girls, covered later in this section.

Our data also shows that the rising incidence of unplanned pregnancies correlates to both sexual violence, with girls reporting increasing incidence of rape and sexual harassment, as well as physical violence, with girls reporting cases of forced abortions as well as physical illness and even death related to home abortions. While the perpetrators of sexual violence are primarily reported by participants to be local men in their towns or villages, the physical violence linked to abortion is most frequently attributed to girls' families or local communities.



FIGURE 12: FREQUENCY OF HEALTH BARRIERS REPORTED BY FGD PARTICIPANTS



Transactional Sex & Sexual Violence

The most prominent form of sexual violence reported by participants involved men demanding transactional sex. Participants also frequently reported additional health complications including sexually-transmitted infections as well as severe mental and emotional health impacts.

The overwhelming majority of FGD participants who reported increasing pregnancy during the pandemic attributed it to transactional sex for basic goods. 61% of mentions of transactional sex reported sex for food, clothing, soap or lotion; 19% for menstrual hygiene products; 9% for other goods like sweets, school fees, or luxury clothing items; 6% for cellphones or other technology; and 5% as result of ‘peer pressure.’ It should be noted that most FGD participants talked about transactional sex as something that was happening in their communities, but not necessarily to themselves or someone they knew. 19% of girls in FGDs reported knowing someone who had engaged in transactional sex while just 4% reported having engaged in this behavior themselves.

These findings are bolstered somewhat by girls’ personal experiences as reported in the IDIs. 50 girls disclosed that they were pregnant in the IDIs, although only 28 offered any details on how they had become pregnant. Of these 28, eight girls (approximately 29%) linked their pregnancies to some form of transactional sex. Given that IDIs were often short, (30 minutes long), and girls were interviewed by complete strangers, we feel this number is strikingly high.

In most cases the men engaged in these relationships were older (typically in their early 20s and often these relationships were complicated, with girls expressing genuine feelings of love or affection for the men that impregnated them. Thus, transactional sex in this study includes a range of scenarios

that includes girls having sex with men they did not know or had previous relationships with, as well as girls engaged in sexual relationships with men whom they knew and with whom they had a previous relationship.

yes that boy gave me what I needed. I didn't skip diner when he was there. INT: And it seemed to you that he loved you. MIRACLE: Absolutely. And when I visited him, he would give me money. As I came back home, I would relieve my mother from cultivating for two days. That was it. And I ended up pregnant. IDI-20-RWANDA

Yeah, those men, my peers, I can hit them, and they leave. But those men they keep insisting giving you money and saying that your body part is grown and they can be grown where when you have sex with men. They say many things that I do not even know. And I told them like the way I am like now did you see me having sex with men to look like this? IDI-14-RWANDA

I had family issues as I was mistreated in addition to the fact that I was not given everything I needed or wanted so, I decided to leave the house and become a prostitute. IDI-29-RWANDA

Respondents felt it was difficult for girls who had experienced sexual violence to return to school due to trauma, shame, fear of being mocked in school, and loss of hope. Girls also reported that rape and sexual harassment cases increased during the prolonged school closure. Alarmingly, most participants indicated that these forms of sexual violence increased during the pandemic. Most of the respondents suggested that this increase was primarily due to the growing economic and financial pressures brought on by the pandemic. A few reported that relocation due to the pandemic forced some girls into living environments where their physical safety was threatened, either because they themselves had to relocate to unsafe living arrangements, or because additional relatives came to live with their families. Respondents also felt that parents and older siblings also exposed them to risky situations, such as sending them out at night and exposing them to sexual predators.

Some girls get pregnant because parents haven't been working and they don't have money. So, when you have reached your time of the month but you don't have pads and you ask your parent for money and they tell you "I don't have." And they tell you to use cotton clothes yet you don't like them yet you have some boy disturbing you at the well then you tell him "if I give you some will you give me money?" Then you also allow and the boy gives you money. And when time reaches to pay and then when you don't want, the boy forces you. FGD-05-UGANDA

There was a man up there whenever we would come from the well, he would say I bring and he carries for me the jerry cans. I said "no, I have my own energy I can carry for myself." He said "no, let me carry for you don't disturb yourself because you are my wife." I said "no, I am still studying. They are still taking care of me I haven't grown." He said "if you have refused, I will come back at night while you're bathing, I come for you and take you. When I take you, you will come back in the morning when you don't know where you are," I bathed very fast and entered the house. FGD-05-UGANDA

It was at night and our sibling had sent us and we went where they sell chapattis. When we reached there, there was a man and I stood close to where they enter from and he was in there. He started touching my hand, I told him "don't touch me, leave me." He started touching me here, (while pointing at her private parts) the "kamunyu", and I told him "don't touch me". FGD-05-UGANDA

Some girls have been lied to by these boys ... these boys... like they find girls and they tell them um... that if you love me I will do this and this ... like if you love me, I can buy you, I'm going to take good care of you, I'm going to give your parents like money... ok they lie to them. FGD-03-UGANDA

Physical Violence

Across all four study countries, multiple respondents expressed that they were exposed to abuse from parents, making it hard to live under the same roof. Respondents attributed the violence to COVID-related lockdown that increased the amount of time girls spend with family members, increased family stress and COVID related family conflict.

In these times girls are facing a lot of challenges, you can find a girl is being abused by her parents which makes it hard for her to live under the same roof which causes them to leave home and look for shelter from outside their home. FGD-11-KENYA

During this holiday, there were mistreatment whereby parents were not working and could be at home with their children. Most especially some of us don't live with our fathers and then during that holiday the parent comes and sometimes could develop misunderstandings and so you would find fighting, quarrelling when children are also around. This led to children escaping from home to go and get married, to go look for men. FGD-09-UGANDA

We can also say that other girls are violated by either of their parents where the parents can beat them and give corporal punishment even to a point that a parent can burn their daughter using hot water. FGD-12-KENYA

For parents who work and like the day has not gone the way the person expected, a parent tortures the girl or finishes all her frustration on the girl, the girl ends up gets physical wounds. FGD-04-UGANDA

Violence Against Pregnant Girls

Also clear from our data is that pregnant girls are increasingly vulnerable to abandonment, neglect, emotional abuse and physical violence perpetrated by family members, by partners and in some cases by the girls themselves. Approximately 37% of FGD participants and 23% of IDI participants who were pregnant reported experiences of violence either perpetrated against themselves or someone they knew personally. Some girls reported instances of parents or guardians inflicting physical violence or abandoning pregnant girls, leaving them without shelter and other basic needs. The experience of being 'chased' from home after a pregnancy was discovered, was quite common amongst pregnant participants. Several respondents in Rwanda and Uganda also specifically noted that pregnant girls are overworked in the home, leading to illness and miscarriage.

When a girl gets pregnant the parents especially the mother gets furious she starts beating the girl chasing her out and the community starts judging your daughter is like this she doesn't have morals lack of confidence. FGD-12-KENYA

After being pregnant they rejected me, I passed the whole night outside, and after a short time my mother was familiar with me but others not yet. They used to tell me why are you not working for your future baby, what will he put on? What will you feed your child and you want to go back to school. FGD-08-RWANDA

The boy lies to you and gets you pregnant and they chase you from your home. He takes you there and rents for you. After giving birth he runs away from you...Then you stay on the street without anything to eat until you die. FGD-05-UGANDA

She is tortured and after giving birth she works as a machine, she is the one to do all works at home. FGD-07-RWANDA

Rejection of pregnant girls by the immediate family members is compounded by abuse and rejection by intimate partners, and sometimes by wives of the men responsible for the pregnancy. The rejection by intimate partners leads to loss of confidence and negatively impacts the girl's ability to love her child.

Some of the girls are facing domestic violence. Their husbands have started to beat them. FGD-09-UGANDA

If you go to the one who gave you the pregnancy and he refuses you, if you go to the parents they drive you away, you have nowhere to go because that man moves to another place despite knowing that you are pregnant. FGD-03-TANZANIA

Multiple respondents spoke about cases of forced abortion. Some of the reasons for abortion include parental attempts to preserve the family image, and the inability of the boy responsible for the pregnancy to take care of the girl. The rejection by family and intimate partners often means that a pregnant girl is left with no one to support them during pregnancy and after delivery. This lack of support may lead to pregnant girls to abandon their children or to attempt abortions themselves with no medical support or care.

I don't know how to say this, but since (sic) one gets pregnant, there is no going back to school. During the corona pandemic there are some girls who got pregnant and they wanted to find ways to remove the pregnancy. Some decided to do abortion hence, it affected their reproductive system and they ended up dying like one of the girl died because of abortion I was told. FGD-01-TANZANIA

Sexual and Reproductive Health Information and Services

With school closures and physical distancing restrictions, girls repeatedly mentioned reduced access to sources of sexual and reproductive health information and services as a key driver of pregnancy. This loss of key resources provided by schools leads to reduced protection from unplanned pregnancy and sexually transmitted infections, including HIV. As already mentioned, school closures disrupted women's health services provided in government schools, including access to a range of health and hygiene products, from sanitary pads to nutritious food. Notably, in our study, schools and school-based programs seemed to be a major source of menstrual hygiene supplies for the majority of girls. For the

most socioeconomically disadvantaged girls, reduced access to these basic needs poses serious threats to their health and wellbeing.

In my community, some girls have faced a challenge of denial of their rights. For example, a right to information about their reproductive health, some were gaining this information at school of which during COVID 19 schools are closed. FGD-04-UGANDA

I think that girls should be sent to schools because those that do not attend schools are the ones most at risk. Parents sometimes do not take time to discuss reproductive health with their children. For example, I have learned about it myself at school. For those that do not go to school, they are at risk and I would encourage their parents to send them to school. FGD-04-RWANDA

In addition to the sexual relationships the rate of disease like HIV, the sexual intercourse diseases increased at high rate mostly. For the girls, since the girls are so vulnerable so a lot of girls now are having the sexual contaminated diseases such as AIDS even though it was not through the sexual intercourse. But the rate of the diseases has just increased. FGD-01-TANZANIA

Several IDI participants reported contracting a sexually-transmitted disease, and at least one reported having contracted HIV during the pandemic closures.

Nutrition of pregnant girls

Reports of inadequate nutrition were most frequently linked to pregnancy. Many respondents noted that pregnant girls often lack proper and adequate diet and access to supporting health care during and after pregnancy. In addition, pregnant girls often fail to disclose their pregnancy due to fear and stigmatization, and in the process miss out on prenatal care, counseling and medical support services. Respondents also reported fears about whether schools would be able to meet the dietary requirements of pregnant girls, a situation that is compounded by distance from school and lack of adequate lunch breaks to allow pregnant girls time to go home and eat. Many pregnant girls felt the schools could not accommodate their nutritional needs as they need to have adequate and frequent meals.

I: What were you suffering from? R: Just the condition of falling down, and when I was pregnant, I would sometimes have stomach aches so I wasn't even able to go to school. IDI-28-KENYA

I went back to school but I got a problem while in school; my legs started swelling and paining because the pregnancy was disturbing me. Madam told me to go home because I got sick because of the pregnancy. IDI-13-KENYA

I can't go back to school because a pregnant woman wants to eat every hour which would not be possible being at school in addition to the fact that other student would make fun of me. IDI-26-RWANDA

That of lacking food. Sometimes, I think of going home at noon, but I find that there will be no one home since they should be still on the farm and I will not get food. If I could get some food, I might need to cook which might take me some hours yet I have to go back to school. So, for example, if we had to study math, I can go back to school when


the session has ended and attend another session of another course. IDI-14-RWANDA

The fear I have is that if I return to school, I cannot get food after studies. IDI-10-RWANDA

When you say that you want to go to school they ask you how your child will survive. Most of the times you go to work for others to find something to feed your child. This discourages you and you choose to stay at home. FGD-08-RWANDA

No, I am not [returning to school] because I am pregnant and I feel very tired and weak which would not be helpful in class. I faint a lot and feel hungry most of the time in addition to that pupils make fun of you when you are pregnant so, all those challenges discourage me to go back to school. IDI-35-RWANDA

These common experiences of pregnant girls underscore the precarity of pregnancy and the compounding ways in which the pandemic explicitly affects adolescent young women. In the next section, we discuss the social impacts of pregnancy and how these serve to further undermine girls' wellbeing.



07 SOCIAL BARRIERS



Photo credit - Komera (Rwanda)

SOCIAL BARRIERS

Respondents identified multiple social pressures that encourage girls to drop out of school; however, the most severe social barriers were linked to pregnancy and motherhood, as pregnant girls and young mothers found the prospect of returning to school nearly unbearable due to the social stigma of early and out-of-wedlock pregnancy. Many girls also found themselves forced into marriage or common law relationships with the men who had taken advantage of them in the first place. These social barriers appeared in our data primarily as 'toxic school environments,' 'coerced or forced marriage,' and 'negative peer pressure.' This last category also affected non-pregnant girls, many of whom expressed a fear of being too old for school which led participants to fear peer ridicule and/or believe that they should get married or seek full-time employment in order to contribute to their families. 'Household pressures' was a phrase used to describe increasing chore burdens and pressures to contribute economically to the household (many times in light of family illness), precipitating frequent conflict with parents or guardians and producing anxiety. The charts below show the frequency of social barriers reported by FGD and IDI participants.

FIGURE 13: FREQUENCY OF SOCIAL BARRIERS REPORTED BY FGD PARTICIPANTS

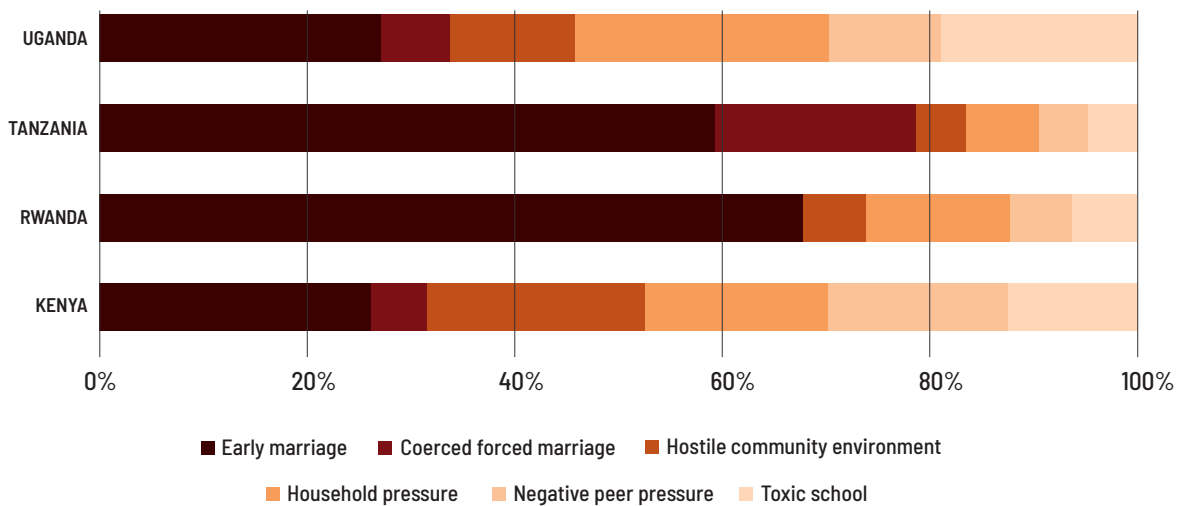
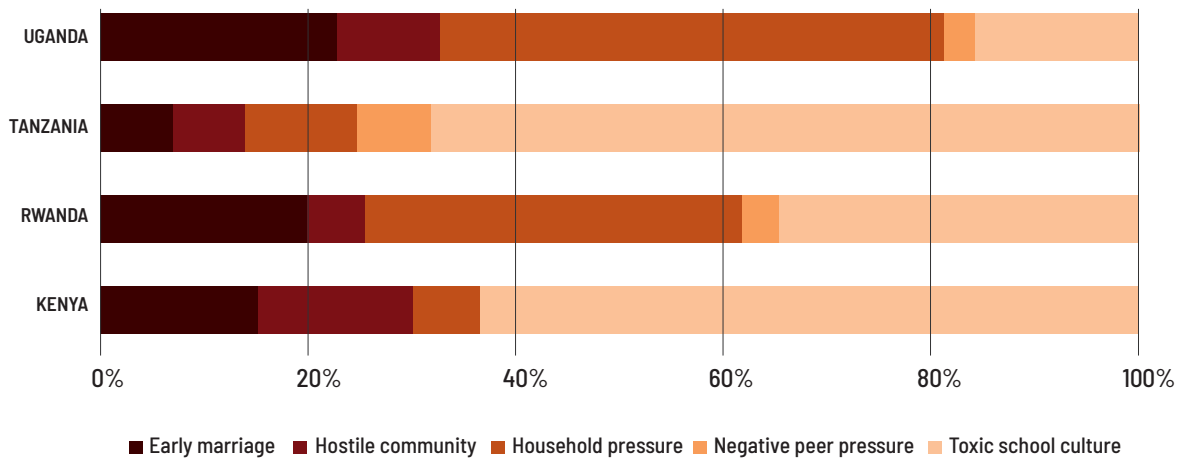


FIGURE 14: FREQUENCY OF SOCIAL BARRIERS REPORTED BY IDI PARTICIPANTS



Household Pressures

With schools officially closed, many girls and their families prioritized domestic and agricultural work as they waited for school re-opening, which varied considerably by country. Among FGD participants, 46% reported an increase in household pressures including family conflict, as a result of the pandemic.

I can also say that you know some of the girls have not gone to school so the parents they now have time with the children they didn't have the time before the pandemic and as for now they have the time when you do something small you will see your father or your mother their stress will end up to you and chase you out of the house so some of the girls have been chased away from their home so they can't go back to school because they don't have anything or anyone to take them back to school. FGD-11-KENYA

Nearly all respondents in all countries talked about helping their parents with domestic chores. The chores included washing, cleaning, fetching water and firewood, cooking and caring for younger siblings. While domestic responsibilities existed pre-COVID-19, they were heightened during the pandemic, often to an intolerable extent. Respondents frequently reported that they were overburdened with duties and did not get time to study and that these pressures were decidedly worse than before the pandemic.

There is a huge difference between the activities I do and those I used to do when I was studying. The tasks I have now are greater than what I used to do. Before, when I woke up, I could do hygiene and then I went to school, but now I have to do hygiene, fetch water more than two times, cultivate and cook. IDI-24-RWANDA

Household burdens were particularly acute for respondents from remote rural villages, where girls reported taking on increasing household responsibilities, including domestic chores, agricultural

duties and caring for family members. Often these burdens coincided with family illnesses, parental absenteeism and other convalescence.

I studied for a few days and after my mother got sick... I stopped by then. Every Sunday, we used to meet, using one phone as five people, and one explained for others...my mother has been sick. She never goes to seek for money. I was just seeking for what should help my siblings to survive. I did farm from Monday to Friday. I was the one responsible for everything... He is very careless (father). IDI-22-RWANDA

But the concentration is low, because sometimes you get like there are some communities which have shortages of power or there are many chores for a girl to do compared to a boy. Like a boy maybe it's herding or nothing else. A boy can't just sit at home and do chores. But then you find you as a girl, you have to wake up, clean the house, maybe if you live with your grandmother or your parents are not understanding, then you have to do other chores. So, I can say it is this pandemic has really affected us as girls because you can say that some families don't understand or don't value studies. So, you can find us as girls, we are being oppressed, like we have to do everything in the house and you find that us to read it will take some time. So, I can say it has really affected us because you can't compare when you're in school and when you are at home. FGD-08-KENYA

I help my parent with domestic work, as she goes for work, I remain at home with the young ... she's collecting money... anytime if she gets the money I will go back to school so I remain at home then she goes to work to collect the money to help me go back to school. IDI-07-UGANDA

In rural farming communities in both Kenya and Tanzania, school closures also coincided with the agricultural season in many places, exacerbating the burden for girls to contribute to farm labor like ploughing, weeding, and harvesting.

And also, the Corona period...corona occurred during that period which is the agricultural period. You find, for example, that you are going to turn on the TV to watch or listen to these programs. You find instead of listening, you are told to plow, weed the beans, go to the field. Yes, it was the Corona period it was the Agricultural period. You find many students instead of listening to the lessons she is going to farm. FGD-03-TANZANIA

Early & Forced Marriage

When girls talked about early marriages in FGDs, participants reported these happening as a result of parental or family pressure stemming from compounding economic hardships and unplanned pregnancies. FGD participants felt that early marriages were primarily initiated by parents to earn dowry following COVID-19 related economic hardships. In some regions, respondents anticipated pressure from parents to drop out of school and get married; these pressures seemed to be particularly acute in Tanzania and Rwanda, where FGD participants in these countries indicated early marriage as a key barrier to girls' education more frequently than in Kenya and Uganda.

Some of the parents due to this Corona pandemic, some of the activities like tourism were not able to be conducted due to closure of the boundaries so some parents had no money. So, they just see it is best for the girls to be married so they can get dowry. FGD-04-TANZANIA

Due to societies difference like most of the Shinyanga (region in Tanzania) girls got married, most of them got pregnant at a younger age. And the culture continues due to society influence. FGD-01-TANZANIA

In Marsabit county in Kenya, married IDI participants reported getting married in part as a way to keep themselves ‘safe’ from unintended pregnancies resulting from prolonged school closures. In all cases, marriages were reported by girls as consensual, and in a few cases, girls were planning to return to school with their husbands’ blessing.

My father is a sheikh and he believes teenage girls can get into sexual relationship and the religion is against it. So when my dad heard about some girls with rumors of being pregnant, he talked to me about it and because I also understand my religion, I accepted it. IDI-09-KENYA

We talked it out with my husband and I decided I can repeat form three. This will help in syllabus coverage... my brother is looking for another school so I can repeat. IDI-11-KENYA

It should also be noted that in most contexts in our study, early marriage was coerced or forced marriage—especially for pregnant girls. Girls who fall pregnant, and are cut off from familial support, often have no other means of subsistence except to marry men—often the perpetrators of sexual violence or exploitation who were responsible for their pregnancy in the first place.

Two days are enough when one is at home but eight months and sometimes the parents are not getting along, that's why some girls go into prostitution or get married because they don't have any source of income. FGD-04-RWANDA

When I get a chance of continuing with my education, the challenges that I might face are; in our culture girls are married when they are very young so the biggest challenge that I might face is when they force me to stop my studies and get married. IDI-12-TANZANIA

In nearly all rural and remote contexts, respondents equated early marriage with an end to schooling for girls.

Hostile Community

The educational journey for pregnant girls is halted by an antagonistic home and community environment that views pregnancy from a moral lens. Whereas respondents across all four countries very rarely reported that their communities were unsupportive of girls’ education, respondents frequently noted that their communities were hostile towards *pregnant* girls’ education. While this indicates there may have been some progress in recent years in terms of communities’ understanding of a girl’s right to an education, clearly pregnant girls are excluded from this right. Further, communities do not view pregnancy as a shared burden between girls, their families and those responsible for the pregnancies, but rather place blame and the burden of care on the girls themselves.

Negative community perceptions of unplanned pregnancies create shame, guilt, and internalized stigma that make returning to school extremely challenging for pregnant girls and young mothers. Some respondents from Kenya, Rwanda and Tanzania were skeptical about the possibilities for community support for pregnant girls, and reported that community leaders and elders are often complicit in creating this hostile environment. Many remarked that there are few punishments for the perpetrators of sexual violence against girls, and that pregnant girls end up bearing the sole responsibility for supporting themselves and their babies under extremely adverse conditions.

The girls that get pregnant in community are told that “that child of this one is a curse, look at her. They get pregnant at their compounds instead of studying. They just be there moving with men now look at her she is pregnant. She is just there like what.” They start abusing them so when the child gets tired of the abuses, she might kill herself or doing something bad to herself. Or going to abort and she dies from there. FGD-06-UGANDA

They feel lonely and consider not loved since all people now hate her including her parents and the person who got her pregnant. She can kill herself. FGD-03-KENYA

Even in cases where parents may be supportive of girls and interested in helping them return to school, girls reported that community and peer hostility made this impossible or caused them to lose motivation to try to do so.

The one that I know, she had very supportive parents. The parents told her, “Yes you’ve done a mistake. You’ve done it once and you learn from your mistake. Just give birth and go back to school.” But because of the community, that stigmatization, where if you’re passing somewhere, people say “huyu mtoto wa nani amepata mimba” (whose child has gotten pregnant). Like even they tell their children, “don’t get close to this girl, you’ll learn this behavior. You’ll also get pregnant.” So that (inaudible) not to go outside, not to do anything. It leads you to depression. Maybe you can even think of killing yourself because whatever you are going through, even if you decide not to go out, people talk. Women are there washing clothes there they are just discussing you. You are in the house hearing everything they are talking. So that stigmatization leads to a lot of depression even if your parents convince you that you have done this mistake, just give birth. I can take care of your child, you go back to school, you just can’t go back. Because you’ve faced the stigmatization back at home, is the way you will face the stigmatization in school. You are like I can’t go back to school. My friends will laugh at me, they can discuss, so I can’t go back to school. FGD-08-KENYA

Within the community, peers were frequently mentioned specifically by participants as key drivers of feelings of shame, abandonments, and hostility. Teenagers rely heavily on their peer connections for emotional support and social development; acceptance or rejection by peers is used to guide behaviour and gauge self-worth. Consequently, negative peer pressure was a major concern voiced by many participants.

Toxic School Culture

While all girls, including those who are pregnant, have a right to education, respondents in all four countries identified discriminatory attitudes and practices that make it difficult for girls who are pregnant to return to school. Respondents who had dropped out of school due to pregnancy provided a complex and intricate picture of the individual, psychosocial, educational, health and economic challenges that pregnant girls encounter that negatively affect their health and well-being.

In addition to economic burdens of parenthood, the toxic school culture and stigmatization of pregnancy was a key driver leading pregnant girls to drop out of school. Girls reported that parents, boyfriends and peers discourage pregnant girls from returning to school due to widespread perceptions that pregnant girls and young mothers are morally corrupt, are a bad influence on others, and thus should not be in school. While pregnant girls' and young mothers' right to return to school is legally protected in two out of four countries, the continued instances of expulsion of pregnant girls, individual fears, and an unsupportive school environment impede full implementation of reintegration policies.

Pregnant girls reported feeling isolated, lonely, unsupported and discriminated against in school settings. Additionally, some reported that not just peers, but also teachers and school administrators were not supportive and actually deterred pregnant girls from returning to school. Respondents who were pregnant feared that teachers would treat them differently, blame them and view them as bad role models to the other girls.

I did not go back to school because I am pregnant. Going back to school is very hard. Most of the times, other students attack you and isolate you because you are pregnant. IDI-21-RWANDA

I thought to return to school but some people discouraged me telling me how I will study together with others while I am pregnant, and I was somehow guilty, but according to me I want to go to school even if they discourage me. FGD-08-RWANDA

However much the President said that those who got impregnated in this COVID 19 holiday should go back to school; but some girls wanted to come back (to school) but because you find that they were fearing, asking "how will I sit in class with others, with my fellows when I am having a big stomach, like how will I move in the compound? Where will I get a friend who will I share (with)?" ...You find that they were unable to fit in the society at school." FGD-09-UGANDA

Although pregnant girls expressed a strong desire to return to school, respondents in Kenya and Uganda, (where pregnant girls' right to return to school is protected) and also in Rwanda (where there is no explicit policy forbidding school return), reported that school settings are not designed to accommodate the unique needs of pregnant girls and young mothers, leading to girls dropping out of school. The need to travel long distances, pregnancy-related sickness, fatigue and the need for regular nutrition makes it difficult for pregnant girls to continue learning. After delivery, childcare, nutritional needs of mother and child and distance to school continue to be enormous challenges.

Policy barriers to reintegration

In Tanzania, participants reported expulsions directly linked to girls' pregnancies. Multiple respondents from Tanzania who had dropped out of school due to pregnancy narrated how they were expelled by teachers and school administration. Girls in Tanzania who felt that pregnant girls do not receive any support faulted the government's presidential directive that prohibits pregnant girls and young mothers from returning to school, and felt that parents have to shoulder the responsibility of supporting girls.

Due to our government policy that a mother should not go to school. So due to pregnancy some girls could not return to school so they had to stay at home and take care of their babies. FGD-01-TANZANIA

When I went to school the second week when we were starting exams, there is a student who went to the headmaster to tell on me. I was told not to come back to school. IDI-19-TANZANIA

No I did not go back to school because I got a letter from the head master, and he told me that he has discontinued my studies at the school. IDI-11-TANZANIA

We sat for our mock exams, after some time, the teachers noticed I was pregnant; I was then expelled from school. IDI-12-TANZANIA

There is no help because the president said he will not allow a mother to attend school. FGD-06-TANZANIA

Pregnant Girls' Concerns about the National Exam

The concerns that pregnant girls shared about completing national exams are particularly indicative of the harmful impacts of toxic school culture and the stigmatization of pregnancy. In these cases, we see examples of young mothers who are very close to finishing school and graduating, but who decide not to sit for the exams due to fear, self-doubt and stigmatization, as well as a lack of material resources. Some young mothers stated that their babies are still young with no one to help with childcare; others reported a lack of exam fees; and others reported that they were not sure whether their parents would allow them to sit for the exams. Among pregnant girls who still desired to sit the national examinations, parents were identified as the primary hindrance to their children's continued educational aspirations.

I would have plans but my child might be still young and the time they do UNEB and so I don't know what I can do. My child is still young and (there's) no one I can give her to. IDI-09-UGANDA

No, I don't plan to sit for the national examinations. I am not sure that my mother will let me go back to school in addition to that my baby would still be very little needing me all the time. IDI-35-RWANDA

Also sitting for national exams requires registration which is more money on top of the normal school fees. And we cannot raise that money at the moment. So I don't, that's why I don't have any plans of sitting for national exams this particular year. IDI-01-UGANDA

I had plans that was before the pandemic broke out, yes I did have plans and I was so hopeful but now since COVID

broke out we have been home no money so to be honest I even lost hope cause sincerely there's nothing I can do right now. Yes, but I would really love to sit for the exams. IDI-02-UGANDA

But in my mind, I had a different idea. They all tell me that I will not get an application fee for that exam. I was thinking that after I deliver my baby, I could sit for that exam. That is because I heard they will do it in July, and I will deliver in February. I was thinking that five months would be enough for me to recover and do my exam. But my parents refused and I abandoned the idea. When I was still studying, the fact that my mother supported me encouraged me to study hard. I used to review every time I came back home. So, when I got pregnant, I was still hoping to do the same, study hard like before. I wanted to show my mother that a woman can go back to school. But I don't have other plans to do that. I wish I could go back to school. IDI-20-RWANDA

These narratives reflect just some of the enormous psychological impacts of pregnancy and the pandemic at large. Girls who might otherwise be poised to finish their educations feel that this is impossible, or hopeless. In the next section we talk explicitly about the girls' anxieties, fears, and psychological stress.





PERSONAL BARRIERS



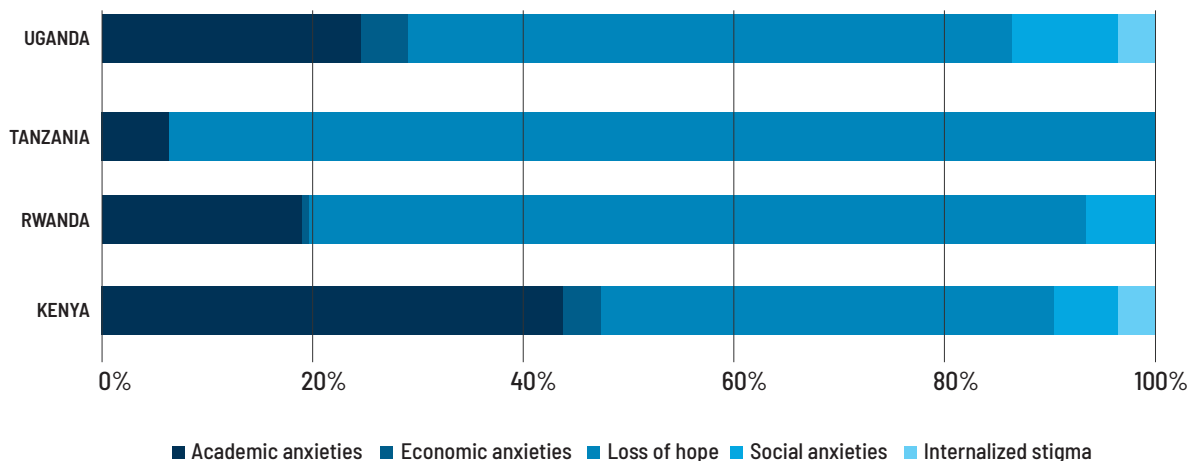
Photo credit - GLAMI (Tanzania)

PERSONAL BARRIERS

While the pandemic generated distinct physical, economic, health, and social barriers to girls’ education, our study found that together, these factors have also engendered severe compounding effects for girls’ self-perception, mental and emotional health and personal wellbeing. It is perhaps unsurprising that experiences of economic hardship, physical abuse, exploitation and social pressure would cause mental and emotional distress, but it bears emphasizing that this study reveals how the personal toll of the pandemic is strikingly gendered.

Our findings indicate that the pandemic has done more than simply create temporary barriers to educational access; rather, it has exacted a profound toll on the personal lives and wellbeing of young girls, reversing many of the hard-won gains in girls’ education over the past decade. Moreover, these impacts on girls’ personal wellbeing will likely produce long-term effects that extend beyond the lifting of pandemic restrictions and the reopening of schools, and will require thoughtful, engaged, community-based intervention to support girls in healing and rebuilding their self-perception and mental and emotional health. We frame these anxieties and psychological impacts as ‘personal barriers’ which were universally reported across the study cohort.

FIGURE 15: FREQUENCY OF PERSONAL BARRIERS REPORTED BY FGD AND IDI PARTICIPANTS



While these personal barriers, including anxieties about the future, internalized stigma and loss of hope are closely related to the economic, physical, health and social barriers outlined in this report, our analysis reveals that these personal barriers offer unique insights into the impact of the pandemic on girls' education. In particular, a loss of hope was the most frequently reported personal barrier for both IDI and FGD participants, signaling that even if the resources or support needed to return to school materialized, they might not return due to the overwhelming sense of hopelessness that they now feel. Academic and social anxieties about returning and not returning to school and how girls would be perceived or treated by peers closely followed lack of hope in terms of frequency of mention.

Loss of Hope

Nowhere is the social, emotional, physical and economic toll of the pandemic evidenced more than in girls' experience of hopelessness. Hopelessness was a theme throughout many of the interviews and discussion groups, and while it primarily manifested with regards to school return, it was cross-cutting as girls discussed the family, community and economic aspects of their lives. As might be expected, the prolonged school closures made it much easier for girls who were underperforming in school before the pandemic to discontinue their education. Many lost interest in school or lost confidence in their own academic ability. Lack of scholastic self-efficacy was compounded by parental and community messaging to girls that school was no longer 'for them.'

Something that made me not returning to school, my mind's capacity was not enough and I saw that I was wasting my time because I know how my mind is even before COVID-19, ... then I chose to have one direction. No other reason. Due to my mental capacity, I have chosen to get married. IDI-04-RWANDA

However, even girls who performed well academically prior to the pandemic frequently voiced feelings of hopelessness, signalling a deeper and more wide-spread impact of the pandemic. Many voiced feelings of hopelessness about their future prospects, saying that education no longer makes sense since they've now seen that there are no jobs, no opportunities and no viable pathways for them. Many also reported that they simply gave up, that the compounding pressures of the pandemic were too great, and they simply couldn't bear it.

Girls' Anxieties

Anxieties about Not Returning to School

Even girls who did not directly express a loss of self-confidence and hopelessness still held many anxieties and fears about returning after the prolonged school closure. These anxieties were multi-faceted and included fears about financial needs, academic performance and social pressures. Strikingly, a majority

of those interviewed expressed many fears about the possibility of never going back to school and what was possible for their lives if that happened. Girls who had dropped out of school expressed fears about losing control of their futures, while those who had not yet dropped out similarly worried about career aspirations that they felt could not be realized without completing their education.

Beneath these concerns about their academic and economic futures, many girls also worried about the types of traumas or high-risk experiences they would be exposed to without the daily structure of school in their lives. Negative peer pressure, unwanted pregnancies, forced and early marriage, prostitution, violence and abuse were the most commonly reported concerns. Given the reported incidence of violence in this study, these worries are grounded in the lived realities that these girls or their peers have experienced.

Economic Anxieties

Some of the respondents feared that they would not be able to return to school due to lack of school fees, or that schools would charge fees for the new school term despite the fact that the previous school term was not completed due to the pandemic. In addition, girls who had become key earners in their households and were relied upon by their families worried about the economic impacts on their families should they return to school.

I can say that come next year it will be hard for some girls to go back to school because their parents lost their jobs and they will not be able to pay school fees for their children. As for me, my parent needs kes.42,000 for school fee and my parent lost their job and cannot afford to get the kes.42,000 needed for me to go back to school, so I might be told to stay at home until the they get the money, that is my fear. FGD-11-KENYA

I don't think I would have faced any problem but my family would have had a tough time with it as many of the domestic tasks I was accomplishing would have been left alone and I know that my mother can't make it. She would have been exhausted all the time. IDI-32-RWANDA

In family, sometimes you have been working for them well so at that time they might refuse to take you back when they feel like they still want you at home. IDI-15-UGANDA

Academic Anxieties

Interwoven throughout the majority of the narratives in this study were overwhelming anxieties about girls' own academic abilities once schools reopened. Respondents worried about their ability to remember what they had learned before schools closed, catch up with their studies, and being forced to repeat classes or take on additional schoolwork when schools resumed. In Kenya, Rwanda and Tanzania, many respondents noted that students in their final year were called back to complete the academic year and sit for national examinations without adequate preparation. Respondents in Uganda were afraid they would have to repeat a class to make up for lost school time and concerned that they would be too old for grade when schools resumed.

The fear of catching up from where the teacher left off, on a personal level I have not been revising all the subjects, there are some subjects that I have not studied, it will take a lot of effort for me to catch up. FGD-11-KENYA

We are going to be parked with notes. Since we have not been studying [there will be] no time for resting, I think we shall be studying the whole week. My fear is us over copying the notes, us getting tired. FGD-04-UGANDA

What scares me, is they might put us back in classes in which we have been, yet we have already lost a lot of time at home. FGD-04-UGANDA

Another fear is like now the rumors we are hearing is that next year probably we may not repeat so the form 3s who are going to form 4 and the class 7 who are going to class 8 you fear you don't know anything about class 7 and next year you are going to class 8 and you want to do KCPE (National Examination). FGD-12-KENYA

The fear that I have to go back to school, some people are saying that we go and start doing exams. Yet we studied little in first term. FGD-06-UGANDA

Then when I go back to school, fellow children since in the past I wasn't studying yet they were going ahead. When I don't have some things so that will affect me and make me leave it because others are ahead and I am behind. At the same times teachers might not care about me because one might not give me much attention because they know that you don't have money, even if they help you, your parent won't give them money. They will leave you there and not help you repeat what they finished a long time ago. IDI-15-UGANDA

Social Anxieties

In addition to economic and academic anxieties, many respondents emphasized social anxieties around being too old for school, not having appropriate clothes, or not wanting to cut their hair, as many schools in the region have dress codes that do not allow students to have long hair. In analyzing this data, the dominant impression that emerges is that these respondents feel they have crossed the threshold into adulthood. Many indicated that they no longer feel like schoolgirls, and thus returning to school seems like a distant impossibility. Of particular note, girls across the region frequently reported discouragement from their families, peers, and communities that contributed to this sense of hopelessness and loss of adolescence.

Why do you return to school, really at your age? Do you want to become president? (Laughing). So they discourage us because they are not students. And they say that Kagame is the only student because he is a president. FGD-01-RWANDA

Some girls dropped out of the school, because they know that they are adults and that they are too old to return to school. FGD-06-RWANDA

In our region, they had long hair, they dressed hairs, if you ask them if they will come back to school they said no, instead of studying I will get married. Most of them get married. If you asked them to go to school they told you if they come back there they will look like children again. Some of them refused to cut their hair. FGD-08-RWANDA

Compounding Anxieties for Pregnant Girls

Girls who had dropped out of school due to pregnancy were also concerned about their academic performance and specifically whether they would be able concentrate on their studies and catch up with their colleagues, and whether teachers would accord them the attention they needed to be on par with their classmates. Across the four countries, pregnant girls feared that teachers would ridicule and discriminate against them because of their pregnancies, and were anxious about isolation and discrimination in school. Pregnant girls reported several negative emotions such as feeling bad, sad, lonely and unloved by those around them including their intimate partners, families, schoolmates, friends and other community members. Some experienced shyness, anxiety, or fear and a lack of confidence or dignity. Many respondents also reported that their surrounding communities did not understand the problems of pregnant girls, and that this lack of empathy and understanding makes it difficult for girls to get the support they need. Pregnant girls themselves repeatedly reported feeling unloved and discriminated against, and an alarming number reported suicidal thoughts.

Judgement from the community and losing friends, teachers will not like me because I will be behind in my studies unlike the one(s) who were in school through this period. IDI-31-KENYA

I will not be able to catch up with my peers in school and also I will be discriminated with my peers because I was not in school and the teachers also will discriminate me because there will feel I am way behind my classmate. IDI-34-KENYA

My friends will laugh at me in school and the teachers also look at me badly sometimes that is why I fear. IDI-16-KENYA

Because of shyness, some girls may likely kill themselves. FGD-07-UGANDA

My friends at school will be talking bad about me and our community will not want their children to be my friends because I got pregnant. IDI-31-KENYA

The above remarks accentuate the fact that girls are experiencing both acute and protracted trauma. This extends to both pregnant and non-pregnant girls alike and is consistent with many of the global findings around pandemic-related mental health issues. Finding ways to ease these psychological effects and help girls heal and improve their self-concept emerged as a crucial need for girls throughout the study cohort.

GIRLS RECOMMENDATIONS FOR ACTION BY FREQUENCY OF MENTION



Photo credit -Riley Orton Foundation (Kenya)

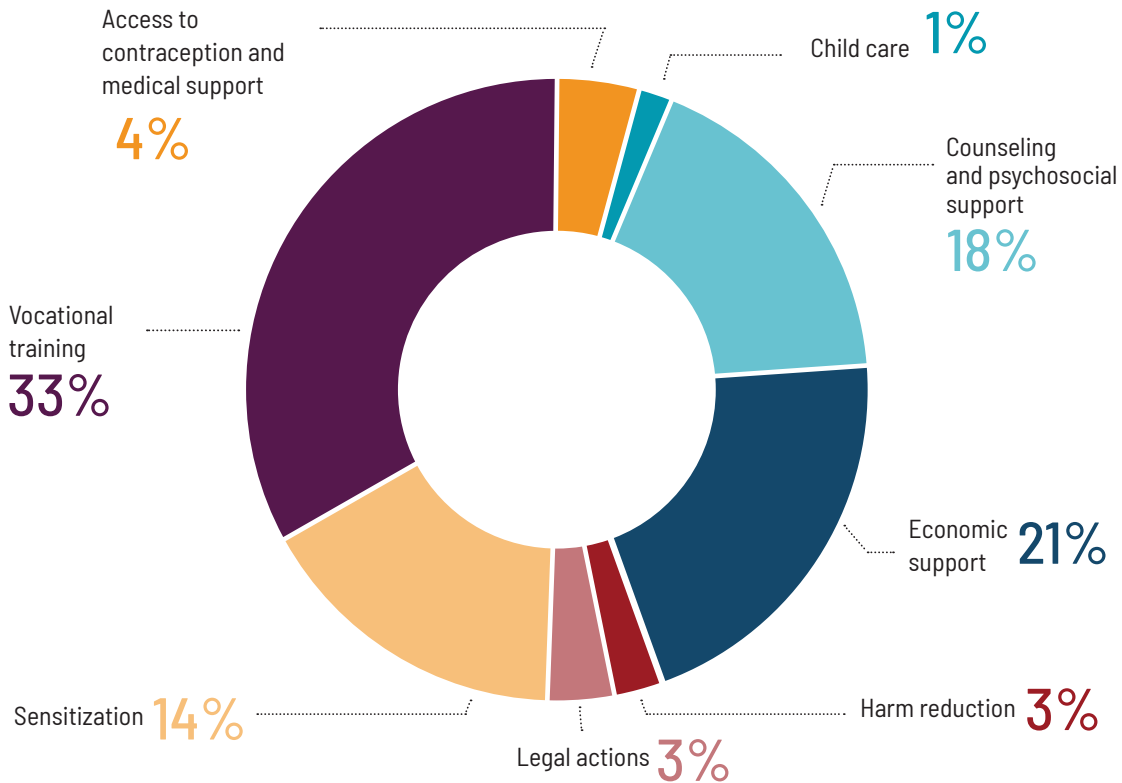
GIRLS RECOMMENDATIONS FOR ACTION BY FREQUENCY OF MENTION

Girls' recommendations for how they might be supported were wide-ranging but unsurprisingly followed the thematic categories of economic, health, social and personal. A tally of the mentions of specific recommendations amongst FGD participants can be viewed in Figure 16, below. Recommendations centering on girls' economic needs (either need for material support, or desire for vocational training that might lead to economic security) are the most frequently mentioned priorities, making up 54% of the mentions in FGDs.

Although the challenge of material resources was pervasive, the primary reason for dropout given by girls in the study was early/unintended pregnancies. Accordingly, many girls' recommendations centered around actions that they felt would help prevent pregnancies, improve the social and academic opportunities for pregnant girls, and sensitize girls, families, communities, schools, men and boys about gender norms, and girls' sexual and reproductive health rights and needs. These recommendations are captured in figure 16, by the categories titled 'sensitization,' 'access to contraception and medical healthcare,' 'harm reduction,' and childcare making up around 25% of the mentions. There were also many requests for different forms of counselling or psychosocial support to help girls withstand stigmatization, regain confidence, and/or to be advised on alternative directions for meeting their goals. Girls' recommendations in this category fall largely under 'Counseling and psychosocial support,' making up 18% of the mentions..

Girls had many suggestions for government, including strengthened reintegration policies, and school-level recommendations to make schools more girl-friendly and supportive of pregnant girls and young mothers. Although not explicitly mentioned as a recommendation, girls expressed a clear interest in having better access to the necessary tools for participating in remote learning. Requests for more structured support and encouragement for engaging in home-learning are captured as part of recommendations for 'Counseling and psychosocial support.'

FIGURE 16: GIRLS RECOMMENDATIONS FOR ACTION BY FREQUENCY OF MENTION



Counseling and Psychosocial Support

Many respondents felt that girls who had dropped out of school require counseling and psychosocial support in the form of advice, guidance, and encouragement from peers and mentors. This was emphasized in particular by pregnant girls and young mothers, who highlighted the need for supportive relationships that could help them heal from abuse, mistreatment, stigma and discrimination in their homes, schools and communities. Many respondents were particularly enthusiastic about the promise of peer-to-peer mentorship and opportunities to hear directly from other girls who had experienced teen pregnancy.

I would like someone who will help to mentor me get that courage to go back to school without fear: I would like to be given words of encouragement that will help me to move forward with my life not go back again. I want to continue with my life. IDI-13-KENYA

Having mentorship to girls who are having challenges like mine to overcome stigmatization and someone who can help them to chase their dreams and give people hope life after pregnancy is not the end. IDI-31-KENYA

I think what they need most it's not that physical support they need psychological support because they have been through a lot the stigma rejection those things and if you mentor them and you tell them you know what yes you

messed up but you can fix your mess and you are okay you have to overcome the obstacles in your life so have to pass through them this is some of the challenges you are going to face just move on. FGD-11-KENYA

Academic Support & Remediation

Respondents were also concerned about their academic achievements after resuming schooling. Girls who had dropped out of school in Kenya and Uganda expressed the need for academic support in the form of make-up lessons and exams, class notes and individual attention that would help them make up for lost school time and catch up with their peers and teachers. Girls saw an opportunity to get academic support from their peers, and a large majority desired to get academic support from their teachers to cover exams and lessons they missed while out of school:

I would really need help from my teachers because without the teachers I can't do anything. I'll really need help from my fellow students to help me out on the work they have been going through while I wasn't around. I will really need help from my mentors to give me that morale in order for me to perform. IDI-05-UGANDA

I think I would be helped through maybe if I go to teachers to help me in at least catching up in the topics and everything that I missed and at least help me catch up and get where they are. IDI-02-UGANDA

Sexual and Reproductive Health Counseling and Services

Participants also frequently recommended improved access to sexual and reproductive health information, counseling and services, citing the total lack of these during school closures. Across all four study countries, participants reported that they were unable to get any guidance, support or information on sexual and reproductive health from their parents and guardians; many had no access to clinics or medical support services of any kind, and were subject to misinformation and disinformation about family planning options. Participants also frequently recommended better access to contraception, as well as improved information about contraception options, again citing the fact that this information was completely unavailable to them during the pandemic. Particularly for girls in remote and rural contexts, participants frequently recommended expanding access to health clinics, mobile nursing services, health insurance, sexual health counseling and prenatal and antenatal medical support services.

One of their key suggestions was counseling and training to build their agency to refuse sexual advances. In addition to advocating for access to contraception, girls highlighted the need for programs to teach girls about their sexual and reproductive rights and how to avoid transactional sex. Many girls also emphasized that training like this should be made available not only to girls, but also to local men and boys to help develop social norms protecting girls' sexual rights and sexual health.

For me there is a team which is called Mashinani Initiative. They get groups of girls and boys and educate them about sex, about their bodies, how to interact with men and also men are taught how to handle girls. So I can say in our community, that team the Mashinani Initiative, they have led such a great role because you find most of the girls that are pregnant and the girls who are lacking sanitary towels, they are issuing them and also boys the boxers. FGD-08-KENYA

I think both genders should be taught on how to handle each other. Like the way X has said, some don't understand each other because maybe you don't have to have sex but the other gender is forcing you because you have agreed on something, maybe he has given you money. You don't have anything to pay other than sex. So I think they should understand on how they treat each other. Also the parents are the greatest...I can say in many communities...the community I am coming from, they are the people who are failing their children. Because if you can't talk to your child, who is the other person who will talk to her? You should be the role model. FGD-08-KENYA

Boys should be also trained, and Water said that girls should be taught how to say no but Umucyo said that boys also need those pieces of advice. FGD-02-RWANDA

We girls should walk with a saying that; if it's a no, let it be no. Some girls have a saying instead of saying no loudly they say it softly so we should walk with a tendency of saying no if it's a no. FGD-05-UGANDA

Community Sensitization around Pregnancy and Pregnant Girls' Rights

Respondents frequently reported the need for programs that sensitize local communities to the needs and challenges faced by pregnant girls and young mothers. Many participants reported that their home communities were hostile to girls returning to school, underscoring the need for educating parents and communities on the importance of education, gender equality and reintegration of pregnant girls and young mothers. Respondents recommended sensitization for communities to support girls' rights to education and their decision to return to school; they also called for governments to ensure strict enforcement of girls' rights to education. Participants frequently highlighted their parents as the key targeted beneficiary of sensitization efforts. Respondents also recommended sensitization programs developed specifically for their peers, in order to reduce ostracization and improve empathy, acceptance and equal treatment of pregnant girls. Girls repeatedly emphasized the need for sensitization programs to be community-based and community-driven, highlighting the fact that this work requires prolonged, deep community engagement.

It is not easy for me but I am trying my best because I really want to go back to school and it would be better for me if someone could make my mother understand that it is necessary for me to go back there maybe she will let me after the baby is born. IDI-26-RWANDA

I can say in the community level the people in community should be educated that being pregnant is not a curse and it is something natural so they should stop bad mouthing those girls who got pregnant in one way or the other, instead they should be supportive so that the girls can be more positive about life. FGD-11-KENYA

In the society, boys should also be talked to because even if we continue talking to girls, in most cases they are boys who make girls mess up. FGD-05-UGANDA

The community should start up clubs for parents so as they can be taught how to live with their children. So as they can be able to talk about what is happening, ability to connect with students. FGD-06-TANZANIA

Strengthening Legal Protections of Pregnant Girls

Respondents also emphasized that their governments have a responsibility to protect girls' rights to education and to implement laws and policies on child labour, early marriage and reintegration of girls after pregnancy. Specifically, girls called on the government to strengthen legal protections and impose stiffer sentences for perpetrators of violence and abuse.

Economic Support





Participants universally recommended economic support as instrumental in advancing girls' access to education and recovering the gains lost due to the pandemic. The participants highlighted a range of different forms of economic support including: financial support for school fees, books, uniforms, technological devices and transportation; economic support for basic needs, including feminine hygiene products and nutritious foods; and childcare to enable young mothers to return to school. Participants also recommended a range of economic support structures beyond direct financial assistance, with a particular emphasis on vocational training opportunities for pregnant girls and young mothers.

Vocational Training

Vocational training was the most frequent recommendation made by both IDI and FGD participants, accounting for 33% of all recommendations. Many IDI respondents who had dropped out of school were already engaged in vocational training; however, few stated that they were earning enough to save for future needs, and the options reported were predominantly small scale, informal and low-paying vocations. Consequently, both IDI and FGD participants frequently recommended vocational training that would provide real pathways towards economic security.

While respondents had very clear ideas about their vocational training and entrepreneurship preferences, nearly all of them said they would need support in paying for vocational courses, purchasing equipment and acquiring startup capital to achieve their goals. In addition to training and financial support, some of the girls felt they needed mentorship to help them grow their business ventures. Most of the respondents were unclear about the source of financial support, a small number of respondents intended to rely on family members. Respondents felt entrepreneurship was a viable option to returning to school that would help them become self-reliant and successful in life.

FIGURE 17: GIRLS' SUGGESTED VOCATIONAL OPPORTUNITIES BY COUNTRY

RWANDA	UGANDA	TANZANIA	KENYA
SMALL SHOP SUPERMARKET BOUTIQUE HAIRDRESSING MOBILE MONEY MASONRY AGRICULTURE	SMALL SHOP HAIRDRESSING BAKERY MUSIC SCHOOL TAILORING	MILITARY	SMALL SHOP HAIRDRESSING BEAUTY SHOP
			

10

CONCLUSION



Photo credit - GirlUp Initiative (Uganda)

CONCLUSION

This research offers important insights into the unique experiences and challenges of adolescent girls during the COVID-19 pandemic in East Africa. Our findings indicate that girls rely disproportionately on schools for basic needs such as food, menstrual hygiene supplies, and information about sexual and reproductive health, as well as for a sense of identity and self-worth. Without access to school, girls' vulnerabilities are laid bare. During the school closures, we found that unintended pregnancies as a result of sexual exploitation, coupled with (and driven by) economic precarity, were the leading causes of girls' dropout. Of particular note were girls' extraordinary experiences of violence and pressure to engage in transactional sex in exchange for basic goods—most commonly food, clothing and menstrual hygiene products. Underscoring this vulnerability to sexual violence are situations of extreme economic hardship—evidenced by 70% of FGD participants who reported that they had to seek employment or other income-generating activities during the pandemic.

Stemming girls' attrition from school should be a top priority, as should finding ways to return current dropouts to the classroom. Accordingly, we find that the largest barrier to girls' school return post-pandemic is community, school and peer-based stigmatization of teen pregnancy and motherhood. These social barriers combined with girls' experiences of violence, isolation (from school, peers and learning) and economic hardship are driving a pervasive sense of hopelessness amongst girls, causing them to opt-out of school altogether.

When we asked girls what they needed to help alleviate some of their challenges so that they could return to school, a clear set of priority actions emerged. Across the board, girls in this study highlighted the necessity of various forms of psychosocial and material support as their top priority. We recommend beginning with these actions in the short term. Girls were also quite clear about policy and social norms shifts that would be required to support pregnant girls' return to school and prevent other unintended pregnancies. These recommendations are included below as part of a platform for shifting harmful community and school social norms and bolstering community resilience in the long term.

SHORT-TERM ACTIONS:

- **Provision of immediate economic relief**—specifically menstrual health supplies, food and school fees for both pregnant and non-pregnant girls.
- **Trauma counseling** and mentorship.
- **Pathways for pregnant girls to continue learning.**
- **Investment in physical and social infrastructure for digital learning.**

LONG-TERM ACTIONS:

- **Make schools girl-friendly and supportive of pregnancy and young-motherhood** through policy and enforcement.
- **Combat social stigma around pregnancy, and raise awareness about girls’** rights and needs in the community.
- **Establish psychosocial support networks** for girls and their families to navigate the social, emotional and health consequences related to unintended pregnancies, violence and economic hardship.
- **Establish community-based access points for SRH information and services.**

Addressing girls’ needs in the months and years ahead will not be a small undertaking. It is clear from our study that protracted engagement will be required to stem the pandemic-related losses in girls’ education in East Africa. Establishing and investing in a variety of community-based and community-driven services will be crucial for ensuring that girls have what they need, both during crisis and non-crisis times.

Finally, we urge more research into the experience of economically vulnerable pregnant girls in East Africa. This study only scratched the surface of what should be understood about pregnant girls’ motivations, thoughts and feelings about their pregnancies, and social experiences after becoming pregnant. Many girls only spoke about their pregnancies in terms of the vague moral language widely used by schools, governments and their families. Very few were able to view themselves in a positive light, and no girls in the study saw shared ‘blame’ and/or ‘shame’ with those that had impregnated them. This speaks to a deep need to better understand the social condition of pregnancy from girls’ own perspectives, and contextualize this condition within their social and economic worlds.



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