



AMPLIFY
GIRLS



Stemming Pandemic-Related Losses in Girls' Education: Promising Practices from the AMPLIFY Collective

Brenda Oulo • Aubryn Allyn Sidle • Margaret Butler



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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 partner led organization, governed by an East-Africa based Board of Directors elected from amongst the membership.

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This report was conceptualized and executed by Brenda Oulo, Aubryn Allyn Sidle and Margaret Butler who also form the senior leadership of the AMPLIFY Girls’ Secretariat.

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EXECUTIVE SUMMARY

In October 2020, AMPLIFY undertook a four-country qualitative study in East Africa to hear from girls about the challenges they faced during the pandemic in both accessing learning and returning to school. Girls universally cited increasing situations of economic hardship driving various forms of sexual and economic exploitation. Few girls were able to meaningfully engage with remote learning offered by their schools or governments, and many girls in the study had failed to return to school and became pregnant. Overwhelmingly, the study found that during school closures, girls experienced complex and layered forms of vulnerabilities which led to feelings of isolation, hopelessness and protracted trauma.¹

Girls were also asked for recommendations on what could be done to support them. In this report, we focus on girls' recommendations for action, and synthesize six categories of priority interventions that should be undertaken to return girls to school, and prevent further dropout. These categories of action are as follows:

Provide material resources and alleviate economic vulnerability. Economic support in the form of basic goods or school-related costs emerged as a cross-cutting recommendation by girls in all four countries. Increasing economic precarity was found to be driving forms of sexual abuse and exploitation leading to unintended pregnancies.



Offer pathways for pregnant girls and young mothers to complete/continue their education.

Given the high rates of teen pregnancy, girls felt it was urgent to provide young mothers and pregnant teens with options for continued learning. Recommendations focused both on returning pregnant girls to school by making schools more 'girl-friendly,' as well as providing skills-based learning opportunities such as vocational training and economic empowerment.



Combat the stigmatization of pregnancy and teen-motherhood and that raise awareness about girls' rights and needs.

Pregnant girls universally felt that going back to learning would be unbearable because of the social stigma associated with pregnancy and teen motherhood. Girls recommended that family members, schools and peers be sensitized about girls' rights and needs.



1. Oulo, B., Sidle, A.A., Kintzi, K., Mwangi, M., Akello, I. 2021. "Understanding the Barriers to Girls' School Return: Girls' Voices from the Frontline of the COVID-19 Pandemic in East Africa." AMPLIFY COVID-19 Research Brief. Nairobi, Kenya.

Provide psychosocial support, counseling, and mentoring.

The recommendation for psychosocial support was universal amongst both pregnant and non-pregnant girls. Pregnant girls felt they needed mentoring and counseling about teen motherhood and encouragement to return to their education. Non-pregnant girls felt counseling and mentorship would help to encourage pregnant girls to return, despite prolonged absences and heightened anxieties.



Establish effective community-based sexual reproductive health and rights (SRHR) Initiatives.

The overwhelming majority of girls reported that schools were the only place they could access information and resources pertaining to their sexual and reproductive health needs (SRHR). When schools closed, many girls attributed rising pregnancies to the inability to access SRHR information and support. They recommended community-based SRHR counseling, services and supplies in order to prevent future pregnancies.



Make remote learning accessible (no-tech or low tech).

Very few girls in our study were able to participate meaningfully in remote learning, and felt that prolonged absences from education made school return exceedingly difficult. Girls requested support for accessing remote learning during ongoing and future shutdowns.



As the effects of the COVID-19 pandemic on education drag on, it is quite likely that girls will experience longer term barriers that require protracted engagement. Efforts to return girls to school should address girl-proposed interventions that go beyond the early immediate relief responses to the pandemic. In the most vulnerable communities with variable access to electricity, basic technology and limited access to health services and economic opportunity, community-driven organizations (CDOs) are often the only entities providing essential services.

This report maps promising interventions from amongst the AMPLIFY network of CDOs that directly address the girl-identified priorities laid out above. Although interventions are featured under a specific category of action, most CDOs' approaches to addressing girls' needs were holistic and cut across multiple categories of action. Synthesizing learning from promising interventions and girls' recommendations, we identify a few priority recommendations to guide further research, practice and investment:

Approaches to girls' school return must be holistic and address multiple facets of their well-being. Interventions to support girls' school return cannot be done in isolation. Girls' challenges are layered and interconnected, and thus the most effective approaches to returning them to school are holistic in nature.



More interventions are needed that address the rights, educational needs and experiences of pregnant girls and young mothers.

Pandemic-related pregnancy was identified as a primary driver of girls' dropout and the biggest barrier to school return for pregnant girls and teen mothers. To date, little attention has been paid to this extremely vulnerable population, and few efforts are underway to effect social norm change at both community and school level that would support pregnant girls' return to school.



Remote learning initiatives must be specifically tailored to reach the most vulnerable girls.

Few rural or extremely impoverished girls were able to participate meaningfully in remote learning initiatives, and academic anxieties related to their prolonged absences from learning were cited as a major barrier to school return. School closures are likely to continue in East Africa for some time; engaging girls in learning while they are at home will greatly improve their chances of returning.



Efforts to address girls' needs should be driven by girls themselves.

Girls were clear, concise and concrete in offering us an understanding of the types of interventions that would support their well-being and continued learning. In plotting the way forward to stem pandemic losses in girls' education, we should focus on girls' voices, girl-identified needs and solutions.



Photo credit - The Action Foundation (Kenya)

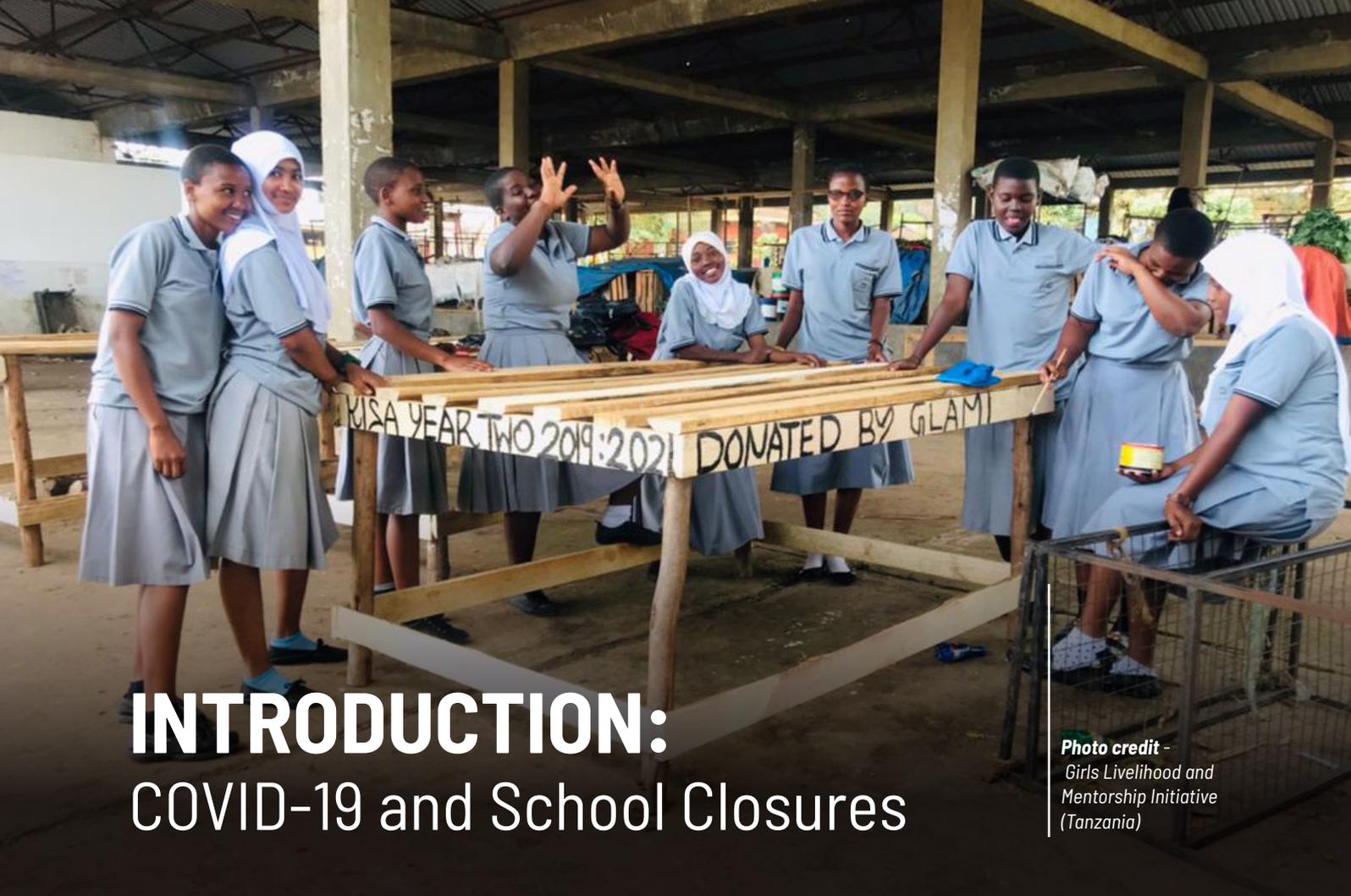


Photo credit -
Girls Livelihood and
Mentorship Initiative
(Tanzania)

INTRODUCTION: COVID-19 and School Closures

In March 2020, the World Health Organization (WHO) declared the novel Coronavirus (COVID-19) outbreak a global pandemic. In response, an estimated 1.6 billion learners in 190 countries remained at home without access to structured learning, social protection and other benefits associated with schooling. Although governments moved quickly to implement remote learning approaches, many of these approaches did not reach the most vulnerable or geographically dispersed (rural) students.² 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.³

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. This lack of access to learning has disproportionately affected adolescent girls.⁴ Recent evidence, including findings from AMPLIFY's own qualitative study, suggests that increasing instances of pregnancy, economic vulnerability and gender-based violence, significantly reduce the likelihood of girls' return to school compared to their male counterparts in East Africa.⁵ ⁶ The pandemic has precipitated two major challenges for these girls who are the subject of this report:

2. 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

3. 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/>

4. Rafaëli, 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.

5. Oulo, B., Sidle, A.A., Kintzi, K., Mwangi, M., Akello, I. 2021. "Understanding the Barriers to Girls' School Return: Girls' Voices from the Frontline of the COVID-19 Pandemic in East Africa." AMPLIFY COVID-19 Research Brief. Nairobi, Kenya.

6. 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.

- i. How to effectively engage rural and vulnerable girls in remote learning strategies?
- ii. How to support girls and their families in returning to school once they reopen?

These are both short-term and long-term challenges in almost every country in East Africa where many learners continue to remain at home. In Tanzania, school closures lasted one full term (2-3 months), while in Kenya and Rwanda, students were home almost a full academic year (between 7 and 10 months). In Uganda, schools closed in March 2020 and didn't fully reopen until April 2021, with a second closure commencing again two months later in June 2021. Even as schools begin to reopen, countries have been bracing for ongoing or rolling school closures as the COVID-19 numbers spike in the region and vaccine roll-out remains slow at best.

The Challenge of School Return

In the face of massive lapses in access to learning, questions about the ability of girls to return to school and keep up are especially salient. In addition to learning loss, girls have faced a unique set of challenges compared to their male counterparts. Newly released studies are confirming what news outlets have been reporting since last year: that teen-pregnancy, young motherhood, and early marriage is on the rise.⁷ During the pandemic, girls have lost access to healthcare services, contraceptives, mentoring and economic security, as well as increasing instances of gender-based violence and food insecurity, while compounding feelings of hopelessness and inability to plan for the future.^{8 9} A striking report by the Malala Fund on the impact of COVID-19 on girls' education found that an estimated 20 million more girls will drop out of school before the pandemic is over.¹⁰ School return for these girls to school will require shifting community and social norms that currently keep pregnant girls and young mothers out of the classroom, as well as care for girls' social emotional well-being (which has suffered dramatically during the pandemic), in addition to provision of the material goods and resources needed to attend school.

A crisis in girls' education will persist for the foreseeable future, looming especially large in low and middle-income resource settings like Eastern Africa where the economic effects of the pandemic are more acutely felt, and access to remote learning platforms is variable. Efforts to return girls to school and to keep them engaged, should address girl-proposed interventions that go beyond the early immediate relief responses to the pandemic. This report offers concrete examples of interventions that directly address girl-identified priority areas for action, derived from discussions with 382 adolescent girls in East Africa and key respondents from 18 community-driven organizations (CDOs).

7. 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.

8. 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.

9. (Oulo et al., 2021)

10. 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>

Background: AMPLIFY and COVID-19 Research Findings

AMPLIFY Girls is a network of 18 community-driven organizations serving adolescent girls in low-resourced rural and urban communities in Kenya, Rwanda, Tanzania and Uganda. In a July 2020 survey of AMPLIFY Girls partner organizations, 100% stated that they had never experienced national school closures of this magnitude in recent or living memory. Accordingly, AMPLIFY Girls partners reported reworking their program delivery models, program priorities and interventions in the early weeks following school closures, in order to adapt to the emerging needs of their communities.

Organizations who had previously never provided food or health aid to beneficiaries, found themselves distributing food packets, disseminating personal protective equipment (PPE) and health information to their participants. Organizations found innovative ways to offer socially-distanced counseling to girls and their parents, support advocacy efforts for girls' rights, set up peer-study circles for students, and to distribute learning materials. AMPLIFY's partners' work presented a unique opportunity to learn from the organizations closest to communities about what interventions may be effective in supporting both girls' learning during school closures, and to promote school return.

In 2020, AMPLIFY Girls undertook a four-country qualitative study, to identify the primary barriers girls faced in returning to school. Between November 2020 and March 2021, 382 girls were interviewed in Rwanda, Kenya, Tanzania and Uganda about their pandemic needs, the challenges they faced in returning to school and their recommendations for action. Key respondents at each AMPLIFY Girls organization were also interviewed to better understand the services they were providing and how their programs had been adapted to the pandemic.

Girls in the study universally cited increasing situations of economic precarity driving various forms of sexual exploitation and gender-based violence, leading to health challenges such as early pregnancy, food insecurity and enormous stress. Few girls in the study were able to meaningfully engage with remote learning offered by their schools or governments, and the majority of girls who had dropped out of school had done so because of pregnancy and/or lack of financial resources.¹¹ Pregnancy resulting from transactional sex in exchange for basic goods such as food, clothing, toiletries and menstrual hygiene supplies, was identified as the primary driver of girls' dropout. Overwhelmingly, the study found that during school closures, girls experienced complex and layered level of vulnerability which led to feelings of isolation, sadness, hopelessness and protracted trauma.¹² The implications of these findings suggest that helping girls return to school will be a long-term undertaking and one that depends on the ability to provide holistic care for a diverse set of needs.

11. Oulo, B., Sidle, A.A., Kintzi, K., Mwangi, M., Akello, I. 2021. "Understanding the Barriers to Girls' School Return: Girls' Voices from the Frontline of the COVID-19 Pandemic in East Africa." AMPLIFY COVID-19 Research Brief. Nairobi, Kenya.

12. (Oulo et al., 2021)

The Need for Local Knowledge:

In the short term, donors and policy makers require guidance on how to make investments that will shore-up girls' enrolment and encourage more girls to return to school as schools reopen. Education practitioners require effective low-tech or no-tech strategies for ensuring that the most vulnerable students can continue to access education during future (or ongoing) school closures. Realities on the ground in many rural communities necessitate creative, comprehensive approaches to remote learning and girls' school return that do not assume that girls will have regular access to any type of technology or to electricity.

Local organizations have provided emergency food assistance and other basic needs for emergency relief; they have also adjusted their programs to provide counselling, academic support and low-tech learning engagement. In many rural communities, these are the only resources available to help communities and girls through the crisis. This report maps community responses to girls' needs from within the membership of the AMPLIFY Girls collective in East Africa. We believe that mapping community-driven interventions is an important strategy for identifying, sharing and/or adapting promising practices to similar contexts; we urge that efforts be made in every country to map the work of local organizations more broadly.

Methodology

This report synthesizes the recommendations for action that girls offered in the FGD and IDI conversations collected as part of the "Understanding the Barriers to Girls' School Return" study. We drew on the 35 focus group discussions (FGDs) with 274 girls who were mostly planning to return to school and in-depth interviews (IDIs) with 108 school dropouts—all of whom were asked explicitly about what types of support they, or girls in general, would need in order to continue learning. Interviews were analyzed using a grounded theory approach and semi-structured coding framework to synthesize girls' recommendations into five categories of practice. Because many of these categories were related to girls' anxieties about academic performance and inability to attend to school, a sixth category was added to represent how acute learning losses might best be stemmed by addressing barriers to remote learning.

These six categories of recommendations were then used to identify the interventions that represent promising practices for returning girls to school or engaging them in remote learning. To this end, researchers conducted detailed semi-structured interviews with key respondents from each of the 18 AMPLIFY community-driven organizations, capturing information on program context, design, planning, execution, monitoring and impact. Respondents were asked how they modified existing programs or developed new interventions aimed at either supporting remote learning activities or tackling challenges faced by adolescent girls in response to the COVID-19 pandemic effects on their communities. Where

possible, these interviews were supplemented with a desk review of organizational documents about program initiatives, curriculum and/or impact.

These interviews were written up into case studies detailing organizations' mission statements, programs, context, target population, M&E plans and results (if available) and COVID-19 responses. From these case studies, researchers identified organizations and interventions that directly addressed one (or more) of the six categories of practice synthesized from girls' recommendations. These interventions were highlighted as "promising practices" and matched to girl-articulated categories by the researchers.

In this report we consider interventions 'promising', based on the following two criteria:

1. Interventions directly address the synthesized thematic categories of girl-identified recommendations and/or needs (discussed in the next section).
2. Interventions are local by design—meaning that they are formulated, led and managed by community-driven organizations (CDOs).

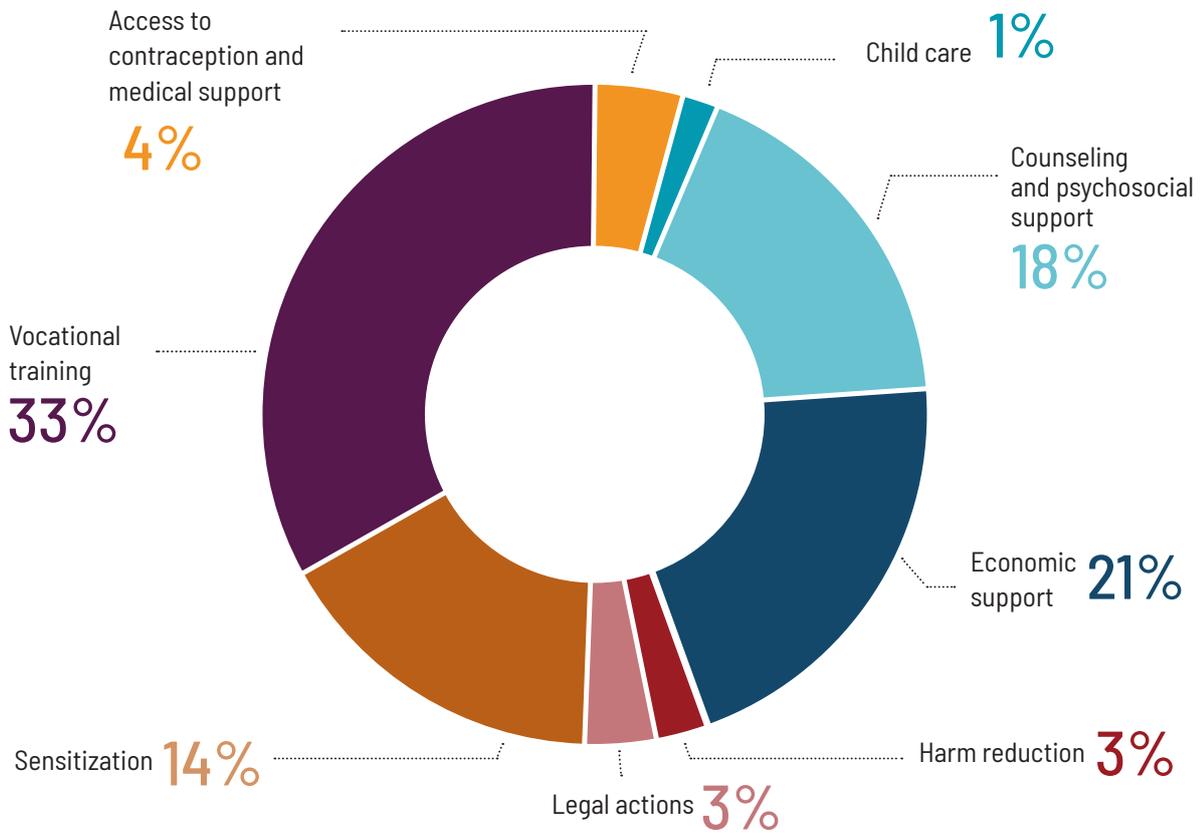
Synthesizing Girls' Recommendations for Action

Girls' recommendations for how they might be supported were wide-ranging but unsurprisingly followed the thematic categories of barriers laid out in the "Understanding Barriers" Research Brief: Economic Barriers, Health Barriers, Physical Barriers, Social Barriers and Personal Barriers. A tally of the mentions of specific recommendations amongst FGD participants can be viewed in Figure 1, below. IDI participants had different emphasis in terms of frequency, but the scope of their recommendations was not substantively different.



Photo credit - The Action Foundation (Kenya)

FIGURE 1: GIRLS' RECOMMENDATIONS FOR ACTION BY FREQUENCY OF MENTION (FGDs)



The challenge of material resources in the form of school fees, school supplies, meals and household income emerged in all four countries (Kenya, Tanzania, Uganda and Rwanda) as the most consistently cited challenge for returning to school. Unsurprisingly, 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. The inability to afford school fees, for example, was mentioned in a majority of the interviews, while additional elements of material support such as food, scholastic materials or menstrual hygiene supplies, appeared with slight variation across countries.

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 also 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 1, with the categories titled 'sensitization,' 'access to contraception and medical healthcare,' 'harm reduction,' and childcare making up approximately 25% of the mentions.



Related to pregnancies and the treatment of pregnant girls, interviews across all four countries indicated a nearly universal sense of shame or disappointment among those girls not able to return to school. When asked in the interviews about expected challenges for returning to school, respondents expressed concern about being stigmatized for their pregnancies and/or marriages, shame about their condition, as well as a fear that they had fallen academically behind their peers. In order to address the challenge of shame, there were 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 in Focus Group Discussions. These requests for counseling were intertwined with requests for interventions that would 'sensitize' peers and teachers on accepting girls who had been out of school because of pregnancy.

Although they don't appear explicitly in the recommendations (above), girls repeatedly spoke about their challenges in accessing remote learning and how these challenges drove anxieties that perpetuated a loss of motivation and hope. Comments about having limited access to remote materials typically followed from questions about how they had spent their time while out of school, whether they had continued lessons, and whether they were planning to sit for exams. Girls did not usually make a direct request for access to smartphones, data, or other remote-learning resources, but spoke frequently about how lack of these resources prevented them from staying on track with their studies and produced anxieties about returning. Respondents did explicitly request counseling and encouragement to continue with school and time to study remotely (captured under 'Counseling & psychosocial support').

Finally, there were slight variations in emphasis between the recommendations emerging from focus groups and interviews. While requests for material support emerged most predominantly in FGDs, suggestions from interviews more consistently pointed to psychosocial support and help with childcare as the key factors to assist girls in returning to school. This is an expected deviation given that the majority of girls interviewed in the IDIs were pregnant, married or young mothers (54%). Although most of the pregnant girls expressed interest in returning to school, most also acknowledged the higher likelihood that vocational training would be a more accessible or reasonable pursuit following pregnancy and extended school absences.

While the recommendations within the interviews and focus groups for how girls might be supported in returning to school revealed some differences in prioritization, they present a unified picture of the need for holistic support. We thematically analyzed girls' recommendations and grouped them all into six broad categories of intervention detailed below. It should be noted that girls did not perceive of these recommendations in isolation; many of them felt they should be implemented simultaneously.

Categories of Interventions: Girls' proposals for action

- 1. Provide material resources and alleviate economic vulnerability.** Economic support in the form of basic goods or school-related costs emerged as a cross-cutting recommendation by girls in all four countries. Increasing economic precarity was found to be driving forms of sexual abuse and exploitation leading to unintended pregnancies.
- 2. Offer pathways for pregnant girls and young mothers to complete/continue their education.** Given the high rates of teen pregnancy, girls felt it was urgent to provide young mothers and pregnant teens with options for continued learning. Recommendations focused both on returning pregnant girls to school by making schools more 'girl-friendly,' as well as providing skills-based learning opportunities such as vocational training and economic empowerment.
- 3. Combat the stigmatization of pregnancy and teen motherhood and raise awareness about girls' rights and needs.** Pregnant girls universally felt that going back to learning would be unbearable because of the social stigma associated with pregnancy and teen motherhood. Girls recommended that family members, schools and peers be sensitized about girls' rights and needs.
- 4. Provide psychosocial support, counseling and mentoring.** The recommendation for psychosocial support was universal amongst both pregnant and non-pregnant girls. Pregnant girls felt they needed mentoring and counseling about teen motherhood and encouragement to return to their education. Non-pregnant girls felt counseling and mentorship would help encourage pregnant girls to return, despite prolonged absences and heightened anxieties.
- 5. Establish effective community-based SRHR Initiatives.** The overwhelming majority of girls reported that schools were the only place they could access information and resources pertaining to their sexual and reproductive health needs (SRHR). When schools closed, many girls attributed rising pregnancies to the inability to access SRHR information and support. They recommended community-based SRHR counseling, services and supplies in order to prevent future pregnancies.
- 6. Make remote learning accessible (no-tech or low tech).** Very few girls in our study were able to meaningfully participate in remote learning, and felt that prolonged absences from education made school return exceedingly difficult. Girls' requested support for accessing remote learning during ongoing and future shutdowns.

The rest of this report is organized in terms of the six thematic categories of interventions. Each section begins with a succinct summary of girls' recommendations in the category, and ends with examples of interventions from the AMPLIFY cohort that directly address these recommendations. It should be noted that all organizations highlighted in this report, sought to address the holistic needs of girls and as such, employed multiple interventions simultaneously. Organizations are simply highlighted in the category where they best fit.



MATERIAL RESOURCES: Alleviating Girls' Economic Vulnerability

Photo credit -
Wiser International
(Kenya)

Experiences of extreme economic precarity was a prevalent narrative emerging from all four countries. This hardship was usually driven by parental job loss, illness or death. Girls cited inability to pay school fees and/or purchase scholastic materials as the second biggest driver of dropout after pregnancy, although it should be noted that pregnancy and economic hardship were intimately related. Girls reported that the most common reason for early pregnancy was also economic vulnerability which led girls to engage transactional sex for basic goods. Consequently, provision of material resources beginning with school fees, and/or other associated costs of schooling was the most frequently mentioned way that girls could be supported to return to their studies.

My solution would be like if I, I would like to go back to school but now that I don't have money school fees I would need that you help me, you support me in paying for me school fees so that I can study. (IDI-09-UGANDA)

The biggest help I need is someone who can support me in my education, by being given school fees, and other school stationeries. (IDI-14-TANZANIA)

In addition to school fees and scholastic materials, food, clothing, sanitary towels, basic toiletries and lack of other basic necessities were requested by girls. In many cases, meeting these basic needs was an essential minimum requirement to begin the conversation with girls and their families about going back to school. School closures frequently meant that girls were cut off from previous sources of material support such as nutrition, menstrual hygiene supplies and even healthcare that was previously provided

through schools. These types of basic needs were also the most frequently cited reasons for transactional sex. Understandably, many girls felt that provision of these items would improve the possibility of school return.

Maybe I could go to school but returning home, I could find no food. It could require me to go to look for food. I could then miss the school feeding, and other school materials because it is my mother only who is responsible for me. So, she cannot afford to provide all materials for my little sister and I, at once. It can be difficult for her. (IDI-22-RWANDA)

If I'm able to get school fees then I'll go back to school. And I will go back and learn with the rest. Then once I am back in school if the teacher can help me with medical because I am still using traditional medicine. So if they can take me to the hospital and i get treated then I would be okay to go back to school and learn well like the rest. (IDI-13-KENYA)

Quite striking, was the number of times that girls referenced the need for menstrual hygiene supplies as a reason for engaging in risky sexual behavior.

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

The following promising interventions address at least one, but often multiple material needs recommended by girls, beginning with essential scholarships (Chalbi Scholars) and menstrual hygiene supplies (Elohim Development Association), and ending with wrap-around services to provide food, clothing, shelter and all material needs for girls during the pandemic (The Girls Foundation of Tanzania).



Photo credit - Girls Livelihood and Mentoring Initiative (Tanzania)



Chalbi Scholars: Importance of Scholarships & Tracking in Pastoralist Communities (Kenya)



Photo credit - Chalbi Scholars (Kenya)

Chalbi Scholars is a scholarship program that supports boys and girls in Kenya's Northern Chalbi desert (Marsabit County). The program started in 2003 and serves the rural, Cushitic, Gabra community found in the North Eastern part of Kenya. The Gabra are pastoralists, keeping camels, cattle, sheep and goats for their livelihood, and moving village locations frequently according to their livestock's needs. In Marsabit, the culture did not support girls' education in pre-pandemic times. Girls are married off early for dowry, usually after undergoing FGM. In this context, removing all cost-related barriers to families for girls to attend school is essential since even families who might afford the cost will typically not invest such resources in educating girls. Chalbi Scholars offers provision of educational scholarships, including school fees, uniforms, scholastic materials and transportation costs (to and from school) to girls in secondary school and university. Because of the mobile nature of girls' village homes, they typically attend boarding schools but must travel great distances at the beginning and end of each school term.

During COVID-19, the program adopted enhanced student tracking—to ensure that they could locate girls and their families as villages moved around, and help them access their scholarships once schools reopened. Because Chalbi has an on-the-ground presence in Marsabit and a deep network of local relationships in an otherwise vast and extremely rural area, they were able to locate and follow up with the students directly during the pandemic, reassuring families that scholarships would be available to them, and discouraging families from marrying their daughters before schools reopened. This direct relationship encouraged girls to return to school, and also motivated families to support this effort. Notably, all Chalbi students in their graduation year (Form 4) returned to school once schools resumed in 2021.



Elohim Development Association: Reducing SRHR Vulnerabilities through Provision of Menstrual Hygiene Supplies (Uganda)



Photo credit - Elohim Development Association (Uganda)

Elohim Development Association implements three primary programs: vocational training and development, orphans and other vulnerable children (OVC) school sponsorship, and sexual and reproductive health rights. They also engage participants in programming for performing arts and run a library that serves the broader community. The organization was originally focused on addressing the community needs spurred on by the influx of soldiers to Bombo, Uganda. This exacerbated overcrowding, promoted slum expansion and produced specific sexual and reproductive health vulnerabilities for adolescent girls.

During COVID-19, Elohim prioritized the protection of girls and did so by focusing on supporting the sexual and reproductive health of OVCs. Throughout the school closures, Elohim hosted community meetings to identify families' and girls' needs. To address these needs, Elohim focused on the provision of re-usable sanitary towels and soap to girls in schools, coupled with training young women in the production of these materials to ensure sustainability of the initiative. Particularly in communities where girls are more vulnerable to forms of sexual exploitation and menstruation-related school absenteeism, provision of these menstrual hygiene supplies is fundamental to preventing pregnancy and dropout.



THE GIRLS FOUNDATION OF TANZANIA

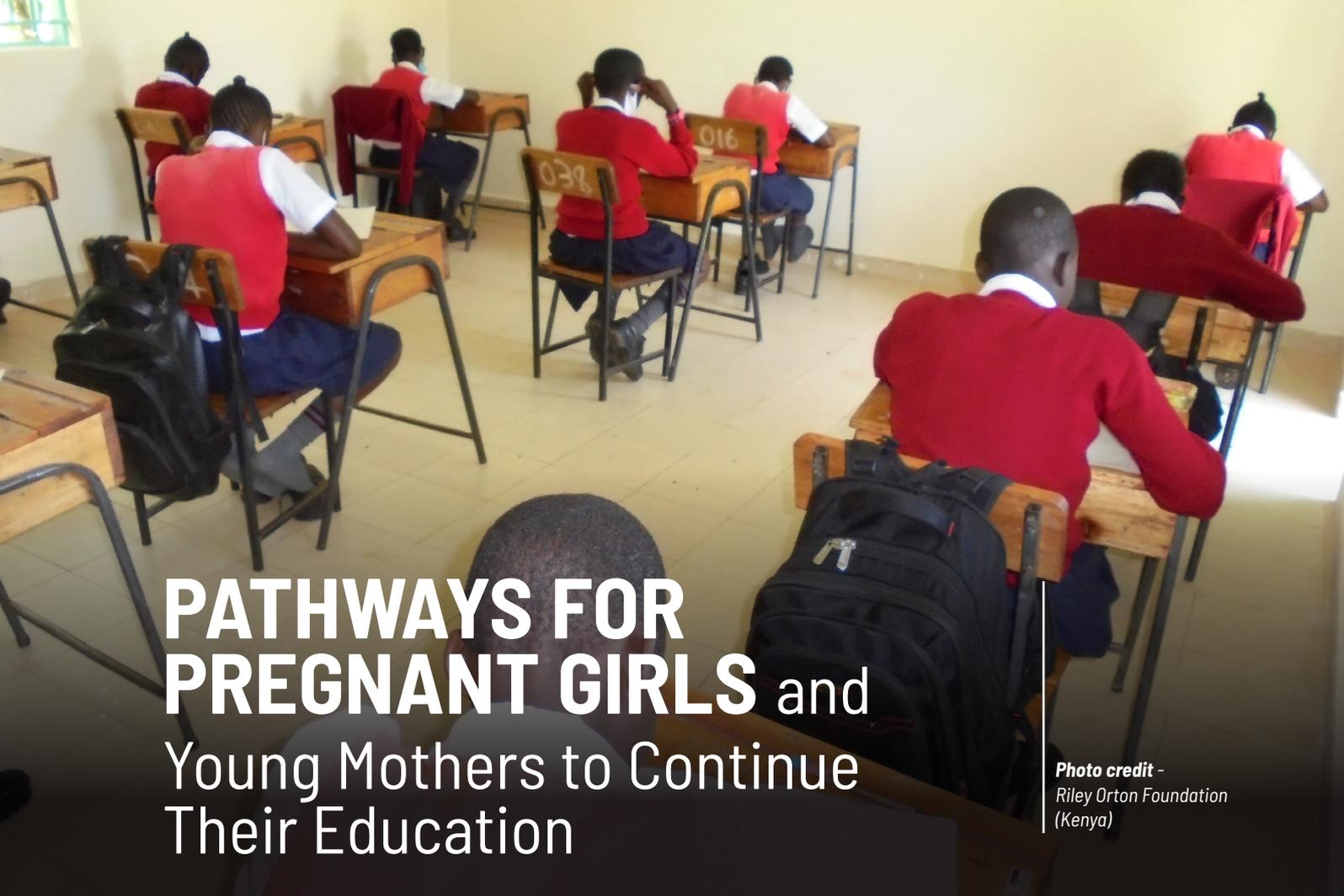
The Girls Foundation of Tanzania: Removing All Economic & Physical Barriers to Learning (Tanzania)



Photo credit - The Girls Foundation of Tanzania (Tanzania)

The Girls Foundation of Tanzania (TGFT) helps girls go to school and excel in their studies by providing them with secondary school scholarships and support throughout their high school years. The program aims to break the cycle of poverty through education and support girls to become independent and act as leaders and advocates for change in their communities. During school breaks, TGFT provides residential trainings, based on participatory financial literacy and leadership curriculum, at their “Girl Center” in Arusha.

When COVID-19 hit, the program accommodated all 26 girl participants in their center and provided supervision, care and learning to girls 24/7. This was done to ensure continued support, cushion them from possible trauma, and to prevent learning loss and dropout. In addition to providing a safe space and meeting 100% of the girls’ physical needs, a study schedule was developed which ensured girls stayed on track in preparing for exams. The shared space meant that girls could collectively discuss COVID-19 and also engage in community-building activities such as sports and debating activities, while continuing their studies and exam preparation. All TGFT students returned to school as schools reopened and continued on time with their exam schedules.



PATHWAYS FOR PREGNANT GIRLS and Young Mothers to Continue Their Education

Photo credit -
Riley Orton Foundation
(Kenya)

Pandemic-related teen pregnancy is on the rise and, according to girls, is the leading cause of dropout.¹³ Once pregnant, young women overwhelmingly expressed an interest in returning to school, but very few felt that school return was possible either before or after delivery. The social reasons for girls' beliefs are covered in the next section on social norms, but the structural and infrastructural reasons are covered here.

Girls cannot leave their children unattended (especially new and nursing mothers), and school environments are unsupportive of girls' health needs—including lactation and nutrition. Although some countries have supportive legal policies that explicitly protect pregnant girls' right to return to school, these are rarely enforced.

Pregnant girls repeatedly spoke about interventions that might make it possible for them to return to school—especially resources such as childcare, nutrition/lactation breaks or other structural changes that could be made within school environments to make them more supportive of pregnancy and motherhood. Girls regularly referenced these structural needs alongside their fear of being stigmatized by the school or their peers for their pregnancies.

If I get someone to take care of my child, I will go back to school, if I do not get someone to take care of the child then I will stay at home. The teachers to also talk to the students not to laugh at me or not to disturb me that is when I will be able to go back to school. IDI-17-KENYA

13. (Oulo, B. et al. 2021)

By going to school, I again ask myself how the baby born, will live....considering the situation in which I am living in at home, I don't think I can leave the baby anywhere else. I feel like we should always be together everywhere. (IDI-09-RWANDA)

Health accommodations were another frequently noted concern—both health accommodations for new mothers and for pregnant girls in school.

Let's say she is pregnant at 16 years. She should return to school and remain with the husband but if she reaches S 5 and she delivers, she should have 1 or 2 months off to take care of a newborn baby

and get some break to breastfeed him. She can also discuss with her partner to have some time off to prepare for the national examinations. FGD-04- RWANDA

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-14-KENYA

Pregnant girls who felt formal school return was not possible offered suggestions that would allow them to pursue skills-based training or other interventions that might help them become financially independent. Vocational training for pregnant girls was the most frequent recommendation made by girls, accounting for 33% of all recommendations. Specifically, they were interested in vocational training that would provide real pathways towards economic security and financial independence.

I would like to go back to school too but if I am unable to return I would ask my family to please help me go to a vocational school for me to learn at least one thing that will help me in life, in that case I would be able to take care of myself without depending on anyone. (IDI-25-RWANDA)

Even countries with policies that allow for pregnant girls' school return, such as Uganda and Kenya, do not enforce these policies. In Tanzania, teen mothers are not allowed to return to school at all and so must pursue opportunities outside the formal system entirely. We believe girls' focus on vocational training opportunities speaks to their deep desire to continue learning, while practically acknowledging that secondary schools will no longer accommodate them.

Finding ways to support pregnant girls' and teen mothers' education is an urgent need. Few programs exist targeting this group, and even fewer have successful approaches for supporting girls to earn their degrees and to establish financial independence. Below we highlight three interventions that achieve these goals: Jifundishe in Tanzania, that provides a pathway for pregnant girls' to finish schooling and obtain their secondary degrees outside the formal government system; SACCA in Rwanda; and Malkia Foundation in Kenya



Jifundishe: Offering Girls an Alternative Pathway to a Secondary Degree (Tanzania)



Photo credit - Jifundishe (Tanzania)

In Tanzania, pregnant girls and teen-mothers are regularly expelled from schools. In this context, obtaining a secondary degree for pregnant girls and young mothers is next to impossible. Jifundishe in Arusha Tanzania offers one of the only opportunities in the country for young women with children to finish their degrees. Jifundishe's Independent Study Program (ISP) offers an accelerated learning opportunity for girls and boys who have dropped out of school to complete the formal school curriculum in half the time and prepares them to sit for national exams along with their in-school peers. Jifundishe does' this by paying for private teachers and tutors to instruct students in the government secondary curriculum at Jifundishe's community center, and by providing safe and quiet community library space for students to study and learn in peer groups. The ISP program provides a second chance for girls and young women who cannot access formal education due to aging out, poverty, pregnancy, distance and other factors.

Since inception, the program has enrolled and supported 1003 students (boys and girls) to study and take national examinations. Of these, 630 (63%) girls and young women without access to formal school education have benefitted from the program. The overwhelming majority of ISP students who take the National Examinations, pass. 85% of ISP students who sat for O-level exams in 2018, 2019 and 2020 passed, and 100% of A-level students passed in those same years. This is extraordinary, especially considering that the national 2020 pass rates for O-level exams following the school closures was just under 50%—meaning that half of the students in Tanzania sitting for the exam, failed.



Streets Ahead Children's Center Association (SACCA): Employment & Business Development Training for Sex Workers and Former Street Children (Rwanda)



Photo credit - Streets Ahead Children's Center Association (Rwanda)

SACCA is a Rwanda-based organization dedicated to supporting, rehabilitating and providing social and educational services to street children, former street children and their families. Before the pandemic, SACCA had two primary foci: rehabilitation and livelihood training for street children. The livelihood program focuses on vocational skills and alternative pathways of economic support for girls who have dropped out of school—many of whom are pregnant or young mothers. Vocational training was offered in four industries: construction, hairdressing,

mechanics, and hospitality. Trainings were accompanied by lessons in soft skills including general entrepreneurship, financial literacy, issues of gender, relationships, family planning, and puberty. Once training was complete, SACCA provided follow-up support for girls and one-off training in job seeking and job applications at 3, 6 and 12 months after graduation.

Between 2013 and 2019, 100% of girls engaged in vocational training programs at SACCA gained employment in the first year after graduation. SACCA credits this extraordinary success with its rigorous follow-up to help girls find employment and to boost their self-confidence. In 2020 when the pandemic hit, more than half of SACCA's 85 recent vocational graduates lost their jobs. SACCA focused on employing these girls in the immediate term in public health mitigation (e.g. contact-tracing and COVID-19 education) while providing them with small business development training so that they would have an expanded skill-set with which to pursue financial independence. As a result, 100% of their participants were employed by the end of 2020.

In response to increasing reports of sexual exploitation of girls during the pandemic, SACCA added to its beneficiary base young female sex workers during the COVID-19 lockdowns. Along with SACCA livelihood graduates, sex workers were offered immediate employment opportunities in public health and entrepreneurship training. Employment was essential to mitigating the immediate economic pressures of the pandemic and giving young mothers steady income so that they could focus on continuing their education. Altogether 125 girls were employed and provided with business development training.



Malkia Foundation: Financial Independence for Teen Mothers and HIV/AIDS-Affected Young Women (Kenya)



Photo credit - Malkia Foundation (Kenya)

Malkia facilitators work with girls and women from the poorest backgrounds, together with those affected by and or infected with HIV/AIDS. Recognizing the rise in early pregnancies and GBV during the pandemic, the foundation narrowed its focus to target teenage mothers who were unable to return to school. Pregnant girls or young mothers participated in a seven-week training program focused on financial literacy and small-business skills to help them build financial independence. Skills training focuses on the production of marketable goods and crafts such as facemasks, soap, and school uniforms, while financial literacy training is facilitated through a partnership with Kenya Women Finance Trust Bank. The training is designed to equip participants with the skills necessary to run a small business, one which will enable them to repay the initial loan they receive from the program. Moreover, the ambition to adopt a social entrepreneurship model was driven in part by a desire to delink from donor dependence, a resource that is increasingly uncertain, given the financial strains of COVID-19.

To help buffer the challenges of the pandemic, the program provided participants with small cash transfers to cater for basic needs. The program also provided counseling and emotional support during the worst of COVID-19, and participants reported that the opportunity to have a support system also developed their self-confidence during the acutely difficult circumstances. It was also apparent that the opportunity to create community and provide emotional support was an underappreciated aspect of the program, one whose importance was magnified during the worst periods of the COVID-19 lockdowns.



SOCIAL NORMS CHANGE: Combating the Stigmatization of Pregnancy and Raising Awareness about Girls' Rights and Needs

Photo credit -
Komera (Rwanda)

The structural and health-related barriers to school return for pregnant girls are augmented by a range of social norms that serve to stigmatize, isolate and ostracize pregnant girls both within community and school settings. Girls requested interventions that would support pregnant girls' social acceptance amongst peers and school officials, as well as personal mentorship to overcome the effects of such stigmatization.

Then for, for my peers, I would basically just need acceptance from them. I'd want them to accept me irrespective of the fact that I am in a lower class than them now. Yes....For the teachers I'd really love them to handle me just like any other student. Not looking at me as someone who is maybe like too old or too mature to be in that class. But I'd expect them to treat me like any other student and offer me the help that I need whenever I reach out to them. ... For the community, well it is. I would just want them to understand because very many people would judge without knowing the things that someone goes through, so I would just want them to understand that not everyone gets to live life according to the pace that the community sets. So just because I am 19 doesn't mean I don't have potential so I would want them to understand my situation and be supportive. IDI-01-UGANDA

The social default amongst both schools and peers is to isolate and stigmatize girls who have become pregnant. In Kenya, Uganda and Tanzania, girls reported being subjected to pregnancy screenings and then 'chased' or expelled from school. Girls are seen as 'bad influences' and their conditions viewed as 'contagious.' Thus, pregnant girls recommended that teachers and schools should destigmatize the condition of pregnancy and offer pregnant girls the same care and attention as other students in the school.

I fear students and teachers. Interviewer: what are your fears about them? I am not comfortable, they might see me as a bad example to other girls. ...I would really like if the teachers see me as an ordinary student like the rest and not someone who committed a crime. IDI-10-KENYA

Related to recommendations about schools and teachers, girls also noted that shifting peers' mind-sets would increase their ability to return successfully to school.

At school it is mostly boys who laugh at girls when they face any problem. So they should talk to them and tell them to stop laughing at their fellow children because it is their fellow boy who caused her pregnancy when she didn't want. FGD-05-UGANDA

They (peers) should know that getting pregnant is not a wish for everyone, 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

In FDGs in all countries, the community and family were identified as an important space for social norm change around pregnancy. Girls recommended that parents be advised to support girls in returning to school, both materially and emotionally, indicating that some communities and cultures were resistant to support girls' return to school. This underscored the need for parental and community sensitization on the importance of education, gender equality and reintegration of pregnant girls and young mothers.

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 community, I think what is supposed to be done is going to those communities' outreaches to teach and tell them some benefits and disadvantages of doing some things you know some girls they don't have that person who can talk to them so we have to find some people like in our organization, Dandelion Africa, we have those who go to them community to teach others about maybe FGM, teenage pregnancy and those things. FGD-12-KENYA

"Or you can even educate our parents since they...do not understand well the importance of education. Some do not understand that nowadays surviving without being educated is difficult." IDI-14-RWANDA

Community norm-shift is a sensitive and long-term undertaking that must be done by organizations with established trust and relationships in the community. In this section, we highlight three initiatives (two from Rwanda and one from Uganda) that are doing this work with parents, families, communities and peers to educate stakeholders on girls' rights, needs and value. These initiatives show promise for preventing early pregnancies and the sexual exploitation that causes them. Both offer insight for the work that must also be done to shift school culture and make schools an emotionally and socially safe place for pregnant girls and teen mothers.



Learn Work Develop (LWD): Mentoring for Pregnant Girls (Rwanda)



Photo credit - Learn Work Develop (Rwanda)

Learn Work Develop's mission is to promote effective work and sustainable employment among young girls and boys by addressing barriers like early marriage, teen pregnancies, HIV/AIDS and other diseases, and the effects of climate change. LWD targets youth from vulnerable backgrounds, and those with special needs like teen mothers, pregnant teens and children living in the streets, including those experiencing problems with their parents, mostly in single-parent households. During the COVID-19 pandemic, LWD worked in the community to organize small groups of girls to help each other in kitchen gardens, and engaged Volunteers for Effective Work and Sustainable Employment (VESE) to monitor the program beneficiaries' status in a house-to-house campaign. LWD also remotely monitored girls' well-being by calling to ask how they were doing, and for those who didn't have phones, checking on them via calling through their colleagues.

In LWD's catchment area, there 39 villages, and every village is assigned two mentors—a peer educator and an "Aunt." Aunts coach girls in village saving groups, income-generating activities, positive parenting and sexual and reproductive health and rights; peer educators provide much needed advice and counseling to girls about their daily lives. A large portion of LWD's work is in the social inclusion and integration program, where they run advocacy in campaigns in local communities, to champion the rights of teen mothers and their children, in order to stop their isolation and segregation. In addition, they link teen mothers and pregnant adolescents to health facilities and provide them with behavioral-change communication messaging to prevent multiple pregnancies and teach contraceptive use. Given that pregnant girls are often isolated and chased from their family homes, LWD provides conflict resolution facilitation and reconciliation of children with parents, so that teenage mothers and pregnant girls live in a supportive environment.



Girls to Lead Africa (GTLA): Working with Men & Boys to Prevent GBV & Teen-Pregnancy (Uganda)



Photo credit - Girls to Lead Africa (Uganda)

Girls to Lead Africa empowers young girl leaders aged 13-30 years in rural Uganda with leadership skills through training and mentoring with the aim of grooming them for local and national elected and/or appointed positions of leadership in government and policy making. Before the COVID-19 pandemic, GTLA ran the Girls Empowerment and the Girls Advocacy Accelerator Programs through local government schools. These programs provided scholarships, school-based leadership trainings and community engagement sessions. During the pandemic, instances of GBV and teen-pregnancy have risen in the region. In response, GTLA launched the Girl Safe Boda program to prevent teen pregnancies and child marriages during the lockdown.

Boda drivers in Uganda are bicycle or motorcycle taxi drivers (mostly men) who frequent small towns and commercial centers. Especially in rural areas—including where GTLA operates on the border with Rwanda—these young men have been cited as a source of sexual harassment, gender-based violence, and heightened sexual and reproductive health risk for adolescent girls who rely on Bodas for transport to and from school, market centers, and villages. The Girl Safe Boda program was launched in partnership with local government whereby Boda drivers attended GTLA-led sensitization trainings on teen pregnancy, abuse, and the protection of girls' rights. Boda drivers who have completed the training, wear special reflective vests to demonstrate their commitment to keeping girls safe, getting home, and reducing the instances of rape and teen pregnancy. Following the re-opening of schools, GTLA also provided scholarships to 747 girls in primary, secondary and university; they also purchased thermometer guns for local schools to help capture the temperatures of all students for COVID-19 safety precautions.



Rwanda Esther's Initiative (REI): Empowering Parents & Communities to Be Girl-Supporters (Rwanda)



Photo credit - Rwanda Esther's Initiative (Rwanda)

Rwanda Esther's Initiative (REI) exists to empower rural adolescent girls and women living in extreme poverty by supporting girls' education, engaging communities in social norms change and by developing girls' leadership skills. REI runs a sponsorship program to keep girls in school, a Tailoring Centre attracting women and girls who have dropped out of school, and supports family health and welfare. Its Sponsorship Program targets rural adolescent girls aged 7 to 21 years, in primary and secondary school level, from hard-to-reach, marginalized and vulnerable households. REI works closely with community facilitators to focus on girls who are likely to drop out of school, working through swift intervention. They believe that prevention is less expensive than reacting after girls drop out of school.

REI's theory of change positions the girl at the center of overlapping social and community contexts. To empower girls, it is necessary to work with various stakeholders in their community because they don't live in isolation. REI works with parents and communities to make them understand the importance of girl-child education and their role in facilitating girls' right to learn. REI does this work through performance contracts with families at the village level. Parents are asked to contribute time and commitment to returning girls to school in exchange for material support for that education. Families attend weekly program meetings, focused on problem solving and conflict management through positive reinforcement. REI engages community facilitators who are in touch with what happens in the lives of the girls under their watch on a daily basis, who can inform REI to act on issues, like SGBV (Sexual and Gender-Based Violence) issues affecting girls. REI's follow up and holistic community care of girls is so well known that during COVID-19, young men and boys publicly joked about keeping distance from REI students who knew their rights, and who had community advocates supporting them.



PSYCHOSOCIAL Support and Mentorship

Photo credit -
The Girls Foundation of
Tanzania (Tanzania)

AMPLIFY's report on "Understanding Barriers to Girls' School Return" showed that the pandemic generated discrete physical, economic, health, and social barriers to girls' education, and altogether these factors engendered severe compounding effects for girls' self-perception, mental and emotional health and personal wellbeing. It is unsurprising that experiences of economic hardship, physical abuse, exploitation and social pressure cause mental and emotional distress.

Throughout the study cohort, girls consistently expressed experiences of heightened anxiety. Girls had anxieties about their education (not being able to continue), anxieties about economic security and social vulnerabilities including the stigmatization they would experience returning to school after delivering a baby or returning to school after having been unable to participate in remote learning. These anxieties contributed to a pervasive loss of motivation and sense of hopelessness that school return was too hard, or simply not possible.

I help out with the house chores, yes. And then I, I really lost the motivation to read at this point because I don't see any hope of returning to school. I don't read. I just do the work around the home and my day goes on. IDI-01-UGANDA

I am not aware of challenges from other communities but from the community that I come from, we find it difficult to continue with our education because our parents cannot afford it. Hence due to those difficulties they force girls to be married, it doesn't matter if she is old enough or not. I would also have loved for my fellow girls to be successful, but it is hard for us to continue with our education. We lose hope and we find it difficult to achieve our goals because of difficult life situations. IDI-17-TANZANIA

Respondents in Kenya and Tanzania often requested mentorship directly related to regaining hope and staying on track with their studies. In Rwanda, where financial barriers to returning to school were cited more frequently, most respondents made a request for more general emotional support, often phrased as a need for someone to whom they could express problems and who might provide advice. The most frequent suggestion related to counseling that emerged from interviews across all four countries was that girls should be mentored and advised not to lose hope and stay motivated to return to school.

I would love to look for someone who can mentor me and advise me so that I can be focused in school and be able to concentrate with my education and I can continue. IDI-35-KENYA

[I need] sincere advice to help me not stress and see myself as a failure. Interviewer: advice from whom? From the teachers and school counseling department. IDI-10-KENYA

Pregnant girls emphasized the need for counseling and advice to help them navigate their pregnancies and the associated shame and stigma related to being a teen mother and pregnant out-of-wedlock. Respondents argued that their peers should be sensitized and guided to be more understanding of the circumstances that led to their dropping out of school, accept them unconditionally and treat them well and equally, but they also expressed desire for an older person 'mentor' who could provide wisdom, guidance and encouragement.

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

If I could have friends who could talk to me, and I freely express myself, this could help me to forget some problems and do well in my studies. IDI-13-RWANDA

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-17-KENYA

[I would like] a person who can mentor me and give me life hopes so that I can continue with my studies. IDI-33-KENYA

Providing direct counseling and mentors to girls is an approach that can immediately shift girls' situations while the longer-term work of social norms change is under way. Returning girls to school in both the short and long term will require that girls who have dropped out establish a direct connection with someone who cares about their well-being and who can offer emotional encouragement as well as substantive guidance and advice on how to navigate difficult circumstances both socially and emotionally. Highlighted in this section are examples of mentoring and psychosocial support from three countries (Tanzania, Kenya and Rwanda). Some of these interventions were undertaken during the height of the pandemic, and others were made to encourage girls' school-return as schools reopened.



Girls Livelihood and Mentorship Initiative (GLAMI): Radio Broadcasted Peer Mentorship Support for School Return (Tanzania)



Photo credit - Girls Livelihood and Mentorship Initiative (Tanzania)

Girls Livelihood and Mentorship Initiative (GLAMI) is a non-profit in Tanzania whose mission is to support adolescent girls' education and to empower young women with the opportunity to transform their own lives and the future of their communities. Before the COVID-19 pandemic, GLAMI ran two programs: the Kisa Project and Binti Shapavu. Kisa is a two-year leadership course that prepares girls in their last two years of secondary school to attend university and create positive change in their communities through weekly classes and mentorship by college-educated women. Binti Shapavu is a four-year life skills curriculum covering topics such as study skills, personal leadership, health and self-confidence facilitated by Kisa alumnae who also serve as mentors. GLAMI's work is defined by a commitment to mentorship as the core of its programmatic experiences for girls.

During the pandemic, GLAMI turned to radio in order to deal with the situation of COVID-19. They developed half-hour shows, called Safari ya Binti, which aired each Saturday in late August through mid-December. These shows aimed to reach beyond GLAMI's usual audience, and expanded to address their beneficiaries' peers, families and communities. The program also worked to maintain the close connection between the Scholars and their Mentors during the time they were not able to meet in person. Girls received encouraging messages and advice to continue with their studies while at home and to support school return. This was achieved via phone calls and WhatsApp messages. When schools reopened, and Kisa and Binti Mentors returned to the classroom bi-weekly instead of weekly, the radio programming became an important supplement serving over 2 million people.



Komera: Peer Communities of Support for Pregnant Girls (Rwanda)



Photo credit - Komera (Rwanda)

Komera achieves its goals through a holistic, three-pillar strategy using education, community development and health. Through a combination of scholarships, leadership training, economic empowerment, SRHR education and community-centered gender-based violence awareness and prevention programs. Notably, Komera has a specific arm of their program supporting 270 teen mothers annually with business development, family counseling and confidence-building programs.

During the pandemic, Komera moved quickly to implement peer communities of support for their students in neighborhood villages, called Safety Circles, to combat the isolation girls were experiencing during school closures. Komera staff visited all participants and delivered sanitary towels, PPE and food packages. During the lockdown, 1098 families received direct cash transfers to help them survive and alleviate the more acute economic needs created by the pandemic. Safety Circles provided a space for girls to discuss the pandemic, sexual and reproductive health, and their challenges with a caring adult—all while observing physical distancing. A specific goal of the Safety Circle program was to prevent future teen pregnancies by delivering essential reproductive information and counseling to girls. These sessions proved an invaluable approach to support and connect with students, learn about families' needs and keep girls focused on their long-term goals.



The Action Foundation: Mentoring for Girls With Disabilities (GWD) (Kenya)



Photo credit - The Action Foundation (Kenya)

In high-density settlements in Nairobi, The Action Foundation's Ibuka program in Kenya focuses on mentorship of girls living with disabilities, a population that has been exponentially marginalized even before the pandemic. Ibuka (to rise in Swahili) is a leadership and mentorship program for women and girls with a disability implemented in Kibera, Nairobi, Kenya. The program primarily targets school-going 10 to 18 year-old adolescent girls with disabilities, ensuring that they return to school and receive the services they need while there. The program recognizes the critical role of boys and men in addressing violence against girls with disabilities (GWD) by empowering male change agents to carry out advocacy among male peer groups and other community members.

Ibuka employs a mentor-mentee model in which women with disabilities are trained and assigned to serve as mentors to GWD. The goal of the program is to empower girls with disabilities to serve as advocates to work with men and boys to change perceptions that perpetuate violence against GWD. Mentors use a structured toolkit on gender-based violence and sexual and reproductive health and rights to guide the mentor-mentee engagement. Trained influential male change agents conduct advocacy among male peer groups and other community members and leaders to address violence against GWD. Besides mentorship, Ibuka directly supports the education and empowerment of girls living with disabilities through provision of scholarships and working closely with special needs schools.



EFFECTIVE Community-Based SRHR Initiatives

Photo credit -
Girl Up Initiative Uganda
(Uganda)

It was clearly expressed by girls across the study cohort, that school was their primary (if not only) source of sexual and reproductive health (SRHR) information, resources, and support. When schools closed, many girls cited the lack of SRHR info and/or lack of menstrual hygiene products as indirect causes of their early and unintended pregnancies. In all four 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. Accordingly, girls identified sexual and reproductive health education initiatives as an important need for girls to avoid pregnancy and high-risk behaviors.

I could need reproductive health awareness support. Interviewer: Why exactly would you need such specific support? I would exactly need to educate myself about reproductive health because I need to know how to prevent myself from having early sex or early pregnancy. IDI-28-RWANDA

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

G: Okay for me I can say some parents are not transparent when they are talking to the young girls. Like you find some parents they can't tell a girl that you should not have unprotected sex. They'll just beat around the bush and not tell you even concerning your body. So you'll just find a girl go ahead and just try what other girls are doing. FGD-08-KENYA

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 in remote and rural contexts, participants recommended expanding access to health clinics, mobile nursing services, health insurance, sexual health counseling and prenatal and post-natal medical support services.

L: I think schools should provide nurses in the school, should provide nurses in the schools so that they keep looking after those pregnant girls.

J: like In our community, we have a free health center for those girls to be medicated, and the pregnant mothers. FGD-01-UGANDA

F: And where I am coming from, it's that deep the rural part of [the county]. So I think the girls in that area they don't have that opportunity to attend such lessons or such opportunity to be with other people to know how their body is functioning, how to deal with sex and sexuality. I've been in various parts of [the county] where the [CBO X] have reached, I think it has created a great impact to them, because you go to even a girl who is talking about family planning, how they have been taught to do this and that. [Normally] When you go to that rural part of [the county], and you even try to tell a girl about family planning, she'll tell you "those things have cancer". That myth behind the family planning. I think they don't have education about how these things work. So if they could create that awareness or just have that organization which is near the girls, I think everybody could be educated "na tutareduse" (we will reduce) the number of teenage pregnancies. FGD-08-KENYA

One of girls' key suggestions around SRHR was counseling and training to build their agency to refuse sexual advances, negotiate condom use, and understand reproduction and contraception options. These recommendations were extended to boys as well. Girls highlighted the need for programs to teach girls about their sexual and reproductive rights but also emphasized that training like this should also be made available to local men and boys to help develop social norms protecting girls' sexual rights and sexual health.

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

K: Girls also must remember to use condom. A: What I can say meanwhile the condom is not the priority, but we need advice and to put [condoms] in practice. K: Girls must know how to say no. A: To encourage parents to advice their children. FGD-6-RWANDA

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

It is clear from this synthesis that sexual and reproductive health information, education, advocacy and services are a necessary part of bringing girls back to school and preventing future dropout. Although many organizations included in this study have comprehensive sexual and reproductive health education programs, in this section we highlight interventions that include men and boys in their work (as per girls' recommendations) and/or that offer family-planning services and medical care as interventions during the pandemic.



Photo credit - The Action Foundation (Kenya)



Girl Up Initiative Uganda: SRHR Education for Girls and Boys (Uganda)



Photo credit - Girl Up Initiative Uganda (Uganda)

Girl Up Initiative Uganda (GUIU) educates and builds the confidence of girls, women and youth through holistic education, economic empowerment, and youth engagement programs in the informal settlements in the Central District of Kampala, Uganda. After the pandemic hit, nationwide reports showed that unintended pregnancies, drug and alcohol abuse, gender-based violence and many other risky behaviors and practices were on the rise. At the same time, GUIU was also hearing from the girls themselves that they were facing challenges such as: increased rates of gender-based violence and forced marriages, as well as lack of sexual and reproductive health resources and education, leading to rising numbers of teen pregnancies.

GUIU launched the Bringing Voices Together (BVT) project in August 2020, as a response to the specific issues and needs that adolescents are facing as a result of COVID-19. The BVT project is implemented through community-based, small dialogue circles covering key sexual and reproductive health rights issues for adolescent girls and boys aged 9 to 15 years in the local suburbs of Kampala. BVT coaches held sessions on topics such as: communication skills, peer pressure, human rights, gender-based violence and sexual and reproductive health rights. Sessions with girls focused on helping them to understand their bodies, build self-esteem, self-worth and agency. Sessions with boys focused on building momentum to challenge negative attitudes, practices and norms that perpetuate rights violations and gender-based violence. Participants were provided with facemasks and followed social-distancing protocols. Despite

the lockdowns, sessions were well attended, demonstrating the need and desire for educational-style sessions. Between August and February 2020, BVT reached 1,268 adolescents and youth; including 700 girls.

BVT combined youth dialogue circles with community awareness campaigns aimed at addressing sexual and reproductive health rights challenges and rising drug and alcohol abuse during the COVID-19 period. Information was disseminated via social media, short videos and a weekly family radio program that told stories to influence public mindset on key SRH rights' topics. These efforts were augmented by community health drives that distributed SRHR and sexual and gender-based violence (SGBV) information directly to communities. GUIU's presence in the communities acts as a lifeline for many young people and adolescents who are out of school and are often forced to work or take on extra household burdens, sometimes at the risk of physical or sexual abuse. The program ensured child protection was in place by seeking parental consent and linking participants with appropriate services and authorities if needed.



Photo credit - Girl Up Initiative (Uganda)



Dandelion Africa: Providing Essential SRHR Services and Education to Rural Girls (Kenya)



Photo credit - Dandelion Africa (Kenya)

Dandelion Africa's mission is to stimulate awareness and encourage involvement while creating sustainable solutions to improve the health and economic livelihoods of women and youth in marginalized rural areas of Nakuru County, Kenya. Dandelion Africa takes a holistic approach to providing access to healthcare and alleviating poverty. The organization partners with schools to teach about sexuality and the effects of female genital mutilation through the Girls for Leaders and Boys for Change program. They educate women and girls on sexual health, including family planning, immunization, cancer screening, and HIV/AIDS testing. They bring hard-to-reach villages integrated health services and have their own central maternity, sexual and reproductive health clinic offering girl-friendly family planning services. A key aspect of their work involves advocacy to build a community with a balance of gender rights, ongoing dialogue on gender norms and community leadership.

A key feature of the Girls for Leaders and Boys for Change program is building the capacity of youth to understand their own sexual and reproductive rights, body changes, menstrual hygiene and how to fight sexual harassment. Typically, this program serves 50 rural primary and secondary schools in Nakuru country and also out-of-school youth. During the pandemic, the program coordinated outdoor meetings with participants, and continued SRHR sessions in villages. These meetings helped with a sense of normalcy, and offered a lifeline of connection and critical information to rural girls during the lockdowns. Participants reported that the program encouraged them to stay focused but also helped them to manage the new stress emerging from the novel circumstances caused by COVID-19. Girls for Leaders Boys for Change program also provided virtual lessons and library services to the students and held a number of team-building and leadership sessions to maintain connections.



LOW-TECH OR No-Tech Remote Learning

Photo credit -
AkiraChix (Kenya)

Despite government-led initiatives to deliver curriculum remotely by radio and television and NGO initiatives to deliver content via SMS and internet, these efforts did not reach the poorest, most vulnerable students. A Human Rights Watch Report released in August 2020 indicated that the pandemic had left many learners in Africa with no instruction, feedback or interaction with teachers, and that girls were disproportionately disadvantaged due to increased household chores and limited access to devices and data.¹⁴ In fact some evidence even suggests that digital remote learning strategies actually served to increase gender gaps in education because of differential access to mobile technology, internet and computers between boys and girls.¹⁵

These challenges are consistent with our study findings. Access to remote learning was a clear and common challenge emerging in conversations with girls across all four countries. Girls in the study frequently cited the lack of remote learning resources and/or support as a major barrier to returning to school—as the majority did not have regular access to the devices needed to participate in remote lessons (radios, televisions, smart phones and/or computers). When directly asked if they participated in government-sponsored remote lessons (usually produced over radio or television), girls often said they did not because they either did not have a radio, did not have time to make use of it, or were not able to use it because older and/or male family members took priority. Lack of data bundles and electricity were also frequently cited as barriers.

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

15. 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.

The biggest challenge that we had is that we didn't have television, neither did I have a smartphone. On the side of radios, I had to walk for a long distance to find neighbors with radios, so these have been the greatest challenges that made me not to be able to study online IDI-17-TANZANIA

Interviewer: Ahh, did you have access to learning using technology? A: no Interviewer: maybe e-learning, teachers, radio or TV lessons, phone instruction? A: I didn't follow courses because we neither had a television nor a radio. I could have used a phone but I worried using the power because it was too hard to get it since we don't have electricity. IDI-07-RWANDA

I sat down and reflected on what I have done for the whole month. And then I was like when I go at home there are no resources (inaudible) there is no internet. So I just sat down and prayed. because... actually I never knew the way forward. And I told myself because things have already happened I can't change I just have to stay positive and wait. FGD-08-KENYA

I was also helping my mother as she has a restaurant... but it was difficult to learn through TV shows or radios and even if one could buy 500 MBs worth airtime for those that had smartphones...So, no money, no time for education? That's what I can say. FGD-04-RWANDA

Long gaps in learning and prolonged absences from school, produced enormous anxieties amongst girls about falling behind, needing to repeat a grade (which comes with an added financial burden for families), and/or being too old to return. Even respondents who said they had been able to participate in remote lessons had major concerns that the lessons had been insufficient—whether due to lack of access, consistent ability to participate, motivation to participate with no plan for school re-opening, and most commonly, a feeling that they could not follow or retain the lessons provided without a teacher's support or guidance. Many girls expressed fears that the long gap in learning would make it impossible for them to keep up with their peers if they were to return—these anxieties were heightened for girls who were in their final or 'candidate' year of school and were supposed to be preparing for National Exams that would allow them to graduate.

Things they have been taught I will not be able to answer. Some exams we were to do they have already done. Friends will laugh at me since I was just at home, they gossip. IDI-09-KENYA

Like when schools were closed I found myself out of school so I missed a lot. I missed a lot at school like since we were just starting in senior 4 [final year], so the syllabus, like we were still low to complete the syllabus. So I missed a lot at school. It's not nice at all because I don't have access to asking questions. Yeah first of all you ask through, like you call and currently I have no phone so there is no way I can call and ask and my parents are not in the home ...I think I will face a problem of not [understanding] well what they will teach because the teachers will be teaching at a higher speed with the fact that we have a lot to learn and there is limited time. IDI-03-UGANDA

So when we were at school ... while like reading through like the notes and you find out you have not understood some stuff you can go and inquire from your teacher but right now when you're at home when you find out it is hard for you to understand, you don't have anybody to inquire from. IDI-07-UGANDA

It has been mentioned elsewhere in this report that psychosocial support was a common request from girls. Although counseling was mentioned in relationship to a range of social emotional needs, one clear area was the need for encouragement to undertake studying and school lessons from home. In some cases, girls requested contact from teachers to help them understand lessons (as mentioned above), but in other cases it was a generic request for encouragement to continue learning and/or peer-communities of support that could help girls feel connected to school. Girls who had been unable to access remote learning expressed a desire for remedial sessions from teachers to help them catch up and alleviate some of their academic anxieties.

I missed discussions, me as I know myself am a person who understands best when am when I discuss an issue or some topic with someone. So I had a problem cause I didn't have anyone else to discuss with at home. Most of my friends live at a far distance. IDI-05-UGANDA

Okay what I mean [the teachers] should create for me more extra time whereby okay they can tell me if not you come in the evening we are done teaching others. They teach me what I missed. So that I can be, so that I can be able to fit in. IDI-16-UGANDA

In this section, we highlight organizations that have overcome some of these remote learning challenges—beginning with access to technology. In the case of Sega Girls Academy (Tanzania) whose student population is largely rural, technology was circumvented altogether by the development of innovative paper-based curricula and nationwide distribution. WISER International distributed data bundles to students and offered synchronous learning with teacher support, while AkiraChix, and Riley Orton Foundation provided smartphones to their students and successfully launched synchronous and asynchronous lessons. All these organizations provided teacher and/or social worker support to accompany remote learning and material resources when/where needed.



Sega Girls: Innovative No-Tech Cross-Country Remote Learning (Tanzania)



Photo credit - Sega Girls (Tanzania)

Sega Girls is a no-cost girls' boarding school in Morogoro District in Tanzania, that serves vulnerable, low-income girls from all over Tanzania. During the COVID-19 pandemic, Sega Girls implemented an innovative remote-learning program that allowed girls to continue learning and mitigate risks of dropout associated with prolonged school closure. The vast majority of Sega students come from rural and impoverished communities with limited access to electricity, let alone technological devices

that might help them engage in remote lessons online. To accommodate their student population, Sega recruited parent leaders, public bus companies and motorbike riders to dispatch and distribute hard-copy learning materials and assignments to girls in all parts of the country. Parent leaders worked with the girls and private transporters to return completed assignments to the school. Along with school learning packets, Sega included COVID-19 prevention instructions, masks and soap, and SRHR information for girls. Learning packets were supplemented with weekly phone calls to girls and their families from teachers, who provided encouragement to girls and parents to engage in remote learning, answered questions, and inquired about girls' and families' needs. Small amounts of financial support were given when/where needed. The SRHR information, financial support and weekly calls with the girls were intended to protect the girls from unwanted pregnancies, transactional sex and sexually-transmitted infections.

When schools reopened, Sega hired private buses and worked with parent leaders to safely transport the girls back to school. Many Sega students come from considerable distances and their families otherwise would not have been able to afford the cost of transporting their daughters back to school. On the first day of school, 255/260 girls returned to school and by the second week, all the girls had returned to school and no pregnancies or early marriages were reported. This program demonstrates innovative utilization of an existing public transportation system and parent leaders to promote comprehensive and inclusive remote learning for vulnerable girls that can be replicated in settings where girls have limited access to internet and electronic devices. Sega credits the combination of paper-based interventions with teacher follow-up as key to keeping girls hopeful, engaged in their learning and able to return to school.



WISER: Innovative Low-Tech Local Remote Learning (Kenya)



Photo credit - Wiser (Kenya)



Photo credit - Wiser (Kenya)

WISER is a nationally ranked all-girls boarding school in Kenya that primarily serves young women coming from the rural fishing community of Muhuru Bay. When the government mandated school closures in Kenya, WISER developed low-tech remote learning curricula via smartphones, alongside deep community engagement to keep their students and families encouraged, aware and supplied with what they needed to continue learning from home. In order for remote learning to succeed, WISER provided material and social support, including home visits from school staff, teacher connections, financial assistance and food for families most in need. WISER worked as a team with various stakeholders who helped the remote learning program to succeed. Parents who could afford to do so provided electronic devices to their children to access e-learning; the PTA representatives worked with parents to motivate and sensitize them to support the program. WISER provided smart phones to girls who lacked e-learning devices and worked with their alumnae to deliver hardcopies of academic materials to girls who could not access electronic devices at all. Teachers were able to undertake home visits to assess the living situation of their students and offer relief packages that included cash, food, basic toiletries and menstrual hygiene supplies for girls. They also called the girls via phone to provide psychological support and sexual and reproductive health education.

WISER approached the pandemic from the philosophy that successful remote learning for rural and vulnerable girls required deep social support. Girls who are hungry, worried about their own financial security, and/or experiencing trauma with no one to talk to, will be unable to learn well and are further vulnerable to predators offering money, food, basic goods, and/or mobile phones. By working as a team with various stakeholders (alumnae, parents, teachers, and staff) and going the extra mile to monitor, mentor and communicate with students to keep them motivated, WISER ensured continuity in learning and kept girls engaged and safe during school closure. The intervention helped to keep girls engaged and return 100% of WISER's students to school, allowing them to proceed with exams on time.



Riley Orton Foundation: Asynchronous Remote Learning via WhatsApp & Data Bundles (Kenya)



Photo credit - Riley Orton Foundation (Kenya)

RileyOrtonFoundation's(ROF)missionis to alleviate inter-generational poverty amongst the most disadvantaged and marginalized girls and communities in Kenya through education, health and wellness, economic empowerment and life skills training. Working in both urban and rural areas in Kisumu county, ROF's primary program is the Akili Preparatory School in Kisumu which provides education, leadership & life skills training to vulnerable girls and boys in the region. Students attend Akili Prep tuition-free, and are provided with school uniforms and bicycles in order to attend. In addition,

the program provides seed funding in the form of microloans to support the small-business efforts of women and youth in the community.

In response to COVID-19, ROF provided direct material and educational support to all girls within the school, to support their engagement in remote learning. In the early days of the pandemic, ROF teachers met to strategize a curricular plan for remote education. Two clear conclusions emerged from the meeting: first, remote learning needed to accommodate a range of schedules, since students were facing increasing household chore burdens, childcare responsibilities, and work both in and out of the home. Second, students would require regular contact and support from teachers to engage. To accommodate these needs, ROF developed an asynchronous WhatsApp-based curriculum, and distributed data bundles to girls so that they would be able to participate. Teachers maintained regular contact with students, both through the lessons and through regular check-ins. The program also expanded its academic support to material assistance including food and sanitary towels, and increased curricular emphasis on life skills and reproductive health; each of these aspects were essential to coping with the financial strain and general stress of COVID-19, and to prevent early pregnancies and dropout.



AkiraChix: Effective Synchronous Remote Learning Through Smart Phone Distribution (Kenya)



Photo credit - AkiraChix (Kenya)

AkiraChix's mission is to provide the most promising young women in Africa with technology and entrepreneurial skills to compete economically and bridge the gender gap in tech. The program works with young women ages 18 to 24 from underserved communities in Kenya, Uganda, and Rwanda, particularly those without access to phones and social media. AkiraChix runs an intensive, all-female, vocational training program in tech and computer programming, called CodeHive. The initiative is also focused on increasing confidence and agency as well as tangible tech skills. The broader goal is to capacitate these young women to become leaders in their communities as well as future advocates for increasing women's access to tech industry job opportunities. CodeHive relies on a residential model that enables women to have an independent learning experience outside of their home environments, one where they do not have to worry about access to basic necessities, such as food and personal hygiene products, nor physical safety. The program provides counselors in partnership with Amani Counselling, and facilitates placement in two-month internships following the ten-month curriculum which incorporates training on leadership.

When the students were sent home because of COVID-19, AkiraChix distributed smartphones and data bundles to students who did not have them, and shifted their entire curriculum to online, synchronous lessons, held via WhatsApp. Despite sending the students home, the program provided support through COVID-19 kits distributed to students' homes.

Conclusion

Adolescent girls in East Africa are facing extraordinary challenges during the pandemic. For the most vulnerable girls, what was previously a precarious hold on educational opportunities is quickly slipping away without urgent and sustained action. Our research offers some tangible guidance for practice and policy from the girls themselves and the organizations that serve them. Rather than reiterating all of those suggestions, we prefer to highlight a few high-level takeaways that should drive good practice in stemming pandemic losses in girls' education.

First, interventions to support girls' school return cannot be done in isolation. Addressing multiple aspects of girls' well-being simultaneously is not a luxury, it is a necessity for addressing pandemic-related dropout. Girls' challenges are diverse and holistic, affecting the material, physical, emotional and psychological aspects of their lives and well-being. Thus, the most successful interventions to support girls' school return will also be holistic and multi-faceted in their approach to addressing girls' needs. The overwhelming majority of organizations highlighted in this study are delivering services to girls in at least two and as many as six of the recommended categories of action simultaneously. Efforts to support girls' school return should not focus on selecting the most effective intervention for a particular setting, but rather they should focus on crafting a portfolio of meaningful interventions, to provide for a myriad of girls' needs. Girls who are hungry and lacking basic needs are unable to focus on their social-emotional health, just as girls who are traumatized are unlikely to participate in education.

Second, there is a dire need for more interventions that focus on the rights, educational opportunities and social experiences of pregnant girls. Pandemic-related teen pregnancy is an urgent situation and yet very few pregnant girls in the study felt school return was possible—even in countries where there are favorable policies. Reports of toxic school and peer culture that isolated girls and viewed pregnancy through a moral lens in which pregnant girls and young mothers posed a dangerous influence to schools and other learners were pervasive. Additionally, pregnant girls identified a number of structural challenges keeping them from school, beginning with the fact that schools are not supportive of pregnant girls and young mothers' health needs.

This is an area that requires further research and also much more attention from practice and policy. Given the enormous structural changes that would be required for schools to support pregnant girls' and mothers' health and childcare needs, this lack of attention is not surprising, but makes the undertaking no less urgent. More investment is needed in interventions that undertake important task of returning pregnant girls and young mothers to school buildings—which is an under-addressed area in girls' education practice. Structural changes in schools must go hand in hand with shifting toxic peer, community and school attitudes towards pregnant girls.



Remote learning initiatives must be specifically tailored to reach the most vulnerable girls. Rolling school closures and worsening economic situations are likely to continue as the pandemic rages on East Africa. In June 2021, Uganda closed schools for a second time, with other countries likely to follow as the vaccine rollout continues to be slow in the region. Rural girls, impoverished girls, girls coming from under-represented ethnic and religious communities, girls living in informal settlements, or who have been displaced—these girls are at the highest risk for dropping out AND are the least likely to be able to access remote learning initiatives as they are currently conceived. In our research, girls clearly expressed anxieties about falling behind which made returning to school much more difficult. Remote learning interventions that specifically target the most vulnerable girls are a necessary immediate measure for preventing further dropout.

Finally, efforts to address girls' needs should be driven by girls themselves and executed by the community-driven organizations that are already supporting them.

Girls' recommendations laid out in this report are clear, concise and concrete. To date, research reports and publications detailing findings from girls' themselves are scarce. This study was made possible during the pandemic because of the community-driven organizations (CDOs) that serve them, and that are located on the ground, communities. It was CDOs, operating under enormous community trust during a global crisis, who themselves went into girls' neighborhoods, spoke with them to document and highlight the stories, needs and ideas of the most vulnerable young girls and women. When given a platform and used their opinions, girls' voices are the most powerful guidance that practitioners and policy makers can ask for in stemming pandemic-related girls' education losses.

They should tell [pregnant girls] that even if you gave birth, when you study in the future you will get men and you will get jobs. You can also go abroad and fly on a plane. They should give her courage so she also goes back to school. Even when her colleagues talk about her, she doesn't care, if for her, all she cares about is studying. FGD-05-UGANDA



The Action Foundation Kenya, Nairobi Kenya
<https://theactionfoundationkenya.org/>



AkiraChix, Nairobi Kenya
<https://akirachix.com/>



Wiser International, Muhuru Bay Kenya
<https://www.wisergirls.org/>



Malkia Foundation, Kenya
<https://www.malkia-foundation.org>



Riley Orton Foundation, Kisumu Kenya
<http://www.rileyortonfoundation.org/>



Chalbi Scholars, Marsabit Kenya
<http://www.chalbischolars.org/>



Streets Ahead Childrens Center, Kayonza Rwanda
<https://saccarwanda.org/>



GLAMI, Arusha Tanzania
<https://glami.or.tz/>



Sega Girls School/Nurturing Minds, Morogoro Tanzania
<https://sega.or.tz/>



The Girls Foundation of Tanzania, Arusha Tanzania
<https://www.girlsfoundationoftanzania.org/>



Jifundishe, Arusha Tanzania
<https://www.jifundishe.org/>



Elohim Development Association, Bombo Uganda
<https://elohimdevelopment.org/>



Girls to Lead Africa, Kanungu Uganda
<http://girlstoleadafrica.com/>



GirlUp Initiative Uganda, Kampala Uganda
<https://www.girlupuganda.org/>



Learn Work Develop, Rwamagana Rwanda
<https://lwdrwanda.org/>



Rwanda Esther's Initiative, Bugasera Rwanda



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