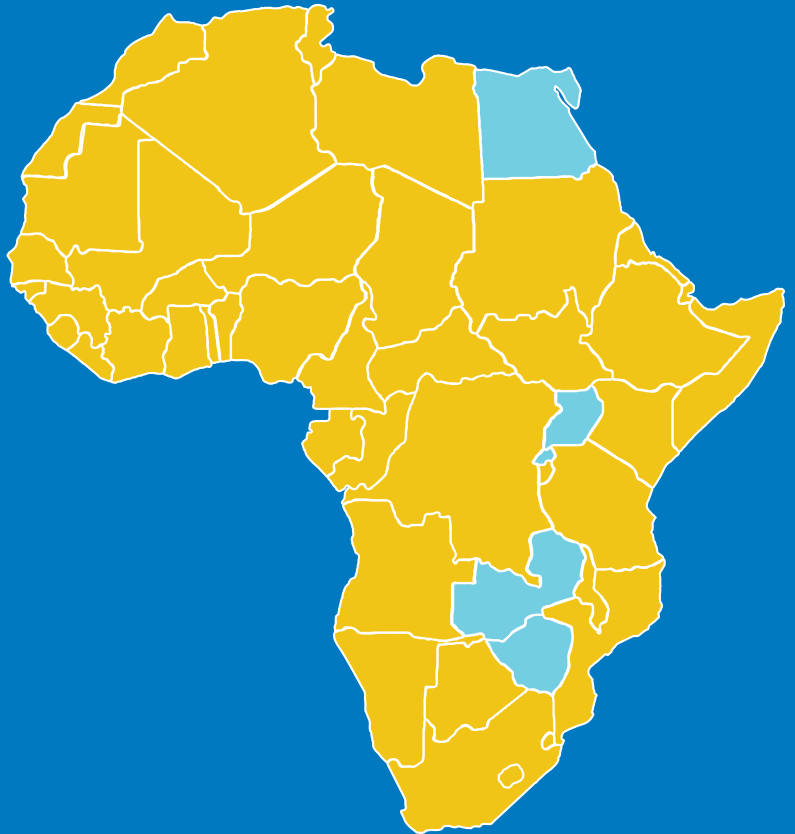# MEESA REPORT

AN EVALUATION OF ADOLESCENT GIRLS AND YOUNG WOMEN'S CONTINUED ACCESS TO EDUCATION DURING COVID-19 IN THE MIDDLE EAST, EAST, AND SOUTHERN AFRICA

(MARCH 2020-MARCH 2021)

Zainab got married when she was 17 years old and gave birth to her first daughter Mashallah a year later. In Zainab's community in Sudan, parents are responsible for arranging their daughter's marriages, usually without consulting the bride.

" *My husband promised me that I would be able to finish my education but when I was getting ready to go back to school, he stopped me from leaving and said, 'consider yourself a divorced woman if you go back'. I refused to give up on my dream to finish my education though. I said to myself, if I get educated and get my certificate, then I can change my daughter's life and I can educate her too and if she faces any problems in her life, she can say that her mother overcame this problem, so I can too. I want to be a role model for her."*

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II. FOREWORD

Covid-19 has had an enormous impact on education at every level all over the world. In many East and Southern African countries, the experience of the pandemic followed the effects of measures to slow the spread of Covid-19 severely effecting Africa's education system. We have important lessons for all of us, both in Africa and outside it, in how African countries dealt with the pandemic and are working to mitigate its effect on their education systems.

This report, and the study findings behind it, provides a unique insight into the perspectives of girls, education actors and experts regarding the impact of the Covid-19 pandemic on education in five countries of Egypt, Zambia, Zimbabwe, Uganda and Rwanda. It recognizes that the continued closure of schools has exposed millions of young women and adolescent girls to increasing protection risks and severely threatens their futures are girls out of schools are less likely to resume.

The process of conducting this study for Plan International's Middle East, Eastern and Southern Africa (MEESA) Regional Hub involved an elaborate consultative process with various stakeholders. Governments and aid actors in the MEESA have taken several measures to address both the primary and secondary impacts of the pandemic in countries in the region. These have had significant success in preventing the spread of COVID-19, providing critical treatment and care and to cushion communities from the adverse economic and social impacts of the pandemic. However, these have also fallen short in addressing the gendered impacts of the COVID-19 pandemic, they have further weakened the protection environment and heightened risks faced by vulnerable groups especially women and girls and displaced communities.

Plan International is committed to ensure that the needs of children, and especially adolescent girls and young women are central in the response to and recovery and on track to building resilience from the impacts of COVID-19 across countries in MEESA. In this regard, the MEESA Regional Hub (MEESA RH) undertook an evaluation of the COVID-19 response and recovery efforts across countries in the region aimed at analyzing the evolution of the response by actors in the region (governments and aid actors), noting the successes and challenges to ensuring that adolescent girls and young women have access to continued, quality learning during the first 6 months of the pandemic response.

This report provides actionable recommendations for governments in the region as well as aid actors with the goal of ensuring enhanced protection, continued access to quality education and the enjoyment of rights adolescent girls and young women across the region.

I want to thank the entire team who put efforts in ensuring that the study is of quality, scientific and provides findings that can inform some of our interventions in the context of Covid pandemic. Am aware of the current shift in post recovery processes shaping up and I would recommend this study finding to inform our planning as we seek to deliver context appropriate education interventions in Africa.

Roger Yates
Executive Director
MEESA

III. ACKNOWLEDGEMENT

The process of conducting this study for Plan International's Middle East, Eastern and Southern Africa (MEESA) Regional Hub involved an elaborate consultative process with various stakeholders. We would like to commend all the respective stakeholders who participated effectively in the process for their valuable effort and contribution towards making this assessment possible.

We specially would like to thank the Egypt, Rwanda, Uganda, Zambia, and Zimbabwe Plan International Country Office teams for their participation and organising of multi-stakeholders who took part in the study.

We would also like to thank the Plan MEESA Regional Hub; Advocacy and Research, Programmes and M&E teams who were valuable in providing input on the processes as well as help facilitate and coordinate meetings with various key stakeholders at country office level.

Special gratitude is rendered to the government representatives and aid actors that took part in the study and helped facilitate meetings in Egypt, Rwanda, Uganda, Zambia, and Zimbabwe.

We are grateful to the young people, especially the adolescent girls and young women for their valuable contribution on this study and for adding their critical voice to the discussions.

Except as acknowledged by the references in this paper to other individuals, organisations, authors and publication. The report was compiled by Converge Consultants Limited as a reflection of findings during the assignment.

Children wash their hands at school in Zimbabwe's Buhera District.

IV. EXECUTIVE SUMMARY

BACKGROUND

Governments and aid actors in the Middle East and East Southern Africa (MEESA) have taken several measures to address both the primary and secondary impacts of the COVID-19 pandemic in countries in the region. These measures have had significant success in preventing the spread of COVID-19, providing critical treatment and care and to cushion communities from the adverse economic and social impacts of the pandemic. However, these have also fallen short in addressing the gendered impacts of the COVID-19 pandemic, they have further weakened the protection environment and heightened risks faced by vulnerable groups especially women and girls and displaced communities. The continued closure of schools has exposed millions of young women and adolescent girls to increasing protection risks and severely threatens their futures are girls out of schools are less likely to resume. Plan International is committed to ensure that the needs of children, and especially adolescent girls and young women are central in the response to and recovery and on track to building resilience from the impacts of COVID-19 across countries in MEESA. In this regard, the MEESA Regional Hub (MEESA RH) thought a research consultant undertook an evaluation of the COVID-19 response and recovery efforts across countries in the region.

PURPOSE

The main objective of the study was to undertake an evaluation of the COVID-19 response and recovery efforts across countries in the (MEESA) region, by;

analysing the evolution of the response by actors in the region, reviewing Plan International's contribution to the COVID-19 response and develop actionable recommendations. The study had the following specific objectives.

1. *To analyse the evolution of the response by actors in the region (governments and aid actors), noting the successes and challenges to ensuring that adolescent girls and young women have access to continued, quality learning during the first year of the pandemic response.*
2. *To review Plan International's contribution to the COVID-19 response in selected operational countries and across the region.*
3. *To develop actionable recommendations for governments in the region as well as aid actors with the goal of ensuring enhanced protection, continued access to quality education and the enjoyment of rights adolescent girls and young women across the region.*

METHODOLOGY

The evaluation utilised a rapid assessment evaluation design through employing a mix-method approach to gather contextual, social, and institutional information quickly and efficiently. The evaluation was conducted at multi-levels with multi-sector engagements.

KEY FINDINGS

» *The evaluation reveals that COVID-19 had a two-fold impact on the education sector. On one hand, the crisis provided an opportunity for the sector to strengthen implementation of interventions*

outside of the traditional learning environment. On the other side, the pandemic exacerbated barriers, and challenges on access to learning especially for adolescent girls and young women.

» *With regards the strengthened interventions on learning during this period, the study notes positive collaborative efforts across multiple sectors and stakeholders such as health, agriculture, private sector, and civil society organisation (CSOs). This approach has been one of the critical elements in facilitating continuation of learning during a pandemic.*

» *In addition, community-based learning interventions, outside of the traditional school environment had proven to be a critical enabler of reaching learners at household level, especially the girls.*

» *A fundamental finding on the evaluation was the importance of creating safe spaces for young girls as part of their access to learning. The heightened need for safety for adolescent girls and young women as they accessed learning was due to protection concerns because of the pandemic.*

» *Furthermore, an integration of key supporting interventions within the education sector such as WASH, Sexual and Reproductive Health, Safety and Protection and Cash Support is crucial in ensuring learners are comprehensively supported.*

» *Finally, the evaluation identified key challenges and barriers associated with adolescent girls and young women in their plight to access learning during the pandemic. The main challenge identified was the impact COVID-19 had on the livelihood efforts of households which ultimately had an impact on the education sector. Barriers outlined in the evaluation include the harmful and/ or negative gender norms, increase in unwanted pregnancies and gender-based violence, limited access to technology and high illiteracy levels among most parents and caregivers of learners.*

RECOMMENDATIONS

» *Enhance multi-level and multisectoral response for continued access to learning during a pandemic such as COVID-19 by strengthening education technical working groups working on continued access to learning. The response to be embedded in the national COVID-19 response management systems to ensure that the aid actors are part of decision-making process at all levels to strengthen influence.*

» *Strengthen financing for education initiatives at both regional and domestic level through developing and/or maintaining financing platforms. Such initiatives should be earmarked for supporting most vulnerable groups such as adolescent girls and young women and young people living with disabilities.*

» *Strengthen community-based learning hubs to enable access to learning for girls within their communities and catchment. Adopt community learning interventions across the region to leverage or strengthen already existing community structures.*

» *Consideration of a holistic (integrated) approach to learning that includes Infection Prevention and Control (IPC) as a critical pillar in addition to SRH, Economic Empowerment, Protection, WASH etc. In addition to other interventions by the aid actors and government, it is important to include Public Health approaches to the education/learning portfolio. The inclusion of IPC for example, will be crucial for any future programming on learning especially when there is a pandemic.*

» *Re-think Gender transformative programming which requires even more emphasis in a period of pandemic due to multi-layered vulnerabilities faced particularly by adolescent girls and women.*

» *Leverage Public and Private Partnership aimed at enabling collaboration of education initiatives. For example, participation of ISP[1] and Mobile/Phone companies to support interventions that make use of technology. This effort can also be targeted at improving the internet access across rural/remote areas.*

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1   Internet Service Providers

1. INTRODUCTION

CHAPTER
ONE

Adolescent girls in Malawi take part in event to mark Day of the African Child 2021

Governments and aid actors in the Middle East and East Southern Africa (MEESA) have taken several measures to address both the primary and secondary impacts of the COVID-19 pandemic in countries in the region. These measures have had significant success in preventing the spread of COVID-19, providing critical treatment and care and to cushion communities from the adverse economic and social impacts of the pandemic. However, these have also fallen short in addressing the gendered impacts of the COVID-19 pandemic, they have further weakened the protection environment and heightened risks faced by vulnerable groups especially women and girls and displaced communities. The continued closure of schools has exposed millions of young women and adolescent girls to increasing protection risks and severely threatens their futures are girls out of schools are less likely to resume. Plan International is committed to ensure that the needs of children, and especially adolescent girls and young women are central in the response to and recovery and on track to building resilience from the impacts of COVID-19 across countries in MEESA. In this regard, the MEESA Regional Hub (MEESA RH) undertook a study to evaluate the COVID-19 response and recovery efforts across countries in the region in relations to its impact on continued learning among adolescent girls and young women. This report outlines the key findings and recommendations because of the study.

2.
CHAPTER TWO

LITERATURE REVIEW

Joy, Christine and Pamela learn engineering skills at vocational training centre

2.1. GLOBAL PERSPECTIVE ON COVID-19 AND LEARNING

The World Bank reported COVID-19 to have created the worst crisis for education and learning in a century.[2] As of 18th June 2021, over 3.8 million people had lost their lives due to the virus[3]. To deal with the spread of the virus, most governments instituted strict lockdown measures. These measures led to an interruption in education, essential services, and a request for people to stay at home. As a result, the world now finds itself in a severe global recession, increasing poverty and inequality within and between countries. The effects on people's lives are profound, but when it comes to children and adolescents there is the fear of a lost generation
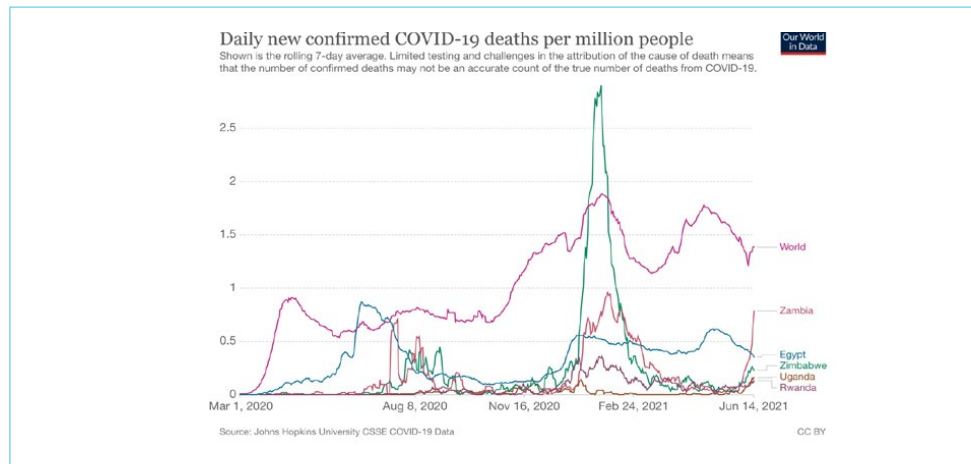

Figure 1: Daily new confirmed COVID-19 cases per million people in Zambia, Uganda, Egypt, Rwanda, and Zimbabwe (18th June 2021)

Before the worldwide lockdowns, the world was already facing a global learning crisis. The global learning poverty rate is estimated at 48 percent: almost half of the world's children cannot read and understand a simple text by age 10. In low-income countries, this is particularly acute, with the learning poverty rate reaching 90 percent in some cases. At least 175 million pre-primary school aged children and 258 million primary and secondary school aged children (one in five) were out of school before the pandemic, and this is only expected to worsen with current measures. It is estimated that at the peak of pandemic and school closures in April 2020 1.6 billion children were taken out of classrooms.[4]

Children, adolescents, and young adults are already struggling to access education, with this barrier being higher among others. Amongst these are girls, who progress in education threatens to reverse during the pandemic. Considering that girls have additional factors that make them susceptible to delayed access to education, the pandemic has worsened their ability to access learning.[5]

Learning is a basic human right – universal, inalienable, and indivisible. It is also a key driver of other fundamental rights and freedoms, and has wide-ranging human, social, health and economic benefits. It reduces poverty, drives sustainable growth, prevents inequality and injustice, leads to better health – particularly for women and children – promotes stability and peace, protects the planet, and helps build resilience for addressing crises.[6]

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2   World Bank (2021) *Urgent, Effective Action Required to Quell the Impact of COVID-19 on Education Worldwide (worldbank.org)* (accessed 9 March 2021)
3   John Hopkins Corona Virus Resource Center (2021): *COVID-19 Map - Johns Hopkins Coronavirus Resource Center (jhu.edu)* (accessed 15 June 2021)
4   World Bank (2021) *Urgent, Effective Action Required to Quell the Impact of COVID-19 on Education Worldwide (worldbank.org)* (accessed 9 March 2021)
5   Monteath-van Dok, A. & Frost, N. (2021) Literature Review: The impact of OVID-19 on adolescent education in low-and middle-income countries, Bloem Consulting: UK
6   UNESCO (2020) *new-methodology-shows-258-million-children-adolescents-and-youth-are-out-school.pdf (unesco.org)* (accessed 9 June 2021)

ESTIMATED IMPACTS OF COVID-19 ON LEARNING POVERTY

For every 100 children in *low- and middle-income countries*

53 children in learning poverty prior to COVID

9 schooling deprived (pre-COVID)

63 in learning poverty post COVID

44 children learning deprived (pre-COVID)

10 additional children in learning poverty post COVID

37 children not in learning poverty
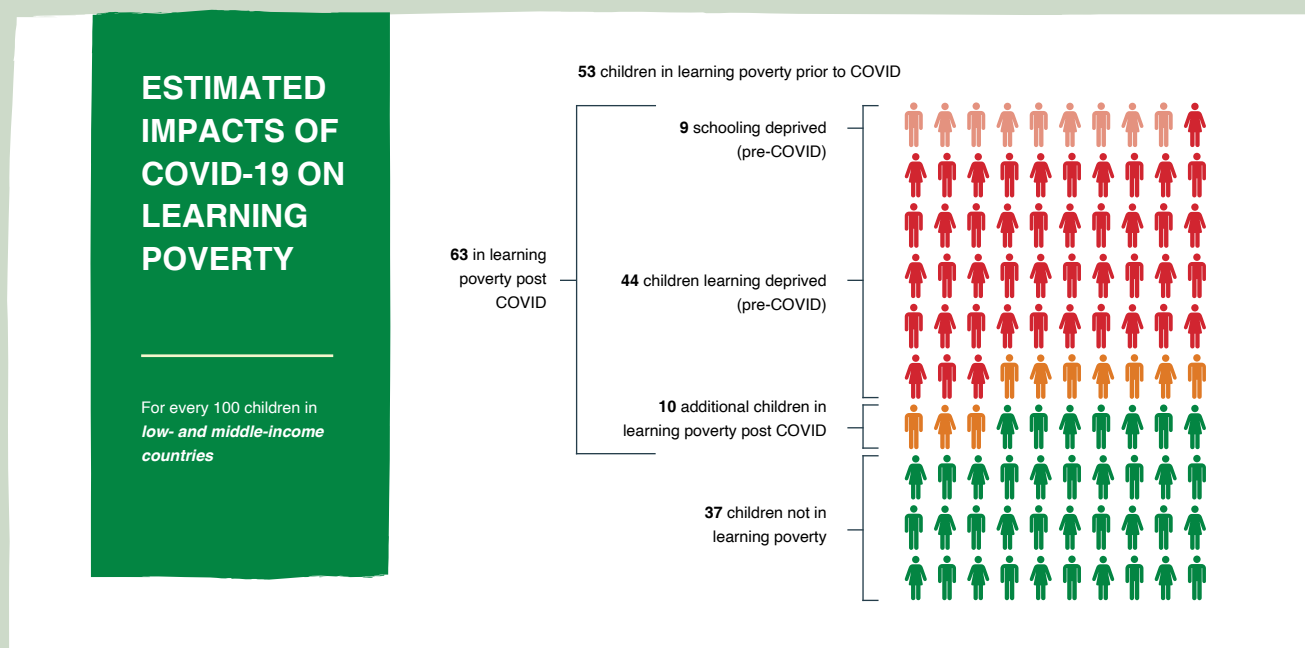
Source: Azevedo (2020). Pessimistic Scenario (of 70% of school closure, very low mitigation effectiveness, no remediation, and WB-MPO June). For more details on the simulation methodology, see Azevedo et al (2020)

Addressing learning poverty is an urgent need which is also well reflected by Sustainable Development Goal 4 to "ensure inclusive and equitable quality education and promote lifelong learning opportunities for all". Exacerbated by the COVID-19 pandemic, multiple other education challenges stand out today as acute and urgent:

i   *the inclusiveness of education systems, in particular for children with disabilities;*

ii *learning during emergencies and crisis times, starting with analysing risks and finding solutions for resilient education systems;*

iii *the institutional capacities to plan, deliver and monitor quality education; and*

iv *the alignment and related incentives of educations systems and stakeholders towards learning.[7]*

Important to note is that the impact of poverty on girls' lives is multi-faceted. This is not a new situation and was bad enough before COVID-19, and it will get worse and likely last a long time. If the economic downturn is as severe as predicted, families may no longer be able to afford school, particularly for the girls, and may prefer them to explore income-earning activities.[8]

2.2. GLOBAL AND REGIONAL RESPONSE

Global coalitions

As the COVID-19 pandemic emerged in 2020, the UN Secretary General Antonio Guterres called on governments to prioritise the education of all children, including the most marginalised, the emphasis was on encouraging governments to assess the response of institutions and enabling education to continue in some form outside its traditional setting. Although international organisations, such as UNESCO, which established a Global Education Coalition in 2020 to mobilize and support learning continuity, which today counts 160 members working around three central themes: Gender, connectivity, and teachers. This coalition aims to

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7   UNESCO (2020) *new-methodology-shows-258-million-children-adolescents-and-youth-are-out-school.pdf (unesco.org)* (accessed 9 June 2021)

8   Plan (2020) Living Under Lockdown, Girls and COVID-19

facilitate distance learning and to assist countries to reach young people who are most at risk. In practice, African governments have had little support towards funding education during COVID-19 and consequently, many individual education institutions have been left to fend for themselves.[9] As part of the evolving response, UNESCO, UNICEF, and World Bank joined forces to support countries achieve the mission of leveraging their expertise and actions on the ground to support national efforts and domestic funding.[10]

Financing for education

Financing for education is a critical part of the sector that has been highly impacted by the pandemic and coalitions such as the Global Partnership for Education (GPE) has been instrumental in ensuring that education is funded. In July 2021, the GPE held the Global Education Summit, co-hosted by UK Prime Minister Boris Johnson and Kenyan President Uhuru Kenyatta in London, which raised a record US$4 billion from donors for the Global Partnership for Education (GPE). This fundraising total puts GPE firmly on the path to achieving its target of raising at least $5 billion over the next five years to transform education for millions of the world's most vulnerable children. A fully funded GPE would enable up to 175 million children to learn and help get 88 million more girls and boys in school by 2025, an initiative valuable during the COVID-19 pandemic. Through the global education summit, most countries around the world including most African countries committed to financing education during 2021-2025.[11]

Continental (Africa) response

At the continental level, the African Union and Africa CDC through the African Joint Continental Strategy for COVID-19 Outbreak seek to mitigate the impact of COVID-19 on various sectors including education. The strategy spells out objectives which aim to coordinate efforts of Member states, African Union agencies, World Health Organization, and other partners to ensure synergy and minimise

duplication.[12] Efforts across sub-continental regions such as SADC have included guidelines on harmonisation and facilitation of operations across the region during the pandemic.[13]

2.3. THE IMPACT OF COVID-19 ON THE MIDDLE EAST, EASTERN AND SOUTHERN AFRICAN (MEESA) REGION

The Middle East and Sub-Sahara Africa is home to most children who are out of school, and this presents an unprecedented challenge in so far as keeping the young generation productive. The lack of access to schooling particularly has adverse impact on adolescent girls and young women and their perceived and lived vulnerabilities in society.[14]

The region has some of the most alarming multifaceted vulnerabilities for girls globally, In the MEESA region several gender-based inequalities and rights violations existed impacting negatively on achievement of Gender Equality and Girls Rights. Several countries in the region have the highest rates of Female Genital Mutilation in the world: Egypt (91%); Sudan (88%); Ethiopia (74%) and Kenya (27%). Child Marriage is practiced in almost all countries globally. In Africa, several countries in MEESA region are amongst the top 20 countries with high prevalence of CEFM[15] for example South Sudan (52%); Mozambique (48%), Somalia (45%) Ethiopia (40%), Uganda (40%), Tanzania (31%) and Kenya (23%) of girls are married before 18th birthday.[16]

Each year 16 million girls in developing countries give birth. Most of these pregnancies are unintended. Pregnancy and childbirth are also the leading cause of mortality among girls aged 15-19 globally. Every year, 39 million girls aged 15-19 undergo unsafe abortion and 4 out of 5 new HIV infections among 15-19 are in girls.[17]

In Zambia, teenage pregnancy has remained consistently high over the past 15 years. About 29% of adolescent 15–19 have already given birth- 6%

9   http://www.guninetwork.org/files/the_effect_of_covid-19_on_education_in_africa.pdf

10   https://www.worldbank.org/en/topic/education/brief/mission-recovering-education-in-2021

11   https://www.globalpartnership.org/news/global-education-summit-london-raises-us4-billion-global-partnership-education-help-175

12   https://africacdc.org/download/africa-joint-continental-strategy-for-covid-19-outbreak/

13   https://www.sadc.int/files/8315/8626/0246/Final_SADC_Guidelines_on_Cross-Border_Transport_during_COVID19-Adopted_on_6_April_2020-ENGLISH.pdf

14   World Vision (2020) COVID-19 Aftershocks: Access Denied, Teenage Pregnancy threatens to block a million Girls across Sub-Saharan Africa from returning to school

15   Child, Early and Forced Marriage

16   Plan (2020) A 360o Response Report: Middle East, Eastern and Southern Africa COVID-19, Issue 1: July 2020

17   ibid

In Africa, several countries in MEESA region are amongst the top 20 countries with high prevalence of CEFM for example

South Sudan
52%

Mozambique
48%

Somalia
45%

Ethiopia
40%

Uganda
40%

Tanzania
31%

Kenya
23%

of girls are married before 18th birthday.

of the 15-year-olds and 58% of those aged 19. About 42% adolescents with no education, 46% of adolescents in the lowest wealth quintile and 73% of married adolescents had given birth before. Almost 30% of girls were married by the time they reached 18 years old.[18]

According to the Uganda Demographic and Health Survey (2016), 1 in 5 women in Uganda begins sexual activity before age 15, while 64% have sex before age 18. 1 in 4 adolescent women aged 15-19 are already mothers or pregnant with their first child. Teenage childbearing is higher in rural areas (27%) than in urban areas (19%).[19]

Zimbabwe's government said nearly 5,000 teenage girls became pregnant in January and February and about 1,800 entered early marriages during the same period in 2021. The country has a high adolescent fertility rate of 108 per 1,000 among young women aged 15-19 years. This is against average fertility rate of 101 births per 1,000 young women aged between 15-19 in sub-Saharan Africa. Although this data is from pre-COVID-19 pandemic and [before] lockdown measures were put in place, emerging data indicates that there has been significant increase in teenage pregnancy during the lockdown.[20]

In Egypt, the rate of teenage pregnancy is 4.1% in urban areas and 11.3% in rural societies. 14 The size of the problem is greater in upper Egypt especially rural areas due to traditional early marriage so more early pregnancy and increased rate of pregnancy and natal complications. The proportion of girls who begin childbearing—that is, they are either pregnant or have already given birth—rises rapidly throughout the teenage years as the proportion of girls who are married increases: The 2014 Egyptian Demographic Health Survey (EDHS) shows that 1 in 6 girls (16 percent) begin childbearing by the time they reach their 18th birthday. This ratio increases to 1 in 4 girls (27 percent) by the time they reach their 20th birthday.[21]

According to the Rwanda Demographic and Health Survey 2019-20, overall, 5% of women aged 15-19 have begun childbearing: 4% have had a live birth, and 1% were pregnant at the time of the survey. The proportion of teenagers who have begun childbearing rises rapidly with age, from less than 1% at age 15 to 15% at age 19. Teenagers with no education and those in the lowest wealth quintile tend to start childbearing earlier than other teenagers. Teenagers in East province are more likely to start childbearing earlier than their counterparts.[22]

The existing inequalities making girls most vulnerable have been amplified by the COVID-19 pandemic. For example, UNFPA[23] projects that COVID could lead to

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18 CSO (2019) Demographic and Health Survey Key Indicators, in Demographic and Health Survey. 2019, The DHS Program: Central Statistical Office, Lusaka.

19 Ministry of Education and Sports (2020) Revised Guidelines for the Prevention and Management of Teenage Pregnancy in School Settings in Uganda

20 https://www.voanews.com/covid-19-pandemic/zimbabwe-reports-major-rise-teen-pregnancies-during-pandemic

21 https://www.prb.org/resources/adolescent-girls-in-egypt/

22 Republic of Rwanda (2020) Rwanda Demographic and Health Survey, 2019-2020, Key Indicators Report. https://dhsprogram.com/pubs/pdf/PR124/PR124.pdf (Accessed 6th August 2021).

23 United Nations Population Fund

In Egypt, the rate of teenage pregnancy is

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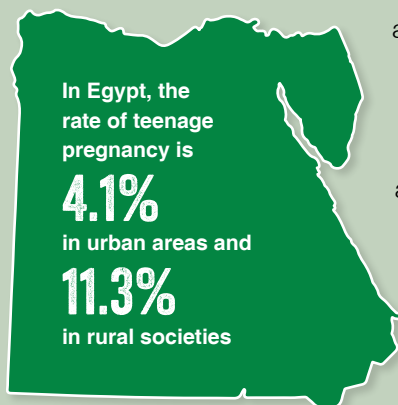
additional 2 million cases of GBV; 13 million more child marriages over the next decade and another six months of lockdown could lead to 7 million unintended pregnancies.

It has been reported that school closures during crises can lead to increases in teenage pregnancy by as much as 65 per cent, as closures result in girls spending more time with men and boys than they would were they to be in school, leading to greater likelihood of engagement in risky sexual behaviour and increased risk of sexual violence and exploitation. With increases in teenage pregnancies looming and policies and practices that ban pregnant girls and young mothers from school, an estimated one million girls in sub-Saharan Africa may be blocked from returning to school once they reopen after closures due to COVID-19. A lost education is catastrophic to young mothers, their children, and their communities. For example, if countries across sub-Saharan Africa fail to ensure the continued education of adolescent mothers, the region could see its economy suffer from a further US$10 billion loss in GDP above and beyond the immediate, crippling effects of COVID-19.[24] According to Wondwosen Tamrat and Damtew Teferra (2020), research on the April 2020 Africa economic forecasts revealed that Africa could experience economy loss of between US$90 billion and US$200 billion in 2020, with the GDP shrinking by three to eight points.[25]

The economic outlook of the countries of focus during the period of the COVID-19 pandemic particularly experienced an economic downturn in varying extends in turn having an impact on the level of funding efforts directed towards education and its recovery during a pandemic. The COVID–19 pandemic and subsequent lockdowns to prevent
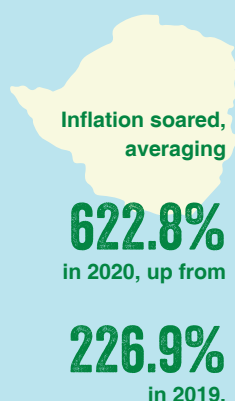
the spread of the virus damaged Uganda's economy. Real GDP declined by 0.5% in 2020, after growing 7.5% in 2019. Tourism and hospitality were severely hurt by global travel restrictions and local containment measures. Other sectors that were adversely affected include manufacturing, retail and wholesale trade, and education. The Bank of Uganda reduced the policy rate in April to 8% and then in June to 7%, to provide stimulus to businesses. Nevertheless, the central bank kept inflation at 3.8%, well under the 5% medium-term target. The fiscal deficit widened to 6.6% in 2020 from 5.2% in 2019 as the government directed spending towards public health, including increased testing and cross-border surveillance of COVID–19. Government borrowing increased to cover revenue shortfalls. The debt-to-GDP ratio rose to 40.8% in June 2020 from 35.9% a year earlier. The financial sector has come under increasing pressure because of the decline in economic activity.[26]

Real GDP in Rwanda was estimated to contract by 0.4% in 2020 due to the COVID–19 pandemic, after growing 9.4% in 2019. Trade, transportation, and tourism services have been the sectors most affected by the global pandemic. COVID–19 also hurt investment and exports. Rising food prices, stoked by disruptions to regional and domestic supply chains, contributed to a 6.6% increase in inflation in 2020. That was far higher than the 2.4% in 2019 and breached the central bank's 5% policy target. The National Bank of Rwanda reduced the key policy rate to 4.5% in April 2020 from 5.0% in 2019 to stimulate growth, but private sector credit remained subdued, expanding by 10.2% in 2020, compared with 12.6% in 2019. Low tax yield and elevated health and social protection spending caused the fiscal deficit to grow to 8.3% of GDP in 2020, compared with 7.3% in 2019. The deficit was financed by COVID–19 budget support loans and grants from cooperating partners. The latest available data show an unemployment rate of 22.1% in May 2020, compared with 15% a year earlier. Unemployment growth reflects the virtual shutdown

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24 World Bank (2021) *Urgent, Effective Action Required to Quell the Impact of COVID-19 on Education Worldwide (worldbank.org)* (accessed 9 March 2021)

25 Tamrat, Wondwosen & Teferra, Damtew. (2020). COVID-19 poses a serious threat to higher education.

26 Africa Development Bank, 2021- *https://www.afdb.org/en/countries/east-africa/uganda/uganda-economic-outlook*
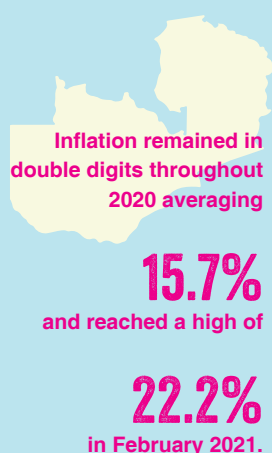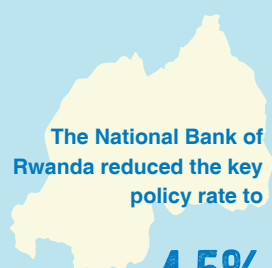
The National Bank of Rwanda reduced the key policy rate to

4.5%

in April 2020 from

5.0%

in 2019 to stimulate growth, but private sector credit remained subdued, expanding by

10.2%

in 2020, compared with

12.6%

in 2019

Inflation remained in double digits throughout 2020 averaging

15.7%

and reached a high of

22.2%

in February 2021.

Inflation soared, averaging

622.8%

in 2020, up from

226.9%

in 2019.

of such major industries as transport, food, and hospitality during the lockdown and is like to increase the poverty rate —which was 38.2% in 2017, the most recent data available.[27]

For Zambia, the COVID-19 pandemic pushed into contraction an economy that was already weakened by recent persistent droughts, falling copper prices and unsustainable fiscal policies. Economic activity through Q3 of 2020 contracted by 1.7%, as declines in industry and services outweighed growth in agriculture. Mining and services suffered from lower global demand and social distancing measures earlier in the year, respectively. However, relaxation of the lockdown measures in second half and a global pick-up of copper prices helped activity to recover. Overall, the economy is estimated to have contracted by 1.2% in 2020 - the first recession for Zambia since 1998. Inflation remained in double digits throughout 2020 averaging 15.7% and reached a high of 22.2% in February 2021.[28]

Before the COVID–19 pandemic, Zimbabwe's economy was already in recession, contracting by 6.0% in 2019. Output fell because of economic instability and the removal of subsidies on maize meal, fuel, and electricity prices; suppressed foreign exchange earnings; and excessive money creation. The onset of the COVID–19 pandemic and continued drought led to 10% contraction in real GDP in 2020. Inflation soared, averaging 622.8% in 2020, up from 226.9% in 2019. Foreign exchange reforms were instituted in June 2020, which dampened an inflation that raged an annual rate of 838% in July. Fiscal and current account deficits also recovered after July, but both deteriorated for the year. The budget deficit rose from 2.7% in 2019 to 2.9% in 2020, while the current account went from a surplus of 1.1% of GDP in 2019 to a deficit of 1.9% in 2020. The exchange rate depreciated ZWL2.5 in February 2019 and stabilizing around ZWL82 to the US dollar in December 2020. Poverty stood at 70.5% in 2019 while unemployment remained high at over 21%.[29]

In Egypt, the tourism sector—which accounts for about 5.5% of GDP and 9.5% of employment—was shut down from mid-March to 1 July 2020. Despite pandemic-related expenditures and revenue shortfalls, the fiscal balance excluding the cost of government debt is expected to remain positive, at 0.5% of GDP. This fiscal buffer, a consequence of the fiscal consolidation reforms, helped keep the overall deficit broadly unchanged at 8% of GDP in 2020—compared with a 7.9% deficit in 2019 that benefited from a primary surplus of 2%. Public debt was estimated to increase to 90.6% of GDP in 2020 from 86.6% in 2019, reversing three years of continuous decline. During the first half of 2020, exports dropped by 6%, while imports fell 21%, which helped narrow the current account deficit to 3.1% of GDP in 2020 from 3.6% the year before. The smaller current account deficit also reflected the strength of remittances, estimated at 8% of GDP in 2020. Following the move to a flexible exchange rate regime in 2016, Egypt experienced a period

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27 https://www.afdb.org/en/countries/east-africa/rwanda/rwanda-economic-outlook

28 World Bank (2021) Zambia economic outlook during COVID-19 *https://www.worldbank.org/en/country/zambia/overview* (Accessed on 6th August 2021)

29 Africa Development Bank (2021) Zimbabwe economic outlook *https://www.afdb.org/en/countries/southern-africa/zimbabwe/zimbabwe-economic-outlook*

of double-digit inflation, but inflationary pressures have been trending downward since the summer of 2017. In 2020, price pressures were muted, especially on food products, and inflation declined to 5.7%, from 13.9% in 2019, which allowed monetary policy to be accommodative. To stimulate economic activity, the bank of Egypt cut the overnight lending rate by 300 basis points on 16 March 2020, another 50 basis points on 24 September, and to 9.25% on 12 November.[30]

2.4. THE IMPACT OF COVID-19 ON THE EDUCATION SECTOR

Though there is yet to be a measure of the full effect of the COVID-19 crisis on education, it is evident that millions of students are at risk of not returning to education institutions, with many of them eventually dropping out. This is due to several factors including: a) financial constraints and pressure to take up employment, b) household chores, c) childcare, especially when parents or caregivers are ill or have passed away, d) early and forced marriage and/or early and unintended pregnancy, with girls being particularly vulnerable, and e) fear of resurgence of the virus.[31]

Loss of learning time and learning gaps incurred during the confinement may also further drive disadvantaged learners away from education. Moreover, where remote learning has not been effective, learners may become disinterested in education, even after schools reopen. UNESCO[32] projections, covering 180 countries and territories, estimate that about 24 million students (from pre-primary to tertiary education) were at risk of not returning to education institutions in 2020, including care centres, schools, universities, or other training institutions, of which 10.9 million are in primary and secondary levels. Out of this, 11.2 million are girls and young women, with 5.2 million of them being primary and secondary school students.[33]

The 10.9 million in primary and secondary levels is in addition to the 258 million children and youth

of this age who were already out of school prior to the crisis. These findings are likely to be adjusted as the sanitary situation continues to evolve. Tertiary education is affected the most, with an estimated 3.5% decline in enrolment, resulting in 7.9 million fewer students. This is followed by pre-primary education with an estimated 2.8% decline in enrolments, corresponding to 5 million children. Primary and secondary education are likely to be relatively less affected.[34]

Below is an outline of the impact COVID-19 had on the education sector in the respective countries of focus for this study.

On 14 March 2020, the government of Rwanda announced the closure of all schools following the identification of the first COVID-19 case in Rwanda. Subsequently, on 1 May, the government announced that the school calendar year would shift, with the intention to change to a September to June school year. The Ministry of Education (MINEDUC) further announced on October 13 that secondary and upper primary schools would start reopening in phases in November 2020. Along with the change in the school year, students would return to the grade they were in before school closures (so effectively would repeat part of the year). Following school closure, the Rwandan government implemented several initiatives to ensure student learning could continue. The Rwanda Education Board (REB) began broadcasting education programs on national TV and radio and launched a YouTube channel called REB eLearning with educational content for students. REB also strengthened its online learning portal to support remote learning for schools and teachers. In addition, the platform provides professional development for teachers and school leaders, with a focus on digital skills.[35]

In Zimbabwe, the COVID-19 pandemic has affected the learning of over 4.6 million children. When the COVID-19 virus began to spread in the country in March 2020, it forced the country into a nationwide

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30 https://www.afdb.org/en/countries/north-africa/egypt/egypt-economic-outlook

31 UNESCO (2020). COVID-19 Education Response: How many students are at risk of not returning to school? *https://unesdoc.unesco.org/ark:/48223/pf0000373992* (Accessed 18th June 2021)

32 United Nations Educational, Scientific and Cultural Organization

33 ibid

34 UNESCO (2020). COVID-19 Education Response: How many students are at risk of not returning to school? *https://unesdoc.unesco.org/ark:/48223/pf0000373992* (Accessed 18th June 2021)

35 *https://www.educ.cam.ac.uk/centres/real/publications/School%20closures_brief.pdf*
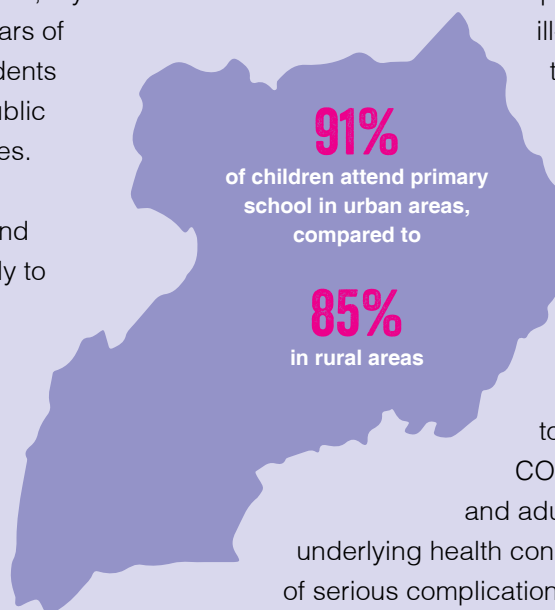
lockdown, with unknown impact on children's learning. Since the start of the pandemic, Zimbabwe had followed a phased approach to school closing and reopening. Schools were fully closed for face-to-face learning from March to Mid-September 2020, partially reopened from Mid Sept-Oct and then fully reopened again from Nov-Dec 2020. From Jan 2021 to March 2021 schools were partially reopened but they are now fully open since beginning of April 2021. In the face of the pandemic and during the whole of 2020, the country has been developing alternative ways to ensure continuity of learning. In the first months of the pandemic, this meant broadcasting lessons on the radio. This proved effective but once the lessons were played, there was no digital library to allow students to access these radio lessons late.[36]

The COVID-19 pandemic poses serious threats to the access of education in Uganda, and innovative solutions are needed to support this sector and ensure the continued education of rural populations. Uganda's education system uses the following structure: 7 years of primary education, 6 years of secondary education, and 3-5 years of post-secondary education, and students can choose between private and public schools depending on their resources. However, there are significant gaps between school enrolment in rural and urban areas. Students are more likely to complete primary school in urban areas as opposed to rural areas, and around 91% of children attend primary school in urban areas, compared to 85% in rural areas. This gap is more noticeable in secondary education, as 38% of children of secondary school age in urban areas attend school, compared to only 14% of children in rural areas (EPDC, 3-6). Female literacy rates are much larger in urban areas as opposed to rural areas, and incomes are higher in urban areas as

well. 80% of Uganda's school-age children live in rural areas that are characterized by a lack of resources for basic living and underdeveloped infrastructure for education. As the pandemic continues, education in poorer rural areas will be hit the hardest due to underlying disparities hereby outlined.[37]

According to World Vision (2020), since March 18, 2020, when Zambia recorded the first case of COVID-19, education for more than 4.4 million children and adolescents got disrupted, potentially regressing progress made in attaining Sustainable Development Goal number 4, including the attainment of high-quality primary and secondary education. Children's routine has also not been the same, resulting in unprecedented stress among many. The most vulnerable, including those living with disabilities and migrant children are most affected by the impacts of COVID-19 because they face additional vulnerabilities, as access to education is entirely in jeopardy during this period when gatherings and school access is limited.[38] Also, people experiencing social disadvantage and marginalisation are known to be disproportionately impacted by ill-health. In the context of the COVID-19 pandemic, persons with disabilities may have increased risk for exposure, complications, and death as: Persons with disabilities are disproportionately represented among older populations, who are known to be at increased risk in the COVID-19 pandemic; Children and adults with disabilities may have underlying health conditions that increase their risk of serious complications from COVID-19; Persons with disabilities are disproportionately represented among the world's people living in poverty. It has been identified that the impacts of COVID-19 are likely to be worse for people in lower socio-economic groups.[39]

91%
of children attend primary school in urban areas, compared to

85%
in rural areas

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36 https://www.unicef.org/zimbabwe/stories/providing-learning-solution-millions-and-out-school-children-zimbabwe

37 https://www.globallivingston.org/dir/research/effect-of-covid-19-on-the-educational-sector-in-uganda

38 https://reliefweb.int/report/zambia/policy-brief-covid-19-its-impacts-childrens-education-zambia-july-2020

39 https://www.unicef.org/armenia/media/6851/file/COVID-19:%20Considerations%20for%20Persons%20with%20Disabilities%20.pdf

Ever since the COVID-19 virus hit Egypt, the Egyptian Government has undertaken several strict measures to prevent the rapid spread of the disease within the education sector. With approximately 20 million students enrolled in schools and universities across the country, the Education sector has been one of the sectors that has been most affected by the pandemic. In March 2020, the Egyptian Government decided to shut down all schools and universities and have all teaching undertaken virtually. The Egyptian Ministry of Education launched an online portal where all the teaching material was uploaded and where the students submit their work to be reviewed by teachers. On the other hand, the Ministry of Higher Education ensured that all lectures were taught online and allowed each faculty to mandate the method of teaching.[40]

2.5. THE PLAN INTERNATIONAL COVID-19 GENDER EQUALITY GLOBAL ADAPTATION AND RESPONSE FRAMEWORK

The Plan International COVID-19 Gender Equality Global Adaptation and Response Framework was developed with a two-pronged approach aimed at ensuring that the most vulnerable communities across the countries of operation are prepared to prevent and respond to COVID-19. This responses' priority is on interventions in the sector of WASH, Health, Community Engagement and Accountability, Child Protection and, Education (which is the focus of this evaluation).[41][42]

The approach further aims to have the highest impact on prevention of transmission as well as to mitigate the subsequent negative sociological impacts while maintaining mainstream gender equality through its response activities to ensure promotion of gender equalities during the COVID-19 pandemic.[43]

The priority of this response framework is to ensure that the ongoing emergency responses are integrating COVID-19 prevention and mitigation measures, with particular emphasis on refugee and displacement settings. These settings are at the forefront of the response to COVID-19 due to the fragility of the contexts and the impact that a double crisis will have on the most vulnerable.[44]

The second priority is to target Plan's ongoing projects and programmes in high-risk areas with a particular focus on sponsorship communities, using the programme guidance that outlines adaptations to current programmes to better prepare and mitigate the impact of COVID-19.[45]

This adaptation and response plan emphasises four phases of the crisis – Preparedness, Initial Response, Mitigation and Recovery. These consider the different scenarios and are inclusive of mobility restrictions and shutdowns of basic social services because of COVID-19. These phases are important to consider in Plan's approach to ensure adequate scale up of life-saving activities at the right time and equally consider interconnected programming as the organisation moves into recovery.

In addition to the response and adaptation activities directed at communities, the foundation of Plan's ability to respond effectively lies in strong coordination with local, regional, and national governments. The aim of this is not only to enhance and support government-led responses to COVID-19 outbreaks but also to influence the inclusion and prioritisation of girls, women, and vulnerable groups such as refugees and internally displaced persons (IDPs) into government policies to tackle the pandemic. This evaluation delves into understanding the way in which various stakeholders responded to the COVID-19 pandemic and its subsequent impact on essential societal services- particularly access to education by adolescent girls and young women.

40 https://www.tamimi.com/law-update-articles/impact-of-covid-19-on-education-in-egypt-a-new-world-order-in-the-education-realm/

41 Plan (2020) COVID-19: Gender Equality Global Adaptation and Response Framework

42 UNESCO (2020) *new-methodology-shows-258-million-children-adolescents-and-youth-are-out-school.pdf (unesco.org)* (accessed 9 June 2021)

43 Plan (2020) COVID-19 Gender Equality Global Adaptation and Response Framework

44 ibid

45 ibid

3. CHAPTER THREE

PURPOSE OF THE EVALUATION

Girl in Cabo Delgado, Mozambique receives school supplies from Plan International

As outlined in the literature above, the COVID-19 pandemic has become a critical element of thinking around programming that targets the education sector and particularly for adolescent girls and young women. Plan International commissioned this evaluation as part of attaining a deep-dive into how the COVID-19 response has evolved in the MEESA region and its impact of strengthening access to learning for adolescent girls and young women during a pandemic. As indicated, this phenomenon was explored in the MEESA region, in particular the evaluation was conducted in Egypt, Rwanda, Uganda, Zambia, and Zimbabwe. This evaluation and report in turn seek to iterate the evolving COVID-19 response in these countries and how it relates to adolescent girls and young women's access to learning.

4. OBJECTIVES

Boy plays on slide at child friendly space in northern Tanzania

4.1. MAIN OBJECTIVE

The main objective of this study was to undertake an evaluation of the COVID-19 response and recovery efforts across countries in the (MEESA) region, by; analysing the evolution of the response by actors in the region, reviewing Plan International's contribution to the COVID-19 response and develop actionable recommendations. The study had the following specific objectives.

4.2. SPECIFIC OBJECTIVES

4.2.1. To analyse the evolution of the response by actors in the region (governments and aid actors), noting the successes and challenges to ensuring that adolescent girls and young women have access to continued, quality learning during the first year of the pandemic response.

4.2.2. To review Plan International's contribution to the COVID-19 response in selected operational countries and across the region.

4.2.3. To develop actionable recommendations for governments in the region as well as aid actors with the goal of ensuring enhanced protection, continued access to quality education and the enjoyment of rights adolescent girls and young women across the region.

5. CHAPTER FIVE | METHODOLOGY

Saraha, 10, says the conflict in South Sudan is affecting her education

5.1. EVALUATION DESIGN

The evaluation utilised a rapid assessment evaluation design through employing a mix-method approach to gather contextual, social, and institutional information quickly and efficiently. The evaluation was conducted at multi-levels with multi-sector engagements. The execution of this methodology relied on the values and evaluation principles outlined below:
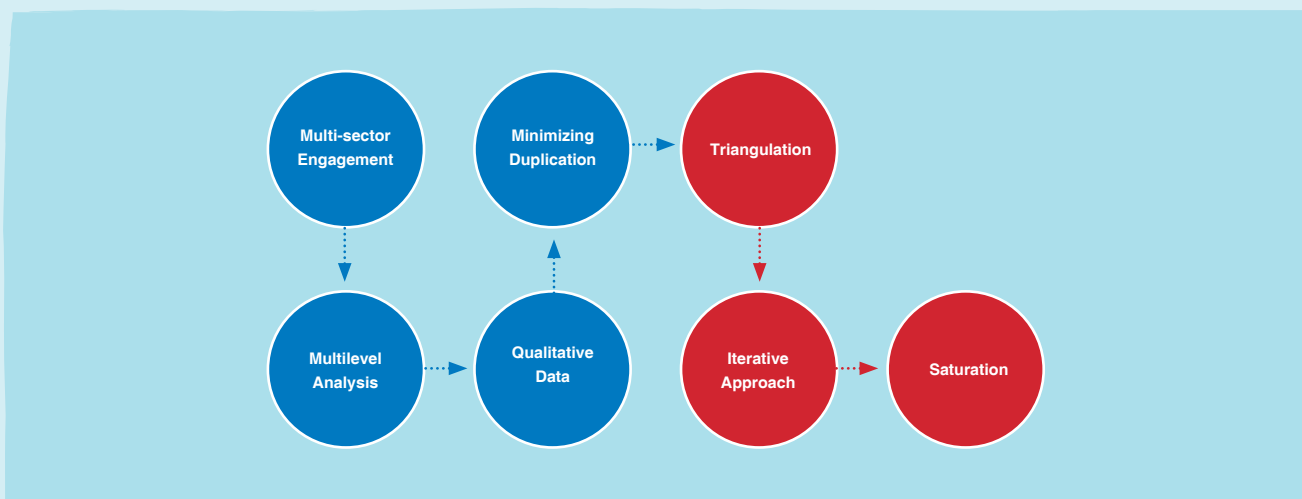
Figure 2: Evaluation Values and Principles

a. **Multi-sector** engagement: to form the most complete perspective on the successes and challenges of COVID-19 on gender perspectives and access to quality education for vulnerable groups especially women and girls, multiple sectors were engaged. This included interviewing representatives of government, civil society organisations, community leaders and adolescent girls and young women.

b. **Multilevel** analysis: influences and responses were considered across key Plan International partners and stakeholders working with children, and especially adolescent girls and young women. As articulated in the findings section, the level of analysis flows from national, sub-national, community, household and articulates feedback from adolescent girls and young women.

c. Trust in **qualitative** data: detailed and subjective viewpoints on a range of stakeholders has been given value and validity. This evaluation includes multiple perspectives and cross-checking with quantitative data where appropriate but does not diminish the importance of qualitative findings.

d. Minimizing **duplication** of effort and respecting informants' time during a pandemic: To the extent possible, the evaluation used existing secondary data through Plan International country reports, case studies, lessons learned and other documentation (qualitative and quantitative) to synthesize and triangulate rather than duplicate evaluation efforts.

These values are supported by the following evaluation principles:

a. Use of **multiple data sources** and continued triangulation of data. This was achieved by engaging multiple country teams, as well as by conducting multiple interviews and focus groups with similar informants or populations, to identify outlying opinions or aberrations in findings. These groups include government representatives, civil society organisations or aid actors, community members and adolescent girls and young women in the respective countries.

b. Use of an **iterative** approach throughout data collection. Parameters of the evaluation was regularly revisited by the assessor, allowing new findings to evolve assessment scope and maximize the quality of data collected in the given timeframe.

c. The aim of this evaluation was to reach the highest degree of data saturation possible in the given timeframe, in which further data collection was providing little or no new information beyond that already collected. Saturation was effectively attained on this evaluation.

With these values and principles in mind, the following sections describe specific evaluation methods, along with the timing of each method within the overall scope of the assessment.

METHOD

#1.

Rapid Desk Review- qualitative evidence synthesis

A rapid desk review was conducted to synthesize key findings related to the evaluation objectives including successes and challenges in ensuring adolescent girls and young women's rights and access to quality to education during the period between March 2020 and March 2021. Documents for review included grant reports, tools and guidelines, prior evaluations and research publications related to the named period. This work will be desk-based. This method enabled the evaluation to attain deeper understanding of the response, the organisation working approaches and structure.

METHOD

#2.

Qualitative Data Collection

Qualitative methods on this evaluation included key informant interviews (KIIs) and/ or focus groups (FGDs) with in-country partners, stakeholders, and beneficiaries. In- country data collected included key decision-makers; ministerial officials; civil society and community organizations and groups; and other leaders such as teachers and/ or parents. Using appreciative inquiry methods, the study conducted 2-7 in-country key informant interviews and 2 focus groups in select countries across diverse geographies and perspectives. Focus group discussions were assembled through the support of Plan International and its network of organizations providing education support to children, adolescent girls, and young women.

The purposive sampling procedure was utilised on the evaluation to have a targeted reach of relevant stakeholders on the training based on Plan Internationals network in-country. Ultimately, a reasonable sample was drawn with the goal of reaching saturation for reliable inference. A total of 20 interviews were conducted, which includes 6 KII and 14 FGDs. Below is a table that outlines the number of key informant interviews and focus groups undertaken. Annex A provides detailed description of the KIIs and FGDs.

	KII	FGDs	Male	Female	Total
Egypt	2	1	2	2	4
Uganda	1	1	1	1	2
Rwanda	2	4	9	12	21
Zambia	1	3	4	13	17
Zimbabwe	0	5	15	20	35
Total	*6*	*14*	*31*	*48*	*79*

Figure 3: Number of interviews conducted

The interviews were conducted virtually except in few instances for Zambia. The digital platforms used were Zoom and Microsoft Teams. These conversations were recorded and stored for use during analysis. The evaluation had translated in some instances to facilitate interviews with community members and adolescents' girls and young women.

METHOD

#3.

Case studies

Based on the iterative approach, the evaluation took interest in particular lessons learned and best practices during the period under consideration. As a result, a deep-dive into data of the most significant stories on the response have been illustrated throughout the Findings section to illustrate efforts towards supporting children, adolescent girls, and young women to have continued access to quality education during the period of COVID-19 pandemic.

Below is an illustration/summary of the above-mentioned methodology undertaken on the evaluation.

Internal Analysis

- Individual
- Institutional/Organisational structure

Key thematic areas
- Education
- Gender
- Child marriage
- FGM

Tools: Qualitative approach:
- Focus Group Discussion (FGDs)
- Key Informant Interviews (KII)

Documentation
- Case studies
- Stories of change
- Lessons learned
- Best practises

Gendered COVID-19 Response and Access to quality Education for Children, especially Adolescent Girls and young women

Assumptions/Theory of Change
Response by actors+Response by Plan International= Quality Access to Education

Successes
Lessons Learned

Successes
Case Studies (Deep-dive)

Strategic Recommendations

External Analysis

- Political
- Economic
- Social-cultural
- Technology
- Legal
- Environment

Figure 4: Summary of the methodology process

The culmination of the process as indicated in the figure above, is the development of actionable recommendations based on evidence from the analysis which will help inform Plan International, Governments and Aid Actors on lessons to ensure enhanced protection, continued access to quality education and the enjoyment of rights adolescent girls and young women across the region.

5.2. EVALUATION QUESTIONS

In Annex A are the key question asked during the evaluation.

5.3. DATA ANALYSIS

The qualitative findings on this evaluation were coded with ideas and thoughts noted during the process of data collection using a thematic approach to qualitative analysis. The data analysis went through a process of sorting codes until theoretical saturation was attained at multi-levels of analysis. After data collection from the 5 countries, the data was transcribed and arranged in order of the respective research questions that were asked and based on the interview topic guide. Based on the categories and themes in the interview guide, thematic analysis of data findings was conducted. After this process the evaluation applied constant comparison of themes within the text to gain an in-depth understanding of the data collected.

5.4. QUALITY ASSURANCE

The quality of deliverables will be assured through a multi-tier process of monitoring both evaluation process and products. The evaluation team leader, provide oversight on all methodology development to ensure the process for data collection allowed for a range of perspective from stakeholders (regional and country level) to satisfy the evaluation objectives. During the inception phase of this project, Plan International provided input on the evaluation process, methodology and preliminary key informant lists. This gave Plan and the evaluation team an opportunity to collaborate/co-create and ensure the methodology includes all desired aspects for evaluation.

5.5. ETHICS

The evaluation was conducted with full awareness of the need to protect the confidentiality of respondents, child safeguarding policies that organisations such as Plan International, World Health Organization (WHO), World Vision, Governments and other players working for girls and children. As such, the evaluation applied these guidelines throughout the period of the evaluation.

Data Collectors were Plan staff in the respective countries most of whom already received training on safeguarding as part of plans policy and most had complied accordingly. Consultant team involved

signed Plan International's Safeguarding Policy at the time of contracting. Written consent was obtained for prospective respondents before their participation. The study participants were assured that their participation was voluntary and that if they chose not to participate in the study, it would not in any way affect the care they were to receive and that they could withdraw from the study during the interview if they so wished. Anonymity of participants was maintained including through one-on-one interviews. Other than information and consent form, no incentive was given to study participants for their response. Most study participants were part of Plan's program whom appropriate parents or guardians consent was already sort for those under 18 years prior to participation. FGDs were conducted among homogeneous groups and encouraged sensitivity with participants were informed of the importance of confidentiality and anything not to be discussed outside the group. Overall the research was fully compliant with Plan International's Global Policy on Child and Youth Safeguarding. Country teams were available throughout the data collection process, with referral mechanisms and processes in place for anyone requiring follow-up to ensure child protection concerns that arose could be dealt with in a sensitive, timely and appropriate manner. Lead Plan Staff conducted risk assessments prior to data collection and monitored during data collection period. Only researcher, supervisors will have access to the information collected and it will remain confidential with only authorized Plan staff having access.

5.6. LIMITATIONS

5.6.1. *Virtual interview- all the interview except one were conducted remotely. This affected the extent to which interviews could have a deep dive into discussion particularly for focus group discussions.*

5.6.2. *Generalisation of findings- the study findings are context specific to the MEESA region, Egypt, Uganda, Rwanda, Zambia, and Zimbabwe. The study provides critical aspects related to learning for adolescent girls and young women during a pandemic in the region and should be inferred to represent either region or country but form a basis for further understanding of the dynamics in learning during a pandemic.*
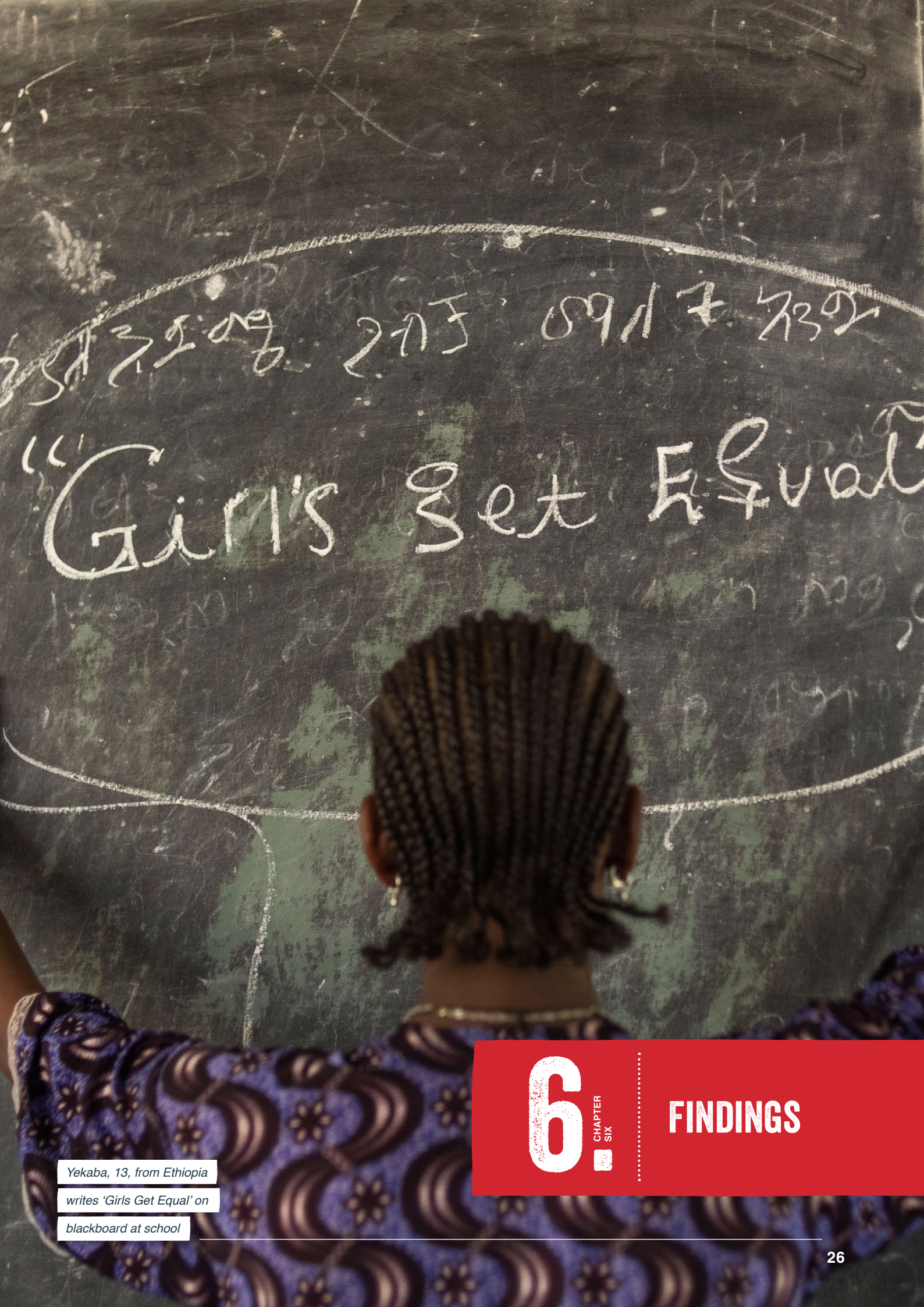
Yekaba, 13, from Ethiopia writes 'Girls Get Equal' on blackboard at school

6. FINDINGS

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SUMMARY OF FINDINGS

The evaluation reveals that COVID-19 had a two-fold impact on the education sector. On one hand, the crisis provided an opportunity for the sector to strengthen implementation of interventions outside of the traditional learning environment. On the other side, the pandemic exacerbated barriers, and challenges on access to learning especially for adolescent girls and young women.

With regards the strengthened interventions on learning during this period, the study notes positive collaborative efforts across multiple sectors and stakeholders such as health, agriculture, private sector, and civil society organisation (CSOs). This approach has been one of the critical elements in facilitating continuation of learning during a pandemic.

In addition, community-based learning interventions, outside of the traditional school environment had proven to be a critical enabler of reaching learners at household level, especially the girls.

A fundamental finding on the evaluation was the importance of creating safe spaces for young girls as part of their access to learning. The heightened need for safety for adolescent girls and young women as they accessed learning was due to protection concerns because of the pandemic.

Furthermore, an integration of key supporting interventions within the education sector such as WASH, Sexual and Reproductive Health, Safety and Protection and Cash Support is crucial in ensuring learners are comprehensively supported.

Finally, the evaluation identified key challenges and barriers associated with adolescent girls and young women in their plight to access learning during the pandemic. The main challenge identified was the impact COVID-19 had on the livelihood efforts of households which ultimately had an impact on the education sector. Barriers outlined in the evaluation include the harmful and/or negative gender norms, increase in unwanted pregnancies and gender-based violence, limited access to technology and high illiteracy levels among most parents and caregivers of learners. Financing for education was also outlined as a key barrier at macro level to enable recovery as national economies experience contraction.

6.1. THE IMPACT OF COVID-19 ON CONTINUED LEARNING IN THE MEESA REGION

- *National Lockdown was one of the immediate results of COVID-19 on the countries of focus in the MEESA region due to increasing positivity rates, number of people hospitalised and COVID-19 related deaths. As a result of the lockdown, education and key essential services were disrupted.*

At national level, all countries on the evaluation experienced COVID-19 related restrictions that included lockdowns; implemented on varying levels. Some countries from the onset of the declaration of COVID-19 as a global pandemic on 11th March 2020 by the World Health Organization (WHO) went ahead to institute total lockdown which also led to closure of schools.[46] For example, in Rwanda as soon as the country started to experience the first wave of the COVID-19 outbreak, the government instituted a total lockdown as early as March 2020, which resulted in closure of all learning institutions.

> **Just like the rest of the countries in our region and even beyond, Zimbabwe also experienced the COVID-19 lock downs, this literally also resulted in closure of all schools. And there was a long period of school closure, which then meant that there was discontinuation in terms of learning.**
> *FGD, Zimbabwe*

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46   *https://www.who.int/director-general/speeches/detail/who-director-general*

When we started having the COVID 19 outbreak the government of Rwanda started having the total lockdown in March 2020, which saw the closure of all schools.

FGD, Rwanda

- As a result of the lockdown, countries faced economic challenges due to the slowed down functioning of essential economic activities with an impact at both micro and macro levels. At macro level it was reported that some key industries and sectors responsible for employment either slowed down or shutdown hence having a ripple effect on micro level by affecting households' ability to sustain their livelihoods and meet their daily needs such as food, access to clean water, education, clothing, and shelter. Lessons from the Ebola outbreak indicate that girls become susceptible to risky behaviour because of economic hardships. In an Ebola study by Plan International, 88% of adults and children said they faced economic hardships, including lack of food. Girls were often forced into risky behaviour to put food on the table.[47]

Mostly because of lockdowns, countries experienced a contraction in their economy because of a slow-down in key economic activities. A reduction in overall productivity affected most economies in the region, for example in Zambia there had been notable decline in the Zambia's Gross Domestic Product with estimates of (GDP) for the fourth quarter of 2020 showing contraction of the economy by 2.7 % from a 0.2 % growth in fourth quarter of 2019. This contraction in GDP was mainly attributed to the underperformance of five industries where negative postings on contributions to overall growth were recorded (Wholesale and retail trade (-2.4%), Education (-1.7%), Public administration (-1.1%), Accommodation and food (-0.6%) and Arts, entertainment, and recreation (-0.2%).[48] In 2019, the national debt of Zambia amounted to approximately 94.5% of the GDP. About 90% of the current budget (2021) of Zambia is going to debt servicing taking away resources going to social services including the education sector.[49]

In Uganda the real GDP declined by 0.5% in 2020, after growing 7.5% in 2019. Tourism and hospitality were severely hurt by global travel restrictions and local containment measures. Other sectors that were adversely affected include manufacturing, retail and wholesale trade, and education.[50]

Meanwhile in Rwanda the real GDP was estimated to contract by 0.4% in 2020 due to the COVID–19 pandemic, after growing 9.4% in 2019. Trade, transportation, and tourism services have been the sectors most affected by the global pandemic. COVID–19 also hurt investment and exports. Rising food prices, stoked by disruptions to regional and domestic supply chains, contributed to a 6.6% increase in inflation in 2020. Low tax yield and elevated health and social protection spending caused the fiscal deficit to grow to 8.3% of GDP in 2020, compared with 7.3% in 2019. The deficit was financed by COVID–19 budget support loans and grants from cooperating partners. Unemployment rate in Rwanda rose to 22.1% in May 2020, compared with 15% a year earlier. Unemployment growth reflects the virtual shutdown of such major industries as transport, food, and hospitality during the lockdown and is like to increase the poverty rate —which was 38.2% in 2017, the most recent data available.[51]

In Zimbabwe, the onset of the COVID–19 pandemic and continued drought led to 10% contraction in real GDP in 2020. Inflation soared, averaging 622.8% in 2020, up from 226.9% in 2019. Foreign exchange reforms were instituted in June 2020, which dampened an inflation that raged an annual rate of 838% in July. Fiscal and

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47 Plan (2020) Living Under Lockdown, Girls and COVID-19

48 ZamStats Monthly Bulletin March 2021 | Volume 216

49 https://www.statista.com/statistics/457716/national-debt-of-zambia-in-relation-to-gross-domestic-product-gdp/

50 Africa Development Bank, 2021- https://www.afdb.org/en/countries/east-africa/uganda/uganda-economic-outlook

51 https://www.afdb.org/en/countries/east-africa/rwanda/rwanda-economic-outlook

Zambia amounted to approximately

94.5%

of the GDP

In Uganda the real GDP declined by

0.5%

in 2020, after growing

7.5%

in 2019

Meanwhile in Rwanda the real GDP was estimated to contract by

0.4%

in 2020 due to the COVID–19 pandemic, after growing

9.4%

in 2019

In Zimbabwe, the onset of the COVID-19 pandemic and continued drought led to

10%

contraction in real GDP in 2020. Inflation soared, averaging

622.8%

in 2020, up from

226.9%

in 2019

current account deficits also recovered after July, but both deteriorated for the year. It is also noted that the Zimbabwe budget deficit rose from 2.7% in 2019 to 2.9% in 2020, while the current account went from a surplus of 1.1% of GDP in 2019 to a deficit of 1.9% in 2020. The exchange rate depreciated ZWL2.5 in February 2019 and stabilizing around ZWL82 to the US dollar in December 2020. Poverty stood at 70.5% in 2019 while unemployment remained high at over 21%.[52]

In Egypt, the tourism sector—which accounts for about 5.5% of GDP and 9.5% of employment—was shut down from mid-March to 1 July 2020. Despite pandemic-related expenditures and revenue shortfalls, the fiscal balance excluding the cost of government debt is expected to remain positive, at 0.5% of GDP. This fiscal buffer, a consequence of the fiscal consolidation reforms, helped keep the overall deficit broadly unchanged at 8% of GDP in 2020— compared with a 7.9% deficit in 2019 that benefited from a primary surplus of 2%. Public debt was estimated to increase to 90.6% of GDP in 2020 from 86.6% in 2019, reversing three years of continuous decline. During the first half of 2020, exports dropped by 6%, while imports fell 21%, which helped narrow the current account deficit to 3.1% of GDP in 2020 from 3.6% the year before.[53]

The economic downturn faced by the evaluation focus countries as discussed above has led to governments having to develop new priorities aimed at stabilising respective national economies. This prioritisation process has stalled several efforts earmarked for improvements in the education sector and especially impact the adolescent girls and young women's access to quality learning. This impact has equally been reported at household level where regressing economies have exacerbated unemployment and increased poverty levels especially in rural areas. There are further indications that the contraction in economies shall impact efforts aimed at financing education interventions in respective countries.

- *Another impact was the shift in household responsibilities for providing for the family needs. This responsibility is usually reserved for parents or caregivers but with the impact of COVID-19, like loss of employment, young people, particularly adolescents and young women were co-opted into engaging in livelihood and caregiver roles for their household/family. As a result, this impacted their access to learning during this period by reducing their time to access education interventions.*

❝ *Since we had COVID-19, my parents have had economic challenges and this affected us as children, we are six in the family. As the oldest in the family, I was asked to help with economic activities of the family due to the gap that has been left in the family by this COVID-19.*

FGD, Rwanda (Adolescent Girls)

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52   Africa Development Bank (2021) Zimbabwe economic outlook *https://www.afdb.org/en/countries/southern-africa/zimbabwe/zimbabwe-economic-outlook*

53   https://www.afdb.org/en/countries/north-africa/egypt/egypt-economic-outlook

❝❝ *We are not going to school and some of us are being asked to take part in chores at home when the boys go out for gambling. We are spending more time at home taking care of the house while the boys are allowed to go out and play.*

FGD, Zambia (Adolescent Girls)

Also, women and girls experienced heightened exposure to the virus due to their traditional roles as caregivers, looking after sick relatives and younger children.

- *Increased risk of Teenage/Unwanted Pregnancies and Gender Based Violence- following lockdowns and implementation of further restrictions, all the countries of focus experienced closure of schools at least once between March 2020 and March 2021. This resulted in disruption on learning particularly for adolescent girls and young women. School closures in response to crises, such as those experienced during the 2014-2016 West Africa Ebola outbreak and now COVID-19, further increase the chances that adolescent girls will be exposed to different forms of gender-based violence and the risk of teenage pregnancy where incidence of sexual violence has been heightened. During the Ebola outbreak in Sierra Leone, school closures were shown to increase teenage pregnancies in some communities by as much as 65 per cent.[54] [55]*

According to UNFPA (2020), the adolescent birth rate per 1,000 girls aged 15-19 are outlined in the figure below.[56]

Adolescent Birth Rate Per 1,000 Girls Aged 15-19
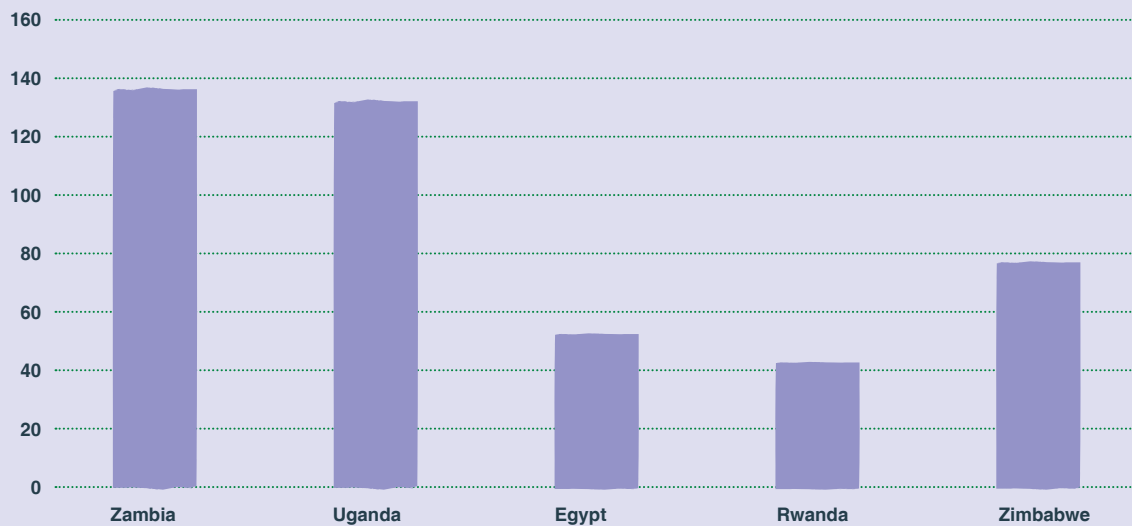
Figure 5: Adolescent birth rate per 1,000 girls aged 15-19 (UNFPA, 2020)[57]

Suggestions from previous pandemics like COVID-19 such as Ebola are that it is likely to increase the risk of teenage/unwanted pregnancies in the affected areas. This means that the countries indicated in figure 5 are

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54 UNESCO (2020). COVID-19 Education Response: How many students are at risk of not returning to school? *https://unesdoc.unesco.org/ark:/48223/pf0000373992*

55 WHO (2020). Adolescent pregnancy. https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy

56 *https://www.unfpa.org/adolescent-pregnancy* (Accessed 9th August 2021)

57

likely to have a worse trend in the presentation of teenage pregnancies during COVID-19. This is mostly due to the risk of exposure for adolescents during a pandemic. In addition, there are indications that pandemics of this nature increase gender-based violence. Like Ebola, there are suggestions that adolescents and young women are likely to be victims of violence in the communities and households.

6.2. STRATEGIES FOR CONTINUED LEARNING AMONG ADOLESCENT GIRLS AND YOUNG WOMEN IMPLEMENTED DURING COVID-19 IN THE MEESA REGION

Efforts in ensuring continued access to learning for adolescent girls and young women evolved in several ways during the period under review. Below is an outline of key interventions implemented across the region to ensure that there was some form of continued access to learning despite having a pandemic.

STRATEGY

1

The Public Health Emergency Approach

The respective national level Public Health Emergency COVID-19 response was critical in providing guidance and oversight on the implementation of various interventions aimed at mitigating the impact of the pandemic. Most countries initially commenced the response through the Ministries of Health but eventually utilised a more multisectoral approach by galvanising efforts across key sectors including education. As the response evolved, countries in the MEESA region developed multi-sectoral contingency plans with the aim of harmonising the coordination efforts across respective countries. A key sector included in this approach was the education sector as countries viewed learning institutions as congregate settings with potential of increasing the number of COVID-19 cases.

The evaluation revealed that countries developed several response mechanisms at the national level to mitigate the impact of COVID-19 on key societal functions including education. Important to note is that the respective responses began with a Public Health Emergency approach. For example, in Zambia the Zambia National Public Health Institute

(ZNPHI) was initially charged the responsibility of managing the response by the Ministry of Health. However, as the scale of infection increased, so did the response evolve in terms of including as many sectors as possible. In most of the countries, the highest organ of government such as the Cabinet got involved in providing high level response guidance. In Uganda, a National Task Force on COVID-19 chaired by Office of the Prime Minister was constituted with representation from all relevant sectors (Health, Education, Security, Civil Society, Private Sector, Community Services among others). This led to the development of multi-sectoral response plans to ensure seamless coordination with all relevant stakeholders. National Expanded Programmes on Immunisation across the respective countries in the MEESA region developed National Vaccine Deployment Plans (NVDP) as guided by World Health Organization (WHO). Most countries developed their deployment plans towards the end of 2020 or at the beginning of 2021.[58]

Respective National COVID-19 response plans outlined the measures to be taken in dealing with the impact of COVID-19 by the various sectors

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58 https://www.who.int/publications/i/item/WHO-2019-nCoV-Vaccine_deployment-2020

including education. The multi-pronged response plans had features such as Surveillance, case investigation and contact tracing, case management, Infection Prevention and Control, Laboratory diagnosis, Logistics and supply chain management, appropriate competent and adequate workforce, Risk Communication and Community Engagement, Continuation of Essential services, and Vaccination eventually. Aid actors and other stakeholders were guided by the national COVID-19 guidelines in their respective countries on how to undertake their respective interventions.

More specific to education, Ministries of Education across the MEESA region, like many countries worked through coordination platforms to develop measures to mitigate the impact of COVID-19 on learning. The coordination platforms included relevant government Ministries, Civil Society Organisation, Private Sector representative, religious bodies and leaders and Community Based Organisations (CBOs). For example, in Rwanda, the Rwanda Education Board, Rwanda NGO Coordination Platform and other different development organisations through a platform called the Rwanda Education Coordination Platform (RECP) enabled coordination of the education sector in response to COVID-19. In addition to these platforms, countries further strengthened Technical Working Groups (TWGs) linked to dealing with the impact of COVID-19 on the education sector.

In Uganda, the Ministry of Education strengthened the Technical Working Group on COVID-19 at national level while instituting education COVID-19 response committees at district level. The district response committees were meeting to discuss ways of ensuring children continued learning from home amidst the COVID-19 lockdown.

> **We participated in sub meetings for the technical working technical working groups weekly as well, in perhaps I should just go on to specific activities under the National Education cluster. One area, of course, there were terms of reference, but I think one area which I believe we did well as a collective voice. And we like I highlighted we were part also of the sub clusters or technical working groups in for plan International, we were responsible for producing public service announcements with regards to protection of learners during COVID-19.**
>
> *FGD, Zimbabwe*

Essentially, most countries national level guidelines developed through the leadership of respective Ministries of Health across most countries took a public health approach which left the education sector out of the core group of decision-making institutions initially. However, the evaluation provides evidence in the education sector assimilating itself in the response eventually.

STRATEGY 2

The Multi-sectoral Approach

Overall, the response to COVID-19 by the Education sector in the countries of focus had a multi-sectoral approach at national and sub-national levels. This was reflected in the civil society organisation and other actors working together is implementing community-based interventions on continued access to learning. As a result of this approach,

the interventions integrated several facets related to Water, Sanitation and Hygiene (WASH), Gender, Sexual and Reproductive Health, and cash support. This support was crucial in ensuring that girls and young women continued to access to learning while additional needs that they have could also be managed.

" The multi sector approach has been very helpful on putting emphasis on the friends of family and youth volunteers by using people who are in the community, refugee camps and they have been volunteers working on that. And another thing that GBV Clinic is very helpful, because it brings out the people who could be giving support to the child or who could influence any policy in law after listening to those kids, but also giving a kind on basic trainings to people who will be near to the kids in the community.

FGD, Rwanda

" Players that were doing sensitization, Ministry of Health, ministry of education, ministry of community development, Ministry of Gender, ministry of home affairs (Zambia Police), community-based organization (churches and child protective structures) and social welfare but no other civil society organization.

KII, Zambia

Example 1: Zimbabwe-COVID-19 Response Coalitions

Zimbabwe is a member of the National Education emergency cluster. This emergency cluster is more of a conduit between Ministry of Education, government works with implementing partners around the education sector comprising of non-governmental organisations and other members of the civil society. This became a platform for collective voices, in terms of engaging with government, especially with regards to ensuring that there was to some extent the continuity of education during the lock downs. A challenge that Zimbabwe faced was the long-term closure of schools which was unanticipated. The coalition evolved into a national education cluster with activities meant to redress the challenges that were emerging from COVID-19 in the education sector.

Figure 6: Example of the Zimbabwe COVID-19 Coordination in the Education Sector
Similarly, other countries like Rwanda put in place two approaches to facilitate the national response; one platform led by government and another one through the NGO coordination platform. This is outlined in figure 8 below.

Example 2: Rwanda-COVID-19 Response in Education, a two-pronged coordination approach

Our interventions were twofold in which firstly as the ministry of education through Rwanda Education Board was crafting the policy and they did consult us through the Rwanda education, NGO coordination platform which is a coordination platform of all NGOs and civil society organizations that are involved in education, to which Plan International Rwanda is a member of. The aim for the consultation was that they wanted to put in this policy framework of return to school and we were asked if they were any issues that we wanted to bring forth.

Figure 7: Example of the Rwanda COVID-19 Coordination in the Education Sector

As outlined in the two examples in figure 6 and 7, the COVID-19 response at National level whether led by government or through a two-pronged approach (Government and Civil Society respectively) had a common attribute of being multi-sectoral in nature. Both approaches allowed for a consultative process in decision making around particularly in re-opening of schools after the lockdown in countries around the MEESA region. In Rwanda, the Government worked closely with key actors in the Education sector in making the decision to re-open schools. This process of consultation went as far as ensuring readiness and participation in creating a safe and enabling environment for learning.

During the lock down the government of Rwanda has been working very closely with partners on the reopening plan. The reopening plan were discussed few months before the reopening was done, since they had been closed since March 2020 till somewhere October to be exactly.

FGD, Rwanda

Within the period of closure, the programme was delivered online and on radio that time there have been reopening plans to which plan international participated in, because it was like a joint action where different stakeholders, we review about that. We then advocated that during the school reopening, there may be some children who did not get a good access to either radio or internet and we also advocated that schools resumed where they had stopped and furthermore, no exam should be taken and that was very considered. This helped for those who followed to quickly catch up but also for those who did not have the time to learn firstly about the lessons, or they may have missed during the break. Furthermore, during the lockdown we had social distancing which was going to be one of the recommendations in the reopening. Therefore, all stakeholders under the leadership of the government of Rwanda thought on how this will be possible hence there have been a big project of building new classrooms, and this was done with support from the stakeholders, as there was a lot of advocacies in the different inputs and those big projects by world bank which saw schools being built and the teacher were hired."

KII, Rwanda

The evaluation revealed that the platforms further developed guidelines and standard operating procedures to guide the learning environment at the point of re-opening schools. Guidelines were developed to provide direction on various interventions during lockdown and upon re-opening of schools. Some of the guidelines provided on the re-opening of schools included but not limited to the ensuring adherence to minimum standards such as installation of hand washing facilities.

From the central level there were new guidelines of course the Minister of Education in collaboration with Rwanda Education Board and other different Development Organizations through a platform called RECP Rwanda education coordination platform. The new guidelines during this COVID-19 were being developed and approved regarding the stay home continued learning from home by the children using the radio programme, and during the school reopening there were new guidelines and some minimum standards that the schools had to fulfil before the schools were allowed to open. For example, reinstallation of hand washing facilities, having the test tele momentum and having other equipment such as desks to have one child siting on one desk respecting social distancing.

FGD, Rwanda

Case Study 1:
Development of Standard Operating Procedures in Zimbabwe

"We developed the standard operating procedures, the COVID-19 standard operating procedures, which were in line with all guidelines to sort of like guide us through the COVID-19 pandemic So that my children in Lynas (sp) continue to learn in a safe environment. This was in collaboration with Ministry of primary secondary education, for Zimbabwe.
FGD, Zimbabwe

Figure 9: Case Study- Development of Standard Operating Procedures in Zimbabwe

The multisectoral approach was a critical component of the interventions that ensured that the multifaceted needs of adolescent girls and young women were considered. This approach enabled the strengthening of coordination of activities in the respective countries. The countries effective in the response were the ones that allowed the convergence of key sectors in the COVID-19 response.

Case Study 2:
Curriculum contents develop in Uganda

"We coordinated with the Minister of Education and National Curriculum Development Centre to develop a content for home-based learning , we developed the content that was child centred, that any parent or any other sibling could help the child to participate in the learning process., these materials were developed, and we printed them, distributed to all our communities where our Centre's are located, we are operating in 20 ECD centres. So, all those catchment areas received enough materials that were distributed to the caregivers. these caregivers started moving from home to home, to teach the children and this approach was called home-based learning. But this was also tedious for caregivers.
FGD, Uganda

Figure 10: Curriculum development case study in Uganda

<div style="background:red;color:white;">

STRATEGY

3

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Community-based interventions

Community leaders, parents and caregivers were critical in ensuring accountability in the implementation of learning measures during the lockdown period. After the lockdown, they were also critical in ensuring that all the girls went back into school.

> *Accountability of course on parents and caregivers but also on local community leaders to ensure that at household level they are able to account for all girls in school and ensure that they have gone back into school.*
> *FGD, Zimbabwe*

Furthermore, community leadership were encouraged to participate in the implementation of COVID-19 sensitisation programmes to ensure that accurate and timely information is communicated to respective community members.

> *So one thing that we realized was that, we are going to have mixed messaging by COVID, because if local leaders are silent and are not an active part they are not an active part around this campaign of getting girls back into school, ultimately they would still be some girls who would fall through the cracks coming from right from the highest level of government right to the lowest level of local leadership.*
> *FGD, Rwanda*

Through the community structures respective countries were able to identify structures critical in ensuring that services on learning continued through COVID-19 restriction friendly interventions such as door-to-door, community hubs, friends of families and non-contact strategies such as radio and TV (these approaches are explained in subsequent sections of this report).

> *This was the first time I saw a coordinated response at local level as local leaders had information on which service to employ and which service actor should be involved.*
> *KII, Rwanda*

> *It was imperative to have a coherent message around the campaign so as we fill in the gaps in terms of relating to the ministry of education and central government was to ensure that approaches, the campaign materials and all the messaging then work together with local authorities to ensure that local and district authorities have the same understanding on the approaches and accountability that they have. This will help with household accountability and help local leaders to remain in touch with the household informing them on which girl is present at each household and has been out of school and lastly for what reason help because the local leaders. What different cases, who were the actors available in the communities to help in the situation's therefore*
> *FGD, Zimbabwe*

The community-based interventions were only as effective as the strength of already existing structures. In places where the community structures were not already strengthened, their ability to facilitate learning was inadequate. The evaluation confirms this by indicating that communities working with aid actors such as Plan International, World Vision and UNICEF are likely to have well-coordinated and impactful learning interventions at community level due to strong presence at grassroots levels.

STRATEGY

4

Community Learning and

Accountability

The study revealed that community leadership structures (mentioned above) played a key role in enabling accountability in the access to learning for the adolescent girls and young women. Furthermore, it was indicated that the community led interventions were crucial in identifying and targeting girls for continued learning during the COVID-19 lockdown. In addition, they played an important role in the return of girls to school in countries that lifted their lockdown.

> *So, we also funded outreach programmes that we are covering each of the schools in the comprising of Ministry of Health, Ministry of women and gender, Ministry of youth, Education and other related ministries to actually go out there and disseminate information. This was also to informed on the appropriate behaviours that are preventive of COVID-19 infection within the schools and within the communities. And this was funded mainly by our sponsorship funds.*
>
> *FGD, Zimbabwe*

Part of this approach included working closely with key community leaders, parents, and caregivers to align expectations of the response and the practical aspects of what should be implemented in the schools and communities. Particularly this helped to enable a reach of girls at household level. Community leaders, parents and caregivers were therefore identified as critical in not only ensuring continued learning for adolescents and young women during lockdown but to also institute accountability and sustainability of these efforts.

STRATEGY

5

Use of technology

COVID-19 impact on learning resulted in innovations aimed at leveraging use of technology to enable learning among adolescent girls and young women. Although, several online learning strategies existed before COVID19, the pandemic led to heightened use of these strategies to facilitate access to continued learning particularly for young girls at household level. The main model of learning during the lockdown was through lessons broadcasted via Radio and Television (TV).

Example: Use of Phones in Zimbabwe for learning

❝ *She's a beneficiary of the same programme and during the COVID (sp) period they continued to access lessons using cell phones. The girl children were reached through phones. They were also home visits that were made to activate the lessons in areas that we operate in. They said that the WhatsApp platform was utilized as the community educators were sending homework with the platform, sending voice notes so that the girl children continued to receive education during the pandemic.*

FGD, Zimbabwe

In addition, other interventions through WhatsApp, online learning platforms via Website and Applications were implemented. The process of using these platforms during periods of lockdown included the development of curriculum and guidelines for an online based delivery of lessons to various levels of learners.

Example: Rwanda and Uganda integrated Lessons on Radio

❝ *We (Plan International) developed a memorandum of understanding with the Ministry of Education and a curriculum was developed and it went through Rwanda radio, which broadcasted all over the country and the Rwanda television. Some courses were shared within the girls and boys who remained at home. We managed to distribute radios which were solar charged and it was not difficult for those vulnerable children to get the batteries. This enable them even to follow the programs in at home, also the was an alternative to record those courses. In case they needed to repeat or revise courses in evening, it could be done. Subsequently, having a strong community-based structures that can work on our behalf when we are even working out of the office. But these community structures within villages would be able to travel from one room to another, just the seeking health status.*

KII, Rwanda and FGD, Uganda

Use of technology seemed to be the easiest channel for reaching learners in communities. The evaluation indicates that this approach was effective particularly in areas with radio, television, and internet access. Important to note is that this strategy has barriers and challenges but in places where this was combined with other efforts such as community-based learning hubs, this approach seemed to be effective in enabling continued learning.

In Uganda, teachers were given free airtime on different local radio stations with timetable approved by the local education officers to teach specific subjects. This was also true on National Television (UBC). Civil Society (Plan International specifically) also paid for additional radio airtime to allow the teachers do more lessons in all projects supported districts.

Equally in Uganda, the radio lessons proved to be quite expensive, so the project did cost analysis, coupled with assessment on listenership and got to know that with radio programming was reaching fewer families than expected and children had little

access to radios, some areas had poor signals for radios, some families had no radios, this made the project to develop another concept of home based learning, through printing home based learning materials, with support from the National Curriculum Development Center and Ministry of Education and Sports. It is important to note that home-based learning in Uganda was an additional responsibility

for already overwhelmed caregiver. This led to the development of another approach of having model homes or model centers where all children aged 3-6 years could meet in each village and be taught by the caregivers, this was done in close collaboration with local community leaders, parents, and centre management committees.

STRATEGY
6
Leverage Partnerships with the Private Sector

One of the challenges, discussed in more detail below is around the erratic access to internet and technology-based gadget during the lockdown, particularly in rural areas. The evaluation revealed that government through respective Ministries of

Education brokered partnerships with Internet Service Providers and other relevant stakeholders to accelerate access to free educational content for young people out of school due to COVID-19 restrictions/lockdown.

Example: Rwanda partnerships on E-learning

When we started having the COVID 19 outbreak the government of Rwanda started having the total lockdown in March 2020, which saw the closure of all schools and in that time the government started strengthening the initiative of E-learning which was in place, but it was strengthened as the children had to start learning from their places. E- learning in terms of the internet access, for those who could access it on internet what has been done by the government of Rwanda and the internet service providers is that the access to all the educational content was made free, hence there were no charges that were taken from someone accessing those educational content which was really appreciated by many.

KII, Rwanda

The evolving COVID-19 response in learning had a bearing on the strengthening of public private partnerships generally across the region. The study

indicates strengthening in partnership building between the Ministry of Education and the private sector across the different countries.

Example: Zimbabwe partnership with VIAMO (Via Mobile)

❝ *But for planning international in terms of the Radio lessons we also contributed to some content. For the radio lessons, I think we were learning from one project where we were developing some interaction between the education and in our learners within the country through some partnership with VIAMO. And from that project we adapted some detail in terms of content that was then forwarded to the national radio lessons programme, which I want to believe this was basically a success.[59] It comes into effect during the Cyclone Idai disaster, it was introduced to help children in education but also worked well during the pandemic as it was design for a disaster.*

FGD, Zimbabwe

Partnerships continue to form a viable approach to ensuring continued access to education during the pandemic. As illustrated by the multi-sectoral approach, key stakeholders have a role to play at various levels of implementation to ensure the delivery of education services to adolescent girls and young women.

STRATEGY

7

Targeting both in-school and out-of-school girls

With school closures related to COVID-19 threatening to lead to an increase in teenage pregnancy, sub-Saharan Africa is poised for a further crisis in girls' education unless governments and partners act now.[60] The response in communities aimed at supporting the enabling of continued learning in communities especially for adolescent girls and young women to avert the negative of closures on girls. This was achieved through the strengthening of local and community structures such as community-based learning hubs Zimbabwe and friends of the family in Rwanda. Such community-based structures played a critical role in enabling the access of learning during a pandemic, especially during lockdown. Important to note is that some of these structures already existed before COVID-19, but this pandemic provided an opportunity to further strengthen these interventions outside of the school environment.

The community learning approaches evolved to door-to-door education interventions in Zimbabwe and Rwanda. Education aid actors and key stakeholders leverage the already existing community structures such as home-based interventions to activate door-to-door outreach to ensure that young people, especially adolescent girls, and young women continued learning. Similarly, this approach was critical in identifying and accounting for the girls that needed to return to school in countries that re-opened schools.

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59 https://www.wvi.org/stories/zimbabwe/viamo-ensures-education-continues-midst-crises (accessed 7 June 2021)

60 World Vision (2020) COVID-19 Aftershocks: Access Denied, Teenage Pregnancy threatens to block a million Girls across Sub-Saharan Africa from returning to school

Example 3: Zimbabwe: From Community Learning Groups to Door-to-Door Outreach

" For the out of school, I don't want to say that this project originated from COVID-19. But then components along with this project did emerge out of COVID-19. this project is basically targeting provision of education for adolescent girls that are out of school. So, it's has been a two-year programme that has been running for two years now, targeting almost 17,000 adolescent girls but then when COVID 19 struck, the girls could not access their usual Community Based Learning hubs that were part of the medium of delivery. We had to make some adaptations that still ensured that the adolescent girls still had to continuity with their learning through this programme. So, we devised it through three modalities that enabled us to access or to deliver education to these girls even during the lockdown measures.

Firstly, we adopted what we call small community learning groups and those were unable to attend the learning community based their hubs which usually accommodated 40 learners, 30 learners. But then because the committee learning hubs could not be reached, we had to adopted three modalities. Firstly, a small group learning modality where we then ensure that learning was accessed out of the Community Learning hubs. We devised the village smaller learning groups to access this, also we made sure that this was in line with the COVID-19 regulations, where a certain number could not converge. So, the small group community learning group was then adopted.

Door to door approach/model used in Zimbabwe: Secondly, we also had to devise a method where our community educators would reach the girls using the door-to-door modalities and delivering lessons with them.

FGD, Zimbabwe

Example 4: Rwanda: From Community Learning Groups to Door-to-Door Outreach

" Because we are talking about girl's education that does not exclude those going to Early Childhood Development (ECD). In Rwanda we have the structure of the ECD which are school based and have a good support from the minister of education because they are near schools. We also have the community based and the home based and for those ones they were also closed and NDCA have been working on the reopening plan for all those. So, gradually they are reopening and based on the recently latest data that we had there about more than 45% reopening which is increasing every day. But that have been very helpful, and all the measures are being put to make sure that learning continues for both boys and girls, but also in the safer environment.

FGD, Rwanda

In Uganda Plan International and other development Agencies reproduced the learning materials provided by National Curriculum Development Centre (NCDC) and supplied to the children to facilitate home-learning program.

STRATEGY

8

Creation of safe spaces

Safety of girls during the period of the pandemic, especially during lockdown was one of the more critical aspects related to their access to continued learning. It was noted during the evaluation that most countries developed mechanisms to ensure safety for adolescent girls both during lockdown and upon re-opening of schools. Below are examples of these mechanism.

Example 5: Rwanda: Friends of the Family

> **Coming to the NCDA to which I joined in November, I found that a big job was done towards the families because even though we had lock down after few months. The National Child Development Agency had been taking root in the national child's council the sensitization force of people through an initiative called inmicita mujingo (sp) which is a structure meaning friends or family, those were two people, one male and one female, who would be in each cell. Therefore, in the Rwandan structure, we have the province, district, we have sectors, cells, and village and, those people in villages are one of the smallest units there. These people have been getting the message to go into families and tell them that children should be able to learn. But also, they should all have the equal time to learn not necessarily that boy will be learning alone and not the girl.**
>
> *FGD, Rwanda*

To ease the delivery of learning during the lockdown, Rwanda leveraged the use of community-based initiatives to ensure that adolescent girls and young women continued to access learning during lockdown and upon re-opening of schools. They used a community approach referred to as "Friends of the family", which would share deliver messages to the families on the importance of learning for children. The friends of the family also ensured that the young people had access to learning in a safe and protected environment at the household level. This structure was also critical in ensuring the return of adolescent girls and young women to school by acting as an accountability system for their communities.

In Uganda, selected communities created Community Learning Centres. Young people met at the learning centres during the lockdown to access home learning. The centres adhered to COVID-19 prevention golden rules by provision of soap and handwashing facilities and ensuring that there is physical distance being observed. This intervention was strengthened since the breakout of the COVID-19 pandemic in Uganda.

Example 6: Uganda: Learning Centres

❝ *And then also, in this model places we ensured that we had hand washing facilities, we bought hand washing facilities, facilities are distributed to these communities or the centres where the children meet for the home learning. Soap and washing facility to ensure that as they come to the Learning Centre, before they sit, they can wash their hands, and practice social distancing in these areas to ensure that as these children come, we had our mats, put them down, and they practice the social distancing.*

These models of home-based learning did not exist before, all our children were learning from ECD centres that were already established. But since locked down came, all the schools were closed in the country, but the government was encouraging us to ensure that these children continue learning while at home. So that was an approach we came up with to ensure that we're able to reach these children. The model homes are identified and mapped with support from the centre management committees, parents, and their local leaders.

FGD, Uganda

STRATEGY

9

Integrated education sector response

The evaluation revealed notable steps taken by various stakeholders to integrate activities and interventions aimed at enabling continued access to learning for adolescent girls and young women. The countries on the evaluation revealed integration of interventions at multilevel, from government to sub-national level and communities.

Example 7: Zimbabwe: On having an integrated approach on the enabling learning to continue

❝ *It was mainly issuing of sanitary pads in terms of capacity building of those girls, we targeted more than 4,000 girls across the areas that we operate, who were in need, and we managed to give a four-month supply.*

We are also piloting some of the models for menstrual management in one of the projects, it's to see if the schools can sustain a comprehensive model that they can use to make sure that they're also even outside the pandemic, at least issues of absenteeism around the menstrual hygiene management.

We also do comprehensive sexuality education implementing the life skills, and improve the curriculum is making sure that this is also examinable. Furthermore, we are also supporting the teachers who are running a girl empowerment movement to give them enough knowledge and education on how they can prevent issues that around pregnancy, and ultimately avoid child early marriages, i.e., through unintended and unwanted pregnancies.

FGD, Zimbabwe

Zimbabwe (Integrated approach)

❝ *We also had another intervention supported by the DANIDA images Relief Fund. It was when assisting vulnerable communities' efforts to reduce transmission of COVID-19 and decrease deteriorating deterioration of our livelihoods in the kwekwe districts. This one also had a component of providing hand washing facilities. When lockdown was lifted a bit, they were guidelines that ministry of primary and secondary education had established that for children to go back into the schools and go through their examinations, there were certain minimum standards that all schools needed to meet such as a provision hand washing facility and the sanitizers, for schools to use during the examinations, issues around masks for the teachers and children. To ensuring that there was enough space, social distancing, and so forth."*

FGD, Zimbabwe

Apart from providing access to learning, the interventions included elements related to Sexual and Reproductive Health (SRH), Water Sanitation and Hygiene (WASH) and COVID-19 Infection Prevention and Control (IPC) strategies.

On the micro-level, this integration was revealed in the meeting of different challenges that the girls faced such as need for sanitary pads. The learning at community level required provision of COVID-19 preventive measures including soap, sanitisers, and face masks. Furthermore, the learning interventions included aspects related to sexual and reproductive health such as discussions on teenage pregnancy and early marriages.

STRATEGY

10

Integration of Infection Prevention and Control (IPC) of COVID-19

Consideration of including Infection Prevention and Control (IPC) measures and having Personal Protective Equipment (PPEs) was a critical part of how the COVID-19 response evolved. During the lockdown and upon reopening of schools, several measures were put in place to enable to enable safety for the learners against the COVID-19 disease.

**" *We had sanitary products that were distributed to schools apart from the personal protective equipment. we did mobilise some resources and were able to access some funding especially through the education cannot wait that funded some of our projects that we are targeting adolescence in schools.* **

KII, Zambia

6.3. BARRIERS AND CHALLENGES ON LEARNING DUE TO COVID-19 IN THE MEESA REGION

This section outlines challenges and barriers faced by the programme and the girls on the COVID-19 response. Firstly, there is an indication from the evaluation that COVID-19 negatively affected the education sector through the impact on the economic well-being at household level. Secondly, harmful, or negative gender norms played a role in heightening access barriers to learning for adolescent girls and young women in the MEESA region. Thirdly, a critical concern around safety and protection for girls as they sought to access learning for girls, it was reported that there was an increase in teenage pregnancies and Gender Based Violence (GBV) since the onset of COVID-19. Furthermore, more barriers impeded access to learning during the pandemic such as limited access to technology, infrastructure, and the challenge of high illiteracy levels among parents and caregivers.

Economic impact at household level

**" *Parents since COVID-19 have economic challenges and this affected the children particularly girls who have had to help with economic activities of the family due to the gap that has been left in the family by this void…* **

FGD, Rwanda/Zambia

One common challenge revealed on the evaluation was the extent to which COVID-19 had an impact on livelihood and economic activities of households. The impact at the household level was crucial due to the extent to which families were unable to sustain themselves, particularly in rural based areas. In Uganda, economic hardships did not only affect family heads, but this cut across to the children especially girls, since parents in the settlements were hit hard coupled with the reduced food ratios and

school closures, parents no longer had adequate for their children and as such children were left to fend for themselves, leading to exposure hence dropping out of school due to pregnancies. Even the boys equally found a way of engaging themselves by riding motorcycles ("boda-boda") as source of income.

> **As farms and businesses shut in the lockdown, the World Food Programme has already announced a 30% reduction in relief food distributions for refugees and asylum seekers, due to a shortfall in funding"**
>
> *Plan International, 2020.[61]*

A key finding from a study in Sierra Leone and Liberia was that the loss of livelihoods and household income because of the Ebola outbreak was widespread and substantial. The COVID-19 pandemic risks even greater deprivation and food shortages.[62] Also, the evaluation brough to the surface families that have had to relocate due to the economic stress families faced due to the economic downturn.

> **There was also the issue with relocation due to economic stress that families faced due to the downturn of the economy. It is important to note that 80% of Rwanda's population comprises of residents that are in rural areas and the predominant form of economic activity is agriculture. So, you will find that a lot of parents and adolescents are involved in agricultural activities but due to the COVID situation and the shutdown and all that families are limited opportunities for them to work.**
>
> *FGD, Rwanda*

Families have been impoverished with depressed income during the pandemic. Many respondents from the community level indicated that some families were unable to have their income due to companies and institutions that slowed down their

activities. As a result, some families income reduced drastically. This further had an impact on the learners at the household including adolescent girls and young women, as their caregivers/parents sought for other opportunities. In some cases, it was reported that some caregivers/parents had to relocate due to the economic distress leaving their families behind.

> **Thirdly, there was also the issue with relocation due to economic stress that families faced due to the downturn of the economy. It is important to note that 80% of Rwanda's population comprises of residents that are in rural areas and the predominant form of economic activity is agriculture. So, you will find that a lot of parents and adolescents are involved in agricultural activities but due to the COVID situation and the shutdown and all that families are limited opportunities for them to work.**
>
> *FGD, Rwanda*

This was reported predominantly in rural areas and left most families with young people in-charge. It was reported that in some instances, this situation (impact of COVID-19), resulted in depressed household income and families seeking to remedy this with early marriages for their daughter who were still going to school.

> **This impoverishment crisis also led to a situation whereby some of the adolescent girls and young women have opted to get married. Some of them were also forced to get married because of the poor backgrounds within their households. Additionally, they're also saying that some girls have also fallen prey to child pregnancy. However, despite the school system allowing the second chances, you realize that, because of the stigma associated with pregnancy without cost.**
>
> *FGD, Zambia*

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61 Plan (2020) Living Under Lockdown, Girls and COVID-19
62 ibid

Example 8: Zimbabwe: Impoverished Households due to impact of COVID-19

❝ *The parents have been left impoverished by the COVID-19 pandemic some of them they rely on buying and selling, they have been buying from the markets and resell the products. And because of covid 19 there has not been a consistent flow of cash or income, such that sometimes parents are faced with challenges and needed to providing stationary and paying school fees.*

FGD, Zimbabwe (Adolescent Girls)

Harmful or negative gender norms

"In times of crisis, harmful gender norms and sexual violence are often exacerbated."[63]

The evaluation pointed out a challenge related to the harmful and/pr negative gender norms practiced in communities. It was indicated that these norms existed before the COVID-19 pandemic but became magnified during the pandemic.

"The presence of harmful or negative gender norms within societies kind of magnified during this COVID crisis. So, you already had these conditions and had problems that wanted to address that. Unfortunately, within this pandemic situation, the problems were magnified which will be explained by some of our findings on the ground.

These norms continued to form barriers for adolescent girls and young women during the pandemic. This was evidenced by a significant reduction in the number of girls that return to school once they reopened. These norms did not only make few girls to return to school after the first lock down, but also provided an avenue for increased burden of work for children especially girls who in most cases do domestic chores, this also affected their ability to utilise the home learning packages that where given to them because of inadequate time and exhaustion after work, this was based on monitoring done at the settlement to find out the extent to which the materials given to children were utilised.

❝ *The gender issues played out very prominently, especially when you look at a gendered norm, I think they became more pronounced, and it became a barrier for girl child education. Because even as we opened schools, we have lost quite a significant number of girls through pregnancy and child marriage. Subsequently, we have adolescent marriages unplanned marriages that they had not planned for, but which became more of a significant achievement during the lockdown than any other time because of preoccupation with probably gender roles at home, and not being engaged in school.*

FGD, Zimbabwe

At household level, this challenge was evident at the household level on the extent to which responsibilities at home during lockdown were given more to girls as opposed to boys. As a result of this norm, girls were not readily available to access community-based learning opportunities or listen to lessons on radio compared to boys.

❝ *It has also been observed that despite the family fields taking up most of the time for both boys and girls, the girls found it more daunting as after the works from the fields they still continued with house chores, while the boys would get it easy on the chores. Despite this, the situation found the boys engaged more in gambling, and alcohol abuse.*

FGD, Zambia

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63 World Vision (2020) COVID-19 Aftershocks: Access Denied, Teenage Pregnancy threatens to block a million Girls across Sub-Saharan Africa from returning to school

Pregnancies, GBV and safety concerns

The evaluation revealed that the response for continued learning for adolescent girls and young women during COVID-19 had barriers related to pregnancy, GBV, early marriage and safety concerns. All the countries on the evaluation indicated that there was an increase (anecdotal) in the number of girls who became pregnant during COVID-19. Below is an illustration of narratives on teenage pregnancy challenges in the different countries:

> **We face a huge risk of increased child marriage and unwanted pregnancy. In Sierra Leone there was a 65% increase in teenage pregnancy due to girls being out of school during the Ebola crisis.**
>
> *UNDP[64]*

Zimbabwe

> **Girls are no longer going to school because they are impregnated and their parents are no longer affording everything such as food stamps for the kids, as a result they end up misbehaving. And when they are impregnated, they become shy, and they don't come to school, so they decide to stay home.**
>
> **We have had risen in terms of girls that fell pregnant during COVID-19. And we have also witnessed drop in terms of enrolment in schools especially by the adolescent girls. And recently plan international together with UNICEF, comfort and World Vision came together to think around issues of countering the effects of COVID-19 on adolescent girls, especially on pregnancies and school dropouts. And what we strongly recommended was to have a multi sectoral engagement on trying to come up with the way forward in terms of ensuring protection of girls during emergencies. But strongly one thing that we are recommending is multi sectoral engagement is not only about ministry of primary secondary education.**
>
> *FGD, Zimbabwe*

Zambia

> **We also realized that a lot of girls got pregnant during this period. So many girls. And hence most parents were marrying off the young girls as parents have given up on their children.**
>
> *FGD, Zambia*

Egypt

> **I think the economic strain that's imposed on certain households could prompt them to engage in practices such as early marriage more, which will certainly lead to interrupted learning for girls. And I think that the family dynamic and some at this point and this is reported, not just through plan, needs assessment, but it was also reported by the likes of UN Women and the work that they've done. Since the onset of the pandemic.**
>
> *FGD, Egypt*

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64   UNDP and Government of Ireland (2015) 'Sexual and Gender Based Violence during the Ebola Crisis in Sierra Leone', Available at: https://www.sl.undp.org/content/sierraleone/en/home/library/ crisis_prevention_and_recovery/assessing-sexual-and-gender-basedviolence-during-the-ebola-cris.html (Accessed: 21 June 2021).

Another notable barrier during the period of COVID-19 was the rise in the number of safety concerns particularly around rape in various communities. It was noted that most of the girls feared for their safety and that this had impact their access to community-based learning platforms such as learning hubs and community learning groups.

> *Especially during this pandemic there's been cases of rape, where girls are being raped on their way school.*
>
> *FGD, Zimbabwe (Adolescent Girls)*

It was further indicated that the cases of rape had existed before COVID-19 but seemed to be heightened during this period. It was not clear what the reasons could be for the rise in these cases.

> *They have been there even before but now they have been worsened and according to the police reports there's been a rise in cases were adolescent girls and young women, they're falling victim rape. This because most of these guys have nothing to do and are spending most of the time in the homes. So, they end up committing some of the crimes.*
>
> *FGD, Zimbabwe*

Furthermore, there was also an indication of a rise in the number of Gender Based Violence (GBV) cases recorded since the onset of the pandemic. This increase was reported to have an impact on the girl's ability to be focused on learning both during lockdown and in school after the re-opening of schools.

> *And, within the households there were issues of GBV that they experienced, and this affected children such that whenever they saw the mother and the father are beating each other, it was going to affect them psychologically. And this affected them now whenever they went into school which also meant that children were not in a very psychological state of mind for them to go back to school.*
>
> *KII, Zambia*

> *Secondly, there were girls with issues of SGBV which were girls that either suffered abuse from parents, caregivers or members in the community or because the whole lockdown situation presented a new living arrangement that was not anticipated. This saw girls living everyday within the vicinity of potential and current abusers either physical, emotional, sexual or gender-based violence kind was going on.*
>
> *FGD, Rwanda*

Uganda

In Uganda especially in the emergency, setting many girls equally got pregnant not because they were forced to only but because the protective environment provided by school was no longer present as a result of school closures during COVID-19 and because homes in the camps did not provide adequate protection for children especially because of the limited space, girls were especially exposed to men and this provided the avenue for them to become pregnant especially because of being idle with limited guidance and supervision provided by their parents. The country has been in the adaptation process of the re-entry policy for girls who fall pregnant which was developed during the period of the COVID-19 pandemic. The policy has not been adopted by government. Plan International and other CSOs are negotiating with the Ugandan government to ensure that the policy is adopted and implemented across the country.

Limited access to technology

On a lot of levels, technology provided solutions in bridging the gap of access to learning since the COVID-19 pandemic. However, there were several barriers related to the use technology to deliver learning. Firstly, most communities adversely impacted by COVID-19 are rural based with little or no access to most technology-based innovations. As a result, most of the interventions introduce via web-based platforms or through use of internet did not thrive in such communities. In addition, most of these communities equally had poor access to radio and television reception. In some instances,

communities did not have access to radio or television despite having adequate reception. These barriers further alienated the girls from accessing learning in their communities.

> *There was also poor access to radio in some of our remote communities which means some of the information that we're trying to share over radio could not be accessed. And in some instances, we also had some of the key community members that we wanted to receive our messages without the telephone from which to get the message.*
>
> *KII, Zambia*

> *Technology adaptation (rural and poor communities): poor connectivity in some instances for the communities to receive some of our voice notes on their phone or some of the messages. So, our message was structured in a series. The first one would go and then you would want the community to build upon that initial communication, when we go to the second one and third one. So, they could miss some of the messages, which means there was no coherence in the information that we're trying to disseminate.*
>
> *FGD, Zimbabwe*

The impact of virtual learning platforms was limited due to coverage and availability of gadgets such as cell phones and tablets.

> *The use of virtual platforms had a limited coverage in terms of the gadgets, cell phones, tablets availability within the population itself. for instances, as we were attending to the 200 girls, we realized that only a few of them, even aware connectivity was available possessed the necessary gadgets. And we had to create a strategy to ensure that they only have the necessary gadgets, that are necessary for them to receive the messages to receive the lessons and be in contact virtually with the rest of the of the class. The other one is also how you can organize work within an alien situation with all the key partners that the alien in the sense that it was the first time that we did work from home, that everyone else was probably apprehensive of going out there into the communities, sure what they would encounter. And trying to organize with partners, key partners, even ministries we had also depleted the staff within their office.*
>
> *FGD, Zimbabwe*

High illiteracy levels

Another challenge that we found was that the nature of this home learning pack was printed in form of home learning is that in the areas where we are working, mostly, most of the parents are illiterate, they are unable to read and write, that means they will not be able to help their children to discuss some of these questions that were being asked in the home learning packages. So, there was no adequate support given to the children in terms of answering the questions, and maybe even helping the children to understand some of the content in their home learning packs, because the people whom they are living with their parents, their guardians, illiterate people who are not able to read and write.
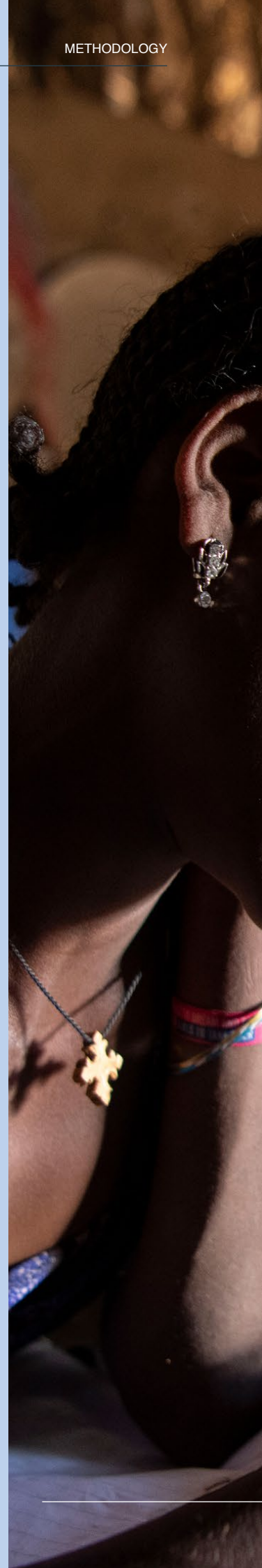
Yekaba was just 12 years old when she found out her father was planning to marry her off to a man almost twice her age. Despite her young age, she decided to take a stand. She enlisted the help of everyone she could think of in her rural community in northern Ethiopia to persuade her father to cancel the wedding.

7

CHAPTER SEVEN

CONCLUSIONS

As basis of the study several conclusions are critical to stress in understanding the impact of COVID-19 on access to quality learning for young people especially adolescent girls and young women.

7.1.   Macro and micro impact

Firstly, the study reveals that the pandemic had both a macro and micro impact on the education sector. Based on the evaluation, countries of focus had to make shifts at national level in terms of policy and developed multisectoral strategies mitigating the impact of COVID-19. Particularly, the impact COVID-19 had on economies prompted governments to re-think prioritisation of development activities and to some extent took away efforts from the education sector. At micro level, household were impacted by the changes in key economic activities such as agriculture, tourism, entertainment, and manufacturing which had a ripple effect on loss of employment. The education sector cannot be seen in isolation of the rest of the challenges that countries are facing but combined in the analysis to develop weaved interventions as seen in the respective countries were multi-sectoral responses were preferred.

7.2.   Community based interventions

Evidence from the evaluation indicate that community-based interventions helped to improved continued access to learning. Several strategies such as door-to-door, model households and community learning hubs as illustrated helped to enable learners to access some form of education. Although this approach is dependent on the existing community structures and leadership, there is generally an understanding that this this approach yields results in the education sector.

7.3.   Multilevel vulnerabilities

COVID-19 and similar pandemics such as Ebola can exacerbate vulnerabilities among adolescent girls and young women. As a result of lockdowns, closure of schools and loss of employment and other factors, there has been an increase in the number of abuse cases being reported by adolescents and young women. This affirms a gendered impact of COVID-19 and lays bare the impact it has adolescent girls and young women's access to continued learning.

Yollanda, 12, from Harare, Zimbabwe uses her mobile phone to connect with a community educator thanks to SAGE (Supporting Adolescent Girls' Education) an accelerated learning programme that is part of the UK Aid funded Girls' Education Challenge, offers more than 21,000 girls aged 10-19 the chance to 'catch up' their education at one of 132 community-based learning hubs being established in Zimbabwe over the next five years.

Girl in Cabo Delgado, Mozambique receives school kit from Plan International

8. CHAPTER EIGHT | RECOMMENDATIONS

Based on the findings in this report, the following recommendations should be considered by governments and aid actors as they respond to the COVID-19 pandemic or any other similar pandemic in the future to enable continued access to learning for adolescent girls and young women.

8.1. *Enhance multi-level and multisectoral response for continued access to learning during a pandemic such as COVID-19 by strengthening education technical working groups working on continued access to learning. The response to be embedded in the national COVID-19 response management systems to ensure that the aid actors are part of decision-making process at all levels to strengthen influence.*

8.2. *Strengthen financing for education initiatives at both regional and domestic level through developing and/ or maintaining financing platforms. Such initiatives should be earmarked for supporting most vulnerable groups such as adolescent girls and young women and young people living with disabilities.*

8.3. *Strengthen community-based learning hubs to enable access to learning for girls within their communities and catchment. Adopt community learning interventions across the region to leverage or strengthen already existing community structures.*

8.4. *Consideration of a holistic (integrated) approach to learning that includes Infection Prevention and Control (IPC) as a critical pillar in addition to SRH, Economic Empowerment, Protection, WASH etc. In addition to other interventions by the aid actors and government, it is important to include Public Health approaches to the education/learning portfolio. The inclusion of IPC for example, will be crucial for any future programming on learning especially when there is a pandemic.*

8.5. *Re-think Gender transformative programming which requires even more emphasis in a period of pandemic due to multi-layered vulnerabilities faced particularly by adolescent girls and women.*

8.6. *Leverage Public and Private Partnership aimed at enabling collaboration of education initiatives. For example, participation of ISP and Mobile/Phone companies to support interventions that make use of technology. This effort can also be targeted at improving the internet access across rural/remote areas.*

Girl demonstrates how to wash her hands in Chadiza district, Zambia

9.

ANNEX

9.1. ANNEX A: INTERVIEW GUIDE

Aim: To evaluate the COVID-19 response and recovery efforts across countries in the (MEESA) region in relation to ensuring adolescent girls and young women have access to continued and quality learning. The following specific objectives will be utilised to meet the main objective.

Specific objectives of the evaluation are:
1. *To analyse the evolution of the response by actors in the region (governments and aid actors), noting the successes and challenges to ensuring that adolescent girls and young women have access to continued, quality learning during the first 12 months of the pandemic response.*
2. *To review Plan International's contribution to the COVID-19 response in selected operational countries and across the region.*
3. *To develop actionable recommendations for governments in the region as well as aid actors with the goal of ensuring enhanced protection, continued access to quality education and the enjoyment of rights of adolescent girls and young women across the region.*

Findings from the evaluation will be used to inform Plan's future influencing engagements, including possible course correction for the ongoing interventions.

Prior to the Interview
Ensure you have a notebook to record in detail the answers of interviewees. Recording devices can be used but, to do so, informed consent should be obtained from the KI (see below verbal informed consent statement).

Probes in the Interview Guide below are designed to elicit more data that can help in developing the Evaluation Report. Key informant guides should be tailored prior to each key informant interview and focus group discussion, based on missing information and specific questions for each stakeholder or stakeholder group.

Key Informant Interviews (KIIs)
Key informant interviews will primarily be held virtually with regional and country-level stakeholders. Please refer to the preliminary list of key stakeholders for further information and the methods section of the inception report.

A Key Informant Interview Guide is provided below. The questions are only guiding and should be adapted to each stakeholder and as data collection takes place and gaps are identified.

Key Informant Interview Guide
Introductory welcome: Thank you for agreeing to meet with me/us. I am here collecting information for an evaluation of the COVID-19 response and recovery efforts across countries in the (MEESA) region in relation to ensuring adolescent girls and young women have access to continued and quality learning. This evaluation was commissioned by Plan International in six countries Lebanon, Egypt, Rwanda, Uganda, Zambia, and Zimbabwe. The specific objectives are:
1. *To analyse the evolution of the response by actors in the region (governments and aid actors), noting the successes and challenges to ensuring that adolescent girls and young women have access to continued, quality learning during the first 12 months of the pandemic response.*
2. *To review Plan International's contribution to the COVID-19 response in selected operational countries and across the region.*
3. *To develop actionable recommendations for governments in the region as well as aid actors with the goal of ensuring enhanced protection, continued access to quality education and*

I am interested to learn about your understanding of the COVID-19 response and recovery efforts in relation to ensuring adolescent girls and young women have access to continued and quality learning in the relevant abovementioned country/countries.

We appreciate your presence in our discussion. Please understand that your involvement in this discussion is purely voluntary and that you can

end this meeting at any time. You do not have to answer all questions, but it will help our work greatly if you share your thoughts, opinions, and experiences regarding our questions. We may choose to audio record this session for our own records but understand that nothing you say in this discussion will be attributed to you in our report and all comments will remain anonymous. Do you understand and agree to participate in this discussion?

Do you have any questions for me at this stage? Shall we begin?

Key Informant Name:
Key Informant Organisation:
Key Informant Title:
Interview Date:
Interview Location (Country):

Introduction

Please tell me about the role you (or your organisation) have played or continue to play in relation to the COVID-19 response aimed at ensuring adolescent girls and young women had access to continued quality learning?

Successes and challenges

a. *What were the successes in the response (ensuring that adolescent girls and young women had access to continued quality learning during 12 months of the COVID-19 pandemic)? What could be the reason for the success? What role did you play? Probe: Preparedness (Prevention and containment), delay of transmission and mitigation response.*

b. *What were the challenges in the response (ensuring that adolescent girls and young women had access to continued quality learning during 12 months of the COVID-19 pandemic)? What could be the reason for the challenges? What role did you play? Probe: Preparedness (Prevention and containment), delay of transmission and mitigation response.*

Barriers

c. *What were the barriers for the adolescent girls/ young women access to learning you observed? Probe: Home/household, environment, family and relatives, early marriage, FGM, GBV*

The response/intervention

d. *What school reopening mechanisms were put in place to enable sustained safe return to school? How was this implemented? What role did Plan International play in influencing response interventions?*

Best practices, case studies and recommendations

e. *What worked well in ensuring children, especially girls and young women were safe during this COVID-19 pandemic return to school? Probe: was there any structural change (policy) and practice-any examples? (Can we document a story/case study with you?)*

f. *Do you have recommendations of what could be done better in future to safeguard adolescent girls and young women access to learning and the enjoyment of rights during a pandemic?*

FOCUS GROUP DISCUSSIONS (FGDS)

Each focus group will be composed of beneficiaries of stakeholders from roles or part of an existing group (i.e., Country level management, community group or technical working group) and for this reason the questions should be adapted accordingly. Some questions will be more relevant to implementers, some to beneficiaries etc so please use your discretion to prioritise or cut questions not relevant or that have already been addressed.

In most focus groups, one person facilitates the group and another records what is said. If possible, two members of the evaluation can run focus groups together to allow this split of tasks but, if this is not possible, one member of the team will need to

both facilitate and record. It is recommended that notetaking be used rather than electronic recording.

For focus groups held with beneficiaries, please DO NOT ask for participants' names or signatures. You should keep a record of how many participants attended their sex and approximate age. As stated in the methodology section of the inception report, focus groups with beneficiaries will be limited. Focus groups with beneficiaries will only be prioritised in countries where existing research has not been conducted and when possible, given the scope of the evaluation and COVID-19 situation.

Focus Group Guides are provided below. The questions are only guiding and can be asked in different ways with different groups.

FOCUS GROUP WITH GLOBAL/REGIONAL AND COUNTRY-LEVEL STAKEHOLDERS (INCLUDING COMMUNITY MEMBERS)

Introduction

Hi, I'm from a company called Converge Development Consultants and I'd like to thank you for participating today. I am here collecting information for an evaluation of COVID-19 Response and Recovery efforts in your region/country/community/ school implemented in the MEESA region Lebanon, Egypt, Rwanda, Uganda, Zambia, and Zimbabwe since March 2020.

I am interested to learn about how the recovery efforts supported continued access to quality learning for adolescent girls and women in this country and how it's being implemented. The information gathered will be used to inform Plans future influencing work and improvement in programming.

Please understand that your involvement in this discussion is purely voluntary and that you can leave at any time. You do not have to speak but it will help our work greatly if you speak up and let us know your thoughts on the following questions. Also understand that nothing you say in this group will be attributed directly to you in our report.

Do you understand and agree to participate in this discussion? Do you have any questions for me at this stage? Shall we begin?

Number of Participants:
Focus Group Population:
Focus Group Date:
Focus Group Location:

Introduction

a. *Please tell me about the role you (or your organisation) have played or continue to play in relation to the COVID-19 response aimed at ensuring adolescent girls and young women had access to continued quality learning?*

Barriers

h. *What were the barriers for the adolescent girls/ young women access to learning you observed? Probe: Home/household, environment, family and relatives, early marriage, FGM, GBV*

Response/Interventions

b. *What was the COVID-19 response that your team led in the country/region towards safeguarding children, adolescent girls' access to learning?*

a. *Why did you choose these interventions/ approaches? Probe: Preparedness (Prevention and containment of COVID-19), delay of transmission and mitigation responses across other interventions (Health, Child Protection, WASH, Community Engagement and Accountability)*

a. *To what extent did these interventions meet their intended objectives*

a. *Were these interventions initiated by Plan International? Who else did you work with and how?*

Successes

f. *What success do you observe and what could have led to this change? What did Plan International contribute to this change?*

a. *What worked well from Plan International's perspective in influencing success in enabling a safe environment for adolescent girls and young women?*

Structural changes and scale-up

h. *What influence did Plan International have in structural (policy/decision making) changes and practices (programme level)? Probe: have these interventions been scaled-up by others (examples of how this has been done)*

Best practices, case studies and recommendations

i. *Do you have recommendations of what could be done better in future to safeguard adolescent girls and young women access to learning and the enjoyment of rights during a pandemic?*

FOCUS GROUP WITH BENEFICIARIES (ADOLESCENT GIRLS AND YOUNG WOMEN)

Introduction

Hi, I'm from a company called Converge Development Consultants and I'd like to thank you for participating today. I am here collecting information for an evaluation of COVID-19 Response and Recovery efforts in your region/country/community/school implemented in the MEESA region Lebanon, Egypt, Rwanda, Uganda, Zambia, and Zimbabwe since March 2020.

I am interested to learn about how the recovery efforts supported continued access to quality learning for adolescent girls and women in this country and how it's being implemented. The information gathered will be used to inform Plans future influencing work and improvement in programming.

Please understand that your involvement in this discussion is purely voluntary and that you can leave at any time. You do not have to speak but it will help our work greatly if you speak up and let us know your thoughts on the following questions. Also understand that nothing you say in this group will be attributed directly to you in our report.

Do you understand and agree to participate in this discussion? Do you have any questions for me at this stage? Shall we begin?

Number of Participants:
Focus Group Population:
Focus Group Date:
Focus Group Location:

Challenges/Barriers

a. *What are the key challenges you face in continuing to access learning during COVID-19? What do you think has led to these challenges?*

Response/Interventions

b. *What interventions has your school or organisations that you know, put in place to support your continued learning during COVID-19? How are these interventions supporting your continued access to learning?*

a. *In your opinion, have these interventions been successful? If yes, what factors have made them success?*

Protection and safety

d. *How safe do you feel (well protected) in the school environment during this period? If not, why not? If you are now spending more time at home or your community, how safe do you feel as opposed to being in school?*

Best practices, case studies and recommendations

e. *What would you like your school/Plan like to do or continue doing for your continued access to learning during the COVID-19 pandemic?*

9.2. ANNEX B: LIST OF INTERVIEWEES

Country	S/N	Type	Position/Role	Male	Female
Egypt	1	KII	Head of Programmes/M&E		1
	2	KII		1	
	3	FGD	Programme Teams • *ERP Coordinator* • *Programme Leads*	1	1
Uganda	4	KII	Programme Teams • *ERP Coordinator* • *Programme Leads*	1	
	5	KII	Programme Teams • *ERP Coordinator* • *Programme Leads*	1	
Zambia	6	KII	Head of Programmes		1
	7	FGD	Programme Teams	1	
					1
					1
				1	
	8	FGD	• *Field Officers*		1
				1	
					1
				1	
	9	FGD	• *Adolescent girls and young women*		8
Rwanda	10	KII	ED	1	
	11	FGD		1	
				1	
					1
	12	FGD	Sub-national • *Field Officers*		1
				1	
				1	
					1
	13	FGD			6
	14	FGD		3	3

Country	S/N	Type	Position/Role	Male	Female
	15	KII	Deputy Director General for the National Child Development Agency (NCDA)	1	
Zimbabwe	16	FGD			1
					1
				1	
				1	
					1
				1	
	17	FGD	Sub-national • *Regional Programme Unit Managers (ERP)*	1	
				1	
				1	
					1
	18	FGD	• *Field Officers*		1
				1	
				1	
				1	
				1	
	19	FGD	• *Adolescent girls and young women*		10
	20	FGD	• *Community members*	5	5
				32	47
					79

> **The main objective of the study was to undertake an evaluation of the COVID-19 response and recovery efforts across countries in the (MEESA) region, by; analysing the evolution of the response by actors in the region, reviewing Plan International's contribution to the COVID-19 response and develop actionable recommendations.**

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Cover Picture: Girl studying outside her home in Somalia community experiencing drought