Adolescent Girls' Education and COVID-19:

What Is Happening in the Field?

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How Is COVID-19 Affecting Adolescent Girls?

During natural disasters, conflict or displacement, access to education presents an opportunity for marginalized girls not only to learn, but also to receive a nutritious meal, participate in peer networks and have access to psychosocial support. The COVID-19 crisis has cancelled or limited those opportunities due to lockdowns and school closures. By September 2020, the COVID-19 crisis had closed schools around the world, leaving an estimated 1.2 billion children out of school, 80% of them in developing countries[1].

While remote education opportunities are being provided by many countries in different formats – radio, television, mobile platforms – marginalized children often lack the means, time and support to access them consistently. UNICEF estimates that of the children that remain out of school, over 50% lack access to formal remote learning opportunities[2]. For marginalized adolescent girls, heavy workloads, limited access to devices compared to boys, limited ICT skills and poor network coverage/ access to electricity pose major barriers to the continuity of education[3]. Those challenges are exponentially higher for those who are already facing displacement or conflict.

The impact of the COVID-19 crisis on education will not end when schools reopen. Based on the increase in dropout rates observed during previous crises, a study estimated that an additional 20 million girls of secondary school age may find themselves out of school due to the COVID-19 pandemic[4]. As a result of the economic crisis triggered by COVID-19, parents may be unable to pay fees for all their children and consequently decide to remove adolescent girls from school to allow boys to remain enrolled. The combination of economic hardship and school closures is expected to contribute to an increase in cases of early marriage, teenage pregnancy and engagement in exploitative and harmful work, reducing girls' likelihood of ever returning to school. In a study conducted by CARE Mali, 7% of the adolescent girls surveyed indicated that they are unlikely to return to school, compared to 1% of the boys[5].

In contexts where private and community-owned schools provide a large share of education services, the economic crisis may also trigger a general reduction of the capacity of the education system. The reduction in service provision, including an adequate number of teachers and staff, may have a disproportionate impact on adolescent girls, particularly in settings where the next available school is too far away to be accessed safely and/or requires girls to move to town.

Girls' access to remote education and likelihood of returning to school are also being affected by other issues. Household workloads, mental health issues and the risk of gender-based violence are being exacerbated during the pandemic and taking a toll on girls' ability to study at home and learn.

Workload at Home: Adolescent girls are often responsible for fetching water, cleaning the house and caring for sick family members – chores that have increased dramatically under COVID-19 and reduce time for independent study and learning. CARE studies show a sharp increase in girls' workload since the COVID-19 crisis started, as shown in Figure 1. In the areas mostly affected by COVID-19 outbreaks (not shown in Figure 1), those figures are even higher, reaching 84% among surveyed participants in Somalia[6] and 58% in Afghanistan[7].

Mental Health: CARE's COVID-19 studies indicate that the proportion of girls self-reporting anxiety and depression has risen to alarming levels during the pandemic, as seen in Figure 2[8, 9, 10, 11]. In 2019, 31% of the ultra-marginalized girls interviewed in Somalia reported that they faced severe anxiety and/or depression on a daily, weekly or monthly basis[12]. A study conducted with the same population in mid-2020 indicated that 62% are now facing severe anxiety, while 60% are facing severe depression daily[13].
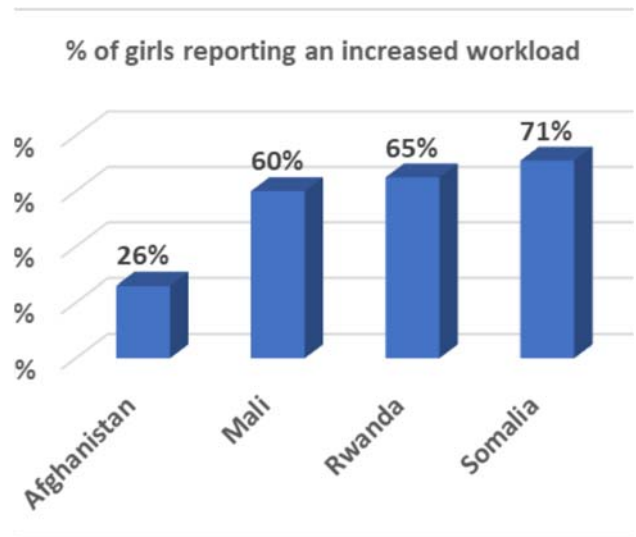

Figure 1: Proportion of project participants reporting an increased workload during the COVID-19 crisis
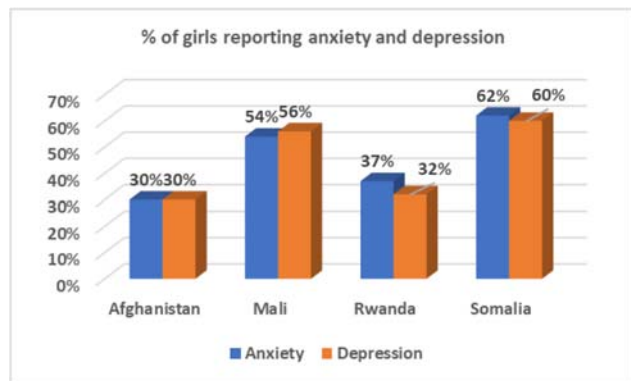

Figure 2: Proportion of adolescent girls reporting severe anxiety and depression among project participants during the COVID-19 crisis

Given the limited understanding of mental health issues in fragile and conflict-affected contexts and the few available options for psychosocial support, anxiety and depression may have a long-lasting impact on adolescent girls' lives. Mental health issues have a negative impact on girls' ability to learn and stay in school. CARE studies conducted in Somalia pre-COVID indicated that average literacy scores were 14% lower among girls facing anxiety and/or depression[14] while girls facing severe depression were 21 percentage points less likely to transition to upper grades[15]. These findings highlight the potentially devastating impact that the mental health issues triggered by COVID-19 may have on girls' lives, and the urgent need to increase the provision of psychosocial support, particularly in fragile contexts.

Gender-Based Violence: The increase in cases of gender-based violence (GBV) during COVID-19 lockdowns has been well documented and is being considered as a 'shadow pandemic'[16]; the UN has warned of a global surge on domestic violence[17]. While limited data is available, reflecting a pattern of under-reporting, stigma and limited access to services, it is likely that a similar situation is taking place in developing countries and fragile contexts. Among adolescent girls interviewed in Mali for a CARE COVID-19 impact study, 5% reported an increase in violence against girls in their community, while 7% reported an increase in early marriage[18]. The increased risk of GBV, sharp increase in extreme poverty and workload, along with the isolation from support networks and fear of disease are having a devastating impact on girls' mental health.

What Is Working to Support Adolescent Girls under COVID-19?

Results from CARE studies show that past development gains are increasing community resilience and helping to reduce the negative impacts of COVID-19 on adolescent girls, including in emergency contexts. The acquisition of leadership and negotiation skills has empowered girls to contribute to response actions in their communities and is enhancing their ownership of and participation in remote learning. The combination of active community groups and empowered students is creating an enabling environment for adolescent girls to continue to access education services during the crisis and to benefit from them, even in conflict-affected contexts and among ultra-marginalized groups.

What Are Girls Learning about COVID-19?

A high proportion of the adolescent girls supported by CARE projects is aware of at least some COVID-19 messages – 99% in Somalia[20] and Afghanistan[21]. Of the messages, frequent handwashing with soap is the most commonly recalled message in Somalia (91%)[22], Afghanistan (99%)[23] and Mali (98%)[24]. Knowledge of other messages, such as the importance of wearing a mask, varies considerably between project participants, ranging between 63%-84% in Somalia[25, 26] to 85% in Afghanistan[27]. How and when to seek medical advice when sick is the least recalled of the standard messages in Somalia, Afghanistan and Mali, potentially reflecting the emerging stigma associated with having the disease as well as the limited availability of medical services in the locations where studies have been conducted.

CARE projects are working with influential community members, teachers, religious leaders and girls' clubs to reinforce the least known messages as well as strengthening dissemination of messages in local languages, in synchrony with the provision of personal protection equipment, hygiene supplies and water to students and teachers. CARE is also leveraging adolescent virtual networks to push information, dispel misinformation and clarify questions. In Mali, for example, CARE's Education for Change project disseminated COVID-19 messaging through Whatsapp, reaching 33% of the adolescents participating in the project[28]. In India, members of girls' collectives under CARE's Saksham project developed and pasted posters and disseminated handouts within their villages on positive hygiene behaviors and prevention directives coming from the Ministry of Health and WHO that were shared with them by phone by project staff.

Are Girls Learning Remotely?

CARE and its partners pivoted quickly to support different modalities of remote education for ultra-marginalized girls and to assist teachers in adapting to those. CARE is contributing to national education response plans by creating content for new delivery modalities and supporting education systems to implement remote education in ultra-marginalized communities. In Cambodia, CARE supported the Ministry of Education, Youth and Sports with the production of remote learning content for ethnic minority students in their mother tongues, receiving an award for its contribution to the country's COVID-19 response.

In Afghanistan, Somalia and Timor-Leste, among others, CARE is providing printed materials as well as support to teachers, increasing access to remote learning in rural and remote areas where students lack the means to use television, radio or mobile remote learning content. In Afghanistan, CARE's EEA-3 project, funded by DFAT, provided radios to girls attending community-based education, enabling them to engage in the remote

Creating radio-based content for linguistic minority students in Cambodia

learning program provided by the MOE. As a result, 77% of its female students were able to access radio lessons[29].

Adolescent girls supported by CARE projects are accessing remote education at varying rates, ranging from 99% among girls enrolled in community-based education classes in Afghanistan[30] to 96% in Northern Somalia[31]; 53% in conflict-affected areas of South Somalia[32]; and 83% in Mali[33]. Data on access to remote education is project-specific and cannot be generalized though; national data on access to remote learning are scarce or non-existent in fragile contexts.

The high rates of access to remote learning in project areas reflect the success of early adaptations such as the provision of exercise materials for study at home, including materials to improve basic literacy and numeracy, and the engagement of teachers and school management committees[34] to provide remote support and encouragement for girls to study at home. These positive results also speak of enduring benefits of projects that have been supporting girls' education for years.

The high rates of access to remote learning also reflect the ability to use printed materials provided by CARE projects. While many education systems have pivoted into television, radio and/or mobile-based learning,

Case Study: Is Remote Learning Working for Adolescent Girls?

Results from a remote learning assessment conducted by CARE in mid-2020 with girls participating in a project in Somalia indicate that remote learning is having a positive impact on adolescent girls' literacy and numeracy skills. Girls who are studying at home have significantly higher scores on familiar word reading (a difference of four percentage points), on reading comprehension (eight percentage points), and on numeracy (a difference of 38 percentage points)[35]. There is a positive correlation between learning scores and the time spent studying at home[36].

The proportion of girls who report studying at home is systematically higher among those experiencing deprivation of basic needs (food insecurity, limited access to water and lack of cash income) thus demonstrating that the higher scores attained by those participating in remote learning are actually being achieved by the 'worst off' girls[37]. The results demonstrate that the combination of printed learning materials for self-study and remote teacher support via phone can be highly beneficial to severely disadvantaged girls, particularly when associated with social norm change programming, increasing household prioritization of time for girls to study at home.

access to devices and electricity remains challenging, and a blended strategy is often more effective, particularly when designed to cater to the needs of struggling students. In targeted areas of Somalia, 78% of participating girls are using printed materials, while 28% of the girls are accessing mobile learning platforms, 15% are learning through television, and 5% via radio[38]. A survey conducted by the DFID-funded STAGES II project in Afghanistan found that 82% of the girls are practicing by themselves using printed materials, while 10% are learning via television, 7% via radio and 18% via mobile phones[39]. As multiple children struggle to access remote learning through a single device at home, gendered patterns are also emerging; in Afghanistan, 15% of the parents of students participating in a project reported that 15% of their adolescent sons were using television programs to learn, compared to 9% reporting the same about their adolescent daughters[40]. In contexts where access to mobile learning platforms is higher, the gap in ICT skills between girls and boys is likely to play a role in effectiveness: in a CARE study conducted in Cambodia, boys self-reported significantly higher ICT skills than girls[41].

EEA-3 project participant learning via radio and printed materials

Having access to remote learning does not mean that adolescent girls have sufficient time to study at home, however; the heavy workload at home and limited family support to prioritize education often limit the number of hours spent on self-study. In conflict-affected areas of Somalia, only 39% of the adolescent girls are able to spend two or more hours a day on remote learning[42], while in less affected areas, this proportion increases to 49%[43], with household chores being reported as the main barrier to remote learning[44]. In Afghanistan, only 43% of the project participants were able to spend more than two hours a day in remote learning[45]. Girls who spend less time on self-study are likely to have learning losses and require remedial support when returning to school. To better support girls who have limited time to study, CARE is prioritizing micro-learning strategies and focusing remote learning content on the topics and foundational skills girls are struggling the most with.

Continued support from teachers is key to support girls who are struggling to learn at home. In Afghanistan, 99% of the girls participating in the project reported that they have continued to receive support from project teachers, including guidance on homework (93%) and explanations on difficult topics (67%)[46]. In targeted areas of Somalia, 50% of the participating girls reported receiving support from teachers, with guidance on studying at home and explanations on difficult topics being the most frequent areas of support[47].

Early adaptations for provision of remote learning, community mobilization and support to struggling students are likely to prevent girls from dropping out of school. In Afghanistan, 97% of the parents of girls participating in the project indicated that their adolescent daughters will return to classes once schools reopen[48], while in Somalia, 98% of the adolescent girls affirmed that they will return to school[49].

What is Working to Mitigate the Impact of COVID-19 on Girls' Mental Health?

CARE is strengthening the capacity of existing mentors and community support groups to check on girls' wellbeing and provide psychological first aid. While anxiety and depression rates are likely to remain high in situations where girls are facing multiple crises, deprivation of basic needs and extreme uncertainty, the community mechanisms supported by CARE are proving effective.

In Afghanistan, the proportion of girls reporting severe depression is significantly lower (25%) among those receiving support from school *shuras* (management committees) compared to those who did not (48%)[50]. According to the girls, *shura* members are checking if they are studying at home, discussing violence against girls, checking on girls' workload and attempting to prevent early marriage[51], therefore reducing the risks faced by girls in addition to providing counseling to girls and parents. In a recent study conducted by the EEA-3 project in Afghanistan, 19% of the adolescent girls

Members of a girls' collective in India during a COVID-19 prevention campaign

Village Education Committee student member disseminates information about COVID-19 to other students in Afghanistan

reported that Village Education Committee (VEC) members had sought to prevent early marriage, and 23% indicated that VEC members had discussed violence against girls with their families[52].

In Somalia, 40% of the girls receiving the support of project mentors reported severe depression, compared to 52% of those who did not[53]. Mentors are supporting girls to continue to participate remotely in leadership clubs, as well as providing emotional support and counseling.

What Happens When Girls Lead the Way?

Developing girls' leadership skills has been a core part of CARE's education programming for over a decade. Studies conducted in Somalia[54] and Zimbabwe[55] indicate that the acquisition of leadership skills – voice, self-confidence, vision, decision-making and organization[56] - positively impacts girls' learning outcomes and transition rates. Leadership skills equip girls to '*learn how to learn*'[57], boosting their ability to develop a vision for the future, increasing their engagement in the learning process, and enabling them to organize themselves for self-study and peer-to-peer learning. During the pandemic, leadership skills such as self-confidence, organization and problem-solving are helping girls to engage in and persevere in remote learning, despite the multiple challenges of studying in crowded, poorly resourced homes.

In **Afghanistan**, 85% of the girls enrolled in community-based education through the EEA-3 project are participating in leadership clubs, and 99% are consistently engaging in remote learning, with 82% affirming that they had sufficient time to read at home[58]. A similar pattern was observed in **Somalia**, where 96% of the girls participating in Girls' Empowerment Forums had continued to study at home[59].

Across the world, girls participating in leadership clubs are taking a key role in disseminating COVID-19 preventative messages in their communities. In **India**, girls' collectives (*Kishori Samooh*) trained before the pandemic are helping to clarify incorrect information about COVID-19, particularly among illiterate women and girls in marginalized *Dalit* communities. Girls have designed their own posters and messages and are also using phone calls to share information about prevention measures. While they have initially faced resistance from adults, their efforts are increasingly being supported by community members who acknowledge the effectiveness of their advice and lack other sources of information on COVID-19[60].

Participant of CARE's Education for Change project in Mali at a hygiene station supported by youth groups

In **Somalia**, Girls' Empowerment Forums have disseminated information on COVID-19; provided emotional support to peers; and encouraged peers to continue to study at home[61]. As schools reopen, Girls' Empowerment Forums are reaching out to peers who are often absent or dropped out from school to follow up on their needs and help them to return to class, as well as following up on cases of early marriage and working with community members to prevent them.

In **Afghanistan**, leadership clubs (peer groups) supported by the EEA-3 project provide a unique platform to help girls to develop non-traditional visions for their future and build peer support for girls to remain in school. Peer group members participating in Village Education Committees are disseminating information on COVID-19 and supporting peers who are struggling to learn[62].

What Are Those Results Telling Us?

As the impact of the COVID-19 crisis evolves, the focus on adolescent girls' needs becomes more urgent. The interruption of education and protection services for adolescent girls threatens to leave a generation behind – lacking the skills and tools to participate in the market, vulnerable to exploitation and abuse. The social and economic cost of the lost potential of adolescent girls will be felt for decades, undermining past development gains and further pushing marginalized households into extreme poverty.

CARE's results indicate that it is possible to pivot existing community structures quickly and efficiently to respond to girls' needs, in particular in areas where projects had already supported social norm change processes to address barriers to girls' education. Community groups such as girls' clubs and school committees have continued to operate and are quickly adapting to new modalities of communication and action. Despite the extraordinary hardship faced by those communities, changes in social and gender norms have endured during the crisis, as demonstrated by the prioritization of girls' needs, high adherence to remote learning and follow-ups in cases of early marriage and gender-based violence. Furthermore, community structures, volunteers and girl leaders are also playing a key role in supporting students to continue to access education services.

CARE's monitoring data shows that despite the dramatic increase in poverty, deprivation of basic needs, workload and mental health issues, girls in project communities were able to learn remotely during the pandemic. The gains observed through participation in remote learning in Somalia are a testament to girls' resilience and motivation and reflect a deeper process of social norm change. These results demonstrate the possibilities of investing in adolescent girls' programming in conflict-affected contexts.

Most of CARE's successful adaptations were simple and low-cost. Those included prioritizing girl-led action; using low-tech or non-tech approaches, accessible to marginalized populations; and, coaching existing community groups to operate using new modalities. Projects have also sought to 'listen' to communities and girls to identify how girls' needs were shifting through time, tailoring approaches to better respond to those. Last but not least, successful adaptations took into account the diversity of subgroups within the population, such as girls with disabilities and ethnic/ linguistic minorities, ensuring that the needs of vulnerable girls are catered for.

Communities and particularly girls have quickly adapted to phone-based programming, making programming more agile and efficient, enabling greater coverage and communication to/between participants. Innovations such as applying remote learning assessments using

Returning to school in Somalia

SMS / phone calls and dissemination of information through WhatsApp and social media platforms are likely to become regular features, reducing costs and increasing efficiency of operations. Nonetheless, the use of a blended approach remains essential, preventing further marginalization of remote communities, the extremely poor and illiterate participants, who lack the means and/or skills to access mobile-based options. Mobile-based programming should also consider the needs of girls from language minorities, girls with disabilities, and the gendered patterns associated with the use of phones – which often reduce girls' access.

The emerging findings highlight the need to prioritize support to adolescent girls facing mental health issues. The results indicate that local solutions, such as psychological first aid provided by mentors of girls' clubs and education committees, are having a positive impact in mitigating the risk of depression. Psychological first aid is also necessary for teachers and mentors, however; this is particularly true in the case of female teachers who are facing a double burden as caregivers in their own homes.

Developing countries are struggling to fund national response plans and to deliver on complex, hi-tech service modalities, which often serve a small proportion of the population. Response plans are often 'blind' to the intersection of age, gender and marginalization – and do not consider the specific vulnerabilities of adolescent girls. Our results, and those from our partners, show the potential for leveraging existing community structures, adolescent and youth groups to support the delivery of simple adaptations to services and to create an enabling environment for girls to access those. CARE's results also illustrate the unlocked potential of adolescent girls as leaders in the implementation of response plans at a local level, maximizing the capacity and efficiency of services while being agents of change. While such models build upon long-term investment in social norm change, community and girl-led activism, they can easily be scaled up, and—in many cases—at a fraction of the cost of more sophisticated interventions and with far greater sustainability, including in extremely fragile contexts.

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