

CHILDREN DURING COVID-19: FROM EVIDENCE TO ACTION - EDUCATION

Round Table 2: Global multi-sector humanitarian actors

Centering Children and Young People's Voices During Infectious Disease Outbreaks Related School Closures and Reopenings - What We Can Do as a Sector

On December 6th, 2022, key actors from the Education sector were brought together to reflect on the impact of school closures on children in humanitarian settings, listen to children's key messages, and discuss recommendations to bring to the multisector Round Table on January 24th 2023. Recommendations were discussed and organised around four thematic areas.

☆ The star symbol notes recommendations that were identified by participants as 'key recommendations'.

1. Preventing negative impacts to children's protection, health (mental and physical), well-being, and education during infectious disease outbreaks in the future (based on our learning from COVID-19).

Ensure schools stay open - safely - or can re-open as quickly as possible (in the event of a closure).

- Only close schools if the healthcare system is collapsing. Guidance from the World Health Organization (WHO) was clear, yet countries preemptively closed schools.
- Identify fears (amongst population and policymakers) about keeping schools open and advocate for continued learning during an outbreak.

Ensure integration of Mental Health and Psychosocial Support (MHPSS) and social-emotional learning (SEL) into all activities during school closures and re-openings:

- Integration of MHPSS within all alternative pathways of providing Education services during closure and re-opening phase, including early childhood care and development (ECCD) centres, primary and secondary schools, temporary learning spaces, and child-friendly spaces.
- Incorporate social-emotional learning (SEL) as a key component in the formal and Non-Formal curriculum Teacher/facilitator practice, extracurricular activities and learning at home promote children's development and well-being.

Learn from and profile examples of promising practices:

- Argentina - commitment to keeping schools open during COVID-19.
- East Asia - good examples of strong child protection and education collaboration. Teachers were recognised as first point of contact for students.

- Somalia - developed a hub-and-spoke model where teachers were the outreach point for students (phone/in person) to identify harm and MHPSS needs.

Work with families and caregivers to ensure that children's and adolescents' wellbeing is better protected and supported at home.

Ensure accessible communications and address the 'infodemic' that accompanies many outbreaks. Defuse misinformation and have good communications through press, etc.

Consider unique humanitarian settings, and identify root causes (pre-outbreak) and areas where systems need strengthening – i.e. governance; capacity of schools to monitor student drop outs etc.; Bolster context-specific resilience within communities (pre-outbreak)

☆ **Ensure preparedness plans are in place.** *Rationale - countries that had dealt with SARS/Zika might have had preparedness plans in place (compared to others who were unprepared for a pandemic).*

- Draw on lessons learned from previous crises to develop Emergency Response Plans
- Support teachers' well-being and strengthen teachers' capacity to identify, respond to, and refer children in need of higher-level services of MHPSS
- Address pre-existing limitations and challenges in preparedness stages.
- Strengthen protection before and during school re-opening: equip schools & teachers to identify and support child protection issues.
- Design high quality flexible educational programs that can be adapted to big shocks like pandemics - e.g., in partnership with education authorities, shorten regular curriculum to make it feasible to reduce school days in case of school closures. Ensure a focus on Social-Emotional Learning skills, academic skills, etc.
- Ensure that basic Standard Operating Procedures (SOPs) are in place – these should outline what to do if children can't come to school and temporary learning spaces or if teachers can't arrive at work etc. These pre-existing structures can be used during outbreaks.

2. Meaningfully engaging children in decision-making on school closing/opening, during infectious disease outbreaks and in addressing impacts of COVID-19.

Before an outbreak - Preparedness

- Strengthen participatory methods during 'normal' times, so these avenues can be more easily mobilized during an outbreak.
- Prepare robust methodology for "consulting for decision-making". How to meaningfully engage? What to do with what we learn? etc.
- Learn from what the Global Education Cluster is doing to consult with children in key phases of the humanitarian program cycle.

Engage children in preparedness – engage existing children's groups and clubs and existing governance structures, which include youth representation, to ensure risk planning, and mitigation planning discussions occur *before an outbreak*.

- Peer-to-peer approach: set up youth-led school safety/emergency brigades prior to crisis and adopt an 'all-hazards' approach to preparedness (i.e., implement CSSF)
- Share "quick tips" to children through local organisations and structures on how to talk to parents and community leaders on decision-making regarding schools
- Design accessible child consultation methods - e.g., via email/WhatsApp/Viber/etc. (ensuring safeguarding)

☆ **Identify and address barriers to meaningful engagement in decision-making** (for children, teachers, caregivers): i.e. Teachers feel disempowered, feel that decision-making is beyond their influence, decisions are made at a higher level. There is a need to bridge the gaps that exist in the hierarchy.

- Ensure consultation with teachers, school admin, and the Ministry of Education

Engaging children during an outbreak

☆ Integrate child-participatory/child-friendly approaches and consultations in **health-related needs assessments** to facilitate children to voice their concern about school closure/learning loss.

☆ **Showcase evidence to decision-makers** - studies are carried out; but not referenced enough or drawn on enough when strategies and responses are being prepared. Provide evidence showing that when children/teachers are engaged well, they can have a positive influence and positively impact outbreak outcomes.

Employ Social and Behaviour Change Communication (SBCC) to raise public health awareness and debunk myths- e.g. engaging children's clubs in raising awareness activities, teaching hand washing etc.

Considerations in engaging children:

- Provide guidance to agencies (government, international) on *meaningful* engagement of children.
- Use spaces where children gather such as schools, playgrounds, etc.
- Consider children as experts – listen to children's views. Ensure that they are a part of the decision-making processes.
- Engage caregivers as well and engage marginalised children and families.
- Consult with children and teachers as part of governance culture; Donor agencies can model/leverage this through their work with ministries.
- Identify vulnerable groups of children and provide opportunities and safe spaces for children to express risks.
- Use creative and inclusive ways to engage children, not only talking.

3. Ensuring equity, accessibility, and continuity of learning for all children in safe, healthy, and protective environments during infectious disease outbreaks.

Identify the barriers that exist for different groups of children. Consider that children learn differently and have various levels of access. For example, consider alternative learning opportunities that support learning for children in conflict.



Ensure that outbreak plans are developed, managed, and communicated by coordination structures engaged in contingency planning.

Train local volunteers and community teachers to follow safety protocols to support access to learning opportunities and educational continuity.

Engage across sectors and across agencies, particularly with health:

- Integrate education considerations and needs into health risks' assessments - e.g., applying lessons learned and recommendations captured in many docs.
- Strengthen multisectoral interventions to address the different barriers to access education (e.g., socio-economic, safety, capability, etc.).
- Ensure inclusive guidance and service mapping from health actors that includes support for all children in learning environments, including those with pre-existing mental health conditions, physical and/or psychosocial disabilities, or other MHPSS needs.
- Encourage and support the education coordination groups (Cluster, EiE Working Group, Local Education Group, MHPSS working group etc.) to engage with CP, GBV, and health coordination groups to define roles and responsibilities for each sector in responding to the needs of the children, caregivers and teachers. To avoid duplication, maximize the coverage and improve the quality of care (see guidance on inter-cluster collaboration for MHPSS - [MHPSS Thematic Paper CP-EiE Collaboration in Coordination Framework](#))

How can we - as humanitarian actors from all sectors - position ourselves to best influence decision-making about school closures (and reopening) related to infectious disease outbreaks to ensure children's holistic wellbeing?

Continue internal advocacy within our respective humanitarian organisations to further prioritise education needs in our response efforts.

Advocate for **integrated responses and encourage collaboration** across ministries, coordination bodies (such as clusters, EiE working groups, and refugee education working groups), and between humanitarian and development agencies, and to influence decision-making collectively during outbreaks.

Use evidence to influence decision-making:

- Study, document and share 'what works' in contexts where schools were able to remain open during COVID-19, Ebola and other outbreaks.
- Engage with WHO, regional health bodies, national health bodies, showcasing evidence that protection and education matters in these decisions.
- Showcase and disseminate good practices that have been developed by those on the ground.

Make sure lessons learned, recommendations, laws and protocols are not just written up but also applied and acted upon at any required level for system strengthening.

Within each context, analyse decision-making on school closures processes and where it lies - in both local and national mechanisms. Use this to determine and target specific entry points for influencing decision-making.

Link up work across humanitarian coordination and donor funding (local education groups). Share feedback from consultations in different fora.

Strengthen national disaster management agencies to engage and listen to children, drawing on their lived experience and ‘un-siloed’ perspectives.

Support line ministries to collaborate and share critical information (Ministries of Education, Ministries of Social Welfare, Ministries of Finance, Ministries of Health, etc.). For example, have clear dissemination strategies that periodically present findings to the public (including ministries) and facilitate public discussions.

Invest in resilience and in preparedness and work to influence government (health, education, child protection) towards **action** to strengthen children’s wellbeing.

CONTRIBUTORS

Organisations	
The Alliance for Child Protection in Humanitarian Action	University of Notre Dame
The Inter-Agency Network for Education in Emergencies	International Federation of the Red Cross
UNICEF	UNHCR
Education Can’t Wait	Global Coalition to Protect Education from Attack
Save the Children	Global Education Cluster

This Round Table was carried out as part of a series of discussions that aim to move evidence - from a three-country study exploring the impact of COVID-19 related school closures on children’s protection, wellbeing and educational inequalities - toward action. The research reports, advocacy briefs can be [accessed here](#), as well as the Round Table overview and the Children’s and Young People’s Key Messages from Round Table 1.