

FROM EVIDENCE TO ACTION:

Centering children's voices during
infectious disease outbreak related
school closures and reopenings

A series of Global Round Tables
March 2023



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION



**Inter-agency
Network for Education
in Emergencies**



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Front cover illustration by a primary school girl in Bekaa, Lebanon (B. Akar, 2020)

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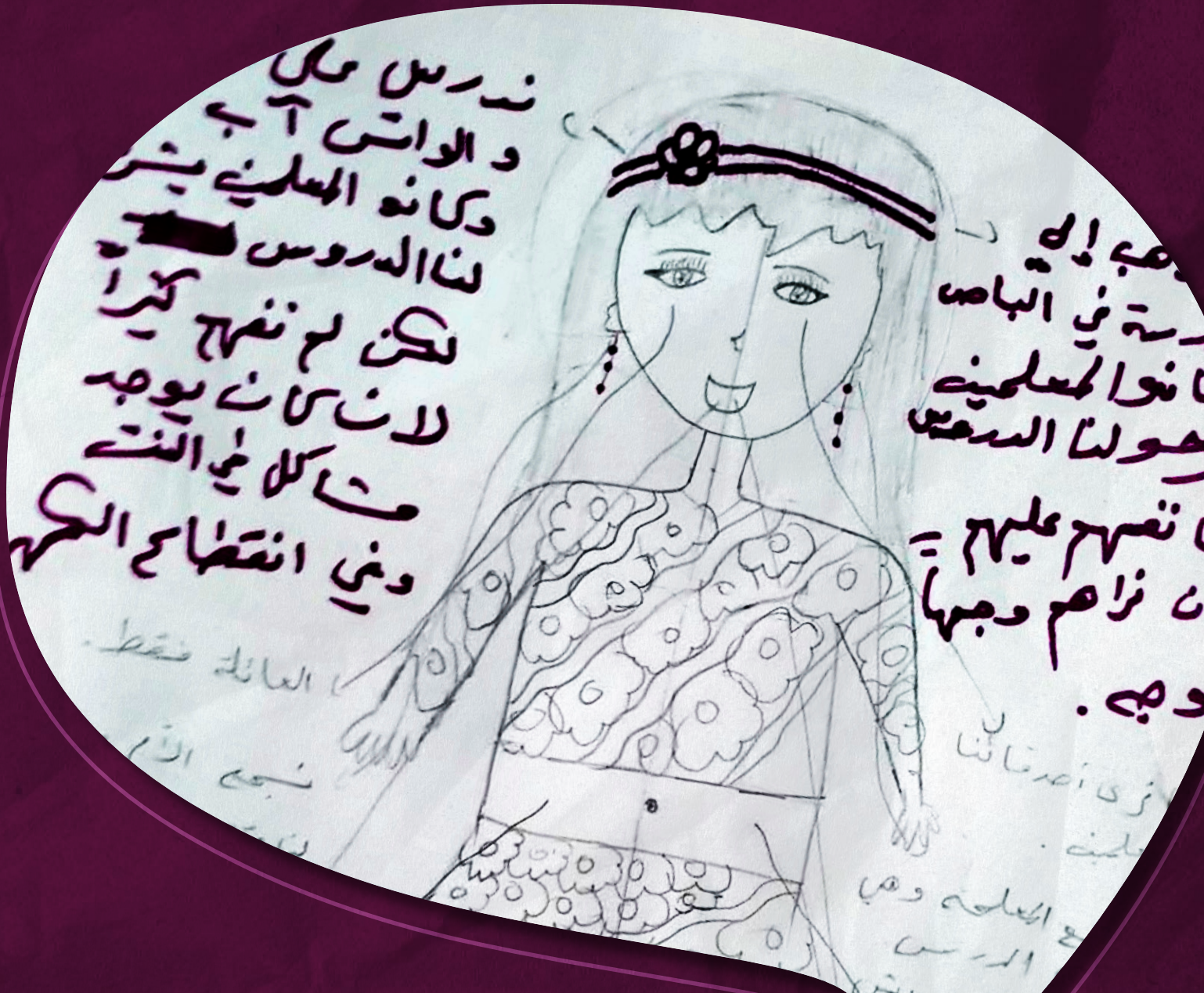


Illustration by: Secondary age girl,
Lebanon (B. Akar, 2021)

“ I was only a student at school.
Now I am working, and my
entire life has changed. ”

(Syrian boy, Lebanon)



Introduction



On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 a global pandemic.¹ In response, governments around the world took the unprecedented step of closing schools to curb the spread of the COVID-19 virus.

The United Nations Educational, Scientific, and Cultural Organisation (UNESCO) estimates that school closures impacted almost 1.6 billion learners across 169 countries.² Many governments responded to closures by introducing remote learning, especially online modalities. Yet, these virtual formats did not reach most children. Approximately **1.3 billion of the 1.6 billion students out of school had no internet connection at home and no devices to learn on, and internet literacy was extremely low** among students, teachers, and parents.³ Children living in humanitarian settings were among the least likely to be able to access digital education, and other crises often extended the duration of school closures.^{4 5} **School closures also amplified the pre-existing educational access crisis in humanitarian settings and**

cut children off from protective services often found in schools. Beyond this, little was known at the time about how children living in humanitarian settings were experiencing COVID-19 school closures and remote learning. The research aimed to address this gap, learning from the perspectives of affected children and communities, and to engage them in processes to strengthen the well-being of children and prevent negative impacts to their education and protection before, during, and after future infectious disease outbreaks (IDOs).

During 2021 and 2022, the Inter-agency Network for Education in Emergencies (INEE) and the Alliance for Child Protection in Humanitarian Action (the Alliance), commissioned Proteknôn Foundation for Innovation and Learning to conduct



participatory research across three humanitarian settings—Lebanon, Democratic Republic of Congo, and Colombia—to explore the impact of COVID-19 school closures on child protection and educational inequalities. This research showed that there was an urgent need:

- To support children who are still most impacted by COVID-19 related school closures
- To develop policies and guidance to support child-centred decision-making related to school closures, school reopenings, and the holistic well-being and protection of children and young people before, during, and after future IDOs in humanitarian settings.

Following the research, and to respond to these needs, the INEE and the Alliance worked with research partners to conduct a series of Round

Tables during the last quarter of 2022 and early 2023, with each Round Table building on the next. The Round Tables provided an opportunity to present the findings and recommendations from the research, and participants—children and young people from humanitarian settings, humanitarian actors from various sectors, and global donors—then worked to develop actions to promote child-centred IDO preparedness, response, and recovery.

This summary report highlights the phased approach to the Round Tables (see Table 1) and provides brief details of the methodology used and summaries of the outcomes and outputs. Key actions and suggested ways forward are also presented, with a focus on accountability to children.

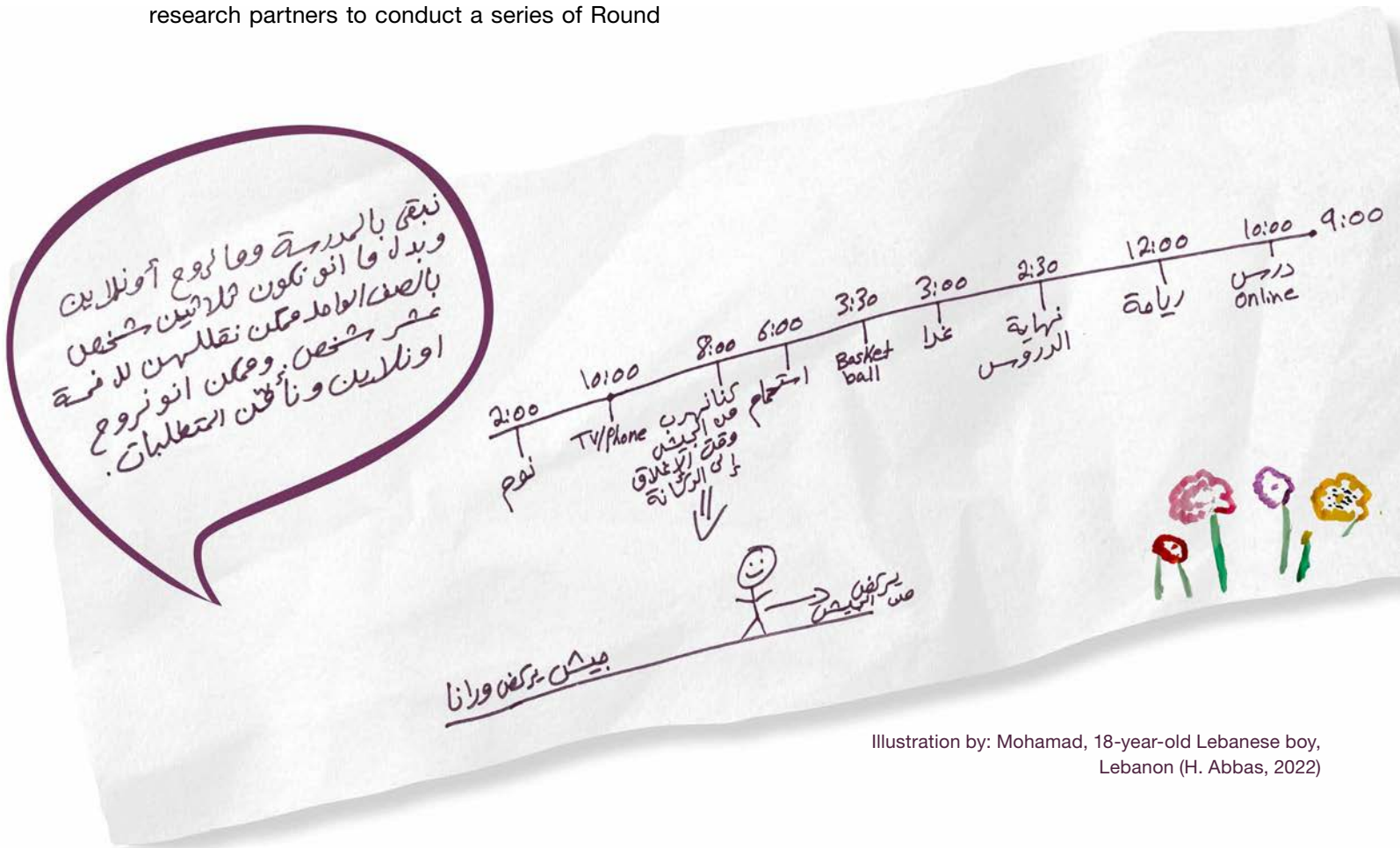
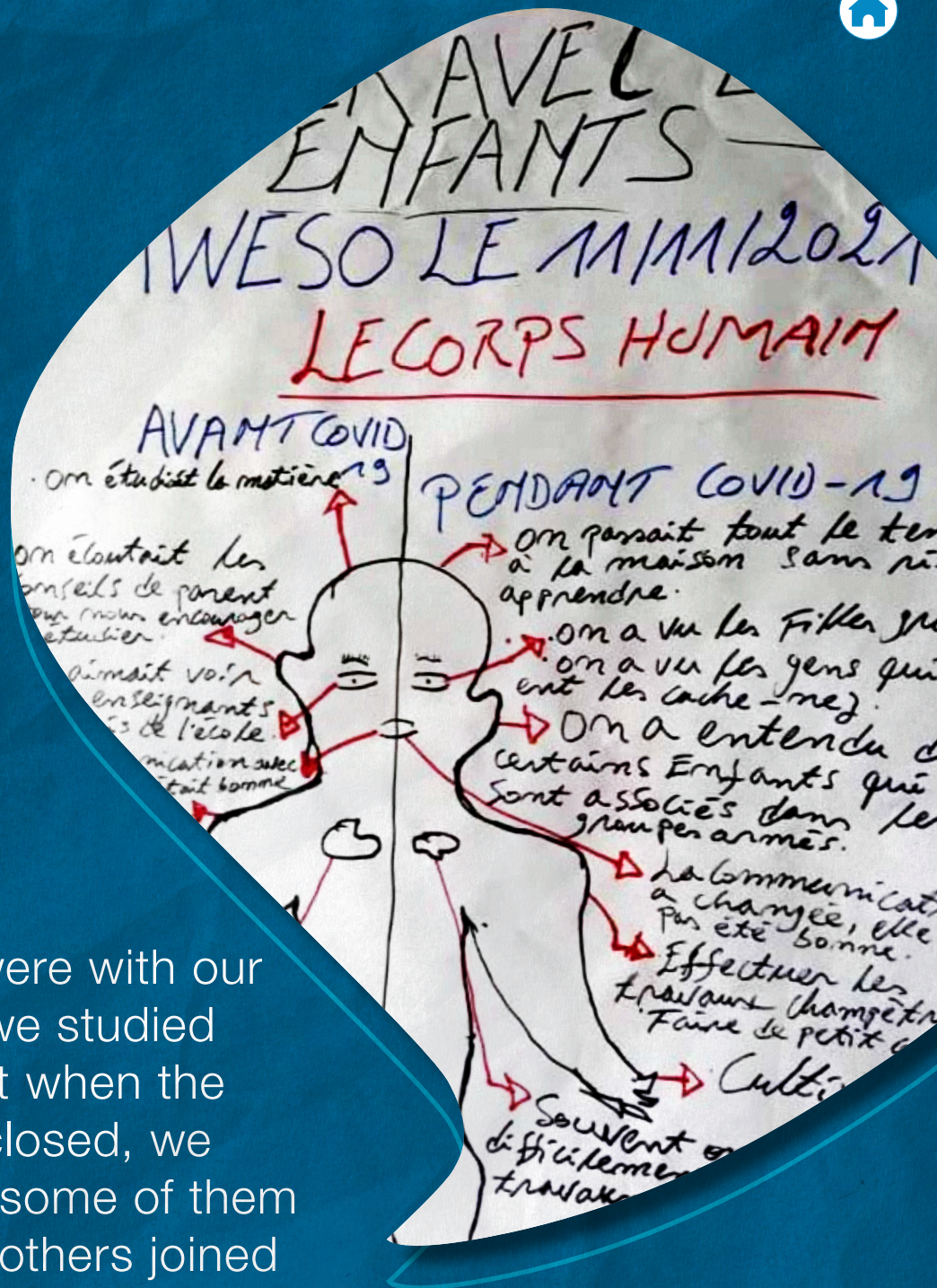


Illustration by: Mohamad, 18-year-old Lebanese boy, Lebanon (H. Abbas, 2022)



“ [When] We were with our colleagues, we studied very well. But when the school was closed, we realised that some of them got married, others joined armed groups. And when the school reopened, if you had 32 students in the class, you would find that the number had decreased.”

(Secondary student, Mweso, DRC)

Illustration by: Secondary age child, Democratic Republic of Congo (J. Habimana, 2021)



Overview of the Phased Approach to the Round Tables

See [Annex A](#) for further details on the methods and participants.



Table 1. Round Table Methodology

Round Tables	Round Table 1 Children and Young People	Round Table 2 Global: Multi-sector Humanitarian Actors	Round Table 3 Global: Donors
Dates	27 October 2022	24 January 2023 (with sector-specific preparatory meetings in November/ December 2022)	31 January 2023
Number of participants	19 children and young people (9 female, 10 male) aged 12 to 17 years from Democratic Republic of Congo, Lebanon, Colombia, and Nicaragua ⁶ 10 adult supporters (research partners and Proteknôn team)	55 participants (34 female, 19 male) participated in Round Table 2, including the sector meetings ⁷	18 participants
Purpose	To provide an opportunity for children and young people from humanitarian settings, including children engaged in the initial research, to discuss the findings and recommendations and develop a list of Key Messages to present to the participants in the subsequent Round Tables.	To use evidence to explore how Child Protection, Education, and Health sector actors can work together to ensure children’s well-being and protection during IDOs and co-develop recommendations to support more child-centred decision-making in future IDOs around school closures.	To reflect on how the donor community can work to ensure a holistic, child-centred approach to preparedness, response, and recovery in future IDOs.



Round Tables	Round Table 1 Children and Young People	Round Table 2 Global: Multi-sector Humanitarian Actors	Round Table 3 Global: Donors
Methods	<ul style="list-style-type: none"> • In-person pre-meetings in each country/language group preceded the Round Table. Preparatory activities included: artwork to describe young people’s experience of COVID-19 school closures, video creation, and developing key messages for decision-makers and leaders. • Round Table 1 was held online with simultaneous interpretation into Kiswahili, Arabic, and Spanish. • Key messages were translated into each language so that they were accessible to all participants to discuss during the Round Table. • After the Round Table, key messages were consolidated, translated, and edited by the children and young people and supporting adults. 	<ul style="list-style-type: none"> • Sector-specific meetings were first held with each sector where outputs of Round Table 1 were shared. • Participants developed recommendations around key themes (see Annex B). • Responses from sector-specific meetings were analysed and grouped into phases, drawing out Key Actions for each phase critical to ensuring a child-centred approach to planning and response in future outbreaks. • During Round Table 2, in cross-sectoral groups, participants discussed the actions: How it should be done, What it will look like, Who is responsible, and the opportunities and risks (see Annex C). 	<ul style="list-style-type: none"> • Outputs of Round Tables 1 and 2 were shared. • Participants reflected and responded to children and young people’s key messages and to the recommendations and key actions from the multi-sector humanitarian actors.
Outputs	<ul style="list-style-type: none"> • Section 3.1 below • A Research summary by and for young people • Video • Art Gallery 	<ul style="list-style-type: none"> • Section 3.2 below • Annex B – Round Table 2 Sector Recommendations • Annex C – Round Table 2 Summary: Key Actions critical to ensuring a child-centred approach to planning and response in future IDOs and school closures and reopenings 	<ul style="list-style-type: none"> • Section 3.3 below



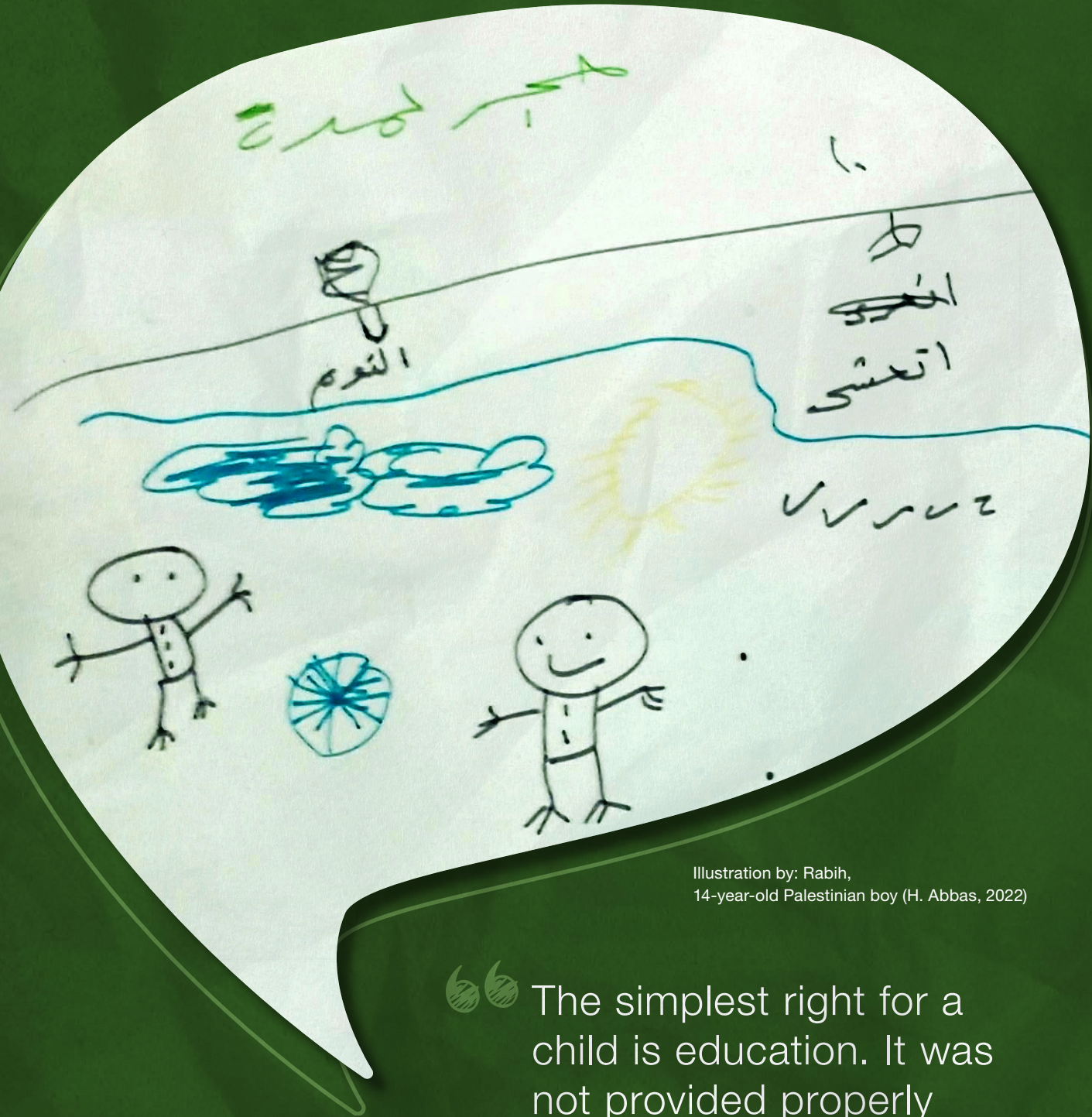


Illustration by: Rabi,
14-year-old Palestinian boy (H. Abbas, 2022)

“The simplest right for a child is education. It was not provided properly during the pandemic.”

(Syrian mother, Aرسال, Lebanon)



Summary of Round Table Findings

The findings from the three Round Tables are summarised in four key themes that emerged through the discussions:

Theme 1:

Preventing negative impacts to children's protection, well-being, and education during IDOs in the future;

Theme 2:

Meaningfully engaging children in decision-making on school closing/opening during IDOs and in addressing the impacts of COVID-19;

Theme 3:

Ensuring equity, accessibility, and continuity of education for all children in safe and protective environments during IDOs; and

Theme 4:

Strengthening cross-sectoral collaboration to ensure a child-centred approach in future IDOs.*

* Theme 4 was identified in Round Tables 2 and 3 only



3.1 Round Table 1: Children and Young people

Below is a summary of **key messages from children and young people** who participated in Round Table 1, including:

MESSAGES FOR:



GOVERNMENT



NATIONAL AND
INTERNATIONAL
ORGANISATIONS



COMMUNITIES



FAMILIES



Theme 1

Preventing negative impacts to children's protection, well-being, and education during IDOs in the future.



A child's place is at school and at home, NOT in war. Strengthen measures to protect children from being recruited by armed groups and support children to safely exit and return to school. Create safe spaces to listen to children leaving armed groups, including girls who became pregnant, and provide psychosocial support, dialogue, and skills training.



Ensure that children are not involved in hazardous child labour and are able to attend school. Raise awareness among parents and communities about the suffering of children who do dangerous jobs (mining, bars, hotels, military, etc.).



Schools must NOT be closed. There are ways to keep schools open and safe during IDOs. For example, by limiting class sizes; adding more classrooms; providing handwashing stations, clean water, and soap; and adapting technology and social interactions.



Strengthen the culture of care for children. Use strategies that are not based on punishment, but instead create safe, dynamic, and healthy environments for children in the home and in the community.



Examples of what children have done during and because of COVID-19 school closures:

- We followed public health guidelines and protected our families by staying at home, wearing masks, social distancing, and getting vaccinations. We encouraged other children in our communities to do the same.
- Due to our experiences during COVID-19, we are more aware of the need for self-care and want to increase our knowledge of mental health in our daily lives. It is also important to accompany people with mental health problems, especially anxiety and depression.
- We, as children, support one another. During school closures, when someone is facing difficulties, we try to visit them, communicate with them, and see if they need anything. This is how we support each other as friends.



Theme 2

Meaningfully engaging children in decision-making on school closings/openings, during IDOs, and in addressing the impacts of COVID-19.



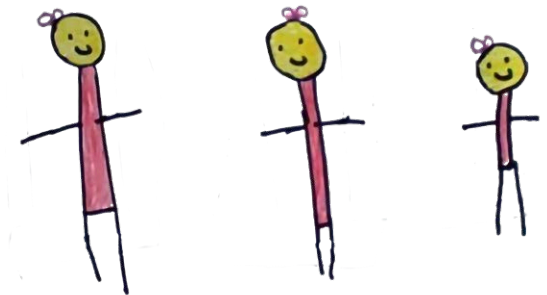
Children must be meaningfully involved in making decisions around school closures.



Always consider what is best for children and respect children's rights.

Examples of what children have done during and because of COVID-19 school closures:

- We share our experiences and reflections on COVID-19 school closures to advocate for the meaningful engagement of children in government decisions around school closures during outbreaks—for us and future generations.





Theme 3

Ensuring equity, accessibility, and continuity of education for all children in safe and protective environments during IDOs.



Children endured challenges during COVID-19 school closures, and many did not return when schools reopened. Children need social, emotional, and mental strengthening and support to return to school and to catch up on lost learning—particularly refugee and internally displaced children, children with disabilities, children who were confronted with sexual and gender-based violence, children recruited by armed groups, children who were forced into early marriage, children orphaned by COVID-19, and other economically impoverished children.



Ensure that education leaders accept pregnant girls in school and reject discrimination and blame against pregnant girls in society. Support girls who were married and/or pregnant during the pandemic, to strengthen their psychosocial well-being and to ensure their access to education, housing, and vocational training. It is wrong to side-line, dismiss, and abuse girls who become pregnant.



Provide income-generation and employment opportunities for low-income parents.



Advocate for increased funding for education in national budgets.



Produce educational materials that do not require technology and are available for free. Many children live where there is a lack of radio, internet, electricity, and roads. Where feasible, invest in new technology such as tablets and laptops with adequate internet and radio connection to improve accessibility and continuity of education.



Create supportive and enabling learning environments for children with disabilities, for example, through empowering parents and caregivers as education providers at home and through developing facilities for them at schools.



Identify marginalised children who are out of school and ensure that they receive education too.



Provide learning spaces in communal areas where communities can safely come together to support children in their education.



Provide opportunities for parents and caregivers to support their children's learning, for example, by allowing parents to attend class sessions with their children.



Examples of what children have done during and because of COVID-19 school closures:

- We helped our low-income parents with income-generating work. We will continue to do this as long as we can still go to school and do our homework.
- We taught and assisted our younger siblings.
- We faced educational difficulties, but we learned to be self-directed and made use of the internet.
- We support out of school children by sharing with them our curriculum and encouraging them to return to school.
- We support children who were recruited by armed groups to reintegrate with their families and return to school.
- We support girls who were married and/or pregnant during the pandemic to access psychosocial support, housing, school, or vocational training (e.g., sewing, braiding hair).

3.2 Round Table 2: Global Multi-sector Humanitarian Actors

The summary below combines action items from the sector-specific pre-meetings and Round Table 2 involving humanitarian actors in the education, child protection, and health sectors (the full summary is in Annex C). Participants discussed actions to be prioritised during each phase of an IDO: Preparedness, Response (acute), and Recovery (including protracted response) to support more child-centred decision-making in future IDOs around school closures.

Participants were asked, **What does child-centred decision-making mean to you?** The responses are shown in the figure below. Participants highlighted the importance of listening, providing opportunities and spaces for child engagement, and having children lead wherever possible. The need to build in processes for child engagement into each phase of outbreak preparedness, response, and recovery was emphasised.





Table 2. Actions to support more child-centred decision-making in future IDOs around school closures



Theme 1

Preventing negative impacts to children’s protection, well-being, and education during IDOs in the future

Preparedness Phase	Response Phase (Acute)	Recovery Phase (and Protracted Response)
<p>Work with teachers, children, young people, and community leaders to identify children who are out of school or at risk of losing access to education in the event of an outbreak.</p> <p>Prepare simple, user-friendly mapping of resources to help connect identified vulnerable children to case management services before, during, and after an outbreak occurs.</p> <p>Map the processes for deciding on school closures to better engage decision-makers and to increase their accountability to children.</p>	<p>Prepare advocacy processes and materials that can be enacted to advocate for schools to stay open safely or to re-open as quickly as possible (in the event of a closure).</p>	<p>Mobilise in-person and online networks of children’s and community groups (existing, new, formal, and informal) to identify and learn from community coping mechanisms and promising practices.</p>



Theme 2

Meaningfully engaging children in decision-making on school closing /opening, during IDOs and in addressing impacts of COVID-19

<p>In consultations with children, caregivers, and communities, create a concise global template of a “recommendation package” that communities can present to decision-makers with lessons learned and recommendations to keep schools open safely or to facilitate reopening.</p>	<p>As much as possible, co-create advocacy materials with children, young people, and community leaders.</p> <p>Integrate child-friendly approaches and consultations into current health and multi-sectoral assessments.</p>	<p>Ensure that children and young people are recognised by decision-makers in all phases in the planning, response and monitoring of IDOs.</p>
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◀ Table 2. (cont'd)



	Preparedness Phase	Response Phase (Acute)	Recovery Phase (and Protracted Response)
<p> Theme 3</p> <p>Ensuring equity, accessibility, and continuity of education for all children in safe and protective environments during IDOs</p>	<p>When developing school-based contingency plans, identify the barriers that exist for different groups of children. Consider that children learn differently and have various levels of access.</p>	<p>Be in regular contact with children, families, and communities who were identified to be at heightened risk and monitor their safety and well-being.</p>	<p>Leverage schools, community centres, and health centres as spaces to engage with children who are in or out of school, to inquire about their well-being and to connect children to integrated services.</p>
<p> Theme 4</p> <p>Strengthening cross-sectoral collaboration to ensure a child-centred approach in future IDOs</p>	<p>Develop global templates of school-based contingency plans and high quality flexible educational programmes that can be adapted in various IDO scenarios.</p>	<p>Coordinate across sectors and with the community to address compounding issues impacting children's ability to continue learning during an outbreak.</p>	<p>Create and leverage technical relationships between NGOs, government agencies, and community actors to better support children affected by an outbreak.</p>



Illustration by: Ahmad, 15-year-old Palestinian boy, Lebanon (H. Abbas, 2022)



Additionally, Round Table 2 participants were also asked:

“How can we—as humanitarian actors from all sectors—position ourselves to best influence decision-making about school closures (and reopenings) related to IDOs to ensure children’s holistic well-being?”

- Advocate for integrated responses and encourage collaboration across ministries, sectors, coordination bodies, and humanitarian agencies.
- Use evidence and promising practices to influence decision-making.
- Analyse decision-making on school closure processes to identify specific entry points for influencing.
- Make it unavoidably clear to policy and decision-makers that school closures will harm children's health.
 - Work across sectors to generate evidence through documenting the impact of school closures on children's health and development before, during and after outbreaks and/or school closure.
 - Collaboratively present valuable data and lessons on the negative impacts of school closures.
- Collaborate across sectors and with children to identify entry points for influencing decisions that will impact children.

“What can we do together to ensure a child-centred approach to planning and response in future IDOs?”

- Develop a guide for safe and meaningful consultation with children across different sectors, specifically for IDOs.
- Develop a joint operational framework or multi-sectoral Standard Operating Procedure using existing frameworks such as the joint operational framework between the Global Health Cluster and the Global Protection Cluster.
- Influence WHO IDO response pillars through direct engagement with WHO teams involved in outbreak preparedness/management to ensure child protection considerations are fully integrated.
- Invest in capacity strengthening across sectors and with donors about the harms of school closures on children that extend far beyond the risks of the infectious disease.
- Develop templates and short guides for use by national and local actors for contingency plans for potential school closures through activities with children, teachers, families, and social service workforce.





3.3 Round Table 3: Donors

Donors met together and reflected on the results of Round Tables 1 and 2 as well as provided insights into actions that can be taken forward in the donor community.



Theme 1

Preventing negative impacts to children's protection, well-being, and education during IDOs in the future.

- Advocate for schools to stay open during IDOs. Schools are important for children and young people for them to learn, socialise, and grow.
- Work with education and health sectors to learn from past crises and to build resilience. The knee jerk reaction to shut down schools did not work.
- Teach the whole child, including skills such as psychosocial support (PSS) and social-emotional learning (SEL), Health and Hygiene, etc.
- Invest in preparedness actions such as contingency planning to prevent school closures/enable them to re-open safely and as quickly as possible.



Theme 2

Meaningfully engaging children in decision-making on school closings/openings, during IDOs, and in addressing the impacts of COVID-19.

- Capture the views of children, young people, teachers, community members, and service providers before an outbreak occurs. Funders should then use this input for decision-making around school closures during IDOs.
- Centre children and young people through intersectoral work. Start with a holistic view of the child.
- Prioritise projects that include meaningful participation of youth, particularly young girls across the programme cycle.
- Carry out research to document and disseminate existing practices of engaging children.
- Fund children's groups, youth-led activities, and organisations that work with children. Give priority to strategies that develop the skills of children and young people.
- Require that grantees capture diverse voices, including children and youth, as part of needs assessment, monitoring, evaluation, and accountability work.



Theme 3

Ensuring equity, accessibility, and continuity of education for all children in safe and protective environments during IDOs.

- Consider the gendered dimensions of children's needs and experiences. Ensure that programmes are mindful of young women and girls, including pregnant girls.
- Acknowledge schools as spaces that provide more than learning—they are also entry points for multiple services.
- Enable adolescent mothers to continue their education—this is about them and their children.
- Develop indicators for the measurable health impacts mentioned by children.
- Continue to fund education responses throughout the outbreak.
- Ensure that funding application processes are inclusive of different types of agencies and initiatives, including community-based organisations, youth-led organisations, women-led organisations, refugee-led organisations, disability-focused organisations, etc.
- Prioritise holistic learning, such as SEL.



Theme 4

Strengthening cross-sectoral collaboration to ensure a child-centred approach in future IDOs.

- Create a shared list of principles, goals, and indicators that might drive critical conversations and interventions across sectors.
- Support improved "bridges" and connections between national policies/practices and communities.
- Remove the division between Child Protection and Education.
- Diversify donor partnerships, including with local organisations. Link with local organisations to generate joint action, not just through financing.
- Fund cross-sectoral planning at global and national levels.
- Create opportunities for more collaboration, communication, and dialogue between sectors.
- Fund networks and organisations like INEE and the Alliance to work together to find practical solutions.
- Encourage less competition between sectors and more collaboration instead.
- Require that grantees work across the cluster system.



Key Actions and Way Forward

Moving forward, it is critical to ensure the centrality of the children and young people’s perspectives and experiences as highlighted during the [research](#) and Round Tables ([Children’s research summary](#), [video](#), and [art gallery](#)).

Children and young people clearly pointed to the need for accountability, asking: Decision-makers, leaders, and humanitarian actors, what are YOU going to do? Humanitarian actors and key donors agreed with children and young people that more should have been done. There was consensus that school closures should be seen as a last resort, and instead schools should be supported to safely remain open and/or quickly re-open.

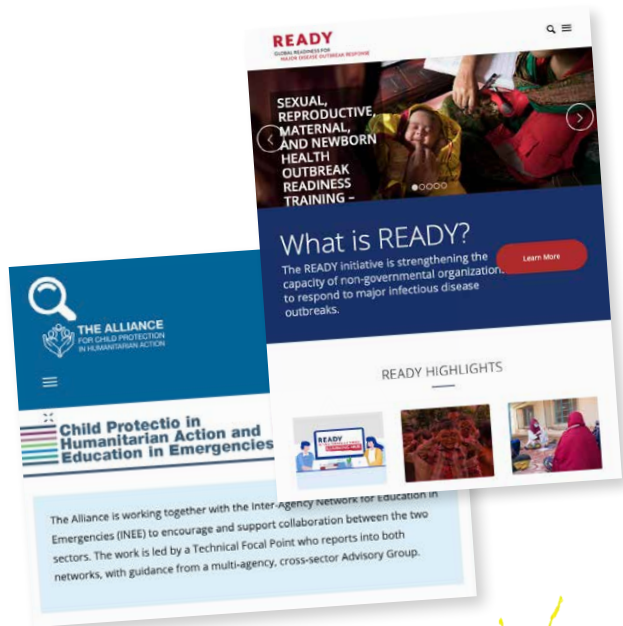
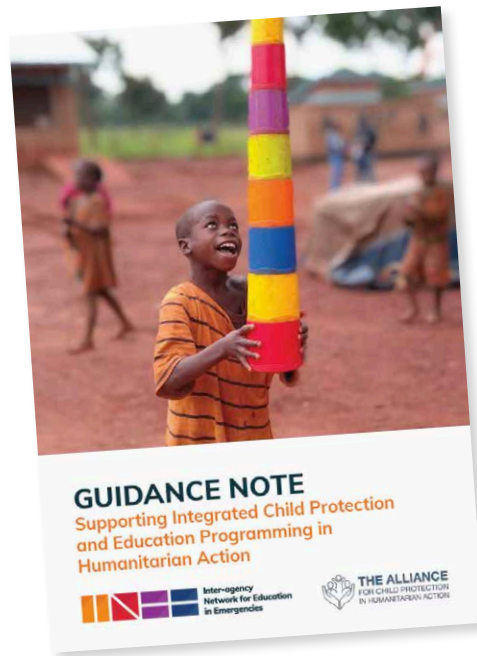
Concrete actions to move forward the recommendations from the Round Tables have been presented in this summary report (and in detail in [Annex C](#)). To continue to move from evidence to action, some key recommendations include:

- 1 Collaboratively develop tangible cross-sectoral outputs, such as:
 - A standard operating procedure or common protocols around school closures and reopening to strengthen child-centered intersectoral collaboration between health, education and protection sectors before, during and after outbreaks.
 - Use existing cross-sectoral frameworks to ensure ongoing intersectoral collaboration to improve overall strategic and operational ways of working between sectors before, during, and after humanitarian or public health emergencies, including outbreaks.



For example: The Global Protection Cluster and Global Health Cluster Joint Operational Framework; The '[Guidance Note: Supporting Integrated Child Protection and Education Programming in Humanitarian Action](#)'.

- A guide on safe and meaningful consultation with children across before, during, and after IDOs.
- Templates and short guides for use by national and local actors for contingency plans for potential school closures.



2 Build on existing cross-sectoral initiatives, such as the [Child Protection in Humanitarian Action and Education in Emergencies initiative](#), and the [READY Initiative](#) to collaboratively take forward key actions to ensure child wellbeing before, during and after outbreaks.

3 Strategically engage directly with WHO teams involved in outbreak preparedness and management to ensure that child protection and child well-being considerations are fully integrated into WHO outbreak response pillars.

4 Use cluster and coordination structures to disseminate key information—for example, guidance developed by sectors (such as health, WASH, child protection, education), and any collaborative outputs that are developed across sectors.





Annexes

Annex A. Round Table Methodology and Participants

Round Table 1: Children and Young People

Round Table 1: Children and Young People (27.10.2022)

1) Pre-meeting with Children and Young People Participants – in person in each country:

- Create a mural – what life was like for us during school closures; what we hope in the future
- Reflect on the research and brainstorm five Key Messages for decision-makers and leaders (these were translated into Kiswahili, Spanish, French and English to work with at the Round Table)

2) Round Table 1

- Present about: “A day in the life of us” – now and during school closures
- Categorise and prioritise our Actions and Key messages for decision-makers and leaders

Country:	Democratic Republic of Congo	Lebanon	Colombia
Research Partner:	Echanges et Recherche pour le Développement (BIFERD)	University of Notre Dame	Fundación Centro Internacional de Educación y Desarrollo Humano (CINDE)
Children and Young People Participants: Total – 19 children and young people (9 female, 10 male)	2 female, 1 male	2 female, 4 male	5 female, 5 male (incl. 2 female, 1 male – Nicaragua)

Round Table 2: Global – Multi-sector Humanitarian Actors

Round Table 2: Global – Multi-sector Humanitarian Actors Part A – Sector-specific meetings

Guiding Questions for Sector meetings:

- Preventing negative impacts to children’s protection, health (mental and physical), well-being, and education during IDOs in the future (based on our learning from COVID-19).
- Meaningfully engaging children in decision-making on school closings/openings, during IDOs and in addressing impacts of COVID-19.
- Ensuring equity, accessibility, and continuity of learning for all children in safe, healthy, and protective environments during IDOs.
- How can we—as humanitarian actors from all sectors—position ourselves to best influence decision-making about school closures (and reopenings) related to IDOs to ensure children’s holistic well-being?





◀ Round Table 2, Part A. (cont'd)

Child Protection November 22 nd , 2023	Education November 29 th , 2023	Health December 6 th , 2023
Global Child Protection Area of Responsibility Social Services Workforce Global Alliance International Federation of the Red Cross Save the Children International Rescue Committee UNHCR UNICEF Save the Children (READY Initiative) Bank Information Centre Global Education Cluster	UNICEF Education Cannot Wait Save the Children University of Notre Dame International Federation of the Red Cross UNHCR Global Coalition to Protect Education from Attack Global Education Cluster	Global Health Cluster World Health Organization International Federation of the Red Cross/IASC MHPSS Reference Group Save the Children READY Initiative International Rescue Committee Humanity & Inclusion (HI) UNICEF MHPSS Collaborative Global Education Cluster

With: The Alliance for Child Protection in Humanitarian Action, The Inter-agency Network for Education in Emergencies, Proteknôn Foundation for Innovation and Learning, BIFERD, and CINDE

Round Table 2: Global – Multi-sector Humanitarian Actors (24.01.2023) Part B – Multi-sector

Guiding Questions for multi-sector meeting – January 24th, 2023

- Discuss Action Items at each stage: Preparedness; Acute – Response; Protracted – Response and Recovery
 - HOW should it be done?
 - WHAT will it look like?
 - WHO needs to do it, and WHO needs to be consulted?
 - WHAT are key opportunities and risks?
 - What can the donor community do to ensure a holistic, child-centred approach to preparedness, response, and recovery to future IDOs?
- What can we do together to ensure a child-centred approach to planning and response in future IDOs?



Round Table 3: Global – Donors (31.01.2023)

Guiding Questions

- What Key Message from the children and young people strikes you the most?
- Are there things that you feel can be changed in the ways that donors operate?
- What practices have you changed as a result of lessons learned from COVID-19?
- What further changes do you see are necessary to ensure child-centred preparedness and response in future outbreaks?
- What can the donor community do to ensure a holistic, child-centred approach to preparedness, response, and recovery to future IDOs?

Education Cannot Wait

Elevate Children Funders Group

Global Fund for Children

Humanitarian Aid Department of the European Commission (ECHO)

International Education Funders Group

Permanent Mission of Canada in Geneva

Porticus

United States Bureau of Population, Refugees, and Migration (PRM)

USAID Bureau for Humanitarian Assistance (BHA)

With: [The Alliance for Child Protection in Humanitarian Action](#), [The Inter-agency Network for Education in Emergencies](#), [Proteknôn Foundation for Innovation and Learning](#), [BIFERD](#), [CINDE](#), and [Save the Children](#)

[Annex B – Round Table 2 Sector Recommendations \(Sector-specific meeting summaries\)](#)

[Annex C – Round Table 2 Summary Key Actions Child-Centred Outbreak Preparedness and Response](#)



Endnotes

- 1 The WHO previously declared COVID-19 a Public Health Emergency of International Concern on 30 January 2020.
- 2 [UNESCO Education: from disruption to recovery](#). Accessed on 24 April 2022.
- 3 UNICEF and ITU, 2020.
- 4 UNESCO, UNICEF, the World Bank and OECD (2021). [What's Next? Lessons on Education Recovery: Findings from a Survey of Ministries of Education amid the COVID-19 Pandemic](#). Paris, New York, Washington D.C.: UNESCO, UNICEF, World Bank. Accessed 29 May 2022.
- 5 Most children in this study experienced school closures or partial or temporary re-openings well into 2022.
- 6 The research partner in Colombia, CINDE, also works with young people in Nicaragua who were keen to join the conversation about the impact of school closures and so included them in their group.
- 7 For the sector meetings, there were a total of 19 participants in the child protection meeting; 21 participants in the health meeting; and 18 participants in the education meeting, including the facilitation team. On January 24th, there were 24 people at the meeting. The total of unique participants at all Round Table 2 sessions was 55.



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION



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