

■ ■ ■ ■ ■ **‘WHAT WILL HAPPEN TO OUR CHILDREN?’:**

■ ■ ■ ■ ■ The Impact of COVID-19 School Closures ■ ■ ■ ■ ■ on Child Protection and Education Inequalities ■ ■ ■ ■ ■ in Three Humanitarian Settings

RECOMMENDATIONS FOR ACTION
AUGUST 2022

■ ■ ■ ■ ■ ■ “DURING SCHOOL CLOSURES, WE FOUND OURSELVES IN A STATE OF FRUSTRATION AND STAGNATION.”

(Male secondary student, Mweso, North Kivu, DRC)

■ ■ ■ ■ ■ ■ “THERE IS A DANGER THAT THE CHILDREN WILL REMAIN WITHOUT AN EDUCATION... AND WE ARE WORRIED ABOUT THEIR FUTURE AND WHAT WILL HAPPEN TO THEM.”

(Father, Sur, Lebanon)

INTRODUCTION

This brief presents core findings and recommendations for action from the three-country study, “What will happen to our children?”: The Impact of COVID-19 School Closures on Child Protection and Education Inequalities in Three Humanitarian Contexts .

The study sought to understand the experiences and perceptions of children, families, and communities of care during COVID-19 related school closures in three humanitarian settings in Colombia, the Democratic Republic of the Congo (DRC), and Lebanon. The research team listened to the voices of children, families, teachers, and community members to answer the question, “What education inequalities, child protection risk and protective factors, and adverse outcomes have been amplified as a result of school closures in humanitarian contexts during the COVID-19 pandemic?”

BACKGROUND

On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 a global pandemic. In response, governments around the world took the unprecedented step of closing all schools to curb the spread of the COVID-19 virus. The United Nations Educational, Scientific and Cultural Organization (UNESCO) estimates that school closures impacted almost 1.6 billion learners across 169 countries. 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, no devices to learn on, and internet literacy was extremely low among students, teachers, and parents. 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. School closures also amplified the pre-existing learning and school access crisis in humanitarian settings and cut children off from protective services often found in schools. Beyond this, little was known about how children living in humanitarian settings were experiencing COVID-19 school closures and remote learning. The study aims to address this gap.

RESEARCH METHODOLOGY

This action-oriented study took place in humanitarian settings in three countries to achieve the following goal and purpose:

| | |
|----------------------|--|
| RESEARCH GOAL | To understand how children have experienced the impact of COVID-19 school closures on their protection, well-being, and education inequalities. |
| PURPOSE | To ensure that children's perspectives and their holistic well-being are at the centre of decision-making and planning processes in infectious disease outbreaks (IDOs) in humanitarian settings, particularly in regard to school closures and re-openings. |

The study employed a **qualitative methodology that was child-centred, participatory, and locally led**. Participants shared their experiences and perspectives related to school closures and remote learning and how future responses could be improved. Research partners in each country co-developed data collection tools to conduct research in two to four field sites in each country, engaging a total of 783 participants (see Figure 1 and Table 1). Data was transcribed and analysed at the country level by the research partners and then analysed by cross cutting themes by the global research team. Validation workshops were held with children and adults in each context to solicit feedback on the analysis and recommendations for action.



Figure 1. Child-friendly methods included participatory reflective activities: (left) “Garden of life” drawing—Primary students in Colombia share their experience of school closures, support they experienced, and their hopes and ideas for the future; (right) “River timeline”— Secondary students in Mweso depict their experience before, during, and after COVID-19 school closures.

Table 1. Number of study participants by method and country

| METHOD & PARTICIPANT GROUP | COLOMBIA | DRC | LEBANON | TOTAL |
|--|------------|------------|------------|------------|
| Workshops: Primary school children | 56 | 24 | 107 | 187 |
| Workshops: Secondary school children | 50 | 23 | 30 | 103 |
| Workshops: Out of school children (pre-COVID-19) | 9 | 22 | 7 | 38 |
| Focus Group Discussions: Parents | 21 | 24 | 57 | 102 |
| Focus Group Discussions: Education stakeholders | 27 | 24 | 30 | 81 |
| Focus Group Discussions: SSW - NGO | 16 | 24 | 16 | 56 |
| Focus Group Discussions: SSW - Government | 20 | 23 | 0 | 43 |
| Questionnaires: Children, parents, education actors, SSW | 55 | 60 | N/A | 115 |
| National and sub-national key informant interviews | 17 | 16 | 11 | 44 |
| Global key informant interviews | N/A | N/A | N/A | 14 |
| TOTAL PARTICIPANTS | 271 | 240 | 258 | 783 |

Advocacy

As stated in the project’s purpose, the project aims to inform the development of policies and guidance to support child-centred decision-making related to school closures and holistic child well-being and protection during and after IDOs in humanitarian settings. To help achieve this, research partners formed advocacy advisory groups^{vii} in each country at the outset of the research project, both to advance national-level advocacy efforts and create a foundation for global-level advocacy.

KEY FINDINGS

Table 2. Summary of key findings and outcomes

| Findings | Outcomes |
|---|--|
| 1. School closures and remote learning caused a significant increase in adverse protection outcomes for children, their parents, educators, and communities of care by both compounding existing risks and creating new ones. | <ul style="list-style-type: none"> Community members became less capable of supporting children; communities became less safe. Teachers’ mental and physical health and financial well-being were weakened. Parents faced new barriers to meeting children’s basic needs, family cohesion, and family members’ mental health. Children experienced loss of relationships and recreation. There were increases in mental health challenges, child abuse, exploitation, violence, neglect, adolescent pregnancy and early marriage, and child labour and worst forms of labour, including recruitment to armed groups. The children most likely to face increased risks and adverse protection outcomes were those who were vulnerable before the pandemic. |
| 2. School closures undermined children’s well-being and eroded existing protective factors. | <ul style="list-style-type: none"> Children, families, and communities employed diverse coping strategies to feel well and support one another, but they needed more support and resources. Children used coping mechanisms to support their well-being, including hobbies, laughter, sports, play, helping others, family relationships, and COVID-19 protocols. Parents, relatives, teachers, and community actors tried to strengthen children’s well-being during closures, <u>but they needed significantly more resources</u> to meet their duties of care. Government ministries and humanitarian agencies did not protect and support child protection and well-being adequately, given they have a primary duty of care to children. In part, this was because they were not prepared to respond to an IDO on this scale. |
| 3. School closures and remote learning approaches increased adverse learning outcomes. | <ul style="list-style-type: none"> Very few children in this study could access remote learning. The responsibility to self-guide learning was an enormous source of stress for students and parents. School closures contributed to lost learning, lack of progression in learning, developmental regression, loss of investment and hope in schooling, and school dropout. |

■ ■ ■ ■ ■ “[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)

| Findings | Outcomes |
|--|---|
| <p>4. <i>School closures and remote learning amplified and created educational inequalities as well as broader inequalities.</i></p> | <ul style="list-style-type: none"> • Education and broader inequalities increased, impacting children's access to remote education and their ability to learn. • The children most likely to experience inequalities and adverse learning outcomes were children with disabilities; Syrian refugee children in Lebanon; children who were internally displaced, albino, or indigenous in the DRC; and children in Colombia who were Venezuelan and/or living in informal settlements, borderlands, or rural areas. • When schools reopened, there were groups of children who were far less likely to return, more likely to be behind in their learning, and more likely to drop out shortly after schools reopened. Re-openings exposed a new layer of education inequalities. |
| <p>5. <i>School closures made it more difficult for the social service workforce to do their jobs.</i></p> | <ul style="list-style-type: none"> • Social service workers adapted ways of identifying and following-up cases, but this was usually done outside of a formal child protection system, for example, through a teacher or another nurturing individual who assumed responsibility to help a child or family. However, teachers and other paraprofessionals often had insufficient knowledge about what to do or how to respond once they identified a risk. • There was little evidence of the implementation of national response mechanisms at the local or sub-national levels. • As most children in this study had no access to internet or mobile phones, study participants reported limited interaction with social service workers, either remote or in-person. • Even when helplines existed, children and families did not know the number to call or did not have access to a phone. • The utilisation and uptake of existing services was further constrained by a lack of transportation, fear of the virus, or—particularly in the case of refugees—a lack of trust in government services or systems. |

■ ■ ■ ■ ■ “WHEN THE PANDEMIC ARRIVED AND THE SCHOOLS WERE CLOSED, CHILDREN’S WORRIES INCREASED AND DEEPENED, SUCH AS: I HAVE NO COMPUTER TO ENTER CLASS, I HAVE NO MONEY FOR PHOTOCOPIES, NETWORK COVERAGE AND THIS IMPLIED THE LOSS OF THE SCHOOL YEAR, SO THAT THESE CONDITIONS BECAME SOURCES OF STRESS FOR CHILDREN.”

(Key Informant, Social Service Workforce, Bogota, Colombia)

WHY IS THIS IMPORTANT?

The closure of schools due to COVID-19 made the structural and systemic inequalities that affect vulnerable children and young people in humanitarian settings more visible and much worse. Protracted school closures and challenges related to remote learning were compounded by the secondary effects of the pandemic, such as job loss, food insecurity, and economic challenges.

Although schools have returned to in-person learning, the negative impacts of school closures and remote learning (e.g., school dropout, child marriage, learning loss, and child labour) have not been resolved. **Children, especially those identified as most affected by school closures in humanitarian settings, need additional support to overcome the limitations and shortcomings that remain from school closures and remote education during COVID-19.**

There is an urgent need to 1) support the children most impacted by COVID-19 related school closures, and 2) develop policies and guidance to support child-centred decision-making related to school closures and holistic child well-being and protection during and after IDOs in humanitarian settings.

■ ■ ■ ■ ■ “THE SIMPLEST RIGHT FOR A CHILD IS EDUCATION. IT WAS NOT PROVIDED PROPERLY DURING THE PANDEMIC.”

(Syrian mother, Arsal, Lebanon)



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RECOMMENDATIONS FOR ACTION

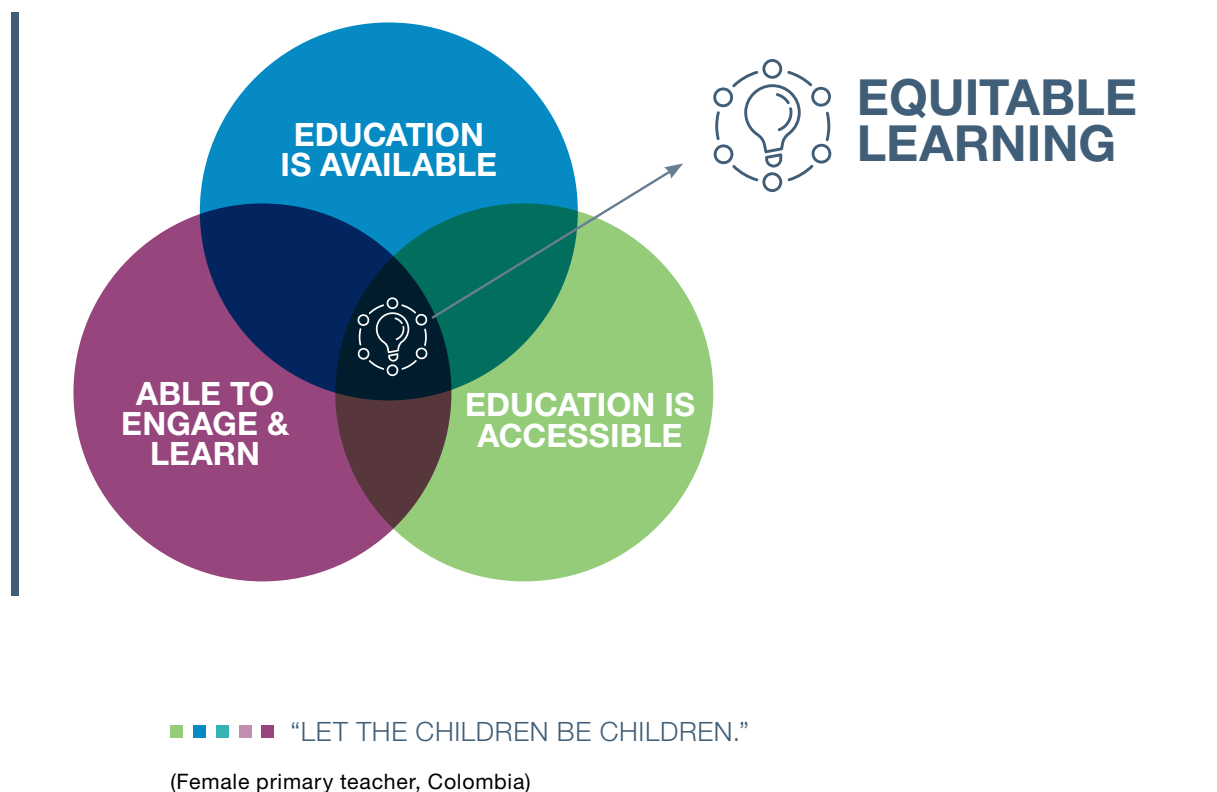
The recommendations that follow are based on the study findings and informed by key principles in the United Nations Convention on the Rights of the Child, the Inter-agency Network for Education in Emergencies (INEE) Minimum Standards, and the Minimum Standards for Child Protection in Humanitarian Action (CPMS).^{viii} They respond to findings from the humanitarian settings studied but may have broader relevance. For the detailed recommendations, see the full research report^{ix} and the social service workforce-focused report.^x

Recommendations for governments, humanitarian agencies, and humanitarian coordination structures

In humanitarian contexts, governments and UN and humanitarian agencies hold a duty of care to children and families. It is recommended that these actors:

1. Only close schools in the most extreme of circumstances, when all other options have been exhausted.
2. Use evidence to strengthen child-centred IDO preparedness related to education and protection.
3. Ensure accountability to children, families, and communities through (i) transparent feedback mechanisms that are built into local governance decision-making structures, and (ii) shared decision-making in planning and implementing IDO emergency response efforts.

Figure 2. Requirements for equitable learning during IDOs



In IDO preparedness and response plans and efforts, governments and humanitarian coordinators must:

- Ensure that children’s perspectives and holistic well-being are at the centre of decision-making and planning processes during IDOs. Provide meaningful opportunities for children, young people, and caregivers to share input regarding school closures and re-openings.
- Provide and resource services essential to student, family, and teacher well-being, including mental health and psychosocial support services; feeding and nutrition programmes for children; and government-led social protection programmes for children and families.^{xi}
- Ensure that the public health protocols are met (i.e., global and national-level public health guidance; see also Safe Back to School Public Health Guidance).
- Treat educators and the social service workforce as “essential workers.”
- Provide students and schools with learning supplies, personal protective equipment (PPE), and water, sanitation, and hygiene (WASH) resources.^{xii}
- Ensure better coordination of social welfare ministries with education and health ministries for the purposes of preparedness, continuity of care, and appropriate adaptation of services in the event of school disruptions and other restrictions on movement.
- Coordinate efforts ensuring that children and their protection and well-being are central (e.g., with support from global emergency clusters and protection sub-clusters).
- Mobilise community groups and networks, including child and youth groups, school clubs, women’s groups, refugee groups, and disability-focused organisations in IDO preparedness and response efforts, engaging them in decision-making regarding the approach to education and child protection in IDO plans.

Recommendations for communities and schools

Communities and schools understand their needs and have insights into possible solutions. Their knowledge and efforts need to be built upon and strengthened.

1. Develop or strengthen NGO coordination platforms for the education and protection sector that bring together civil society actors, including youth groups and networks.
2. School principals, supported by education ministries, consider implementing an “emergency response committee” in their school to support IDO preparedness and response.
3. Teachers identify which groups of students are unlikely to return to school during an IDO and what forms of support they will need to ensure their safety and learning.
4. Identify and build on the strategies that children, families, and communities have been using to not only survive but also strengthen their own and others’ protection and well-being during school closures.

■ ■ ■ ■ ■ “PEOPLE THINK ABOUT EDUCATION [DURING A PANDEMIC], BUT THEY DON’T THINK ABOUT PROTECTION IN THE CONTEXT OF A CHILD IN THE SCHOOL...THERE ISN’T AN ACTION PLAN TO RESPOND TO THE PSYCHOSOCIAL SUPPORT NEEDS AT THE LOCAL, PROVINCIAL, AND NATIONAL LEVEL AS A RESULT OF THE PANDEMIC.”

(Key informant, Goma, DRC)

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- i See full report [here](#) and a report specific to the impact of school closures on the social service workforce [here](#).
- ii The WHO previously declared COVID-19 a Public Health Emergency of International Concern on 30 January 2020.
- iii UNESCO. "Education: From disruption to recovery," Accessed on 24 April 2022.
- iv UNICEF and ITU, 2020.
- v 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.](#)" UNESCO, UNICEF, The World Bank, and OECD. Accessed 29 May 2022.
- vi Most children in this study experienced school closures or partial or temporary re-openings well into 2022.
- vii The groups were made up of key stakeholders, including young people, educators, community-based organisations, international and national non-governmental organisations, and government actors representing people with disabilities, gender, and youth.
- viii Ibid, [INEE Minimum Standards: CPMS, UNCRC](#). These principles are also embodied in [The Alliance 2021–2025 Strategy](#).
- ix The Alliance for Child Protection in Humanitarian Action (2022). "[What will happen to our children?: The Impact of COVID-19 School Closures on Child Protection and Education Inequalities in Three Humanitarian Contexts.](#)" The Alliance, Geneva.
- x The Alliance for Child Protection in Humanitarian Action (2022). "[Protecting Children During COVID-19 School Closures: Lessons from the Social Service Workforce in Three Humanitarian Settings.](#)" The Alliance, Geneva.
- xi See The Alliance for Children Protection in Humanitarian Action, UNICEF, and Save The Children (2020). "[Social Protection & Child Protection: Working Together to Protect Children from the Impact of COVID-19 and Beyond.](#)" Accessed 5 June 2022.
- xii See [Health, Nutrition, and WASH resources, INEE](#).
- xiii [Fundación Centro Internacional de Educación y Desarrollo Humano](#) (CINDE)
- xiv [Bureau d'Information, Formation, Echanges et Recherche pour le Développement](#) (BIFERD)



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