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

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 November 29th, 2022, key actors from the Health sector, including MHPSS, 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 multi-sector 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)

Support child-centred decision-making around school closures:
- Take an intermediate and long-term view when making decisions and plans.
- Understand decision-making processes in each setting, for example, whether school closures/re-opening decisions are made by a Ministry (Education and/or Health), or rather another political body.
- Disseminate recommendations through a variety of avenues at global and national levels and the well-known cluster system (e.g. IASC and cluster system with Education Cluster, Child Protection Area of Responsibility, Global Health Cluster, etc.).
- Emphasize that it is difficult for policymakers to reverse more stringent measures (i.e, re-opening schools after an initial closure) from a political perspective, thus school closing should be seen as a last resort.
- Share a 'recommendation package' with policymakers of measures that can be taken in trying to keep schools open safely or to facilitate re-opening e.g., handwashing stations.

When creating guidance and contingency plans, ensure the infectious disease outbreaks are included (in addition to geoclimatic disasters/armed conflict etc.).

Ensure engagement with the education sector and other sectors to:

- Collaborate to ensure that Infection Prevention and Control (IPC) measures in schools are a core component of education in emergencies and outbreak prevention.
- Ensure continuity of adolescent sexual and reproductive health services during outbreaks and consider them as a core component of education in emergencies.
- Involve students and their families in Risk Communication and Community Engagement (RCCE).

Ensure cross sectoral collaboration in outbreak preparedness:

- Capitalise on spaces where all sectors intersect, such as schools, and integrate standard preparedness practices.
- Ensure that school-based DRR/preparedness and contingency planning includes preparation for public health crises like infectious disease outbreaks (not just earthquakes etc.). This should involve schools, local and international NGOs/CSOs, line Ministries etc.
- Include existing groups such as student clubs, Parent Teacher Associations, Community Education Committees, School Management Committees, etc., in assessments and in planning response.
- Work with Risk Communication and Community Engagement (RCCE) colleagues.
- Tailor communication for specific groups of children and young people on the specific infectious outbreaks.
- Train Community Health Workers who may visit schools on how to support child-centered/child-led participatory decision processes. Where mental health professionals are not available, work with MHPSS implementing partners to integrate layer three services into education.
- If individual support is needed, ensure the child access to tailored support in a way that does not risk stigmatization.

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

Engage children and families in planning, preparedness, and decision-making processes. Speak to children themselves as part of the decision-making process.

Prioritise early and regular engagement, in initial phases of outbreaks, throughout and after outbreaks. Ensure that children have the opportunity to participate in decisions regarding school closure, the safe reopening of schools and infection prevention and control measures.

Generate interactions with families and teaching teams, particularly about mental health and protection mechanisms, through inter-institutional work of the health sector.

Ensure accountability - do not only take children's views but provide opportunity for bidirectional exchanges.

Conduct a mapping of existing children's groups, such as schools clubs, student leader groups, out of school groups, and child friendly spaces, **and engage these groups in preparedness and prevention activities**.

Considerations in engaging children:

- Build-in spaces for reflection "in the madness of rushed decision making" and seek opportunities to hear from children. Ask: how are children involved? Were children given the opportunity to ask questions?
- Think ahead to identify the various spaces and key entry points where we will encounter children during or because of outbreaks - for example, schools, but also health clinics, quarantine or treatment facilities.
- **Analyse decision-making processes**, recognising that this varies with different disease outbreaks and settings to understand better *how* to engage children.
- Consider the differences between groups of children and consider those who are harder to reach.

Learn from past experiences. For example, experiences of children adapting and using our My Hero is You storybook is so inspiring: https://bit.ly/3EPL2Gn.

Ensure that children are engaging in needs assessment and identifying risks. Consider the impacts of school closures on children's lives in the short, medium, and long term.

- Include children to design and inform needs assessments.
- Engage children in assessing the types of violence that occur during infectious diseases, where they are occurring, the risks involved, and how such adversities can be minimised..
- Understand that multiple adversities psychologically harm children, which can lead to them adapting unhealthy behaviours that fundamentally affect who they are.
- Implement longer term perspectives and strategies in humanitarian settings to address the long-term effects of infectious disease outbreaks.

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

Build on lessons learned from infectious disease outbreaks - for example what worked and what didn't work - to ensure children's access to education. Always ask children for their input, including children who did not have access to education during outbreaks.

Within health sectors and services, seek opportunities to engage children in or out of school and ask about their access to education. Find ways to refer and connect children to necessary services.

Alongside efforts for accessibility and continuity of learning, **work across sectors to ensure that health and MHPSS services are also accessible and inclusive of ALL children and young people**.

- Prioritise access to psychosocial support and integrate MHPSS services into efforts for continuity of learning.
- Ensure that sexual and reproductive health services are available.

- Ensure inclusion of children with disabilities who encounter access challenges in both health and education sectors (i.e. as they may be more likely to drop out of schools and have difficulties in accessing health services).
- Utilise and mobilise existing community-based organizations and involve disability rights organisations.

Ensure that educational institutions (formal and non-formal) work with community health workers.
Train across sectors, increasing contact points in different sectors, food security and livelihoods, nutrition, health services, WASH, etc.

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?

☆ **Recognise the need for evidence, and the key role of health sector actors working with education, child protection and MHPSS actors to build and present the evidence base for the harmful effects of school closures on children and young people.**
- Present valuable data and lessons learned from COVID-19 to support decision-makers understand the detrimental effects of school closures.
- Gather more data on the detrimental effects of school closures for decision-makers to use.

☆ **Document the impact of school closures on learning and healthy development** (for children and young people). Disseminate widely key points that make the case and let the evidence speak to a wide range of audiences. Leverage the evidence to stop school closures wherever possible.
- Make it unavoidably clear that school is critical for healthy and appropriate child development and health - school closures have a strong chance of harming child health.

Recognize the differential priorities and impacts in each context and community and work to clearly create a ethical process to:

- Analyse the dilemma being faced using ethical concepts (and indeed humanitarian commitments and guidance as reflected in this Global Health Cluster tool: Key questions to ask when facing dilemmas during the COVID-19 response in humanitarian settings (see section 5)
- Create possible solutions or response options to determine which may be the best to manage these dilemmas
- Agree on the best response option acknowledging that some degree of inequity or indeed harm, may result
- Take measures to mitigate anticipated negative impacts of the response option.

⭐ **Collaborate across sectors to identify entry points for influencing decisions that will impact children** (mental health, protection, etc.) and work together to engage children at key points.

Collaborate with all ministries and actors on preparedness, using lessons learned to ensure that a clear plan is in place when the next health emergency occurs.

- Consider the difference between countries with an active humanitarian sector engaged with governments, and those without, and plan accordingly.
- Health and Education Cluster/Working group or sector to work closely with Child Protection to define roles and responsibilities and agree who is providing what for needs of children, caregivers and teachers to avoid duplication, maximize coverage and improve quality of care.
- Inter-sector and inter-agency coordination of MHPSS leads to more effective all layers of MHPSS pyramid, with referrals between.

CONTRIBUTORS

Organisations	
The Alliance for Child Protection in Humanitarian Action	**The Inter-Agency Network for Education in Emergencies**
Global Health Cluster	**World Health Organization**
International Federation of the Red Cross/IASC MHPSS Reference Group	**Save the Children**
READY Initiative	**International Rescue Committee**
HI	**UNICEF**
MHPSS Collaborative	**Fundación Centro Internacional de Educación y Desarrollo Humano (CINDE)**
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.