KIX Observatory on COVID-19 Responses in Africa's Educational Systems

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THE WELL-BEING OF SCHOOL CHILDREN IN AFRICA DURING THE COVID-19 PANDEMIC

Produced by:

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About the Observatory

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The Observatory is monitoring pandemic responses in the education systems of 40 GPE partner countries in Africa and is collecting emerging research evidence on the topic. It focuses on the pandemic's impact on the operation of education systems and the well-being of learners.

The Observatory is implemented by a consortium of ADEA and AU/CIEFFA. Technical support is provided by APHRC and the UNESCO Institute for Statistics.

For More Information

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Photo: GPE/Carine Durand, Antongombato primary school in Analavory, Madagascar 2016.

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Executive Summary

This report synthesizes available evidence on the policies and practices of 40 African partner countries of the Global Partnership for Education (GPE) in responding to the impact of COVID-19 on the well-being of school children in sub-Saharan Africa (SSA). The synthesis was conducted using rapid scoping reviews, evidence mapping and the team's expert knowledge of health and education issues in sub-Saharan Africa. This report presents the main programmatic areas through which countries responded and identifies specific areas of focus within the programs, challenges countries have encountered in meeting the well-being needs of school children, and emerging areas of research focus. A series of recommendations are presented in the final section.

Educational responses on school children's well-being during COVID-19

GPE partner countries have collaborated with international partners and a range of local and international civil society organizations (CSOs) to deliver well-being support to school children. Support is mainly provided through humanitarian responses, with NGOs and CSOs on the frontline in most instances, but working closely with the governments.

The synthesis results show that educational responses to the effects of COVID-19 on school children's well-being fell into four broad areas, with each area comprising a number of different strands. Areas of focus varied from country to country. These included:

Health and nutrition

Responses focused on addressing the interruption in access to food, health and social support services normally provided to families through schools, in addition to addressing the risks to children's well-being that have been heightened by COVID-19. These supports covered:

- school meals and other nutrition-related needs
- menstrual health management (MHM) products for girls
- mental health and psychosocial support to vulnerable children
- remote monitoring and protection for children at risk of violence, and
- capacity building for social workers to better equip them to support children remotely during the pandemic

Protecting girls (and women) against sexual violence and teenage pregnancy

Under lockdowns and other restrictions due to the pandemic, girls and young women are at higher risk of sexual and gender-based violence (SGBV) and pregnancy. The impacts on girls have been deepened in many countries by pre-existing bans that barred pregnant girls and young mothers from school attendance and re-entry. Responses in this area include:

- lifting bans (prior to the onset of COVID) and instituting re-entry programs to enable adolescent girls to return to school
- using community resources to reduce SGBV and rates of pregnancy among girls, and
- creating awareness of GBV and adolescent pregnancy using songs, videos and other forms of media

Support to displaced populations during COVID-19

Children displaced by conflict or separated from families by extreme poverty have endured trauma and separation in addition to the isolation of the pandemic. Responses to the particular needs of street children, refugees and internally displaced children include:

- reuniting separated families and reintegrating street children
- supporting community mediation and COVID awareness in conflict-affected areas, and
- cash distribution programs to reach displaced families

Challenges to promoting the well-being of school children

GPE partner countries have faced numerous challenges in trying to improve school children's well-being during the pandemic. Key challenges include a lack of adequate resources to support their responses; widespread misinformation about the reality of COVID-19, its causes and remedies; and the disruption of supply chains and support services due to lockdowns and distancing measures that prevent schools from playing their usual role in frontline support to children's health and well-being. Countries also had varying pre-pandemic levels of commitment to support measures that protect children against violence and ensure pregnant girls' school attendance. Speedy responses were further hampered by a lack of credible and timely data on violence against school children due to inadequate monitoring and reporting.

Emerging evidence on the impacts of COVID-19 on school children's well-being

Recent research on school children's well-being focuses on: protecting women and girls against violence (including against sexual exploitation and abuse); operational responses to reach children during school closures; the impacts of COVID-19 on children's well-being; and mental health and psychosocial support. This emerging research illuminates the plight of school children living in refugee situations, and of girls and boys from disadvantaged households. In particular, the research shows a surge in SGBV against girls, a rise in teenage pregnancy, and huge disruptions in social support systems, including for emotional well-being.

Recommendations

To mitigate the challenges brought on by the pandemic, countries need to take key decisions and actions to enhance the continuity of learning for their most vulnerable populations, and support greater inclusivity in education. Our recommendations to GPE partner countries and development actors include the following:

1. All GPE countries should reinvigorate monitoring systems for SGBV, mental health needs, and food security among vulnerable school children.
2. School continuation or re-entry for teens who fall pregnant should be viewed positively and entrenched in policy and legal frameworks of all GPE partner countries.
3. Community level capacity strengthening on early detection and provision of mental health care is needed in GPE member countries to deal with anxiety- and stress-related social behaviors. This may entail strengthening referral systems and other community mechanisms to facilitate rapid follow up on reported cases.
4. COVID-19 recovery programs should better address gender-based needs, including through policy and legal mechanisms to mitigate sky-rocketing rates of SGBV.
5. GPE partner countries need to invest more resources (including human resources) in strengthening systems for psychosocial support, given the importance of children's emotional well-being to their ability to learn.
6. GPE partner countries should coordinate efforts with global health authorities and development partners to explore ways to counter the flow of misinformation on COVID-19, including through social media.

1 Introduction

The declaration of COVID-19 as a global pandemic in March 2020 led to the closure of schools around the world, affecting some 1.6 billion school children, 16% of whom are in sub-Saharan Africa (UNESCO, 2020). School closures prevented some of the most vulnerable school children from eating nutritious meals (which they previously accessed from schools) and made them, especially girls, more vulnerable to physical and psychosocial abuse, heightening the risk that some would drop out when schools reopen (UNESCO, 2020; UNICEF, 2020a). COVID-19 has overstretched health systems, diverting health resources and capacity to pandemic response, and limiting school children's access to critical primary health care and nutrition services that protect them against malnutrition and preventable deaths (World Vision, 2020a).

At the onset of the pandemic, the African Union asserted that, beyond the short-term impacts on children's health and that of their parents or caregivers, the social and economic interruptions triggered by the pandemic harms children's well-being, including through increased gender-based violence, exploitation and separation from families (AU/ACERWC, 2020). Between June and September 2020, World Vision estimated about 85 million girls and boys across the world would be exposed to physical, sexual or emotional violence while confined in their homes during quarantine (Akmal, Hares, & O'Donnell, 2020; UN, 2020). Millions more school children are at risk of child labor (ILO & UNICEF, 2020) and higher levels of child marriage over the next couple of years, as family livelihoods diminish and the economic crisis continues (World Vision, 2020b). In 2019, more than a quarter of the 33 million migrant and displaced were in sub-Saharan Africa (SSA), with less than half of the refugee children enrolled in school, and one in every four children continuously facing exceptional risks (UNICEF, 2020f; UNHCR, 2020a; You, et al., 2020). These pre-existing barriers to the optimal well-being of school children have exacerbated this situation.

In light of the above, most countries in SSA have witnessed a gradual return to on-site learning taking shape. There are now calls for parents, teachers, communities, various levels of government and the international community to ensure all children are "back to school" – to strengthen their well-being, build their resilience and mitigate the negative impacts on their health, especially among those hardest hit by the pandemic.

In this synthesis, we document bottlenecks that COVID-19 has imposed on children's well-being, especially on vulnerable school children in 40 countries involved in the Global Partnership for Education (GPE). For this review, well-being is broadly defined so as to include physical and psychosocial dimensions, access to sexual and reproductive health services, and access to food and nutrition. This report uses the terms school children and children interchangeably to refer to children of primary and secondary school age.

In addition to categorizing the education areas that national governments and the international community have prioritized for programming, we examine the main policy and practice responses that ensure learning continuity and a safe return to school, as well as the key challenges to effective implementation. We also examine what recent research on the overall well-being of school children can tell us about how these African countries are responding. Based on our analysis of policy and practice responses, a series of recommendations is provided in the last section.

This report is one of several outputs of the Knowledge and Innovation Exchange (KIX) COVID-19 Observatory, which aims to provide policymakers in GPE partner countries with actionable evidence to inform their decisions. The Observatory collects, synthesizes and mobilizes evidence about COVID-19 responses in primary and secondary education systems in GPE partner countries, focusing on both the operations of these systems and the well-being of children.

Policies and practices related to children's well-being in GPE partner countries in Africa are tracked, and continue to be updated, using a live spreadsheet.[1] The Observatory also tracks emerging research on COVID-19 education responses, including on interventions being tested and evaluated.

The authors of this report applied a systematic and exploratory approach to identify, gather, analyze and synthesize information on policies and practices from multiple sources. Through scoping reviews, we sought to understand what past and emerging policies, practices and strategies have been used by various countries to address children's well-being in their responses to COVID-19 education-related challenges. The report covers the period from about the first quarter of 2020, when schools initially closed, to the first quarter of 2021, when most GPE partner countries had begun reopening schools.

Sources of information included planning, policy and programming documents of:

- Ministries of education, health, and those that deal with gender and food security-related programming in GPE partner countries;
- Regional and global organizations, including the African Union, KIX regional hubs in Africa, GPE, the International Development Research Centre, the United Nations Children's Emergency Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Bank, the World Health Organization (WHO), and the Food and Agriculture Organization (FAO) of the United Nations;
- Civil society organizations involved in social development (including education), reproductive health, human rights, and food security-related programming, such as Plan International, the International Rescue Committee, and Human Rights Watch; and
- Institutional-based researchers and scholars such as those based in universities and research institutions.

[1] This KIX COVID-19 Observatory Tracking Tool is available at: https://docs.google.com/spreadsheets/d/1Q4fsFK18pvb0aOwYx-Ojljt21AHGn9pa/edit#gid=1775476430

2 Well-being Policy and Practice Responses in GPE Partner Countries

In this section, we present an overview and synthesis of policies and practices within programming areas related to primary and secondary school children's well-being. Our scoping review found the most commonly reported programming areas used in SSA to respond to children's well-being during COVID-19 include nutrition and health, protecting girls (and women) against sexual violence and teenage pregnancy, and support to displaced populations during COVID-19 (Roelen, Delap, Jones, & Chettri, 2017; Save the Children & UNICEF, 2012; White & Sabarwal, 2014; Young Lives, African Child Policy Forum & Save the Children, 2014). These responses are discussed below and illustrated with examples from some specific GPE partner countries in Africa. More examples are available in a live spreadsheet.

Most programmatic interventions were driven by governments, with support from development partners and international agencies. Support for learner well-being has come from a mix of internal and external partners, including government agencies and ministries, social workers, local mentors, community-based organizations, international NGOs such as Girls Not Brides, Plan International, Save the Children, and World Vision, and United Nations agencies such as UNHCR (the United Nations High Commissioner for Refugees) and UNICEF. In many GPE partner countries, the COVID-19 Education Response Plan included some government budget lines to support learner well-being, though these were minimal compared to other budget lines in the plans (see ADEA, AU/CIEFFA, & APHRC, 2021).

2.1 Health and Nutrition

Abrupt school closures disrupted the normal operations of school feeding programs in most GPE partner countries (WFP, 2020a, 2020b), along with children's access to other health and social support services previously delivered through schools to vulnerable groups. At the same time, the pandemic generated its own health impacts on children – not only the risks of infection, but a range of psychosocial impacts. Here, we address five of the most widespread policy and practice responses related to health and nutrition observed across GPE partner countries in SSA.

School meals to address nutrition-related needs

According to UNICEF, during school closures, nearly 370 million children in 150 countries globally missed a school meal (Borkowski et al., 2021). By April 2020, more than 50 million students in sub-Saharan Africa did not have access to free daily meals. In addition to supporting childhood nutrition, in GPE partner countries in Africa, meals provided in schools act as an incentive to attract and retain children, resulting in an increase in enrolment (Verguet et al., 2020). Our synthesis shows that in some of the GPE partner countries with a school feeding program, governments and their development partners used at least one of three key strategies to deliver meals to children during school closures. They include:

- take home rations
- daily meal deliveries, and
- vouchers or cash transfers

In some countries, such as those in the Lake Chad Basin, the World Food Programme (WFP), government ministries and other development partners collaborated in providing meals in the form of dry food stuffs, meal deliveries and supplements to school children (WFP, 2020a; 2020c). The meals were either delivered to a central place that households could access, or directly to schools with children who could not return home after school closures due to hostilities or other vulnerabilities, as happened in Niger (République du Niger, 2020).

The take-home rations were provided in the form of dry food stuffs and supplements, to be prepared at home, in contrast with the cooked meals children would normally get in schools. These take-home rations were distributed using a number of precautions, including: providing them to family guardians through their children's schools (with teachers checking their registry to ensure that these children were in fact registered as learners in their schools); and by providing double rations or even supplies of several months to reduce interactions between staff and beneficiaries (WFP, 2020b).

In GPE partner countries such as Liberia, Mozambique, Madagascar and Sudan that were already grappling with economic challenges, households from areas in most need of meals were identified and plans were made to ensure daily meal deliveries to these areas (David, Martin & VOs, 2020). As of June 2020, Niger, Togo, Côte d'Ivoire, Kenya, and Zimbabwe were among the GPE partner countries that used cash transfers or vouchers to reach vulnerable populations (Kazeem, 2020). But there was no clear indication of how the money was spent by the households.

At the local level, the role of nongovernmental or civil society and faith-based organizations in ensuring that households and school children continued to receive meals during school closures cannot be underestimated. Organizations that had existing school feeding interventions and programs continued providing meals to households during school closures. They used the same strategies as the World Food Programme to reach their beneficiaries.

In **Liberia**, as part of the COVID-19 Emergency Response program, the WFP and the Ministry of Education collaborated to provide take-home dry rations to nearly 100,000 boys and girls between March and April 2020 (UNICEF, 2020e). This intervention was also used as an incentive to enhance learning at home.

In the **Republic of Congo**, the WFP launched the "school feeding at home" take-home rations to continue providing meals to children while schools were closed indefinitely. Children or parents were required to get the home rations from their schools. As reported by the WFP, the take-home rations initiative was reaching 61,000 children towards the end of April 2020, while some families were receiving cash transfers (WFP 2020a).

Menstrual health management for girls

Girls' access to menstrual health management (MHM) products and facilities – including toilets with doors for privacy, water, tissues, sanitary pads and proper waste disposal – is an issue that can lead to social and emotional challenges (Ajari, 2020). MHM issues and access to products were exacerbated by the pandemic. Collecting water remains a challenge in countries across Africa, with the burden of providing water in households falling largely to women and girls (Borja-Vega & Grabinsky, 2019). With people spending more time in the household during the pandemic, the amount of water used has likely increased, forcing women and girls, especially those from vulnerable populations, to spend more time in search of water. This may in turn be leading some to forego menstrual hygiene (Sempewo et al., 2021). Further, because of school closures, some girls have lost access to menstrual hygiene products provided through government and NGO programs. Emerging evidence indicates that girls increasingly rely on their parents to provide sanitary products, putting a strain on already economically deprived households, while others report getting supplies from NGOs.

Our review shows that the pandemic spurred innovation in encouraging the use of reusable MHM products and that a range of information and communication tools and platforms – including social media and new apps – were used to provide ongoing information on MHM.

Before the pandemic, a number of organizations in various GPE partner countries had existing interventions and programs for providing sanitary products to girls in school. These organizations had to find creative ways to continue supporting the girls whom they could reach during school closures (UNICEF & UNFPA, 2020). Continued distribution was made possible thanks to the donation of sanitary products by individuals or other organizations. There were also innovations to increase the use of reusable sanitary products and maintain their production even during lockdowns where production was to be stopped to minimize human interactions (Sullivan, 2020). Grace Cups in Kenya, for example, used Instagram and YouTube to provide information on the use of menstrual cups and cloth pads while trying to destigmatize periods (Menstrual Cup Coalition, 2020).

A range of information and communications technologies helped to overcome the gap in information about menstrual hygiene in the wake of school closures. For example, the United Nations Population Fund (UNFPA) launched videos for use by parents to provide MHM information. UNICEF led a partnership to create Oky,[2] an app that lets girls track their menstrual period, with an option to record their mood and body changes on a daily basis. Various NGOs and other organizations used social media to provide information on the use of sanitary products.

Mental health/psychosocial support for children

Some of the major impacts on children of school closures were due to decreased access to child protection services at a time when many faced increased stresses and risks out of school. Learners' mental health needs are usually addressed through school-based guidance and counselling programs. During school closures, such services have mainly moved to online or other distance learning platforms, or are not offered at all. This has occurred even as COVID-19 has had severe psychological impacts on children and their families, linked to the fear of losing loved ones, or not being able to find help within overloaded health care systems, and the economic and social consequences of lockdowns, quarantines, and other measures designed to reduce infection (Relief Web, 2020).

Responses to these mental health challenges include psychosocial support, and care and support services to mitigate violence against children—including sexual and gender-based violence (Ismael, 2021; World Vision, 2020; Young & Adib, 2020). Mental/psychosocial support responses for vulnerable children have been integrated with other interventions aimed at mitigating violence against children. Key areas of response include awareness-raising campaigns on mental health and GBV, and helplines to provide access to psychosocial services. These focused on disseminating information regarding legal enforcement and on safe environments, the types of support parents and caregivers can provide, available support services, and education and life skills.

Moreover, existing child-friendly and survivor centers continued to function for effective reporting of cases involving violence.

During COVID-19, child helplines were strengthened to reach more children, and make positive parenting resources available. Greater attention was paid to enhancing training on child-friendly counselling and adapting referral mechanisms (UNICEF, 2020b). Child helplines also provide community-based child-friendly counselling, reporting and response (World Vision, 2020).

[2] Period tracker (2020). https://okyapp.info/

In **Ethiopia**, the Gender and Adolescent Global Evidence (GAGE) project – a collaboration between UNFPA and the government – provides low-cost and easily scalable virtual programming options for young people to connect with peers while schools are closed. This is further made possible with reductions in Internet and data costs that allow some adolescents to connect with their peers and log on to remote learning platforms (Jones et al., 2020). Moreover, for support during school closures, the GAGE project advocates for removing barriers to online education by enhancing access to low-cost devices, and providing mentoring, primarily using online platforms such as WhatsApp.

In **Niger**, humanitarian organizations employed a combination of strategies to cushion vulnerable children against psychological distress. These included disseminating COVID-19 related information, strengthening psychosocial support and boosting awareness-raising campaigns on gender-based violence (OCHA, 2020). In particular, those working with children also sought to prevent separation from and abandonment of children by their caregivers, which is more common during times of crisis like COVID-19.

In **Mali** a total of 3,723 children, parents and caregivers in Mopti, Ségou, Kayes and Bamako received community-based mental health and psychosocial support to help them overcome the emotional and social distress occasioned by COVID-19. This support by UNICEF was in response to heightened child protection concerns during the pandemic. UNICEF strengthened the technical and financial capacities of child protection partners involved in humanitarian and development programs. Children without parents or families (146 girls and 235 boys) were linked to alternative families and provided with shelter, medical assistance and food. Training was also provided to development partners on how to mitigate GBV risk (UNICEF, 2020g).

Remote monitoring and support for children exposed to violence

Schools are often on the front lines in identifying children who are experiencing domestic violence or other forms of abuse, and referring them for counselling and other health services. During COVID-19 school closures, monitoring support to children exposed to violence was conducted remotely through various online platforms or by phone, as lockdowns prevented welfare and social workers from conducting in-person home visits. The online platforms made use of existing or new child-helplines, which became a critical resource to help in reporting violence against children in areas where reporting systems were interrupted by COVID-19. These were not, however, without challenges. For instance, by the end of the third quarter of 2020, monitoring and reporting frameworks indicated disruptions in five child helpline and violence prevention services, with 57% and 71% of countries in Eastern and Southern Africa countries and West and Central Africa countries reporting at least one form of disruption, respectively (UNICEF 2020b).

Remote monitoring entailed identifying the location of children at risk, the nature of the violence, the risk level, the support needed, where it can be accessed and decisions that needed to be taken to mitigate the violence. Using a range of online tools and platforms, responses entailed providing psychological first aid, and creating online social networks to compensate for children's lack of peer support during the pandemic, among other forms of support.

In **Kenya**, a number of measures were put in place to mitigate violence against children. These included: technical and financial support to the Child Helpline, which enabled counsellors to access calls remotely; public dissemination of key prevention and response messages on violence and its impact on children; and capacity strengthening for child protection volunteers at the community and local levels (UNICEF, 2020b).

In **Senegal**, the creation of Girls Out Loud groups provided safe virtual spaces for children to connect with their peers, learn about key issues that are important to their well-being, and access trusted female mentors. Those at the greatest risk or in need of more support are advised to send a message to the group moderator privately. The moderator in turn then provides psychological first aid and can potentially make referrals to locally available services. This support system remains critical for girls in the wake of increased violence, as schools remain closed (Plan International, 2020a).

Capacity strengthening for social workers

In a number of GPE partner countries, capacity strengthening was required to enhance remote monitoring and protection of children at risk. Social workers were equipped with the requisite knowledge and practical skills to offer protection and emotional support to children. But capacity building as a theme that emerged to tackle the violence against children during the pandemic was largely integrated with other interventions that enhance child protection against violence.

In **Benin**, from December 2020 to January 2021, 33 new social assistants, volunteers and civil society workers were trained on the management of child-friendly spaces and positive parenting to strengthen child protection in response to the pandemic. As a result, an additional 1,535 girls, 1,759 boys and 781 adults received appropriate psychosocial support to cope with the impacts of COVID-19 (UNICEF, 2021b).

In **Burkina Faso**, a collaborative program has mapped child protection service interventions, including expanding and strengthening the technical capacities of social workers and expanding national partnership arrangements to increase and accelerate the provision of child protection, including against gender-based violence (UNICEF, 2020a).

In **Mali**, about 50 people – including psychiatrists, psychologists, socio-anthropologists, social workers and general practitioners – have been trained in psychosocial care. Among these, 10 psychologists were recruited by the World Health Organization and trained to integrate the response teams in the regional health directorates and respond to the enormous psychosocial support needs caused by the pandemic (WHO Mali, 2020).

2.2 Protecting Girls (and Women) against Sexual Violence and Teenage Pregnancy

As COVID-19 took a toll on GPE partner countries, schools remained closed, and social distancing measures became a common way of life across countries. As such, children and parents alike remained at home for a long time. This prolonged confinement made girls in particular susceptible to sexual and gender-based violence, including defilement, which can increase adolescent pregnancies (UNICEF, 2020a) and childbearing (Ajayi, 2020).

Within the East African Community member states, ministries responsible for gender report an average increase of 48% in GBV during the COVID-19 period. In Cameroon, by May 2020, almost four out of 10 adults surveyed on GBV stated that they had witnessed a rise in violence within their neighborhoods. Liberia saw a 50% rise in GBV in the first half of 2020, with more than 600 reported rape cases (EAC, 2020; UNFPA, 2020a; UN Women, 2020a). National level data on SGBV in Nigeria show an increase of 149% during the months following the introduction of measures to contain COVID-19 in March 2020. Similarly, data for the Diffa area of Niger show a surge of over 60% in SGBV for the period March-September 2020. In Chad and parts of Cameroon, the most common form of gender-based violence is child marriage, especially among vulnerable and refugee families (British Council, 2020; Ismael, 2021; Plan International and Girls Not Brides, 2020; Young & Adib, 2020).

Three key themes seen across countries in terms of responses to protect children, especially girls, against SGBV included:

- the earlier lifting of bans and introduction of re-entry programs to enable adolescent girls to return to school
- using community resources to reduce SGBV and the rates of pregnancy among girls, and
- creating awareness of GBV and adolescent pregnancy using songs, videos and other forms of media

Lifting bans and instituting re-entry programs to enable adolescent girls to return to school

Several GPE partner countries have, or used to have in place, policies that prohibit pregnant adolescents and young mothers from attending school. Since the 1990s, some have taken measures to lift or at least limit these bans, which in the context of COVID-19 may at least partially help to offset the increase in SGBV experienced as families are confined at home. Lifting bans involves removing barriers that bar pregnant girls from returning to school (Bhalla, 2020; Evans & Acosta, 2020). The policies overturning previous bans listed in **Table 1** were enacted before the onset of COVID-19, while Sierra Leone acted to overturn a ban in early 2020. In the context of the pandemic, these policies have served to facilitate school re-entry for the widening pool of pregnant or parenting school-aged girls. With the surge in teenage pregnancy during the COVID-19 school closures, there is a heightened focus on such policies and their applicability in different contexts.

Table 1: Country policies allowing pregnant girls or adolescent mothers to return to school

Country	Policy Status	Year the ban was overturned
Gabon	Allows girls to continue in school without mandatory absence after giving birth	2004
Lesotho	Allows girls to continue in school but no clear policies for continuation	2011
Malawi	Allows girls conditional re-entry to school	1993
Mozambique	Allows girls conditional re-entry to school	2003
Nigeria	Allows girls to continue in school but no clear policies in place	2003
Rwanda	Allows girls to continue in school without mandatory absence after giving birth	2008
Senegal	Allows girls conditional re-entry to school	2007
Zambia	Allows girls conditional re-entry to school	1997
Zimbabwe	Allows girls conditional re-entry to school	1993

***Source**: Evans & Acosta, 2020*

***Note**: Rwanda and Gabon seem to be the two countries that have allowed girls to continue schooling without necessarily forcing them to stay away after birth.*

In March 2020, at the onset of the COVID-19 pandemic, the government of **Sierra Leone** overturned the ban on pregnant girls attending school, allowed them to return. By ending the 10-year ban against pregnant girls and teenage mothers attending school, Sierra Leone has finally stood up for adolescent girls, ending a longstanding injustice. By lifting the ban on school re-entry, the government affirmed that every girl in Sierra Leone can have a chance to reach her full potential (Human Rights Watch, 2020a).

The Government of **Kenya** has begun drafting new National Re-Entry Guidelines for Learners in Basic Education. The Guidelines provide steps for schools and teachers to follow in facilitating the return to school for girls who have dropped out due to pregnancy. This guidance supports the management of an expected surge in pregnancies following COVID-19 school closures (Baker & Kariuki, 2020).

Using community resources to reduce SGBV and rates of pregnancy among girls

Various initiatives have been employed in GPE partner countries to reduce the rates of pregnancy among girls. Senegal, Malawi and Mozambique are among those with pre-existing community initiatives (Aubel, 2020; Plan International, 2020b; UNFPA, 2020a). These initiatives include using “mother groups” and youth groups to inspire and serve as role models for girls, and supporting parents and educators to better guide adolescent girls in school and motivate those out of school as a result of a pregnancy to re-enroll.

The **Lake Chad Basin (LCB) territories** continue to implement a raft of measures including: delivery of "dignity kits" and contraceptive supplies for girls and boys; the creation of private spaces and service-provision hubs to offer digital services through telephone help-lines in some parts of northern Nigeria; and increased psychosocial support services for SGBV survivors and other vulnerable groups (Ismael, 2020). Though the LCB territories have made good progress, two key challenges are slowing their efforts. COVID-19-related restrictions and mitigation strategies and inadequate access to sexual and reproductive health initiatives are disrupting or even ending programs that reduce child marriages. COVID-19 has also heightened the causal drivers of involuntary and early marriages including household poverty, school closures and traditions. For instance, as COVID-19 lockdowns led to the loss of income-earning opportunities, some poor households have reverted to their tradition of marrying off their daughters in order to receive a dowry.

In **Malawi**, a group of mothers came together in a community-based effort to prevent teenage pregnancy and early marriage among girls in Mangochi, a township in the southern region of Malawi. In collaboration with the village chief, the school administration and other community members, the Mpapa mother's group mentors girls on sexual and reproductive health issues. They have succeeded in maintaining low rates of teenage pregnancy and child marriage in their communities – a much needed response during COVID-19 school closures (UNFPA, 2020b).

Creating awareness of GBV and adolescent pregnancy using songs, videos and other forms of media

Songs, videos and media campaigns have been used to sensitize girls, their parents and communities on the impacts of COVID-19 on girls' education. In some instances, these campaigns were organized by NGOs like Plan International or UN bodies such as UNHCR and UNICEF; others have been implemented by governments, as in Zambia, Mali and Zimbabwe. Different media outlets have also been used to inform girls about their rights, to shield them from abuse and exploitation that could lead to unwanted pregnancies. While the use of songs is less common, it provides a unique way to relay COVID-19 messages, particularly where songs play a more significant role in community education. To complement the use of mass media, organizations like Plan International also conduct outreach on sexual and reproductive health services, menstrual health and hygiene and COVID-19 prevention by curating small collections of culturally accessible and engaging packaged information. Finally, social media campaigns have been used to extend the reach of messages, particularly to young people, during school closures.

In **Rwanda**, Plan International is collaborating with a group of young artists to create and share audio and video songs that advocate for the continued provision of sexual and reproductive health and rights (SRHR) services and interventions during COVID-19. Video animations on COVID-19 have aired on Rwandan National Television, addressing issues such as teen pregnancy.

In **Zambia**, the government is promoting parental support to ensure that girls and young women get access to essential SRHR services. The messages have been disseminated through national TV channels, with an estimated reach of 5.2 million people.

In **Zimbabwe**, Plan International works with the Ministry of Health on a program to deliver vital SRHR services, through outreach and mobile clinics to reach the most vulnerable populations during the pandemic. The program also facilitates the referral of young people to sexual and reproductive services. Radio discussions on the COVID-19 lockdown and GBV have an estimated reach of 2.5 million people (Plan International, 2020a).

In **Burkina Faso**, **Côte d'Ivoire**, **Niger**, **Nigeria** and **Senegal**, campaigns have also been conducted on social media – on Instagram and Facebook – and through rural radio to help prevent sexual exploitation and disseminate information on GBV services and mechanisms to file abuse complaints within internally displaced, stateless and refugee communities (UNHCR, 2020b).

Ghana illustrates the use of helplines as a tool to deliver awareness campaigns to mitigate gender-based violence. The Ghana Stop Violence against Women and Girls campaign is carried out in communities in Greater Accra and across the country's Central and Eastern Regions to create awareness about COVID-19 and its possible implications, and prevent against GBV. It provides a helpline for victims of sexual and domestic violence and publicizes an emergency short code that victims can relay through the helpline to request help. The campaign itself serves as a message highlighting the urgency of the situation (OHCHR, 2020).

2.3 Support to Displaced Populations during COVID-19

Some conflict-affected and neighboring GPE partner countries host significant numbers of refugees and internally displaced people. Poverty also fuels the high incidence of street children in some countries, with parents in some parts of the continent unable to support their offspring. As with other students, the education of children displaced by poverty and violence was disrupted by the onset of the COVID-19. These children, however, have endured trauma and separation in addition to the isolation of the pandemic. Forcibly displaced adolescent girls carry an extra caregiving burden during the pandemic and face an even greater risk of not returning to their education as schools re-open (UNHCR, 2020b). To meet the needs of refugee and internally displaced children, GPE partner-country responses focus on:

- reuniting families and reintegrating children
- supporting community mediation and COVID awareness, and
- cash distribution

As outlined in section 2.2, GPE partner countries also used a range of communication tools and strategies to support those at-risk of SGBV and COVID infection—risks that are particularly high among displaced populations. In the Central Africa Republic, for example, a radio communication strategy was developed to engage returnee community leaders in conducting community sensitization on COVID-19 and its implications, especially to vulnerable community members such as children. Media campaigns were conducted in Nigeria, Niger, Burkina Faso, Senegal and Côte d'Ivoire through Instagram, Facebook and rural radio stations to disseminate information within internally displaced, stateless and refugee communities. Their messaging focused on SGBV services and complaints mechanisms for protection against sexual exploitation and abuse.

Reuniting families and reintegrating children

In some GPE partner countries, children were exposed to violence even before COVID-19 related school closures, mainly due to politically motivated conflicts, such as in the Sahel Group of Five and in the Democratic Republic of Congo (DRC) (Ismael, 2021; Young & Adib, 2020). Such conflicts cause population movements, disrupting children's lives and exposing them to a range of increased risks as internally displaced persons or refugees. Many of them have been separated from their families. These risks have been exacerbated by the COVID-19 pandemic.

Our review shows that in GPE partner countries, there have been successful attempts to re-integrate and re-unite children with their families, hence providing them an opportunity to continue their education. Some of those who could not be re-integrated with their families have been linked to alternative foster families. These include street children, who depended on charity for survival. At the onset of the COVID-19 pandemic, UNICEF worked with relevant ministries to keep children with their families and off the streets in Burkina Faso, Côte d'Ivoire, Nigeria and Senegal, among other countries. The integration process was paired with other interventions to protect children (UNICEF, 2021a; 2020d).

In **Côte d'Ivoire**, the Ministry of Women, Family and Children worked with UNICEF and other partners to reunite children with their families. The joint collaboration pinpointed and supported 646 street children, since the onset of the pandemic (UNICEF, 2020c). This collaboration has supported displaced children by providing psychosocial support, education, food, shelter, water and sanitation facilities.

In **Burkina Faso**, UNICEF has partnered with the Social Service Department and child protection organizations to scale up prevention and response services to children and families impacted by COVID-19. Some of these families are those not easily accessible to implementing partners due to ongoing armed conflict. This joint program has mapped and strengthened child protection service interventions, including by: reviewing, identifying and documenting cases of unaccompanied or separated children, and children on the move; providing family tracing, reunification and reintegration services to these vulnerable children; expanding and strengthening the technical capacities of social workers to support them; and expanding national partnership arrangements to increase and accelerate the provision of child protection and gender-based services (UNICEF, 2020d).

Supporting community mediation and COVID awareness

The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) trained and supported 160 women peace mediators in refugee settlements in three districts of Uganda. The trained women mediated community disputes, including over domestic violence, early marriages and land rights issues within refugee populations. The training also included promoting awareness of COVID-19 prevention measures, with masks, soap and sanitary pads distributed in the affected districts (UN Women, 2020c).

Cash distribution

In the DRC, UNHCR and its partners facilitated the establishment of 14 humanitarian committees to temporarily provide remote management to displaced people. Cash-based interventions were used to support the displaced in North Kivu province to meet a variety of needs, including access to food, health care and shelter. About 5,900 internally displaced households were provided with mobile phones and SIM cards to allow them to use mobile money transfers while reducing their physical contacts (UNHCR, 2020c).

3 Challenges in Promoting the Well-being of School Children

GPE partner countries have experienced a number of challenges in promoting and supporting the well-being of school children during COVID-19. Key challenges include:

- inadequate resources to support the responses
- the prevalence of misinformation
- the disruption of supply chains and support service delivery
- differences in each country's context, including in their levels of commitment and ability to effectively implement policies to enhance children's well-being, and
- inadequate data and monitoring on the incidence of violence

Inadequate resources to support the responses

Children's well-being is negatively impacted by a widespread lack of adequate resources – including for water and sanitation (WASH) and MHM facilities and products – devoted to reaching vulnerable children during COVID-19. Our synthesis of education financing in SSA during the pandemic shows that GPE member countries' pandemic response budgets allocated about 14% of funding to WASH, and another 6% to vulnerable populations such as children with special needs, girls from marginalized areas, and refugee populations (ADEA, AU/CIEFFA & APHRC, 2021). These low allocation levels could be one reason why CSOs are stepping in to support programs in these areas. The inadequate resource allocation is likely to hurt the poor and marginalized populations most, just as they are also being hardest hit by the negative impacts of COVID-19.

For example, children from poor households and marginalized areas have less access to the tools and facilities needed to support remote learning through radio, TV and Internet. More targeted investment in remote learning solutions is needed to reach them, and this calls for more funding. As low- or lower-middle-income countries, GPE partner countries in Africa are vulnerable to external shocks due to their reliance on external funding, including private sources of financing, loans, grants and concessional finance from development partners. It is projected that these countries are experiencing or will soon experience a dip in education spending due to the financial fall-out of the pandemic, a situation that will compromise targeted support to their vulnerable populations (Evans et al., 2020).

Misinformation about COVID-19

Efforts to protect children and families from infection are undermined by the pervasive flow of misinformation. Myths abound about whether the pandemic is real or not, how it spreads, who it affects and how infections can be prevented and treated. School children with access to open sources of information, especially the Internet and WhatsApp groups, may be more vulnerable to misinformation. The WHO (2020) estimates that, in the first quarter of 2020, about 6000 people globally were hospitalized and another 800 died due to COVID-19 misinformation.

In Africa, this misinformation mostly focuses on causes, treatment and prevention, and is transmitted widely through digital platforms such as WhatsApp and SMS, among others (Nsoesie, 2021). Similar platforms are also used to inform the public and counter false claims about COVID-19. Nigeria, Sierra Leone and Benin, for example, have used digital platforms to provide factual COVID-19 information and counter misinformation. In December 2020, the WHO launched the Africa Infodemic Response Alliance to coordinate actions and mobilize resources in combatting the grave threat of COVID-19 misinformation and addressing other health emergencies in Africa (Africa Union & Africa CDC, 2020).

Disruption of supply chains and support service delivery

As with many other parts of society, education sectors across GPE partner countries faced the effects of broken supply chains and disruption in the delivery of services and programming, in light of lockdowns and other preventative measures. As outlined above, this was seen and felt directly in the curtailing of food rations normally supplied through schools, and in the provision of school-based psychosocial support services. Schools also faced inadequate supplies of WASH materials, including personal protective equipment, soap and disinfectants needed for school readiness to reopen. Without school-based access to menstrual management products, in some GPE partner countries, girls reported having challenges acquiring sanitary products due to pandemic restrictions (Plan International, 2020). According to a study conducted by the Population Council in urban informal settlements in Nairobi, girls and women indicated that the COVID-19 pandemic had already affected their ability to buy sanitary products (Abuya et al., 2020).

Food chains (critical for nutrition and school meals) were also disrupted by the pandemic, making it difficult for humanitarian efforts to reach vulnerable populations in a timely manner. The FAO calls this ‘a crisis within a crisis’. Among the countries affected by disrupted food supplies during these overlapping crises are the GPE partner countries of Ethiopia, Kenya and Somalia – where close to 12 million people have been affected by failed harvests due to drought or locust invasion – and conflict-affected areas of the Sahel, Central African Republic, Democratic Republic of the Congo and South Sudan. Among the vulnerable populations are school children in dire need of food during the pandemic (FAO, 2020a,b).

Differing national contexts

A range of differences among GPE partner countries affect the speed, type, and implementation of strategies, interventions and policies for promoting children’s wellbeing in the context of COVID-19. These differences include politically related conflicts as seen in Burkina Faso, Central Africa Republic, Chad, DRC and Somalia; inadequate human capacity as seen in Lesotho, where the international community had to provide technical assistance to plan the COVID-19 response; and concurrent natural disasters as seen in Mozambique (Pelembe, 2021; UNICEF, 2020h; World Bank, 2020). Climate change is a compounding stressor, as seen with the protracted drought and locust invasion seen in the Horn of Africa countries (FAO, 2020a). Religious extremism has also fuelled conflict in northern Nigeria since before the onset of COVID.

Some GPE partner countries in Africa also conducted elections during the pandemic, including Malawi, Ghana, Uganda, Zambia and Niger, among others. In all, 16 GPE partner countries in Africa are holding elections in 2021 (Nackerdien, 2021). Election campaigns typically involve large-scale community gatherings, usually followed by in-person voting. These practices can fuel COVID-19 infections, putting more pressure on the already stretched health sector – which in turn diminishes resources to respond to the impacts of the pandemic in other sectors, including education.

Countries also differ in their levels of commitment to implementing policies and programs. For instance, school re-entry policies to facilitate the return of young mothers were unevenly implemented across the countries even before the onset of COVID-19. According to Human Rights Watch (2018), many countries still have no laws or policies that support adolescent mothers in school. And some still have laws that criminalize adolescents and young mothers who get pregnant.

There are differences, too, in how countries treat displaced persons. For instance, ‘open-door’ policies in Uganda and Ethiopia have seen refugees integrated in local communities where they can access education and employment, among other services. This contrasts with Chad, Kenya and Sudan, where refugees live in camps with restricted movement, although children can access schools within the camps (Momodu, 2017, 2019).

Prior to the COVID-19 pandemic, **Mozambique** was hit by cyclones Idai and Kenneth in 2019, even as insecurity in Cabo Delgado caused a major displacement of people and diminished living conditions for those affected. In March 2020, an estimated 235,000 students were no longer accessing critical school feeding programs (OCHA, 2020), hence transferring this cost to already struggling low-income families. The COVID-19 pandemic exacerbated the food deficit situation in Mozambique and negatively impacted households' coping mechanisms. The school closures affected 6.9 million primary school children, of whom more than 300,000 were affected by the interruption of school feeding programs.

Inadequate data and monitoring on violence

Because of under-reporting or non-reporting, a lack of adequate data on incidents of violence against children hampers timely decision-making among policymakers and program staff. In places where the data is available, it is often not disaggregated into different levels or by different categories that could enable targeted responses to support vulnerable children and their families. For instance, globally, only about 48 countries have taken measures to collect and use data on SGBV during COVID-19 (UN Women, 2021).

4 Emerging Research on the Impact of COVID-19 on Children's Well-being

Research related to children's well-being in the context of COVID-19 is just emerging, most of it conducted by UN agencies, think tanks and development partners as part of humanitarian or emergency responses. Below we highlight three key areas of emerging evidence observed in our synthesis.

Table 2: Focal areas of emerging research

Research focus	Details
Protecting women and girls against violence, including sexual exploitation and abuse	Domestic violence against intimate partners and children during lockdowns (examples found in Liberia, Uganda)
	Violence against displaced persons (examples found in Malawi, Zambia)
	Routine monitoring being used to collect data on interventions
Operational responses	Looking at interventions to reach vulnerable populations, especially girls, during school closures
	Food chain disruptions; access to food among poor households
The impacts of COVID-19 on children's well-being	Implications of COVID-19 on food supply chain and access to meals (examples found in Nigeria, Mali and Ethiopia)
Mental health and psychosocial support	Mainly concentrated on refugees and other populations living in emergency situations (examples found in Kenya and Niger)

Protecting women and girls against violence, including sexual exploitation and abuse

Some of the key findings in this area show that in many GPE partner countries, there have been unprecedented increases in domestic violence, with some countries witnessing surges of over 100%. Emerging research also shows that COVID-19 has had negative effects on children's schooling outcomes in sub-Saharan Africa, with girls being disproportionately more affected than boys. Girls, for example, face a growing demand for their labor to attend to household chores such as fetching water (Akmal et al., 2020; UNICEF, 2020d; UN Women, 2020a; UNHCR, 2020c).

Operational responses to COVID-19 and children's well-being

Research on operational frameworks for responding to pandemics shows the need for complementary responses from governments, healthcare systems and non-profit organizations (Choi, 2021; DRI & WHO, 2020). These studies examine service delivery and efficiency of systems in responding to the pandemic among different health sector players.

Impacts of COVID-19 on children's well-being

Studies on the impacts of COVID-19 show how access to services such as school feeding have been affected, with millions of meals missed by students in Africa – especially by children living in extreme poverty, in remote rural areas and in conflict areas (Human Rights Watch, 2020b). Other studies on impact have investigated COVID-19 shocks and the role of interventions such as cash transfers (UNICEF, 2020). Results show that child poverty in SSA has increased during COVID-19, with poverty levels for the 0 to 17-year-old population likely to have increased by 10% between March and December of 2020; this could rise by 20% or more in Cabo Verde, Mali, Mauritania and Mozambique.

Mental health and psychosocial support

Emerging research also shows COVID-19 related lockdowns, and children's inability to interact with peers, have created psychosocial stress. This highlights the need for more attention to address mental health issues at the household level. For instance, in seven sub-Saharan Africa countries, about two in every three adults interviewed in a COVID-19-related study felt that taking care of both the mental and physical health of household members, including children, has become more important since the onset of the COVID-19 crisis (Relief Web,2020). Other studies in some GPE partner countries show heightened anxiety and stress levels among school children due to restrictions on movement (WHO Mali, 2020; Lee, 2020; Semo & Frissa, 2020; WHO, 2020).

5 Conclusions and Recommendations

GPE partner countries have instituted a range of essential measures, such as school closures and lockdowns, to contain the spread of the COVID-19. While saving lives by reducing infection, some of these measures have been detrimental to children's well-being, with girls and young women at heightened risk. These measures escalated domestic violence and, in some cases, sexual violence and mental health issues among women, girls and other vulnerable populations. The pandemic affected both boys and girls, but the negative effects on well-being are potentially very different, with girls being disproportionately affected. Consequently, almost all programming areas (except for meal distribution) have a strong focus on girls and women to ensure they are not left behind.

COVID-19 responses related to children's well-being have primarily used existing programming areas. In each area, the focus has been on interventions that can quickly reach the targeted populations, especially girls, women and displaced persons. The interventions are driven by both governments and their development partners, with support from international agencies such as UNHCR, UN Women and other NGOs that have well established implementation frameworks for emergency response.

Monitoring and reporting on SGBV is a widely shared area of concern and action, to prevent and respond to the rise in sexual violence. While domestic violence during lockdowns seems to have occurred across all countries, and in all population groups, displaced women and girls (both internally displaced and external refugees) suffered a double tragedy – the violence of displacement and a greater risk of SGBV.

For most countries, platforms such as radio, TV and social media that enable remote communication played a big role in sharing key messages on well-being and providing information on where those affected could access appropriate support. These information, communication and technology initiatives are implemented by a range of actors, largely depend on donor funding, and vary in depth and scale.

Key programmatic challenges encountered in GPE partner countries include the endemic problem of inadequate resources to adequately support the responses; the need to counter misinformation about COVID-19; disruption of supply chains and support service delivery engendered by lockdowns and the need to keep social distance; pre-existing weaknesses in policies and levels of commitment to adequately deal with SGBV and other areas of children's well-being; and a lack of adequate data and monitoring, especially for SGBV and SRHR services, that has hampered speedy response.

Research on COVID-19 responses in education is just emerging. In relation to children's well-being during the pandemic, such research is largely conducted as part of humanitarian or emergency responses. Emerging research has focused mainly on violence against girls and women, operational responses to COVID-19, the impacts of the pandemic on children's well-being, and on mental health and psychosocial support.

From this synthesis, the following policy recommendations emerge:

1. GPE countries should reinvigorate monitoring systems for SGBV, mental health needs, and food security among vulnerable children, especially girls, street children and others displaced by conflict or natural disaster, as part of their response plan during the crisis.
2. Given the critical role played by girls and women in the economy and at the household level, school continuation and/or re-entry for teens who fall pregnant should be viewed positively and entrenched in policy and legal frameworks in all GPE partner countries.

3. Community level capacity strengthening on early detection and provision of mental health is needed in GPE member countries to deal with anxiety- and stress-related social behaviors among children and youth; the aim should be to proactively prevent mental health-related illnesses. This may entail strengthening referral systems and other mechanisms within the community to facilitate rapid follow up for reported cases of distress.
4. COVID-19 recovery programs in GPE partner countries should better capture gender-based needs. For instance, providing shelter for victims of sexual and domestic violence is crucial even as justice is sought for the victims. Enhanced reporting mechanisms are also needed.
5. Given the importance of children's emotional well-being to their ability to learn, it is essential that GPE partner countries invest more resources (including human resources) in strengthening systems for psychosocial support.
6. GPE partner countries should coordinate efforts with global health authorities and development partners to explore ways to counter the flow of misinformation on COVID-19. In addition to integrating accurate and age- and culturally appropriate information into existing health education materials, partners should coordinate in identifying and applying best practices in stemming the spread of misinformation through social media.

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