

# ‘What will happen to our children?’:

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

June 2022



**THE ALLIANCE**  
FOR CHILD PROTECTION  
IN HUMANITARIAN ACTION



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



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## Key Terms

Term	Definition
<b>Adolescence</b>	A social age between childhood and adulthood that is culturally constructed in relation to observable developmental and behavioural changes. The study follows the WHO's broad definition of 'adolescents' as persons from 10 to 19 years of age. <sup>1</sup>
<b>Child(ren)</b>	People under the age of 18. This is a legal definition that is used by the UNCRC. Individual diversity and cultural specificity create different social ages for the start or end of childhood—that is, when a person is considered to be a 'child' within their culture and context.
<b>Child labour</b>	Paid or unpaid work that interferes with children's education and negatively affects their emotional, developmental, and physical well-being (CPMS Standard 12). <sup>2</sup>
<b>Child work</b>	Paid or unpaid work that does not interfere with children's education and may contribute to their emotional, developmental, and physical well-being.
<b>Parent</b>	Parenthood is both a legally defined position and a social construct. The terms 'parent' and 'caregiver' are used to refer to a child's primary caregiver(s). This definition is not limited to biological or legal parents.
<b>Participation</b>	Activities that facilitate a child's or person's right to have a say in matters that affect them and ensure that they are adhered to.
<b>Promotive factors</b>	Promotive factors influence positive developmental outcomes in general, independent of risk.
<b>Protective factors</b>	Protective factors balance and buffer risk factors and reduce a child's vulnerability. They lower the probability of an undesirable outcome. <sup>3</sup>
<b>Quality learning</b>	In Education in Displacement and similar contexts, quality learning (a) "acknowledges and includes consideration of the whole child [...] to assure learning readiness and capacity. Importantly, this moves beyond the purely academic" and (b) "must be relevant to the desired and real potential futures of the learner. It is both learner- and future-centred." <sup>4</sup>
<b>Resilience</b>	The capacity of a dynamic system or individual to adapt successfully to or bounce back from challenges that threaten its function, survival, or development. Resilience is influenced by a combination of responses and protective factors that exist across a child's social ecologies, which must be promoted to outweigh risks.
<b>Risk factors</b>	Environmental factors, experiences, or individual traits that increase the probability of a negative outcome.
<b>Social service workforce</b>	Includes government and non-government professionals and paraprofessionals, including community workers, who carry out a range of essential promotive, preventative, and responsive roles on behalf of children. <sup>5</sup>
<b>Well-being (child)</b>	A dynamic, subjective, and objective state of physical, cognitive, emotional, spiritual, and social health, in which children's optimal development is achieved through: <ul style="list-style-type: none"> <li>• Safety from abuse, neglect, exploitation, and violence.</li> <li>• Basic needs being met, including those promoting survival and development.</li> <li>• Connection to and care provided by consistent, responsive caregivers.</li> <li>• Supportive relationships with relatives, peers, teachers, community members, and society at large.</li> <li>• Opportunities to exercise agency based on their evolving capacities.<sup>6</sup></li> </ul>
<b>Worst forms of child labour</b>	Forced labour, recruitment into armed groups, trafficking for exploitation, sexual exploitation, illicit work, or hazardous work (CPMS Standard 12). <sup>7</sup>



## Acronyms and Abbreviations

<b>ACPHA</b>	The Alliance for Child Protection in Humanitarian Action (“The Alliance”)
<b>AEoL</b>	All Eyes on Learning
<b>BIFERD</b>	Bureau d’Information, Formation, Echanges et Recherche pour le Developpement / Office of Information, Training, Exchange and Research for Development
<b>CBO</b>	Community-based organization
<b>CINDE</b>	La Fundación Centro Internacional de Educación y Desarrollo Humano / International Center for Education and Human Development Foundation
<b>COP</b>	Colombian peso
<b>CPMS</b>	Minimum Standards for Child Protection in Humanitarian Action
<b>DOPS</b>	Direction d’Orientation Pédagogique et Scolaire
<b>FGD</b>	Focus group discussions
<b>ICT</b>	Information and communications technology(ies)
<b>IDO</b>	Infection disease outbreak
<b>IDP</b>	Internally displaced people
<b>INEE</b>	Inter-agency Network for Education in Emergencies
<b>INGO</b>	International non-governmental organization
<b>KII</b>	Key informant interviews
<b>LBP</b>	Lebanese Pound (currency)
<b>MAPs</b>	Multi-Aid Programs
<b>MEHE</b>	Ministry of Education and Higher Education (Lebanon)
<b>MoPH</b>	Ministry of Public Health (Lebanon)
<b>MOSA</b>	Ministry of Social Affairs (Lebanon)
<b>NFE</b>	Non-formal education
<b>NGO</b>	Non-governmental organization
<b>NRC</b>	Norwegian Refugee Council
<b>PRM</b>	Population, Refugees, and Migration
<b>SGBV</b>	Sexual and gender-based violence
<b>SWSL</b>	Social Workers Syndicate (Lebanon)
<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>UNESCO</b>	The United Nations Educational, Scientific and Cultural Organization
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children’s Fund
<b>UNRWA</b>	United Nations Relief and Works Agency
<b>USD</b>	US dollar
<b>WHO</b>	World Health Organization



# EXECUTIVE SUMMARY

■ On 11 March 2020, the World  
■ Health Organization (WHO)  
■ declared COVID-19 a global  
■ pandemic.<sup>8</sup> In response, govern-  
ments around the world took the  
unprecedented step of closing  
all schools as a way 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.<sup>9</sup> Most children in  
this study experienced school  
closures, or partial or temporary  
re-openings, well into 2022.



Education systems had very unequal capacities to respond to school closures with remote learning and support to children and families. The most common format remote learning took was online learning (91 per cent), yet **1.3 billion of the 1.6 billion students out of school had no internet connection at home—let alone a device to learn on—and internet literacy was extremely low** among students, teachers, and parents.<sup>10</sup> Moreover, the majority of the estimated 300 million learners with online access were in high- or middle-income countries. Children in humanitarian settings were among the least likely to be able to access digital education.<sup>11</sup> This digital divide exacerbated education inequalities everywhere. In low-income and humanitarian settings, school closures also amplified the pre-existing learning and school access crisis and cut children off from the protective services schools often provide.

Beyond this, little was known about how children living in humanitarian settings were experiencing COVID-19 school closures and remote learning. The present study aims to address this gap. It draws from qualitative data gathered in humanitarian contexts in three countries and continents—Colombia, the Democratic Republic of the Congo (DRC), and Lebanon—to understand how children have experienced the impact of COVID-19 school closures on their protection, well-being, and education inequalities. The purpose of this action-oriented study is to ensure that children’s perspectives and their holistic well-being are at the centre of decision-making and planning processes during infectious disease outbreaks (IDOs) in humanitarian settings, particularly in regard to school closures and re-openings.



## Box 1. Research objectives

Research Objectives	
<b>Goal</b>	To understand how children have experienced the impact of COVID-19 school closures on their protection, well-being, and education inequalities.
<b>Purpose</b>	To ensure that children's perspectives and their holistic well-being are at the centre of decision-making and planning processes during IDOs in humanitarian settings, particularly in regard to school closures and re-openings.
<b>Research question</b>	<i>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?</i>

## Research Methodology

To achieve the research objectives, it was critical to engage children, parents, and their communities of care in discussion and reflection around the research question. This approach allowed children and participants to not only share their personal experiences, but to also share their perspectives on the situation and how it could be improved.

To undertake the research, national research partners drew on a range of qualitative, participatory data collection methods to conduct research with participants in two to four humanitarian settings in each country. The research engaged 783 participants as follows:

- **Participatory research workshops and semi-structured interviews** (two per workshop) with children (328), including children with disabilities and chronic illness.

- **Focus group discussions** with parents (102), education actors (81), and social service workers (99).
- **Questionnaires** (115) with children, parents, educators, and social service workers (Colombia and DRC only).
- Global (14), national, and sub-national (44) **key informant interviews** with education, protection, and health stakeholders and decision-makers.

Each national research partner also developed a national advisory group comprised of education and child protection stakeholders. At the national level, findings were validated with child and adult participants as well as with key informants and the national advisory group.



## Research Findings

### ***Finding 1: School closures amplified risk factors and adverse protection outcomes***

**School closures and remote learning combined to cause a significant increase in adverse protection outcomes for children as well as for their parents, educators, and communities of care** by both compounding existing risks and creating new ones. Across humanitarian settings, in the three country studies:

- School closures made community members less capable of supporting children, and made communities less safe.
- Remote learning required far more time, effort, and energy from teachers as opposed to in-person instruction, yet their compensation was the same (or less). Consequently, school closures took a toll on teachers' mental and physical health as well as their financial well-being.
- School closures and remote learning put real stress on parents' ability to meet their children's basic needs, family cohesion, and family members' mental health. This was in part because gender and generational roles were upended and members were confined to small spaces without relief.
- School closures and remote learning compounded and created threats to children's protection and well-being. Risks and adverse outcomes included, among other things: mental health challenges; loss of relationships; loss of recreation; increases in child abuse, exploitation, violence, and neglect; increases in adolescent pregnancy and early marriage; and increases in child labour and worst forms of labour, including recruitment to armed groups. It is possible

that this increase in the recruitment of children has contributed to the documented rise in violence by armed groups in North Kivu, DRC and Colombia during the pandemic (see [Chapter 1.4](#) The study contexts).

- The children most likely to face increased risks and adverse outcomes were children who were vulnerable before the pandemic, especially children with disabilities; Syrian refugee children in Lebanon; children in the DRC who were internally displaced, albino, or indigenous; and children in Colombia who were Venezuelan and/or living in informal settlements, borderlands, or rural areas.

### ***Finding 2: Factors that protect child well-being during school closures***

The evidence suggests that **children across diverse humanitarian settings conceptualise well-being and protective factors in very similar ways**, prioritising physical and emotional well-being as well as relational and spiritual well-being. Time in nature and feeling safe in school support these facets of well-being. During school closures, the study finds that:

- Children used diverse coping mechanisms, including hobbies, laughter and screaming, sports and play, helping others, and maintaining COVID-19 protocols to feel well. Cut off from school friends and support, many shifted their social ties to more proximal relationships.
- Parents, relatives, teachers, and community members and organisations made efforts to strengthen children's well-being during school closures, but they need significantly more resources to meet their duties of care.



- Government ministries and humanitarian agencies did not protect and support child protection and well-being in the study sites as well as they could or should have, 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.

### ***Finding 3: School closures and remote learning approaches increase adverse learning outcomes***

This study goes to great lengths to analyse how remote learning was rolled out when schools were closed in each humanitarian setting, how children engaged with it, the barriers faced, how families and educators tried to support learning, and learning outcomes. However, the fact is that **very few children in the study sites could access any form of remote learning**. Even in the few instances where remote learning was implemented reasonably well, students failed to progress and/or were promoted when it was unwarranted or were incredibly stressed by the pressures of self-guided learning. Given these realities, school closures contributed to significant adverse learning outcomes, including lost learning, lack of progression in learning, developmental regression, loss of investment and hope in schooling, and school dropout.

### ***Finding 4: School closures amplify and create educational inequalities***

**School closures and remote learning dramatically increased education inequalities as well as broader inequalities.** Together, these inequalities impacted children's access to education and ability to learn across the three country studies during school closures. Specifically, the evidence finds that within humanitarian settings, some children face more inequalities than others due to their location, income, lack of learning support, need for specialised support, disability, and personal traits, including gender, birth order, and family composition.

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.



Photo: © UNICEF/UN0482860

■ ■ ■ ■ ■ “I UNDERSTAND THAT IT [REMOTE LEARNING] IS ONE’S RESPONSIBILITY, BUT IF ONE DOESN’T UNDERSTAND, THEN HOW DOES ONE DO IT?”

– Girl, age 17, Usme, Bogotá, Colombia



## Recommendations

At the onset of the COVID-19 pandemic, the decision to close schools and implement remote learning was based on the premise that children have (1) the right to protection from disease and (2) the right to education, even in a pandemic. The principles underpinning the right to education in the UNCRC and the INEE Minimum Standards<sup>12</sup> (Domains 2 and 3) assert that education must:

1. Be available, accessible, relevant and of good quality for all children;
2. Enable children to progress in their learning at an appropriate age-for-grade level; and
3. Prepare children with the knowledge and skills they need to navigate the transition from school to livelihoods.

Evidence from the three country studies demonstrates that **it is extremely difficult to implement remote learning that satisfies these three criteria during school closures in humanitarian settings**.<sup>13</sup> While there is good guidance on what is needed to make remote learning successful for marginalised children,<sup>14</sup> remote learning cannot be inclusive and equitable in humanitarian contexts without substantial new global investments in digital resources; teacher training; targeted support to more vulnerable and marginal populations; family learning support; and the development and scaling up of successful low-technology learning options. Thus, there is an urgent need to re-examine learning approaches, IDO preparation and response policies, and how decisions regarding school closures and re-openings are made in humanitarian settings during infectious disease outbreaks.

Based on evidence from this study, the study team offers the following recommendations:<sup>15</sup>

**1 Education ministries and humanitarian agencies *only close schools in the most extreme of circumstances, when all other options have been exhausted.*** If this decision is made, the decision, its rationale, and reopening plans are posted online on the ministry's national and district-level websites in at least two relevant languages and shared through media outlets. The rationale must reflect policy in the IDO emergency response plan (see Recommendation 2).

**2 Strengthen IDO preparedness related to education and protection in humanitarian settings.** Governments and humanitarian agencies should immediately assess and revise their IDO emergency response plans related to school closures and re-openings to support holistic child well-being and protection during and after IDOs. IDO emergency plans should identify different IDO risk levels and response plans for each level. Response policies and plans related to school closures and re-openings should reflect current learning, be adequately resourced, target support to vulnerable and marginal populations, and be locally relevant and doable.

Emergency response planners should make it an urgent priority to learn from educators in their context about what worked during school closures. They should use this learning to orient educators on how to adapt and use existing resources to support learning within different contexts and IDO situations, and support students and caregivers.



In the current and future IDOs, the mental health of children, families, and educators must be prioritised. Response plans should also take an equitable, inclusive, and gender responsive and transformative approach to ensure that all children realise their right to education and protection.

**3 When there is an IDO in a humanitarian context, and it is deemed too risky<sup>16</sup> to remain open due to the nature of the disease or the unknowns, schools should close for a minimum amount of time** (as agreed to in the IDO emergency response plan above) to:

- Assess and mitigate the risks associated with continued in-person learning.
- Consult with student, parent, teacher, education, protection, and health and community representatives on how to continue in-person learning in a safe manner.

- Plan and resource a safe, inclusive, and equitable return to school.
- Communicate and implement a safe return to school.

If it is deemed that the health risk is too great to bring students and teachers back together for in-person learning for longer than agreed to in the response plan, efforts should focus on supporting teachers, parents, and children as partners in learning. Learning materials should focus on supplies that can be found at home, are user-friendly resources, etc.

**4 In IDO planning and responses for humanitarian contexts, governments, humanitarian agencies, and other decision-makers are held accountable to children.** Accountability and feedback mechanisms are built into local governance decision-making structures.



# 1

## INTRODUCTION





- On 11 March 2020, WHO declared COVID-19 a global pandemic.<sup>17</sup>
- Governments around the world closed schools immediately thereafter. International development and humanitarian organisations quickly began to anticipate how school closures would impact child protection and education, but pandemic-related restrictions on movement initially made this extremely difficult to assess, particularly because no one knew how long the pandemic would last.

Early rapid assessments, conducted primarily with adult caregivers, suggested that school closures were having a detrimental effect on child protection and well-being and that they would negatively impact children’s learning trajectories.<sup>18</sup> However, these assessments provided very little evidence from children themselves. Nor did they provide specific insights into humanitarian settings, where children and young people faced substantial risks to their protection, well-being, and education even before the pandemic.

Therefore, in mid-2020, The Alliance for Child Protection in Humanitarian Action (hereafter “The Alliance”) initiated this study to gather in-depth evidence from children, parents, educators, social service workers, and other key child protection stakeholders on the impact of COVID-19 school closures on children’s protection, well-being, and education inequalities. This qualitative study is one of the first of its kind to prioritise the perspectives of those directly affected by the COVID-19 pandemic, particularly children in humanitarian settings, and to do so across three different countries and regions: Colombia, the DRC, and Lebanon.

## Box 2. What is a ‘humanitarian setting’?<sup>19</sup>

A humanitarian setting or context is defined here as a specific location, region, or country that is experiencing serious disruption of the functioning of a community, or a society involving widespread human, material, economic,

or environmental losses and impacts that exceeds the ability of the affected community or society to cope using its own resources. Such disruption could be due to a natural, man-made, rapid onset or protracted crisis, and

includes contexts that host a large number of refugees or internally displaced persons. Humanitarian settings may be in any phase of the emergency or recovery process or may be in a protracted state of crisis.



**The purpose of this action-oriented study is to ensure that children’s perspectives and their holistic well-being are at the centre of decision-making and planning processes during IDOs in humanitarian settings, particularly in regard to school closures and re-openings.** To achieve this goal, the research aimed to realise the three specific outcomes listed in Table 1.1.<sup>20</sup>

**Table 1.1 Research outcomes**

<b>Outcome 1:</b>	Children, families, and communities are actively engaged in the research process and in co-developing strategic recommendations related to infectious disease-related school closures and re-openings.
<b>Outcome 2:</b>	Global- and national-level decision-makers are engaged in the research process and are provided with findings about the impact of school closures on children’s education and child protection outcomes, with recommendations on how to strengthen protection response plans, including from the perspective of those affected.
<b>Outcome 3:</b>	Child protection practitioners as well as education and social service workers are actively engaged in the research process. They are provided with findings about the impact of school closures on children’s education and child protection outcomes, and co-develop strategic recommendations on how to strengthen response plans, including from the perspective of those affected.

## 1.1 The research questions

This child-centred study examines 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?*

The study findings are organised around the four sub-questions that guided the research:

1. What child protection risk factors and adverse outcomes have been amplified as a result of school closures during COVID-19 in humanitarian settings? What protective factors have been eroded or strained as a result of COVID-19? **(Chapter 3)**
2. What protective factors have children, families, and communities drawn upon to support child well-being throughout school closures? **(Chapter 4)**



3. What approaches have children, families, and communities used to support children's learning throughout school closures? **(Chapter 5)**
4. What education inequalities have been amplified as a result of school closure during COVID-19 in humanitarian settings? **(Chapter 6)**

The analysis highlights shared experiences and differences across the three countries and study areas as well as how various identity factors, such as gender, age, social group, legal status, disability, locale (rural/urban), and socio-economic status affected personal, family, and community experience.

## 1.2 Education and protection in humanitarian contexts

Prior to the COVID-19 pandemic, the unequal education landscape in humanitarian contexts was well-documented. In particular, we knew that:

- **Refugee children** are five times more likely to be out of school than non-refugee children and often cannot access schools outside of their camp. They also have extremely low access to secondary school.<sup>21</sup>
- Children in **conflict-affected regions and countries** are more likely to not be in school or to leave school early.<sup>22</sup>
- **Children who are internally displaced** are more likely to miss out on schooling and to be from indigenous or minority groups who often do not speak the language of instruction, and therefore require additional learning support.<sup>23</sup>
- Approximately 90 per cent of **children with disabilities** in developing countries do not attend school.<sup>24</sup>
- Children in humanitarian contexts are at a much **higher risk of leaving school prematurely** for early marriage or child labour.<sup>25</sup>

These inequalities are particularly problematic given that school attendance and learning can play a protective role in children's lives. School attendance can keep children and young people engaged in learning, which can provide opportunities for upward mobility and a higher quality of life. Schooling also keeps young people occupied in working towards constructive goals, which prevents boredom and high-risk behaviours. Schooling can also confer distinction; to be a 'student' is often valued by families and communities. For these reasons, attending school, at least until secondary school, is one of the strongest preventative factors for adolescent pregnancy, early marriage,<sup>26</sup> child labour and worst forms of labour (including recruitment to armed groups), and other risk factors.<sup>27</sup>



Schools also perform formal and informal protective functions. Many schools provide formal protective services in the form of counselling, healthcare, and nutrition support. Informally, teachers and other school staff often monitor for signs of need as well as violence, neglect, abuse, exploitation, and mental health challenges. In both roles, school staff help identify and reduce barriers to learning and refer children to support services as appropriate.<sup>28</sup>

At the same time, students affected by humanitarian crises often face additional risks of harm and abuse due to the nature of humanitarian contexts, which are often sites of unfolding crises and weak state support. In conflict-affected areas, schools may be targeted by armed groups, either for destruction or for recruitment of children into armed groups. In contexts where there is less rule of law, students are more likely to experience sexual and gender-based violence (SGBV) and abuse by teachers and/or peers, or violence on their way to or from school. Students who are refugees, internally displaced, or migrants may also be targets for xenophobia in school and their community.<sup>29</sup> These challenges must be addressed to ensure that children realise both their right to education and protection.

### 1.3 COVID-19 school closures and re-openings

Decisions to close schools were based on the WHO's recommendation to close schools to contain the H1N1 pandemic in 2009 and COVID-19 modelling studies,<sup>30</sup> not child protection or education guidance. By the end of March 2020, school closures affected 1.6 billion learners across 169 countries.<sup>31</sup> In humanitarian settings, school closures exacerbated the pre-existing learning and school access crisis and cut children off from the protective services schools provide.

While school doors were closed quickly, it was not long before evidence began to show that children were not 'super spreaders' (people who transmit an infectious disease to a large number of other people), nor were they likely to become very ill from COVID-19.<sup>32</sup> Furthermore, it became clear that the harms associated with school closures greatly outweighed the benefits for most students. Risks to children in humanitarian and development contexts have included learning losses and school dropout;<sup>33</sup> increases in domestic violence and violence against children;<sup>34</sup> mental health challenges for students and their families;<sup>35</sup> hunger;<sup>36</sup> loss of social networks and socialisation;<sup>37</sup> child labour and worst forms of labour, including recruitment to armed groups;<sup>38</sup> online risks;<sup>39</sup> and unplanned pregnancies and early marriage.<sup>40</sup> At the same time, the pandemic deepened existing education inequalities as well as social inequalities related to gender, poverty, and disability.<sup>41</sup>

Although online platforms were the most common form of remote learning rolled out by education ministries (91 per cent), **1.3 billion of the 1.6 billion children out of school had no internet connection at home, let alone a device to participate on, and internet literacy was extremely low** among students, teachers, and parents.<sup>42</sup> Moreover, most of



the estimated 300 million learners with online access were living in high or middle-income countries, not humanitarian contexts. Refugee, internally displaced people (IDPs), and migrant children were among the least likely to have access to digital education. Around the world, students who did have online access to learning found remote learning to be overwhelming and stressful when added to other pandemic-related challenges.<sup>43</sup> This was especially true for children in humanitarian settings, who already live with exceptional stress and trauma.<sup>44</sup>



Photo: © UNICEF/UN0413034/Romero

Ministries of education around the world also implemented remote learning via television (85 per cent), take home packages (82 per cent), mobile phone learning support (70 per cent) and radio broadcasts (54 per cent). However, in low-income and humanitarian contexts, most students lacked access to televisions, mobile phones, radios, electricity, and cellular reception so there was little or no benefit for these students.<sup>45</sup>

Schools were closed worldwide for almost 80 per cent of the in-person instruction time during the first year of the pandemic.<sup>46</sup> When ministries of health and education did reopen schools, it was often done spontaneously and sporadically, with schools closing and reopening in response to COVID-19 outbreaks and pandemic waves. Sometimes, schools were partially reopened. That is, schools were opened or remained closed based on their type (private/public), education level (primary/secondary/tertiary), or the geographical area (urban/rural, formal/informal settlement); or, schools opened for part of a day, or with rotating



shifts, rather than for full-time instruction.<sup>47</sup> These patterns served to heighten pre-existing education inequalities. For example, private schools in Colombia were faster to reopen, and remain open for full-day instruction, as opposed to public schools.

Despite the evidence, there was no rapid global reversal of school closure policies. Based on the evidence reviewed for this study, we suggest that schools were not reopened quickly because the dominant global guidance was based principally on public health related consideration for IDOs, rather than broader cost-benefit analyses of school closures and re-openings and impacts on children's protection, well-being, and holistic development.<sup>48</sup> At the country level, schools in humanitarian settings generally operate within national education systems that were under-resourced prior to the pandemic, making it difficult to respond quickly and effectively during the pandemic. As a result, they prioritised learning for host communities (citizens) and urban centres.

## 1.4 The study contexts

The research for this study took place in humanitarian contexts in three countries: Colombia, the DRC, and Lebanon. This section provides some background on these countries, including their humanitarian context, education inequalities, COVID-19 timeline, and school closure experience.

Each country responded to the pandemic in similar ways: closing schools and public spaces, restricting mobility, and implementing strict pandemic protocols. However, they had dramatically different reported rates of infection, deaths due to COVID-19, and vaccine rates (Table 1.2).

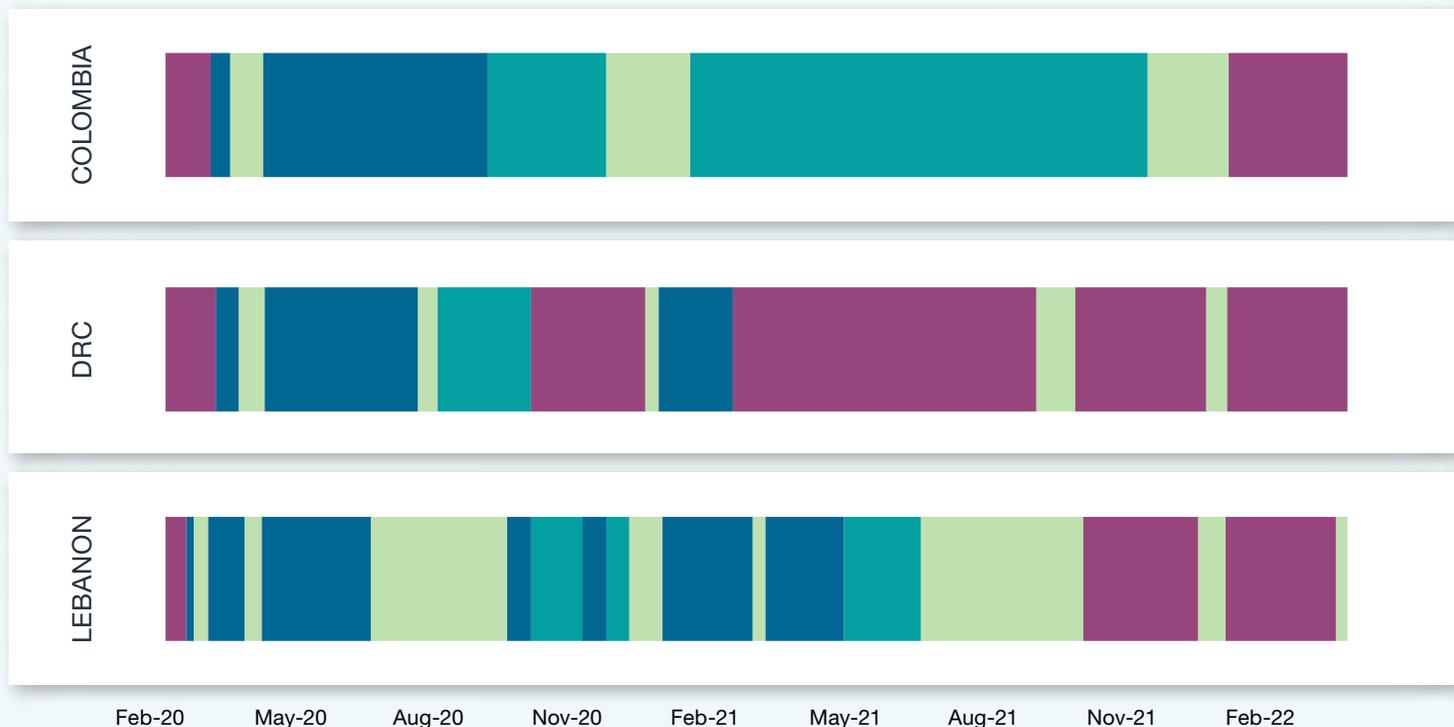
**Table 1.2 COVID-19 and vaccine statistics for the study countries<sup>49</sup>**

STATISTIC	COLOMBIA	DRC	LEBANON
Population (2020)	50,882,884	89,561,404	6,825,442
Number infected	6,095,316	86,767	1,095,959
Number of deaths	139,821	1,337	10,369
Cases per 100,000	11,979	97.85	16,087
Deaths per 100,000	274.79	1.49	152.5
People with at least one vaccine dose	82.8% (42,136,168)	1.2% (1,064,851)	39.3% (2,679,956)



Figure 1. School closures and re-openings in the study countries, 2020-2022<sup>50</sup>

SCHOOL STATUS



STATUS

**Academic break:**

Schools across the country are on *scheduled* academic breaks for most or all the student population. All instructional activities are suspended during this period.

**Fully open:**

Schools are open and deliver classes exclusively face-to-face for most or all of the student population.

**Partially open:**

Schools are: (a) open in certain regions and closed in others; and/or (b) open for some grades, levels, or age groups and closed for others; and/or (c) open with reduced in-person class time, combined with distance learning (hybrid approach).

**Closed due to COVID-19:**

*Government-mandated* closures of educational institutions affecting most or all of the student population.

There were also notable differences in each country’s school closing and reopening patterns, as Figure 1 above illustrates. Countries currently report that schools are ‘fully open’. However, as evidence from this study shows, many children living in humanitarian settings in the three countries did not have their schools open when other schools opened, and they have yet to resume school full-time or at all.



## 1.4.1 COLOMBIA

It has been just over five years since the Peace Agreement between the Colombian Government and the Revolutionary Armed Forces of Colombia (FARC) was signed, ending nearly six decades of conflict. Armed conflict and mass displacement have been escalating as armed groups increase their territorial control of strategic areas to conduct drug trafficking. From January to November 2021, 58,750 people were uprooted by 134 mass displacement events, a 170 per cent increase over the same period in 2020.<sup>51</sup> As of the end of 2021, Colombia is home to the highest number of IDPs in the world, with an estimated 8.24 million Colombians who have been forced to flee their homes but have not sought safety in another country (updated 31 March 2022).<sup>52</sup> Children have been significantly impacted by the rise in violence. Between 2020 and 2021, there was an 88 per cent increase in the number of conflict-affected young people, about half of whom were also displaced by conflict, and a notable increase in the number recruited into armed groups.<sup>53</sup> Women, indigenous peoples, Afro-Colombians, and social leaders have also been severely impacted by the increase in violence.

Colombia also hosts the second largest refugee and migrant population in the world, with an estimated 1.84 million Venezuelan migrants and refugees (updated 31 August 2021).<sup>54</sup> The largest population (393,716 people) lives in Bogotá.<sup>55</sup> In February 2021, the Colombian government agreed to provide a ten-year temporary protection status to Venezuelans in the country, but more than half of the population have yet to be regularised, affecting their ability to access essential services, protection, and assistance.<sup>56</sup>

**Colombia has the highest estimated rate of inequality in Latin America and the Caribbean (Gini coefficient of 54.2, 2020).<sup>57</sup> Prior to the COVID-19 pandemic, there were significant inequalities in education.**

In the study sites, children who were migrants (Venezuelans), internally displaced, or living in rural or informal settlement areas were disadvantaged by poverty and hunger and a lack of services, including schools, infrastructure, policing, and health. A 2021 study by the Government of Colombia finds that 11.5 per cent of children did not attend school prior to the pandemic.<sup>58</sup> Furthermore, an estimated 75 per cent of Venezuelan children were out of school, and those in school were struggling to develop literacy and numeracy skills.<sup>59</sup> In 2018, only 38 per cent of students had access to the internet and a device for online learning.<sup>60</sup> Violence and community containment by armed groups have also created a barrier to safe access to education and health services, particularly in the regions along the Pacific coast and the border with Venezuela.



## Sub-national sites for research in Colombia



### SITE 1:

Location: Cundinamarca: Usme and Soacha

Description: These areas are characterised by poverty, poor access to public services, overcrowding, and gang activity. They are home to many internally displaced people and Venezuelan migrants.

### SITE 2:

Location: Coffee Region: Armenia and Pereira

Description: Districts with high levels of poverty, especially in rural areas.

### SITE 3:

Location: Norte de Santander (Ocaña)

Description: A Department with high levels of migration, internal displacement, and civil conflict, as well as rural areas.

### SITE 4:

Location: Magdalena (Santa Marta)

Description: A Department with high levels of migration, internal displacement, and civil conflict, as well as rural areas.

## Education and the COVID-19 pandemic

Early in the COVID-19 pandemic, the National Government closed all educational institutions through Decree 457 (24 March 2020). With this decree, mandatory isolation protocols were implemented throughout the country.<sup>61</sup> Between May and July 2020, the Ministry of Education proposed several measures and alternatives for the reopening of schools, but the education sector was not prepared to assume such measures, because they were not confident they could support a safe return to school with the existing resources. The government did not order the reopening of institutions until 15 July 2021. Initially, students alternated their attendance to avoid crowding in schools.<sup>62</sup> In January 2022, schools returned to full attendance, but not full days.<sup>63</sup>

During the school closures, the Ministry of Education and Ministry of Information Technologies issued guidance and deployed several remote learning modalities, and most institutions continued some level of remote learning activity.<sup>64</sup> They also reportedly supported students and teachers by not charging data fees for digital platforms, and provided computers to 79,345 students and 4,000 teachers.<sup>65</sup> However, a 2021 study found that only 1.8 per cent of respondents received a data pack, and 94.5 per cent received nothing.<sup>66</sup> Even if they had



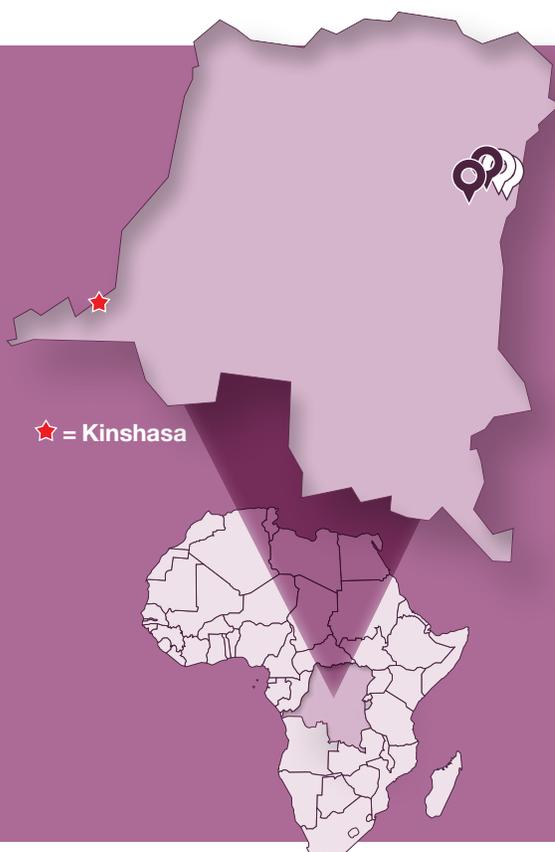
received a data pack, internet and cellular coverage in remote rural areas is not adequate enough to support virtual learning.<sup>67</sup> Education experts conclude that the pandemic and school closures highlighted “the structural deficiencies of school infrastructure, the absence of a real basis for managing hybrid models, access to ICTs [information and communications technologies] and connectivity, [as well as] social inequality.”<sup>68</sup>

During the pandemic, Colombia also experienced country-wide protests and a national strike in April and May 2021 in response to the government’s planned tax increases and privatisation of health care, as well as persistent social inequality and policy brutality. In the uprisings, many civilians, including youth, were killed.<sup>69</sup> Pandemic measures also increased unemployment, poverty, and food prices. Together, these challenges contributed to a rise in risks to children: hunger; neglect and abuse; violence in all its forms; domestic conflict;<sup>70</sup> and child labour and worst forms of labour, including recruitment to armed groups.<sup>71</sup>

■ ■ ■ ■ ■ “‘THE GUERRILLAS ARE ALWAYS FISHING IN THE RIVERS FOR NEW MEMBERS,’ SAID ONE SCHOOL ADMINISTRATOR. ‘WITH THE KIDS OUT OF CLASS, THIS PLACE TURNED INTO AN AQUARIUM FOR THEM.’”<sup>71</sup>

## 1.4.2 THE DRC (North Kivu Province)

The DRC is a country rich in cultural, geographical, and linguistic diversity as well as resources. It also has a young demographic, with a median age of 17.<sup>72</sup> However, the DRC is also characterised by a near-constant state of political crisis, poverty and malnutrition, protracted conflict, and acute cycles of violence, particularly in the country’s eastern corridor where the research took place. In the area, 122 active non-state armed groups operate, triggering cycles of mass population displacement, particularly across the provinces of North Kivu, South Kivu, Ituri, and Tanganyika.<sup>73</sup> Recent armed conflict in the Territories of Rutshuru and Masisi, where the study took place, has displaced over 125,000 people, and closed over 60 schools. To date, over 2.2 million people in the DRC have been displaced.<sup>74</sup> The humanitarian situation continues to worsen: over 7 million more people need assistance in 2022 than in 2021.<sup>75</sup> **Forced to leave their homes—often multiple times—children in the eastern provinces live a precarious life, with limited access to safe drinking water, food, basic services, and education—conditions that hinder their right to a safe and dignified life.**<sup>76</sup>



## Sub-national sites for research in the DRC

### 📍 SITE 1:

**Location:** Masisi Territory: Mweso and Kitshanga, North Kivu Province

**Description:** These sites have experienced repeated armed conflict and are home to increasing numbers of internally displaced families. Research took place with internally displaced people living in camps, families in host communities, and unaccompanied children.

### 📍 SITE 2:

**Location:** Rutshuru Territory: Rutshuru centre and Kiwanja, North Kivu Province

**Description:** These sites have experienced decades of armed conflict (ongoing) and geo-climatic disasters. Research took place with internally displaced people living in camps, families in host communities, and unaccompanied children.

## Education and the COVID-19 pandemic

A presidential initiative in September 2019, known as “Operationalize Free Education”, massively boosted school enrolment rates.<sup>77</sup> However, because resources were not put into place to accommodate these enrolment rates, this led to an increase in overcrowding, with an average of 80 to 150 pupils per classroom and three or more students per desk.<sup>78</sup> According to participants, schools had overflowing—or no—latrines, and uneven school grounds that caused accidents. In the province of North Kivu, the effects of the new policy, poor school infrastructure, low availability of school materials, and ongoing conflict and displacement, including attacks on schools, have all been barriers to children’s education.<sup>79</sup>

IDOs are not new to the DRC, which has faced persistent outbreaks of endemic diseases, including Ebola, in the equatorial provinces and more recently in North Kivu. During the 10<sup>th</sup> Ebola outbreak in North Kivu (which ended in June 2020), schools located in Ebola-afflicted areas remained open with increased hygiene and sanitation measures in place. However, when COVID-19 was declared a pandemic, the government closed schools on 19 March 2020, affecting over 27 million children.<sup>80</sup> In August 2020, schools temporarily reopened to facilitate national examinations for primary, secondary, and university students in their final



year. Full reopening for all grades took place in October 2020. However, schools were only open for two months before being closed due to another wave of COVID-19. In addition, public schools remained closed due to a teachers' strike that began in October 2021, which led to protests by children.<sup>81</sup> Schools were finally opened on May 22, 2022, with private schools opening earlier.

During school closures, some distance learning measures were put into place.<sup>82</sup> These included a UNICEF-funded learning programme that included radio broadcasts and the distribution of 450,000 exercise books and solar-powered radios. However, geographic, income, and gender inequalities impacted student access to digital learning. In particular, children in rural areas, poorer families, children impacted by population displacement and movement, and girls were at a disadvantage.<sup>83</sup>

During the global COVID-19 pandemic, there was a surge in prices for necessities, economic collapse, and a record high number of people in the country facing acute hunger.<sup>84</sup> In this time, the DRC has been faced with six distinct infectious disease outbreaks—including measles, meningitis, cholera, and Ebola—placing further burden on an already overstretched health care system.<sup>85</sup> North Kivu, which faced the second largest Ebola epidemic in the world in 2018, managed to contain two resurgences of Ebola in 2021 amidst ongoing armed conflict and population displacement.<sup>86</sup> Additionally, the capital of North Kivu, Goma, and surrounding areas were severely impacted by the volcanic eruption of Mount Nyiragongo on May 22, 2021, which displaced at least 400,000 people and left half without access to safe drinking water. The region was further impacted by floods that caused displacement and destruction of basic infrastructure.<sup>87</sup>

These challenges, alongside school closures, compounded pre-existing child protection concerns for children in the eastern provinces, including early marriage, sexual violence, child labour and worst forms of labour (including working in mines and recruitment by armed groups), orphanhood, poverty, and a lack of basic necessities, such as food, clean water, shelter, and psychosocial support.<sup>88</sup>

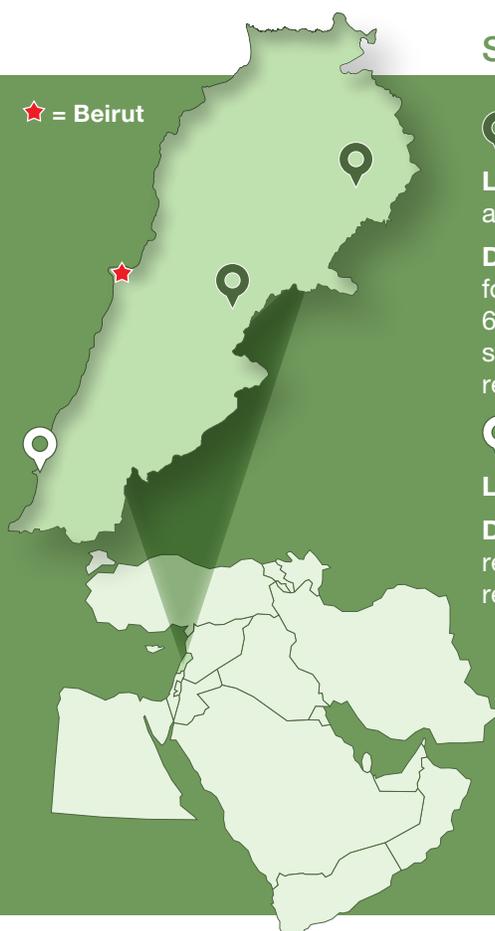
### 1.4.3 LEBANON

Lebanon currently hosts the most refugees per capita of any country, with an estimated 1.5 million Syrian refugees and 13,617 refugees of other nationalities.<sup>89</sup> Since the onset of the Lebanese revolution in October 2019, Lebanon's economy has been in steady decline to the point of collapse. The country's currency has lost 90 per cent of its value, which has sent the price of food, fuel, and other basics soaring. Fuel shortages have caused widespread



electricity blackouts. In August 2020, the Beirut port blast damaged or destroyed vital infrastructure, including 183 education facilities, which affected over 77,000 students.<sup>90</sup> **By 2021, more than 80 per cent of the country's residents experienced deficits in their basic rights, including little to no access to health and education, inadequate housing, and a lack of electricity, food, and water.**<sup>91</sup> Lebanon's political, socio-economic, and health crises have hit the most vulnerable Lebanese and refugee families the hardest. Children who participated in the study said that it now takes them hours to find bread to buy, and shops in the refugee camps are more expensive than outside the camp. Bread that used to cost LBP250 now costs LBP10,000. Children are also fearful to go search for bread, due to an increase in gun violence as a consequence of gasoline shortages.

The devastating impact of the economic crisis has left Lebanese and refugee families struggling to stay warm in the cold and trying to stave off hunger.<sup>92</sup> Prolonged and repeated pandemic lockdowns as well as hyper-inflation have significantly exacerbated these challenges, especially for vulnerable communities and individuals who are employed in the informal sector and depend on daily wages. Research participants in Sur (also known as Tyre) reported that there have been many deaths in the refugee camps due to COVID-19. Power outages have meant that it was impossible to keep people on oxygen machines.<sup>93</sup>



### Sub-national sites for research in Lebanon

#### 📍 SITE 1:

**Locations:** Taanayel in the central Bekaa Valley and Arsal, a town on the Lebanon-Syria border in northern Bekaa

**Description:** Taanayel is an agricultural landscape for animal and crop farming. Arsal is home to over 67,000 Syrian refugees who live in informal tented settlements.<sup>94</sup> Research was carried out with Syrian refugees and low-income Lebanese families.

#### 📍 SITE 2:

**Location:** Bourj Al Shamali camp, Sur, South Lebanon

**Description:** Over 20,000 people, mostly Palestinian refugees. Research was carried out with Palestinian refugees and low-income Lebanese families.



## Education and school closures

Prior to the pandemic, public education in Lebanon was underfunded, and the quality of education was perceived to be poor. Public schools catered to Lebanese students, who represent about 35 per cent of the population. Lebanon's public schools are open to Syrian refugee children through a double shift system: Lebanese students attend the morning shift, while Syrian students attend the second afternoon shift. However, the second shift is a low priority for the government. Moreover, the education sector operates on a quota system to determine access for non-Lebanese nationals. As a result of these realities, most Syrians choose to attend non-formal education (NFE) provided by NGOs and civil society groups, despite the fact that they do not provide a school graduation certificate.<sup>95</sup> In recent years, the economic crisis has reportedly forced many Lebanese families to shift their children from private to public schools.<sup>96</sup> This is likely to have knock-on effects for Syrian school-age children, 63 per cent of whom were unable to access a placement prior to the pandemic.



Photo: © UNICEF/UNI372729

Palestinian refugee students in Lebanon attend private or UNRWA schools (65 in total), most of which provide basic or primary education following the Lebanese curriculum and examination structure. There are also a limited number of secondary schools. However, UNRWA has faced successive funding crises over its 70-year history, and particularly in recent years.<sup>97</sup> The agency's financial precarity undermines the quality of its services, the sustainability of its schools, and children's continued access to education.

Lebanon's multiple crises have put severe strain on an already struggling education system.<sup>98</sup> On 2 March 2020, the Lebanese government issued a decision to close all schools and educational institutions to ensure the safety of teachers and learners. The Ministry of Education developed a distance learning strategy, but they did not begin to implement it until a year into the pandemic. Consequently, remote learning was primarily done on the initiative of individual schools and teachers. Over 1.2 million school-aged children from public, private, semi-private, and UNRWA schools were affected by school closures. In addition, nearly 30,000 children and young people in NFE have had their education disrupted.<sup>99</sup> As of June 2022, most refugee children have yet to have their schools reopen.



# 2

## METHODOLOGY





■ It is important to begin by acknowledging the realities of  
 ■ conducting research in contexts of compounding crises, partic-  
 ■ ularly during the COVID-19 pandemic. Research teams and  
 ■ participants experienced changing pandemic restrictions and  
 the advent of new viral strains on top of existing and new political, economic, and environmental crises:

- In Colombia, the country faced increases in armed violence in border regions as well as country-wide protests and a national strike in April and May 2021.
- The research team and participants in the DRC faced displacement due to the eruption of Mount Nyiragongo, Ebola cases, local kidnapping cases, renewed armed conflict, flooding, and teacher strikes.
- The research team and participants in Lebanon faced political uprisings, teacher strikes, the Beirut port blast and ensuing political fallout, economic collapse, and fuel, electricity, and pharmaceutical shortages.

These crises added to the challenges associated with planning, data collection, analysis, and advocacy during a pandemic. At the same time, the pandemic exacerbated the challenges that were affecting children and families, including our research teams and participants, prior to the pandemic. Despite these overwhelming challenges, the national research teams carried out all of the research and advocacy work, adapting the timeline and approach to ensure each step was feasible and ethically responsible. Primary data collection took place from January 2021 to December 2021, with data analysis, validation, and advocacy work from January to June 2022.<sup>100</sup>

## 2.1 The research approach: learning and working together

The study employed a qualitative methodology that was child-centred, participatory, and locally led.

The study design and implementation were based on the premise that children and young people are actors who not only understand the daily realities of school closures during COVID-19, but also act to strengthen their well-being and the well-being of those around them.<sup>101</sup> Each national research team included two youth peer researchers, who helped facilitate research with children. Putting **children at the centre of the study methodology** lays the groundwork for developing child-centred recommendations related to school closures and protecting children during future IDOs.



Photo: Lebanon 2021/Akar



■ ■ ■ ■ ■ “MANY TIMES, WE OVERLOOK THESE SITUATIONS. BUT YOU ARE ASKING US TO REFLECT ON THE PANDEMIC [EXPERIENCE], TO SIT DOWN AND THINK ABOUT WHY IT HAPPENED, WHERE IS THE RESPONSIBILITY IN THIS CASE, HOW IT COULD HAVE BEEN AVOIDED.”

– Social service workforce key informant, Bogotá, Colombia

The methodology took a **participatory approach** that engaged children and young people aged 10 to 18 as well as parents, education actors, the social service workforce, and decision-makers. Research methods were designed to encourage children’s engagement and creativity and elicit their experiences and views. The methods and validation workshops were also designed to foster reflection and inform action: Participants were asked for their recommendations related to school closures and reopening decision-making. Participants expressed appreciation for the opportunity to reflect on their experiences and inform recommendations.

The study employed a **collaborative partnership model**. National research partners who had experience conducting research with children led the research in each country with support from community-based organisations in each research community. National partners co-designed the research methodology and tools, piloted the methods with the target populations, and implemented the research. They ensured that the methods were appropriate for each setting, participant group, and local COVID-19 protocols. They led the ethical review processes at the country level and ensured that safeguarding procedures were in place throughout the research process. They analysed their own data and contributed to the global analysis.

The study was also designed, implemented, and analysed with a gender, generational, rights, and inclusion lens.

The study employed a **gender and generational lens** to explore how school closures differentially impacted children who identified as girls and boys, and children and parents, in similar and different ways. A generational approach provided insights into the knowledge, skills, and resources parents/caregivers needed to support their children’s education in a way that enhances their agency.

The research methodology also used a **rights-based** and **equity-focused lens**. The starting point was that children have the right to be consulted on issues that affect their lives. To understand children’s experiences and insights in humanitarian contexts, participants were selected from marginalised groups, which included IDPs, refugees, migrants, and low-income host populations. Research teams also selected children and parents with disabilities and chronic illness, aiming for 15 per cent representation in the study. Data was



analysed with an equity focus—paying special attention to the experiences of the most marginal—so that future programming strengthens the agency of all children and young people, including the most vulnerable.

## 2.2 Research teams and locations

### 2.2.1 The research teams

The research team consisted of a global research team and a national research partner in each country. The global research team was led by [Proteknôn Foundation for Innovation and Learning](#), on behalf of The Alliance and in close collaboration with the INEE. The global team led the research planning, identified and selected national research partners, provided trainings and ethical protocols, led the co-development of the research tools, and developed the global research reports. The national research partner in Colombia was [Fundación CINDE](#) (*Fundación Centro Internacional de Educación y Desarrollo Humano*); in the DRC it was [BIFERD](#) (Bureau d'Information, Formation, Echanges et Recherche pour le Developpement); and in Lebanon the study was led by Dr Bassel Akar. The national research partners established partnerships with local CBOs, trained their research teams (including youth peer researchers), created a national advisory and advocacy group, co-developed the research tools, and contributed to analysis, writing, and local advocacy and dissemination efforts. Further details on the research team can be found in [Annex 3](#).

Additionally, each national partner created a national advisory and advocacy group comprised of policymakers, civil society actors, and children-focused organisations. These groups shared their advice on the research implementation and provided input on the national advocacy strategy.

### 2.2.2 The research locations and sample selection

In each country, the national teams carried out research in at least two locations. Sites were selected to capture the experiences of displaced/refugee/migrant populations as well as from low-income host (non-displaced) communities.

To understand how children experienced the impact of school closures due to COVID-19 (versus closures or being out of school for other reasons), and to tease out how the impact of school closures differed from the impact of the pandemic more broadly, researchers selected groups of children to participate who were (1) in school and (2) out of school prior to the pandemic. The out-of-school sample group was smaller, but those young people provided insights into broader dynamics that characterised the lives of vulnerable children in each context. Teams also selected children with a disability or chronic illness to ensure that their experience was captured.



## COLOMBIA

In Colombia, CINDE conducted qualitative research with World Vision in two Departments, Cundinamarca (south Bogotá) and the Coffee Region. Additionally, the Norwegian Refugee Council (NRC) carried out questionnaires in Norte de Santander (Ocaña) and Magdalena (Santa Marta), departments with high levels of migration, internal displacement, and civil conflict as well as rural areas.

In Cundinamarca, most participants live and work in Usme and Soacha, which include both urban and rural areas in south Bogotá. In these areas, several challenges converge, including low incomes and high unemployment, poor access to public services, low investment in education, overcrowding, and insecurity due to the presence of criminal gangs. There are also a high number of displaced people and Venezuelan migrants.<sup>102</sup> In the Coffee Region, the research was carried out in Armenia, the capital city of Quindío, and Pereira, the capital city of Risaralda, where a large percentage of people live in poverty (45.3 per cent and 40.6 per cent respectively).<sup>103</sup>

The NRC conducted in-person questionnaires with children and young people from their Puente Programme (non-formal education) and their parents, in the municipality of Ocaña. This group included victims of the Colombian internal armed conflict and Venezuelans as well as out-of-school young people. Additionally, the NRC surveyed formal education teachers from its Flexible Educational Models and teachers from the bridge programme (non-formal education strategy developed as a transition to schooling) in rural contexts in Norte de Santander.

**Table 2.1 Colombia participants**

METHOD & PARTICIPANT GROUP	COLOMBIA			
	Cundinamarca	Coffee Region	Survey	TOTAL
Elementary school children	28	28	0	<b>56</b>
Secondary school children	24	26	1	<b>51</b>
Workshops: Out-of-school children (pre-COVID-19)	6	3	19	<b>28</b>
Parents	9	12	20	<b>41</b>
Education stakeholders	11	16	15	<b>42</b>
Social service workforce - NGO	6	10	0	<b>16</b>
Social service workforce - GOV	2	18	0	<b>20</b>
Key informant interviews	9	8	N/A	<b>17</b>
<b>TOTAL PARTICIPANTS</b>	<b>95</b>	<b>121</b>	<b>55</b>	<b>271</b>



## The DRC

Research in the DRC was conducted in the Rutshuru and Masisi territories of North Kivu province. Both Mweso and Rutshuru are rural agricultural areas, where more than 90 per cent of the population are small-scale farmers. Wars and armed conflicts have made the populations poorer by preventing them from accessing their fields and taking products to market.

In Rutshuru, the research was conducted in two locations: Rutshuru Centre and Kiwanja, areas that have experienced persistent atrocities, armed conflict, natural disasters, and child rights violations. Being a territory that borders two countries, Rwanda and Uganda, Rutshuru has been a site of violent conflict since the arrival of Rwandan refugees in 1994. In Rutshuru Territory, the presence of both local (national) and foreign armed groups (Force Démocratique pour la Libération du Rwanda/FDLR) constitutes a great risk to the population, and to children in particular. In November 2021, Rutshuru Territory had 18,000 displaced persons in need of humanitarian assistance. This number increased by 58,000 persons in April 2022. More than 60 per cent of the displaced live with host families. Most of the displaced have no access to clean water, nutritional assistance for children, or primary healthcare, and access to education remains a major problem for displaced children.

In the Masisi territory, research focused in Mweso and Kitchanga. In contrast to Rutshuru, the 237,000 IDPs in Mweso live in displacement sites. This area has been the site of many staff kidnappings, from humanitarian organisations, including the United Nations, NRC, Médecins Sans Frontières, German Agro Action, and International Rescue Committee, which illustrates the extent of the local protection risks. At the moment, access to education for displaced children is a big challenge in part due to renewed conflict.

**Table 2.2 DRC participants**

METHOD & PARTICIPANT GROUP	DRC			
	Masisi	Rutshuru	Survey	TOTAL
Elementary school children	12	12	8	<b>32</b>
Secondary school children	12	11	13	<b>36</b>
Workshops: Out-of-school children (pre-COVID-19)	12	10	9	<b>31</b>
Parents	12	12	17	<b>41</b>
Education stakeholders	12	12	11	<b>35</b>
Social service workforce - NGO	10	14	2	<b>26</b>
Social service workforce - GOV	10	13	0	<b>23</b>
Key informant interviews	N/A	N/A	N/A	<b>16</b>
<b>TOTAL PARTICIPANTS</b>	<b>80</b>	<b>84</b>	<b>60</b>	<b>240</b>



## LEBANON

In Lebanon, the study was carried out in two different sites: (1) the Bekaa Valley (Baalbak-Hermel Governorate) with Syrian refugees and Lebanese children from low-income families and communities; and (2) Sur (South Lebanon Governorate) with Palestinian refugees and low-income Lebanese families.

The Bekaa Valley is where most of the country's estimated 1.5 million Syrian refugees reside in camp settlements.<sup>104</sup> Here, data collection took place in Taanayel, which is located in central Bekaa, and Aarsal in northern Bekaa. Taanayel is an agricultural landscape for animal and crop farming. Aarsal, a town on the Lebanese-Syrian border, is known for its arid geography, dominated by desertification. Its population of 35,000 work in quarrying, agriculture, and trade.<sup>105</sup> Aarsal hosts approximately 67,000 Syrian refugees<sup>106</sup> who arrived in the country in 2019. Most live in informal tented settlements and are very exposed to harsh mountain weather. These refugees are not recognised by the Lebanese government, who repeatedly threatens to demolish their shelters and restricts their ability to move outside Aarsal and access to social services, including Lebanese public schools.<sup>107</sup> Tensions between Syrians in Aarsal and neighbouring Lebanese communities have resulted in sporadic acts of inter-communal violence.<sup>108</sup> Bekaa also documents the highest rates of child marriage in Lebanon, with an estimated 40 per cent of Syrian girls marrying under 18 years of age.<sup>109</sup>

Research in Sur took place in Bourj Al Shamali camp, an official Palestinian refugee camp located in the city of Sur (also known as Tyre) in southern Lebanon. More than 22,000 people, most of whom are Palestinians who sought refuge following the 1948 Palestinian Nakba, live in Bourj Al Shamali. The residents depend on crafts, professional and agricultural work, and small shops in the camp for their livelihood. Most camp residents live below the poverty line. Children study in schools operated by UNRWA. The camp is characterised by the presence of many cultural, social, sports, and educational activities, including social work associations, sports clubs, scouts, and music groups. There is a strong sense of national affiliation in the camp, and residents preserve Palestinian customs and traditions, celebrate national occasions, and steadfastly underscore their right of return.



Photo: © UNICEF/UN0482863/


**Table 2.3 Lebanon participants**

METHOD & PARTICIPANT GROUP	LEBANON		
	Sur	Bekaa	TOTAL
Elementary school children	7	100	<b>107</b>
Secondary school children	10	20	<b>30</b>
Workshops: Out-of-school children (pre-COVID-19)	4	3	<b>7</b>
Parents	22	35	<b>57</b>
Education stakeholders	6	24	<b>30</b>
Social service workforce - NGO	4	12	<b>16</b>
Social service workforce - GOV	0	0	<b>0</b>
Key informant interviews	N/A	N/A	<b>11</b>
<b>TOTAL PARTICIPANTS</b>	<b>53</b>	<b>194</b>	<b>258</b>

## 2.3 Research methods and analysis

Research began with a comprehensive desk review and **key informant interviews (KIIs)** with global health, education, child protection, and social service workforce actors and decision-makers (see list in [Annex 3](#)).<sup>110</sup> Within each country, research was carried out at the national level and in at least two research locations. A master set of research tools, including ethical and COVID-19 protocols, was co-developed by the research teams, and adapted to each context. National and sub-national KIIs were carried out with health, education, child protection, social service workforce actors, and decision-makers. The interviews explored views on the challenges that children, families, communities, and governments faced during school closures, and shed light on factors that contributed to decision-making during the pandemic.

In each study site, the research teams carried out **participatory research workshops** with primary, secondary, and out-of-school children. Workshops were two to three hours long and consisted of one to two creative and participatory tools (see Annex) that aimed to:

1. Understand the impact of school closures on children's well-being and their educational experience;
2. Explore support available to children prior and during school closures and school reopening, and children's strategies and ideas for strengthening their well-being.



After each workshop, the researchers conducted **semi-structured interviews** with two children. These interviews allowed for a more in-depth understanding of children's experiences of COVID-19 and related school closures. Researchers reported that the children enjoyed the group sessions, particularly as many had missed meeting together during the pandemic and were able to identify with what other children shared.

The national research teams also carried out **focus group discussions (FGDs)** with multiple stakeholders. National teams had the option of exploring research questions through discussion or creative participatory activities (see [Annex 1](#)) that were designed to elicit insights into children's, families', and communities' lived experiences before and during school closures, and during school re-openings. Key topics included challenges faced, coping mechanisms and strategies to address the challenges, risk and protective factors, and suggestions for strengthening well-being in the future.



Photo: Fundación CINDE



Table 2.4 Research methods by country

METHOD	COLOMBIA	DRC	LEBANON	TOTAL
<b>Key Informant Interviews (KII)</b>				
Global Key Informant Interviews				14
National Key Informant Interviews	17	16	11	44
<b>Participatory workshops with primary school children</b>				
<b>Total workshops</b>	3	2	5	10
Primary school children (aged 10-13)	56	24	107	187
<b>Participatory workshops with secondary school children</b>				
<b>Total workshops</b>	3	3	4	10
Secondary school children (aged 14-17)	50	23	30	104
<b>Participatory workshops with out-of-school children</b>				
<b>Total workshops</b>	1	1	0	2
Out of school children (aged 10-17)	9	22	7	31
<b>Focus group discussions with parents and caregivers</b>				
<b>Total focus groups</b>	4	3	6	10
Mothers/female caregivers	18	15	39	72
Fathers/male caregivers	3	9	18	30
<b>Total participants</b>	21	24	75	120
<b>Focus group discussions with other actors</b>				
<b>Total focus groups</b>	9	6	5	20
Education actors	27	24	30	81
Social service workforce - NGO	16	24	16	56
Social service workforce - government	20	23	0	43
<b>Total participants</b>	63	71	46	180
<b>Semi-structured interviews with children</b>				
Elementary school children (aged 10-13)	5	4	0	9
Secondary school children (aged 14-17)	7	5	1	13
Out of school children	5	5	6	16
<b>Total interviewees</b>	17	14	7	38
<b>Questionnaires</b>				
Elementary school children (aged 10-13)	0	8	N/A	8
Secondary school children (aged 14-18)	1	13	N/A	14
Out of school children (currently) (aged 10-18)	19	9	N/A	28
Parents / caregivers	20	1	N/A	48
Educators and Social Service Workforce	15	13	N/A	28
<b>Total respondents</b>	55	60	N/A	126
<b>TOTAL PARTICIPANTS</b>	<b>271</b>	<b>240</b>	<b>258</b>	<b>783</b>



Lastly, there was a **questionnaire** with versions for children, parents, educators, and social service workforce members in Colombia (Spanish) and the DRC (French and Swahili).<sup>111</sup> In Colombia, the purpose of the questionnaire was to expand the sample to capture the experience of children, parents, educators, and social service workforce actors in border regions that were experiencing active armed conflict and displacement. In the DRC, the purpose was to capture additional insights from children, parents, and educators in the study communities.

The national teams conducted research and analysed data in their own languages. At the national level, the findings were validated with child and adult participants in each research site. After the community-level workshops, validation workshops were held with national-level key informants. Transcripts were then translated into English, whereupon the global research team used MAXQDA, a qualitative data analysis software, to do a thematic analysis of the data with input from the national teams.

■ ■ ■ ■ ■ “PEOPLE WHO ARE IN POLITICS SHOULD KNOW THAT THERE WERE CHILDREN AND YOUNG PEOPLE WHO HAD A BAD TIME...THE ACTIVITY WAS VERY COOL BECAUSE IT MADE US THINK ABOUT MANY THINGS ABOUT HOW THE PANDEMIC ISSUE HAS IMPACTED US. THANK YOU!”

– Secondary student, Colombia

## 2.4 Ethical and safeguarding protocols

In developing the methodology, ethical considerations were thought through for every step of the process to ensure that researchers work collaboratively and respectfully with children and communities, recognising the complex crisis dynamics in which they operate. Participation was voluntary for all participants. Safeguarding, informed consent, anonymity, and data protection processes were developed, and training was carried out with the local research teams. Children under the age of majority provided written informed *assent* and their legal guardian provided informed *consent*. Researchers explained ethical protocols and informed consent/assent with participants at the beginning of every group session and interview. In the children’s workshops, there was a safeguarding focal point present, and children were informed that they could opt out at any time.

Additional details on the study’s methodology, ethical and safeguarding protocols, compensation and reciprocity, and COVID-19 considerations and adaptations are located in [Annex 1](#).



# 3

**FINDING:  
SCHOOL CLOSURES AMPLIFY  
RISK FACTORS AND ADVERSE  
PROTECTION OUTCOMES**





- In each research context, national research partners examined
- the following question:

*“What child protection risk factors and adverse outcomes have been amplified as a result of school closures during COVID-19 in humanitarian settings?”*

The analysis that follows approaches this question holistically by examining how school closures amplified risks and adverse outcomes for children’s communities of care, schools and teachers, families, and young people themselves. **Chapter 5.3** complements these findings by examining adverse *learning* outcomes.



## Summary of findings

School closures and remote learning combined to cause a significant increase in adverse protection outcomes for children as well as for their parents, educators, and communities of care, by both compounding existing risks and creating new ones. Across humanitarian settings, in the three country studies:

- School closures made community members less capable of supporting children, and made communities less safe.
- Remote learning required far more time, effort, and energy from teachers than in-person instruction, yet their compensation was the same (or less). Consequently, school closures took a toll on teachers’ mental and physical health alongside their financial well-being.
- School closures and remote learning put stress on parents’ ability to meet their children’s basic needs, family cohesion, and family members’ mental health. This was in part because gender and generational roles were upended and members were confined to small spaces without relief.
- School closures and remote learning compounded and created threats to children’s protection and well-being. Risks and adverse outcomes included, among other things: mental health challenges; loss of relationships; loss of recreation; increases in child abuse, exploitation, violence, and neglect; increases in adolescent pregnancy and early marriage; and increases in child labour and worst forms of labour, including recruitment to armed groups.
- The children most likely to face increased risks and adverse outcomes were children who were vulnerable before the pandemic, especially children with disabilities; Syrian refugee children in Lebanon; children in the DRC who were internally displaced, albino, or indigenous; and children in Colombia who were Venezuelan and/or living in informal settlements, borderlands, or rural areas.



## 3.1 Amplified risks and adverse outcomes for communities of care

Children’s communities of care hold both a legal and moral duty to protect children and uphold their rights. In humanitarian contexts, communities of care include local, regional, and national government actors; humanitarian organisations and agencies; civil society groups and organisations; and community leaders and members who hold a duty of care to children (e.g., defined in legislation, conventions, or mandate). Across the three countries, school closures negatively impacted children’s communities of care, making community members less capable of supporting children, and communities less safe.

### 3.1.1 DRC communities of care

School closures in the DRC were abrupt. Protection and learning mechanisms were not in place. Rumours questioning the reality of COVID-19 caused people to second-guess the necessity of school closures, while at the same time the new virus ignited fears of another Ebola-like experience. As a result, the measure—and the perceived lack of planning—was poorly received by the general population and teachers, who felt schools were closed without cause.

The lack of advanced notice of closures, combined with mobility restrictions, paralysed existing formal and informal protection mechanisms, such as UNICEF-trained child protection community networks (RECOPE), children’s clubs, children’s parliament, foster family systems, churches, community-based organisations, and basic social services. During the closures,

these challenges were compounded by regional crises, displacement caused by the eruption of Mount Nyiragongo, and active conflict between armed groups in Rutshuru. Children’s communities of care were effectively neutralised. Unable to intervene to protect children, children, parents, and community members in Rutshuru centre and Kiwanja (Rutshuru), Mweso and Kitshanga (Masisi), reported that their communities became even less safe, as children—hungry, lacking basic needs, and without occupation—increasingly engaged in theft, vagrancy, substance use and worst forms of labour, including armed recruitment.



Photo: © UNICEF/UN0621874/Mulala



### 3.1.2 Colombia communities of care

School closures in Colombia's research locations affected communities of care in ways that aligned with pre-pandemic patterns. Informal settlements and rural areas in south Bogotá and the Coffee Region were more impacted because service continuity was prioritised less than in urban and planned development areas. A decision maker in the education sector explained:



**“The inequality in Bogotá is almost territorial. From Calle 26 to the north are optimal conditions for people to have life projects, social networks [...] From 26th street to the south of the city, these are very complex spaces, and they have restricted social mobility, subsidies, there is almost no effective public space, air quality, optimal infrastructure connections. It is a fragmented, divided city.”**

These challenges were compounded by the communities' low levels of internet service and access, and a lack of technological devices and digital literacy. When asked about the extent to which school closures affected them, their work, and their community, almost all of the education and child protection workers surveyed in Norte de Santander and Magdalena said that closures had a negative or very negative effect. Rural villages in these regions have no internet signal, so workers struggled to connect with and support their students.

Overall, Colombian participants felt that while streets were empty due to lockdowns, their communities became more violent during school closures. Parents in Soacha, Cundinamarca observed that gangs became more aggressive. A school counsellor from Soacha remarked, “If they frequently violated the neighbourhood when the school was present, and they did it in front of you as a teacher, imagine how it became when we were no longer present.” He went on to explain that police, who rarely bothered to go into some sectors, were even less likely to go in during lockdowns. Parents from the community said that families lost relatives to the violence; many tried to leave.

### 3.1.3 Lebanon communities of care

When schools closed in Lebanon, children's communities of care were already struggling to cope. The national economy was collapsing. Shortly after the closures, they were hit with the Beirut port blast. Supplies of electricity, fuel, food, and medicine were increasingly unstable and expensive. At the community level, there was limited evidence of education and protection strategies or planning to respond to the closures.

During school closures, a social worker in Sur explained that donor priorities did not always align with needs: Her organisation's donor wanted to fund remote education, not parent support, which was the identified priority. But after remote education was set up,



they realised families did not have reliable access to the internet. “As workers in these programmes, we were living with wastage and facing very difficult pressures, because sometimes we needed to hold an in-person session [coaching parents], but because of the closures, we can no longer ask people to attend”, she explained. In addition, mental health professionals who children were typically referred to either relocated or stopped commuting; they were less available to education and health centres connected to CBOs. All of these challenges undermined communities’ capacities to provide professional support to children. As a result, a child’s community of support was limited to those with whom they were in direct relationship—friends, family, and teachers.

### 3.2 Amplified risks and adverse outcomes for schools and educators

School closures impacted schools and teachers in the Colombia and Lebanon research studies differently than in the DRC study. In the DRC study sites, very little remote education took place. In contrast, teachers in Colombia and Lebanon were unsupported as they took on new and challenging responsibilities for remote learning.

In the DRC, school closures came suddenly and in the middle of the exam period. Primary school students in Rutshuru explained, “When they [students] learned that the schools will be closed because of COVID-19, they were furious—it was still the exam period!” Closures disrupted the entire education system, school calendar, and national curriculum. Assessing students at the end of an unfinished school year was a huge challenge for teachers; students said that only the top students passed the year. Subsequent to the closures, educators and key informants reported that the Ministry of Education did not prepare or support teachers to either teach the distance learning curriculum or transition to online learning. Key informants said that exercises and distance learning resources were distributed to some schools, but most schools in the study sites did not receive them. “Villagers didn’t have radios for following lessons and paper lessons didn’t reach them”, a mother explained. When some teachers in Rutshuru called students to school during the closures to explain distance learning, they were arrested, deepening the conflict between teachers, students, and the Ministry of Education. In Rutshuru and Masisi, the closures left teachers out of work and unpaid, so they were not motivated to invest in transitioning student learning to remote modalities or to prepare for reopening. In 2020, and again in 2022, teachers went on strike to protest non-payment of salaries. Desperate for money during the closures, teachers were forced to tutor to receive income from parents.

In contrast, the teachers interviewed at study sites in Lebanon and Colombia had invested substantial energy in transitioning students to remote learning approaches. School closures impacted these teachers in similar ways. Overall, their workloads increased dramatically, but



their pay remained the same. In Lebanon, salaries were devalued further—by 90 per cent—as the currency collapsed. Most teachers in both countries were unfamiliar with remote learning approaches and technology, so they had a very steep learning curve and little or no support to adapt to new ways of working. Electricity outages in Lebanon complicated efforts; a teacher in Taanayal also noted that “the basics for online education, like fast internet, strong devices, were not provided for teachers or for children.” The impossibility of the teachers’ situations are captured in the following remarks by a teacher in Sur, Lebanon:



**“During the Coronavirus [pandemic], I became responsible, because of remote study, to search for pictures, shoot videos, and verify colours and shapes. I searched for things in the house that corresponded to what I was explaining and made videos and I don’t even know how. One of the problems we also faced was the fact that we live in a camp, and there were a lot of sounds—such as the sound of motorbikes, the screaming of neighbours, and the crying of children—which made the process of preparing the videos clearly almost impossible.”**

On a personal level, teachers said they were completely overwhelmed and exhausted during school closures. They had to teach from home while locked down with their own children, whose learning they were also supporting. Teachers in Sur, Lebanon worried about contracting and spreading COVID-19 when they met small groups of parents, who often refused to wear a mask. Teachers were grieving COVID-19 deaths. Teachers in Lebanon were economically stressed: “Most teachers have other work to cover their basics...[but] they lost their other jobs because of the pandemic”, a teacher in Aarsal explained. Teachers in both countries also noted that remote learning negatively impacted their relationships with students and parents: children didn’t take online learning as seriously as in-class education; teachers had to convince parents to follow WhatsApp groups and stay on top of lessons; lessons were often intentionally disrupted by individuals who were able to access the online lesson; and several teachers said they witnessed domestic violence while teaching online. Although teachers in both country studies said they appreciate that they have learned new modalities and ways of teaching, the learning was at significant cost to their health, well-being, and relationships.

■ ■ ■ ■ ■ **“THE EFFORT REQUIRED FROM THE TEACHER FOR ONLINE EDUCATION WAS MUCH MORE THAN IN OFFLINE, AND THE BENEFIT FOR THE STUDENT WAS LESS.”**

– Teacher, Taanayal, Lebanon



### 3.3 Amplified risks and adverse outcomes for families

School closures negatively impacted families in all three country studies, in both predictable and unexpected ways. In particular, they said that poverty, access to education, hunger, risk of recruitment by armed groups, and mental health became much worse due to school closures.

■ ■ ■ ■ ■ “THE CHILD NEEDS A HEALTHY DIET IN ORDER TO LEARN WELL, BUT THE PARENTS, ALSO AFFECTED BY THE CRISIS DUE TO THE PANDEMIC, ARE NO LONGER ABLE TO PROVIDE THIS NUTRITION.”

– Key informant, social welfare, Goma, DRC

School closures negatively impacted families’ economic status because to facilitate online learning, parents suddenly had to pay to print school materials and workshop guides; buy airtime and Wi-Fi or data; buy, borrow, or share electronic devices for learning (e.g., laptop, tablet, smartphone, phone); forego work because their children needed care and supervision; and, if possible, pay tutors to support learning. The majority of the parents in the study said they could not afford these costs. Palestinian refugees in Sur, Lebanon only received one support payment of US\$730<sup>112</sup> from UNRWA during the two-year closure to help with these costs.

School closures also made it more difficult for families to meet their children’s basic needs. With children home from school, caregivers had to make adjustments to continue working outside of the home. If there was no one to care for their younger children when they went to the field or other work, they risked neglecting them. An educator in Bogotá, Colombia expressed concern: “[T]he situation of abandonment became stronger. The parents went back to work and now the students are alone [at home].” In the DRC, participants said that some parents abandoned their children to find work in urban areas. If parents could no longer work because they needed to care for their children, the household’s already precarious income dropped further. Many parents expressed frustration and anxiety over their situation. “I feel like I am incapable of providing my children with anything at all”, a father in Taanayal lamented.

Although there were children and parents in all three country studies who said their family relationships improved during school closures, overall, school closures put stress on family cohesion and on family members’ mental health. Participants in Lebanon and Colombia



painted similar pictures of whole families being confined in the home—or in the case of some refugee families, tents—with little or no opportunity to go out to release their energy. A social service worker in the Coffee Region of Colombia explained:



**“In the pandemic there was an increase in aggression in the family environment, an increase in anxiety, increases in depression, loss of spaces to disperse to—often the playground, the park, it was the escape from many difficulties and many problems—and when they take that away from you, it leaves you at home where possibly the family is the biggest risk factor.”**

Gender and generational roles were thrown into confusion, with children acting as caregivers (and sometimes providers and teachers), fathers out of work, mothers looking for work outside the home, and both children and parents acting as teachers. Parents worried about the impact of school closures on their children’s future and life trajectories. Those with limited education stressed over their inability to understand and support remote learning. Some mothers admitted that this stress, combined with economic stress from the pandemic, caused them to be harsher with their children. Social workers in Taanayal, Lebanon observed that when mothers experienced burnout, they gave their children less attention. In all three studies, these dynamics impacted families in a somewhat predictable way. As a key informant in Colombia explained, “Family relationships that were already fractured became worse.”

Parents and teachers in all three studies reported that children were more aggressive both in and out of the home. In some cases, this was because they were experiencing more violence and aggression. Parents in the DRC studies expressed the most concern over changes in their children’s behaviour. In a culture that strongly values a well-behaved child, parents lamented, saying, “Children have become impossible.” In the questionnaire, parents complained, “Because of school closures, many children learned to drink alcohol and started visiting prostitutes.” Out of school with no remote learning, some children were reportedly wandering in the community, stealing to eat, disobeying parents, and acting in a delinquent manner. This created new conflict and tension between parents and children.

■ ■ ■ ■ ■ **“IN EMOTIONAL TERMS, THE ARRIVAL OF THE PANDEMIC HIT ME VERY HARD ... WE HAD VERY HARD MOMENTS OF STRESS AT HOME WHEN SCHOOL AND OTHER ACTIVITIES WERE CLOSED. MY MOM WAS STRESSED, MY SISTER WAS STRESSED, AND MY DAD WOULD GO OUT IF HE COULD WORK. THERE WERE VERY HUGE EMOTIONAL CHANGES THAT AFFECTED US.”**

– Elementary student, Bogotá, Colombia



### 3.4 Amplified risks and adverse outcomes for children

Although school closures were implemented to protect students and their communities of care, they compounded the negative impacts of the COVID-19 pandemic and other local crises. School closures and remote learning also created new threats to children’s protection and well-being.

Participants in each study context emphasised slightly different risks and adverse outcomes to children. Participants in Colombia emphasised increases in mental health challenges, hunger, violence against children, and the loss of the right to play. In the DRC, child protection concerns focused on increases in SGBV, adolescent pregnancy, early marriage, child vagrancy, and child labour and worst forms of labour, including recruitment to armed groups. Here, a common refrain was that when schools closed, children and young people either went to work in the fields, married, or joined armed groups. In Lebanon, concerns centred around children’s decline in mental health due to being closed up in the home and stress over lost learning as well as an increase in child labour and early marriage.



These, and other child protection risks and adverse outcomes from the data, are identified in **Table 3** alongside factors that, *according to respondents* (not secondary research), increased or decreased their likelihood. The column “Mention” seeks to capture how frequently the risk was mentioned by participants and the degree to which participants perceived that the risk had increased since the start of the pandemic. Risks in the rows below the “DRC” heading were unique to the DRC.

The narrative that follows explores some of the dynamics behind these risks and factors that made children more or less likely to experience adverse outcomes.

**Table 3** Factors that increased and decreased the likelihood of adverse child protection and well-being outcomes during school closures

Adverse outcomes	Mention	Factors that increased likelihood of adverse outcome	Factors that decreased likelihood of adverse outcome
<b>Mental health challenges</b>	High	Inability to keep up with remote learning, sense of responsibility for learning outcomes and fear of failure, being kept inside, family hardship, no extracurricular opportunities, fear of contagion, worry about the future, loss of contact with friends/family	Recreation opportunities; learning new hobbies; positive time with family creating shared experiences; a supportive caregiver, friend, or sibling
<b>Excessive responsibility for age/stage</b>	High	Eldest or older child with younger siblings, competent/eager to please, responsible for own learning, responsible for learning of others, household poverty	Younger child with older caregivers; learning support/tutor
<b>Loss of relationships</b>	High	Lack of internet, cellular coverage, electricity, communication devices	Positive proximal relationships
<b>Loss of right to play/recreation</b>	High	Child labour or work, mobility restrictions, closure of recreation programmes and spaces, peer pressure (to keep children inside)	Continued recreation programming, parks remaining open, adult supervision



Table 3. continued

Adverse outcomes	Mention	Factors that increased likelihood of adverse outcome	Factors that decreased likelihood of adverse outcome
<b>Child labour</b>	High	Household poverty, remote learning options inaccessible, hunger, losing hope in schooling as mechanism for upward mobility, inadequate support from humanitarian agencies relative to need	Having all of the resources needed for remote learning, including parental support; basic needs met
<b>Worst forms of labour</b>	Low (Medium in DRC)	Extreme poverty, remote learning options inaccessible, hunger, lack of safe wage opportunities, companies hire children	Have all of the resources needed for remote learning, including parental support; basic needs met
<b>Recruitment to armed groups</b>	High	Poverty, proximity to armed groups, losing hope in school as pathway to upward mobility	Basic needs met, progress in schooling
<b>Violence against children</b>	High	Exceptional parental stress due to pandemic impacts (crowded space, economic stress), history of abuse	Positive time with family creating shared experiences, parent(s) supported, primary caregiver coping well, bystanders intervening (e.g., online teacher, neighbour)
<b>Neglect/ abandonment</b>	Medium/ low	Single caregiver, no able caregiver, parents separating/in conflict, parent burnout/trauma, extreme poverty	Parental support (from teacher/principal, social worker, relative), household survival needs met
<b>Hunger/ malnutrition</b>	High	Poverty, inflation, mobility restrictions, being refugee/IDP/ migrant	Continued food support from school (e.g., “market” basket), food aid
<b>Early marriage</b>	High-DRC, LEB	Losing ‘student’ status and hope of returning to school, household poverty, needing alternative life plan	Progressing in learning, parental support for schooling, basic needs met
<b>Adolescent pregnancy/ abortion</b>	High-DRC	Transactional sex, rape, lack of work, sexual experimentation, boredom, lack of social and economic support (abortion)	Having the resources needed for remote learning, basic needs met, local opportunities for work or life skill development
<b>Sexual and gender-based violence</b>	Low-Med	Being in secluded spaces or out after dark, including to carrying out household tasks, lack of supervision	Supervision, accompaniment, responsive child protection system



Table 3. continued

Adverse outcomes	Mention	Factors that increased likelihood of adverse outcome	Factors that decreased likelihood of adverse outcome
Loss of gender equality gains	Low-Med	Sexist gender mindset in parents, poverty, domestic support needed, fear for daughter's safety in community	Parents assigning tasks/permits activities based on capacity rather than gender; safe spaces for girls; household has resources to support schooling for all children
Online risks	Low	Lack of supervision and boundaries, parent doesn't understand when child is learning versus playing online; addiction	Limits put on screen time; parent is social media and ICT literate
Accidents/deaths	Low-Med	Lack of supervision, children playing risky games or in risky areas (rivers)	Safe, maintained playgrounds and sports fields; supervised play and recreational activities
Substance use	Low	Time with negative peer influences, boredom, hopelessness leading to addiction	Supervision, positive opportunities for play and work
<b>DRC only</b>			
Unaccompanied child migration	Low	Loss of hope in local schooling; rumours of better opportunities elsewhere	Having all of the resources needed for remote learning, including parental support; local opportunities for work
Transactional sex	High	Poverty, inability of parents to provide basic needs	Basic needs met, including for hygiene and beauty
Kidnapping	Low	Presence of armed groups or armed conflict, protection vacuum, being in secluded spaces	Supervision, accompaniment, responsive child protection system
Stealing	High	Hunger, lack of constructive opportunities, boredom	Basic needs met
Vagrancy	High	Lack of supervision, boredom	Having responsibilities, recreation opportunities
Homeless	Low	Poverty, loss of caregivers, loss of home	Caregiver present, secure housing, stable care arrangements



### 3.4.1 The dynamics and factors behind child protection risks and adverse outcomes

#### School closures increased children's mental health challenges

When schools closed, students experienced an increase in **mental health challenges**. They had lost contact with peers and friends and people they felt safe with. These losses made children feel lonely. A 16-year-old boy in Bogotá, Colombia admitted, “Sometimes I would stay in the room crying without saying anything, and without anyone knowing.” Similarly, children in Sur, Lebanon described how isolated they felt because they did not have devices or a way to communicate with school friends. School clubs and sports had ended. When there were also mobility restrictions, children were forced to stay in their home, which was often crowded, and they were unable to go outside to play. In Lebanon and Colombia, girls were more likely to be kept inside than boys. As a secondary student in Sur explained, “From staying at home, the person feels psychological pressure to the point where they feel that they are on the verge of exploding!” Students said that the closures made them feel sad, angry, and fearful of the future.

Students also experienced significant anxiety, stress, frustration, and even suicidal tendencies “due to too much pressure from all the tasks”, Colombian students explained. In Bogotá, a social service workforce member explained:



**“When the pandemic arrived and the schools 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 implies the loss of the school year. So these conditions are sources of stress in children.”**

For all but the youngest students, much of this stress came from suddenly being responsible to guide their own studies—with no preparation and within extremely problematic remote learning set-ups:



**“It was something very autonomous. It was up to each one of us whether we learned or not. But it was a challenge. However, there was not much clarity. Although I asked the teachers when I did not understand something, the learning had not been much and that was felt a lot. For example, half of my class is losing the year. I understand that it is one's responsibility, but if one doesn't understand [remote learning], then how does one do it?”** – (Girl, age 17, Usme, Bogotá)



Pressure also came from the combination of self-guided learning and an increase in domestic responsibilities. Older siblings often had to support their younger siblings' learning as well. The impossibility of the situation is evident in this remark by a secondary student in Sur, Lebanon, who explained, "I had to teach my brothers and study my lessons, but I did not understand [...] I should have taught everyone and had someone to teach me." Most students also said that their chores and, in some cases, work, had increased and their parent(s) didn't seem to understand that they still had to do the work of studying. In Lebanon, these sibling dynamics sometimes led to violence, with the older sibling beating the younger one because they weren't listening or obeying. For example, a teacher in Taanayal witnessed a 9-year-old sister hitting her little brother because he was not focusing on the lesson.

In the Colombian research sites (Usme and Soacha [Bogotá] and the Coffee Region), participants recounted several student suicides, including one by a 9-year-old boy. "In addition to not being able to be in an educational environment, they cannot express how they feel...because many times the school is the refuge of these children...it produces cases of suicide attempts or suicides", a member of the NGO Organización Colombiana de Estudiantes explained.

### School closures reduced children's social networks and support

When schools closed, children **lost contact** with their friends. An 11-year-old girl in Colombia shared, "When the school was closed...we generally used the virtual world for classes, so we could not talk as often, we could not know if our friends were well or not." Many students also lost the support they had previously found in school and from teachers. A secondary student in Bogotá shared about a peer's struggle with depression: "She did not trust the people who lived with her [...] Some teachers were helping and advising her, but because of the pandemic, she lost contact with them." Students also lost the respite school had provided from stressful situations at home. An educational actor in Pereira, Colombia explained, "The closures caused the school to not be there. The school had become for many students a secure place. For some with many family difficulties, the school was a place to be calm."

### School closures reduced play and children's access to recreational opportunities

Parents and children spoke at length about how school closures and the weight of remote learning negatively impacted children's **right to play**. In Lebanon, mothers complained that the intense demands of remote learning took away from family time and kept children from enjoying outdoor activities. When schools closed, students lost access to the recreational opportunities that were so important to them—school clubs, theatre groups, sports teams, and playgrounds. This loss was compounded by the closure of important community



spaces. In Rutshuru, DRC, children missed their church community; in Arsal, Lebanon, boys expressed how difficult it was when football was stopped; in Colombia, children said that the closure of parks and recreation centres negatively affected their mental well-being. A social service worker in the Coffee Region of Colombia expressed the importance of these spaces, saying: “Of course, hunger is always there, in all spaces, but the scenario of thinking about sport and, in this case, football, is very important...the kids see it as a space to think differently, and the parents see it that way too.” Unfortunately, when schools closed in the area, school staff neglected to share students’ contact information with the Sports Secretariate, so programmes lost contact with students and were unable to continue any community programming.

A social service worker in Colombia’s Coffee Region explained the impact of these losses, noting that school and other closures caused an apathy in children towards participating in “protective activities”, such as sports and clubs, and “awakened other interests, such as courtship at an early age, social networks, friends in the streets, use of psychoactive substances.” They were also cut off from protective activities. In the absence of productive opportunities, children looked to new avenues for adventure.



Photo: Tom Peyre-Costa NRC

### School closures increased child work and child labour, including worst forms of labour

School closures increased the reported incidences of **child work**, **child labour**, and **worst forms of labour** (see [Key terms](#) for definitions). In the home, unpaid work included housework, caregiving, farming or herding cattle, or helping a parent prepare food to sell



at their kiosk. Other children sought out casual work, such as selling goods at the market or on the streets. Sometimes this work moved into the category of ‘child labour’ because it risked interfering with children’s learning (and in some cases, their ability or desire to return to school when schools reopened) and did not contribute to their well-being; work was one more responsibility in a situation where children were already overwhelmed. “In the pandemic my mother has to work, and I have to do the chores, prepare the lunch, help my sister, among other things. It was difficult for me to assume those responsibilities”, a Colombian girl explained. Girls were more likely to work in the home and carry a greater share of the housework, while boys were more likely to work outside of the home and family, often with a family member but also often on their own.

In Lebanon, school closures compounded the effect of the economic crisis to the point where child labour was almost normalised. Working children were more at risk of dropping out of school permanently; they also faced heightened protection risks. A teacher in Aarsal explained, “Yesterday I visited a home and the parent was obliging his daughter to work. She’s 11-years-old. Her income from work is from 2,000 to 4,000 Lebanese Lira [USD 0.15 to 0.30]. She’s disabled in her knee. The daughter’s work is to cut meat.”

■ ■ ■ ■ ■ “THERE ARE CASES THAT WE WITNESSED WHERE CHILDREN ARRIVED AT THE SCHOOL IN A VERY PRECARIOUS SITUATION; THERE WERE ABUSES OF ALL KINDS—SEXUAL ABUSE, PSYCHOLOGICAL ABUSE, PHYSICAL ABUSE—THIS IS WHAT WAS PRESENT IN THE CLASSROOMS EVEN BEFORE COVID-19 WAS INTRODUCED.”

– Primary teacher, Pereira, Colombia

In the DRC, many participants said there was an increase in children engaging in **worst forms of labour** during school closures. Child labour and exploitation reportedly increased in the mining area as well as in bars and nightclubs, and venues for sexual exploitation. **Recruitment to armed groups** increased noticeably with school closures in all three country studies (in Lebanon, the recruitment was to religious fundamentalist groups). Overall, boys who were economically vulnerable were most likely to join. In the DRC, boys aged 12 to 17 living around Kitshanga were most vulnerable. A teacher shared, “I have a brother who dropped out of school in the 5th grade and joined the armed group and we don’t know where he is today.” It is possible that this increase in the recruitment of children has contributed to the documented rise in violence by armed groups in North Kivu, DRC and Colombia during the pandemic (see [Chapter 1.4](#) The study contexts).

Participants also said that the **kidnapping** of children (including children with disabilities) increased. Some kidnappings appeared to be related to recruitment.



### School closures increased violence, abuse, abandonment, and neglect

Participants said that **violence, abuse, neglect, and abandonment** increased during school closures due to parental stress, anxiety, and burn out (Lebanon), and parents abandoning their children in search of work in urban centres (DRC). With schools closed, children facing violence in the home lost a safe place to disclose and access protection from abuse. A social worker in Pereira shared, “There are girls who have been abused and they tell a teacher more easily.”

In the DRC, children said that neglect of children with disabilities was rampant during school closures because there was no one available to stay home with them, and some parents abandoned their children to go find work in urban areas. School closures also contributed to neglect by undermining parents’ capacity to support their children’s well-being. Returning children to the home, and placing the responsibility for remote learning on students and families, greatly intensified the pressures that families in humanitarian settings were already facing. The added pressure made some incapable of caring for their children as they wished. A mother in Sur, Lebanon shared:



“During the Coronavirus period, we were closer because of the constant presence at home. We had to be psychologically comfortable in order to be able to provide for children... How did you comfort yourself? There was no psychological comfort. We have reached a point where we no longer pay any attention [to our children], no matter what they do.”

School closures also made it more difficult for parents to feed their children. Everywhere, **hunger and malnutrition** were dominant concerns. In Lebanon, a key informant from an INGO estimated that 99 per cent of Syrian refugee children have limited access to food. In the DRC and Colombia, school closures meant that students no longer had the benefit of a school snack or meal. Teachers in the Coffee Region, Colombia reported, “For some of them, it was very difficult...as many families do not have enough to eat and the [school] cafeteria supplied that need, even if it was only one of three meals.” Some students instead received a monthly food subsidy (US\$30)<sup>13</sup> from the PAE (School Feeding Programme), but they had to share it with their whole family. Hunger put children at an increased risk of learning loss and dropout because students struggled to concentrate and study when they were hungry. A parent in Bogotá explained, “If the children did not eat well, they could not study either.”

In the DRC especially, but also Colombia, school closures were reportedly connected to an increase in **SGBV, transactional sex, and adolescent pregnancy**. In the DRC, girls aged 12 to 18 were most at risk. Out of school, the increase in adolescent pregnancy was primarily driven by increases in transactional sex and economic precarity, whereas sexual violence



was linked to increases in sexually exploitative work and an increase in boys roaming. Participants were emphatic that **early marriage** increased due to school closures in both the DRC and Lebanon. As a secondary student in Mweso shared, “The story I know is the story of a girl who was very interested in studies. When Corona arrived, she didn’t know what to do. She didn’t want to go into other things, so then she and her boyfriend decided to get married early.” With children out of school, early marriage was a way for parents to secure their daughter’s future and relieve a household’s economic stress (Lebanon); it was also a way for out-of-school students to move on with their lives (DRC, Colombia).

### 3.2.2 Who was more likely to experience adverse outcomes?

Across all studies, the students who were most likely to experience adverse outcomes due to school closures were those who experienced exploitation, abuse, and neglect prior to the pandemic. Children with parents who were too overwhelmed to remain emotionally and physically present and engaged were also more at risk. Children with disabilities faced greater risks, particularly neglect, abuse, starvation (DRC), and child labour (DRC and Lebanon). In the DRC, a girl aged 10 to 13 explained, “Children with disabilities are not able to move around on their own, and their parents make them work like donkeys.” Others explained, “they cannot get food or help for themselves, so they really suffer and some die of hunger” and “some are kidnapped when they go with others to find food.”

In Colombia, migrant children (primarily Venezuelans) were more vulnerable if they did not have their immigration documents, or they had not yet been ‘regularised’, situations that made it difficult to register for remote learning with a school. Asked whether there are children in the community that experience more “thorns” (adversity) than others, primary students in Bogotá answered “Venezuelans”, with one adding, “some Venezuelan migrants are rats.” With schools closed, children in informal settlements faced more protection risks than peers elsewhere because the government prioritised continuity of services in these communities less during the pandemic.

In the DRC, there were several other groups who were more likely to experience adverse outcomes during school closures: albino and pygmy children, who are discriminated against (albino children also have specific health needs that need to be met); and the children of parents who do not have land (because those children did not have other non-hazardous work to occupy themselves with).

Participants in Lebanon stated that any of the risk factors that students face would be more intense and severe for students who live in refugee camps (i.e., the majority of the students in their schools, from Bourj Al Shamali camp or informal tented settlements in Arsal) due to the lack of safety, hygiene, infrastructure, and a healthy social life.



# 4

## FINDINGS: FACTORS THAT PROTECT CHILD WELL-BEING DURING SCHOOL CLOSURES





- In each research site, the following question was explored:
- “What protective factors have children, families, and communities drawn upon to support child well-being throughout school closures?”

This chapter begins by examining how children understood child well-being. It then explores how different actors—from children to governments—made efforts to support and strengthen child well-being during school closures in their humanitarian context.



## Summary of findings

The evidence suggests that children across diverse humanitarian settings conceptualise well-being and protective factors in very similar ways, prioritising physical and emotional well-being as well as relational and spiritual well-being. Time in nature and feeling safe in school support these facets of well-being. During school closures, the study finds that:

- Children used diverse coping mechanisms, including hobbies, laughter and screaming, sports and play, helping others, and maintaining COVID-19 protocols to feel well. Cut off from school friends and support, many shifted their social ties to more proximal relationships.
- Parents, relatives, teachers, and community members and organisations made efforts to strengthen children’s well-being during school closures, but they need significantly more resources to meet their duties of care.
- Government ministries and humanitarian agencies did not protect and support child protection and well-being in the study sites as well as they could or should have, given they have a primary duty of care to children.



## 4.1 Conceptualising child well-being and protective factors



Children conceptualised well-being and protective factors in very similar ways across the three country studies. In research activities, they used both words and art to describe dimensions of their well-being—that is, what makes them feel well and safe.

**Physical and emotional well-being:** Children prioritised their and their families’ physical well-being. It was important to them to maintain COVID-19 protocols, stay active, and eat healthy. Play was also central to their well-being, whether it was football among boys in Lebanon and Colombia or unstructured play, music, or art with siblings or neighbours. “For us to have joy, it is necessary to play, for example, play ball... dance...” a primary student in Rutshuru, DRC explained. Emotional wellness—feeling peaceful, free of worry and stress—was also important. “Peaceful” was often how children described life before the pandemic.

To feel well, children said it was important to be connected to nature. They drew trees, flowers, and plants, and expressed that “encountering nature, being with and caring for plants, visiting parks with the family and going to green public spaces” makes them feel well (Elementary student, Colombia).

When asked what factors are the most important for feeling well and safe at school, children in both the DRC and Colombia responded saying good teachers, good friends, and opportunities to learn. The things that make them feel unwell are unkind teachers, a lack of school supplies, bullying, and the lack of sanitation (DRC); and poor teachers, bullying, and a lack of learning support (Colombia).

**Relational well-being:** In the social domain, children said that their relationships with family, peers, and other trusted adults were particularly important. When asked what makes them feel safe, secure, or happy, “my family” was the most prominent response. An elementary-aged girl in Bogotá, Colombia shared, “I feel protected and happy by my dad, my mom, my sister, and my grandmother.” Children valued the social aspect of schooling and missed that a lot when schools were closed. “To feel secure, it is also important to study. We were happy when the school opened because we hadn’t seen our teachers and friends for a long time”, a primary student in Bogotá, Colombia reflected.

**Spiritual well-being:** Children placed importance on their spiritual lives and helping others. A boy in Arsal, Lebanon shared that he feels safe and comfortable when he reads the Quran. Children in each setting said that “the love of God” and “being with God” supported them and that they pray to God when they are sad or scared. Helping and giving to others was also important to children’s well-being because it gave them a sense of purpose in life.



**Table 4 Protective factors and actions taken to strengthen child well-being during closures**

Group	Protective factors	Protective actions (drawing on protective factors)
<b>Children</b>	<ul style="list-style-type: none"> <li>• Personal and family values</li> <li>• Opportunities to play</li> <li>• Supportive relationships with family, peers, and other adults</li> <li>• Courage</li> <li>• Ability to adapt</li> <li>• Ability to support others, strong sense of responsibility and care for others</li> <li>• Creativity</li> <li>• Faith, God</li> <li>• Awareness of mental health challenges</li> </ul>	<ul style="list-style-type: none"> <li>• Protecting others by following COVID-19 protocols and not infecting them</li> <li>• Helping others outside of the home</li> <li>• Helping family</li> <li>• Courageous actions to leave dangerous situations (i.e., leaving armed groups)</li> <li>• Courageous actions to stand up for their right to education</li> <li>• Looking for dignified forms of work to survive</li> <li>• Adapting to new learning methods, living with family</li> <li>• Asking for mental health support</li> </ul>
<b>Family</b>	<ul style="list-style-type: none"> <li>• Ability to meet basic family needs—food, clothing, shelter</li> <li>• Ability to provide emotional support and comfort</li> <li>• Boundaries, supervision</li> <li>• Supportive relationships—parents, grandparents, siblings</li> <li>• Ability to listen</li> <li>• Ability to adapt</li> <li>• Ability to create a safe, fun environment</li> </ul>	<ul style="list-style-type: none"> <li>• Providing children’s basic needs</li> <li>• Supporting education</li> <li>• Keeping children safe (COVID-19 protocols)</li> <li>• Being a comforting presence during times of fear (conflict, COVID)</li> <li>• Creating a playful fun environment</li> <li>• Following COVID-19 protocols and teaching their children as well</li> <li>• Listening to children</li> <li>• Advising children</li> </ul>
<b>Community/ Civil Society</b>	<ul style="list-style-type: none"> <li>• Supportive friendships</li> <li>• Supportive relationships—neighbours, religious leaders</li> <li>• Sports and physical activity</li> <li>• Safe environments</li> <li>• Park and recreational spaces</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthening and protecting children’s rights</li> <li>• Working to prevent child marriage</li> <li>• Helping vulnerable families</li> <li>• Promoting unity, solidarity, and fighting racism and prejudice</li> </ul>



Table 4. continued

Group	Protective factors	Protective actions (drawing on protective factors)
<b>School</b>	<ul style="list-style-type: none"> <li>• Safe environment—place free from problems and violence at home</li> <li>• Supportive relationship with teachers</li> <li>• Psychosocial support (school counsellors)</li> <li>• Special education support</li> <li>• Nutritional support</li> </ul>	<ul style="list-style-type: none"> <li>• Teachers support students</li> <li>• Forming strong teacher-parent relationships</li> <li>• Advocating for protection</li> <li>• Providing support for special education and inclusive education</li> <li>• Identifying and supporting the most vulnerable students</li> <li>• Following COVID-19 protocols to stay healthy</li> <li>• Delivering school meal programmes</li> </ul>
<b>Government, Humanitarian agencies</b>	<ul style="list-style-type: none"> <li>• Duty to protect</li> <li>• Social services</li> </ul>	<ul style="list-style-type: none"> <li>• Organising psychosocial support activities (Colombia, DRC)</li> <li>• Community forums held at the municipal level to listen to concerns from families (Colombia)</li> <li>• Local government carrying out recreational activities (Colombia)</li> <li>• Government (sub-division) working with civil society to advocate against violence against girls (DRC)</li> </ul>

## 4.2 Actions taken to strengthen child well-being during school closures

In the face of extreme adversity and the erosion of important protective factors, children, families, and communities found ways to strengthen children's well-being during school closures. Their actions are instructive and need to be supported by IDO prevention and response systems. But additional support is also needed so that children and their communities of care are better supported in the current and future IDOs.

### 4.2.1 Children's efforts to strengthen child well-being

Many children developed strategies to support their well-being during the school closures. A secondary school boy in Sur, Lebanon, spent time drawing cartoons and writing poetry because the music he loved was too loud for neighbours in the camp. Another boy shared, "I lower my stress by drawing or reading" (Assamoud, Lebanon). A secondary school boy



in Bogotá shared that to feel well, one needs to eat, sleep well, and if necessary, “scream in the park.” Another boy in Bogotá, Colombia said, “I laugh, and the stress goes down.” An internally displaced young boy shared that “not paying attention to the things we are told because we are Venezuelans” made him feel better. Children in Colombia’s Coffee Region shared that when their friends are sad, they like to encourage them, give them advice, play “tickle warfare” and distract them.

Children in the DRC study were facing extreme hardship, and these hardships were made worse by school closures. Many had to go to great lengths to protect and provide for themselves, as the case study in Box 3 illustrates. But a secondary student in Rutshuru framed his own efforts within a broader community of care: “For us children, our strength is our parents, the big brothers, the teachers. The small businesses that I have developed constitutes strength because it helps me to overcome the financial difficulties.”

### Box 3. Case study: Mweso, DRC

#### A 17-year-old girl navigates school closures and livelihood challenges

**Hadiya:** Before Covid, we used to force ourselves to do some small commercial activities and if it was a question of going to school, for some we would go even if it was difficult. But when Covid came along, it damaged a lot. My friends who were studying dropped out of school. The others found it difficult to

continue with their commercial activities so then they joined the armed forces and groups.

**Interviewer:** *How do you lead life at home with your family?*

**Hadiya:** I lead a very difficult life. I was in charge of a small business, but it did not work.

And when the pandemic persisted, I thought it was good to go and look for a job in the armed group. But when I arrived there, life was difficult for me and I wasn’t able to control it, so then I left and went back home to my family.

Helping others helped to sustain many children through difficult times during the school closures. It gave them a sense of purpose and connection to others; a sense of hope to continue. They saw themselves as helping others when they (1) followed COVID-19 protocols to protect their loved ones, (2) helped out in the home, and (3) helped people outside of the home. Young people in the DRC raised awareness about COVID-19 prevention in their community. A young boy in Arsal, Lebanon shared how he “took responsibility for providing water for his family’s house.” Children in the DRC went to work in the fields or the market with their parents. A young Syrian boy in Lebanon emphasised, “I went with my father to work, but did not quit school!” A Lebanese girl in Taanayel shared that when her father was wrongfully imprisoned: “I bought a biscuit box and some juices, and I sold them in the neighbourhood. My aunt was preparing sweets for me, and I was selling them too.”



Children took pride in helping others. A secondary school boy in Aarsal, Lebanon shared that when he was out of school, he went each day to his grandfather's house to feed the chickens, take out the trash, and help keep bees to sell honey. Primary school children in Rutshuru, DRC shared how they "give advice, food, and clothes to those who have none." A father in Sur, Lebanon shared about Palestinian boys who helped families during the pandemic: "If someone was infected with Corona, they would visit him, give him instructions. If he needed a transfer to the hospital, they would take him even though the hospitals did not receive us. There was racial discrimination in Lebanon." With so many constraints on children's movements and social relationships, these acts of helping and supporting others gave them a sense of purpose.

Faced with a loss of relationships when schools closed, children shifted their social ties to more proximal relationships. Several children emphasised that during the closures, they spent time with their neighbours rather than their classmates, or they became close to students in their online classes rather than the classmates they were friends with prior to the closures. Children also explained that they became more likely to seek support from their father or mother than friends:



"It's a complex issue because before the pandemic, you talked a lot with your friends. Really, I didn't have good communication with my family. My friends were my confidants. However, as a result of the pandemic, one becomes very isolated. The feeling of loneliness makes one isolate oneself and not go to anyone. But this made me trust my mother more and get closer to my family. The pandemic made us start to create stronger bonds or ties with the people we have close to us." – (Secondary school boy, Bogotá, Colombia)

Many children reported that their mothers were their main confidant during school closures, and some reported a closer relationship with siblings.

Finally, because mental health challenges were so widespread during the pandemic, some children in Colombia said they became more aware of their mental health and how to support it. A social protection worker in Colombia explained:



"Another protective factor is that they are more aware of their mental health. The children already know that they can go to the counsellor or the psychologist. Also, identifying that 'I have stress' is a step to identify that 'I need help, but maybe those tools provided by the psychologist can help' [...] Most of the older girls were aware that if they needed help, they should go to a professional, we are not made of stone, we have situations of sadness, anguish, etc. The teachers tried to be very attentive to how their home was...and well, the ugly things that happened."



### 4.2.2 Family efforts to protect and care for children

Most families worked hard to support their children’s well-being and rights during school closures (see Table 4). Caregivers in each context spoke about how they kept their children home to protect them from COVID-19. When they lost jobs due to employment, they searched for ways to find food. In the DRC, parents shared how they also supported children and youth by enrolling them in technical professions, such as masonry or sewing, to help them get jobs.

■ ■ ■ ■ ■ “THEY [PARENTS] WOULD TALK ABOUT THE SITUATION THEY WERE LIVING IN, BUT ALSO ABOUT THEIR EXPERIENCES, GRANDPARENTS’ EXPERIENCES... PARENTS TOLD STORIES OF THEIR CHILDHOOD.”

– Social worker, Coffee Region, Colombia

Families also made efforts to support their children’s mental health and family cohesion. Despite the overwhelming challenges they faced, some parents were able to remain present and attentive to the needs of their children, and some families reported improved communication and closeness. In Colombia, mothers shared how they played games with their children and tried to create a “playful environment.” A caregiver shared: “So here we have the strategies: prayer, distraction, trying to understand more about the disease, what was going on, right? A lot of love...and I think that was what saved us the most, right? And much patience.” Both children and caregivers reported that when parents listened to their children and advised them, it supported children’s well-being. However, caregivers in the DRC shared that they had a difficult time advising their children to make safe decisions, such as not joining armed groups, because they had no safe alternatives to offer them. This situation contributed to intergenerational conflict. A boy in Mweso, DRC reported that relationships in his home were good because he “was interested in going to the field and not joining the armed groups after the schools were closed.”

### 4.2.3 Community and educational actors’ efforts to protect and care for children

In each context, participants recognised that communities played an important role in strengthening and protecting children’s rights and well-being during school closures.

In Colombia and Lebanon, there were forms of organised community support at the community level through food aid distributed by NGOs to the neediest families. For example, secondary students in Colombia shared that vulnerable families could hang a red rag by the door during lockdowns to communicate that they had food insecurity, and civil society groups would try to deliver food baskets to them. In Bogotá, there was a “community table” where people could leave food they wanted to donate, and it was taken to neighbours who needed it. In both countries, some organisations provided cash assistance, where NGOs



Photo: © UNICEF/UN0469043/Fils Guillau

paid internet subscription fees to facilitate remote learning. Community groups also worked together to raise awareness and combat misinformation about COVID-19 by sharing videos with families. In Rutshuru, DRC, community groups raised awareness about COVID-19 prevention and distributed prevention kits (including sanitizer, buckets, etc.) to households who needed them.

In the DRC study, community groups, supported by Médecins Sans Frontières, provided food for orphans. Primary students said “the church helped with prayer.” In Arsal, Lebanon, sports coaches volunteered time to support football matches among displaced children and youth. In Bogotá, Aldeas Infantiles brought host community and Venezuelan refugee children together in activities to “avoid xenophobia.”

Participants also identified teachers from public and non-formal education institutions who took action to protect and support children’s rights and well-being. An educator in Colombia shared, “*With the pandemic, there was an increase in dealing with parents, which led to the knowledge of many complex cases in the family related to separations, economic issues, and other things. Families found support in teachers.*” In Lebanon and Colombia, some teachers saw evidence of possible abuse during online classes and made efforts to follow up.

#### 4.2.4 Government as duty-bearers with a duty to protect

In all three studies, participants firmly believed that the government and humanitarian agencies have a duty to protect children in humanitarian settings and sustain basic health and education provisions during school closures. As [Chapter 3.1](#) and [5.1](#) detail, governments and agencies did not do this as well as they could or should have. All three studies indicated that while there may have been policies in place, there was little or no evidence of their implementation, especially in the humanitarian contexts where participants live.

In the DRC, a key informant working in the civil service pointed out the state’s failure to protect children: “Protection during COVID 19 was not appropriate [to the scale of the need] during this period. This [lack] was the basis for the violation of children’s rights, enrolment in armed groups, adolescent pregnancy, and economic exploitation.” Informants recognised that children had increased psychosocial needs, and they described initiatives to strengthen support to families. However, participants in the study sites—and especially indigenous or displaced children and children with disabilities—did not benefit from these programmes. In Colombia, key informants explained that there was a lack of coordination between government, schools, and civil society that hindered the design and successful implementation of strategies aimed at mitigating the negative effects of school closures. Participants expressed disillusionment with politicians. As a social worker in Bogotá, Colombia put it: “Nobody expected the pandemic, but compared to other countries, here political will [interests] deepened the problems—problems that are historical and that have come from past governments.”



# 5

**FINDING:**  
**SCHOOL CLOSURES AND REMOTE  
LEARNING APPROACHES INCREASE  
ADVERSE LEARNING OUTCOMES**





■ This chapter examines the question:



*“What approaches have children, families, and communities used to support children’s learning throughout school closures?”*

This chapter begins by exploring the different approaches education actors took to support learning during school closures in the three country studies, and factors that frustrated these efforts. Following this, we see some of the efforts that parents and children made to support children’s learning. The chapter then summarises common challenges that presented barriers to learning. Finally, the chapter explains how school closures contributed to adverse learning outcomes. **Chapter 6** builds on this analysis by explaining who was more impacted by school closures in a context of increasing education inequalities.



## Summary of findings:

- Governments and education actors closed schools and—to greater and lesser extents—made efforts to roll out remote learning approaches. Efforts were impeded by a lack of policy implementation; material support to schools and students; access to the internet and devices needed for remote learning, including radios; access to electricity; low digital literacy; and relational interactions between teachers and students, among other factors. In Colombia, efforts were also explicitly impaired by government corruption.
- In Colombia and Lebanon, many teachers and NGOs made tremendous efforts to make remote learning work. In contrast, in the DRC studies, distance education was primarily supported by radio broadcasts.

In every context, educators concluded that remote learning is far less effective than in-person learning.

- Parents and children made many, everyday efforts to make remote learning work. For example, in the DRC, parents and siblings worked together to support learning. In Colombia, parents drew on social networks for support. In Lebanon, parents—especially mothers—did their best to be teachers. In Colombia and Lebanon, some students formed learning support groups.
- School closures and remote learning resulted in significant adverse learning outcomes, including lost learning, developmental regression, loss of interest in education, and dropout, among other things.



## 5.1 Approaches to supporting learning: education actors

Of the three country studies, efforts to support learning in Colombia exceeded those in Lebanon and the DRC. But even in Colombia, education actors in the Coffee Region estimated that they completely lost contact with 20–30 per cent of their students. The following section examines efforts made by education actors, and some of the local dynamics that impeded success.

### 5.1.1 Approaches to supporting learning in the DRC

In the DRC, the Ministry of Education organised distance learning, including the development and distribution of workbooks and remote lessons that were delivered through national radio stations (RTNC and radio OKAPI) and television, according to a publicised schedule. This was rolled out approximately four months after schools closed. In North Kivu, lessons and supplemental materials were recorded and broadcast on Radio Mweso and Kitshanga. The Ministry followed up with local education offices on the distance learning process. UNICEF funded both the development and printing of exercise books and the broadcasts. The Ministry also distributed public health messaging and guidance on how to implement and enforce COVID-19 protocols in schools.

At the regional level, the director of a primary school explained:



“We set up a system of remote exercises. The exercises to be distributed were prepared weekly by the teachers. The parents came to collect them at the school. One week later, they came to hand them over with answers and collect the second exercise book. We organised distance learning courses, which were delivered via radio and workbooks, and awareness sessions on COVID-19 prevention were intensified. The supervisors gave feedback to parents and students.”

Schools in Mweso and Rutshuru distributed workbooks to students and showed them how to use them at home. Schools established focal point teachers for each topic and formed student groups (training cells) around the teacher. Some teachers would call their groups to the school to give them homework. Students in the 6th form were invited to join online refresher courses to prepare them for their national primary completion examination. Community-based youth organisations in Goma City created listening spaces and learning groups in neighbourhoods for students to listen to radio lessons with social distancing protocols in place. Schools also supported learning by creating awareness of distance education among students and parents, sensitising parents and parent committees (i.e., COPA) on the importance of students continuing their education, and by working with



parents to ensure follow up on distributed lessons during the closure. However, not all schools benefited from these efforts, and not all study spaces were well-equipped or properly managed.

Schools supported by humanitarian organisations distributed COVID-19 supplies (infrared thermometers, hand washing devices, masks) and guidance. One INGO created a learning model whereby teachers moved from village to village with a small board to teach groups of 12 children, using outdoor mobile learning modules in compliance with pandemic protocols. Another group developed “house classes” in homes with big living rooms with one teacher, a National Intelligence Inspector, and 17 children following COVID protocols.

These meagre efforts were impeded by several factors unique to the context. First, a children’s rights group in Goma (i.e., MIDEFEHOPS) reported that there was no policy planning, and the workbooks and broadcasts did not reach everyone because many households did not have a radio or someone to pick up workbooks. Second, a remote learning strategy requires that teachers are equipped, trained, and available and that there is a learning evaluation plan. None of these efforts were made; in some schools, there was no feedback provided on the exercises that students submitted. There was a toll-free number set up to receive complaints from students, but there was no operational system for reviewing and responding to the complaints. Finally, some students did not perceive learning groups to be safe: “We did not like that there were more than 20 people together [...] Even if there is no disease—where there are 20 people, there is jostling that can cause the risks of disease” (Rutshuru, female secondary student). These challenges are reflected in the parent questionnaire, in which all respondents disclosed that none of their school-aged children (66) continued their studies during closures because there was no one to support their learning.

### 5.1.2 Approaches to supporting learning in Lebanon

In Lebanon, government responses were largely described as reactive and inadequate. The Ministry of Education and Higher Education (MEHE) spoke of a “distance learning strategy,” but the distance learning plan was not finalised until one year into the COVID-19 pandemic. Developed by the Centre for Educational Research and Development (CERD) and the Direction d’Orientation Pédagogique et Scolaire (DOPS) with World Learning, the Learning Recovery Plan was to be implemented in August, September, and October of 2021, but there has been little evidence of implementation. The booklets were provided, but schools took them without any training. The MEHE response strategy included an action plan that called for a two-year teacher training programme for remote learning, but this ignored the urgent nature of school closures. When resources such as YouTube lectures and online COVID-19 awareness campaigns were launched, they were inaccessible to most children, both refugee and Lebanese. A key informant from an INGO observed:



**“If you speak with MEHE or DOPS, you find they’re doing a lot on paper. In reality, schools are closed, teachers are on strike, there is no proper digital platform. It was not what was promised. Some teachers are making extra efforts, but on their own [...] At the school level, things are different than that is written on paper.”**

Organisations operating in the camp in Sur played an important role in supporting children during school closures. Support included ensuring that students had devices to participate in online classes, providing internet access, sending awareness videos about COVID-19, and distributing food aid. A teacher explained, “although it was not enough, since we have many students in need, this lowered the pressure on the parents who have one device or have no phone at all.” Organisations also coordinated with each other to establish Zoom classes and explain the lessons using simple methods. Some offered parent support groups that taught parents how to support learning at home. Other organisations, like MAPS, either maintained face-to-face NFE programmes or provided learning support through mobile messaging platforms, such as WhatsApp. UNRWA schools helped by printing study materials for students, providing school supplies, sending videos to support lessons and COVID protocols, paying internet fees, and distributing tablets to some families who were without a cell phone or device.

Teachers found their own ways to prepare and deliver the teaching material and support learning. Some prepared extracurricular videos and activities to encourage students to engage and adapt to online learning. They learned new teaching techniques and technological skills that boosted their creativity and students’ engagement and learning. Some teachers made weekly one-on-one video calls with children who needed extra encouragement to discuss the challenges they were facing and encourage them to participate in class. A teacher in Sur explained:



**“I was getting closer to the children by doing small groups, and we were communicating through video calls. At first, the children were not talking because they did not know me; some were even hiding. But with time, through games and communication, and by sending them audio recordings, I encouraged them to participate, and the barrier between me and them was broken. The children seemed to interact more, and some of the parents were very cooperative.”**



In the Palestinian refugee context, teachers supported children’s learning through their efforts to improve communication between parents and teachers. Teachers contacted parents who were not following the WhatsApp groups to convince them of the importance of supporting children’s remote learning. Some parents were motivated by this outreach and, in turn, encouraged other parents to engage.

At the local level, efforts to support learning faced many barriers. A key informant in Assamoud, Lebanon explained that duty-bearers in Sur camps were failing to protect and care for people: “The internet is really bad and there is an electricity shortage. In addition to the reduction in UNRWA’s work, they aren’t meeting the needs of people. It means that it is not playing its role. All these things are putting pressure on the parents.” Teachers in public schools, whether teaching the first shift for Lebanese children, or second shift for Syrian refugees, were left on their own to ensure that their students continued learning. In addition to not being able to communicate with all students, many teachers, especially those in the second shift, went on strike because of unjust payments and inconsistent payment schedules. These challenges influenced participants’ perceptions that the teachers who provided the most support were from CBOs and NFE programmes, not public schools.

### 5.1.3 Approaches to supporting learning in Colombia

In Colombia, the Ministry of Education closed schools in March 2020 and issued guidelines for curricular flexibility, and teachers transitioned their classes to remote learning. But an educator in the Coffee Region explained that this was a “wash your hands [of it]” situation, in which the Ministry sent resolutions to the Secretariats, and then Secretariats sent them to the educational institutions to execute with no economic or human resource support.

Corruption also severely impacted the quality of the government’s response. The public internet provider, ETB, did not expand networks prior to the pandemic as it was contracted to do, so digital coverage was very low, and schools, teachers, and parents complained that they paid for internet services that constantly failed. The Minister of ICT resigned in September 2021 at the insistence of the President, after allegedly embezzling US\$17.6 million earmarked to install internet service in almost 9,000 rural schools in Colombia during school closures; she has not been charged.<sup>114</sup>

■ ■ ■ ■ ■ “THOSE COMPUTERS THAT WE BORROWED AT SCHOOL, MY GOD, MY CHILD WAS LENT A TABLET AND IT WAS OLD, HAD SCRATCHES ALL OVER THE MIDDLE [OF THE SCREEN]. MY CHILD WORKED ON THAT [CLEAR] HALF...AWFUL.”

– Mother, Coffee Region, Colombia



Photo: © UNICEF/UN0635282/Shahan

The Ministry of Education made some efforts to support learning during school closures. In 2021, it launched an app to support virtual learning. The Education Secretariate in the Coffee Region supplied books to students, delivered computers to some students in grades 9 to 11, and made an agreement with Comfenalco (a compensation fund) to deliver school kits to children. Districts provided SIM cards to some low-income students; at least some schools in Usme targeted Venezuelan students with loans of computers to help them access online learning. The national government guaranteed devices (e.g., tablets, mobile phones) for students, including those in Soacha, but the little that materialised was mostly unusable because it was damaged or out of date technology. The government also pledged to update technology tools for the teaching staff, but a key informant in education remarked, “Very deficient computers arrived at the school, and previously tablets arrived that didn’t work after the third use. SIM cards were delivered, but there was no signal. The statistics alone do not say anything.”

In the Coffee Region, teachers said that principals offered limited support, so they organised resources to cover students’ needs. They carried out a campaign to gather donations of cell phones for students to connect via WhatsApp, delivered food packages, and paid for the delivery of workshop guides. A teacher commented, “So one wonders: If we teachers were able to do it with a limited budget and logistics, why didn’t the Secretary of Education or the Ministry and others do it with the money they manage?” When learning strategies didn’t work, teachers worked together to devise new ones using different remote learning tools, but they also recognised that few students were able to access them.



When public schools were closed in Bogotá south and the Coffee Region, teachers took time to develop remote learning options. Because they knew that internet connectivity would be challenging for most, they decided to use WhatsApp and video calls rather than virtual platforms to communicate (some also used meeting platforms, Moodle, Teams, etc.) They developed strategies for different levels of connectivity. Workshop guides on essential topics were developed and distributed electronically by PDF via WhatsApp for parents to download and print. Some were available to be printed at the school at a cost. In the Coffee Region, approximately 20–30 per cent of the student population worked with printed guides and had no internet or cellular connection to the school. Those with access to phone calls or intermittent access to WhatsApp, downloaded Workshop Guides and were tracked digitally by their schools. Students with full connectivity (roughly 20–30 per cent) connected to daily virtual classes. However, students found the amount of work in the Guides overwhelming (e.g., 180 pages); a 16-year-old boy also explained that his teachers were only available by WhatsApp, so he had no way to access support.

Most participants said that teachers made a huge effort to learn how to use technological tools to teach, even recording their classes so that students could watch as many times as needed. Teachers felt that virtual classes were much better for students than the Workshop Guides:



“I had a board, and I put the screen in front of the board. And as I am a math teacher, for me it was much better that they could see me, and I could explain step-by-step, as it is not the same to use a guide and a small virtual quick explanation that the boy does not see...I shared videos...to make it easier for the child to do the activity.” – (KI education, Pereira, Colombia)

Some teachers created educational kits for first grade and preschool students, including games and activities for children to do at home. Grade Directors kept in constant communication with parents through WhatsApp and phone calls, and followed up on students who were not showing up. Some teachers created home visit strategies to keep students linked to the institution and to reduce dropout.

School support teachers and disability support institutions developed strategies to support the education of children with special educational needs. In Pereira, a primary teacher said that teachers recorded themselves teaching the class and sent voice notes and screen recordings to parents, in which they explained lessons step-by-step for parents. However, Crecer Center<sup>115</sup> found that parents were not able to maintain the level of support that the Centre had provided for children with cognitive disabilities. An Institute for deaf students had interpreters join online classes and had support workers develop video clips and tools for teachers to send to parents. Some learning materials were specifically adjusted for the needs of students with low vision, autism, and cognitive disabilities. However, the need for



support exceeded the resources available. For example, in Risaralda (Coffee Region), there was only one support teacher for every 60 students with a disability, and this teacher was an additional cost for the households that received their support. A social worker in Colombia explained that children with disabilities and chronic illness have been affected the most due to the social inequalities affecting these children: “They have been relegated [to the margins] by society and have ceased to be considered by the national government.”

## 5.2 Approaches to supporting learning: children and parents

In the DRC, parents and caregivers supported learning by picking up and dropping off their children’s lessons and, when possible, buying study materials. Some helped their students with their studies or organised for older siblings or a tutor to do so. Some children said they supported their own learning by reviewing and summarising their notes from when school was in session and completing the workbooks. A Mweso secondary student said they connected to the internet to do research and support their own learning. Sibling support was also a dominant theme. A social worker in Mweso remarked, “Thanks to dad who studied, we, the big brothers, have been able to supervise our little brothers and sisters during this period of school closures.”

In Colombia, some families supported their children’s learning by reaching out to their support networks for help. Several students mentioned receiving devices from godparents, uncles, or aunts after a request from a parent. A social service worker in the Coffee Region noted that there were aspects of solidarity among neighbours, where parents provided collaborative support for children on the block. Some neighbouring parents explained lessons to children who needed help, loaned learning materials, and shared internet passwords so that students could attend virtual classes or submit homework. Some parents supported learning by helping children with their schoolwork and picking up and dropping off workshop guides. Students were largely alone with their self-guided study, even if they joined virtual classes. Some said they took the initiative to reach out to their teachers and Grade Directors for support. Many said they found it helpful to teach themselves new hobbies, including how to use email and various platforms. Some said they created informal, online study groups with their friends.

According to teachers in Lebanon, parents were more visibly engaged in supporting their children’s online learning than they were when classes were in person.<sup>116</sup> Parental engagement was evident through parents creating an academic atmosphere at home, helping students with their assignments, or hiring private tutors to help children with remote learning. The latter was more prevalent in the Palestinian community. Another support mechanism was extended family, who encouraged and motivated children to study. Mothers generally took the most responsibility for supporting children’s learning. Some were very cooperative and



helped their children to learn, but many were unable to teach their children. One of the ways children supported their own learning was through peer support via WhatsApp groups or Zoom. Students created study groups and relied on peers to learn rather than depending on teachers' explanations. A girl in secondary in Taanayal explained, "I do sessions on Zoom to explain school lessons to my friends. I was doing that voluntarily... At 6 a.m. we start, for about three hours. Each hour we take a different section. We take sometimes four sections. After the online class, I study with my sister." A few students mentioned that they worked hard to develop their study skills. As a secondary student in Sur shared, "I developed myself in the English language and tried to understand more scientific subjects, and I began to memorise more subjects because I am not good at memorising. I improved my way of studying."

### 5.3 Common challenges

Students in all three country studies faced similar challenges with these learning approaches.

■ ■ ■ ■ ■ "IF THEY HAD A SMARTPHONE, THEY DID NOT HAVE A DATA PACKAGE, NOR DID THEY HAVE WI-FI; THE INEQUALITIES WERE THERE."

– (Child Protection worker, Bogotá, Colombia)

A teacher in Aarsal, Lebanon, wisely stated, "For students, we need to provide the online education materials *before* we do online education." But in every research context, most **students did not have access to digital learning resources**. They had limited or no cell phone reception. The internet signal was weak, intermittent, or non-existent, even for many schools. A teacher in Soacha, Bogotá exclaimed, "Even schools had limited access, so how do we expect rural children to access?" Data was unaffordable, forcing families to choose between buying data or food or paying the rent. Most students did not have access to a smartphone, tablet, or computer in the home. If they did, it had to be shared between many family members. A teacher in the Coffee Region of Colombia said that only 10 of her 37 students could connect. In the DRC, most students did not have internet access or a radio to listen to programming for distance learning. In Lebanon, organisations estimated that a third could not connect at all. Even for Lebanese students in the host communities, synchronous remote teaching was rarely taking place due to a lack of equipment, internet, and electricity outages. In both study sites in Lebanon, remote learning—if it was available—was mainly taking place asynchronously through WhatsApp groups.

Consistent access to electricity was an issue across each study context. In Lebanon, there were **severe electricity shortages** that created regular blackouts. In the DRC, many families did not have access to electricity or couldn't afford it. In rural areas of Colombia, the same situation existed, making digital learning difficult to impossible.



Compounding these challenges, **digital literacy was very low** among teachers, parents, and students. **Online classes also took longer** to facilitate. A boy in Aarsal, Lebanon complained: “Online classes take too long. For example, when we have an Arabic course, it is supposed to be one hour long. However, it takes three hours for the teacher to finish because online is too hard, and it’s hard to make sure that students understand it properly.”

■ ■ ■ ■ ■ “FACE-TO-FACE EDUCATION WILL NEVER BE THE SAME AS VIRTUAL EDUCATION.”

– Education Secretariate Task Force member, Colombia

Teachers in Lebanon and Colombia reiterated that **learning is relational**: Children need to learn with and from their peers and teachers. Yet, between school closures, lockdowns, and the lack of connectivity, **students said they felt very isolated**. A secondary student in Colombia argued, “We are human beings. We feel and need to share with our classmates, not to be behind a screen.” Making matters worse, virtual platforms allowed students to turn off their cameras, diminishing any relational connection further. A primary teacher in Colombia explained:



“The face-to-face model has many advantages because it allows us as teachers to know our students’ shortcomings and address them—just from being in a face-to-face system. In the virtual model it is more complex because one assumes that all the children understood and they do not say anything out of pity [to avoid showing the teacher their assessment is wrong], but they fail the exams.”

– (Primary School Teacher, Pereira, Coffee Region, Colombia)

Students in Lebanon behaved in a similar way. A student in Sur explained, “At school we understand better. We didn’t tell the [online] teacher we didn’t understand; instead, we worked with friends.”

## 5.4 School closures increased adverse learning outcomes

School closed and remote learning modalities were rolled out, but the lack of access to remote learning and the educational experience itself contributed to many adverse learning outcomes, including lost learning, developmental regression, and for many, dropout. The reality is that most students in this study did not realise their right to education during the pandemic because they had no consistent access to learning.



**Table 5 Factors that increased and decreased the likelihood of adverse learning outcomes during school closures<sup>117</sup>**

Adverse outcome	Factors that increased the likelihood of an adverse outcome	Factors that decreased the likelihood of an adverse outcome
<b>Lost right to education</b>	Poor or no government strategy and planning for closures and reopening; poor or no coordination around decision-making	Access to well-developed learning guides and online lessons, teacher availability, learning support, ability to self-guide study
<b>Lost learning</b>	Lack of access to stable internet, IT device, printed curriculum; hunger; lack of learning support; inability to guide own learning; shorter virtual class time; less curriculum covered; lack of support teachers for children with disabilities	Access to well-developed learning guides and online lessons, teacher availability, learning support, ability to self-guide study
<b>Developmental regression</b>	Developmentally young/limited time in school before the pandemic began; lack of routine and caregiver engagement	Parents enforce daily routine, caregivers engage in play/learning, teacher engages one-on-one with child online
<b>Automatic/unwarranted promotion</b>	Remote learning, pressure to get good grades, pressure to pass grade level	Regular verified assessments
<b>Fail grade level/miss graduation</b>	Closing schools during exam period, academic demands that exceed student's resources and ability	Blanket promotion, targeting learning resources to students in their final year of primary or secondary
<b>Loss of interest in education/loss of commitment to education</b>	Poor management of closures; ineffective or lack of access to remote learning; loss of hope in education	Access to well-developed learning guides and online lessons, teacher availability, learning support, ability to self-guide study, clear communication about closures/reopening
<b>Dropout</b>	Lost learning, economic precarity, being an older sibling, migration, loss of hope in education	Transportation and school costs provided, migration (to a more favourable learning context), targeted outreach to at-risk students, access to well-developed learning guides and online lessons, teacher availability, learning support, ability to self-guide study



■ ■ ■ ■ ■ “IT’S SUCH A SERIOUS PROBLEM FOR HIS EDUCATION. I MEAN, LOOK AT THE CHILD—AT THAT AGE HE SHOULD KNOW HOW TO WRITE AND READ. NOW HE DOESN’T KNOW HOW TO WRITE A SINGLE LETTER. IT’S HORRIBLE.”

– Mother, Arsal, Lebanon

### 5.4.1 Lack of learning and lost learning

Across the country studies, there was a significant lack of progression and lost learning. In the DRC and Colombia, participants estimated that students lost a minimum of a year of learning. In Lebanon, the estimate was closer to two years. Several noted that competencies in reading and writing have dropped, especially for children in their first years.

In addition to the challenges mentioned, the evidence reveals several reasons for this lack of learning. Firstly, the remote learning workshop/distance learning guides produced in Colombia and the DRC focused on teaching minimum competencies rather than the full curriculum. As a result, students performed poorly on standardised exams. Secondly, participants explained that in remote learning, the pace was too fast—if students missed one lesson they couldn’t catch up: “Before, while they were at school, the teacher repeated the lesson for a week to understand it. But now, every day there is a new lesson, not like school” (parent, Lebanon, Assamoud). Thirdly, primary students in Sur, Lebanon said that sometimes teachers indicated that they had sent materials via WhatsApp, but they never arrived—either because of internet connectivity or electricity issues, or because they weren’t actually sent. As a result, they missed the lesson and fell behind. Fourthly, teachers described virtual classes as very difficult to manage—they were “total madness,” a primary teacher in Pereira, Colombia complained. Similarly, teachers in the Bekaa Valley, Lebanon explained, “WhatsApp groups were chaotic and not interactive, which resulted in inefficient learning”.

Parents and teachers also observed that there was a pendulum swing—from disciplined learning in the classroom to flexible learning at home—in order to reduce everyone’s stress in the face of all of the challenges. As a result, routine fell to the wayside. Students studied and parents supported learning when they could or when it suited them. A mother in Arsal, Lebanon complained:



“My son was sleeping right until I woke him up to attend the online class. He just proves he’s present, introduces himself at the beginning of the class, and leaves. He doesn’t believe there’s something tangible to get out of the online class. [...] There’s nothing to encourage my son to attend the online class.”



In Lebanon and Colombia, there was far less virtual class time than there had been for in-person classes, even for those who could connect. In the DRC studies, there was almost no distance learning happening, with or without radio programming support. Syrian and Palestinian refugee parents in Lebanon also complained that because they don't speak French, they couldn't support their children's learning.

## 5.4.2 Developmental regression

Teachers noted that younger children and children with disabilities regressed in their physical development due to school closures as well. A non-government social worker in Colombia's Coffee Region described what she observed in kindergarten children aged two to five when schools reopened:



“In the little ones, we are seeing a decrease in autonomy skills because we are having children with delays leaving the diaper, we have children returning to the bottle. These children regressed. They have difficulties socialising. They do not follow the rules because at home during the pandemic, they [parents] did not clarify the rules and they let children do whatever they wanted. [...] They no longer eat alone, they do not go to the bathroom alone, the situation with children from two to five years old is very difficult.”

Disability support workers in Crecer Centre, Colombia reported that their students with disabilities fell behind and lost gains made through physical therapy:



“With some of the children, we had been making real progress [...] when the pandemic started, they were already doing sphincter control, they were already sitting up by themselves, but in the return to school now on August 2, the child who stopped using diapers went back to using them, the child who walked alone went back to depending on a third party.”

Despite supporting parents with guidance on how to support their children during school closures, parents were unable to maintain their child's progress.

Teachers in Lebanon and Colombia also observed that due to being away from peers and school, young children exhibited behaviours and anxieties that were not age-appropriate when they returned to school. For example, in Colombia, a social worker in the Coffee Region explained that kindergarten children were engaging in conversations inappropriate for their age: “When they returned to the kindergarten, you found four-year-old children talking about paying the water or electricity bill or worrying about car issues. When those adult concerns are transmitted to children, this caused cases of anxiety.”



### 5.4.3 Automatic or unwarranted promotion

In all three studies, automatic or unwarranted promotion—defined here as students progressing to the next grade level without evidence of learning or based on false evidence due to cheating—was a widespread complaint. Three scenarios contributed to this situation.

■ ■ ■ ■ ■ “PARENTS SENT PHOTOS OF THE CHILDREN THAT ARE EXCELLENT, BUT WHEN THEY CAME TO SCHOOL, WE WERE SURPRISED BECAUSE SOME OF THEM DON’T EVEN KNOW HOW TO HOLD A PENCIL.”

– Teacher, Taanayal, Lebanon

One of the most common complaints was that teachers automatically promoted students to the next grade level because they did not have tools for assessing students remotely. “There was blanket promotion: We didn’t know who is at what level,” a teacher in Taanayal, Lebanon explained. Teachers focused their energy on how to deliver online lessons; they did not have time to learn how to do individual assessments online. This negatively affected their ability to detect and address areas of weakness in their student’s performance. A teacher in Colombia’s Coffee Region explained, “One did not know if promoting them [very poor students with limited connectivity] is going to be a benefit or more of a harm for the student. These are dilemmas that we constantly discussed.”

A second widely discussed complaint was that students were “climbing up to the next class without deserving it” (Social service worker, Mweso, DRC). Parents, older siblings, relatives, and tutors were doing assignments and exams and submitting them as the student’s because they wanted passing grades. As a result, students did not learn, and teachers’ evaluations were inaccurate. A mother in Sur, Lebanon explained, “Many tutors took more students and only told the students what they had to write [...] If you decide to take a exams for students at school, it’s rare to find a student in the class in which he is registered.”

Finally, there was a lot of pressure on teachers to promote students: “The teacher makes a call to the parent [to see where the homework is] and the response is that the child cannot lose the grade due to the pandemic” (Educator, Coffee Region, Colombia). This, combined with teachers’ uncertainty over whether it was better for the student to hold them back or promote them, meant that students were generally promoted. When schools reopened, teachers expressed alarm at how far behind students were, given the work submitted.

Despite the automatic and unwarranted promotions, school closures resulted in scores of students failing their grade level and even missing graduation. In the DRC, schools were closed during final exams and state exams, which caused many to fail the 2020–2021 year. Secondary students in the DRC voiced, “For us students, the COVID-19 pandemic



has worsened our social, moral, and intellectual situation because some of our colleagues have failed miserably even though they were intelligent [...] There are children who fail when they should succeed.” In Colombia, social workers in the Coffee Region estimated that 80 per cent of the children of families in their case load in 2021 did not get promoted. These parents blamed hunger, saying, “Teacher, if you do not have food to eat, it is very difficult to study.” The social workers noted that these children also had very little learning support because most lived in single parent households.

#### 5.4.4 Loss of investment and hope in schooling

■ ■ ■ ■ ■ “DURING THOSE 18 MONTHS, IT IS AS IF PROGRESS WAS NULL...

IT’S AS IF THOSE 18 MONTHS DESTROYED OR KILLED HOPE.

THE VISION OF THE FUTURE WAS LOST.”

– Educator, Coffee Region, Colombia

School closures influenced many parents and caregivers to stop investing in their children’s education as they had previously. The evidence suggests that in some contexts, and especially in the DRC, girls were more at risk of this. There were several dynamics driving this outcome.

When schools were closed, students lost so much learning that parents questioned whether their children would be able to catch up and graduate. They also worried that schools may not reopen (and stay open) for some time. The pandemic compounded these concerns. A key informant in Lebanon explained: “Overall, the additional socio-economic stresses related to the pandemic shifted the focus from education to livelihood for families living in humanitarian and crisis contexts.” As a result, many families looked for opportunities apart from schooling for their children to develop livelihood skills.

School closures and remote learning also caused many students in all three studies to lose their interest and hope in schooling. The need to self-guide learning; the challenge of learning with poor or no internet access, cellular reception, and electricity; missing contact with peers; and falling behind or failing caused children and their parents to despair. A key informant in Colombia said it was common to hear students say: “I’m going to lose the year and I don’t care, because I don’t like this way,” “I’m going to leave school,” “I’m going to go to work instead.” In the DRC, these dynamics were exacerbated by a general disgust within the population at the way the government abruptly closed schools and enforced closures.

Across the three country studies, this loss of investment and hope in schooling contributed to increases in child labour, including the worst forms of labour.



### 5.4.5 Dropout

Participants in all three study countries said that school closures and remote learning contributed to a significant rise in school dropout. Anecdotally, dropout cases seemed to be highest in the DRC, followed by Lebanon and Colombia. In Colombia, dropout rates appeared to be much higher in Norte de Santander (Ocaña) and Magdalena (Santa Marta), districts with high levels of migration, internal displacement, and civil conflict, as well as rural areas. In the DRC, participants said there were “massive” levels of dropout in Mweso, as students lost hope in schooling and looked to work, early marriage, recruitment in armed groups, and urban migration as alternatives.

Across the studies, students left school because they and their parents had to make very difficult choices about what to invest their resources in: schooling or livelihoods. Students wanted to continue to study, but they lacked the funds needed to continue schooling and/or they needed to help financially support their family. In Lebanon, a social worker said that dropout primarily affected Syrian and Palestinian refugee populations, and not Lebanese populations. However, as the pandemic progressed and the economic crisis increased, Lebanese students began to drop out as well: “Our neighbours are Lebanese and they were going to school. I was watching them when they go. I don’t see them go to school anymore,” a 17-year-old boy in Taanayal, Lebanon observed. The costs associated with remote learning, combined with the pandemic’s devastating economic impact on families, increased the likelihood that parents in these humanitarian contexts would be unable to afford the costs associated with sending children back to school when schools reopened. Teachers in a focus group discussion in Aرسال, Lebanon explained:



**Teacher 1:** People were ready to take their child out of school because they cannot afford the bus.

**Teacher 2:** Even the school bag was a burden for the student—because it was so expensive.

**Teacher 3:** Almost half of the students left school after the inflation and rise in expenses.

Many young people said they stopped attending school during school closures because they felt that remote learning was not benefiting them. Teachers in Lebanon confirmed this, saying that dropout rates were dramatically higher after adopting the remote learning model.<sup>118</sup> In Colombia, out-of-school children explained that during the closures, their internet access was intermittent so they could not keep up with topics. Parents and students in both Lebanon and Colombia explained that some families prioritised digital access for one child over the others, and the student(s) without access ended up leaving school. Participants in the DRC said students dropped out because they were imprisoned or expelled from school for not wearing masks when they went to the school for a learning group meeting, or they got pregnant during the closure and were not allowed to return when schools reopened.



# 6

**FINDING:  
SCHOOL CLOSURES AMPLIFY  
AND CREATE EDUCATIONAL  
INEQUALITIES**





- This chapter examines the question:
- “What education inequalities have been amplified as a result of school closures during COVID-19?”

Traditionally, education inequalities refer to the unequal distribution of *academic resources*, including school funding, qualified and experienced teachers, learning resources, and technologies, among other things. However, high distance learning attrition rates prior to the pandemic suggest that students also require *non-academic resources* to have equal chances of learning success when engaging with remote learning modalities. Non-academic resources could include digital literacy, the capacity and motivation to self-direct learning, encouraging and supportive learning relationships, and adequate time and space for learning.

The evidence that follows demonstrates that school closures amplified existing education inequalities (see [Chapter 1.4](#) The study contexts). However, it also shows that remote learning (as a modality) created new education inequalities, for few children in the humanitarian settings studied possessed the non-academic resources required to succeed. Even students with full access to online learning struggled to engage and learn remotely.

Because academic and non-academic resources are often interrelated, the analysis that follows identifies inequalities (or factors that contributed to education inequalities) that reduced children’s access to education, and their ability to engage and learn during school closures and when schools reopened. Throughout the analysis, the focus is on the effect of school closures, while acknowledging how other factors compounded this effect.



## Summary of findings:

School closures and remote learning dramatically increased education inequalities as well as broader inequalities. Together, these inequalities impacted children’s access to education and ability to learn across the three country studies. Specifically, the evidence finds that within humanitarian settings, some children face more inequalities than others due to their location, income, lack of learning support,

need for specialised support, disability, and personal traits, including gender, birth order, and family composition.

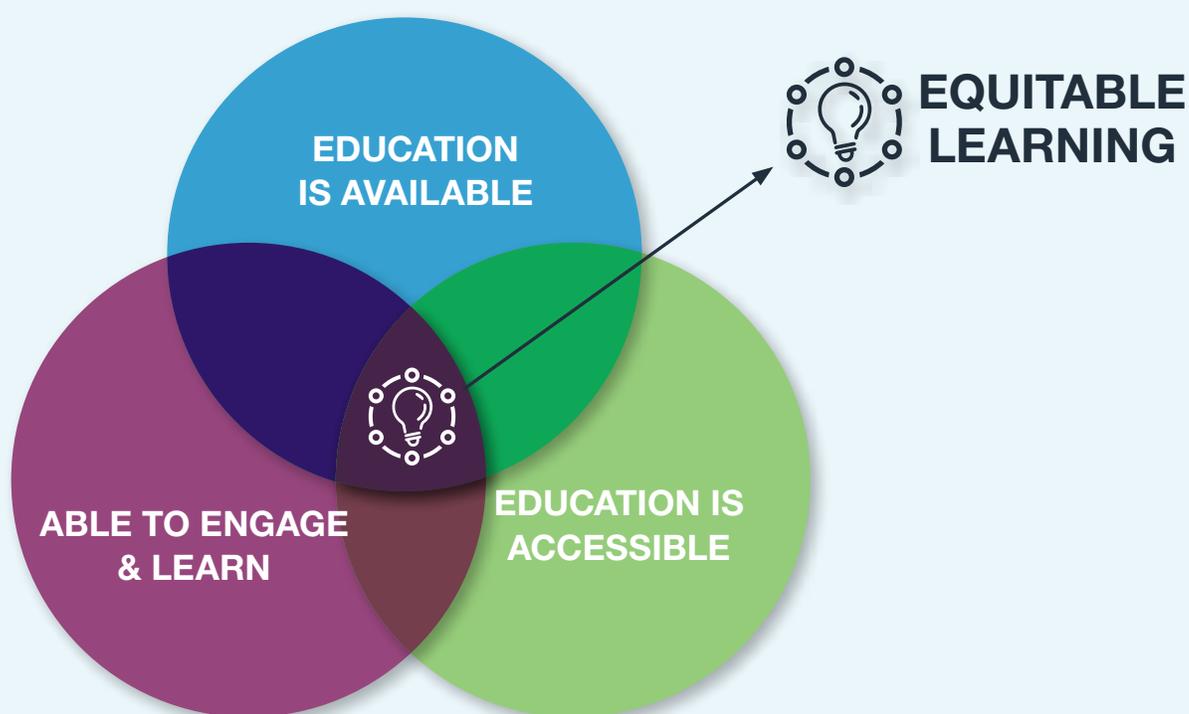
When schools reopened, there were groups of children who were far less likely to return, more likely to be behind in their learning, and more likely to drop out shortly after schools reopened. Re-openings exposed a new layer of education inequalities.



## 6.1 Unequal access to learning when schools were closed

To realise their right to education, quality education must be both available and accessible. Children must also have the ability to engage and learn with the available and accessible options (see Figure 2).

**Figure 2. Equitable education**



The children in this study faced many education inequalities prior to COVID-19. The majority attended poor quality schooling, if at all. Their teachers were poorly paid and had low digital literacy. Schools lacked quality teaching resources, internet technology, and reliable internet access. Classrooms were overcrowded (DRC) and there was a lack of student spaces (Lebanon). Students in both Lebanon and Colombia struggled to pay for transportation to attend school. Children in these humanitarian settings did not receive the academic



resources that their peers did elsewhere in the same country. School closures amplified these inequalities. The government's lack of preparedness and teachers' lack of availability due to strikes (in all three countries) meant that most students in the study did not have quality (or any) remote learning support available from teachers or schools.

These education inequalities were compounded by inequalities related to the humanitarian contexts in which these children lived. Furthermore, within these humanitarian settings, children had differential access to learning. The following sections identify these inequalities and explain their impact.

### 6.1.1 Location and income inequalities

Living in rural areas, refugee camps, and informal settlements, students and teachers encountered limited or no access to the internet, and weak or no cellular coverage. Within these settings, income inequalities increased barriers to access further. A secondary student in Sur, Lebanon explains this situation:



**“Is the internet weak here [in the camp]? Yes, most of the time it doesn't work. It has been a while now that the internet in Lebanon has not been working. The problem was either the internet or the electricity. The problem in the camp is related to capabilities. Some may have a sophisticated phone that can be used for many things, and others have an old phone. Resources differ from one person to another. It is also possible that some have subscribed to the (30,000) internet package and others to the (70,000) internet package.”**

These income inequalities impacted the level and quality of internet access students had within their setting during school closures. A Colombian primary teacher in Pereira explained how this impacted children's access to remote learning:

**■ ■ ■ ■ ■ “WHAT THE PANDEMIC DID WAS TO DEEPEN THE ACADEMIC, SOCIAL, AND ECONOMIC PROBLEMS THAT ALREADY EXISTED.”**

– Key informant, Education sector, Soacha, Colombia



“The economic situations of the children were not the same. So some children could join with a data package, but that data ran out very quickly compared to other children who have internet with a very good broadband speed. And from there we could notice the social inequality that our country has—some with so many possibilities, and others with none. And that demotivated them. Because they entered the virtual class, but every five minutes the connection was down because the data ran out and they did not have the money to recharge more. So, they were late and arrived completely lost to the next class. As a result, they were always at a disadvantage compared with the children who had the possibility to listen to the class fully and to participate.”

These inequalities increased the inequity gap and left many children without any access to education, especially in rural areas where even printed materials were difficult to access—either because they were not delivered to the schools (DRC) or because students lacked the funds to pick up or print them (Colombia). A key informant from a child protection INGO in Lebanon explained that these inequalities limited access to learning for most Syrian refugees: “It’s generally understood that 99 per cent of Syrian refugees now have no access to, or have very limited access to, school for now.” Although UNRWA provided some support for Palestinian students to connect, they faced similar challenges accessing online learning. Palestinian students in the Bourj Al Shamali camp shared that they were provided with data, but only once, whereas other populations received data each month.



Photo: © UNICEF/UNI373044/



■ ■ ■ ■ ■ “IN SOACHA, THERE IS ONE SCHOOL LEFT WHERE WE CAN SEE A LITTLE MORE EDUCATIONAL QUALITY. IF EDUCATION IS MEASURED BY STANDARDISED TESTS, THEN WHAT WILL BECOME OF OUR REMOTE AND MARGINALISED SCHOOLS, THE ONES THAT LAG BEHIND IN THE MOUNTAINS, WITHOUT FOOD AND WITH UNEMPLOYED PARENTS? HOW WILL THEY MEASURE AND COMPARE EDUCATION IN COLOMBIA IN THE SAME WAY BETWEEN SCHOOLS THAT HAVE PROFOUND CONDITIONS OF EDUCATIONAL INEQUALITY?”

– Teacher, Soacha, Colombia

In the rural, conflict-affected study areas in the DRC, there were very few education options available to children during the closures. There were radio broadcasts to support learning in some areas, such as Rutshuru, Nyanzale, Kitshanga, and Mweso, but they did not reach all areas, many families did not have radios, and few students were aware of the schedule for the radio broadcasts to support learning. There were distance learning packs, but they did not reach all schools, and especially not those in rural areas. There were listening spaces created for students without radios to gather, but they were not organised by all schools. A lack of awareness-raising meant that many parents and students were unaware of the radio programme schedules and distance learning resources. A government social worker in Mweso said, “In Kitshanga, the distance learning was not effective. None of the children had access to the radio.” Social workers from NGOs in Rutshuru explained that some were so poor they couldn’t even afford the face masks required to visit schools to pick up distance learning packs or attend learning groups: “Parents and children who did not have face coverings did not have access to education. At the school level, it was like a form of violence: They were forced to go home when they did not [have masks].” As a result of these inequalities, very few students in the DRC studies could access distance learning packs or radio programmes.

Children living in the study’s humanitarian settings also lacked the basic infrastructure and materials required for learning. Beyond a lack of food and internet and utilities, many were living in tents in refugee camps (Lebanon, DRC) or sharing a home with a host family (DRC) where they had to contend with noise and a lack of space, warmth, safety and security, and learning materials. Students in these contexts were primarily focused on securing their basic needs rather than learning.



**Table 6.1** Impact of resources on access to learning

ACCESS TO LEARNING	ACADEMIC RESOURCES
Good access to virtual learning	Access to large data pack or Wi-Fi allowance; stable (high-speed) internet, cell reception, electricity; airtime; good internet device for learning; radio and signal (DRC); TV (DRC, Colombia); tutor
Limited access to virtual learning	Access to small data pack or Wi-Fi allowance; stable (low-speed) internet, cell reception, electricity; adequate internet device for learning; radio and signal (DRC); learning support
Access to distance learning	Ability to pay to print or pick up distance learning materials; access to simple phone, airtime, cellular reception, electricity; radio and signal (DRC) or learning support
No access to distance learning	Cannot pay to print or pick up distance learning materials; cannot afford a mask required to visit school (DRC, Colombia); no radio or radio signal (DRC) or learning support

In this table, “virtual” learning uses the internet; “distance” learning uses printed materials.

### 6.1.2 Unequal levels of learning support

One of the most significant and evident inequalities was the differing levels of learning support children had. At the level of the school, remote support from teachers ranged from good to none. Students in the DRC studies and Syrian refugees in Lebanon were most likely to have little or no teacher support. Palestinian refugees also complained of a lack of UNRWA teacher support.

In the home, the following factors could widen the education gap by putting some students at a disadvantage:

- Parents had a low education level and/or low digital literacy and/or no fluency in the language of instruction.
- The family was large, with too many students for the parents to support (time-wise).
- Parents or caregivers were not present due to work, chronic illness, old age, marital separation, death, or abandonment.



- There was marital or domestic conflict or violence.
- There was no older sibling or relative to support learning.
- There was no regular household routine.

Teachers and social workers in Sur, Lebanon explained that these factors created education inequalities because they caused the level and quality of support children enjoyed to vary greatly. For example, in the camp in Aarsal, Lebanon, there was an extremely high prevalence of orphaned children (estimated at 20 per cent) and children with separated parents, which often meant that these children had little or no learning support.

■ ■ ■ ■ ■ “SOME CHILDREN WORKED [STUDIED] ALONE. SINCE THE PARENTS WORKED, THE CAREGIVERS WERE OFTEN GRANDPARENTS OR UNCLES, SO THEY DO NOT HAVE THE ACADEMIC LEVEL TO BE ABLE TO PROVIDE SUPPORT. AND IT WAS SOMETHING THAT AFFECTED THE CHILDREN BECAUSE AT SCHOOL, AT LEAST THEY HAD THE SUPPORT OF THE TEACHERS.”

– Key informant, Education Secretariate, Coffee Region, Colombia

### 6.1.3 Unequal learning support needs

Some students could not succeed in remote learning, even with support, because remote learning requires a minimum level of capacity to take initiative, stay focused, and engage with a screen or printed workbook, and read and follow instructions. There were three main groups of children who faced a learning disadvantage.

Firstly, teachers in every context mentioned that it is nearly impossible to do remote learning with young children because they can't connect or guide themselves, and they are not very familiar with the teacher because they have just started school. As a primary teacher in the Coffee Region explained, “Discipline can be demanded from an adolescent, but with a child of four or five years old, you cannot ask for self-learning. They need the support of their parents or teachers.” Even with that support, few maintained learning remotely. They were entirely reliant on a caregiver or sibling to supply the resources needed to study and facilitate learning.

Secondly, students who were academically average or weak were far less likely to be able to learn remotely. A teacher in Aarsal, Lebanon, explained: “People were afraid about online education and thought it would not succeed. Teachers were afraid too. The good students could overcome it, but the normal and weak students got lost in the online education phase.”



Lastly, many participants said that students with mental health challenges struggled to learn remotely, regardless of the supports available. They couldn't focus or they were too depressed or anxious to engage. A teacher in Sur, Lebanon, recounted one student's struggles:



**“It is the parents’ separation that affected her academic level. There is a delay and decline. If she is compared with the other children who followed online, her level is lower, although her level and behaviour were good, but her parents’ separation affected her. She became violent, she hated school, and she no longer want to study in its two forms, online and in my presence.”**

Many students said that because they were overwhelmed by remote schooling, they stopped caring and disengaged from many things, including learning.

#### 6.1.4 Unequal access to learning for children with disabilities

In all three contexts, students with disabilities were identified as one of the top three groups whose access to schooling was negatively impacted by closures. In some cases, it was impacted because students could no longer access their special education programmes. In other cases, it was impacted because special education is extremely difficult to provide remotely.

Almost no students with disabilities were able to continue learning during school closures in the study contexts. A teacher in a school that accepts students with disabilities explained:



**“The guides were handed in by the children every 15 days, [...] in our population, many children cannot write, cannot read and cannot perform some manual activities, so there were many things that required that we see them to be able to know if they were working and if they could advance in something. They did send the guides in, but it was very difficult because we needed to be there with them. We needed to make sequential processes that were continuous, and this was not achieved.”** – (Coordinator Centro Crecer, Bogotá, Colombia)

In the DRC study regions, there was almost no access to special education for children with disabilities. A key informant admitted, “We never thought about access to education [for children with disabilities].” Blind students who had previously studied in Rwanda were no longer able to cross the border to study. Albino children, who often have vision impairment and dermatological health issues, did not have any access to learning during the closures. They were doubly excluded based on prejudice and disability:



**“Nothing has been done for albino children, in the city or in the interior. The children have not benefited from anything [...] The exercise books distributed to the other children were not distributed [to them...] The materials used were not adapted to children with disabilities [with albinism]. With regard to audio-visual aids, the parents do not have the means to obtain them.”** – (Key informant, Compassionate Albinos, Goma, DRC)



Photo: UNICEF/UN0512439/Dejongh

In Lebanon, most schools did not have the resources to support remote learning for children with disabilities, especially if they were refugee children. Stigma also prevented access. A participant explained, “The parents of children with special needs tend to hide the child at home or wait to find a specialised school, which rarely happens.” World Vision made a concerted effort to keep education accessible to children with disabilities during closures but found it extremely challenging.

■ ■ ■ ■ ■ **“THE CONDITIONS OF CONFINEMENT MAKE PEOPLE WITH DISABILITIES MORE VULNERABLE, AS VIRTUAL LEARNING IS MORE COMPLICATED.”**

– Refugee boy aged 10 to 13, Colombia

### 6.1.5 Group inequalities and discrimination

For some specific groups in the studies, school closures further reduced access to schooling.

In Lebanon, remote public education was unavailable for Syrian refugee students living in Bekaa. The second shift public schools that cater to Syrian refugee children in Lebanon were not running because of teacher strikes and tensions at the MEHE; the Ministry prioritised the provision of online learning and return to learning for the regular day-shift (Lebanese). A key informant from the Ministry admitted, “The second shift is not clearly in the agenda.” A key informant from an INGO confirmed, “The children that are most affected in terms of learning are really the [Syrian] refugee children. It’s because they are the ones for whom they really had no plan in place for remote learning. That really affected them a lot. They were not able to get any kind of learning.”

Teachers in Colombia explained that children who lived in migrant households were very difficult to support because when schools closed, the school didn’t know how to follow up with them. A key informant from the Education Secretariate, Coffee Region explained, “Venezuelan families have been in a very complex situation, because one day they are in Maracaibo, another day in Ciudad Bolívar or Santafé, and that is quite complex.” Similarly, children who were internally displaced by violence in North Kivu, DRC did not appear to have



access to distance learning during closures. This was due in part to their extreme poverty, but also because school administrations were not functioning well enough to support their registration.

In the DRC, participants explained that albino children had less access to school prior to the pandemic, and no access during school closures. A key informant explained, “Few parents accept the birth of an albino in their families. Parents flee [abandon the child] and others are ashamed to bring the child to school.” Pygmy (indigenous/Batwa) children also face discrimination at school and in their neighbourhoods, and reportedly had no access to learning during school closures.

■ ■ ■ ■ ■ “THEY HAVE A WAY OF LIFE AND CULTURE THAT WE MUST UNDERSTAND AS PROFESSIONALS TO BE ABLE TO WORK WITH THEM.”

– Teacher, Soacha, Colombia

Relatedly, these children and students from other groups had languages and ways of learning that were different from the dominant culture. A teacher in Soacha, Bogotá explained, “I have worked on some activities with the black kids of the Oasis neighbourhood where one of the schools is located, and they have a way of life and culture that we must understand as professionals to be able to work with them.” But he said that these adaptations were not made to remote learning.

### 6.1.6 Gender inequalities in access to learning

In all three studies, school closures negatively impacted boys’ and girls’ ability to study in similar, gendered ways. In many households, girls were given considerable unpaid caregiving and domestic work, which limited their ability to study. This created role confusion for many female Colombian students, who had felt empowered in the classroom, but were now unsure whether to stay at home and do housework and sibling care or fulfil their academic duties. A social protection worker explained, “Many girls did not know what their role was, whether as a student or as a housewife. This is due to the male chauvinist culture, as with boys this did not happen.” However, female students in Lebanon and the DRC were not so much confused as disappointed and disillusioned that they were unable to spend time studying.

In comparison, boys were more likely than girls to be engaged in child labour during closures. In the Bekaa Valley in Lebanon, the incidence of Syrian children aged 5 to 17 engaged in child labour reached a peak of 5 per cent in 2021, with boys’ risk being four times higher than girls’.<sup>119</sup> Engaging in child labour reduced children’s ability to study. It also decreased the likelihood that they would return to school when it reopened.



There was also evidence in Lebanon and Colombia that in some homes, sons were given preference for scarce learning resources. A 14-year-old out-of-school girl in Colombia attributed her brother's remote access to male chauvinism:

**“I only have a little brother, but he passed the year because he could because the teachers helped him a lot. He was promoted to seventh grade. He had the means to connect. There was a lot of inequality because we only had one device in the house, and he was the one who connected the most. And when he did not have class, that was when I could connect.”** – (Coffee Region, Colombia)



### 6.1.7 Family composition, birth order, and ability

Personal and family traits also influenced children's access to learning in unequal ways.

Children in this study had less access to education during school closures if their family had more than one student, because it created competition for the internet device. Some families tried to share the device, but the more children there were, the less online access each one had. Even if each student had some access, they complained that the environment was too crowded and loud to study in. Some families chose to prioritise digital access for one child over the others, leaving the other student(s) with less or no access to schooling.

Birth order also factored into access decisions, with most families prioritising education access for their eldest children. A mother in Aarsal explained, “Sometimes there are two or more students in the same family who have classes at the same time, and there's one phone in the house. Families in this case either make them take turns on the phone, or only allow one kid to attend the online class. Sometimes only the older student attends.” But older children were also more likely to be sent to work, rather than be allowed to study, or they had to assume caregiving responsibilities that prevented them from studying. Social workers in Colombia had students who would say, “I can't go to [online] school because I have to take care of my brother. I have to make the lunch because my mother has to work.” The difference in school access was strongly connected to a household's level of economic precarity.

Children's personal qualities also impacted their access to schooling. In the DRC, children perceived that more responsible children were given more chores and therefore had less time for study. At the same time, they said that parents were more likely to prioritise access to schooling (including return to school) for students that demonstrated a greater aptitude for learning.



## 6.2 Unequal access to education when schools reopened

When schools reopened in each of the study areas, students, parents, and teachers in the DRC and Colombia were generally elated. “The children rejoiced at the opening of the school!” a boy (aged 10 to 13) in the DRC remarked. Participants in the DRC believed that the reopening of schools would help to address challenges that had arisen during school closures: unplanned pregnancies, abortions, girls entering prostitution, children being recruited into armed groups, and children leaving learning to work as cow herders and other forms of work. In Colombia, the sentiment was more mixed. As an educator from an INGO explained, “I am very happy about the return to school, but I am very concerned about the issue of security because I do not have the necessary COVID-19 resources to care for the education community.” In Lebanon, school reopening was less of a marked event, in part due to teacher strikes and the slow reopening of schools for refugee children. Older students who had not progressed were also more hesitant to return as they were one to two years beyond the age they should be for their grade level.

When schools reopened, families were facing far more extreme financial hardship than before schools closed. This was evident in return to school patterns. In each study, 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.

### 6.2.1 Reopening in Colombia

In Colombia, private schools returned to full-time, in-person studies in January 2022. In contrast, only 20 per cent of the public schools in Bogotá returned to full days when schools reopened; the rest have remained at half-days (8 a.m. to noon) until the writing of this report. “The concept of a single day is almost being lost,” remarked a decision maker in the education sector.

One reason for partial days is that COVID-19 protocols since August 2020 have only allowed classrooms to be filled to 30 per cent capacity. “For example, the capacity was set at 30 per cent and in this school [in Los Tejares] the capacity limit would allow for six students [to attend] of the 35 to 40 per classroom to attend, given that it is a school that does not have updated infrastructure - it has closed spaces without adaptations”, a key informant from the education sector in Bogotá explained. Rural schools in Ciudad Bolívar have only returned to having two to three hours of class per day, with snacks delivered every 15 days (before the closures, it was daily) and no drinking water available. Many participants remarked that the difference between the private and public school’s openings widened education inequalities even further.



Some groups of children were more at risk of returning to the same grade they left at, rather than progressing. Social service workers in the Coffee Region explained that 80 per cent of the children in their case load in 2021 were not promoted to the next grade level. Most were hungry and did not have parents to support their learning, so they had difficulty delivering assignments and concentrating, and their level of reading and writing was low. Similarly, participants said that *los pelados* (the poorest children) returned without evidence of progress, or they didn't return at all.

Overall, survey respondents said that migrants (Venezuelans), IDPs, students with disabilities or chronic illness, and the extremely poor were least likely to return to school. In Bogotá, a 14-year-old Venezuelan girl who was out of school explained, "They are going to look for a place for me to enter school, but it was difficult due to the papers and things like that, and I have not been able to enter. They told me that for the next year [I will]." Her peer, a 16-year-old Venezuelan boy, was also out of school along with his younger brother. In the two communities where the questionnaire was conducted (areas with high levels of migration, internal displacement, and civil conflict, as well as rural areas), 19 out of 20 survey respondents did not return to school.<sup>120</sup> Parents who were surveyed said that only 15 of their 54 school-aged children returned to school when they reopened.

Overall, research participants in Colombia did not think girls were less likely to return to school.

**Table 6.2** Number of children who returned to school in Colombia surveys

PARTICIPANTS	BOYS	GIRLS	TOTAL
Number of respondents in children's survey	13	7	20
Respondents: In school before closures	9	5	14
Respondents: In school after reopening	1	0	1
Number of school-aged children captured in parent survey			54
Number of school-aged children in school pre-closures			42
Number of school-aged children in school now			15



Photo: UNICEF/UNI362245/Everett

### 6.2.2 Reopening in the DRC

In the North Kivu, DRC study, participants said that girls, IDPs, migrants, and children with disabilities were less likely than others to return when schools finally reopened in early 2022. A key informant from an NGO working with children with disabilities noted that nine (six girls, three boys) of 18 albino children in the community did not return to school. There was a significant drop in enrolment in Mweso, largely due to the ongoing armed conflict. The survey found little change in the number of children in school before closures and after reopening, but within the total, seven children did not return and two started school (see Table 6.3). This lack of change was due to survey bias: Respondents were current students, whereas participants said there were very high levels of dropout in their communities.

A key informant from a child protection organisation also explained that when schools reopened, class sizes remained as large as before the closures. Additionally, there was an absence of COVID-19 prevention protocols. Students and parents were afraid of contagion and discouraged by the lack of improvement in school quality. Children were still sitting “two-by-two” at one desk or had no desk. They wore masks but were afraid to be so physically close to peers. Their academic level had dropped because they had forgotten so much learning. As a result, children abandoned school and went to work in the mines or joined armed groups.

Secondary students in Mweso explained that some peers did not return because they “got married,” “became soldiers,” and “did not care about studies.” One explained:



**“[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 because some of them got married, others became soldiers, and the others did not care about studies.”**



Some didn't return because they had engaged in work or cooperative microcredit schemes during closures. Another student explained,



“At the time of reopening, the number of students decreased because some of them had formed a system of credit for agricultural activity and at the time of reopening, when a student was in debt, they had to go to work for the one who credited him through an agricultural activity. [So] he could not go to study before realising this debt, and in these cases, the students abandoned their studies.”

As of March 27, 2022, a fresh wave of armed conflict has closed at least 25 schools in the Rutshuru area and displaced another 125,000 people.<sup>121</sup>

**Table 6.3** Number of children who returned to school in DRC surveys

PARTICIPANTS	BOYS	GIRLS	TOTAL
Number of respondents in children's survey	11	19	30
Respondents: In school before closures	8	13	21
Respondents: In school after reopening	8	13	21
Number of school-aged children captured in parent survey			66
Number of school-aged children in school pre-closures			55
Number of school-aged children in school now			54

### 6.2.3 Reopening in Lebanon

Similar to the DRC, the reopening of public schools had been delayed by teacher strikes, creating a period of time where there was neither remote nor in-person schooling. There was supposed to be catch-up classes, but they have been slow to materialise. A key informant explained:



“So public schools have opened, but many teachers are on strike. So, we don't know the extent of how many are actually fully open [...] the Syrian refugees in those second shift schools, we can safely assume that 60 per cent have not opened yet because of the strikes and the delays [...] it seems like the second shift basically did not open at all last year. They said that they're going to come up with catch-up classes for children. I would say they've already lost around two years of learning, from 2019 onwards [...] we're now in December 2021. Schools have opened, public schools have opened, and we are still trying to make sense of the catch-up process.” – (NGO forum, Lebanon)



When schools did reopen, many Syrian and Palestinian refugee parents were unable to send their children back because the pandemic had deepened their poverty and they did not have money for transportation or school supplies. A mother in Arsal explained:



**“Now, when schools reopened, I can’t provide school materials for my kid, like pens and notebooks and books. They are too expensive. Neither can I buy shoes for my kids. We are living near the school. There are additional problems for people who are away from schools. Transportation is currently a serious problem. All the family gets worried about the kid when he goes to school.”**

Some were extremely committed to their children’s education. “I would cut my arms and sell them to school my children,” a Palestinian father in Sur, Lebanon, claimed. However, even these parents could not afford to send their children to school. The economic crisis is extreme. Social workers spoke of cases in Arsal where children began to work in agriculture and other jobs during the closures, and parents failed to send them back to school when schools reopened. There is some evidence that girls were more at risk of not returning to school due to early marriage or child work, but many boys were also at risk because they were more likely to be engaged in child labour.

When teachers and students did return to school, they faced many difficulties. Children found it harder to do well in their in-person studies. Many were failing exams. There were large gaps in students’ levels within grades that were caused by education inequalities during closures:



**“Currently, the students in the second grade have been promoted to the third grade, everyone has moved—those who deserve it and those who do not deserve it—so there is a disparity between the students’ levels, which affected the students a lot, which allowed for the existence of inequality among the students.”** – (Teacher, Sur, Lebanon)

Unsurprisingly, teachers reported that students cheated more: “Before the pandemic, I rarely found students cheating. Now, after school openings, I find a lot of cheating cases. They learned cheating habits from online education because it is too easy to cheat in online exams” (Arsal, Lebanon).



# 7

## CONCLUSION AND RECOMMENDATIONS





- Overall, this analysis of the impact of school closures in humanitarian contexts demonstrates that both school closures and remote learning measures had a profoundly negative impact on children, families, schools, and communities in the study sites in Colombia, the DRC and Lebanon.

School closures contributed to increased risks and adverse protection outcomes for children, such as increases in early pregnancy and marriage, mental health challenges, and child labour and worst forms of labour, including recruitment to armed groups. Likewise, even in the few instances where it was implemented reasonably well, remote learning raised teachers' and household stress levels and amplified economic precarity, while students failed to make any real progress. Together, school closures and remote learning dramatically increased the likelihood that children would leave school entirely.

This analysis is important, but it obscures the fact that **very few children in the study sites could access any form of remote learning**. Very few had access to the internet and a digital device—or a radio, in the DRC—and many had no electricity or cellular coverage. And the minority who did have internet access and a device for learning had to share their device with other siblings and parents in cramped quarters, making individual learning nearly impossible.

These findings signal that there is an urgent need to re-examine learning approaches, IDO preparation and response policies, and how decisions regarding school closures and re-openings are made in humanitarian settings during IDOs.

## 7.1 Approach to the recommendations

At the onset of the COVID-19 pandemic, the decision to close schools and implement remote learning was based on the premise that children have (1) the right to protection from disease, and (2) the right to education, even in a pandemic. The principles underpinning the right to education in the UNCRC and the INEE Minimum Standards<sup>122</sup> (Domains 2 and 3) assert that education must:

1. Be available, accessible, relevant, and of good quality for all children;
2. Enable children to progress in their learning at an appropriate age-for-grade level; and
3. Prepare children with the knowledge and skills they need to navigate the transition from school to livelihoods.



Evidence from the three country studies demonstrates that **it is extremely difficult to implement remote learning that satisfies these three criteria during school closures in humanitarian settings**.<sup>123</sup> There would have to be significant new global investment in the following for children to realise their right to education, and for remote learning efforts to not amplify education inequalities during COVID-19 and future IDOs:

- Digital resources (including infrastructure) for schools, teachers, and students.
- Developing and scaling up successful low-technology learning options.
- Teacher training, compensation, and recognition.<sup>124</sup>
- Targeted support to more vulnerable and marginal populations.
- Student learning support.

### The recommendations that follow are premised on five key principles.

These are informed by the UNCRC, INEE Minimum Standards, and the Child Protection Minimum Standards (CPMS).<sup>125</sup>

1. All children have a right to education that constitutes “quality learning” (see **Key Terms**). They also have a right to protection and participation in matters that affect them. State parties have committed to ensuring the full and unconditional provision of children’s rights (UNCRC Articles 3, 12, 13, 23, 28; CPMS Pillar 2; INEE Domains 1, 2).
2. Child protection and well-being must be understood holistically, with attention to the different ecological levels that comprise children’s lived experience—individual, family, community, and societal. Individuals and groups in children’s social environment impact their well-being, while children also influence the world around them (CPMS Pillar 3, INEE Domain 2).
3. Children and their communities of care must be engaged in planning and action to strengthen accountability measures as well as understandings of local experience, priorities, opportunities, and challenges. Furthermore, they must be involved in and central to decision-making regarding school closures and reopening during COVID-19 and future IDOs (CPMS Principle 3, INEE Domain 1).
4. Governments and humanitarian agencies hold a duty of care and are accountable to children in humanitarian contexts, regardless of whether they are naturalised citizens.
5. Cross-sectoral collaboration is required to ensure interventions are sustainable, efficient, effective, and holistic, accounting for all aspects of children’s protection and well-being (CPMS Pillar 4, INEE Domain 2, 5).


**Table 7.1 Minimum standards for action**

CPMS PILLARS	
Pillar 1:	Standards to ensure a quality child protection response
Pillar 2:	Standards on child protection risks
Pillar 3:	Standards to develop adequate strategies
Pillar 4:	Standards to work across sectors
INEE MINIMUM STANDARDS	
Domain 1:	Foundational Standards: Standards for Community participation (participation and resources); Coordination; and Analysis (assessment, response strategies, monitoring, evaluation)
Domain 2:	Access and Learning Environment: Equal access, Protection and well-being, Facilities and Services
Domain 3:	Teaching and Learning: elements that promote effective teaching and learning, including curricula, training, professional development and support, instruction and learning processes, and assessment of learning outcomes
Domain 4:	Teachers and Other Education Personnel: curricula, training, professional development and support, instruction and learning processes, and assessment of learning outcomes
Domain 5:	Education Policy: administration and management of human resources in the field of education, including recruitment and selection, conditions of service, and supervision and support

## 7.2 Recommendations

Based on the study findings, the overarching recommendation related to school closures and reopening during IDOs in humanitarian contexts is as follows:

1

**Education ministries and humanitarian agencies only close schools in the most extreme of circumstances, when all other options have been exhausted.**

If this decision is made, the decision, its rationale, and reopening plans are posted online on the ministry's national and district-level websites in at least two relevant languages and shared through media outlets. The rationale must reflect policy in the IDO emergency response plan (see Recommendations 2 and 3).

2

**Strengthen child-centred IDO preparedness related to education and protection in humanitarian settings.** Government ministries (e.g., education, health, social welfare, and protection) and humanitarian agencies should immediately assess and revise their IDO emergency planning and response plans related to school closures and re-openings to support holistic child well-being and protection during and after IDOs. IDO emergency plans should identify different IDO risk levels



and response plans for each level. Policies and plans should reflect current learning, be adequately resourced, target support to vulnerable and marginal populations, and be locally relevant and doable.

To do this well, emergency response planners should make it an urgent priority to capture and build on learning from educators, students, and families in their jurisdiction about what worked (and did not work) during school closures and re-openings (see Box 4). IDO emergency plans should include a strategy for how to orient educators and social service workers on how to use and adapt existing resources to support learning within different contexts and IDO situations, and support students and caregivers.

IDO emergency planning and response should prioritise the mental health and well-being of children, families, and educators. They should also take an equitable, inclusive, and gender responsive and transformative approach to ensure that all children realise their right to education and protection.

#### Box 4. Capturing learning and engaging children and their communities of care in IDO planning

One way to capture local learning and engage children and their communities of care in IDO planning and response is for schools to develop **“Emergency response committees,”** co-led by the principal, teachers, social service workers (e.g., school counsellors, social workers),

parents and children, and chaired by a teacher. Each committee would identify local learning related to the COVID-19 pandemic (and other crises that closed schools) and develop a response plan related to school closures and reopening. This initiative could

be led by the school district, which then compiles response plans from participating schools and communicates these to relevant government actors. The learning and planning would then inform government IDO emergency planning and response plans.

3

**When there is an IDO in a humanitarian context and it is deemed too risky to remain open due to the nature of the disease or the unknowns, education ministries should close schools for a minimum amount of time as agreed to in the emergency response plan (see Recommendation 2) to:**

1. Assess and mitigate the risks associated with continued in-person learning;
2. Consult with student, parent, teacher, education, protection, and health and community representatives on how to continue in-person learning in a safe manner;
3. Plan and resource a safe, inclusive, and equitable return to school; and
4. Communicate and implement a safe return to school.



If education ministries and humanitarian agencies deemed that the health risk is too great to bring students and teachers back together for in-person learning for longer than agreed to in the emergency response plan, efforts should focus on supporting teachers, parents, and children as partners in learning. Learning materials should focus on supplies that can be found at home, user-friendly resources, etc.

4

**In IDO emergency planning and response for humanitarian contexts, governments, humanitarian coordination structures/bodies, humanitarian agencies, and other decision-makers are made accountable to children through accountability and feedback mechanisms that are built into local governance decision-making structures.** Mechanisms could include, for example, posting plans and decisions regarding school closures online in at least two relevant languages, communicating with education and protection networks (national and global), media communications, and “emergency response committees” (see Box 4).

### 7.2.1 Recommendations for governments

Governments hold a duty of care to children and families, and especially to those deemed vulnerable. In the context of the ongoing COVID-19 pandemic, and in preparation for future IDOs, it is recommended that relevant sectors (i.e., health, education, social welfare) and coordination mechanisms consult with national experts (e.g., health, education, protection) and coordinate action on:

- Decisions related to COVID-19 school closures, reopening, learning catch up, and getting students safely back to school.
- Decisions related to strengthening child protection and well-being and preventing further harm to children during and in the wake of the COVID-19 pandemic school closures.
- Ensuring children’s rights to protection, education, and participation are upheld during IDOs.
- Keeping school meal programmes operating during school closures or partial openings.
- Keeping public and school recreational spaces open during the current pandemic and future IDOs in accordance with IDO emergency response plans and policies.

During COVID-19 and future IDOs, it is recommended that education, health, and social welfare ministries and sectors work together with humanitarian agencies and development partners to establish and achieve shared goals related to education and protection. To do this successfully, these institutions will have to communicate to donors and other ministries/



sectors how failures in child protection and education impact broader issues and concerns, such as defence (e.g., through increases in recruitment of children to armed groups) and economic development (e.g., through student learning losses and increased dropout).<sup>126</sup> Together, these institutions should:

- Develop and implement a clear strategy and plan for keeping schools open in a safe way during COVID-19 and other IDOs. The plan should include a risk assessment that includes the health, protection, and holistic well-being of children and families (refer to the resources listed in Table 7.2). *Ensuring that schools stay open in a safe way as long as possible will reduce the likelihood that children will, for example, lose learning, dropout, marry early, and engage in child labour, including worst forms of labour.*
- Identify educators and the social service workforce as “essential workers” during IDOs. For COVID-19, this means that they are entitled to priority access to vaccines and COVID-19 PPE. In some jurisdictions, it will mean the children of “essential workers” are prioritised for childcare and school attendance. This designation must also enable these workers to have freedom of movement during lockdowns so that they can follow up and respond to child protection risks and support continued learning.
- Build teachers’ capacity to lead remote learning processes, including with digital tools, that are learner-centred and inclusive (INEE MS Domain 4).
- Ensure that the minimum requirements for the safe reopening of schools are met, as outlined in resources such as the [Safe Back to School Public Health Guidance](#). Work towards fulfilling the secondary priorities in the guidance, as these not only support safe return to school but also support continued attendance and return to school for those who have left.<sup>127</sup>



Photo: © UNICEF/UN0500155/Pastorelli

- Resource mental health and psychosocial support services. Make them accessible in schools and communities for children and families adversely impacted by COVID-19 school closures and include them in IDO response plans.<sup>128</sup>
- Include and prioritise feeding and nutrition programmes for children in IDO response plans, recognising that pandemics exacerbate food insecurity and hunger, and children cannot learn if they are hungry.
- Provide students and schools with learning supplies, PPE, and water, sanitation, and hygiene (WASH) resources during IDOs. This will serve to protect teachers, staff, and children, and will increase the likelihood that families will be able to send their children to school (see Health, Nutrition, and WASH resources<sup>129</sup>).



- Continue and expand access to government-led social protection programmes for children and families (see, for example, Social Protection & Child Protection: Working Together to Protect Children from the Impact of COVID-19 and Beyond<sup>130</sup>).
- Ensure accountability to children, families, and communities by actively involving these actors in planning and implementing emergency response efforts and developing decentralised accountability measures and emergency response (for example, at the school and municipal levels).

Finally, it is recommended that if there is a temporary school closure, education ministries:

- Maintain education staff compensation, regardless of whether there is an expectation that teachers are teaching (INEE Minimum Standard, Domain 4).
- Ensure that teachers and school staff who cannot safely return to working in person (due to underlying health conditions) are supported to continue their duties remotely.
- Adjust working expectations and requirements so that during a temporary closure, teachers work reduced hours to ensure that they can care for their own families and mental health, using their work time to communicate with their students, develop learning resources, and prepare for safe return to school.
- Identify or set up groups to represent students, parents, teachers, and other stakeholders who should be involved in school closure and reopening decision-making. Support groups to facilitate communication around school closures and safe re-openings, parent support needs and priorities, etc. (see suggestion in Box 4).

■ ■ ■ ■ ■ “THERE IS NO PROTECTION WITHOUT EDUCATION. PROTECTION MEASURES ALLOW CHILDREN TO PURSUE THEIR LEARNING IN ALL PEACE. HOWEVER, SEVERAL CHALLENGES AND DIFFICULTIES, NOTABLY THE POPULATION’S POVERTY, DO NOT ALLOW FAMILIES TO EFFECTIVELY ENSURE THE PROTECTION AND CONTINUITY OF LEARNING. FOR EXAMPLE, THE CHILD NEEDS A HEALTHY DIET IN ORDER TO LEARN WELL, BUT THE PARENTS, ALSO AFFECTED BY THE CRISIS DUE TO THE PANDEMIC, ARE NO LONGER ABLE TO PROVIDE THIS NUTRITION.”

– Key informant, EPST, Goma, DRC



Photo: UNICEF/UN0579528/Mulala

## 7.2.2 Recommendations for global humanitarian actors and structures

In humanitarian contexts, UN and humanitarian agencies hold a duty of care to children and families. Coordination structures (i.e., global emergency clusters: Education, Health, Protection, WASH, etc.) and Protection sub-clusters (Child Protection Area of Responsibility, Gender-Based Violence Area of Responsibility) also play an important role in addressing action points to strengthen the well-being of children and families who have been impacted by COVID-19 school closures. They also coordinate efforts related to emergency preparedness and response, ensuring that children and their protection and well-being are central in future IDOs. Therefore, it is recommended that:

- Global emergency Clusters and Protection sub-clusters continue to coordinate their efforts related to IDO preparedness and response planning, to train local practitioners and share materials and good practices.
- Global humanitarian actors and structures engage in, and act upon, meaningful and effective consultations with communities, children, and parents at all stages of IDO preparedness and response. Possible facilitation mechanisms could be the “emergency response committees” (Box 4) and NGO coordination platforms (see 7.2.3).



- Global humanitarian actors and structures support the strengthening and scaling up of government-led social protection programmes as part of IDO response plans.
- Inter-agency networks, such as The Alliance and INEE, support actors in governments, INGOs, civil society organisations, and communities to be aware of and access existing resources, such as technical guidance, related to children and IDOs. Networks also develop guidance for facilitating children and parents' participation and inclusion in IDO preparedness and response planning.

### 7.2.3 Recommendations for community actors

There is opportunity for community actors, including civil society organisations, NGOs, and community leaders, to work together to strengthen the protection and well-being of children impacted by school closures. Communities understand their needs and have insights into possible solutions. Their knowledge and efforts need to be built upon and strengthened. It is recommended that:

- Community actors prioritise efforts to build on existing groups and structures and/or set up groups to support children's learning (through after school clubs, church camps, etc.), income generation for families (revolving loans, etc.), parenting support, and strengthening the psychosocial well-being of children and families, especially those most vulnerable.
- Develop or strengthen NGO coordination platforms for the education and protection sector that bring together organisations of different sizes, religions, and ethnic/racial groups that are working to advance child well-being in communities and humanitarian settings. Include youth groups and networks. The platform's mandate will be to represent education/protection NGOs, share information, and develop and coordinate action on shared goals. Ensure that the two platforms work together on IDO issues.
- Communities partner with higher education programmes to conduct social network mapping exercises that aim to understand how children's and families' support networks shifted during the pandemic. Social network maps will inform plans that seek to strengthen social, educational, emotional, and economic support to children and families. This should be a participatory process, engaging children, families, and communities, seeking their views throughout. Existing youth groups and networks may be drawn upon to co-lead these processes. Community actors then focus on strengthening children's and families' support networks in collaboration with NGOs, religious/faith groups, and other community groups.



## 7.2.4 Recommendations for schools

In the current pandemic and IDO response planning, it is recommended that:

- School principals consider implementing an “emergency response committee” (see Box 4) in their school to support IDO preparedness and response at all phases (if formed, this group would work on the ensuing recommendations).
- Teachers assess which groups of students cannot safely return to school during an IDO and what forms of support they will need to ensure their safety and learning. With support from principals and education support staff, teachers assess what learning modalities are accessible to them and design learning plans accordingly. Identify any support services and social networks that may be able to support learning.



Photo: © UNICEF/UN0508079/Ramasomanana

- Teachers assess which groups of students are unlikely to return to school during an IDO due to financial or mobility constraints (e.g., if public transit has stopped) and what forms of support they will need to attend school. Identify any support services and social networks that may be able to support attendance.
- The school principal and support staff identify how and where they can report which student groups cannot attend school during an IDO, how many students are represented in these groups, and what resources are required to ensure their continued safety and learning during an IDO.
- School and district leaders advocate for the needs of students who cannot learn in person, or need additional support to learn in person, during IDOs with relevant government ministries, humanitarian structures and actors, and NGO coordination platforms.

## 7.2.5 Recommendations related to children and families

To ensure that children’s perspectives and holistic well-being are at the centre of decision-making and planning processes in IDOs in humanitarian settings, it is critical to meaningfully engage children and families in all IDO preparedness and response phases. This means that government, humanitarian actors and structures, communities, and schools provide meaningful opportunities for children, young people, and caregivers to share input regarding school closures and re-openings. The recommendations above aim to achieve these goals. Other actions to strengthen children’s and families’ engagement include:

- Identifying and building 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 (see [Chapter 4.2](#)).



- Mobilising children’s clubs, groups, and initiatives in communities and schools to strengthen protection and well-being during and after an IDO. Groups are key stakeholders, whose input should be solicited in all IDO preparedness and response phases. Children in these groups can be engaged in decision-making regarding the approach to education and child protection in IDO plans.

**Table 7.2 Guidance for school closing and reopening**

Lessons learned during COVID-19 are reflected in the following resources, which should be used as guidance when planning for safe return to school in the event of an IDO:
• Country reports on school closures and reopening during an IDO
• Contextually relevant reports on school closures and reopening during an IDO
• <a href="#">Protecting Children During COVID-19 School Closures: Lessons from the Social Service Workforce in Three Humanitarian Settings</a> (The Alliance, 2022)
• <a href="#">Safe Back to School Public Health Guidance</a> (Save the Children, 2022)
• <a href="#">Safe Back to School: Guide for supporting inclusive and equitable learning for the most marginalised children</a> (Save the Children, 2022)
• <a href="#">Weighing up the Risks: School closure and reopening under COVID-19 – When, Why, and What Impacts?</a> (The Alliance and INEE, 2020)
• <a href="#">Reopening with Resilience: Lessons from Remote Learning during COVID-19</a> (UNICEF, 2021)
• <a href="#">“Years Don’t Wait for Them”: Increased Inequalities in Children’s Right to Education Due to the Covid-19 Pandemic</a> (HRW, 2022)



# ANNEXES

## ANNEX 1. Research methods and protocols

### Methodology: A child-centred approach

Children were engaged not only as participants, but as partners in research (including as peer researchers) and advocacy processes. A child-centred approach was taken because children and young people are actors who can shed light on the impacts of school closures. They are also key actors within the local context who need to be engaged in any response. At the same time, young people act within a much broader relational and institutional environment. This environment is conceptualised within a **socio-ecological model** of children's lives, in which family, key community actors (educators, social workers), and decision-makers (national and global-level) contribute to understanding the impact of COVID-19 related school closures on the protection and well-being of children and their communities. A reciprocal relationship exists, whereby children and youth are impacted by their social environment, but they also act to survive and to strengthen their well-being and the well-being of those around them, even amidst adversity.<sup>131</sup> Putting children at the centre of the study methodology sets the groundwork for framing child-centred recommendations for decisions around school closures and protecting children during future IDOs.

The national teams conducted research and analysed data in their **local language**. In Colombia, research was conducted in Spanish; in the DRC, it was conducted in Swahili and French; and in Lebanon, research was conducted in Arabic and English. Transcripts were then translated into English for further analysis by the global research team.

After each national team identified themes in the data, they conducted **participatory analysis and validation workshops** with child and adult participants in each research site. The goal of the workshops was to validate findings and refine the themes, co-develop final recommendations for action, and brainstorm ideas for local and national-level advocacy strategies. After the community-level workshops, validation workshops were held with national-level key informants to discuss the findings and co-develop final recommendations for further advocacy work in each context.



## Ethical and safeguarding considerations

In developing the methodology, ethical considerations were thought through for every step of the process to ensure that researchers work collaboratively and respectfully with children and communities, recognising the complex crisis dynamics in which they operate. Participation was voluntary for all participants. Safeguarding, informed consent, anonymity, and data protection processes were developed, and training was carried out with the local research teams. Children under the age of majority provided written informed assent and their legal guardian provided informed consent. The work followed Proteknôn's prevention of sexual harassment, exploitation and abuse (PSHEA) and Safeguarding policy and practices, including the Code of Conduct and Research Ethics Protocol. Local safeguarding referral protocols were in place, including ensuring that each national research team had a Risk Assessment, safeguarding, and referral processes in place, in case of a disclosure of abuse or researchers suspect abuse.

Researchers explained ethical protocols and informed consent/assent with participants at the beginning of every group session and interview. In the children's workshops, there was a safeguarding focal point present and children were informed that they could opt out at any time. Appropriate "movement" breaks (including games for younger children) and snacks were also provided.

## Compensation and reciprocity

Ethical research includes a commitment to ensure that participants to the research, and especially vulnerable populations, do not experience hardship as a result of their participation. In this study, participants were provided with a transportation allowance and refreshments to ensure they see that they, and their insights, are valued. The project takes **reciprocal learning** seriously, meaning that the key emerging findings and recommendations will be shared with a subgroup of the original participants for co-analysis and validation at both the community and national levels. The project also held a responsibility to ensure that participants can provide feedback on the research and benefit in some way from the findings. Thus, beyond the validation workshops, the study also ensures that the national briefs are shared with participants in a digital and paper format in their language (Spanish, Arabic, or French).

## COVID-19 related considerations and adaptations

Recognising the complex ethical and methodological challenges as a result of the global pandemic, and the need to ensure a safe and inclusive research approach<sup>132</sup> the research team collaboratively navigated these challenges throughout the project, centring the well-being of children and other stakeholders. In the context of researching with children



during COVID-19, Cuevas-Parra<sup>133</sup> notes the importance of: “(a) balancing participation and protection, (b) embracing children’s rights approaches, and (c) contributing to positive outcomes for children and young people during the outbreak.”<sup>134</sup> In this participatory study, both safeguarding and COVID-19 protocols were in place to protect children. COVID-19 protocols included ensuring the number of participants was limited according to the space available, and the provision of masks and hand sanitizer. In the research tools, guidance for safe, physically distant, in-person methods were detailed, and the methodology was further adapted in each context by national partners to align the methods with local procedures and COVID-19 public health measures. Guidance included a materials list and allowed for extra time for sanitisation and other processes. Though physical data collection was not disrupted, the team was ready to adapt for alternative methods, and to consider the recommendations that research on violence against children does not take place remotely with children during lockdown.<sup>135</sup> Given the potential for heightened levels of violence experienced by children and young people during the COVID 19 pandemic, and in keeping with recommendations by UNICEF Office of Research—Innocenti,<sup>136</sup> no direct questions were asked about participants’ experiences of violence, but rather their understanding of violence occurring in their communities.



## ANNEX 2.

### Key informant interviews with global actors

Organisations consulted (# consulted in brackets)	Area of expertise
Displaced Children and Orphans Fund, United States Agency for International Development (1)	Child protection
Bureau of Population, Refugees, and Migration, US Government (1)	Education/Child protection
United States Agency for International Development (1)	Education/Child protection
Global Social Service Workforce Alliance (1)	Child protection, case management, the social service workforce
Save the Children US (1)	Child Protection in Emergencies
United Nations Children's Fund (2)	Mental Health and Psychosocial Support, Case Management, Child Protection
Education International (Global Teacher's Federation) (1)	Education
ECHO (4)	Education/Child protection
United Nations Educational, Scientific and Cultural Organization (4)	Migration, Displacement, Emergencies, and Education
Norwegian Refugee Council (2)	Education
Global Coalition to Protect Education from Attack (1)	Education/Child protection
Education Cannot Wait (1)	Education
Global Education Cluster (1)	Education
Save the Children, UK (1)	Education



## ANNEX 3.

### The research team

This study was carried out by [Proteknôn Foundation for Innovation and Learning](#) on behalf of [the Alliance for Child Protection in Humanitarian Action](#), in close partnership with the [Inter-agency Network for Education in Emergencies \(INEE\)](#). Proteknôn is an international group of over 40 senior academics and practitioners focused on advancing the care, protection, and well-being of children facing adversity.

#### Global team:

Proteknôn's global research team was comprised of Dr Laura Lee, Dr Kirsten Pontalti, and Dr Tim Williams. Nidhi Kapur provided project management support, advised on advocacy efforts, and participated in various All Eyes on Learning (AEoL) programme events with other Porticus grantees. Luz Alcira Granada supported the project in Colombia. The team identified and selected national partners to implement the research in the three study countries. The global team was supported by an advisory group comprised of representatives from The Alliance and INEE.

#### Colombia: CINDE with World Vision and the Norwegian Refugee Council

In Colombia, the research was led by Fundación CINDE, a research and development centre founded in 1976. CINDE's focus is on promoting environments conducive to the holistic development of children and youth living in conditions of vulnerability in Colombia, Latin America, and the world. They do this through their work with families, communities, and educational institutions. CINDE partnered with World Vision to conduct the research. Additionally, the NRC, who was also part of CINDE's national advocacy group for this project, collected additional survey data with children, parents, educators, and social service workforce actors in small municipalities with high levels of migration, internal displacement, and civil conflict.

#### DRC: BIFERD

In DRC, the research was led by [BIFERD](#), an NGO founded in 2004 in North Kivu province of eastern DRC. BIFERD specialises in participatory research on child protection and education in North Kivu, South Kivu, and Ituri provinces. BIFERD is a strong local actor in education and child protection, who has been involved in the promotion and contextualisation of the INEE's Minimum Standards for Education as well as the Minimum Standards for Child



Protection in Humanitarian Action (CPMS) on behalf of The Alliance in North Kivu. BIFERD collaborated with local organisations and youth researchers to carry out the research and advocacy work in two study sites.

### **Lebanon: Dr Akar with Multi-Aid Programs and Beit Atfal Assumoud**

Dr Bassel Akar, an Associate Professor of Education and Director of the Center for Applied Research in Education at Notre Dame University in Lebanon, led the research along with a team of graduate researchers. The team secured local Institutional Review Board (IRB) clearance at Notre Dame University and worked with local CBOs to carry out the research. This included recruiting and training young researchers to carry out the research and coordinate advocacy efforts. Two CBOs collaborated to carry out the research: Multi-Aid Programs (MAPs), a Syrian-led non-profit humanitarian organisation registered in Lebanon since 2013, operating across the Bekaa Valley; and Beit Atfal Assumoud, a non-governmental and non-political organisation registered as the National Institution of Social Care and Vocational Training that provides multi-services to the Palestinian community in Lebanon. The CBOs helped to organise the research, contributed to the analysis, and ensured local safeguarding processes were followed through. Selected key informants worked closely with the team in producing the advocacy strategy.



## Endnotes

- 1 See discussion in Susan M. Sawyer et al. (2018), "[The Age of Adolescence](#)," *The Lancet Child & Adolescent Health* 2(3): 223–28. Accessed 6 June 2022.
- 2 The Alliance for Child Protection in Humanitarian Action (2019), "[Minimum Standards for Child Protection in Humanitarian Action \(CPMS\)](#) (2019 Edition)," The Alliance, Geneva, accessed 5 May 2022.
- 3 B. Benard (2004), "Resiliency: What We Have Learned," *West Ed*, San Francisco.
- 4 Jennifer Flemming, Ritesh Shah, and Julie Chinnery (2021), "[Dynamics and Dilemmas within the Education in Displacement ecosystem](#)," Report commissioned within Porticus' *All Eyes on Learning Global Programme for Education in Displacement*, Porticus/Tauwhirota, June 2021, accessed 5 June 2022.
- 5 Global Social Service Workforce Alliance, UNICEF, International Federation of Social Workers, Alliance for Child Protection in Humanitarian Action (2020), "Social Service Workforce Safety and Wellbeing during the COVID-19 Response - Recommended Actions," Global Social Service Workforce Alliance.
- 6 The Alliance for Child Protection in Humanitarian Action (2019), "[Desk Review on Child Wellbeing in Humanitarian Action: Concepts, Definitions, and Domains](#)," The Alliance, accessed 5 June 2022.
- 7 The Alliance for Child Protection in Humanitarian Action (2019), "[Minimum Standards for Child Protection in Humanitarian Action](#) (2019 Edition)," The Alliance, Geneva, accessed 5 May 2022.
- 8 The WHO previously declared COVID-19 a Public Health Emergency of International Concern on 30 January 2020.
- 9 The United Nations Educational, Scientific and Cultural Organization, "[UNESCO Education: from disruption to recovery](#)," UNESCO, accessed on 24 April 2022.
- 10 United Nations Children's Fund and International Telecommunication Union (2020), "[How Many Children and Young People have Internet Access at Home? Estimating digital connectivity during the COVID-19 pandemic](#)," UNICEF, New York, accessed 5 June 2022.
- 11 United Nations Educational, Scientific and Cultural Organization, United Nations Children's Fund, 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.
- 12 Inter-agency Network for Education in Emergencies (2010), "Minimum Standards for Education: Preparedness, Response, Recovery," INEE Coordinator for Minimum Standards and Network Tools, New York, accessed 5 June 2022.
- 13 The authors recognise that this statement was true prior to the pandemic; the point here is that it is even more difficult or impossible to achieve when schools are closed.
- 14 See, for example, Save the Children (2021), "[Safe Back to School: Guide for supporting inclusive and equitable learning for the most marginalised children](#)"; United Nations Children's Fund (2021), "[Reopening with Resilience: Lessons from remote learning during COVID-19](#)," Innocenti Research Report, UNICEF, New York, accessed 2 February 2022.
- 15 The recommendations are informed by the principles embodied in the United Nations Convention on the Rights of the Child (UNCRC), the Inter-agency Network for Education in Emergencies (INEE) Minimum Standards, [the Child Protection Minimum Standards \(CPMS\)](#), and The Alliance 2021–2025 Strategy.



- 16 For guidance on risk, see The Alliance for Child Protection in Humanitarian Action (2022), [“Child Protection in Outbreaks: Collaborating with the health sector in infectious disease outbreaks.”](#)
- 17 The WHO previously declared COVID-19 a Public Health Emergency of International Concern on 30 January 2020.
- 18 See, for example, World Vision International (2020), [“Out of Time: COVID-19 Aftershocks”](#); Melissa Burgess and Nicole Dulieu (2020), [“The Hidden Impact of Covid-19 on Children: A Global Research Series, Save the Children International”](#); Human Rights Watch (2021), [“Years Don’t Wait for Them”: Increased Inequalities in Children’s Right to Education Due to the Covid-19 Pandemic](#), accessed 5 June 2022.
- 19 See The Alliance for Child Protection in Humanitarian Action (2019), [Minimum Standards for Child Protection in Humanitarian Action](#) (2019 Edition). Geneva: The Alliance. Accessed 5 May 2022.
- 20 The study also included an additional research question and outcome specifically related to the social service workforce, which is reported in the companion report, [“Protecting Children During COVID-19 School Closures: Lessons from the Social Service Workforce in Three Humanitarian Settings,”](#) (The Alliance, 2022).
- 21 Emma Soye and Michaelle Tauson (2018), [“Psychosocial wellbeing and socio-emotional learning in the Syrian refugee response: Challenges and opportunities,”](#) Save the Children UK.
- 22 Rachel Marcus et al. (2020), “What Works to Protect Children on the Move: Rapid Evidence Assessment,” UNICEF, New York; United Nations Educational, Scientific and Cultural Organization (2015) [“Education for All, 2000-2015: Achievements and challenges,”](#) *EFA global monitoring report*, UNESCO, Paris.
- 23 United Nations Children’s Fund and Internal Displacement Monitoring Centre (2019), [“Equitable access to quality education for internally displaced children,”](#) UNICEF, IDMC, accessed 7 June 2022.
- 24 This figure is widely attributed to UNESCO (2014). See also World Bank (2020), [“Pivoting to Inclusion: Leveraging Lessons from the COVID-19 Crisis for Learners with Disabilities,”](#) World Bank, Washington, DC, accessed 5 June 2022.
- 25 Ibid., Soye and Tauson (2018).
- 26 Kirsten Pontalti and Timothy P. Williams (2021), [“Battling the perfect storm: Adapting programmes to end child marriage during COVID-19 and beyond,”](#) *Child Protection Learning Brief #3*, United Nations Children’s Fund (UNICEF), New York, accessed 5 June 2022.
- 27 Q. Wodon et al. (2018), “Missed Opportunities: The High Cost of Not Educating Girls,” The World Bank, Washington, DC; R. Armitage and L.B. Nellums (2020), “Considering inequalities in the school closure response to COVID-19,” *The Lancet Global Health*, 8(5), e644, Elsevier Ltd.
- 28 Inter-agency Network for Education in Emergencies and The Alliance for Child Protection in Humanitarian Action (2021), [“No Education, No Protection: What school closures under COVID-19 mean for children and young people in crisis-affected contexts.”](#) INEE and The Alliance, New York; E.J. Baron, E.G. Goldstein and C.T. Wallace (2020), “Suffering in silence: How COVID-19 school closures inhibit the reporting of child maltreatment,” *Journal of Public Economics*, 190, 104258; Cabrera-Hernández, Francisco, and María Padilla-Romo. n.d. “View of Hidden Violence: How COVID-19 School Closures Reduced the Reporting of Child Maltreatment,” accessed 27 April 2021; Jessica A. Hoffman and Edward A. Miller (2020), [“Addressing the Consequences of School Closure Due to COVID-19 on Children’s Physical and Mental Well-Being,”](#) *World Medical and Health Policy*, Wiley Online Library, accessed 5 June 2022.



- 29 S. Hine and E. Wagner (2021), "[Progress Under Threat: Refugee education one year on from the Global Refugee Forum and the impact of COVID-19](#)," Save the Children, London.
- 30 Danilo Buonsenso et al. (2021), "[Schools Closures during the COVID-19 Pandemic: A Catastrophic Global Situation](#)," *Pediatric Infectious Disease Journal*, 40(4): e146-e150, accessed 5 June 2022.
- 31 The United Nations Educational, Scientific and Cultural Organization, "[UNESCO Education: from disruption to recovery](#)," UNESCO, accessed on 24 April 2022.
- 32 Lewis D. (2020), "Why schools probably aren't COVID hotspots," *Nature* 587(7832): 17; Russell Viner et al. (2020), "[School closure and management practices during coronavirus outbreaks including COVID-19: a rapid systematic review](#)," *The Lancet Child and Adolescent Health* 4(5): 397-404. This evidence is based on early COVID-19 variants. It may not hold true over the longer term as new variants emerge. However, in relation to known variants, there is ample evidence that with the proper protocols in place, schools can safely remain open.
- 33 Warren, Hollie, Richard Watts, and Oliver Fiala (2021), "[Save Our Education Now: An Emergency COVID-19 Education Plan to Get the Poorest and Most Marginalised Children Safely Back to School and Learning](#)," Save the Children, accessed 5 June 2022.
- 34 Claudia Cappa and Isabel Jijon (2021), "[COVID-19 and violence against children: A review of early studies](#)," *Child Abuse and Neglect*, 116 (Part 2), Elsevier Ltd; Timothy P. Williams and Kirsten Pontalti (2020), "[Responding to the shadow pandemic: Taking stock of gender-based violence risks and responses during COVID-19](#)," *Child Protection Learning Brief #1*, UNICEF, New York, accessed 5 June 2022.
- 35 Russell Viner et al. (2021), "[Impacts of School Closures on Physical and Mental Health of Children and Young People: A Systematic Review](#)," *MedRxiv*, 2021.02.10.21251526.
- 36 Georgios Paslakis, Gina Dimitropoulos and Debra K Katzman (2021), "[A Call to Action to Address COVID-19-Induced Global Food Insecurity to Prevent Hunger, Malnutrition, and Eating Pathology](#)," *Nutrition Reviews* 79 (1): 114–16, accessed 5 June 2022.
- 37 Mya Gordon et al. (2020), "[The Hidden Impact of COVID-19 on Children's Education](#)," Save the Children, London, accessed 5 June 2022.
- 38 E. Dickenson (2021), "[Lockdowns Produced a New Generation of Child Soldiers: In Colombia, armed groups have treated the pandemic as a recruitment opportunity](#)," *Foreign Policy*, accessed on 28 May 2022.
- 39 Ibid., INEE and The Alliance (2021).
- 40 Ibid, Pontalti and Williams (2021).
- 41 Sarah Baird et al. (2021), "[Intersecting Barriers to Adolescents' Educational Access during COVID-19: Exploring the Role of Gender, Disability and Poverty](#)," *International Journal of Educational Development* 85, 102428, accessed 5 June 2022.
- 42 United Nations Children's Fund and International Telecommunication Union (2020), "[How Many Children and Young People have Internet Access at Home? Estimating digital connectivity during the COVID-19 pandemic](#)," UNICEF, New York, accessed 5 June 2022.
- 43 Ioana Literat (2021), "[Teachers Act Like We're Robots': TikTok as a Window Into Youth Experiences of Online Learning During COVID-19](#)," *AERA Open* 7: 233285842199553; Mascheroni et al. (2021).
- 44 Ibid., Hine and Wagner (2021).
- 45 Ibid., UNICEF (2021a).
- 46 Ibid.
- 47 Ibid.



- 48 Ibid., INEE and The Alliance (2021).
- 49 With the exception of the populations, the statistics are as of April 2022. Current statistics are believed to underrepresent the actual numbers by a significant margin (WHO, “[The True Death Toll of COVID-19: Estimating Total Global Excess Mortality](#)”). The source for the Colombia statistics is [World Health Organization](#), DRC statistics is [World Health Organization](#), and Lebanon is [World Health Organization](#). Population data was sourced from [World Bank data](#). Accessed on 22 April 2022.
- 50 Source: UNESCO’s global monitoring of school closures due to COVID-19, Updated 5 May 2022 . Special thanks to Thu Truong and UNESCO for providing the above Timeline of School Closures, to find out more about UNESCO’s global monitoring of school closures, click [here](#).
- 51 The United Nations High Commissioner for Refugees, “[UNHCR Operational Update: Colombia, October –November 2021](#),” UNHCR, accessed 22 April 2022.
- 52 The United Nations High Commissioner for Refugees, “[UNHCR Operational data portal, Colombia](#),” UNHCR, accessed 22 April 2022.
- 53 Julia Castellanos Medina and Felipe Vásquez González (2021), “[Boletín de Monitoreo No. 26 Del Observatorio de Niñez y Conflicto Armado de La COALICO - ONCA](#),” Coalico, accessed 22 April 2022.
- 54 The United Nations High Commissioner for Refugees, “[UNHCR Operational Update: Colombia, October –November 2021](#),” UNHCR, accessed 22 April 2022.
- 55 The United Nations High Commissioner for Refugees, “[UNHCR Operational data portal, Colombia](#),” UNHCR, accessed 22 April 2022.
- 56 The United Nations High Commissioner for Refugees and International Organization for Migration (2021), “[UNHCR and IOM welcome Colombia’s decision to regularize Venezuelan refugees and migrants](#),” *UNHCR–IOM Joint Press Release*, accessed 12 May 2022.
- 57 The World Bank, [Gini index \(World Bank estimate\)](#), accessed 22 April 2022.
- 58 DANE (2021), “[Encuesta Pulso Social. Resultados decimosegunda ronda](#) (Periodo de referencia: junio de 2021). Gobierno de Colombia, accessed 8 September 2021.
- 59 International Rescue Committee (2020), “[Colombia’s Education Crisis: Results from a Learning Assessment of Colombian and Venezuelan Children](#),” IRC, accessed 1 November 2021.
- 60 Universidad de Los Andes (2018), Encuesta de Calidad de Vida, Bogotá: Universidad de Los Andes.
- 61 Government of Colombia (2021), “Aislamiento preventivo,” accessed on 9 August 2021 from [Acciones tomadas por el gobierno. Mira todas las acciones ha tomado el gobierno para la prevención del COVID-19](#).
- 62 El Tiempo (2021a), “[Así será el regreso a clases presenciales tras anuncio de reactivación](#)”, accessed on 5 April 2022.
- 63 El Tiempo (2021b), “[Es oficial: en 2022 habrá regreso a clases 100% presencial](#)”, accessed on 5 April 2022.
- 64 Between April and June 2021, 86.7 per cent of students in the country capital of Bogotá reported continuing educational or learning activities to some extent, 85.3 per cent in Santa Marta continued, and in Manizales (Coffee Region) 94.5 per cent reportedly continued. Of the parents surveyed, 84.6 per cent said that their children primarily used some form of mobile learning application, while 58.9 per cent said that their children primarily completed tasks assigned by the teacher (DANE, 2021), [Encuesta Pulso Social. Resultados decimosegunda ronda](#) (Periodo de referencia: junio de 2021). Gobierno de Colombia, accessed 8 September 2021.



- 65 See Box 3, p.10 in United Nations Children’s Fund (2021), “[Reopening with Resilience: Lessons from remote learning during COVID-19 in Latin America and the Caribbean](#),” UNICEF, New York; Florence: UNICEF Education; UNICEF, Innocenti; Inter-American Development Bank (2020), “[COVID-19: Colombia](#),” Inter-American Development Bank, Washington, D.C.
- 66 CDC, Universidad de Los Andes, and ProBogotá (2021), “COVID-19 y Educación en Bogotá: Implicaciones del cierre de colegios y perspectivas para el 2021, Resultados principales,” 27 January 2021.
- 67 Banco Mundial (2020), “[Impactos de la crisis del COVID-19 en la educación y respuestas de política en Colombia](#),” 24 July 2020.
- 68 Pablo Emilio and Cruz Picón (2022), “La Educación En Tiempos de Pandemia : Una Mirada Desde El Contexto de Latinoamérica y El Caribe.” *Revista Boliviana de Educación* 4(6): 72–79. Quote is taken from Spanish, “*esta enfermedad viral ha evidenciado las carencias estructurales de infraestructura escolar, la ausencia de fundamentación real para manejar modelos híbridos, el acceso a las TIC y conectividad, desigualdad social, entre otros.*”
- 69 International Crisis Group (2021), “[The Pandemic Strikes: Responding to Colombia’s Mass Protests](#),” *Report No. 90*, International Crisis Group, accessed 5 April 2022.
- 70 Ibid., INEE and The Alliance (2021).
- 71 Kejal Vyas (2021), “[Covid-19 Shut Schools Across Latin America, and Children Joined Gangs](#),” *The Wall Street Journal*, accessed 5 April 2022.
- 72 United Nations, “[UN Department of Economic Affairs and Social Affairs, 2020 population data](#),” accessed 16 May 2022.
- 73 United Nations Children’s Fund (2022), “[UNICEF Democratic Republic of the Congo Annual Humanitarian Situation Report - Reporting Period: December 2021](#)” UNICEF, New York; OCHA (2022), “[Democratic Republic of the Congo: Humanitarian Needs Overview and Response Plan 2022 at a Glance \(February 2022\)](#),” accessed 5 June 2022.
- 74 In 2020, DRC had the most displacements of any country globally and the second highest number of new conflict displacements globally in 2017, 2018, and 2019. Source: Internal Displacement Monitoring Centre (IDMC), “[Country Profile: Congo, Democratic Republic of \(2022\)](#),” accessed 5 June 2022.
- 75 Ibid., OCHA (2022). An estimated 2.6 million displaced people, 1.9 million returnees as well as 620,000 host community members and 442,000 refugees (including asylum-seekers and host communities) are in need of humanitarian assistance, including 5.4 million children under 5 years and 8.1 million children between 5 and 17 years of age. The Humanitarian Response Plan outlines people affected by population movements (IDPs, refugees, and host communities) and children as the two groups of most need of assistance.
- 76 United Nations Children’s Fund (2022), “[UNICEF Democratic Republic of the Congo Annual Humanitarian Situation Report - Reporting Period: December 2021](#),” UNICEF, New York; OCHA (2022), “[Democratic Republic of the Congo: Humanitarian Needs Overview and Response Plan 2022 at a Glance \(February 2022\)](#),” accessed 5 June 2022.
- 77 AfricaNews (2019), “[Can Tshisekedi’s govt deliver free education in DRC?](#),” accessed 5 June 2022.
- 78 In 2015, the Education cluster in DRC and Save the Children contextualised the INEE Minimum Standards and set the maximum recommended class size as 55.
- 79 ACAPS (2020), “[Education & Child Protection Challenges in Eastern DRC: Impact of COVID-19, Conflict and Policy Reform](#),” ACAPS, Geneva, accessed 5 June 2022.



- 80 CASS (2021), "[Covid-19 School Closures in the DRC: Impact on the Health, Protection and Education of Children and Youth](#)," Social Sciences Analytics Cell, accessed 5 June 2022.
- 81 John Paul Ging (2020). '[Back to School in Democratic Republic of Congo after COVID-19 State of Emergency Ends](#).' Africanews, October 8, 2020; Stanis Bujakera (2021). "[School Children Storm Congo Parliament over Teacher Strike](#)." Reuters, October 22, 2021; "[DRC: Teachers still on strike](#)," 3 November 2021, africanews. Accessed 5 June 2022.
- 82 Coordination du Cluster Education, UNICEF, and Save the Children (2020), "[Rapport d'enquête: Impact de La COVID-19 Sur l'éducation - Réponses Collectées Auprès Des Membres Du Cluster Education Entre Avril et Mai 2020](#)," Cluster Education DRC, accessed 5 June 2022.
- 83 Ibid., CASS (2021).
- 84 Ibid., OCHA (2022); Lisa Schlein (2021), "[Record Number of People in DR Congo Face Acute Hunger](#)," VOA News, accessed 5 June 2022.
- 85 United Nations Children's Fund (2021b), "[Democratic Republic of the Congo Annual Humanitarian Situation Report, December 2021](#)," UNICEF, New York; Overseas Development Institute (ODI) (2020), "[Special Feature Responding to Ebola in the Democratic Republic of Congo](#)," Humanitarian Exchange, Humanitarian Exchange Network, Number 77, accessed 5 June 2022
- 86 Ibid, UNICEF (2021b).
- 87 Ibid.
- 88 Ibid, ACAPS (2020), CASS (2021), UNICEF (2021b); Nidhi Kapur. (2020), "[The gendered dimensions of armed conflict on children in Sub-Saharan Africa](#)," Save the Children.
- 89 The United Nations High Commissioner for Refugees (2022), "[UNHCR Fact Sheet: Lebanon](#)," UNHCR, accessed 3 June 2022.
- 90 United Nations Children's Fund Lebanon (2020), "['Everything around me is in ruins.' Impact of August 4 explosions on children and families in Beirut, one month on](#)," UNICEF, accessed 16 May 2022.
- 91 Human Rights Watch (2021), "[Lebanon: Planning Lapses Endanger School Year](#)," HRW, New York.
- 92 Paula Barrachina and Houssam Hariri (2022), "[Crisis-hit families struggle as winter arrives in Lebanon](#)," UNHCR.
- 93 Field report, Sur, third visit.
- 94 Qatar Charity (2022). "Qatar Charity sends an urgent relief convoy to Aarsal camp." ReliefWeb, OCHA, accessed 18 May 2022.
- 95 Non-formal education is provided by national and international NGOs for out-of-school refugees. NFE has largely taken the form of programmes to acquire early childhood education, basic literacy and numeracy and bridging programmes, from non-formal to formal.
- 96 Julie Chinnery and Bassel Akar (2021) "[Resilience in the Return to Learning During COVID-19: Lebanon Case Study](#), United States Agency for International Development (USAID).
- 97 The United Nations Relief and Works Agency (2020), "[Protection brief: Palestine refugees living in Lebanon](#)," UNRWA, updated September 2020, Accessed 5 June 2022.
- 98 The World Bank (2021), "[Education under threat: Urgent call for reform to address Lebanon's declining education outcomes and build forward better](#)."



- 99 Inter-Agency Coordination and United Nations High Commissioner for Refugees (2020), "[Lebanon: Education sector short-term response to COVID-19](#)," Inter-Agency Coordination and UNHCR.
- 100 As each national partner moved forward, they shared lessons learned and refined the research process through monthly meetings with the other national partners and global team. More details on the methodology and methods are presented on the [School Closures project webpage](#) and in [Annex 1](#).
- 101 Laura Lee (2015), "Left to Stand Alone? Youth Engagement, Solidarity and Meaningful Exchange," *Youth at the Margins: Experiences from Engaging Youth in Research Worldwide*, edited by Sheri Bastien and Halla Holmarsdottir, 153–74, Sense Publishers, Rotterdam.
- 102 Alcaldía Local de Usme (2020), [Diagnóstico local de Usme](#); Alcaldía Local de Ciudad Bolívar (2020), [Diagnóstico local de Ciudad Bolívar](#), accessed 5 June 2022.
- 103 DANE (2021), [Encuesta Pulso Social. Resultados decimosegunda ronda](#) (Periodo de referencia: junio de 2021), Gobierno de Colombia, accessed 8 September 2021.
- 104 United Nations High Commissioner for Refugees (2021), "[Lebanon Fact Sheet, August 2021](#)," UNHCR.
- 105 United Nations High Commissioner for Refugees (2014), "[Lebanon: Arsal influx Inter-agency update](#)," UNHCR, accessed 18 May 2022.
- 106 Qatar Charity (2022), "[Qatar Charity sends an urgent relief convoy to Arsal camp](#)," accessed 18 May 2022.
- 107 Human Rights Watch (2021), "[Lebanon: Dire Conditions for Syrian Refugees in Border Town](#)," HRW, accessed 18 May 2022.
- 108 Ibid.
- 109 Unpublished study by MAPS, Lebanon.
- 110 Prior to planning the qualitative research phase, the INEE and The Alliance carried out a desk review and drafted a [report](#) that focused on children's experiences of school closures during COVID-19, globally and in five case study countries that included Colombia, the DRC, and Lebanon. Additionally, the global research team conducted key informant interviews (KIs) with global health, education, child protection, and social service workforce actors and decision-makers. The KIs deepened the team's knowledge in key conceptual areas, informed the research planning, and began to mobilise awareness of the project to enhance uptake and dissemination of findings. This desk review was updated by students from the University College Frysland in the Netherlands.
- 111 The questionnaire was not part of the original research plan, so it was not done in Lebanon, mostly because it was not feasible.
- 112 Estimate based on LBP 112,000 received.
- 113 Estimate based on 120,000 COP received.
- 114 Loren Moss, (2021) "[Colombia's Minister of Information & Communications Technology Resigns Amid \\$280 Million Dollar Children's Internet Scandal](#)," Finance Colombia, accessed 18 May 2022.
- 115 An organisation in the Coffee Region of Colombia that serves children from age 6 to 18 years with cognitive disabilities, most of whom come from families with very high economic needs and social and mental health challenges.
- 116 According to teachers, parents who had more education (secondary school graduation or university degree) were more likely than others to communicate with their children's teachers during the closure.



- 117 Factors are based on evidence from this study, not a comprehensive review of secondary research.
- 118 Field visit 3, Lebanon.
- 119 VASyR (2022), "[2021 Vulnerability assessment of Syrian refugees in Lebanon](#)," UNICEF, UNHCR, and WFP.
- 120 Six children were in school prior to the closures. Of these, four boys were aged 10 to 13, two girls were age 14 to 17.
- 121 United Nations Children's Fund (2022), "[UNICEF DR Congo Humanitarian Situation Report No.1 - Reporting Period: January and February 2022](#)," UNICEF, New York, accessed 5 June 2022.
- 122 Inter-agency Network for Education in Emergencies (INEE) (2010), "[Minimum Standards for Education: Preparedness, Response, Recovery](#)," INEE Coordinator for Minimum Standards and Network Tools, New York, accessed 5 June 2022.
- 123 The authors recognise that this statement was true prior to the pandemic; the point here is that it is even more difficult or impossible to achieve when schools are closed.
- 124 Inter-agency Network for Education in Emergencies (2022), "[A Guidance Note for Teacher Wellbeing in Emergency Settings](#)," INEE, accessed 5 June 2022.
- 125 Ibid., INEE (2010) and The Alliance (2019); United Nations (1989), "[Convention on the Rights of the Child](#)," *Treaty Series 1577* (November): 3. These principles are also embodied in [The Alliance for Child Protection in Humanitarian Action's "A Clarion Call, 2021–2025 Strategy"](#).
- 126 See, for example: Harry Anthony Patrinos, Emiliana Vegas and Rohan Carter-Rau (2022), "[An Analysis of COVID-19 Student Learning Loss](#)," *Policy Research Working Paper 10033*, Education Global Practice, World Bank Group, accessed 5 May 2022.
- 127 Save the Children International (2022), "[Safe Back to School: Guide for supporting inclusive and equitable learning for the most marginalised children](#)."
- 128 Ashley Nemiro et al. (2022), "[Mental Health and Psychosocial Wellbeing in Education: The Case to Integrate Core Actions and Interventions into Learning Environments](#)," *Intervention*, 20(1), 36-45.
- 129 See [Health, Nutrition and WASH resources, INEE](#).
- 130 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.
- 131 Ibid., Lee (2015).
- 132 Cuevas-Parra, P. (2020), "[Co-researching with children in the time of COVID-19: Shifting the narrative on methodologies to generate knowledge](#)," *International Journal of Qualitative Methods*, 19.
- 133 Ibid.
- 134 Ibid., p.7.
- 135 Amiya Bhatia et al. (2020), "[COVID-19 Response Measures and Violence against Children](#)," *Bulletin of The World Health Organization* 98(9): 583, accessed 5 June 2022.
- 136 G. Berman (2020), "[Ethical Considerations for Evidence Generation Involving Children on the COVID-19 Pandemic](#)," UNICEF, Innocenti.



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