

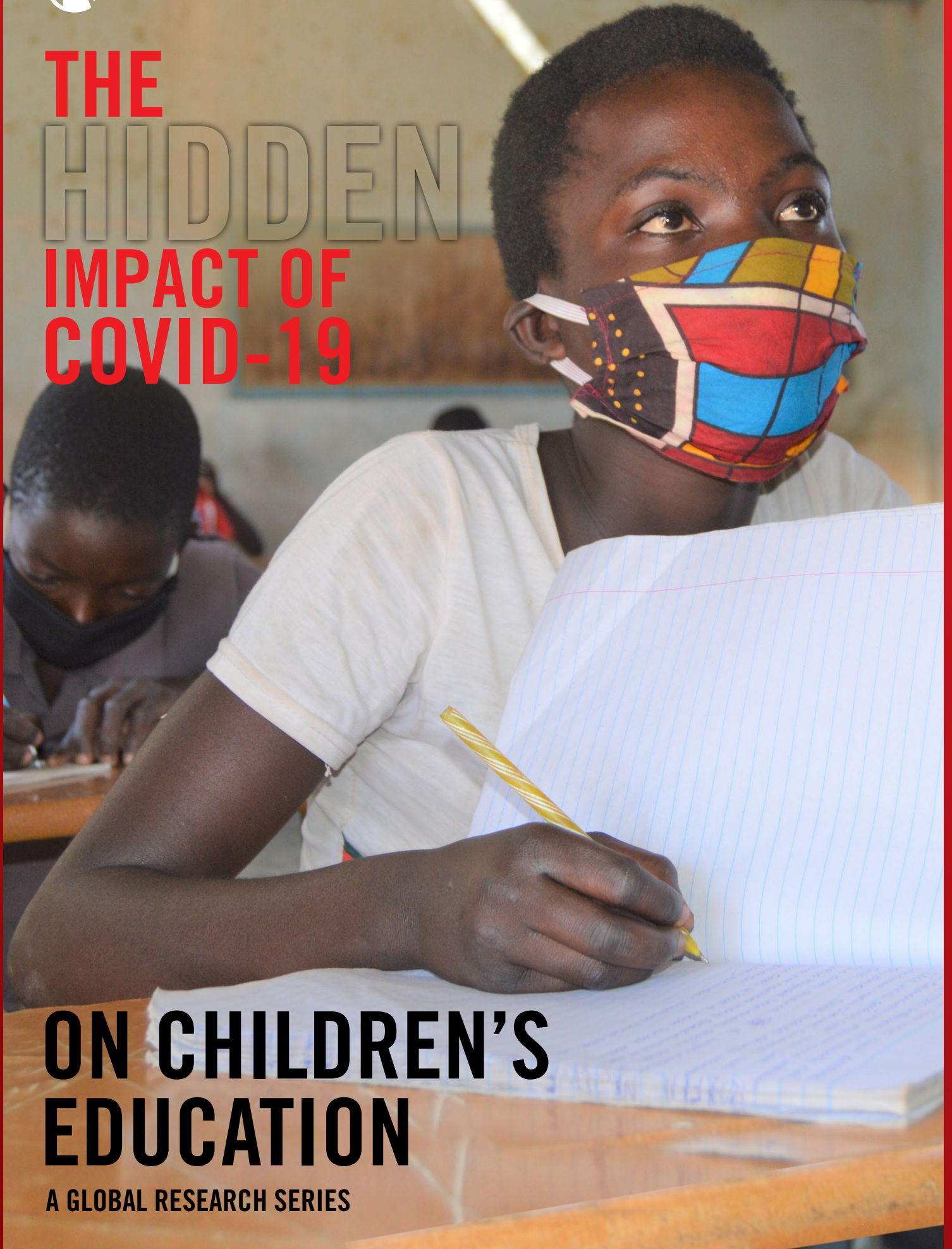


Save the Children

THE HIDDEN IMPACT OF COVID-19

ON CHILDREN'S EDUCATION

A GLOBAL RESEARCH SERIES



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The Hidden Impact of COVID-19 on Children's Education

Response overview

31,683

public responses
including

13,477

child responses
aged 11-17



The study was implemented in **46** countries and resulted in the largest and most comprehensive survey of children and families during the COVID-19 crisis to date.

About the research

The research sampled three distinct population groups:

1. Save the Children program participants.
2. specific population groups of interest to Save the Children.
3. the general public.

A representative sample of Save the Children program participants with telephone numbers or email addresses was obtained in 37 of the 46 countries. The results presented in this report focus on data from our representative sample of 17,565 parents/caregivers and 8,069 children in our program participants group.

KEY FINDINGS

92% of children reported that their school was closed.

Perceptions of learning



Only **8%** of children felt that they were learning as much as they were at school.



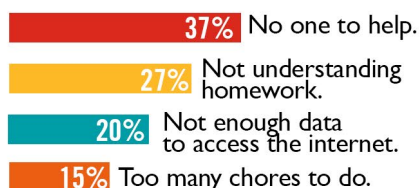
More than **8 in 10** children felt that they were learning little or nothing at all.

Returning to school

94% of parents/caregivers and **95%** of children believe their child/they will return to school after the pandemic.

Obstacles to learning & access to learning resources

4 in 5 children reported **obstacles to learning** during school closures.



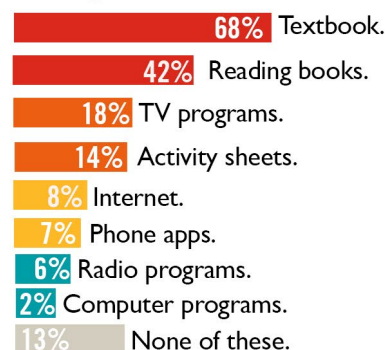
More children with a parent/caregiver with disabilities (**90%**) reported obstacles to learning.

1 in 4 children did not have access to any learning materials at home.

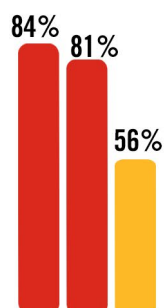
1 in 4 parents/caregivers reported that they could not support their child's learning at all.

67% of parents/caregivers reported that their children had **no contact with their teachers at all**.

Children use the following learning materials at home:



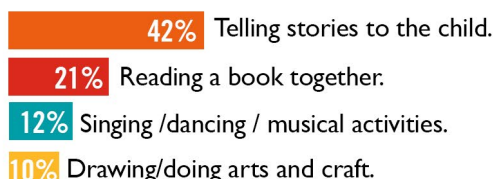
Children's wellbeing during school closures



More children who were **not going to school (81%)** or whose **schools were closed (84%)** reported an increase in negative feelings, compared to just over half (**56%**) who are **going to school in person**.

Early childhood care and development

Parents/caregivers reported positive activities done together with the child:



14% of parents / caregivers did not report engaging in any activity with their child during the COVID-19 period.

EXECUTIVE SUMMARY

About the Study

COVID-19 has spread rapidly within and between countries across the globe. Governments worldwide have implemented measures to contain the spread of COVID-19, including school closures, home isolation/quarantine and community lockdown, all of which have had secondary impacts on children and their households. Save the Children launched a global research study to generate rigorous evidence on how the COVID-19 pandemic and measures implemented to mitigate it are impacting children's health, nutrition, learning, wellbeing, protection, family finances and poverty and to identify children's and their families' needs during these times. The research also captures children's views and messages for leaders and other children.

The research was implemented in 46 countries and results in the largest and most comprehensive survey of children and families during the COVID-19 crisis to date, with **31,683 parents and caregivers and 13,477 children aged between 11 and 17 participating in the research**. The research sampled three distinct population groups: 1. Save the Children programme participants; 2. Specific population groups of interest to Save the Children; and 3. The general public.

A representative sample of Save the Children programme participants with telephone numbers or email addresses was obtained in 37 of the 46 countries. The results presented in this report focus on implications for children's education, drawing on data from our **representative sample of 17,565 parents and caregivers and 8,069 children in our programme participants' group**. The research presents differences in impacts on and needs of children by region, age, gender, disability, minority group, indicators of poverty and more.



PHOTO: SAVE THE CHILDREN

Key Findings

The effects of the COVID-19 pandemic and related school closures on education provision, learning and wellbeing are severe for most children. Responses to this survey show the most vulnerable and marginalised groups of children have been particularly affected — especially children with disabilities, children from displaced families, children from poorer households, children in larger households and children in households with only female adults.

Access to Learning Resources



The vast majority of children (96%) who were attending school prior to COVID-19 reported that their schools were completely closed (not open for either in-person or remote learning). Only 2% reported that their school was open remotely and only 2% of children reported that their school was open for in-person attendance.



Reopening schools was children's priority message for leaders in their country. Schools not reopening and fear of not being able to go back to school were equal top worries among children.



Two-thirds of parents and caregivers (67%) reported that their children had no contact at all with their teachers. A higher proportion of children with disabilities had contact with teachers than those without disabilities.



Nearly three-quarters of children (74%) were reported by parents and caregivers to have access to some form of learning materials, meaning just over one in four children (26%) did not have access to any learning material at all. Children with disabilities and children of parent/caregiver respondents with disabilities were less likely to have access to learning materials than children with no disabilities or children of parent/caregiver respondents where no disability was reported.



Over half of the parents and caregivers (57%) reported that their children had access to only one or two types of learning resources. Provision of learning materials was a key theme when children were asked, "What can adults in your home do differently during the outbreak of COVID-19?".



The most common learning material that children had access to was textbooks (68%), followed by reading books (42%).



Among remote learning mechanisms, less than one in five children (18%) reported using TV programmes, while less than one in ten used the internet (8%), educational apps for a mobile phone or tablet (7%), radio programmes (6%), or educational programmes for a computer (2%).

Perceptions of Learning



More than 8 in 10 children (84%) felt that they were learning “a little” (66%) or “nothing at all” (18%). Less than one in ten children (8%) felt that they were learning “as much as before” when they were at school.



Compared to before the pandemic, over three-quarters of parents and caregivers (77%) felt that their child was either learning “only a little” (57%) or “nothing at all” (20%). Just 10% of parents and caregivers reported that their child was learning “as much as before”.



Perceptions of learning improved as children have access to any type of learning material, and kept improving with access to greater numbers of types of learning materials. Those learning materials that had the strongest association with learning “as much as before COVID-19” or “a lot” were electronic books, educational apps for a phone or tablet, using the internet for learning and educational TV programmes. Other learning materials like reading books, worksheets/activity sheets and textbooks, still had a strong protective association against not learning (learning “nothing at all”).

Obstacles to Learning



Four in five children (80%) reported at least one obstacle to learning during school closures. Children’s greatest obstacles to learning were not having anyone to help (37%) and not understanding homework (27%).



Having no contact with teachers was associated with lower reported levels of learning, with 84% of parents and caregivers of children who do not have contact with their teachers, estimating that their child is learning little or nothing at all, compared to 51% whose children had contact with teachers more than once per day.



Over one-quarter of parents and caregivers (29%) reported that they could not support their child’s learning at all. Less than a quarter of parents and caregivers reported feeling able to do so “a lot” (23%).



Parents and caregivers were more likely to report feeling unable to support the learning of children with disabilities (38%) compared to parents and caregivers of children without disabilities (28%).

Returning to School



The vast majority of parents and caregivers (94%) and children (95%) believe their child / they themselves will return to school after the pandemic. However, 2% of children reported that they would not return to school and 4% said that they did not know if they would.



Parents and caregivers expectation that their child would return to school was lower among female headed households (92%), parents/caregivers with disabilities (91%), and parents/caregivers of girls with disabilities (85%).

Links Between Education and Mental Health and Psychosocial Wellbeing



Disruptions to education affect children's wellbeing, in addition to their formal learning. The vast majority of children who stated that they do not go to school or whose schools are closed reported an increase in negative feelings (81% and 84% respectively), compared to just over half (56%) who were going to school in person.



Parent/caregiver engagement with children in play is important for early childhood learning and development, and throughout childhood. However babies (0-1) and very young children (0-4) were less likely to be engaged in play by their parents/caregivers (74% and 80%) respectively than children aged 5-10 and 11-14 (88% for both age groups).

Recommendations



Given the huge and unprecedented scale of the global crisis in education, and the grave effects of COVID-19 and related school closures on learning and wellbeing, there is a need for concerted global efforts to ensure safe return to school where possible and provision of quality learning resources and support outside of school where necessary. This requires an adequate financial, policy and programming response with a particular emphasis on marginalised children.

Education Finance



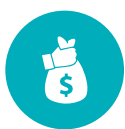
Agree, implement and fund a global COVID-19 education action plan, ensuring that a coordinated global education response keeps learning alive, supports every child to return to school when it is safe to do so, and builds back better and more resilient education systems. The plan should be available on a public website, with progress tracked and reported on regularly.



The World Bank's shareholders should provide a supplementary International Development Association (IDA) budget of around \$35 billion over the next two years, with at least \$10 billion in grant financing.



G7 and other Organisations for Economic Cooperation and Development (OECD) donors should contribute at least \$10 million per country to the Global Partnership for Education to help fund its emergency response to COVID-19. This should be separate and in addition to funding for their 2021 replenishment.



To fulfil Education Cannot Wait's funding gaps for the COVID-19 response and for the remainder of its strategic period up to the end of 2021, it requires from donors an additional \$300 million to its global fund and \$2 billion in-country to support multi-year resilience programmes.

Policy



National governments should produce and implement fully funded, national COVID-19 education response and recovery plans, with targeted action to ensure that girls and the most marginalised children are able to keep learning through distance learning initiatives and return to school.



Governments must prioritise education when relaxing or re-introducing—pandemic control restrictions / lockdowns, and use the UNICEF/UNESCO/WHO/WFP Framework for Reopening Schools to develop clear and transparent plans for the safe reopening of schools, and support school systems and communities to use the Inter-Agency Safe Back to School Practitioners' Guide.



Address gender-related barriers to education including laws, policies, and harmful social norms that prevent girls from continuing their education if they are pregnant, married, or child mothers.



Education Clusters and other coordination groups to prioritise efforts for return to school together with local partners in contexts of displacement and protracted humanitarian crises.



Global Education Cluster and other coordination groups to ensure that systematic, sector-wide child led accountability mechanisms are put in place and maintain the sector's focus on the most marginalised children in the safe return to school.

Programming for Quality Learning



Provide continuous professional development and financial support to teachers including support for wellbeing, mental health and psychosocial support so that they can adapt to new circumstances in schools as part of the frontline response and recovery, and to adapt to supporting distance learning when some schools remain closed or have to close again.



Enable access to different learning resources, appropriate to the learners' needs and abilities, using different modalities whenever possible.



Provide effective, flexible and inclusive distance learning programmes, and including printed learning materials, with a focus on reaching the most marginalised children.



Schools providing remote learning to be supported with online safety information, including protocols for teachers' communicating directly with students through remote learning.



Support parents' role in home learning through social and behaviour change communications and mental health and psychosocial support, to enable caregivers to increase interaction and play with children.



Implementing specific strategies to support marginalised children, especially children with disabilities to return to school while giving particular attention to safety and protection concerns. This should include:



Continuous teacher skills development on inclusive education, special pedagogy and accessible learning materials.



Work in partnership with representative organisations of persons with disabilities (OPDs) to better understand barriers to learning and the reasons for possible drop-out, identification of children with disabilities not being supported in learning from home and creation of parent support groups.



Disaggregating disability data using UNICEF Child Functioning modules or other approved tools to understand the proportion of learners with disability in order to track dropout rates disaggregated by disability and take follow-up action, as children return to school.

Cross-Sectoral Programming

Mental Health and Psychosocial Support (MHPSS) and Education



Work with schools to ensure that age-appropriate, gender-sensitive, inclusive, accessible messages on psychosocial wellbeing and stress prevention messages are conveyed to children and their caregivers in a way that reassures rather than distresses.

Support schools to identify and refer children in high distress and/or showing signs of a mental health condition.

Child Protection in Education Services



Ensure that child protection reporting and referral systems can be adapted for times of school closure, and are reinforced when schools are reopened to support children who may have faced increased violence and stress during COVID-19 restrictions and confinement.

Health and Nutrition in Education Services



Provide food to children who normally rely on school meal programmes, via take home rations, vouchers or cash schemes, and restore such programmes when schools reopen.

Provide sexual and reproductive health and rights programming that includes the safe distribution of menstrual hygiene kits to girls, as well as empowerment campaigns, addressing stigmas and specifically targeting gender-based violence that has occurred during the pandemic restrictions.

INTRODUCTION AND AIMS



Study Background

On 30 January 2020, the World Health Organisation (WHO) Director General declared the outbreak of coronavirus disease (COVID-19), a Public Health Emergency of International Concern (PHEIC) (WHO, 2020a), and on 11 March 2020, declared the COVID-19 outbreak a global pandemic (WHO, 2020b). The PHEIC remains in place at the time of writing. The number of cases and deaths from the coronavirus outbreak continues to rise exponentially. As this report is being written, in mid-September 2020, over 28 million people from more than 200 countries have been infected and over 900,000 have died (WHO, 2020d).

The global coronavirus COVID-19 outbreak is already having a serious impact on the global and national economies, health systems, education systems and more—and ultimately on the fulfilment of children's rights. A number of governments have implemented measures to contain the spread of COVID-19, ranging from social distancing and behavioural changes to home isolation/quarantine, school closures, business closures and community lockdown. Around 1.5 billion children and youth were affected by school closures in the first half of April 2020 (UNESCO, 2020).

In addition to the immediate impacts on their health rights and those of their caregivers, the social and economic disruptions caused by the outbreak of COVID-19 present a range of other risks to children's right to education and to their wellbeing and protection. These may be derived directly from the outbreak, from measures taken to respond to it and from wider economic and other disruption. The WHO (2020c) coordinated Global Research Roadmap summarises the available literature on this topic:

These measures all have secondary impacts. Quarantine, for instance, has impacts on the mental [5–7] and physical health [8] of populations... A rapid systematic review of publications reporting previous events of quarantine for infectious disease outbreaks, identified how knowledge of the disease, clear information regarding quarantine procedures, social norms, perceived benefits of quarantine, perceived risk of disease, and ensuring sufficient supplies of food, medicines and other essentials were important factors to promote adherence to the uncomfortable realities of quarantine measures [10]. Others have highlighted the critical role of trust, interpersonal and international cooperation that emerge in response to a collective effort in tackling a major public health crisis [11].

(WHO and R&D Blueprint, 2020: 60)



Research Purpose

This research report presents selected findings from a large-scale cross-thematic research study on the impact of the COVID-19 pandemic on children and their families. The purpose of this study is to understand:

1. The impact of school closures, home isolation/quarantine and community lockdown on children's health, nutrition, learning, wellbeing and protection.
2. The economic impact of the COVID-19 pandemic on households with children.

3. The health, psychosocial, learning and protection needs of children during times of school closures, home isolation/quarantine and community lockdown.
4. Children's right to be heard when talking about COVID-19.
5. Children's messages for leaders and other children around the world.

This knowledge will be used by Save the Children and shared with governments, donors, partners and other stakeholders, to inform the development of various information products, services, programmes and policies across multiple sectors.

Research Questions

This research report presents findings addressing the following education-related research questions:

- *What is the impact of COVID-19 on access to education and learning materials?*
- *What is the impact of COVID-19 on parent, caregiver, and child perceptions of risk of dropping out of school?*
- *What is the impact of COVID-19 on parent, caregiver, and child perceptions of learning during lockdown?*
- *What is the impact of lack of access to education during COVID-19 on children's mental health and psychosocial wellbeing?*
- *What do children report needing most during the pandemic to facilitate access to education and learning?*



PHOTO: SAVE THE CHILDREN

RESEARCH DESIGN AND METHODS

This section provides a summary of the study research design and methods. The full Study Methods Report (<https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series>) describes the methods and sample in detail, as well as the limitations of the design and methods. The full Study Methods Report is available at: <https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series>.

This study was approved by the Save the Children US Ethics Review Committee (SCUS-ERC-FY2020-33). Approval was also obtained by local Independent Review Boards in all countries where the research was implemented, that had locally operating Independent Review Boards.



Study Populations and Scope

This research study was carried out among current programme participants of Save the Children-led or partner-led programmes in the 37 countries listed in Table 1. The study was implemented only in those countries where local Save the Children staff could quickly mobilise resources to carry out the study. These countries were not randomly selected and are therefore neither representative of all countries across the world, nor representative of all countries in which Save the Children operates.

Table 1: Countries Where the Research was Implemented

Region	Countries where the research was implemented among Save the Children programme participants
Asia	Afghanistan, Bangladesh, Cambodia, India, Indonesia, Laos, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka
East & Southern Africa (ESA)	Ethiopia, Kenya, Malawi, Mozambique, Somalia, South Sudan, Uganda
West & Central Africa (WCA)	Burkina Faso, Niger, Senegal, Sierra Leone
Middle East and Europe (MEE)	Egypt, Lebanon, Syrian Arab Republic, Albania, Kosovo
Latin America and the Caribbean (LAC)	Bolivia, Brazil, Colombia, and Dominican Republic, El Salvador, Paraguay, Peru
North America	United States of America
Pacific	Papua New Guinea, Solomon Islands

The Pacific has not been covered in this report due to small sample sizes.

The survey questionnaire and Participant Information Sheet were translated using a back-translation process into 28 languages to facilitate uptake in all countries where the research was implemented.



Sampling, Recruitment and Data Collection Mechanisms

The research was designed to obtain a representative sample of current Save the Children programme participants. Remote data collection methods had to be used due to the presence of COVID-19 and risk of contracting or transmitting COVID-19 during in-person data collection methods. The study population was therefore necessarily reduced to only those programme participants with remote contact details (phone number or email) listed at the individual or household level. For this reason, the research can only be considered as representative of Save the Children programme participants with remote contact details in those countries where the study was implemented.

A random sample of current programme participants across all programmes (derived from a programme database of programme participants with contact details) was obtained in the majority of countries. A stratified random sample of current programme participants across all programmes (derived from a programme database of programme participants with contact details) was obtained in a few countries.

There were only two eligibility criteria for participation in the study:

1. Adult respondents (aged 18 years and above) be parents and/or caregivers of children aged 0-17 years living in the same household (Part 1 of the survey) and
2. Child respondents be aged 11-17 years (Part 2 of the survey).

Data was collected through a single online SurveyMonkey (Enterprise version) survey either directly completed by the respondents themselves or indirectly via an interviewer. Most of the programme participants, in the majority of countries, were reached by phone and invited to participate in the study. In these cases, an interviewer would talk through the survey and enter the participants' responses directly into the online survey on their behalf. Programme participants were also invited to participate in the study after being sent the survey link by email, text messaging, WhatsApp or other instant messaging platform. They could then complete the online survey in their own time using a device of their choice.

Permission for in-person interviews was granted in Papua New Guinea due to the absence of COVID-19 cases at the time of the study. The Papua New Guinea sample therefore included all programme participants, regardless of whether or not they had remote contact details. A census of all current programme participants was obtained in the United States of America. The United States population was invited to participate in the study through a printed flyer with a QR code linking to the online survey.

The minimum requirements for participation in the study were a confidence level of 90% and margin of error of 5%. For the majority of countries, this meant a minimum sample size of 273 adult respondents. A detailed description of the sampling approach and final response numbers per participating country are listed in the full Study Methods Report.



Limitations of the Research Design

The sample is skewed:

- Towards programme participants with: stable internet and/or a phone access and who were willing to absorb the cost of receiving phone calls or using their data plan.
- Towards those who can speak or read and write in the languages that the survey has been translated into, and against those who cannot. To overcome this, an effort was made to translate the online survey into a range of languages, and to engage interviewers who could speak local languages/dialects, verbally translate the survey questions (following a written and tested translation), and then enter the participant responses into the more mainstream language in the online survey on the participant's behalf.

- Towards those with time and interest and against those with limited time and less interest (self-selection bias).

This unfortunately biases the study sample against the most marginalised and deprived. Similarly, the sample is also skewed against those with certain disabilities. To foster inclusivity, survey respondents could engage the assistance of another when participating in the survey.



The Survey Questionnaire

Data was collected through a single survey divided into two parts. The first part was for the adult parent or caregiver and gathered household level information, as well as information specifically about the parent/caregiver and children in their care. This part of the survey questionnaire also prompted the parent/caregiver to think about one particular child ('the indexed child') and answer some specific questions about them related to COVID-19. Prompts in the survey were designed to prioritise the capture of data on school-age children, while still facilitating the collection of data on an even spread of children of different ages.

If the adult parent/caregiver had a child aged 11–17, then they were asked whether they consented to their child answering some additional survey questions (the second part of the survey). If the adult parent/caregiver consented, they passed the survey to their child, who then went through an assent process before being asked to answer the children's questions.

Only one adult and one child (aged 11–17) per household could complete the survey. If the adult had more than one child aged 11–17, then they could choose which child would complete the children's section of the survey.

There are various limitations with the questionnaire structure that are discussed in the full Study Methods Report. A notable limitation is that the survey questionnaire did not ask whether the child respondent was the same individual as the indexed child. This is a limitation of the survey that prevents comparison between the adult reports on the child and the child self-reports. The Washington Group Short Set of Questions on Disability (WG-SS) were used to disaggregate data for disability¹. The WG-SS was asked of the adult respondent and about the indexed child by proxy of the adult respondent. Child respondents did not respond to WG-SS, preventing data disaggregation for the child respondent by disability.

Being a self-report survey, there will likely be response bias, particularly for survey questions around parenting, family relationships, violence and income losses. Self-reporting of income bias can involve a combination of expectation bias, privacy concerns and the general challenge of accuracy of reporting income from people (mainly rural and informal sector) with multiple income sources without triangulation.



Data Collected

The survey was designed to capture information across multiple sectors or themes, including household economies, health and nutrition, child education and learning, child protection and child rights. The survey questionnaire is presented in the full Study Methods Report. An overview of the data collected in the survey is shown in the following table.

Measures, Indices and Specific Variables

Details on measures, indices and specific variables are included in the Full Methods Report. The following are specifically addressed here given their particular significance to this thematic report.

¹Persons with disability is defined as 'those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'.

Table 2: Overview of Data Collected in the Survey

Level of Variable	Household Level	Individual Level		
Respondent	Parent	Parent	Parent	Child
Subject of Variable	Household	Parent	Indexed Child	Child Participant
Item	• Schools closed (weeks) • Home quarantine (weeks) • Stores closed (weeks) • Geography, migration & displacement • Country/settlement type • Migration & displacement due to COVID-19 Parent/child separation due to COVID-19 • Number/gender of adults • Number/gender of children • Number of habitable rooms • Household wealth • Income lost (amount) • Income lost (sources) • Ability to pay for basic needs • Coping strategies in home • Government support & social protection floors • Household physical health and nutrition • How many household illnesses since COVID-19 • Barriers to medical care • Barriers to medications • Barriers to food & nutrition • Barriers to other health/sanitation items • Medical care, medication and other health/sanitation items needed	• Gender • Age • Minority status • Disability status • Relationship to children in household • Parents' and caregivers' wellbeing and perceptions of family relationships • Parents' and caregivers' feeling and worries • Changes in relationships with children & in the household • Violence in the home	• Gender • Age • Disability status • Chronic health condition • Children's learning & education: • Attendance at school prior to COVID-19 • Access & use of learning materials • Barriers to learning • Teacher remote support for home-based learning • Parent/caregiver support for children's home-based learning • Perceptions of children's learning • Likelihood of children returning to school after COVID-19 • Children's wellbeing, & family relationships • How children feel & sleep since COVID-19 • Changes in children's behaviour & sleep since COVID-19 • Children's contact with friends & doing activities for fun • Children's safe use of the internet • Child Rights • Whether parent/caregivers talk to their children about COVID-19 • Breastfeeding & infant nutrition practices, concerns & needs	• Gender • Age • Children's learning & education: • Whether children feel they are learning at home • What helps or stops children from learning at home • Children's wellbeing: • What children do to have fun • What children miss & miss-out on by not attending school • Children's contact with friends • How children describe their home situation • What children have enjoyed most about being at home • Children's rights: • Children's right to information about COVID-19 • Children's right to be heard when talking about COVID-19 • Children's messages for leaders & other children around the world • Children's messages for other children around the world

Education and Learning

Education and learning were measured with a series of questions regarding school closures, access to learning resources, and ability to support learning remotely within the home. Questions were asked of both the parent or caregiver, and the child respondent. Regarding the extent of learning, parents were asked about their perception of the extent of learning of the indexed child compared to when they were at school, and child respondents were asked their self-assessment of the same issue. Formal assessment of children's learning was not part of the survey. See Table 2 for more information about the specific questions asked of these respondents.

Mental Health and Psychosocial Wellbeing

Aspects of mental health and psychosocial wellbeing in children and adults were measured through self-assessment and observational rating scales, covering a number of positive and negative feelings as well as changes in children's behaviour. In addition, the questions posed in the survey explored children's and adults' thoughts, their social connectedness as well as existing coping strategies to maintain wellbeing. However, given the time-sensitive nature and scope of the study it was not feasible to carry out detailed assessments of child and adult mental health and psychosocial wellbeing using comprehensive psychometric measures, thus limiting the findings to the particular aspects researched in the study and not providing exact indications of children's and adults' wellbeing. It is also acknowledged that manifestations of mental health and psychosocial wellbeing issues are heavily influenced by context-specific cultural differences and locally existing social norms. This could not be reflected upon in detail in the report, because of the global nature of the study itself and the global focus of subsequent analysis of findings. While behaviours such as unusual crying or screaming and bedwetting commonly indicate distress and reduced wellbeing in children, children with disabilities may display such signs and behaviours due to other reasons relating to their specific impairment and thus make them less reliable as determinants of distress for this group of children.



Data Analysis

Probability weighting was used to weight the programme participant sample against the total programme participants population. Regression analysis was performed using the F-Statistic test in STATA. A p-value of <0.05 was used to denote statistical significance.

The quotes featured in this report were selected following qualitative analysis of five open-ended survey questions answered by the child-respondents. The qualitative analysis employed a conceptual content approach to identify key themes that children described. A framework method supported this approach, whereby a pre-emptive thematic framework, protocol and coding template were developed to support consistency in coding by numerous analysts coding for different countries and languages. The framework allowed flexibility to code inductively, and therefore new emerging themes could be added during the coding process. All the children's open-ended responses were examined and coded, irrespective of any perceptions on saturation point. Quotes and case studies reported as a result of the qualitative data analysis are consistent with these key themes, or are noted as particularly salient and important to the child respondent.



Study Sample Numbers and Characteristics

Data were collected from 17,565 adult respondents and 8,068 child respondents, from across the seven regions in which Save the Children operates: Asia, Eastern and Southern Africa, West and Central Africa, Middle East and Eastern Europe, Latin America and the Caribbean, the Pacific and North America. The detailed characteristics of the programme participant respondents are presented in the table below (unweighted data). More detailed breakdowns of the sample numbers and characteristics by region are presented in a separate Sample Characteristics report available at: <https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-globalresearch-series>.

Table 3: Save the Children Program Participants, Worldwide Sample

Variable	Adult respondent (parent/ caregiver)		Child respondent (11-17 years)		Indexed child	
	Number of adult respondents	Percent of adult respondents	Number of child respondents	Percent of child respondents	Number of indexed children	Percent of indexed children
Total	17,565	100	8,069	100	16,110	100
Region						
Asia	6,915	39.4	3,686	45.7	6,559	40.7
ESA	3,274	18.6	1,588	19.7	3,084	19.1
WCA	1,372	7.8	646	8.0	1,282	8.0
LCA	3,047	17.3	1,129	14.0	2,716	16.9
MEE	2,166	12.3	794	9.8	1,772	11.0
Pacific	251	1.4	140	1.7	235	1.5
North America	518	2.9	81	1.0	444	2.8
Europe & Others	22	0.1	5	0.1	18	0.1
Gender						
Female	10,554	60.1	4,336	53.7	8,075	50.1
Male	6,055	34.5	3,619	44.9	7,945	49.3
Prefer not to say/Other	62	0.4	11	0.1	90	0.6
Non-response	894	5.1	103	1.3	0	0.0
Age						
0-1 years	N/A	N/A	N/A	N/A	809	5.0
2-4 years	N/A	N/A	N/A	N/A	1,591	9.9
5-10 years	N/A	N/A	N/A	N/A	4,932	30.6
11-14 years	N/A	N/A	4,531	56.2	4,770	29.6
15-17 years	N/A	N/A	3,398	42.1	4,008	24.9
18-24 years	1,154	6.6	N/A	N/A	N/A	N/A
25-29 years	2,197	12.5	N/A	N/A	N/A	N/A
30-39 years	6,363	36.2	N/A	N/A	N/A	N/A
40-49 years	4,514	25.7	N/A	N/A	N/A	N/A
50-59 years	1,804	10.3	N/A	N/A	N/A	N/A
60+ years	744	4.2	N/A	N/A	N/A	N/A
Non-response	789	4.5	140	1.7	0	0.0
Disability status						
Has disability	997	5.7	N/A	N/A	623	3.9
Does not have disability	15,337	87.3	N/A	N/A	12,582	78.1
Non-response	1,231	7.0	8,069	100.0	2,905	18.0

Variable	Adult respondent (parent/ caregiver)		Child respondent (11-17 years)		Indexed child	
	Number of adult respondents	Percent of adult respondents	Number of child respondents	Percent of child respondents	Number of indexed children	Percent of indexed children
Has a chronic health condition						
Has health condition	N/A	N/A	N/A	N/A	1,087	6.7
Does not have health condition	N/A	N/A	N/A	N/A	14,921	92.6
Non-response	N/A	N/A	N/A	N/A	0	0.0
Family member belongs to a minority group						
Yes	4,588	26.1	2,168	26.9	4,318	26.8
No	10,400	59.2	5,041	62.5	10,098	62.7
Prefer not to say	540	3.1	202	2.5	498	3.1
Non-response	2,037	11.6	658	8.2	1,196	7.4
Relatively poor						
Poor (below median wealth index)	6,278	35.7	3,506	43.5	6,278	39.0
Not-poor (on or above the median wealth index)	5,762	32.8	3,425	42.4	5,762	35.8
Non-response	5,525	31.5	1,138	14.1	4,070	25.3
Settlement type						
City	5,099	29.0	2,268	28.1	4,863	30.2
Large or small town	2,912	16.6	1,218	15.1	7,618	47.3
Village	8,593	48.9	4,364	54.1	2,755	17.1
Don't know	172	1.0	79	1.0	155	1.0
Non-response	789	4.5	140	1.7	719	4.5



RESULTS

COVID-19 is disrupting children's education, learning and wellbeing in substantial ways. The effects of the pandemic on children vary widely according to region and other demographic characteristics including disability, minority status, indicators of poverty and gender. Further effects vary according to access to teachers and a variety of learning resources. The remainder of this report will delineate these findings in detail and provide recommendations for policy and programming.

A reminder that findings reported from parents and caregivers are specific to one of their children of school age (the 'indexed child' aged 5 to 17 years). In contrast, findings from the children themselves are from children aged 11-17 years who may or may not be the same as the indexed child, and represent a smaller sample than the parent/caregiver respondents.



The Impact of COVID-19 on Access to Education and Learning Resources

The majority of parents and caregivers in our study (90%) reported that their indexed child of school-going age was attending school before the pandemic. This varied from 65% in West and Central Africa to 92% in North America and Latin America and the Caribbean, as shown in Table 4. A larger proportion (96%) of the child respondents (aged 11-17 years) reported going to school prior to COVID-19. This ranged from 89% in West and Central Africa and Middle East and Europe to 100% in North America.

“Help children with their education so they can be the destiny of the country.”

—Boy, 17 years old, Senegal, messages for leaders

Table 4: Percentage of Children in School Prior to COVID-19

	Parents and caregiver's report on indexed child aged 5-17 years	Children's self-report (aged 11-17 years)
North America	92%	100%
LAC	92%	98%
Asia	91%	94%
ESA	90%	98%
Pacific	84%	98%
MEE	81%	89%
WCA	65%	89%
Total	90%	96%



School Closures Due to COVID-19

At the time of data collection (June and July 2020) nearly half of the parents and caregivers (49%) reported that schools had been closed for 9-12 weeks and another quarter (26%) reported that schools had been closed for 13-16 weeks. About 8% reported that schools had been closed for 17 weeks or more and 8% reported that schools had been closed for less than 8 weeks. Only 5% said schools were not closed and 4% did not remember how long they had been closed.

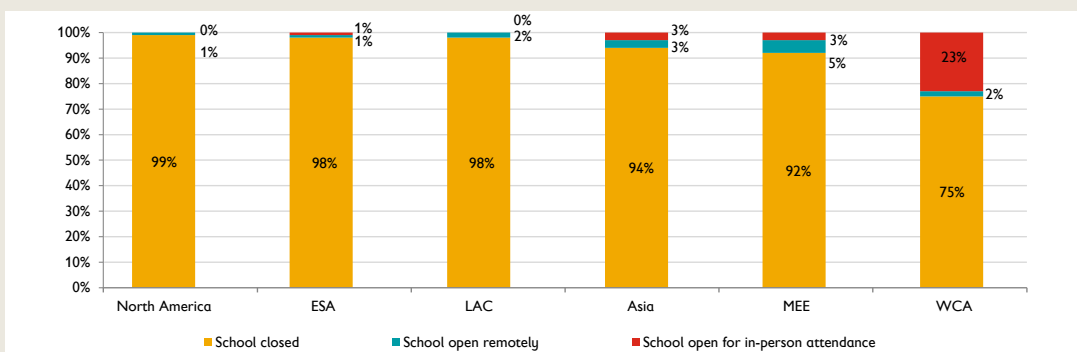
“I am so worried about my schooling”

—Girl, aged 11 years, Sierra Leone

From the children’s perspective, **the vast majority of children (96%) who were attending school prior to COVID-19 reported that their schools were completely closed (not open for either in-person or remote learning). Only 2% reported that their school was open remotely and only 2% of children reported that their school was open for in-person attendance.**

The vast majority of children in North America (99%), East and Southern Africa (ESA) (98%), Latin America and the Caribbean (LAC) (98%), Asia (94%) and Middle East and Europe (MEE) (92%) reported that their school was closed. Three-quarters of children in West & Central Africa (WCA) (75%) reported that their school was closed, as shown in Figure 1.

Figure 1: Children’s Reports of School Closures by Region



School Teacher Contact During School Closures

Two-thirds of parents and caregivers (67%) reported that their child had no contact at all from their teachers and 5% did not know. Most of the remainder reported that their child’s teacher checked in with them “less than once a week” (9%) or “once a week” (9%). Only one in ten reported their child’s teacher checked in with them “a few times a week” (5%), “once a day” (3%) or more than once a day (3%).

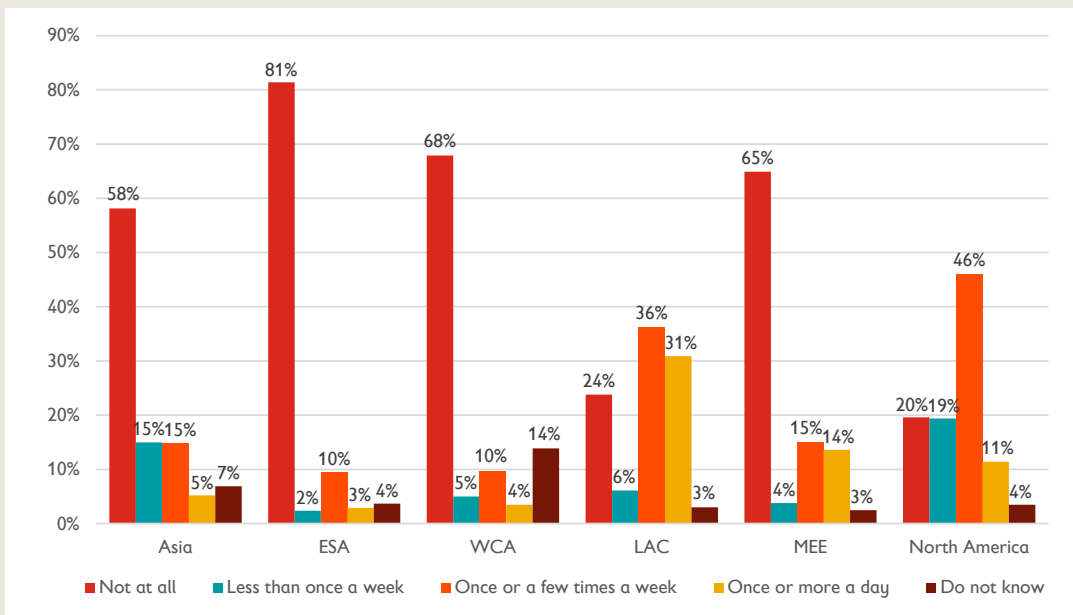
There is a correlation between the number of weeks the school has been closed and the percentage of children with no contact from the teachers. There is a peak of 84% of children whose school had been closed from 17 to 19 weeks without contact from teachers, compared to 59% of children whose school had been closed between 1 and 4 weeks.

“Closing of schools has drawn away our attention on education since there are no teachers to monitor our progress”

—Girl, 15 years old, Malawi.

There was significant regional variation in reports of school teacher contact. East and Southern Africa had the highest proportion of parents and caregivers (81%) reporting their children had no contact with teachers during school closures. Latin America and the Caribbean (24%) and North America (20%) had the lowest proportions without teacher contact, as shown in Figure 2 below.

Figure 2: Proportion of Children without Any Follow-Up from Teachers by Region



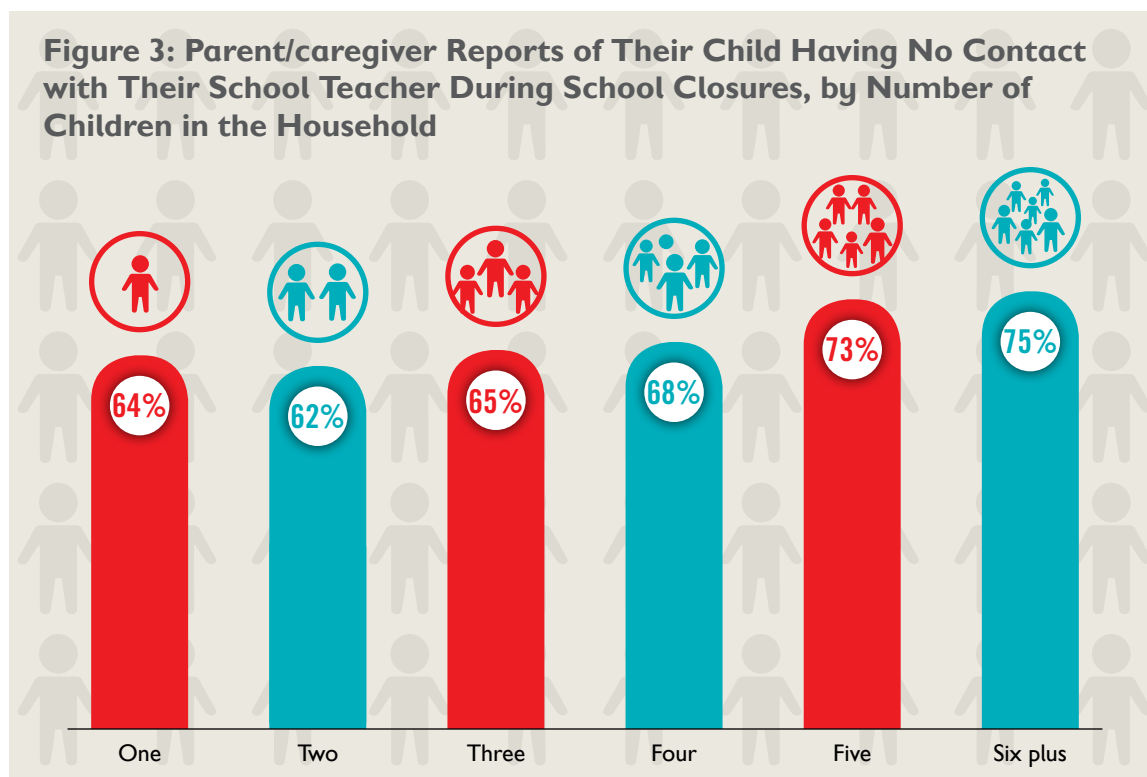
There was not a statistically significant difference in parent and caregiver reports of teacher contact by gender or age of the indexed child². However, the study found that **a higher proportion of children with disabilities had contact with teachers than those without disabilities**. Parents and caregivers of a girl (57%) or a boy (63%) with disability were less likely to report their child being without any teacher follow-up than parents and caregivers of girls (64%) and boys (68%) without disabilities. However, children with a chronic health condition were more likely (70%) than children without chronic health conditions (66%) to be reported by their parents and caregivers to be without teacher check-ins.

Caregivers who were not the parents of the indexed child were also less likely (61%) to report that the child had no teacher check-ins than parents reporting for their own child (67%). Parents and caregivers with disabilities were more likely (73%) to report that their child had no contact from teachers than parents and caregivers without disabilities (66%). While there was no gender difference between female and male parents and caregivers overall, three-quarters of female parents and caregivers with a disability (76%) reported that their child had no check-ins from teachers.

Lack of teacher contact was associated with a number of household characteristics. **Parents and caregivers in households with only female adults (72%), and with only male adults (71%) were more likely than parents and caregivers in households with adults of mixed gender (58%) to report their child did not have contact with teachers during school closures.**

²Parents and caregivers were more likely to report that their boy child (68%) was without contact from teachers than their girl child (65%), however this was not a statistically significant difference. A slightly higher proportion of parents and caregivers considering their child aged 15-17 years (70%) reported their child was without any contact from teachers, than those considering their child aged 11-14 years (65%) or 6-10 years (66%). However this age difference was not statistically significant.

There was also variation according to the number of children in a household. Parents and caregivers in households with six or more children were most likely (75%) to report their children being without any teacher follow-up, while parents and caregivers in households with two children were least likely (62%) to report this. This is illustrated in Figure 3 below.



Interestingly, more parents and caregivers who reported that they or their family members identified as belonging to a minority group reported that their child had contact from their school teacher, i.e. in converse, a lower proportion (61%) reported no teacher check-ins than caregiver respondents who did not report belonging to a minority group (68%). In particular, teacher check-ins varied significantly according to whether parents and caregivers reported that they themselves or their family members were displaced. Parents and caregivers who reported that they were displaced were less likely to report that their girl child (57%) and boy child (66%) had no check-ins by their teachers than those from non-displaced households (66% for girls and 68% for boys).

While not statistically significant, a slightly higher proportion of parents and caregivers in households that had lost more than half their income due to COVID-19 (68%) reported their child was without teacher contact than parents and caregivers in households that had not lost more than half their income due to COVID-19 (65%).



Access to Learning Materials During COVID-19

Children aged 11 to 17 years, whose school was either completely closed or only open remotely, were asked what learning materials they were using since not going to school. The most common materials children reported using were textbooks and reading books, used by 68% and 42% of children respectively. Only 14% of children reported using worksheets or activity sheets. Fewer children reported using electronic educational resources for learning such as educational TV programmes (18%), the internet (8%), educational apps for phone or tablet (7%), educational radio programmes (6%) or educational programmes for use with a computer (2%). **Just over one in ten children (13%) reported not using any of these learning materials.** This is illustrated in Figure 4 on the following page.

Parents and caregivers were asked what learning materials their indexed child has access to (regardless of whether the child's school was open or closed). Parents and caregivers of children aged 11 to 17 years report their child's access to learning materials mirrored that reported by children themselves, albeit the proportions were slightly lower. **One in five parents and caregivers of 11 to 17 year old children reported that they had access to "no learning materials" (20%), significantly more than the children aged 11 to 17 years reporting "none of these" (13%).**

Parent and caregiver reports of access to learning materials were even lower for children aged under 11 years, with only 55% of parents and caregivers reporting younger children had access to textbooks and only 30% reporting they had access to reading books. A quarter (24%) of parents and caregivers reported that their child had access to "no learning materials".

Over half of the parents and caregivers (57%) reported that their child only accessed 1-2 types of learning materials listed. Only 16% reported that their child accessed 3-5 of the resources, and only 1% reported that their child accessed more than five types of resources.

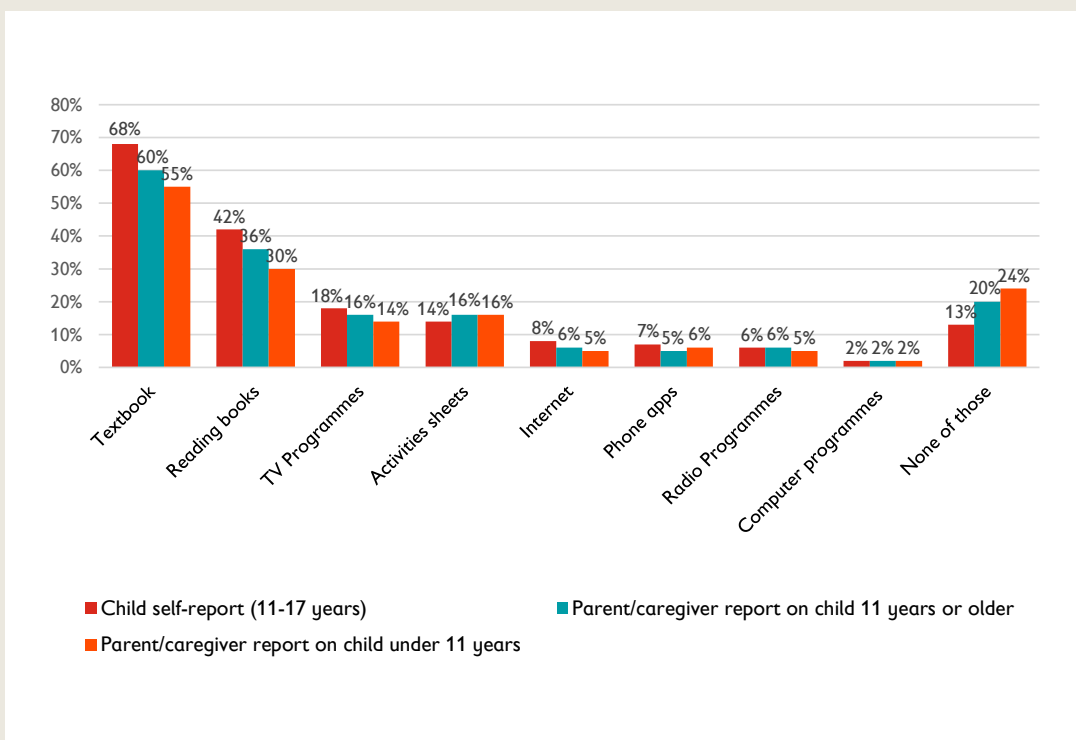
"Mama and Papa are so worried to arrange laptops, tab for online classes, paying more for internet and full fees to school which they feel are too much"

—Boy, 12 years old,

"Make sure that all my playing and learning materials are available."

—Boy, 11 years old, Malawi, when asked what adults in their home can do differently

Figure 4: Children's Reports of Use of Learning Materials and Parent/Caregiver Reports of Access to Learning Materials





Children are Worried About School Closures and Access to Learning Materials During COVID-19

Children were asked, “If you were asked to write a letter to the leaders in your country, what would you say?”. **Education was their first priority for leaders, the most frequent theme being to ask duty-bearers to re-open their schools.** Many emphasised the need for schools to open with proper safety measures in place.:

“Good evening Mr. President, I am writing to you with the only reason to know about our future education. Many students like me are in year 11, this is the last year to live experiences. This is a year with new opportunities, but because of the current circumstances everything is now like a dream. My question is, are you sure that education will be back to normal? We are worried about our future, because once all of this is over, we may be the least benefited. We can't live our last year like we were meant to, therefore, could we really forget this and move on? These are my words for you Mr. President, I hope you understand my concern and can reply to me.”

—Girl, 16 years old, Colombia

“I would ask the leader to allow teachers back to school and put in place measures that will protect us and enable us to learn. To ensure that our families have food since there has been a shortage.”

—Girl, 16 years old, Kenya

“Dear Mr. President or the Ministry of Education, I am a student and I want the schools to be opened. Because, what will this nation become without schools? In schools we can get new things that can be our innovation. I know that it is impossible to study in school in this condition, but I really want to be back to school.”

—Boy, 14 years old, Indonesia

A key theme was also related to the provision of learning materials and support for remote learning, for example:

“That they create other alternatives to continue with studies from home, that all the children of scarce resources have internet.”

—Boy, 13 years old, El Salvador

“Help all the children, so that we can do better with our education, I don't have internet access or tech, so I haven't learned much over the past months.”

—Girl, 15 years old, Colombia

“Dear Mr. Minister of Education, I am kindly requesting that you provide us solar radios to listen to the radio teaching programme and provide us learning materials to read at home while we are waiting for the COVID-19 to be eradicated in the country. Thanks in advance.”

—Girl, 13 year old, West and Central Africa region

“We ask for governments to spend more money to make sure that we can continue learning while at home by providing radios, TVs and internet learning. They must make sure that children in rural areas and from poor families also get to learn. We want to see mobile libraries passing in our communities delivering books for us to learn.”

—Girl, 17 years old, Zambia

“To improve school based website so that we can attend online classes more effectively.”

—Girl, 15 years old Bangladesh

“I would suggest the government and the Ministry to adopt free learning through TV/online mode.”

—Girl, 14 years old, Cambodia

"Implement the programme of village internet so the online study will not be disturbed by signal trouble."

—Girl, 11 years old, Indonesia

"I may include the following demands to the PM: Manage online class, provide 4G access to all areas, support for sufficiency for mobile data package, provide Network access to all remote areas, etc."

—Boy, 14 years old, Nepal

"That they look for a better way to study and that nothing is learned with their system, not all of us have the possibility to study online and that the teachers do not help and do not have patience."

—Girl, 15 years old, Paraguay

Similarly, provision of learning materials was a key theme when children were asked, "What can adults in your home do differently during the outbreak of COVID-19?" for example:

"Buy more books to improve my research and learning."

—Girl, 16 years old Mozambique

"Make sure that all my playing and learning materials are available."

—Boy, 11 years old, Malawi

"Get a smart phone so that we may also learn from the online classes, follow precautions properly."

—Boy, 13 years old, India

What worries me most is not having my basic toys, story books or textbooks and the delay in the reopening of schools."

—Girl, 13 years old, Sierra Leone

Children were also asked, "What worries you the most about the COVID-19 outbreak?". While health-related concerns was the most significant theme, schools not re-opening and worry about not being able to go back to school were also key themes, for example:

"I am worrying that the school will not open, which means that I will not go to school."

—Girl, 13 years old, South Sudan

"My only worry now is my schooling which I am not happy about. I want to return to school as soon as possible."

—Girl, 17 years old, Sierra Leone

"I am worried about losing a whole academic year due to COVID-19."

—Boy, 15 years old, Nepal

"I'm scared of missing a year of school."

—Girl, 17 years old, Senegal



The Impact of COVID-19 on Children's Learning

COVID-19, associated school closures and lack of access to learning support (teacher contact) and materials are having a devastating impact on reported levels of children's learning around the world. Globally the education sector is at risk of losing three decades of progress. This is the biggest education emergency in modern history, adding to the pre-existing global learning crisis.

The following statistics are for only those children whose school was either completely closed or open remotely, regardless of whether the finding is from the child respondent or the parent/caregiver on the indexed child.

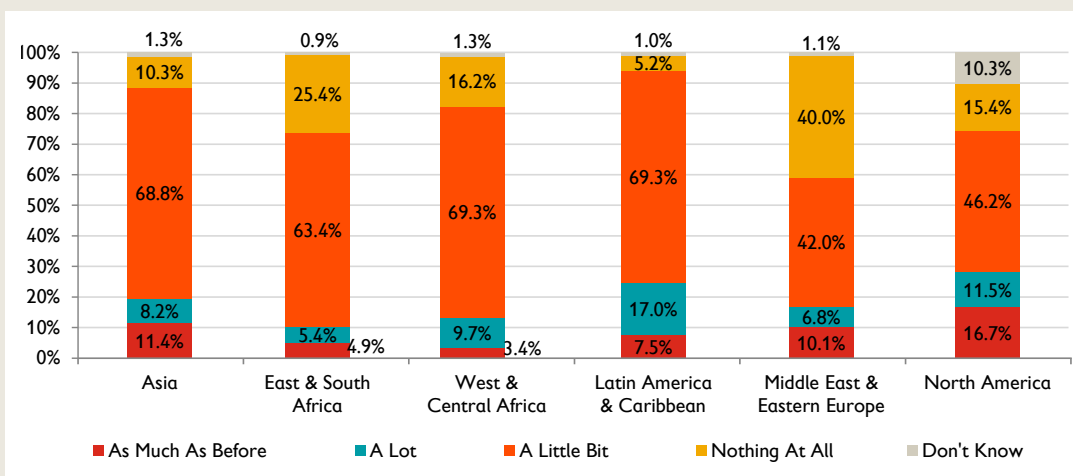


Children's Perceptions of Their Own Learning During School Closures

Children report learning significantly less since the outbreak of the COVID-19 pandemic. **Less than one in ten children (8%) felt that they were learning as much as they were at school and only 7% felt they were learning a lot. More than 8 in 10 children (84%) felt that they were either learning only “a little bit” (66%) or “nothing at all” (18%).**

Overall, there is considerable regional variation in children's reports of learning “nothing at all”, from an alarming high of 40% for the Middle East and Eastern Europe, concerning levels in East and Southern Africa (25%) and West and Central Africa (16%) to a low of 5% in Latin America and the Caribbean. Figure 5 illustrates children's self-reports of learning by region.

Figure 5: Children's Perceptions of Their Own Learning During School Closures



Surprisingly, **there was not a statistically significant difference in children's perceptions of their own learning by gender nor by age (11-14 years vs 15-17 years).**

A significant proportion of children expressed concerns about their learning when asked what worried them the most during this time, for example:

“I am worried about the delay of schooling which may result in poor academic performance.”
—Girl, 14 years old, Cambodia

“I am afraid that the school will not re-open and it has an impact on children and leads to low IQ.”
—Girl, 11 years old, Indonesia

“I am worried that if the Covid-19 outbreak does not end soon, we will have a long period of staying at home and out of school which will disturb our school cycle and my progressing with education.”
—Girl, 11 years old, Malawi

“Dear country leaders, we need to go to school, we need additional support and catch-up classes to make it.”
—Girl, 13 years old, Burkina Faso, messages for leaders

“Fear of not opening school soon and fear of corona infection. I am worried about my examinations because I am not studying well.”
—Girl, 13 years old, Kenya.

“I fear being left behind in education.”
—Girl, 14 years old, Thailand



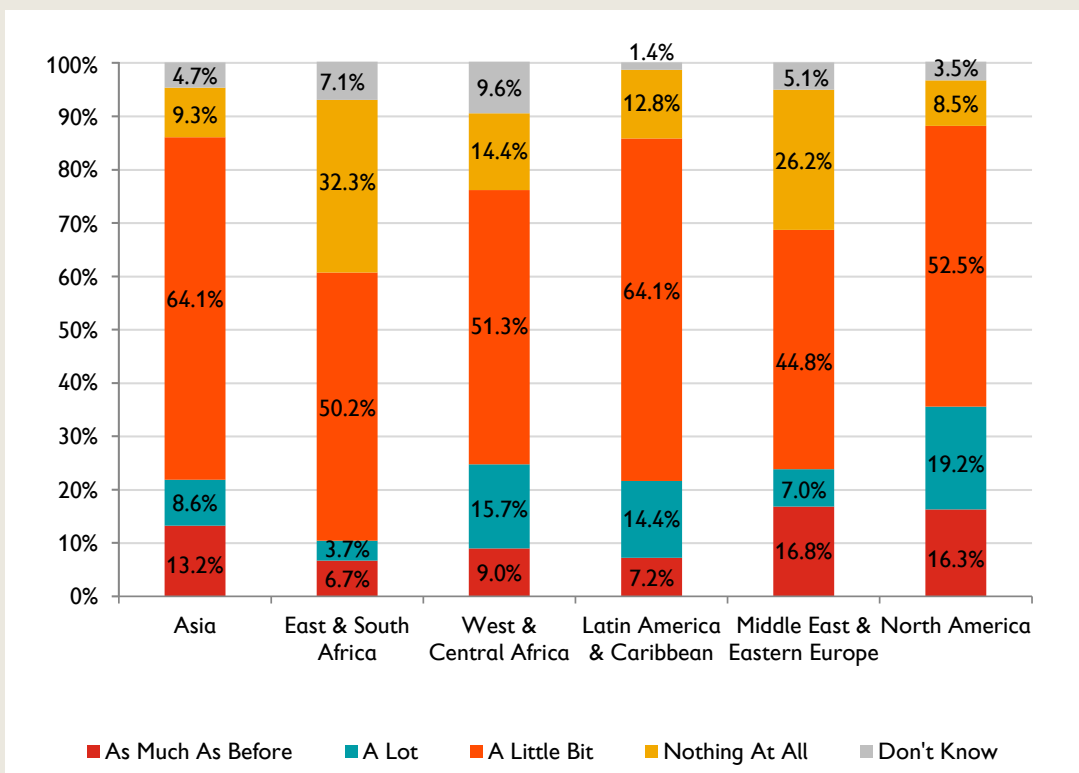


Parent/Caregiver Perceptions of Their Child's/Children's Learning During School Closures

Parents and caregivers had similar perceptions of their children's learning as the children themselves. **Only one in ten parents and caregivers (10%) reported that their child was learning as much as they were at school before the COVID-19 pandemic and only 7% felt they were learning a lot. Over three-quarters of parents and caregivers (77%) felt that their child was either learning only “a little” (57%) or “nothing at all” (20%).**

There is also considerable regional variation in parents and caregivers' perceptions of their children's learning. The lowest perceptions of learning were in East and Southern Africa, where nearly one-third of parents and caregivers (32%) perceived that their child was learning nothing at all and only 7% felt their child was learning as much as they were at school. There was large variance in perceptions of learning in the Middle East and Eastern Europe, where one-quarter of parents and caregivers (26%) perceived that their child was learning “nothing at all”, yet 17% felt their child was learning as much as they were at school. In North America, just over one-third of parents and caregivers (35%) felt their child was learning either ‘as to much as before’ or ‘a lot’. The regional breakdown of parents and caregiver reports of their children's learning is shown in Figure 6.

Figure 6: Caregiver Perceptions of Children's Learning During School Closures

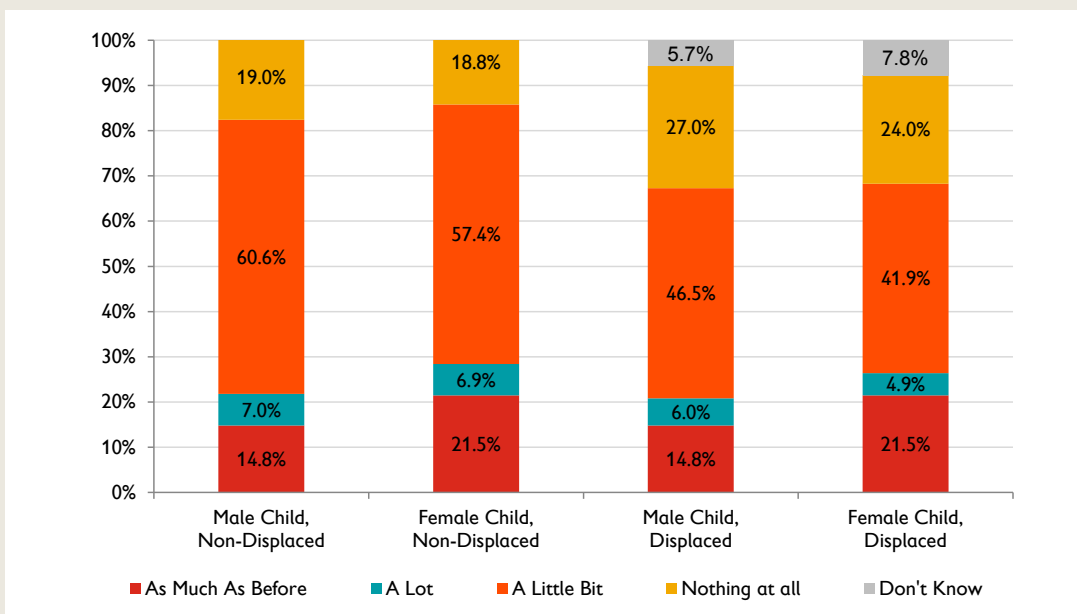


Parents' and caregivers' perceptions of their children's learning varied by geography, with over one-quarter (26%) of parents and caregivers in urban areas perceiving their child was learning “nothing at all,” compared to 17% of parents and caregivers in rural areas.

Surprisingly, parents and caregivers who reported that they or their family members identified as belonging to a minority group were less likely to perceive their child was learning “nothing at all” (16%) than those

who did not (20%). In particular, perceived learning varied significantly according to whether parents and caregivers reported that they or their family members were displaced persons. Parents and caregivers who reported that they were displaced were more likely to perceive that their child was learning nothing at all (27% for boys and 24% for girls) than parents who did not report being displaced (19% for both boys and girls), as shown in Figure 7.

Figure 7: Parent/Caregiver Perception of Children's Learning During COVID-19 According to Displaced Status



However, the greatest percentage of parents and caregivers perceiving their child was learning “nothing at all” were those who did not indicate their minority group status or otherwise (31%). It cannot be determined whether these respondents were from a minority but were not comfortable self-reporting or whether they had an unrelated reason for not answering that question.

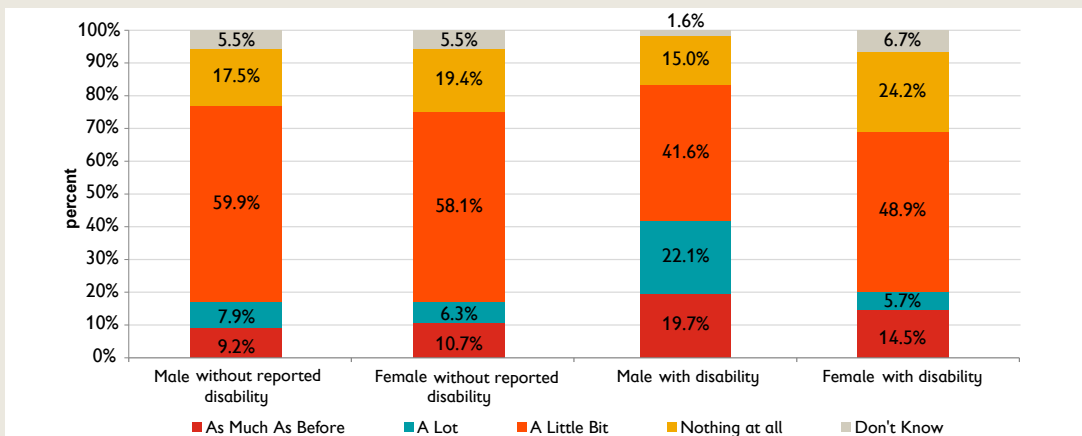
The gender composition of adults in a household was associated with perceptions of learning. Parents and caregivers in households with only female adults were more likely (23%) to report their child learning “nothing at all” than those from households where all adults are male (16%) and households with adults of mixed gender (13%).

Consistent with children's perceptions of their own learning, **there were no significant differences in parent/caregiver perceptions of their child's learning by gender nor age of the child.**

The gender of the parent/caregiver was associated with perceptions of learning, with 21% of female parents/caregivers versus 18% of male parents/caregivers perceiving their child was learning nothing at all. Nearly one-quarter of parents and caregivers (23%) of a child with disability felt that their child with disability was learning “nothing at all”, compared to 19% for parents and caregivers of a child without disabilities.

The gender and disability status of the parent/caregiver combined, was strongly associated with their perceptions of their child's learning during the pandemic. Close to a quarter (24%) of female parents and caregivers with disabilities reported that their children were learning “nothing at all”, which is both higher than for male or female respondents without disabilities (18% and 19% respectively) and for male respondents with disabilities (15%). Figure 8 illustrates the relationship between reported gender, disability status, and perceptions of children's learning during the pandemic.

Figure 8: Parent/Caregiver Perceptions of Children's Learning During COVID-19 by Self-Reported Gender and Disability Status

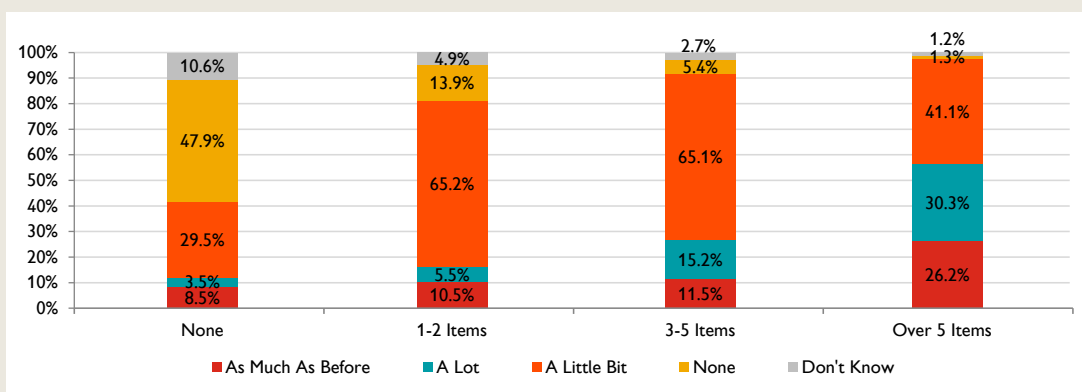


Obstacles to Learning

Lack of Access to School Teacher Contact and Learning Materials

There is a significant association between parent and caregiver perceptions of their child's learning and access to learning resources, with learning improving as children have access to more learning materials. Nearly half of parents and caregivers (48%) who reported that their child did not have access to any learning materials also reported that their child is learning "nothing at all". This increased to over three-quarters (77%) when those parents and caregivers who perceived their child was learning only a little (30%) are included. Over three-quarters of parents and caregivers (79%) who report their child has access to only 1-2 types of learning materials, perceive their child is learning a little (65%) or nothing at all (14%).

Figure 9: Parent/Caregiver Perceptions of Children's Learning Since COVID-19 According to Types of Learning Materials Accessed by Children



Conversely, more than half of the parents and caregivers (57%) who reported their child had access to over 5 types of learning materials, perceive their child is learning as much as before (26%) or "a lot" (30%). This compares to only 12% for those with no access to learning resources (9% learning as much as before and 4% learning a lot). Figure 9 illustrates the breakdown in perceived learning according to reported access to learning resources.

There is a significant association between children's self-reported learning and each of the types of learning materials that they said they used or did not use, with learning improving as children use each of the learning materials. However interestingly **those learning materials that had the strongest association with learning as much as before COVID-19 or "a lot" were electronic books, educational apps for phone or tablet, educational TV programmes**, as follows:

- Half of the parents and caregivers (50%) who reported their child had access to **electronic books** perceived their child was learning as much as before (26%) or "a lot" (24%), compared to only 17% for those without access.
- Half of the parents and caregivers (49%) who reported their child had access to **educational apps for phone or tablet** perceived their child was learning as much as before (18%) or "a lot" (30%), compared to only 16% for those without access.
- 37% of the parents and caregivers who reported their child had access to **the internet for learning** perceived their child was learning as much as before (16%) or "a lot" (21%), compared to only 16% for those without access.
- 27% of the parents and caregivers who reported their child had access to **educational TV programmes** perceived their child was learning as much as before (14%) or "a lot" (13%), compared to only 16% for those without access.

Despite this, **other learning materials like reading books, worksheets/activity sheets and textbooks, still had a strong protective association against not learning (learning "nothing at all")**, as follows:

- 26% of the parents and caregivers who reported their child did not have access to **reading books** perceived their child was learning "nothing at all," compared to 8% for those with access.
- 22% of the parents and caregivers who reported their child did not have access to **worksheets/activity sheets** perceived their child was learning "nothing at all," compared to 9% for those with access.
- 33% of the parents and caregivers who reported their child did not have access to **textbooks** perceived their child was learning "nothing at all", compared to 12% for those with access.

Listening to educational programmes on the radio was the learning resource least associated with children's learning during school closures. These findings were consistent regardless of whether we examined parent/caregiver reports of access or children's reports of use of these learning materials.

Children perceived the need for learning materials since schools were closed. **When asked what items they need that they cannot get now that schools are closed, 50% of children said they needed learning materials.** Girls were more likely (55%) to report this need than boys (45%) while there was no statistically significant difference between children of the different age groups (11-14 years vs 15-17 years).

Contact with teachers was also related to parents'/caregivers' perceptions of how much their children were learning. Parents and caregivers whose children had contact more than once a day with teachers were more than four times more likely to believe that their children were either learning as much as before COVID-19 or "a lot", than those whose children had no contact with teachers (48% compared to 11%). The majority (84%) of parents and caregivers whose children had no contact at all with teachers perceived that their children were learning 'little' or 'nothing at all', compared to 51% whose children had contact more than once per day with their teachers.



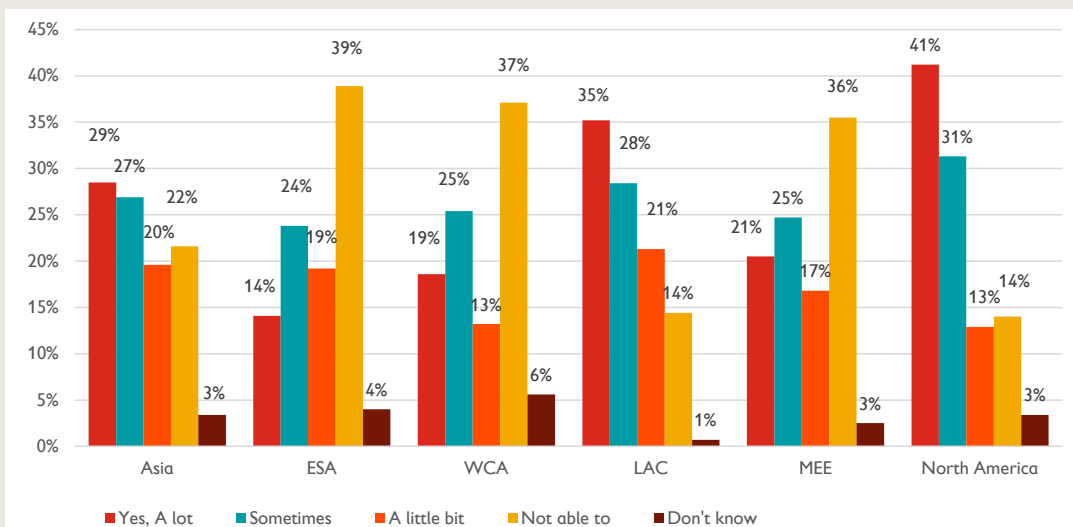
Ability of Parents and Caregivers to Support Children with Their Home Learning

Parents and caregivers were asked "do you feel that you are able to sufficiently support your children's learning at home during school closure?". Only 23% of parents/caregivers reported feeling able to do so "a

lot”, and 26% reported feeling able to do so “sometimes”. Almost half (48%) of the parents and caregivers reported feeling only being able to support children's learning a little bit (19%) or not at all (29%).

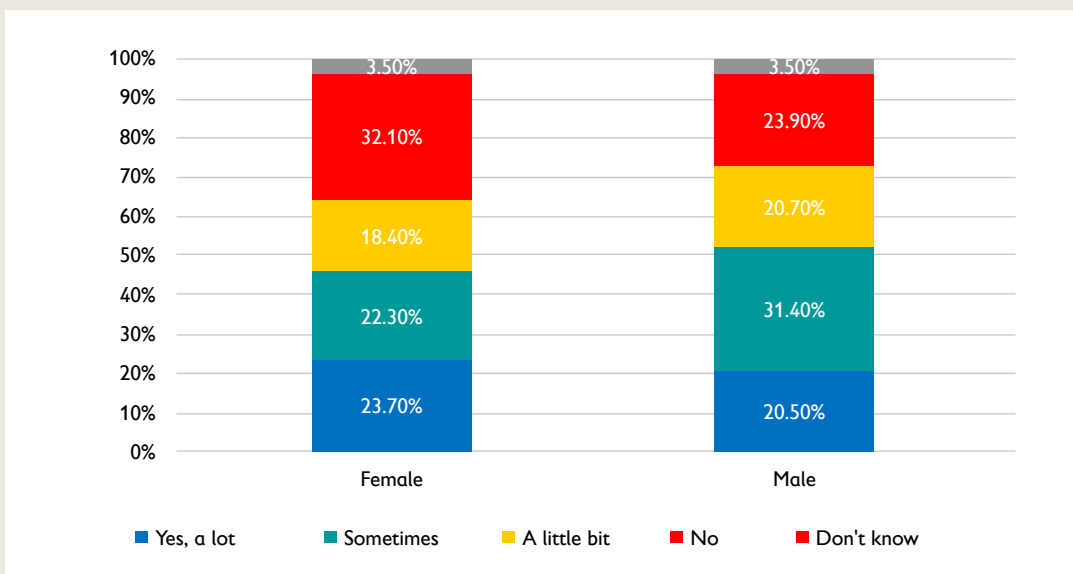
There was considerable regional variation for these responses. The challenge of parents and caregivers feeling unable to support their children’s learning was particularly pronounced in East and Southern Africa (39%), West and Central Africa (37%) and the Middle East and Europe (36%), as shown in Figure 10.

Figure 10: Parent/Caregiver Perceptions of Their Ability to Support Their Children’s Learning by Region and Gender of the Parent/Caregiver



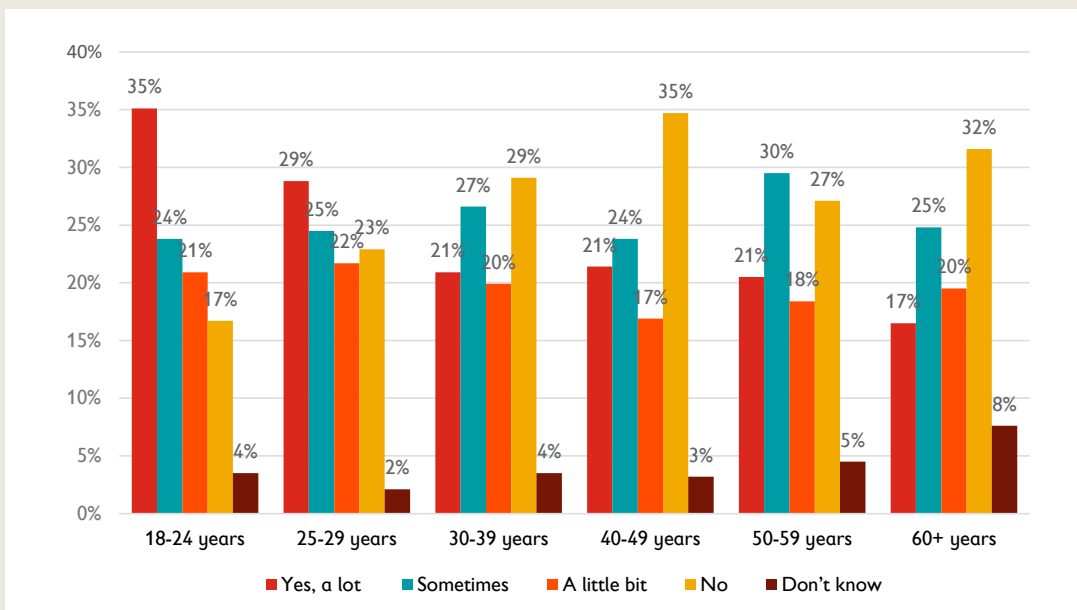
A higher percentage of female parents/caregivers (32%) than male parents/caregivers (24%), reported feeling not able to support their children’s learning at all. However, more female parents/caregivers (24%) than male parents/caregivers (21%) also reported being able to support their child's learning "a lot". This is shown in Figure 11.

Figure 11: Parent/Caregiver Perceptions of Their Ability to Support Their Children’s Learning at Home by Gender of the Parent/Caregivers



There was a strong trend between the parent and caregiver's age and ability to support their child's learning, with a much higher proportion of younger parents/caregivers (35% for parents/caregivers aged 18-24 years and 29% for parents/caregivers aged 25-29 years) able to support their child's learning than older parents/caregivers (17% for 60+ years). This is shown in Figure 12.

Figure 12: Parent/Caregiver Perceptions of Their Ability to Support Their Children's Learning at Home by Age of the Parent/Caregivers

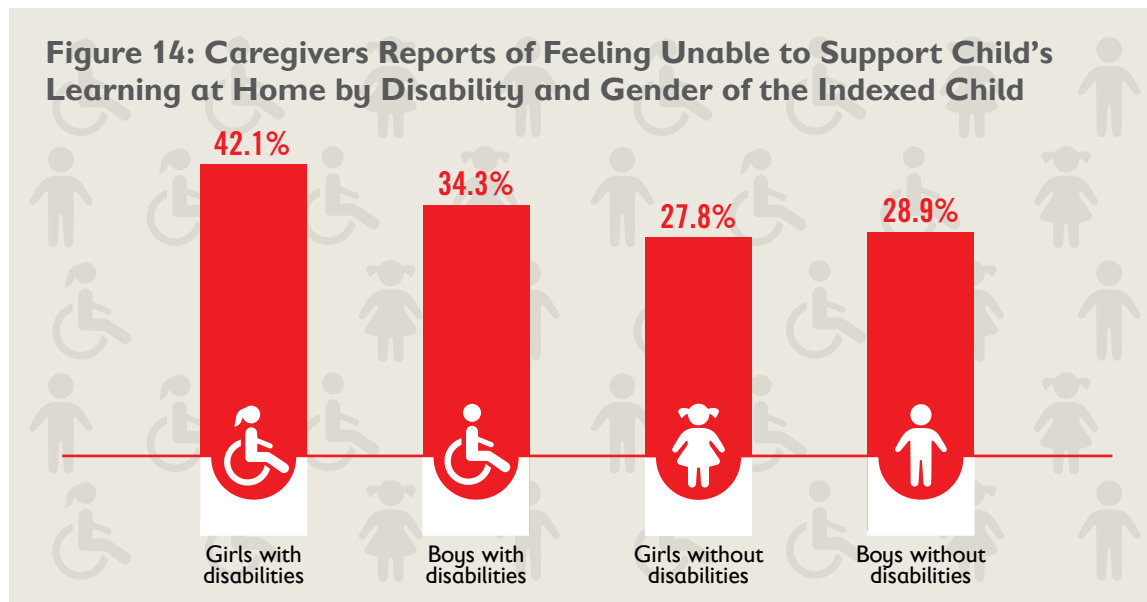


The disability status of parents and caregivers alone was not associated with their ability to support their child's learning. However, when combined with gender, female parents/caregivers with disabilities were more likely to respond that they cannot support their child's learning at home (36%) than either male parents/caregivers with disabilities (21%) and female and male parents/caregivers without disabilities (31% and 24% respectively). This is shown in Figure 13.

Figure 13: Proportion of Caregivers Who Reported Not Feeling Able to Support Their Children's Learning at Home



Furthermore, parents and caregivers reported that the ability to support their children's learning at home varied according to the disability status of the indexed child. The percentage who felt unable to support their children's learning was higher both for parents and caregivers of girls with disabilities (42%) and boys with disabilities (34%), compared to girls and boys without disabilities (28% and 29% respectively).



Parents and caregivers were less likely to be able to support the learning of their older children than younger children. A third (33%) of parents and caregivers of children aged 15-17 years felt that they could not support their child's learning. In comparison, only one-quarter (25%) of parents of children aged 3 to 5 years felt that they could not support their child's learning.

Other groups of parents and caregivers that were less likely to feel that they could support their child's learning were as follows:

- Parents and caregivers who are displaced are more likely (35%) to report that they are unable to support their boy's learning at home than displaced parents and caregivers referring to their girl (25%) and parents and caregivers who are not displaced (29%, the same for girls and boys).
- Parents and caregivers from relatively poor households, with 31% stating they cannot support their child's learning, compared to 26% of parents/caregivers from households that were not.
- Parents and caregivers living in urban areas, with 37% of urban female parents/caregivers, and 33% of urban male parents/caregivers reporting they could not support their child's learning compared to 29% of rural female and 21% of rural male parents/caregivers.

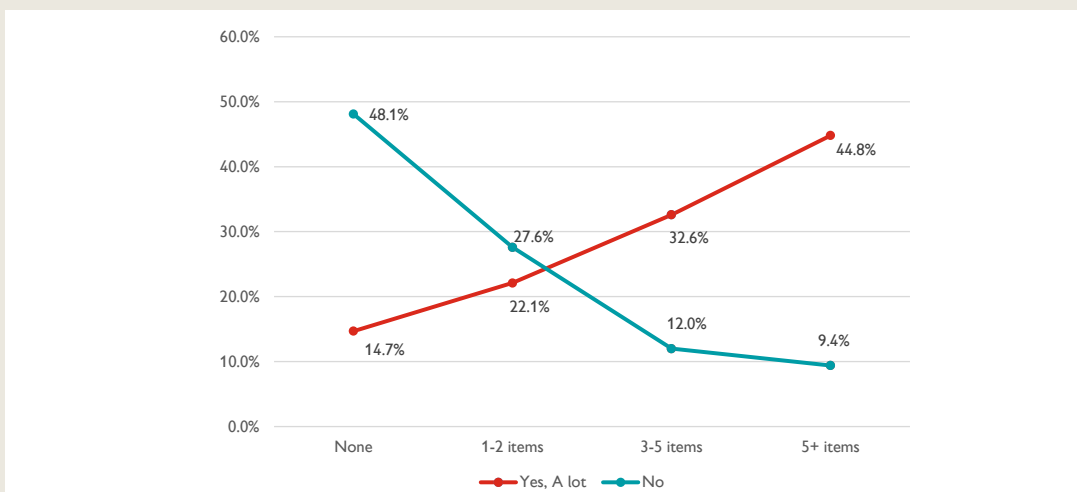
There was also association with household composition. Parents and caregivers in households with only female adults (37%), and parents/caregivers in households with only male adults (36%), were more likely to report that they cannot support their children's learning compared to parents and caregivers in households with adults of both genders (24%).

Parents and caregivers with greater numbers of children were more likely to report this challenge. This peaked for parents and caregivers with five children, of whom 38% reported this challenge compared to parents and caregivers with one child (24%).

There was a strong correlation between teacher follow-up and parents' and caregivers' perceived ability to support their child's learning. Parents and caregivers who reported that their child's teacher does not check in on them at all were almost three times more likely to say that they felt unable to support their child's home learning at all than parents and caregivers who reported the teacher provided even minimal check-in less than once a week (36% vs 13%).

Further there was a strong correlation between the number of types of learning resources the child had access to and parents and caregivers expressed ability to support their child's learning. This is shown in Figure 15 below.

Figure 15: Parents Self-perceived Ability to Support Their Children's Learning at Home Compared to Number of Types of Learning Resources to Which the Child Has Access



Parents and caregivers whose child did not have access to any learning resources were nearly five times as likely to report they could not support their child's learning at home compared to those whose child had access to five or more types of learning resources (48% compared to 9%). Conversely, three times as many parents and caregivers who reported their children had access to five or more types of learning resources as those parents and caregivers who reported their child having no learning resources were confident that they could support their child's learning "a lot" (45% compared to 15%).



Other Obstacles to Learning

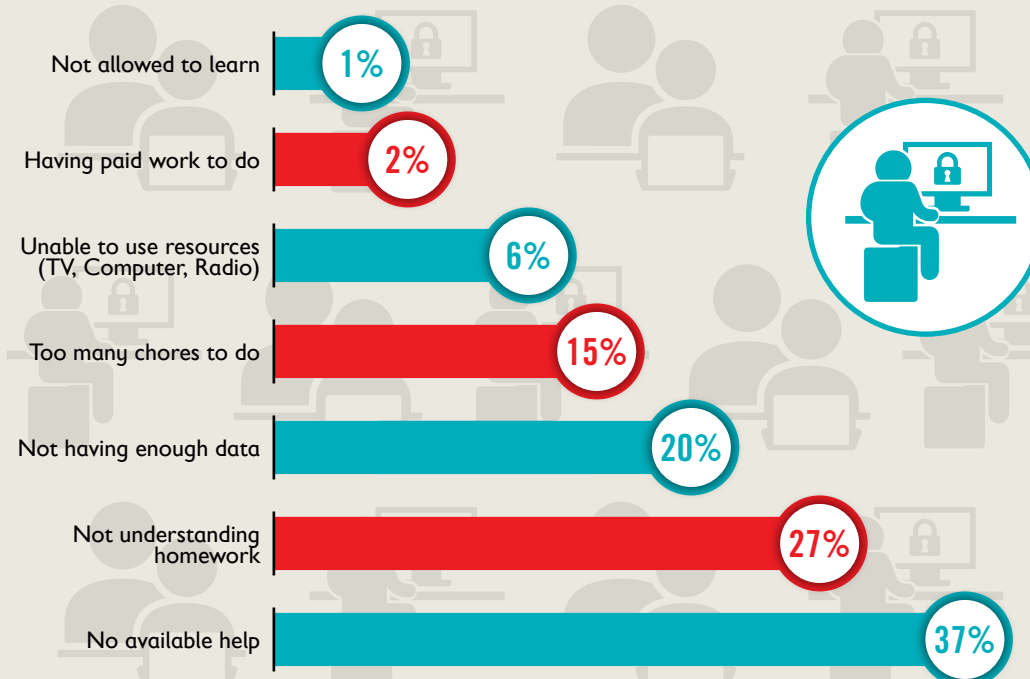
Children (aged 11-17 years) were asked about the obstacles to learning that they experienced. **Only one in five children (20%) reported having no obstacles to learning.** The most common obstacle to learning reported by child respondents was "I need help and no one can help me". This was reported by well over a third of child respondents (37%), with no differences reported from girls and boys. The second most commonly reported challenge was not understanding homework which was reported by 27% of children with no different report shown between girls and boys. However, this was a greater challenge for children aged 11-14 years of whom 30% reported this (compared to 23% of children aged 15-17 years).

"The study at home is not working well. When I study alone, I don't understand all my activities"

—Girl, 17 years old, Sierra Leone

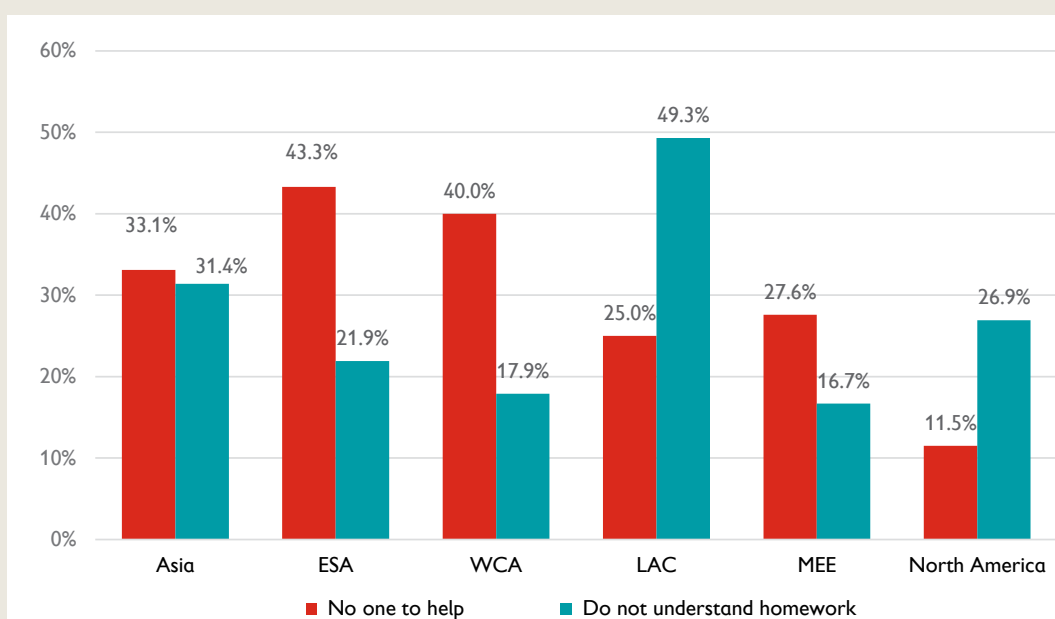
After having no one to help and not understanding homework, **20% of children reported not having enough data and 15% reported having too many chores to do to stop them from learning at home.** Smaller percentages of children reported not being able to learn at home because they cannot be bothered to do school work (9%), are unable to use resources like the TV, radio or internet for learning because other household members were using them (6%) or because they needed to do paid work (2%) or were not allowed to do school work (1%).

Figure 16: Proportion of Children Reporting Obstacles to Learning



In terms of not being able to learn because children report having no one to help, there was significant variation by region. The figures for African regions were higher – 43% for East and Southern Africa and 40% for West and Central Africa, as shown in the Figure 17 below. There was also regional variation in children reporting not being able to understand their homework. However, this was highest in Latin America and the Caribbean.

Figure 17: Percentage of Children Who Reported Needing Help But Having No One to Help by Region and Gender



There was no significant difference between boys and girls reporting having no one to help nor understanding their homework. However older children aged 15-17 years (75%) were more likely to report not understanding their homework than younger children aged 11-14 years (70%).

Around half (51%) of the child respondents from households where the parent/caregiver respondent had known disability reported needing help and having no one to help, compared to 37% of child respondents from households where the parent/caregiver respondent did not report disability. In terms of gender and parent/caregiver disability status, child respondents of male parent caregiver respondents with disabilities were most likely (56%) to report this challenge, followed by children of female parent/caregiver respondents with disabilities (48%), than children of male parent/caregiver respondents without disabilities (38%) and children of female parent/caregiver respondents without disabilities (37%).

“Help us more with our homework. We can be more united than before.”

—Boy, 13 years old, Peru

Some other recurring features of inequality were also apparent. For example, one-third (35%) of children of parent/caregiver respondents with disabilities reported the challenge of not understanding homework compared to 28% of children of parents and caregivers without reported disabilities. Further, above average proportions of children from relatively poorer households reported this challenge (30%, compared to 23% from relatively wealthier households) as did children from households that had lost over half their income due to COVID-19 (30%).

There was no difference between children in urban or rural areas. However, the challenge of no one to help was also reported by 40% of children from relatively poor households, compared to one-third (33%) of children from relatively wealthy households.

These quantitative results are mirrored by children’s open-ended responses when asked “What can adults in your home do differently during the outbreak of COVID-19?” A key theme was helping them with home education, for example:

“Help me more with homework.” —Boy, 11 years old, Dominican Republic

“Stay at home and help me in lessons.” —Girl, 11 years, Afghanistan

“Teach children to learn even while at home.” —Boy, 11 years old, Philippines

“Spend more time with me and support me in my studies.” —Girl, 13 years old, India

“They can spend more time with me to help me in my studies.” —Girl, 15 years old, Pakistan

“Spend more time with us, help us with notes and teach us subjects like Maths and Science that we find it difficult to comprehend.” —Girl, 14 years old, Sierra Leone

“Develop a daily programme to provide children with stability and teach them what is useful for them.”
—Girl, 11 years old, Palestine

“Play with me, exercise with me, support me in my education, be more careful in COVID-9 prevention and advise us, make sure I sleep well, eat well and also follow my education at home.”
—Girl, 12 years old, Ethiopia

Links Between Obstacles to Learning, Length of School Closure and Access to Resources

There were significant correlations between the most commonly reported obstacles and the number of weeks of school closure. **The report of needing someone to help** was most common among children whose schools had been closed for between 9 and 12 weeks (44%) compared to those with 1-4 weeks school closures (21%). **Not understanding homework** was most commonly reported by children whose schools had been closed for 17 to 19 weeks (58%) compared to those with 1-4 weeks school closures (13%).



There was also a correlation between child respondents reporting learning obstacles and the parent/caregiver respondents in their household reporting needing supports such as counselling, health, psychosocial support services and parenting advice/support. Around 84% of children reporting learning obstacles came from a household with parents or caregivers who needed parenting advice/support compared to 78% of children from those who did not report needing parenting advice/support. Among the children who reported needing someone to help as one of those learning obstacles, a higher proportion of them were also from a household where the parent/caregiver reported needing parenting support (45%), compared to those who did not report needing parenting support (34%).



Perceived Risk of Not Returning to School After COVID-19

Children's and Parent/Caregivers Expectation of Returning to School After COVID-19

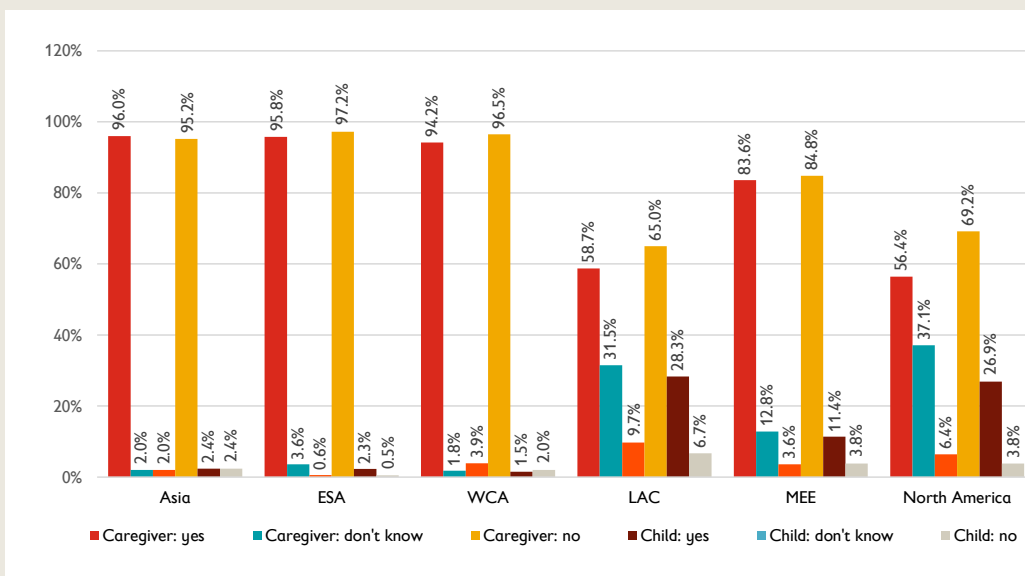
The vast majority of parents and caregivers (94%) report that they expect their child to return to school following the COVID-19 pandemic. Similar to parents and caregivers, the majority of children themselves (95%) also think that they will return to school when schools reopen (girls 94%, boys 95%).

However, responses varied by region, influenced mainly by differing levels of uncertainty rather than belief that children would not return. The most promising findings come from East and Southern Africa where 96% of parents and caregivers and 97% of children think they will return to school. This is followed by 96% and 95% in Asia, and 84% of parents and caregivers and 85% of children in the Middle East and Eastern Europe.

In Latin America and the Caribbean, only 59% of parents and caregivers stated that they thought their child would return to school post-pandemic, with 32% unsure whether their child would return. Only 65% of the child respondents in Latin America and the Caribbean thought that they would return to school post-pandemic, with most of the rest answering "I don't know".

In North America children were more likely to expect return to school (69%) than their parents (56%). See Figure 18 for the breakdown of parent/caregiver and child expectations of return to school.

Figure 18: Parent/Caregiver and Child Expectations that They Will Return to School After COVID-19, by Region



There were no significant differences in children’s expectation that they will return to school after COVID-19, by their gender or their age (11-14 years vs. 15-17 years). Likewise, there were no significant differences in parent/caregiver expectations that their child (the indexed child) would return to school after COVID-19, by gender or age of the child (5-10 years vs. 11-14 years vs. 15-17 years).

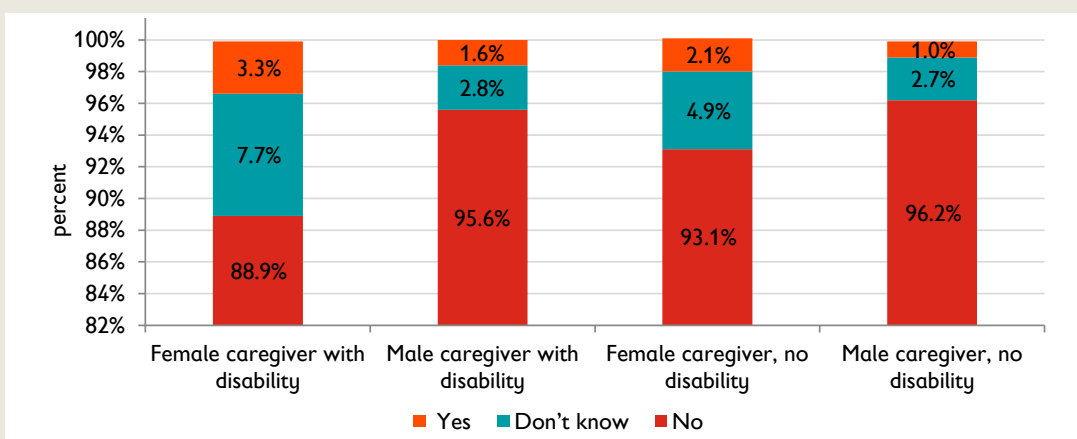
Parent/caregiver perceptions that their child will return to school are significantly lower when also reporting the child has a disability (87%) than for children without disabilities (94%). Specifically, parents and caregivers of an indexed child with disability were more likely (13%) to respond ‘no’ or ‘don’t know’ to the question on the expectation of their child returning to school than parents and caregivers of children without disabilities (6%) (see Figure 19). Parents and caregivers of girls with disabilities were more than twice as likely (15%) than those of girls without disabilities (6%) to respond ‘no’ or ‘don’t know’ to the question of return to school.

Additionally, parent/caregiver perceptions that their child will return to school are significantly lower when also reporting the child has a chronic health condition (91%) than for children without a chronic health condition (94%).

There is a small albeit significant variation between male (96%) and female (93%) parents and caregivers’ perceptions that their child will return to school post-pandemic. Parents and caregivers with disabilities were significantly less likely to think their children would return to school (91%) than parents and caregivers without disabilities (94%). These differences are greater when examining the intersection of gender and disabilities (see Figure 3), with male parents and caregivers without disabilities being most likely to think their children will return to school (96%) and female parents and caregivers without disabilities least likely to think so (89%).

Similarly, children vary significantly in their belief that they will return to school according to their parent/caregiver respondent gender and disability status. For example, the vast majority (96%) of children of male parent/caregiver respondents with no reported disabilities expected that they would return to school, compared to 88% of children from female parent/caregiver respondents with a disability. Figure 19 illustrates these findings in detail.

Figure 19: Child Expectation to Return to School Post-Pandemic by Parent/Caregiver Respondent Gender and Disability Status



Additionally, a lower proportion (92%) of children of parent/caregiver respondents who report that they themselves or family members belong to a minority group report they believe they will return to school post-pandemic than children of parents and caregivers who did not report any minority status (96%). This is a similar finding from the parents and caregivers, where 91% of parents and caregivers who report that they themselves or family members belong to a minority group report they believe

their child will return to school post-pandemic, compared to 95% of parents and caregivers who do not report belonging to a minority group. An issue requiring further investigation is that parents and caregivers who do not state whether or not they are of minority status—making up 3% of our respondents reported being least confident that their child would return to school post-pandemic (86%). This may reflect a discomfort among some particularly vulnerable households in reporting minority status. Figure 5 illustrates these perceptions among parents and caregivers of reported minority status and when considering their children by gender.

Similarly, parents and caregivers who report that they themselves or a family member are displaced also report significantly lower confidence that their child will return to school (91% for boys, 92% for girls) than parents and caregivers who do not report displacement (94%, the same for girls and boys).



Why Children May Not Return to School After COVID-19

The children's open-ended responses to the question what worries you the most about the COVID-19 outbreak provide some insights as to why children may not expect to return to school. Worries included not being able to go back to school due to fear of child marriage, child pregnancy, for example:

"Worried about girls getting pregnant because of COVID-19." —Girl, 15, Uganda

"Worried about learning, the fear of being infected, fear of being married if school closure continues."
—Girl, 12 years old, Kenya

"Fear of coronavirus, lack of job may cause family breakup, child marriage might become high due to corona holiday." —Boy, 14 years old, Kenya

"Forcing girl child to early marriage due to closure of school, fear of being affected by coronavirus. Worried about learning." —Girl, 14 years old, Kenya

Concerns about not being able to afford school due to income lost as a result of COVID-19 were also mentioned, for example:

"Am now looking after our goats, I have worries that I might be told to continue to look after goats even after school reopens." —Boy, 11 years old, Kenya

"Afraid of getting ill and being unable to go to school because of reduction in family income."
—Boy, 12 years old, Indonesia

"Afraid ... unable to go to school because of reduction in family income." —Boy, 12 years old, Indonesia



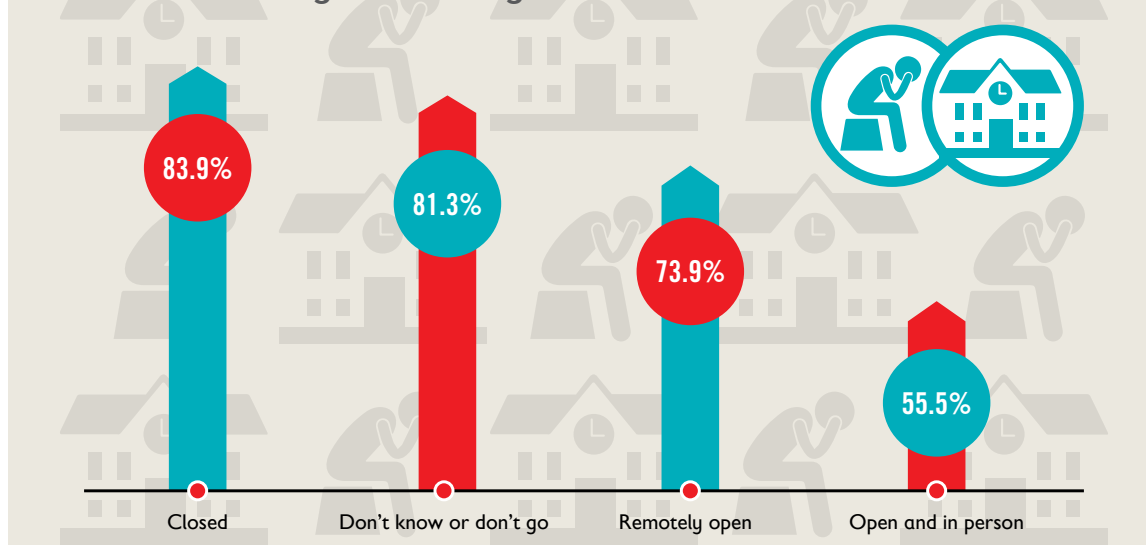
The Impact of Lack of Access to Education and Mental Health and Psychosocial Wellbeing of Children

Interruptions in formal education are known to have a significant effect on child emotional wellbeing (Burde et al., 2015). In our survey, the majority of children who stated that they do not go to school or whose schools were closed due to COVID-19 reported an increase in negative feelings (81% and 84% respectively). Almost three-quarters of children (74%) who reported their school was open remotely only reported increased negative feelings. In comparison, just over half (56%) of the children who were going to school in person reported a similar increase, as shown in Figure 20.

"Reopen schools because I'm missing my teacher and friends. I would also tell them to focus more on education and give aid to the people in need."

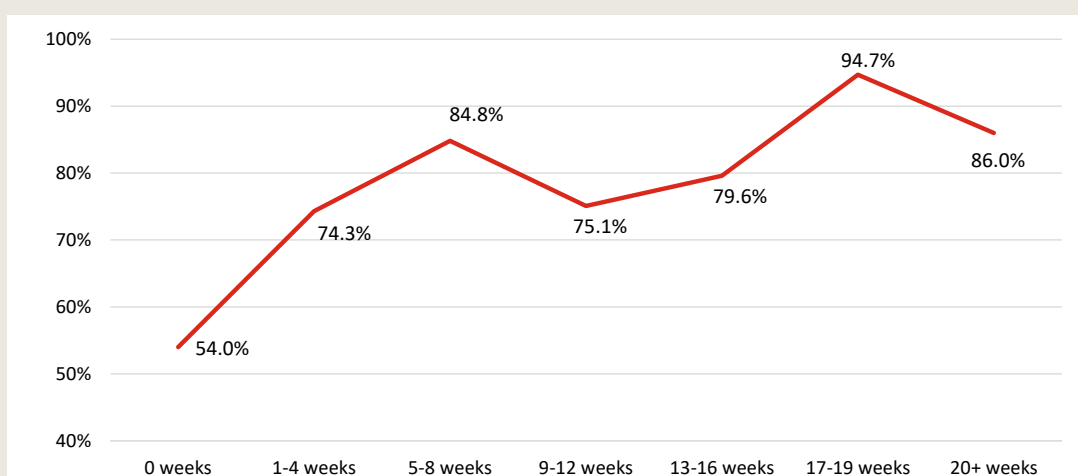
—Girl, 11 years old, Kosovo, messages for leaders

Figure 20: Comparison of School Closure and Proportion Reporting an Increase in Negative Feelings in Children



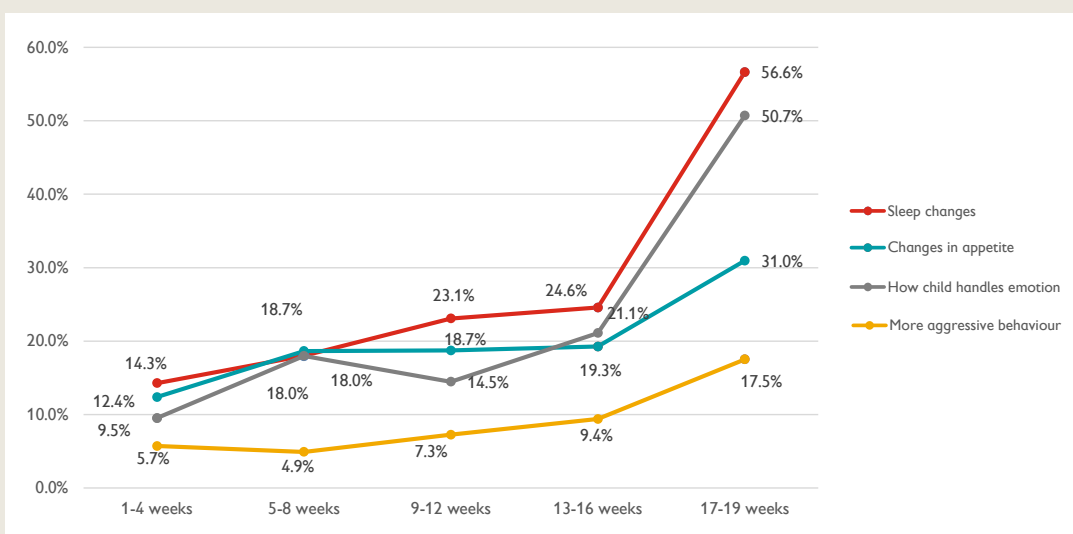
Parents and caregivers were asked if their child had expressed worry, anxiety, sadness or fear about the COVID-19 pandemic. There was an association between parent/caregiver reports of their child having negative feelings and the length of school closures. Half of the parents and caregivers (54%) reported that their child had expressed one of these negative feelings about the COVID-19 situation when schools had not been closed. This rose to nearly three-quarters (74%) when schools had been closed 1-4 weeks and peaked at 95% when schools were closed between 17 and 19 weeks. This is shown in Figure 21 below.

Figure 21: Proportion of Parents/Caregivers Reporting an increase in Children Expressing Negative Feelings About the COVID-19 situation by Length of School Closure



Interestingly, there were no significant associations between weeks in lockdown and signs of distress reported by parents and caregivers. There are statistically significant associations between length of school closure and signs of distress. **The longer the schools were closed, the higher the percentage of parents'/caregivers' reporting observing signs of distress in their child, such as sleep changes, changes in appetite, changes in children's ability to handle their emotions as well as more aggressive behaviour.** For example, for reported aggressive behaviour peaks at 18% at 17-19 weeks of school closure compared to 6% at 1-4 weeks of school closures, as shown in Figure 22.

Figure 22: Levels of Signs of Distress Observed in Children and Weeks of School Closures



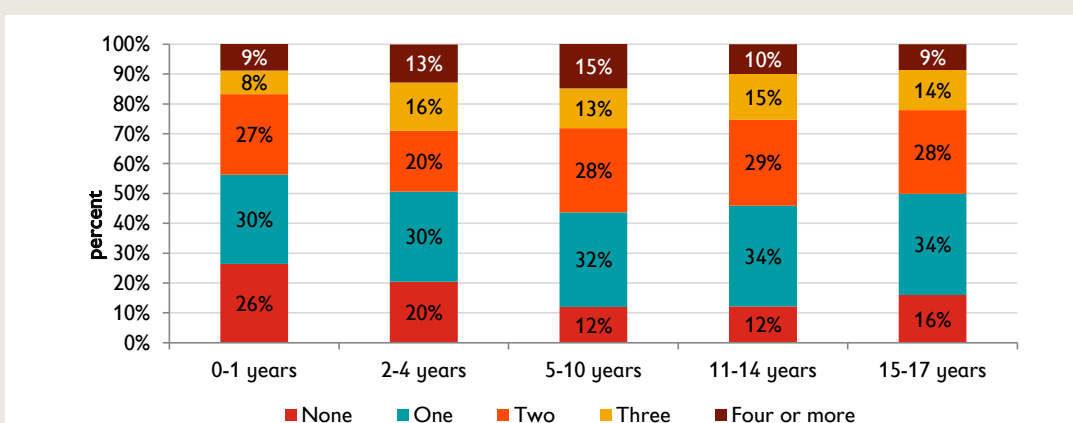
Apart from school closures, associations with teacher check-ins were considered in relation to questions on wellbeing. Our survey found an association between teacher check-ins and parents and caregivers reports that their child talks to someone when they have worries and concerns. Among parents and caregivers who reported no check-in from teachers and those who reported check-ins of less than once a week, 72% reported that their child talks to someone about concerns. This rises to 77% for parents and caregivers reporting teacher check-ins of once a week and 78% for parents and caregivers reporting teacher check-ins a few times a week.



Parental Engagement with Children in Play and Related Activities

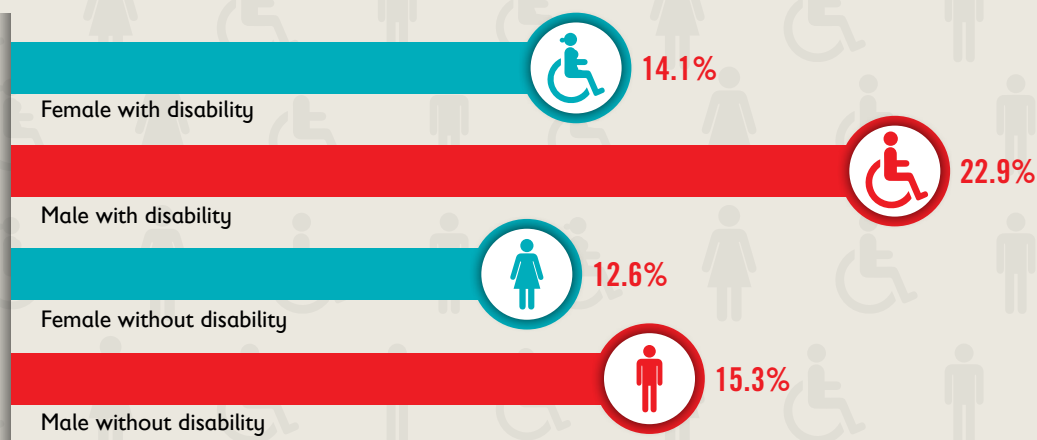
Parental engagement is an important part of children's learning and development. Our survey explored the degree of reported engagement by parents and caregivers in play by the age of the indexed child. Despite the importance of engagement for early childhood care and development, babies (0-1) and very young children (2-4) were experiencing less caregiver engagement than children aged 5-10 or 11-14 years.

Figure 23: Percentage of Parents/Caregivers Carrying Out Each Number of Activities With Their Child by Age of Child



The disability status of parents and caregivers alone was not associated with engaging with children. However, when combined with gender, we found that male parents and caregivers with disabilities were more frequently not engaging children in any activities (23%) than either female parents and caregivers with disabilities (14%) or male and female parents and caregivers without disabilities (15% and 13% respectively).

Figure 24: Percentage of Parents/Caregivers Not Engaging Children in Any of the Listed Positive Activities by Gender and Disability of Parents/Caregivers



In contrast, for children with disabilities there was not a clear pattern of disadvantage in terms of their caregivers engaging them in constructive activities. Amongst caregivers who reported on their engagement of girls with disabilities in the listed activities, 12% reported engaging in no activities compared to 11% for girls without disabilities; 13% parents and caregivers reporting on boys with disabilities compared to 15% reporting on boys without disabilities.



CONCLUSION

Overall, the report shows severe effects of the COVID-19 pandemic on children's learning and wellbeing. About 92% of parents reported that their children's schools were closed. Children had very limited access to support such as learning materials and teacher follow-ups. Further, parents and caregivers often feel unable to support their children's learning in the absence of services and learning resources. The longer schools are closed the more severe the declines in learning and wellbeing. Furthermore, some marginalised groups of children are less likely to access follow-up from teachers and learning resources. While the majority of parents, caregivers and children expect return to school, the parents and caregivers of some marginalised groups of children are less confident of their returning to school.



The Impact of COVID-19 on Access to Education and Learning Resources

With most parents reporting their children's school closed, there are a range of possible learning resources that children could use to sustain learning. However, respondents reported overall low levels of access to teachers with around two-thirds of parents/ caregivers reporting their child having no check-in from a teacher.

In terms of learning materials and remote learning opportunities, almost 7 in 10 children reported having access to textbooks and 4 in 10 had access to reading materials. In terms of access to learning resources for electronic modalities there was limited access. Less than 2 in 10 had access to learning through TV programmes, while less than 1 in 10 reported using any other remote learning modality such as the internet, phone apps or radio. The majority of respondents (57%) could only access 1-2 of these different types of learning resources in total.



The Impact of COVID-19 on Children's Learning

The effects of school closures and the limited access to other resources for learning have been felt severely by children and their parents and caregivers. **The vast majority of parents and caregivers—9 out of 10—report a decline in their child's learning compared to when their children were at school.** Well over half believe their children have been learning only a little and an alarming 1 in 5 report their children have learned nothing at all. Children's own perspectives of how much they were learning were largely consistent with those of parents and caregivers although **children report an even more stark decline in learning with 84% reporting they are learning little or nothing at all.**

The perceived loss of learning is particularly severe in East and Southern Africa and the Middle East and Eastern Europe. **Parents and caregivers report that 1 in 3 children in East and Southern Africa are learning "nothing at all" and in the Middle East and Eastern Europe, this figure is over 1 in 4.**

Although it would be possible for access and support to improve over time in a given location, in the cross-section of countries covered in this survey, the reported declines of learning were greater where schools

were closed for longer. **At 17-19 weeks of school closure the percentage of caregivers reporting their children learning marginally or nothing was 93%.**



Obstacles to Learning

Contact with teachers appears to mitigate loss of learning during school closures but most children are without follow-up. **Parents and caregivers who reported no teacher check-ins were more likely to report that their child was learning little or nothing at all (84%) than parents and caregivers who reported weekly check-ins (65%).** Parents and caregivers who reported that their child's teacher did not check in on them at all were also almost three times more likely to say that they felt unable to support their child's home learning than parents who reported the teacher providing even minimal check-in less than once a week. **It is therefore concerning that two-thirds of children had no contact from teachers at all according to their caregivers.**

For children with no access to any learning materials nearly half of parents and caregivers reported that they were learning nothing at all while this falls over threefold to close to 1 in 6 for children with access to 1-2 types of resources and is as low as 2% for children with 5 or more types of resources.

Only 20% of children surveyed reported experiencing no obstacles to learning. The most common obstacles to learning reported were not having anyone to help (37%)—which reinforces the importance of ongoing contact with teachers—and not understanding homework (27%). These obstacles were more common where schools had been closed for longer, and were more common for some groups, such as children whose parents and caregivers had disabilities and those from relatively poor households.

The majority of parents felt able to support their children's learning to some extent, but a significant proportion felt unable to support sufficiently—around a third of women and a quarter of men.

The challenge of parents and caregivers feeling unable to sufficiently support their children's learning was particularly pronounced in the Pacific where over two-thirds of male parents and caregivers (72%) and somewhat under two-thirds of female parents and caregivers (64%) reported this challenge, and were lowest in Latin America and the Caribbean (female 16%, male 9%).

Parents are more likely to say they are unable to support their child's learning at home where the child they referred to is with a disability. This is particularly pronounced for parents' and caregivers' responses regarding girls with disabilities where 42% report that they are unable to support.



Marginalised Children and Access to Teachers and Materials

A range of vulnerable and marginalised groups of children are shown to be particularly disadvantaged in terms of access to teacher follow-up and access to learning resources. This suggests that the COVID-19 pandemic far from being a leveller—is actually accentuating inequalities.

While among the overall sample close to a quarter of children lacked access to any learning materials, for many groups far higher proportions lacked access. These included **especially boys with displaced family members (44%), girls with displaced family members (38%), children of caregiver respondents with disabilities (38%)** and children of female caregivers who self-identified as belonging to a minority group (32%). Certain features of household composition were also associated with limited access to learning materials, such as households with only female adults where 37% of children were reported to be without learning materials, and among older parents and caregivers where 37% were reported without access.

Some groups were also more likely to be without contact with teachers. While two-thirds of children overall were without any teacher follow-up, **over three-quarters of female parents and caregivers with disabilities reported their child was without any follow-up from teachers, and three-quarters of caregivers in households with six or more children reported no follow-up from teachers.** Other groups of children with similarly high proportions without follow-up from teachers were children with chronic health conditions (70%), and children in households with female adults only (72%) and with male adults only (71%).



Perceived Risk of Not Returning to School After COVID-19

While the large majority of parents and caregivers (94%) report that they do expect their children to return to school there is strong cause for concern in relation to marginalised children. **Girls with disabilities were least likely to be expected by their parents or caregivers to return to school (85%),** while other groups of concern are children with chronic health conditions, children with family members of minority status, children with displaced family members and children in households that had to move due to COVID-19.

In terms of regional variation **Latin America and the Caribbean give most cause for concern** where only 59% of parents and caregivers and 65% of children are confident of return to school, while most of the rest remain uncertain about the return.



The Impact of Lack of Access to Education on Mental Health and Psychosocial Wellbeing of Children

Parents and caregivers report major declines in wellbeing following the onset of the pandemic and especially during prolonged school closures. Children's reporting of increase in negative feelings vary widely at a regional level, with the highest **proportion of children reporting an increase in negative feelings in East and Southern Africa (87%).**

While most children reported increases in negative feelings (such as feeling sad or worried) since the start of the COVID-19 pandemic, children whose schools were closed or providing only remote lessons were more likely to report an increase in these feeling (81% of girls and 84% of boys) than those who were attending school face to face (56%). Furthermore, the longer schools were closed the higher the proportion who reported increases in negative feelings.

In terms of parents and caregivers support for their children in play and related activities such as singing and storytelling which can also promote learning and wellbeing, there are significant proportions of parents reporting that they are not engaging children in this way—especially babies and young children. This was correlated to parents' access to services including healthcare and counselling.



RECOMMENDATIONS

Given the very large scale of the crisis and the alarming effects of COVID-19 and related school closures on learning and wellbeing, there is a need for concerted global efforts to ensure safe return to school where possible and support to quality learning resources and support outside school where necessary. This requires an adequate financial, policy and programming response with a particular emphasis on marginalised children.



Education Finance

Agree, implement and fund a global COVID-19 education action plan, ensuring that a coordinated global education response keeps learning alive, supports every child to return to school when it is safe to do so, and builds back better and more resilient education systems. The plan should be available on a public website, with progress tracked and reported on regularly.

The World Bank's shareholders should provide a supplementary International Development Association (IDA) budget of around \$35 billion over the next two years, with at least \$10 billion in grant financing.

The World Bank should work with the IMF to strengthen the Debt Service Suspension Initiative to secure a freeze on \$48bn of debt service payments during 2020/2021. Faced with an education emergency, rising child poverty and worsening nutritional conditions, the 73 countries covered by the DSSI should prioritise domestic spending over debt repayments. All public and private creditors should participate, with private creditors suspending \$14bn on scheduled debt payments in 2020.

TG7 and other Organisations for Economic Cooperation and Development (OECD) donors should contribute at least \$10 million per country to the Global Partnership for Education to help fund its emergency response to COVID-19. This should be separate and in addition to funding for their 2021 replenishment.

To fulfil Education Cannot Wait's funding gaps for the COVID-19 response and for the remainder of its strategic period up to the end of 2021, it requires from donors an additional \$300 million to its global fund and \$2 billion in-country to support multi-year resilience programmes.



Policy

National governments should produce and implement fully funded, national COVID-19 education response and recovery plans, with targeted action to ensure that girls and the most marginalised children are able to keep learning through distance learning initiatives and return to school.

Governments must prioritise education when relaxing—or re-introducing—pandemic control restrictions /lockdowns, and use the UNICEF/UNESCO/WHO/WFP Framework for Reopening Schools to develop clear and transparent plans for the safe reopening of schools, and support school systems and communities to use the Inter-Agency Safe Back to School Practitioners Guide.

Run positive, participatory and inclusive back to school campaigns especially with the most vulnerable marginalised groups.

Create targeted interventions and expand social protection to help keep children in school, following return, particularly the most marginalised groups of children who are at highest risk of dropping out. Scale up coverage and types of social protection including cash transfers, school feeding, school grants, the freezing of school fees, increase of block grants to schools with the most marginalised student population, and ensuring safe transportation to and from school. Coverage of these programmes must be gender-responsive and include the most marginalised and deprived children, progressively working towards universal child benefits over time to protect these groups from future shocks to children's education including climate change.

Address gender-related barriers to education including laws, policies, and harmful social norms that prevent girls from continuing their education if they are pregnant, married, or child mothers.

Education Clusters and other coordination groups to prioritise efforts for return to school together with local partners in contexts of displacement and protracted humanitarian crises.

Global Education Cluster and other coordination groups to ensure that systematic, sector-wide child-led accountability mechanisms are put in place and maintain the sector's focus on the most marginalised children in the safe return to school.



Programming for Quality Learning

Provide professional development and support for teachers so that they can adapt to new circumstances in schools as part of the frontline response and recovery, and to adapt to supporting distance learning when some schools remain closed or have to close again.

Enable access to different learning resources, appropriate to the learners' needs and abilities, using different modalities whenever possible.

Provide effective, flexible and inclusive distance learning programmes, especially interactive radio instruction and printed learning materials, with a focus on reaching the most marginalised children including girls, the youngest children, children with disabilities, internally displaced children and refugees. These should support early learning, mental health and psychosocial support, child protection, and public health objectives and address harmful gender norms.

Develop and implement longer term strategies to increase access to technology to equip children for future school closures and disruption.

Support parents' and caregivers' role in home learning by enabling them to access information and materials on home learning activities, building on social and behaviour change communication (SBCC) interventions to enable behaviour change of parents' and caregivers' for increasing interaction with children and supporting parents' and caregivers' wellbeing to enable them to support the wellbeing and learning of their children (see section below on MHPSS).



Marginalised Children

Implementing specific strategies to support children with disabilities to return to school while giving particular attention to safety and protection concerns. This should include:

Work in partnership with representative organisations of persons with disabilities (OPDs) to better understand barriers to learning and the reasons for possible drop-out, identification of children with disabilities not being supported in learning from home and creation of parent support groups.

Disaggregating disability data using UNICEF Child Functioning modules or other approved tools to understand the proportion of learners with disabilities in order to track dropout rates disaggregated by disability and take follow-up action.

Continuous teacher skills development on inclusive education, special pedagogy and accessible learning materials.



Cross-Sectoral Programming

Mental Health and Psychosocial Support (MHPSS) and Education

Work with schools to ensure age-appropriate, gender-sensitive, inclusive, accessible messages on psychosocial wellbeing and stress prevention messages are conveyed to children and their caregivers in a way that reassures rather than distresses.

Support schools to identify and refer children in high distress and/or showing signs of a mental health condition and identify referral pathways and resources when specialised support is needed.

Support parents and caregivers for their own mental health and psychosocial wellbeing, and in support of their care for children: Parents and caregivers must receive support to be able to maintain structure and routine for children, and to keep children engaged in play and learning activities in school and at home. Support joint activities for parents and children together leading to strengthened relationships and improved psychosocial wellbeing. This also includes linking up of MHPSS support and positive parenting messaging. Working with parents to prepare for potential new school closures will also be vital.

Collaborate with organisations of persons with psychosocial disabilities to create links to existing support systems and services for parents or children who are identified and may need further community-based support or referrals.

Child Protection in Education Services

Ensure that child protection reporting and referral systems, can be adapted for times of school closure, and are reinforced when schools are reopened, to support children who may have faced increased violence and stress during COVID-19 restrictions and confinement.

Schools providing remote learning are supported with online safety information, including protocols for teachers' communicating directly with students through remote learning.

Provide wellbeing advice for teachers returning to school to promote a non-stressful re-opening and more positive student-teacher relations.

Health and Nutrition in Education Services

Provide food to children who normally rely on school meal programmes, via take home rations, vouchers or cash schemes, and restore such programmes when schools reopen.

Provide sexual and reproductive health and rights programming that includes the safe distribution of menstrual hygiene kits to girls, as well as empowerment campaigns, addressing stigma and specifically targeting gender-based violence.

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- A 17 YEAR OLD GIRL FROM PANAMA.

Your candid responses and honesty in expressing your concerns, fears, hope for the future were beneficial & will prove invaluable to develop Save the Children COVID response and advocacy work further.

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