

Qualitative study on childhood
under school closure

My New Normal

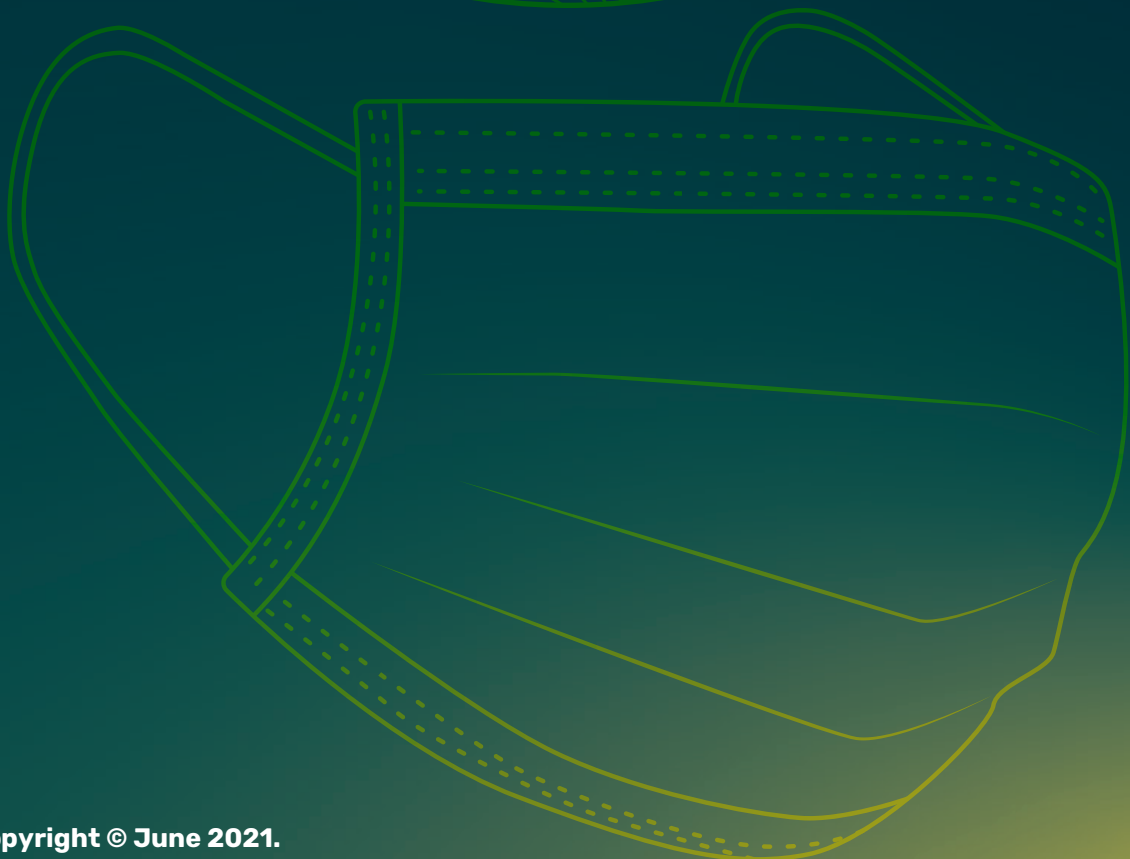


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school closure**

My New Normal

**Prepared by Key Aid Consulting for Save the
Children**

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The photos for PhotoVoice are captured by the children of respective countries. Such photos are marked with the symbol on the left.



01

Background and context

1.1. Existing evidence on the impact of COVID on children

The 2020 Covid-19 pandemic has been an unprecedented event. It has put the globalized world of today on hold. It has taken the lives of thousands of people, shocked the world's economy with long lasting repercussions and has significantly altered peoples' daily life. Full or partial quarantines, social distancing measures, restrictions on the movement of peoples and goods, and school closures have become the norm. Although children and youth have been less threatened by the virus itself, they have not been immune to its disruptive consequences. At the end of April, the UNESCO estimated that over 1,5 billion of students (from pre-primary to tertiary education) were affected by school closures, a 85% of the total of enrolled learners, in 185 countries.¹ While most countries had reopened schools when this report was written (with 33 countries still implementing country-wide closure²), the impact of prolonged school closures will go beyond the period they stay closed and will be felt heavier by disadvantaged communities, especially in poor countries.

Considering the amount of time children usually spend at school, their temporary closure is not only interrupting their learning. Schools are also a place for human interaction. By missing out, children have lost the chance to develop fundamental social skills. In addition, schools usually intervene in children's diet through the provision of free or discounted meals that ensure a healthy caloric intake. Parents and primary caregivers are left with a larger economic burden. In addition to take over the costs that are usually covered by schools, they might have to miss work in order to take care of their children. Furthermore, in absence of a teacher, they might be required to take over this role. Parents are not necessarily equipped to do so, especially if they received a limited education themselves.³ Lastly, school closures will lead to an increase in dropout rates, as a result of children having to work in order to help their families deal with the financial distress resulting from the crisis.

The aforementioned costs of coronavirus will hit girls harder. In low-income countries, the combination of a shortage of schools and infrastructure for schoolgirls, the cost of education and detrimental gender norms, were already keeping 129 million girls out of education.⁴

Table 1
Gender Dimension of School Closure
(UNESCO)

The UNESCO has identified several risks that girls might face as a result of school closures. The most pressing ones relate to:

1. Increase of unpaid care work at the expense of learning at home ;
2. Higher risk of gender based violence (GBV) and its long-term impact on learning ;
3. Risk for adolescent girls: forced marriage, transactional sex to cover needs and sexual abuse ;
4. A wider gap in gender digital skills to the detriment of girls ;
5. Worsening scenario for girls already in situations of vulnerability (refugees, immigrants, people with disabilities);
6. The funding for vital services such as feeding and maternity programmes, and reproductive health might be diverted to fight the pandemic.

1 <https://en.unesco.org/covid19/educationresponse> - Accessed on 24/04/2020

2 <https://en.unesco.org/covid19/educationresponse> - Accessed on 24/01/2021

3 <https://en.unesco.org/covid19/educationresponse/consequences>

4 UNESCO (2020) UIS Statistics: Out-of-school children, adolescents and youth of primary and secondary school age, female. Year: 2018. Country: World. <http://data.uis.unesco.org/> (Accessed: 19 June 2020).

The pandemic will not only see that number increase, but also augment other risks, such as an increase in unpaid care work and be victims of abuse and gender-based violence.

Increased protection risks are derived from different factors such as loss of parental care due to death, illness, separation, or families' reduced financial capacity to care for children in the long-term. More indirectly, lockdown measures have led to disruptions to the functioning of child protection services and to the delivery of vital support and treatment services as well as limited contact with informal support networks.⁵

Children are also facing higher risks of violence linked to increased tensions in the household, and stressors placed on caregivers such as loss of livelihoods and social isolation. During lockdown, children also lost regular contact with adults who would typically recognize signs of abuse, such as teachers, childcare workers, coaches, extended family, community members and child and family welfare workers.⁶

The UNESCO has also highlighted a list of gender related risks which are summarized in **Table 1**.⁷

For vulnerable children, education is not only important as a tool for development by itself, but it is also the core around which other fundamental needs such as safety, health, nutrition, revolve.

1.2. Save the Children's learning agenda

In order to learn and draw lessons from the COVID-19 crisis, Save the Children has developed a Global Learning Agenda covering the organisation's main areas of action, mainly child poverty, child rights and governance, education, health and nutrition and cross cutting considerations.

Save the Children is also currently leading a Global COVID-19 social research study aiming at generating evidence on:⁸

- The impact of school closures, home isolation/quarantine and community lockdown on children's health, learning, wellbeing and protection;
- The economic impact of the COVID-19 pandemic on households with children;
- The health, psychosocial, learning and protection needs of children during times of school closures, home isolation/quarantine and community lockdown; and
- Children's right to information on COVID-19.

The global research adopted a quantitative approach with a survey implemented in 46 country offices spanning all regions and members, with 31,683 parents and caregivers and 13,477 children aged between 11 and 17 participating in the research.⁹ A research series was then published with thematic reports covering the impact of the pandemic on: child poverty, child protection and well-being, child rights, children's health and nutrition, child education, gender equality and on children and families with disabilities.

5 'Child Protection and COVID-19', UNICEF DATA, accessed 26 April 2021, <https://data.unicef.org/topic/child-protection/covid-19/>.

6 'Child Protection and COVID-19'.

7 <https://unesdoc.unesco.org/ark:/48223/pf0000373379>

8 Save the Children, 'Children's Health, Learning, Rights and Protection During the COVID-19 Pandemic: A Global Research Study - Regional Update Jun 3'.

9 Lavinia Loperfido and Melissa Burgess, 'The Hidden Impact of Covid-19 on Children on Child Poverty: A Global Research Series' (London: Save the Children International, 2020).



Some of the main findings coming out of the research series include:¹⁰

- Globally, more than 8 in 10 children felt that they were learning little or nothing at all, and two thirds of parents and caregivers reported their child had received no contact from teachers during school closure. Three-quarters of households lost income as a result of COVID-19, and 96% of them reported having issues paying for essential items or services. Four in five struggled to pay for food and two in five households found it difficult to provide their families with a nutritious diet. 89% parents and caregivers reported that their access to healthcare, medicine or medical supplies had been adversely affected.
- The series also shows a significant impact on the psycho-social wellbeing of children and their caregivers. More than 8 in 10 children reported an increase in negative feelings. One third of households had a child or caregiver reporting violence in the home. Children reported that violence was higher when schools were closed, compared to when they were attending in person.
- The poorest households, households with disabilities, female headed households and girls, are the hardest hit.

Save the Children will use this survey to inform its response work on the ground to support children, families and communities towards a post COVID19 recovery.

As the global research series design was quantitative and based on a large sample of respondents, the voice and opinions of children and young people did not come out strongly in the reports. The “My New Normal” study complements the global research series through a qualitative and visual approach that fosters child and youth participation. The study design also allowed to reach out to more marginalised children as data collection did not require access to stable internet and/or phone access. As such, the qualitative study presented in this report aimed at filling the knowledge gap and providing the selected Country Offices with advocacy material to support campaigns to support children’s rights in the age of COVID.

¹⁰ <https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series>

1.3. The impact of COVID-19 in Zambia and Nepal

1.3.1. Zambia

Since March 18, 2020, when Zambia recorded the first case of COVID-19, education for more than 4.4 million children and adolescents was disrupted for more than 6 months. The most vulnerable, including those living with disabilities and migrant children were most affected by the impacts of COVID-19 because they face additional vulnerabilities. Access to education for these groups was jeopardized during this period, with school access more limited than normal.¹¹

The Government of the Republic of Zambia developed an Education Contingency Plan to respond and mitigate the impacts of COVID-19 on learners during lockdown. However, some of the measures put forward were questioned, including the adopting distance learning mechanisms, to mitigate short-term and longer-term effects of school closures on learners. In remote and rural areas for instance, including among migrant children, such distance learning measures are far from ideal as learners without televisions, radios and internet services cannot access education. In some areas, the lack of electricity to power electronic gadgets further reduces access to distance learning platforms made available during school closure.¹²



Schools had re-opened at the time of the study, first for examination classes to ensure that end of year examinations could continue as planned and on September 21, 2020, all schools reopened. Schools have also been sanitized and provided with handwashing facilities and soaps, though there is still a need for more supplies to continue averting the effects of the coronavirus. These are commendable efforts and will keep children informed and to a large extent, not disrupt the normal learning processes during the period of school closure for examinations classes.

By January 29, 2021, the country counted 48 911 confirmed COVID-19 cases and 688 fatalities.¹³

1.3.2. Nepal

As of January 29, 2021, there were 270 588 confirmed cases of COVID-19 in Nepal and 2 020 fatalities.¹⁴ The figures of confirmed COVID-19 cases have been escalating due to the influx of migrant returnees.¹⁵ With the monsoon season now approaching, the risk of increased contamination in Nepalese communities is also escalating due to the lack of handwashing facilities and quarantine facilities in areas subject to floods.¹⁶ The country is now suffering from the extensive closure of economic activity linked to the outbreak. A recent survey



¹¹ World Vision Zambia, 'Policy Brief: COVID-19 & Its Impacts on Children's Education in Zambia', July 2020.

¹² World Vision Zambia.

¹³ <https://covid19.who.int/region/afro/country/zm>

¹⁴ <https://covid19.who.int/region/searo/country/np>

¹⁵ DCA Nepal Office, 'COVID -19 Socio-Economic Survey Report', 17 June 2020.

¹⁶ 'Nepal', ActionAid UK, accessed 21 July 2020, <https://www.actionaid.org.uk/about-us/where-we-work/nepal>.

led by DCA in the country shows that 99.5% of the households have experienced a significant loss of income due to the pandemic.¹⁷ The impact on children of this income/consumption shock, especially on younger ones, risks being irreversible. UNICEF Nepal has examined a possible impact on stunting and estimated that the number of cases could increase to 101,382 in the worst-case scenario.¹⁸

In terms of education, all schools have been closed from March 19th, 2020 (four days before the national lockdown was declared), forcing over eight million learners to stay home.¹⁹ The lockdown was lifted in July but at the time of the study many educational institutions remained partly or fully closed. The pandemic came in a context where Nepal was already in the midst of a learning crisis, with more than half of the country's students not proficient in reading.²⁰

In these challenging times, Nepal placed education at the centre of its COVID-19 response and pursued remote and e-learning opportunities to offset school closures.²¹

Despite the fact that computer and internet access remain low in the country and uneven across provinces, ethnicities, and socioeconomic backgrounds, mobile phone penetration is high. According to the World Bank, more than four in five households in Nepal have these devices, making it possible for children to use phones to access various remote learning opportunities.²²

17 Ibid.

18 UNICEF South Asia, 'UNICEF in South Asia COVID-19 Situation Report No.14', June 2020.

19 Education International, 'Nepal: Education Unionists Mobilise during COVID-19 Lockdown', Education International, accessed 21 July 2020, <https://www.ei-ie.org/en/detail/16779/nepal-education-unionists-mobilise-during-covid-19-lockdown>.

20 'Nepal Steps up Remote Learning during COVID-19', accessed 21 July 2020, <https://blogs.worldbank.org/endpovertyinsouthasia/nepal-steps-remote-learning-during-covid-19>.

21 Ibid.

22 'Nepal Steps up Remote Learning during COVID-19'.

02

Objectives and scope of the study



Through this research, Save the Children Sponsorship team aimed to capture recent changes in the daily lives of children, seen through their eyes, with a specific focus on education and learning in two selected country offices, namely Nepal and Zambia.

As such, the goal of this study was to **make children and youth voices heard** and learn about their experience of living under COVID-19 in order to:

- Contribute to advocacy efforts at country office level;
- Contribute to Save the Children's Global Learning Agenda;
- Complement the global study by illustrating the stories and experiences of few children and young people.

In particular, this study aimed at generating evidence on the following Global Learning questions:

- CRG02A: What do children say about the effects of COVID and their priorities?
- ALL01: What are the impacts of COVID19 on children's education?

More specifically, the study focused on the following **research questions**:

- What are the most significant changes experienced by children living in sponsorship impact areas as a result of COVID-19 or of the measures in place to protect against COVID-19?
- How have children and teachers adapted to or coped with school closures and other COVID-related restrictions?
- How are children now relating to each other and adults compared to pre-COVID time?

The scope of the study was limited to school-aged children and youth²³ living in Sponsorship impact areas in Nepal and Zambia. The two countries were selected based on their interest in taking part in this study and availability.

²³ As part of this study we will define 'young people' as individuals from the age of 15 years old to the age of 24 although only youth from 15 to 18 will be targeted for data collection.

03

Overview of the methodology



This study followed a small-scale qualitative approach relying on child-friendly and visual data collection methods. The methodology followed the steps presented below. A detailed methodology is available in section 6.2.

1	Inception phase	Inception report	Desk review
		<p>Briefing with the consultancy managers and agreement on the scope and objectives</p> <p>Research protocol submitted on July, 31st 2020 and approved by Save the Children's Ethical Review Committee (ERC)</p>	<p>Review of all related documentations: 29 documents reviewed</p>
2	Data collection	<p>Remote interviews conducted with 43 Key informants including parents/caregivers, teachers, health workers and local authorities:</p> <ul style="list-style-type: none"> Nepal: 23 key informants Zambia: 20 key informants <p>Online survey which recieved 25 submissions form Save the Children Sponsorship and partner staffs: 19 in Nepal, 6 in Zambia</p>	<p>Child friendly data collection:</p> <p>Photovoice with children from 8-18 in Nepal and from 13-18 in Zambia</p> <ul style="list-style-type: none"> Emoji feelings chart with children from 8-12 in both countries Empathy mapping with children from 13 to 18 in both Nepal and Zambia Five fields map (social network mapping); with children from 13 to 18 in both countries <p>In total, 33 children and young people were consulted: 23 in Zambia (12 girls, 11 boys) and 10 in Nepal (4 girls and 6 boys)</p>
		More than 100 stakeholders, including 33 children, consulted during the data collection phase	

3

Final report

Data Coding and Analysis

All primary data gathered in a coding matrix organised per evaluation question

First draft of final report sent on February, 26th 2021

Dissemination of findings through a webinar

4

Evaluation limitation

- COVID-19 restrictions: the consultants were unable to travel to the selected areas and had to train the data collectors remotely. While methods were understood, some of the points raised during the activities with children could not be furthered explored. Similarly, the consultants did not always obtain the level of data disaggregation they wanted (data per gender, age, etc.)
- The selection of children and young people taking part in the study was done by Save the Children Sponsorship staff and could have been subjected to bias (selecting children who were able to take part and as such are not the most marginalised)

As part of this study, we used user-centered approaches with children and young people through community focal points remotely trained on those methodologies. Some lessons came out of the process. They include:

- Photography can be a good medium of expression for children and young people who responded well to the activity and illustrated important changes in their daily lives;
- In order to be inclusive and for the activity to be successful, it is necessary for the facilitator to provide the device that will be used by children to take the photo and to provide a basic training on how to use a camera and how to express an opinion through photography;
- When addressing topics linked to mental health, the referral services and mechanisms should always be known and available to the data collectors to offer support to any child in the community who could be in danger;
- Ideally the Five Field Map methodology should be used as a pre- and post-crisis activity (i.e. in 'normal' time and in 'crisis' time) to be able to rigorously compare both situations and draw solid conclusions. As the 'normal times' map was not available at the time of the study, the facilitators asked young people to recall how the situation was like pre-COVID, however it was a difficult exercise for some young people.



04

Study findings

4.1. Main impacts of the crisis on children's lives

Overall, the main impact of the COVID-19 crisis on children noted by children and young people themselves but also caregivers, local authorities and Save the Children staff were linked to education (4.1.1), mental and physical health (4.1.2) and on the economic wellbeing on the households they live in (4.1.3). The study also highlights a few positive impacts (4.1.4).

4.1.1. Impact on children's education

The most predominantly noted impact of the COVID-19 pandemic and lockdown measures on children was educational²⁴ in both countries covered by the study.

In **Nepal**, schools were closed for almost 6 months and only started to reopen at the time of the study. When schools reopened, key informants reported that most students and parents were scared to go back as most of the schools in the area were used as quarantine centres to accommodate suspected COVID-19 cases. Despite the Government of Nepal, UN, NGO/INGO running alternative education programmes through the internet, TV, radio, mobile apps etc. most of the marginalized (especially the most economically deprived or those living with disabilities) and younger children could not take part in those initiatives. In the impact area covered by Save the Children's Sponsorship programme, very few people have access to the internet and were often unable to take part in those activities.



In **Zambia**, schools closed from March until June 2020 for the grades passing exams and progressively for the other grades. A number of programmes were put forth by the ministry to facilitate learning, including TV shows. However, as the targeted district is mostly rural, many communities do not have electricity and could not benefit from these programmes. Learning camps were also organised where parents could collect materials to help children learn from home. A radio programme was also produced to sensitize children and parents on how protect themselves from the virus. When schools reopened, teachers reported that they did not have enough desks to effectively observe social distancing and some schools had problems with provision of water, soap, sanitisers and face masks, making it hard for students to attend school safely.



Consulted teachers in both countries have reported important losses in terms of children's learning achievements, especially at ages when they usually gain key competencies such as learning how to write, read or count as it requires regular practice before being completely acquired. Most key informants noted that children almost did not learn anything during school closure due to a lack of learning materials, limited capacity of parents or older siblings to support

²⁴ While the main focus of the study was on education, findings in this section are derived from respondents' answer to the question "What do you think have been the most important impacts of the COVID-19 and lockdown on children and young people in the impact area?". As such, the fact was most key informants believed that the most important impact was educational is not linked to a methodological bias.

them and the loss of a 'learning routine'. Despite some parents trying to teach children at home, they reported it as being pretty ineffective. This is in line with the findings from Save the Children Global Series showing that globally, more than 8 in 10 children (84%) felt that they were learning "a little" (66%) or "nothing at all" (18%).²⁵

Since schools reopened in both countries, they were operating in different shifts (morning/afternoon shift, or 2 days per week shifts) in order to limit the number of students per classroom and allow for social distancing. As such, students were still studying reduced hours. Teachers explained that the course curriculum was reduced by 50% in order to fit the new schedule

As such, children's learning routine has been severely affected, as displayed in the illustration on the next page.



My child is not doing well in school. It has caused a lack of knowledge. He was passing with good grades before, but now he is scoring low. Some of the children around me don't even attend schools anymore.

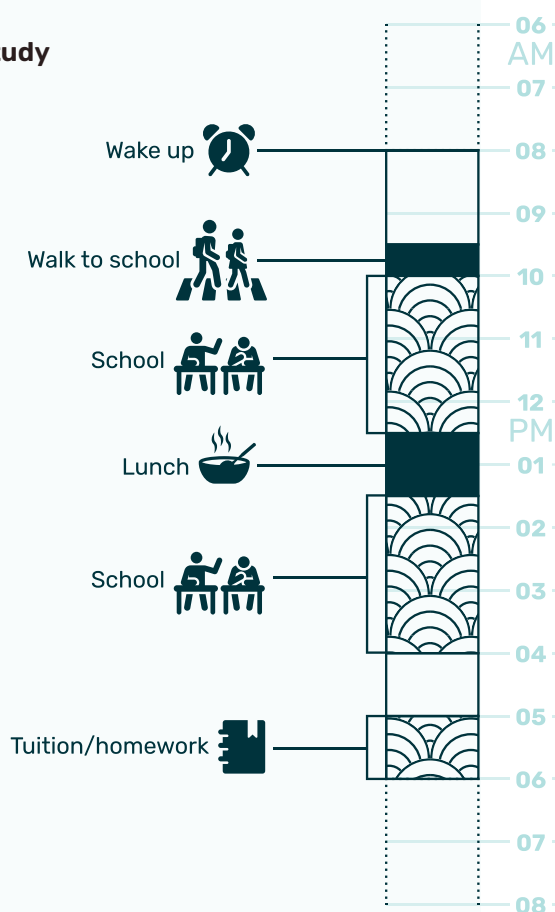
Parent of a 8-year-old boy studying in Nkana primary school in Zambia



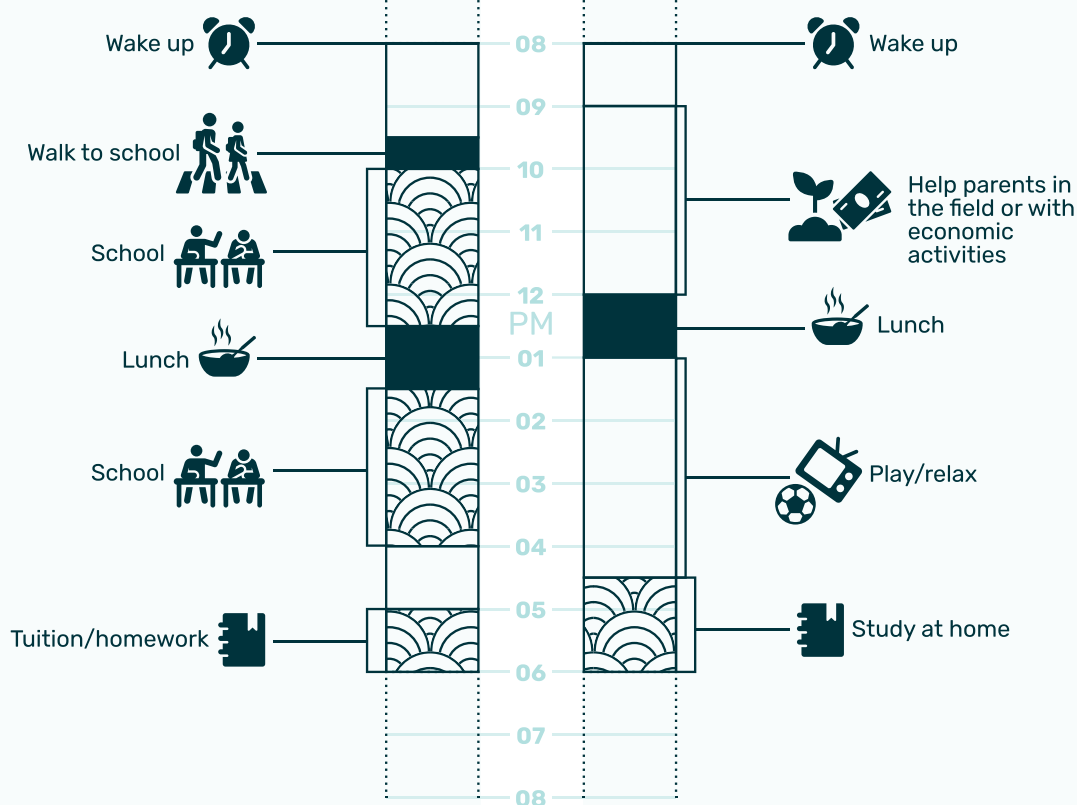
25 Mya Gordon and Melissa Burgess, 'The Hidden Impact of COVID-19 on Children's Education - A Global Research Series' (London: Save the Children International, September 2020).

My New Normal

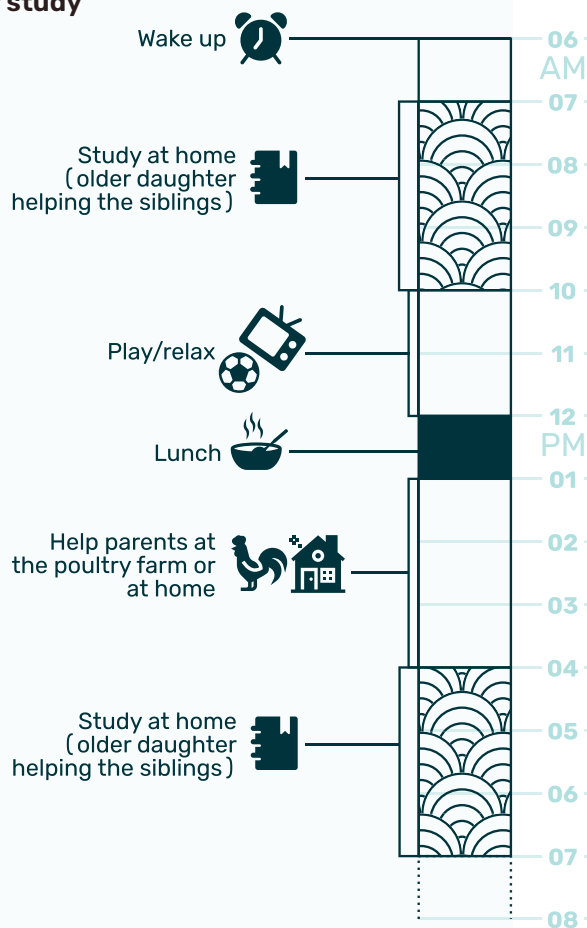
Pre-covid
6 hours of study



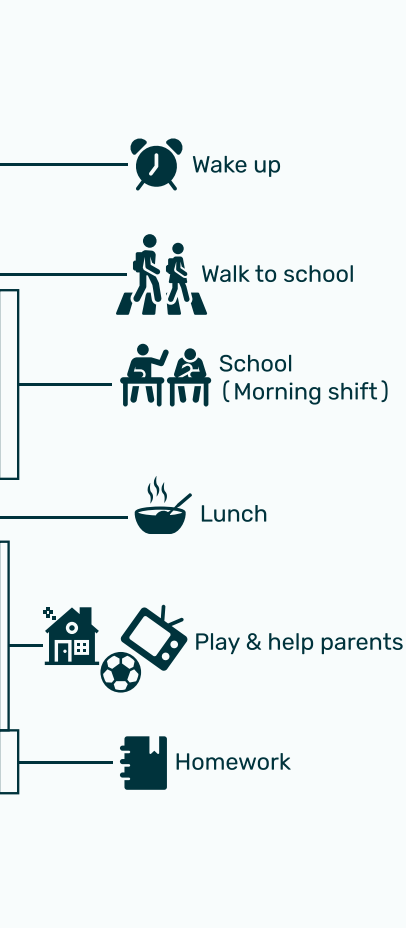
During school closure
(typical child – 10 to 15-year-old)
1 hour 30min of study



During school closure (positive deviant family
with 3 children: 11-year-old son, 12-year-old
daughter, 17-year-old daughter)
6 hours of study



Since schools have reopened
1 hour 30min of study



The research team identified some factors which could explain why some families were identified as 'positive deviants'. First of all, the presence of one or several older siblings who was still studying appeared as an important element to guide and support younger children in their study. Second of all, the economic status of the family seemed to play a role as well. In the example above, the consulted parent was a business owner running a poultry farm, which seemed to bring more revenue than the average consulted household.

Returning to school

Drop-out rates were also on the rise due to the loss of jobs and economic opportunities of parents. This is particularly the case for children living in the most deprived families, and risks trapping them even more into a circle of poverty. Save the Children Global Series also shows that 2% of children reported that they would not return to school and 4% said that they did not know if they would. The risk of children not going back to school was higher among female headed households, as well as those with parents/caregivers with disabilities and parents/caregivers of girls with disabilities.²⁶

In **Zambia**, many teachers reported difficulties in bringing children back to school once they had reopened. Some communities ran a programme called "come back to school" aiming at informing parents that schools had opened and that they should send them back.

One of the causes highlighted for girls not coming back to school was child marriage and teenage pregnancy, which were reportedly on the rise. This is further discussed in section 4.1.4.

As a result of all those changes, many children from the different age groups consulted, when asked to represent the main changes that COVID-19 brought to their life, took a picture related to education. This was particularly the case for the older age group (13-18 years old) and for children in Nepal as most schools were still closed at the time of the study. Some of those photos and accompanying captions are displayed on the next page.



During the lockdown is the length that they stayed at home without learning so many of them have remained behind on their learning. Some parents have already relocated to other places with the children. We are back to square one with the education of the children because the children had forgotten what they learned before. Some children have lost interest in going back to school.

Teacher in Kamchanga primary school in Zambia





Before COVID: Children going to school for study and playing.



During COVID: Instead of going to school, children are fishing at a local pond during lockdown.



Reading at home by listening radio and writing note on copy.



A child is looking at his school from outside of school because the school has closed six-month cause of covid-19.



Worried about school whether he would be able to study or not properly in the COVID situation.



Since schools have reopened: Putting on a face mask while learning in class & sitting 1 meter apart.

4.1.2. Physical and mental health impacts

The second most important change caused by the COVID-19 and lockdown measures on children's lives is linked to physical and mental health.

In terms of physical health, key informants in both countries first reported that health centre services were halted for a few weeks when the pandemic started due to the lack of supply in medicines, treatments and protective equipment and the engagement of health workers in quarantine and isolation centres. Since the centres restarted their services however, the patients flow remained low. As a result, many children were unable to access health treatment during lockdown or to receive the recommended vaccinations.

A few key informants also noted the impact of the pandemic on the nutrition and dietary pattern of children in both countries. As transportation and markets were closed for a long time and most parents were unable to generate an income during lockdown, the ability to maintain the same number of meals per day and a balanced diet for children was impacted. This is in line with the findings from Save the Children global research series showing that 81% of adults consulted in the different targeted countries reported struggling to pay for food due to income losses caused by COVID-19.²⁷

Lastly, in **Zambia**, consulted teachers, local authorities and health workers reported an increase in teenage pregnancies. In Nkana, about 20 cases were reported during the lockdown period, which, according to some key informants, is almost double the usual figure.

School closures, which can create protective environments for children and young people, and lack of access to health (including sexual and reproductive health) services and information, are expected to have caused a rise in adolescent pregnancies by up to 1 million globally in 2020, the highest number of girls affected being likely in East and Southern Africa.²⁸ Bearing children before being physically, mentally, and emotionally ready has major negative health consequences on young girls. Complications linked to pregnancy and childbirth are the leading cause of death for girls between 15 and 19 years old in the world.²⁹ Early childbearing also increases risks for the infant: babies born to mothers under 20 years are more likely to have a



Most of my work is in the field and requires interactions – so the lockdown prevented that and I was not able to communicate my health messaging to the community going door to door. It was quite challenging as I did not have all the necessary materials to follow the guidelines set by the WHO to continue my work as norms. So, we cut off the gatherings and only checked on the community members who came to our facilities for vaccinations or the weighing of their children. However, people were not as forthcoming, and some people did not come because they didn't have masks even though we informed them that they will be provided with masks at our clinics.

Health worker in Zambia Zambia



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- 27 Lavinia Loperfido and Melissa Burgess, 'The Hidden Impact of Covid-19 on Children on Child Poverty: A Global Research Series'
 - 28 Gabrielle Szabo and Jess Edwards, 'The Global Girlhood Report 2020' (London: Save the Children International, 2020).
 - 29 Neal S, Matthews Z, Frost M, et al., 'Childbearing in adolescents aged 12–15 years in low resource countries: a neglected issue. New estimates from demographic and household surveys in 42 countries. Acta Obstet Gynecol Scand 2012;91: 1114–18. Every Woman Every Child. The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). Geneva: Every Woman Every Child, 2015

lower birth weight, preterm delivery and severe neonatal conditions.³⁰ Beyond the health effects, early pregnancies can also be a cause of child marriage and often prevent girls from completing education and reduce their access to economic opportunities later on in life. As such, those changes could have long-lasting negative consequences.

While the consulted children and young people highlighted physical health consequences to a lesser extent, many of them expressed how the pandemic, lockdown and school closures impacted their mental health and well-being. Children and young people have been overwhelmingly affected by negative feelings as a result of the pandemic and the disruption to their lives, including socialising and school. A recent survey carried out by Save the Children globally highlights that more than 8 in 10 children (83%) reported an increase in negative feelings for instance.³¹ This was particularly obvious from the pictures taken by children during the photovoice activity and also from the interviews with parents and caregivers.



A child is sad, and he is feeling not well in during this pandemic situation.

As displayed in the photos on next page, children and young people mostly expressed how they now have to keep distance from friends and family and how, for most of them and especially the older age group, this created feelings of loneliness, sadness and boredom. This was particularly the case in Nepal where schools were still mostly closed at the time of the study. Some young people in Nepal also highlighted how few of their peers were struggling with mental health issues and suicidal thoughts.

Key informants also noted that, in addition to school closures, children were also not able to participate in any group or extracurricular activities such as child club meetings or playing with friends. This had an impact on their well-being but also on their social development. In Zambia, a few key informants also highlighted the impossibility to access places of worship, which are an important part of children and young people's lives (as they also act as places of socialisation in addition to bringing emotional support).

A few young people also mentioned feeling afraid and anxious about the pandemic.

Additionally, while this was not highlighted by young people themselves, key informants in both countries reported an increase in child abuse and violence within the households and communities, either because children were subjects of bullying and harassment from elder siblings or because of the hardships faced by parents which had an impact on the level of tensions within the households. This risk was also highlighted internationally by organizations such as UNICEF. In a statement in June 2020, the Executive Director, Henrietta Fore, stressed that *"Lockdowns, school closures and movement restrictions have left far too many children stuck with their abusers, without the safe space that school would normally offer"*.³² This study was however unable to provide reliable information on the scale of the phenomenon.

30 Ibid.

31 Jess Edwards, 'Protect a Generation - The Impact of COVID-19 on Children's Lives' (London: Save the Children International, 2020).

32 Countries Failing to Prevent Violence against Children, Agencies Warn', accessed 27 April 2021, <https://www.who.int/news/item/18-06-2020-countries-failing-to-prevent-violence-against-children-agencies-warn>.

Photos shared by children from 8-12 years old in Nepal



Before lockdown children playing game with connecting each other. They were very happy to do this.



After lockdown children also maintain distance within friends and team. They are not happy about it.

Photos shared by children from 13-18 years old in Nepal



Child Club member feeling alone at home in Nepal.



Child Club member roaming nearby alone without company of friends due to COVID 19.

4.1.3. Economic impacts

The last main change in children's lives reported by children and young people themselves relates to the economic impacts of the pandemic and lockdown and the increased poverty in the Sponsorship impact areas.

The following photos show how the consulted children illustrated those impacts. This was mostly highlighted by the older age groups (13-18 years old) who seemed more sensitive to the hardship faced by their parents.

This was also particularly noted in the impact area in **Nepal** where most parents are subsistence farmers who, in normal times, can barely survive on selling their farm products on a daily basis. However, with the COVID-19 pandemic, the authorities have put up a lot of restrictions, such as market closure, which contributed to reduction in incomes in many households. Therefore, most parents were failing to sustain their families, causing a lot of hunger among children and young people. This hit the poorest and most marginalised households even more. In places such as Sada and Ram where most households don't own land or property and rely on daily work were also severely hit as all the factories or business usually offering daily wages were totally closed during the lockdown. Many families had to rely on support from other community members or organisations. As part of the global research series³³, some young people however raised issues of inequalities and discrimination among different social groups.

As a result of the crisis and lockdown in both countries, many people lost their livelihoods and became prone to extreme poverty. As mentioned previously, children were affected as the lack of income sources has resulted in families not being able to afford good and nutritious food or pay for school fees, which will have a direct effect on the growth and development of the children. Some key informants mentioned that, in some cases, child marriage was used as a coping strategy and consequently, cases have significantly risen.



A mother sitting and looking at her poor harvest of rice due to COVID 19 and thinking how to make a living through the year.



There is food insecurity and no relief. We received some food relief but it is not enough. Some marginalised groups caste are given more; why the support is not equally provided?

16-year-old girl, rural area, Nepal

33 Lavinia Loperfido and Melissa Burgess, 'The Hidden Impact of Covid-19 on Children on Child Poverty: A Global Research Series'.



Before lockdown shopkeepers were running shops near the school.



Due to lockdown more people had closed their work and jobs. Markets, shops, and industries had closed during lockdown period so shopkeepers were selling masks.



A girl is supporting her family - she had gone to the jungle and returning by bringing wood for cooking food at home.

4.1.4. Positive impacts

Nonetheless, the research identified one positive effect of the COVID-19 pandemic on children and young people in the targeted areas. This effect relates to improved hygiene practices in the consulted communities and was highlighted by young people and adults in both countries. The pictures below (taken by participants from the older age group when asked to represent the main changes in their life since the pandemic started) highlight that children and young people have adopted new practices such as washing hands following a thorough process and at key moments such as before entering classrooms. This could have a positive impact on the spread of other diseases and, if the practice is definitively adopted, contribute to improve young people's health as most key informants believed this habit will be sustained.



Child club member in Nepal washing hands using learned steps during lockdown.



Washing my hands before entering the classroom for 20 seconds is important (Zambia).



Lastly, in **Zambia**, some young girls also illustrated the fact that, due to the pandemic, schools had to improve their hygiene facilities through the construction of taps allowing young people to wash their hands before entering classrooms. This was reported as an improvement by children and young people, especially girls', lives as they will not have to walk and carry heavy buckets anymore.



Drawing water from the borehole will soon be a thing of the past as we will soon have taps at our school for washing hands (Zambia).


4.2. Children's perception of those changes

This section analyses children and young people's perception of the above changes using the results from the Emoji feelings chat activity with children from 8-12 years old and from the empathy mapping exercise with children from 13-18 years old.

Overall, in both countries, children had rather negative feelings about those changes, having to stay at home and not being able to socialise or go to school. They were also sensing the stress and fear regarding the economic situation and the impact of school closure on their education.


We noted however some positive feelings regarding the ability of children to study independently. In Nepal, two participants felt excited about the new ways of learning offered to them for instance, while in Zambia, one participant started being proud to be able to study at home. Children were also happy and excited to be able to go back to school when they reopened.

Analysis of the empathy map in Nepal and Zambia also gives interesting insights about the perception of children, young people but also adults in the communities about those recent changes. In the "hearing section" for example, consulted young people in both countries highlighted the spread of fake news and rumours about the virus. As such, there was some confusion between what could be heard on the news and in the community.



In **Zambia**, young people put a great emphasis on the rise of child marriages and teenage pregnancies, seeing and hearing a lot of parents talking about marrying off their daughters, which led the consulted young people to think about prevention mechanisms such as encouraging the government to lead awareness raising sessions in the community or to increase access to family planning.

Young people also highlighted the food shortages that happened during lockdown which led some of them to take action and start growing their own food during school closure.



In **Nepal**, young people reported a lack of protective equipment in schools such as hand sanitiser or face masks which created some anxiety around the idea of going back to school.

Emoji feelings chart results with children from 8-12 years old in Nepal and Zambia



Number of participants is marked with these icons

How did you feel when you learn that the school will be closed for a while?



Sad



- Initially we were happy to learn but later, we realized that School closing means not having company of friends and playing with them.
- Not getting opportunity to learn and study.
- Busy with household chores at home.



Annoyed



- Classes are not taking place so how I am going to write in the examination.



Frustrated



- Not allowed to play with friends in groups especially outside of the homes.



Sad



- It became clear that I had to stay back home and help around
- I felt sad because I was going to miss my friends
- I would miss out on my learning especially that I like mathematics
- I was going to miss eating from school
- I would miss my teachers & friends

How do you feel about having to stay at home during lockdown?



Bored



- We felt bored at home because we could not get opportunity to learn enough materials.
- We did not go to outside for marketing, playing, meeting with each other so feeling bored at that duration.
- More time spent on mobile and watching TV at home and did not play with friend.
- During lockdown we spent maximum at household chores.








Annoyed



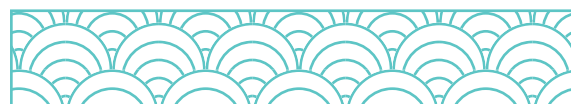
- During that period, I did not find anyone around me to teach.










Emoji feelings chart results with children from 8-12 years old in Nepal and Zambia

How do you feel about having to stay at home during lockdown?

	  <p>Bored</p>	<ul style="list-style-type: none"> • It was boring as I was being sent around my parents to watch my brother • I used to help in cleaning my bedroom • I was just watching TV & playing alone without my friends so I kind of missed all my friends
	  <p>Sick</p>	<ul style="list-style-type: none"> • I was not feeling well at some point as I had a flu. After we went to the hospital I was told it's just an ordinary flu, I thought it was COVID • I was also down with Malaria but I got better after drinking my medicine

How did you feel from a learning point of view during school closing time?



	  <p>Surprised</p>	<ul style="list-style-type: none"> • Came to know about distance learning and teaching methods and tools.
	  <p>Excited</p>	<ul style="list-style-type: none"> • We got some experience through online session. • During this period, we learnt through audio and videos at home.
	  <p>Scared</p>	<ul style="list-style-type: none"> • I may fail in the examination because of not learning and teaching for longer time.
	  <p>Nervous</p>	<ul style="list-style-type: none"> • I did not get much opportunity to learn.

Emoji feelings chart results with children from 8-12 years old in Nepal and Zambia

How did you feel from a learning point of view during school closing time?



Goofy

- Because we closed schools to start learning from home and then we opened and started learning in schools again which was a bit disturbing



Proud

- Proud to be able learn at home



Quite

- I don't have anything to say



Excited

- I was excited as to start learning at school again

How did you feel after learning that the school was going to open again?



Happy

- Felt happy because after long time, we were going to school and meeting with school friends.
- After long time we would have an opportunity to study and learn course book so feeling happy.



Bored

- COVID is still prevalent in the community and opening school could be a disastrous so feeling bored.



Proud

- I would feel proud to be back in school.












Cool

- I would feel cool after meeting my friends after seven months.

Emoji feelings chart results with children from 8-12 years old in Nepal and Zambia

How did you feel after learning that the school was going to open again?

 Annoyed		<ul style="list-style-type: none"> I didn't quite like the fact that we were forced to close school only to open again
 Happy		<ul style="list-style-type: none"> I had missed my friends & learning in class
 Funny		<ul style="list-style-type: none"> It would be fun to start playing with my friends and meeting my teachers
 Proud	 	<ul style="list-style-type: none"> It's good to be in school than to be at home and not do learn

It is interesting here to note how children were now really appreciating the value of going to school but that, nonetheless, some of them discovered and felt enthusiastic about new learning opportunities during COVID (such as being able to learn on their own, distance learning, etc.). The children also highlighted again the social value of school.

The empathy maps below, drawn with young people from 13 to 18 years old, highlight more concerns about the future (linked to loss of parents' livelihoods, fear of failing exams, etc.) but also show some sign of resilience in the coping strategies adopted (for instance in finding ways to do distance learning or in trying to find solution to the increase cases of early marriage and teenage pregnancy and to food shortages)

Figure 1: Empathy map – Zambia

The effect of lockdown and school closure on our lives (Zambia)



Feeling



"I didn't feel nice because schools were closed & I had just started my Grade 7 "

"I was not happy with the school closures because we will regress in terms of schools work"

"I was sad that schools were closed and that my parents lost their jobs so it was difficult to find money for food"

"When I heard that I will be staying at home and not going to school I felt sad cause whenever I am home I feel bored and the only thing I like is to play with siblings "

"But now that schools are open I feel better and am not worried anymore"

Hearing



"Parents are saying that COVID-19 was like an earthquake. Others were saying that COVID-19 was not real. Many youths were saying that they have never seen any person suffering from the coronavirus"

" They are just stopping us to be in groups so that the disease can not attack us and they were saying that its true it is a very dangerous disease"

"Our parents told us that COVID-19 destroyed their budgets and causes inflation"

"They told us to stay at home and to wash our hands regularly and to maintain social distancing"

" I hear most parents say that because of COVID our children should just get married off"

Thinking



"I see most parents in the village forcing their children to get married because they can provide for them & I think most of these school going children will be married off soon, so the government should warn parents about such vices & sensitize them against the dangers of doing such things"

"You must help us to tell people to stop over grazing as this leads to food shortages"

"Using family planning & encouraging people not to get into early marriages; and to ensure that people that stay home can start working/find jobs"

"I think pregnant girls should not stop coming to school and we should educate others so that people can follow the COVID-19 rules"

Doing



"My father was encouraging me to study very hard as no one knew when schools will open. Some of the pupils were just staying home & but i was reading; while others were praying "

"My parents paid for TV so that I can be learning from the education channels that are there"

"We used to watch a lot of ZNBC TV4 to understand what's going on in regards to COVID"

"During the lockdown they were certain rules like wearing masks, no shaking hands and not even going to church but now things are much better"

"I went to cultivate in our family garden so that when schools are open I can get some money to buy some thing for myself & help with school fees"

Saying



"I would like to say that us pupils we were disturbed and it would be difficult to cover up what we missed. Economically, life was difficult as prices were too high & I can encourage the government to find ways of bringing back the life we were leading"

"We want peace and that the doctors, nurses and scientists who work hard can find a cure for the virus"

"I can encourage the people to continue following the rules and respecting what government is saying cause the other people are ignoring these rules, like at church they told us to be wearing masks while worshipping but most people don't come with them"

"Most of the parents were saying that schools should open because some of the children are going to be married off"

Seeing



"We are now wearing masks and washing our hands regularly as we were not doing this a lot in the past"

"Their were too much early marriages and their was poverty because people stopped working in the mines and other jobs"

"People are not hugging, shaking hands and now we have to even keep social distance from our friends"

"There was a shortage of food stuff due to the coronavirus and jobs were not found in the community while other people got pregnant because of the corona virus "

"I went to cultivate in our family garden so that when schools are open I can get some money to buy some thing for myself & help with school fees"

Figure 2: Empathy map - Nepal

The effect of lockdown and school closure on our lives (Nepal)



Feeling



"I felt bored after sitting longer time at homes "

"Sometimes we felt annoyed because our parents told us that lock-down is going to be extended"

"Because of lockdown, our daily routines had changed causing frustration to us"

"I felt so sad when we faced lockdown around 7 month and did not go to school but also happy because we spent more time with our parents and brother / sister"

"We thought about visiting our relatives' house during school closure, but we could not go so not feeling good"

Hearing



" We have heard that wearing mask is protecting from COVID-19 and that we must wash our hand with soap more frequently every day"

"During the lockdown period, we heard more fake news about the COVID-19 medicine and vaccine "

" We heard that we should not go to the market because there might be cases of affected people and we might get it"

"We heard about people passing away from many countries including our country"

" We have heard that wearing mask is protecting from COVID-19 and that we must wash our hand with soap more frequently every day"

Thinking



"I am trying to think about how we could be positive in such situation"

"Sometimes we had negative things on our mind"

"I was wondering how distance learning and online class in this period would take place "

"We are wondering why the schools were not being opened by the government"

"I was trying to think about how to protect us from COVID 19"

Doing



"We have been using masks and sanitizer soap as well as washing hands according to SCI teaching "

"We were doing agricultural work instead of school"

"We are following the safety measures"

"I used to follow online teaching and meetings"

"I was watching TV at home and playing mobile games"

"We were enjoying our time with family members"

Saying



"Please provide sanitizer and masks at school for all students as well as general health facility support in schools"

"We need to sanitize school rooms before starting school"

"The Government should introduce new technologies to start again our classes "

"We are not interested in studying at home alone. We want schools to open and conduct regular session. "

"Boarding schools are demanding fees despite not opening during the lock-down period "

"The teacher should guide children for protecting against COVID-19"

Seeing



"We were seeing empty roads except ambulances as well as closed markets and shops"

"We saw the Police coming to our house and asking to stay at home"

"Children were not playing football in the ground"

"People are not hugging, shaking hands and now we have to even keep social distance from our friends"

"We saw that it was more difficult to access health treatments and to manage the family needs"

"Children spent more time at home playing mobile game and watching TV "

4.3. Social network analysis

Part of this research also wanted to explore the effect of the COVID-19 pandemic on children and young people's social life. The absence of social relationships and behaviours can affect childhood development in various ways. For example, previous research has shown that socially isolated children tend to reach lower educational attainment, as well as to be part of a less advantaged social class and more likely to be psychologically distressed in adulthood (Lacey, Kumari & Bartley, 2014).

Considering that one of the main changes reported by children and young people was linked to the feeling of loneliness and weakened social life, this study looked at how COVID-19 has impacted children and young people's social network to try and draw some conclusions about the potential impact on their life.

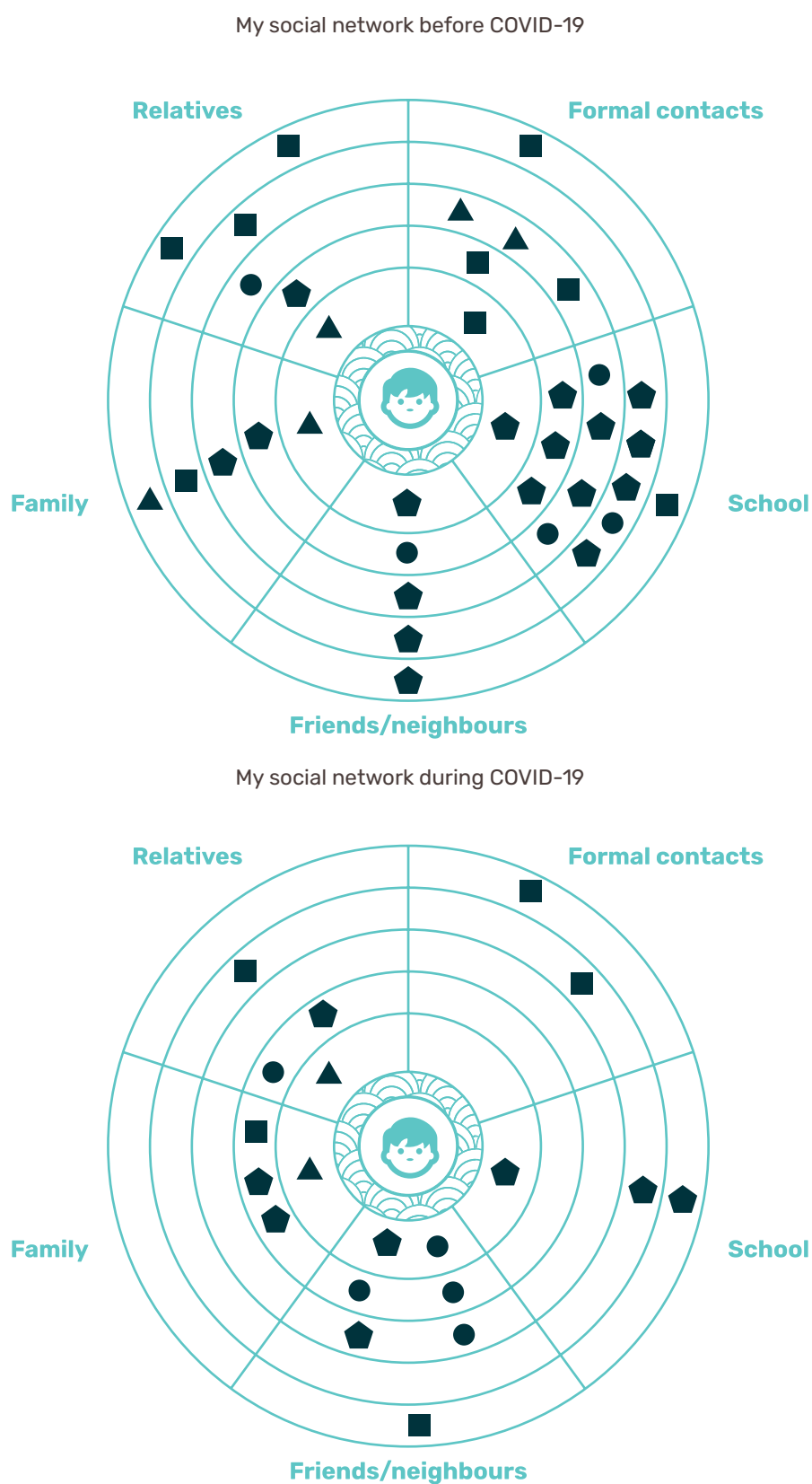
Through a social mapping exercise, the consulted young people (13-18 years old) drew their social network before the pandemic and lockdown and during the crisis. The research found limited differences between countries and a few differences between gender. However, girls seemed to have a smaller social circle (composed of less people and rather oriented around female figures), whereas the boys social circle was more composed of male figures and included more people.

The comparison between pre-COVID situation and during the school closure and lockdown, represented as a persona in Figure 3, shows how ties between family members and friends/ neighbours were strengthened, as opposed to the formal contacts and school-based social relations. According to the consulted young people, before the COVID -19 lockdown, they were not so close to their parents and siblings, but stronger bonds were built when the family had to stay at home for a few months. This bond was strengthened through studying at home together with usually the older siblings or neighbours helping the younger ones which created solidarity among them. More time was also available for playing and supporting parents in their day-to-day activities, which created a feeling of closeness. However, other relatives and formal contacts (such as doctors, nurses, NGO staff, members of savings and cooperative groups) were less frequently visiting their homes. Young people were however able to maintain close contacts with some relatives through regular phone calls. Teachers and friends were also close to them before the pandemic, the ties then loosened during school closures but were getting stronger again after schools reopened. Neighbours and village- friends became also closer as young people got more time to interact with them.

Based on the conversations with the young people and their parents/caregivers it seems that, since lockdown ended and schools reopened, the level of social interactions encountered by children and young people had almost resumed to its pre-COVID level.

Figure 3: Social network mapping – boy (13 to 18-year-old)

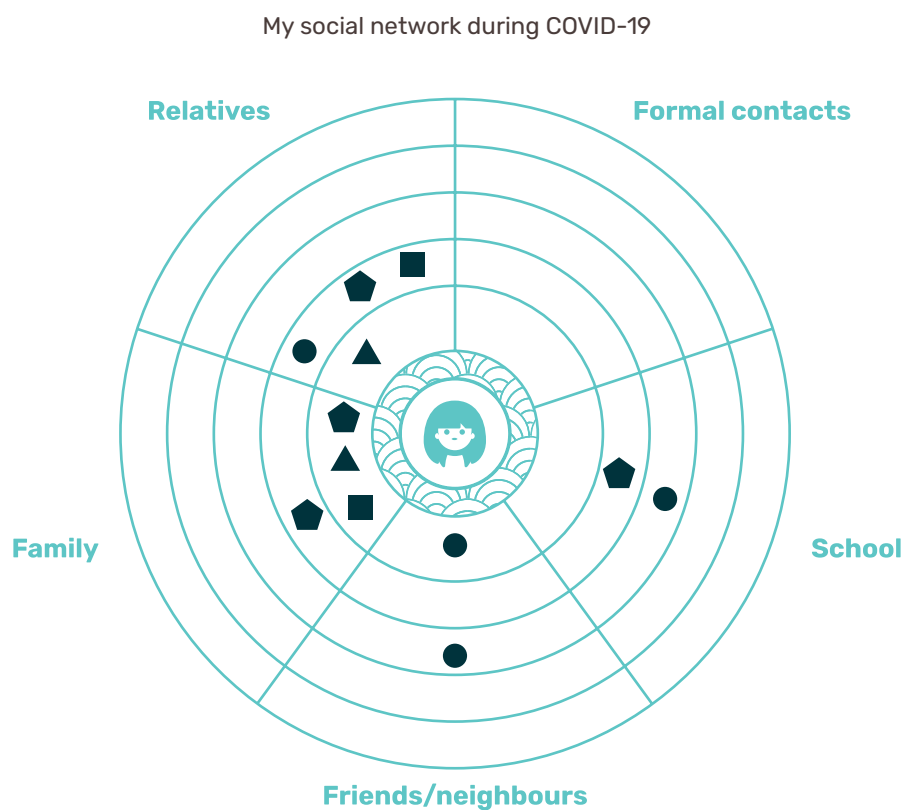
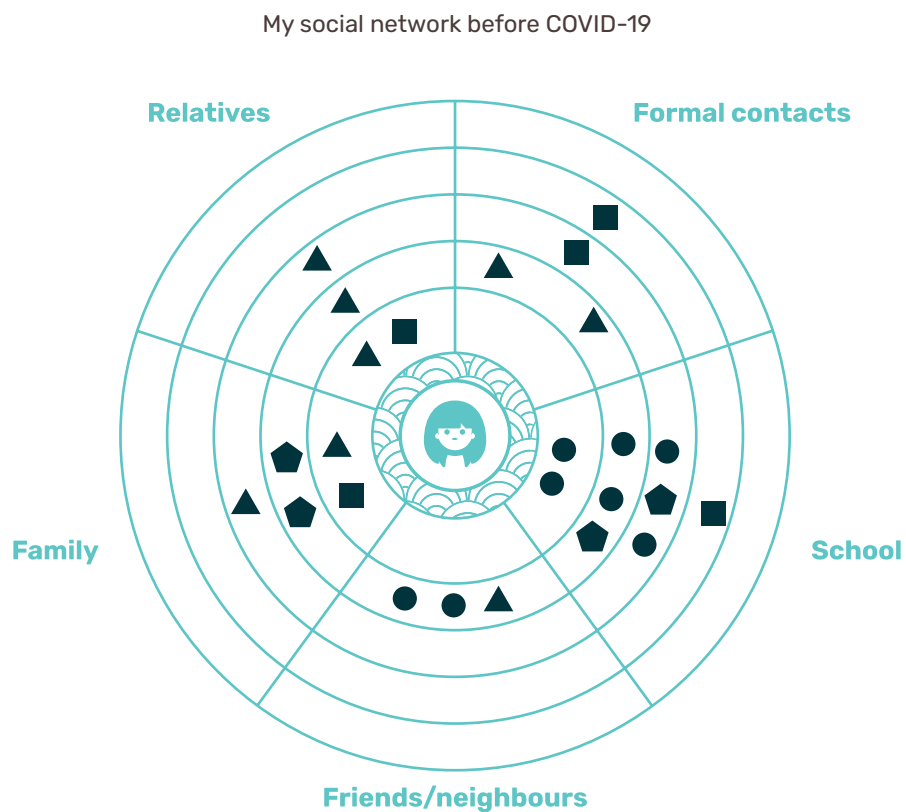
- ▲ Adult - woman
- Adult - man
- Child - girl
- ◆ Child - boy

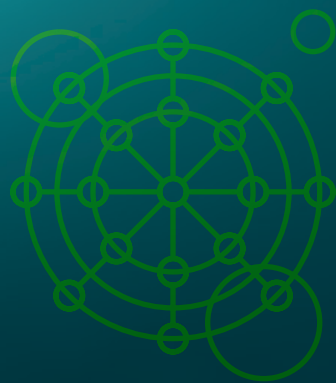


The closeness of the symbols to the inner circle represents the closeness of the relationship with the young person (through the regularity of interaction and the feeling of emotional closeness).

Figure 5: Social network mapping – girl (13 to 18-year-old)

- ▲ Adult - woman
- Adult - man
- Child - girl
- ◆ Child - boy





05

Conclusion

In conclusion, the study highlights that the COVID-19 pandemic and associated measures such as lockdown and school closures have had an important impact on children and young people's lives. In particular, the pandemic highly disturbed children's education. The damage caused will probably have long-term consequences on learning outcomes and younger children's development. The pandemic also impacted access to health and nutrition services through the disruption of facilities and community members' fear of contracting the disease when accessing the facilities once reopened. As a result, and combined with the fact that many households in the targeted communities were unable to meet basic needs due to the economic impact of the crisis, the health of children and young people was affected. Consulted young people also highlighted the impact of the lockdown and school closures on their mental health by reporting feelings of anxiety, sadness, and boredom. While none of the consulted children reported cases of abuse and domestic violence during the lockdown, increased violence within the households and communities was noted by adults. Lastly, in Zambia, children and adults mentioned a rise in cases of child marriage and teenage pregnancy which often has significant negative consequences on girls.

However, the study also highlights some positive impacts of the crisis related to improved water and hygiene facilities and practices in the communities and positive coping mechanisms adopted, which is evidence of resilience.

Lastly, the study zoomed on the impact of the crisis on young people's social interactions. The mapping revealed closer bonds with geographically close individuals such as family members and neighbours during the lockdown. Most young people reported positive feelings linked to the fact that they had the opportunity to spend more time with their parents, siblings, and neighbours. However, for children living in abusive environments, this closeness to a restricted number of individuals can have dramatic consequences.³⁴ The impact of the limited interactions with other children, teachers, health care workers and early childhood professionals on younger children at a critical age of their development (below the age of 10) was also not covered in this study. Since lockdown ended in both studied countries, interactions were reportedly almost back to the pre-COVID situation.

In light of those findings, the following recommendations have been drawn:

For communication and advocacy

- Keep advocating government to put in place social protection schemes and policies which are shock-responsive to address hunger and loss of livelihoods when a crisis like COVID-19 strikes;
- If this was not already done, advocate for the development of a national COVID-19 education action plan, to invest in remote learning mechanisms that leave no child behind and to ensure that all children return to school when the conditions allow;
- Advocate for national campaigns to put in place or raise awareness of family planning services available in communities in order to reduce the rise in cases of teenage pregnancy during school closure. Also ensure that mechanisms are in place at the local scale to ensure that young women have the opportunity to go back to school after giving birth (through local by-laws in Zambia for instance)

34 'Countries Failing to Prevent Violence against Children, Agencies Warn'.



For programme adaptation

- Consider including psychosocial support interventions available to all children and young people in the impact areas during times of lockdown. If those services already exist in the impact areas, raise awareness around those in the communities;
- Make sure that parents and caregivers are aware of the psychological effect that lockdown can have on children and young people and ensure that they are aware of the services and interventions available to them and their children if needed;
- Develop other forms of remote learning such as radio programmes and paper-based learning packs to ensure that children who do not have access to a TV or the internet can continue learning. Also consider providing capacity strengthening support to teachers on distance learning methods as well as to parents and caregivers on the use of those remote learning tools.
- Carry on an assessment of the home-based learning approaches implemented as part of Sponsorship programme such as Early Literacy and Math (ELM) to understand why they did not allow children to learn more during school closure;
- Develop or intensify post-crisis livelihood strengthening in order to restore decent living conditions for families which fell into poverty during the pandemic;
- Listen to children's voices more and use them to improve programming. This study shows that children and young people are very aware of their needs and priorities (and those of their families) and of the challenges faced in their communities. With age-appropriate consultation methods, their opinions can be collected and taken into account.



06

Annexes

6.1. Study matrix

Evaluation Question	Subquestions	Indicators	Sources of information
1. What are the most significant changes experienced by children living in sponsorship impact areas as a result of COVID-19 or of the measures in place to protect against COVID-19?	What has changed in children and young people's lives since the COVID-19 outbreak? Are there differences between boys and girls?	<ul style="list-style-type: none"> Documents and literature point out some of the main changes faced by children since the outbreak in the two countries; Survey with Save the Children staff and partners are also contributing to identify some of those changes and their potential long-term impact on the lives of children; Children and young people – disaggregated by age and gender- identify, prioritise and illustrate how the pandemic and mitigation measures have impacted their lives Children and young people explain why they decided to pick those particular aspects. 	<ul style="list-style-type: none"> Desk review Photovoice; Phone interviews with parents and caregivers Survey with Save the Children and partners staff
	What are the main perceptions of children and young people regarding those changes?	<ul style="list-style-type: none"> Children and young express how they feel about those changes through drawing an empathy map. 	<ul style="list-style-type: none"> Empathy maps
	Are there differences between the two country contexts and between different areas within the same country?	<ul style="list-style-type: none"> The analysis of the data coming from the photovoice, empathy maps, desk review, key informant interview and survey allow to see whether the measures put in place in the two countries had a different impact on children and young people, depending on where they live. 	<ul style="list-style-type: none"> All data sources mentioned previously, disaggregated per country, region, age and gender

Evaluation Question	Subquestions	Indicators	Sources of information
2. How have children and teachers adapted to or coped with school closures and other COVID-related restrictions?	What was children and young people's learning routine before the pandemic and school closure? How has it changed since?	<ul style="list-style-type: none"> Documents and literature show how the pandemic disturbed the education system in both countries; Survey with Save the Children staff and partners and interview with teachers and parents also highlight the impact of the crisis on the education system; Children and young explain how the pandemic and lockdown changed their ways of learning. They explain how much time they are spending to learn now as opposed to before, who is helping them to learn and how these new ways of learning compare to learning at school. 	<ul style="list-style-type: none"> Desk review; Phone interviews with parents, care givers, teachers and local authorities; Discussion with children and young people as part of the photovoice activity
	How are teachers trying to ensure continued learning during school closures? What are some of the main successes and challenges?	<ul style="list-style-type: none"> Documents and literature identify the solutions that have been put in place to ensure continued learning; Teachers explain how they have been coping with school closures and whether they have implemented alternative ways of teaching; Teachers also identify some successes and challenges faced when trying to implement those alternative way of teaching. 	<ul style="list-style-type: none"> Desk review; Phone interviews teachers and local authorities.
	How are children envisioning going back to school?	<ul style="list-style-type: none"> Using the board of emojis, children and young people express how they feel about going back to school and explain their reasons for choosing this/ these emotion(s). 	<ul style="list-style-type: none"> Discussion with children and young people as part of the photovoice activity

Evaluation Question	Subquestions	Indicators	Sources of information
3. How are children now relating to each other and adults compared to pre-COVID time?	How have children and young people's social support network evolved since the pandemic and lockdown?	<ul style="list-style-type: none"> The children and young people draw the map of their social support network pre-COVID using the Five Field Map methods; They explain how this network and the interactions between themselves and all the stakeholders mapped have change since the beginning of the lockdown; Parents and caregivers also describe how the pandemic impacted the interactions between children and the rest of the community. 	<ul style="list-style-type: none"> Five Field Map drawn with children during workshops KII with parents and caregivers
	Have interactions among children and young people reduced? How are they continuing to socialise with each other?	<ul style="list-style-type: none"> Children and young people identify moments during the day or occasions when they can socialise and interact with each other. They explain whether those occasions have increased or decreased since the beginning of lockdown. Parents and caregivers are also able to highlight key moments of socialisation among children and young people and how have those evolved compared to pre-COVID situation. 	<ul style="list-style-type: none"> Five Field Map drawn with children during workshops and discussion after the activity; KII with parents and caregivers.

6.2. Detailed methodology

6.2.1. Inception phase and desk review

The consultancy started by a scoping phase which consisted in few calls with Save the Children's Program Quality & Impact – Sponsorship (PQIS) team. The aim of these calls was to collaboratively elaborate the scope and objectives of the study. Once the objectives and scope were agreed upon, the consultants and PQIS team organised two calls with the Country Offices potentially interested by the study³⁵ to further explain to the aims and objectives of the study as well as envisioned methodology. Following those calls, India and Nepal Country Offices confirmed their interest in taking part in the research and the consultants developed a short concept note summarising the discussions to obtain the final approval from the two Country Offices.

The consultants then started to gather documents online regarding the impact of COVID-19 on children first worldwide and then in the selected countries. The desk review was composed on 19 documents at the global level and 14 documents at the regional or national level. It also included 5 documents shared by Save the Children in their learning agenda related to the COVID-19 as well as on the global quantitative study part of the learning agenda.

Lastly, the consultants produced a first version of this research protocol at the end of July 2020, which include the finalised objectives and scope, the methodology, a revised timeline and the data collection tools. After a phase of review and comments from Save the Children PQIS, Country Offices and Ethics Review Committee (ERC), the research had to be paused as COVID-19 case in Nepal and even more so in India were on the rise. Save the Children's team decided to move forward with the study in October by replacing India by Zambia Country Office which also expressed interest in taking part in the study. The consultants then produced a finalised version of the protocol integrating the inputs from the different contributors and reflecting the changes since the first version of the protocol was submitted.

6.2.2. Primary data collection

The data collection methods have been selected to ensure appropriate participation of children and young people in the study. As such, they will include:

6.2.2.1. Online survey with Save the Children Country Offices and partners' staff

Data collection began with a survey targeting Save the Children's Sponsorship team in both countries as well as their local partners. This survey allowed to collect data on the general context, the impact of the COVID-19 in the impact area and on solutions that were put in place locally to mitigate the impact of school closures and of the lockdown. It was expected that those stakeholders would be able to give an overview of the current situation for children in their respective areas of expertise (education, access to health services, protection, etc.).

The survey was administered online via KoBo Toolbox. It was broadcasted in English.

In total, 25 respondents responded to the survey, 19 in Nepal and 6 in Zambia. They were representative of the different positions in the Sponsorship programme including programme team members working on basic education, maternal and new-born child health and nutrition,

35 Namely Egypt, India and Nepal

early childhood care and development, child sensitive livelihoods, adolescent development/ Sexual and reproductive health, school health and nutrition but also monitoring and evaluation and sponsorship operations.

6.2.2.2. Remote key informant interviews with adults

The consultants then led remote key informant interviews with the following types of stakeholders:

- **Parents and care givers** of children and young people in the selected communities. Those parents are care givers (around 10 per country) were selected based on their interest and availability to take part in the study, on their implication in the Sponsorship programme (ECCD facilitators for instance or parents involved in local school committees) and the possibility to contact them on a mobile phone number;
- **Teachers and workers** in local childcare centres The sample size and criteria for selection were the same as for parents and caregivers.
- **Local authorities and relevant local government** representatives working in sectors linked to education or childcare.

Those interviews were conducted in English or Nepali as relevant. The interviews were kept short (20 min max) to adapt to the fact that the interviews had to be done through phone and thus make sure that respondents' attention did not drop off considerably after a while.

Save the Children's Sponsorship team in each country provided the consultants with the list and contact details of selected key informants matching the criteria set above and informed the key informants about the survey before the interview.

In total, the consultants interviewed 20 key informants in Zambia and 23 in Nepal.

6.2.2.3. Data collection with children

In order to foster child participation in the context of the COVID-19 pandemic and national lockdowns, the consultants relied on Save the Children Country Offices (CO) to **select two to three focal points in different communities** (either volunteers, agents on the ground or teachers/ECCD facilitators or partners) who were trained remotely by the consultants. Some of the selection criteria included their interest and availability but also the fact that those focal points had access to a smartphone, had a laptop available to them or were able to easily go a partner's office to have access to one. The training took the form of a webpage composed of videos and exercises/quizzes that the focal points were access at any time (similar to a short online course).

The course was developed in English and in Nepali to ensure a good understanding of the content. The training covered the different data collection methods that were used as part of the study (photovoice and empathy mapping for instance) but also principles of child protection and safe participation and the protocol to follow to limit the spread of the coronavirus.

Once the training completed by the focal point, they led the activities in their community with a small number of children/young people and adults (**5 to 10 children and young people per community/focal points**). Data collection in Nepal was done in two communities: Khadak Municipality, Saptari district and Kusaha, Saptari district. In Zambia, data collection happened in St. Josephs community and in Bulaya.

The focal points were then asked to send back to the consultants all the data and materials collected (either text or photos or drawings) by email.

The children/young people participating in the study were selected based on their interest, availability and consent from their parents/caregivers to take part in the study. As such, their participation was fully voluntary.

For the focal points, the following criteria for selection were suggested:

- Ability to access a camera or smartphone with a camera to be able to send back the photo taken as part of the activities to the consultants;
- Ability to be trained remotely either through a smartphone or at a partner's office where he/she can access a computer for a day;
- Willingness to take part in the study and availability (around 5 -10 days in the last two weeks of August);
- Trusted in the community.

In total, 33 children and young people were consulted: 23 in Zambia (12 girls and 11 boys) and 10 in Nepal (4 girls and 6 boys).

Photovoice with children from all age groups

Photovoice is 'a process in which people – usually those with limited power due to poverty, language barriers, race, class, ethnicity, gender, culture, or other circumstances – use video and/or photo images to capture aspects of their environment and experiences and share them with others. Participants are asked to represent their communities or express their point of view by photographing scenes that highlight the research themes. The pictures can then be used, usually with captions composed by the photographers, to bring the realities of the photographers' lives home to the public and policy makers and to spur change.'

Children and young people were asked to take of photo representing the most important changes that the COVID-19 pandemic and lockdown have brought in their lives. The activity was presented to them in a group of 5 participants maximum to follow COVID-19 protection measures, but they went individually in the community to take one or few photos accompanied by the facilitator/focal point.

While taking the photo, they were asked to explain why they took this photo in particular, what it represents for them and what they were willing to show.

The facilitator made sure that between each participant, the device was washed to avoid the transmission of the COVID-19 and that children washed their hands before and after the activity. The facilitator was also be asked to wear a mask and maintain social distancing during all activities undertaken as part of this study.

'Emoji feelings chart' with children from 8 to 12 years old and 'Empathy mapping' with children from 13 to 18 years old

'Emoji feelings chart' with children from 8 to 12 years old

Following the photovoice session, the participating children were asked to answer a few simply worded questions aiming at gathering their emotions about some of the changes they experienced due to the COVID-19 and lockdown. In order to answer those questions and to help them finding the right emotion, the children were presented a selection of 'emojis' (as presented below) from which they could choose from.



Figure 6: Example of 'emoji' feelings chart³⁶

Children were then asked to explain why they chose this/these particular emojis. The list of questions included:

1. How did you feel when you learn that the school will be closed for a while?
2. How do you feel now that the school is still closed?
3. How do you feel about having to stay at home during lockdown?
4. How do you feel about learning during school closure?
5. How do you feel about going back to school?

'Empathy maps' with children from 13 to 18 years old

Following the photovoice activity, the children and young people from 13-18 years old, in a group, were asked to participate in another activity which took the form of a series of questions aiming at building an "empathy map", similar to the one presented below. Usually used in the business world, an empathy map is a collaborative visualization used to articulate what people know about a particular type of user. In our context, it will be used to gather children and young people knowledge about a particular topic rather than a type of user.

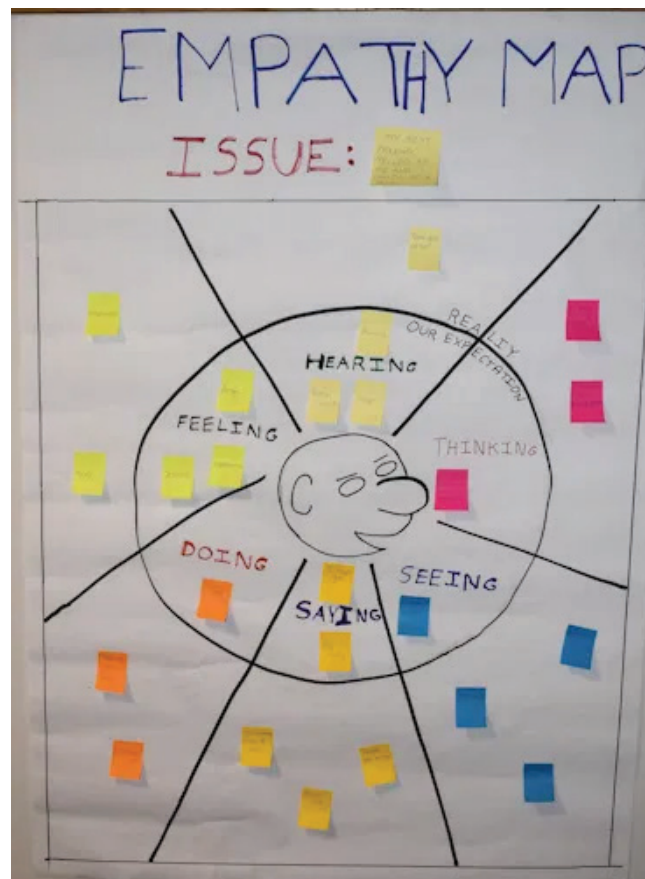


Figure 7: Example of an empathy map drawn with a group of children³⁷

The main issue the children and youth were invited to talk about was the impact of COVID-19 and lockdown on their lives (including school closures).

The following questions were suggested to guide the children to fill up the boxes:

- **Feeling:** how do you feel about lockdown and school closure? And now, are you still feeling the same? How do you feel about going back to school?
- **Doing:** what have been the reactions in the communities to counter or adapt to lockdown and school closure?
- **Saying:** what do you want to say about it?
- **Seeing:** what are the main visible changes in the communities?
- **Thinking:** what do you think about those changes and what you see in the community?
- **Hearing:** what are family and friends saying about the current situation? What about the younger children (brothers and sisters)?

37 Source : <https://hope4hurtingkids.com/emotions/overcoming-emotions/the-empathy-map/>

‘Five Field Map’ with children from 13 to 18 years old

The last activity was led only with children and young people from the older age group i.e. from 13 to 18 years old. This activity aimed at answering the research question 3: ‘How are children now relating to each other and adults compared to pre-COVID time?’.

The rationale behind this question was that the social network has a direct influence on well-being: either through promoting well-being by providing sources of self-esteem and affectionate bonds, or by creating distress through negative feedback. The absence of a social network may also produce a sense of loneliness and lack of meaning in life.³⁸ This was a particularly interesting area to study in the context of the COVID-19 pandemic and lockdown which aimed at isolating people to protect them against the spread of the virus.

Most social network mapping instruments for adults rely on questioning, either in an interview or as a self-reporting tool.³⁹ This can be an issue, especially for younger children, who often lack the cognitive skills necessary for understanding and answering abstract questions. As such, the consultants chose an approach called the Five Field Map which has been elaborated for children and tested with them. It is easy to understand and not too time consuming, while being still useful as part of this research.

The children and young people were asked, individually and per sector, to draw (using symbols) the persons who were important⁴⁰ for them in the different sectors, starting with the family and continuing to the other sectors before the start of the COVID-19 pandemic and lockdown. In the formal sector the child was told to place people who are important, but not relatives or friends, like a family doctor, a local policeman, or the village chief for instance. The most important persons were placed in the inner circle, and the least important in the fourth circle. An example of what the map can look like at the end is presented on next page.

After drawing the map, the facilitator asked the children and young people what impact the COVID-19 and lockdown had on their social network and the way the map is organised. The participant were then invited to draw a second map representing the situation during lockdown.

38 Margaret Samuelsson, Gunilla Thernlund, and Jerker Ringström, ‘Using the Five Field Map to Describe the Social Network of Children: A Methodological Study’, *International Journal of Behavioral Development* 19 (1 June 1996): 327–45, <https://doi.org/10.1177/016502549601900206>.

Figure 8: Example of a Five Field Map completed by a child⁴¹

FIG. 1. Case 1: Robert, age 9. (, man; ●, woman; Δ, boy; ○, girl; —/, conflictual relationship; —#—, broken relationship.)

6.2.2.4. Summary of the type of stakeholders consulted and sample

The following table summarised the type of stakeholders consulted as part of this study, the sample size and data collection method

Table 2: Summary of stakeholders to be consulted and associated sample size and method per country

Level	Stakeholder	Age Group	Sample Size	Data collection method
Community	Child	8-12	5 in Nepal 16 in Zambia	Photovoice, emoji feelings chart
Community	Child	13-18	5 in Nepal 7 in Zambia	Workshops with children individually and in small groups (with 5 children maximum) Activities led in person by the focal points

41 Samuelsson, Thernlund, and Ringström, 'Using the Five Field Map to Describe the Social Network of Children'.

Level	Stakeholder	Age Group	Sample Size	Data collection method
Community	Adult: Parents/ Caregivers of children 3-6 and 6-12 years	Parents/ Caregivers of children 3-6 and 6-12 years	10 in Nepal 9 in Zambia	Phone interview (by the consultants)
Facility	Teachers and childcare workers	All age	10 in Nepal 7 in Zambia	Phone interview (by the consultants)
Department	Block level health, nutrition and education officers	All age	3 in Nepal 4 in Zambia	Phone interview (by the consultants)
Nation/region	Save the Children and partners Sponsorship staff	All age	19 in Nepal 6 in Zambia	Online survey

As such, the total sample size was **101 individuals**.

6.2.3. Data analysis and dissemination of the findings

All data collected was sent back to the consultants, including pictures, outputs from the different activities and notes taken by the facilitator. All text data was coded and analysed using a coding matrix in Excel format, organised per research question.

The consultant then presented the findings in visual ways and the shape of persona or quotes with limited general findings. As such, the report is short with limited text.

This report was then designed professionally to ensure the visual esthetic of the final product.

In addition to the report, the consultants also produced a child friendly dissemination material. This could take the form of live illustrations during a webinar (which would be recorded and then be voiced over in Nepali and Hindi) or a cartoon translated in Nepali and Hindi.

After receiving feedback from Save the Children PQIS and CO teams on both deliverables, the consultants integrated all inputs and produced a final version of the final report and dissemination material.

6.2.4. Quality assurance and ethics

In order to ensure the objectives of the study were met and that the proposed methodology was relevant and adequate, the team suggested to set-up a **review group** to create buy-in around the findings. Composed of 5 to 10 people representatives of Save the Children and other relevant stakeholders, the review group steered the work and reviewed the outputs of the consultancy at critical steps (i.e. inception report and draft study report).

Furthermore, the team ensured an ethical approach to the whole process, following UNEG ethical guidelines, including but not limited to:

- Respect for dignity and diversity of the participants;
- A commitment to avoid harm to participants;
- Awareness of data protection sensitivity;
- A commitment to an inclusive approach ensuring access and participation of women, men, boys and girls across age groups and disability status.

For data collection activities involving children, **the consultant's followed the child safeguarding protocols established by Save the Children in-country** to address any backup issues that arise during data collection, and the focal points were trained to know and act in accordance with this protocol.

6.2.5. Data protection

KAC complies with the E.U. General Data Protection Regulation (GDPR) directive that came into force on May 25th, 2018. This directive sets out individuals' rights regarding the processing, handling, treatment and storage of their personal data. The consultants implemented the following data protection measures to ensure the protection and security of primary data collected during this study.

For qualitative data collected the consultants followed **Save the Children' Principles and Ten Steps for Responsible Data Management** as presented in the 'Tipsheet: Remote and Digital Data Collection and COVID-19' and :

- Present the objective of the project to potential interviewees in a fair, lawful, transparent way;
- Get informed consent in the use of personal data and delete it when asked (verbal consent with a witness from Save the Children);
- Only use the data for the purpose explained to participants and only collect the data that is needed to fulfil the study's objectives: **the consultants will not collect any personally-identifiable data on children**. Interviews with adult will include the collection of personally-identifiable data such as names, gender and position in order for the consultants to remember which key informants said what based on their position and experience and to allow for disaggregation. However, once the data analysed, it will be anonymised.
- Not share any raw data collected (audio recordings, transcripts, interview database) from interviewees with the client, unless the client especially asks for it. In this case, only anonymised data will be given i.e. the interviewee's name, organisation as well as any descriptive information that could breach data protection (age, location, etc.) will be omitted;
- Not quote individuals or refer to interviewee by name, position, or organisation in the final report. Individuals will be referred to by their stakeholder group (e.g. lead actors, etc.).

All data relating to this project were collected by the Focal Points and the consultants, they were stored on a **secure server** protected by a password and only accessible by Key Aid Consulting's staff until the end of the project. Then, as soon as the last deliverable was approved by Save the Children, the data were anonymized (names, positions and any information identifying key informants were deleted), archived and placed in a **file accessible only by Key Aid Consulting's data protection officer**. Finally, all primary data will be deleted by Key Aid's data protection officer one year after the start of the project (i.e. in June 2021). This includes project documents, primary data transcripts, data encoding matrix or databases (including emails with any document or database attached).

The focal points in the communities were trained to disclose to the interviewees what data was being collected and how, why it was being processed, how long it was being retained, and if it was being shared with any third parties. They also obtained verbal **consent from the parents** with a witness from Save the Children Country Office for children and young people to take part in the study and for the outputs of the activity (photos in particular) to be used in the report and potential other communication.

Privacy and confidentiality of all participants was maintained, unless a child was in a situation of danger requiring immediate action.

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