



# When schools shut

Gendered impacts of COVID-19 school closures

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## Short summary

School closures to mitigate the spread of COVID-19 have caused unprecedented disruption for nearly 1.6 billion learners across the globe. Beyond alarming effects on learning loss and school dropout, they pose an immediate and long-term threat to gender equality, with gender-specific effects on health, well-being and protection.

This publication exposes these impacts and calls for effective strategies to ensure education continuity, promote gender equality and improve lives and futures. Through a review of published research, a global survey of actions taken by organizations in favour of gender equality in education, and in-depth data collection in five countries, UNESCO and its partners underline the challenges faced by children and young people to continue learning, and to return to school safely. *When schools shut* also showcases the efforts made by governments and the international community to mitigate harm and safeguard progress towards gender equality in and through education.

While it is too soon to grasp the full scope of the impact of school closures, the publication sets out early evidence from across different contexts globally on how girls and boys have been participating in remote learning, planning for the return to school, and coping with mental and physical health challenges during the closures. It is a call to governments and their partners to put gender at the centre of education recovery to tackle declining participation and low return-to-school rates. *When schools shut* is a timely reminder that schools are essential sites not only for learning, but also lifelines when it comes to health, well-being and protection of all learners.

School closures  
affecting  
**1.6 billion  
learners**  
pose an alarming  
**threat to gender  
equality**



**unesco**

*"Since wars begin in the minds of men and women it is in the minds of men and women that the defences of peace must be constructed"*

# When schools shut

Gendered impacts of COVID-19 school closures

## Foreword

At the peak of the COVID-19 pandemic in 2020, school closures affected nearly 1.6 billion learners in over 190 countries. The impact on education has been global, in a way never seen before in previous epidemics, emergencies or crises.

Despite swift action by governments and their partners to ensure the continuity of learning, COVID-19 school closures have hampered the right to inclusive and quality education for children and young people worldwide. The impacts are only beginning to be understood, but include risks for students' health and well-being, learning losses and upended educational trajectories – with consequences for the future of an entire generation.

UNESCO commissioned this global study to understand the gender dimensions of these and other impacts related to school closures.

We asked some hard questions: How have social norms and gendered expectations impacted learners' ability to study online and return to school? How have gaps in the provision of school-based health, nutrition and protection services during school closures widened gendered risks and vulnerabilities? Have pre-existing gender inequalities deepened during this period, affecting education, health and protection outcomes? And, importantly, what policy and programme responses implemented by governments and their partners have been successful in furthering gender equality in and through education?

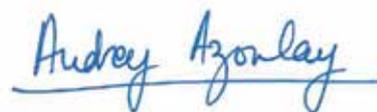
The evidence and examples included in this report remind us that the path to equality is not a straight one, and that purposeful, sustained and collaborative actions are needed to get us back on track, so we can build back equal.

To do this, we need data disaggregated by sex, wealth, location and other characteristics to understand who is learning while schools are shut, who is going back to class when schools open – and who is not.

We need participatory approaches that effectively listen to children's and young people's perspectives and gendered experiences, and ensure action to address the education, health and well-being needs that they voice.

Lastly, we need bridges between governments, teachers, school administrators, families, communities and learners, to prevent harm and safeguard rights.

UNESCO will continue to work hand-in-hand with countries and the international community to galvanize action and support the creation of resilient, gender-responsive education systems that respond to the needs of all learners, and leave no one behind.



**Audrey Azoulay**  
Director-General of UNESCO

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# Table of contents

|   |           |
|---|-----------|
| <b>Executive summary</b>  | <b>12</b> |
| <b>Chapter 1. Introduction</b>  | <b>18</b> |
| <b>Background and rationale</b> .....   | <b>19</b> |
| <b>Objectives and research questions</b> .....  | <b>20</b> |
| <b>Conceptual framework</b> .....   | <b>21</b> |
| <b>Methodology: data sources and analysis</b> .....   | <b>23</b> |
| <b>Ethical review</b> .....   | <b>24</b> |
| <b>Data limitations</b> .....   | <b>24</b> |
| <b>Report structure</b> .....   | <b>25</b> |
| <b>Chapter 2. The gendered impacts of COVID-19 school closures</b>                                  | <b>26</b> |
| <b>Key findings</b> .....   | <b>27</b> |
| <b>Introduction</b> .....   | <b>28</b> |
| <b>The scope of school closures during COVID-19</b> .....   | <b>29</b> |
| <b>Gender and remote learning</b> .....   | <b>30</b> |
| <i>Gender roles, use of time and remote learning strategies</i> .....                               | <i>31</i> |
| <i>The gender digital divide and learning loss</i> .....  | <i>36</i> |
| <b>Gender and school dropout</b> .....  | <b>40</b> |
| <b>Gender, health and well-being</b> .....  | <b>42</b> |
| <i>Mental health</i> .....  | <i>42</i> |
| <i>Physical health and nutrition</i> .....  | <i>45</i> |
| <i>Sexual and reproductive health</i> .....   | <i>46</i> |
| <i>Protection from harm</i> .....   | <i>47</i> |
| <b>Conclusion</b> .....   | <b>51</b> |
| <b>Chapter 3. The world's response: Mitigating the gendered impacts of COVID-19 school closures</b> | <b>52</b> |
| <b>Key findings</b> .....   | <b>53</b> |
| <b>Introduction</b> .....   | <b>54</b> |
| <b>Gender and remote learning</b> .....   | <b>54</b> |
| <i>Support to families and learners</i> .....   | <i>59</i> |
| <i>Support to teachers</i> .....  | <i>61</i> |
| <b>Gender and return to school</b> .....  | <b>63</b> |
| <b>Gender, health and well-being</b> .....  | <b>65</b> |
| <i>Mental health</i> .....  | <i>66</i> |
| <i>Physical health and nutrition</i> .....  | <i>67</i> |
| <i>Sexual and reproductive health</i> .....   | <i>68</i> |
| <i>Protection from harm</i> .....   | <i>70</i> |
| <b>Conclusion</b> .....   | <b>71</b> |
| <b>Chapter 4. Conclusions and recommendations</b>   | <b>72</b> |
| <b>References</b>   | <b>77</b> |
| <b>Appendices</b>   | <b>87</b> |
| <b>Appendix 1: Research questions</b> .....   | <b>88</b> |
| <b>Appendix 2: Literature and database review: search methods and sources</b> ....                  | <b>89</b> |
| <b>Appendix 3: EGER Survey detailed methods</b> .....   | <b>92</b> |
| <b>Appendix 4: Key informant interviews</b> .....   | <b>94</b> |
| <b>Appendix 5: Focused country research</b> .....   | <b>96</b> |

# List of figures, tables and boxes

## Figures

|   |    |
|---|----|
| <b>Figure 1:</b> Conceptual framework of gender dimensions of school closures: Three potential pathways to adverse outcomes             | 22 |
| <b>Figure 2:</b> Components of the Gender and School Closure Analysis   | 23 |
| <b>Figure 3:</b> Number of weeks schools were partially or fully closed, by region  | 29 |
| <b>Figure 4:</b> Share of respondent countries offering a remote learning modality across at least one education level, by income group | 31 |

## Tables

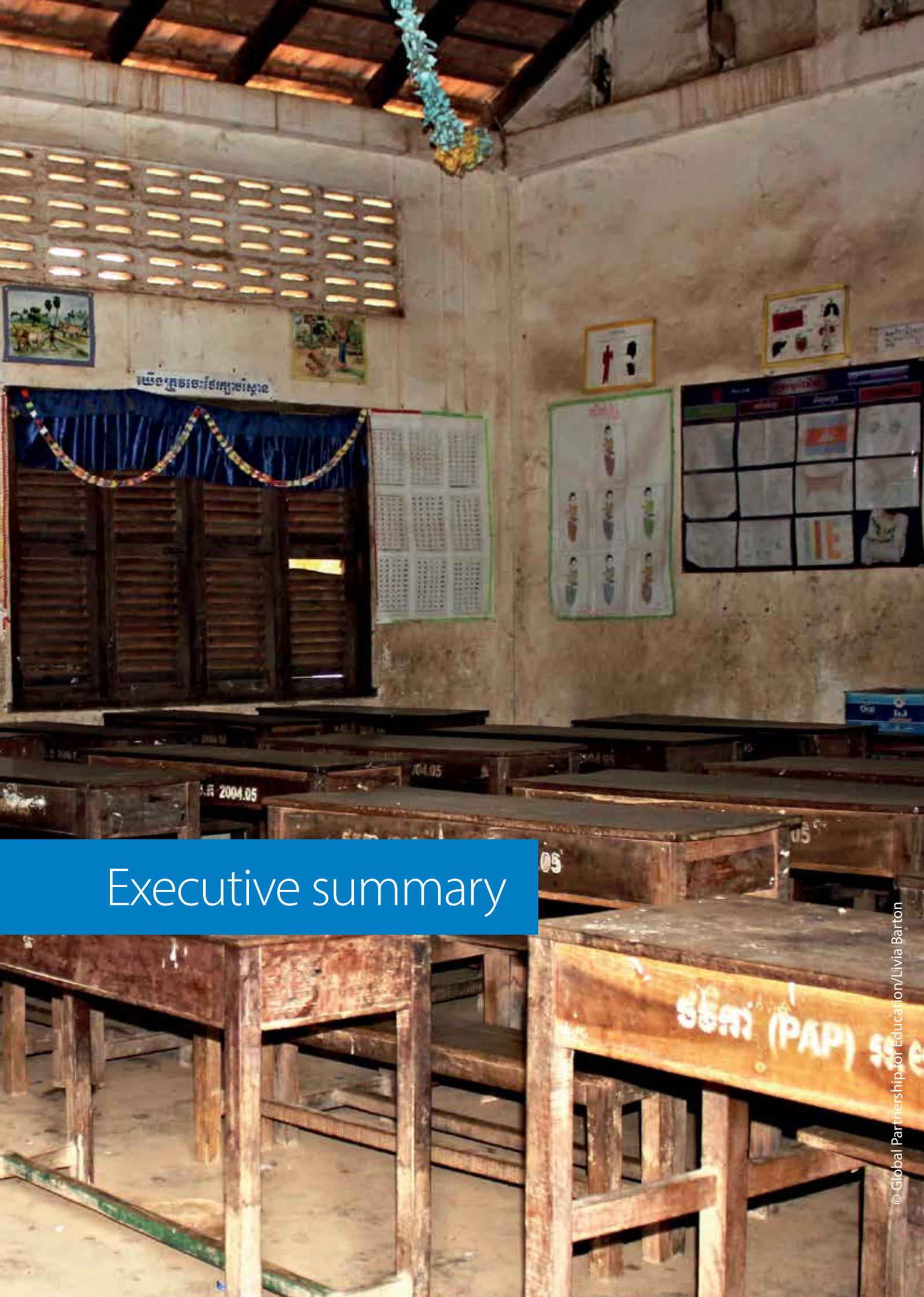
|  |    |
|--|----|
| <b>Table 1:</b> Gender and time use due to school closures, Pakistan   | 35 |
| <b>Table 2:</b> Reasons for not returning to school among adolescents in Kenya, girls and boys aged 10 to 19, February to March 2021 | 41 |

## Boxes

|   |    |
|---|----|
| <b>Box 1:</b> UNESCO Global Education Coalition's Gender Flagship   | 19 |
| <b>Box 2:</b> What did we learn from the past?  | 28 |
| <b>Box 3:</b> The gender digital divide   | 37 |
| <b>Box 4:</b> Gender-based internet and data limitations in Pakistan  | 38 |
| <b>Box 5:</b> Case study: Bangladesh multi-modal remote learning intervention                                 | 39 |
| <b>Box 6:</b> Findings on mental health from the GSCA case study countries                                    | 43 |
| <b>Box 7:</b> GSCA findings on gender-based violence during school closures in Bangladesh, Kenya and Pakistan | 49 |
| <b>Box 8:</b> GSCA findings on child marriages and school closures in Bangladesh and Kenya                    | 50 |
| <b>Box 9:</b> Bangladesh: Auto-promotion to motivate educational continuity                                   | 55 |
| <b>Box 10:</b> Government responses to school closures: Ghana, Honduras and Rwanda                            | 55 |
| <b>Box 11:</b> Global Education Coalition's Gender Flagship: One year into COVID-19                           | 57 |
| <b>Box 12:</b> Girls' Education Challenge projects that address COVID-19                                      | 58 |
| <b>Box 13:</b> Examples of initiatives to support learners and caregivers in remote learning                  | 60 |
| <b>Box 14:</b> Examples of initiatives to support teachers in remote teaching                                 | 62 |
| <b>Box 15:</b> Guidance to support gender-responsive back-to-school planning                                  | 63 |
| <b>Box 16:</b> School re-entry in Kenya: the 4Ts  | 65 |
| <b>Box 17:</b> CAMFED's 'My Better World'   | 65 |
| <b>Box 18:</b> Examples of initiatives to support mental health during school closures                        | 67 |
| <b>Box 19:</b> Case study: Mali adapts comprehensive sexuality education to digital formats                   | 68 |
| <b>Box 20:</b> Promising approaches to mitigate the effects of school closures                                | 71 |
| <b>Box 21:</b> Key topics for future research   | 74 |

# Acronyms

|                   |   |
|-------------------|---|
| <b>AMPPF</b>      | Association malienne pour la protection et promotion de la famille<br>[Malian Association for the Protection and Promotion of the Family] |
| <b>CAMFED</b>     | Campaign for Female Education   |
| <b>EGER</b>       | Evidence for Gender and Education Resource  |
| <b>GAGE</b>       | Gender and Adolescence: Global Evidence   |
| <b>GPE</b>        | Global Partnership for Education  |
| <b>GSCA</b>       | Gender and School Closures Analysis   |
| <b>ICT</b>        | Information and communication technology  |
| <b>IPPF</b>       | International Planned Parenthood Federation   |
| <b>IRC</b>        | International Rescue Committee  |
| <b>LGBTIQ</b>     | Lesbian, gay, bisexual, transgender, intersex and queer   |
| <b>NGO</b>        | Non-governmental organization   |
| <b>OECD</b>       | Organisation for Economic Co-operation and Development  |
| <b>SDG</b>        | Sustainable Development Goal  |
| <b>SMS</b>        | Short message service   |
| <b>UN</b>         | United Nations  |
| <b>UNDP</b>       | United Nations Development Programme  |
| <b>UNESCO</b>     | United Nations Educational, Scientific and Cultural Organization  |
| <b>UNESCO-UIS</b> | UNESCO Institute for Statistics   |
| <b>UNFPA</b>      | United Nations Population Fund  |
| <b>UNGEI</b>      | United Nations Girls' Education Initiative  |
| <b>UNHCR</b>      | United Nations Refugee Agency   |
| <b>UNICEF</b>     | United Nations Children's Fund  |
| <b>USAID</b>      | United States Agency for International Development  |
| <b>WFP</b>        | World Food Programme  |
| <b>WHO</b>        | World Health Organization   |



## Executive summary

## Executive summary

School closures to mitigate the spread of COVID-19 have affected nearly 1.6 billion learners in over 190 countries. Educational disruption can have far-reaching consequences. Its immediate effects are learning loss and school dropout, which have short- and long-term negative impacts that resonate across every sector. Beyond impacts on learning, the unprecedented disruption caused by the COVID-19 pandemic school closures poses an immediate and long-term threat to gender equality and may have pernicious gender-specific effects in areas such as health, well-being and protection. Understanding these gender dynamics is a prerequisite to developing effective strategies to secure educational continuity and to promote gender equality.

It is for these reasons that UNESCO, with funding from the Global Partnership for Education (GPE), commissioned a global study on the gender dimensions of COVID-19 school closures. This work is part of the UNESCO Global Education Coalition's Gender Flagship, which aims to understand and support countries to address the gender dimensions of the COVID-19 school crisis and safeguard progress made on gender equality in education in recent decades.

This review, referred to as the Gender and School Closures Analysis (GSCA), aims to:

- Analyse existing evidence and generate new evidence on the gender dimensions of COVID-19 school closures from learners, their parents and guardians, teachers, programme implementers, policy-makers and decision-makers, and other stakeholders.
- Review responses to school closures, and identify promising practice including efforts to promote gender equality, and consider and address gender norms, expectations, disparities and restrictions that impact on education, health and protection outcomes.
- Make evidence-based recommendations to guide pandemic recovery in education in ways that promote gender equality, and better prepare education systems to meaningfully address gender in future crises.

The GSCA comprises four components of research and analysis:

- 1. Literature and database review** – A review of all relevant literature and databases.
- 2. Survey of the Evidence for Education and Gender Resource (EGER)** – A survey of the more than 300 organizations with expertise in gender and education working in over 100 countries who participate in the EGER platform.
- 3. Key informant interviews** – In-depth interviews with 22 global-level gender and education experts from bilateral and multilateral organizations, government ministries, international NGOs and other bodies.
- 4. Focused research on five countries (Bangladesh, Côte d'Ivoire, Kenya, Mali and Pakistan)** – Research methods included quantitative and qualitative data collection, primary and secondary data analysis, key informant interviews, and remote focus groups including school-aged children, their parents, community and religious leaders, and gender and education experts.

## Key findings: The gendered impact of COVID-19 school closures

Learners around the world have experienced extended and substantial periods of educational disruption due to COVID-19 school closures. While it is too early to grasp the full scope of learning loss or dropout or to fully understand gendered patterns and underlying factors, some preliminary conclusions can be drawn. How girls and boys, young women and men were affected differently by COVID-19–related school closures has varied by context. What is clear is that going to school is essential for the well-being of all learners. Schools are places where learners enjoy social interaction and receive emotional support. They provide daily structure and, importantly, they can provide gender-specific protection.

**Access to remote learning:** Whether girls and boys were able to access, participate in and benefit from remote learning partly depended on gender norms and expectations. In poorer contexts, girls' time to learn was constrained by increased household chores and boys' participation in learning was limited by income-generating activities. Girls faced difficulties in engaging in digital remote learning modalities in many contexts because of limited access to internet-enabled devices, a lack of digital skills and cultural norms restricting their use of technological devices. Female teachers reported higher levels of stress linked to the increased use of technology for teaching. Data were limited on participation in remote learning modalities disaggregated by sex and how sex intersects with other characteristics that may compound disadvantage. This was particularly true in crisis and refugee contexts.

**Return to school:** Data on school return are still limited, yet gender disparities have emerged in available data. More girls appear to be at risk in some contexts, while boys are more at risk in others. Barriers to return include poverty, domestic and income-generating tasks, concerns about learning loss and falling behind, transitions to adulthood including marriage and pregnancy, and concerns about health and safety.

**Health, well-being and protection:** COVID-19 school closures have led to adverse mental health outcomes which negatively affect the ability of children to participate in learning. This may have long-term impacts on children's lives. While girls reported more mental health problems, boys also reported adverse mental health outcomes. Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) learners

reported feelings of increased isolation and anxiety. While no clear gendered patterns emerged, decreased physical activity and increased screen time have been documented. Little evidence is available on gendered impacts of school closures on learners' nutrition. Many learners lost access to comprehensive sexuality education and access to sexual and reproductive health services during school closures. Services to report and address violence have been disrupted across the world. These factors may have led to increased vulnerability to early and unintended pregnancies, sexually transmitted infections and gender-based violence. Boys seem to have been increasingly affected by violence in the community in crisis-affected settings, while tasks for the family outside of the home has increased girls' vulnerability to violence. Finally, evidence on increases in child, early and forced marriage is mixed. Yet, the pressures related to COVID-19 and school closures may have led to less strict enforcement or relaxation of existing prohibitions on child marriage.

## Key findings: Responses undertaken to mitigate gendered impact of COVID-19 school closures

The world was caught by surprise by COVID-19. In governments' education responses, it appears that speed, rather than equity in access and outcomes, was the priority in bringing remote learning strategies to scale; initial COVID-19 responses appear to have been developed with little gender analysis and attention to inclusive approaches. Generally, multi-modal responses emerged and low-tech and no-tech remote learning solutions were particularly important to be gender-responsive and to leave no one behind.

**Access to remote learning:** Governments' initial responses lacked gender analysis and inclusive approaches. Multi-modal approaches emerged to address the digital gender divide and to be more inclusive. Yet less than half of countries surveyed reported taking one or more measure to support girls' education specifically during the pandemic. Community and family engagement were common approaches to better understand learners' needs and deliver resources and information. Many countries provided support to teachers, yet there was limited evidence of innovations which supported female teachers or helped teachers to address gender-specific challenges of their learners.

**Return to school:** A wide range of countries developed school reopening and recovery plans. Ghana's plan recognizes gender-related barriers to studying during school closures while Rwanda's strategy supports pregnant girls and adolescent mothers to continue their education. Many countries supported campaigns such as the #LearningNeverStops campaign to promote return to school, particularly of girls. Cash transfers were a common intervention to ensure that girls return to school.

**Health, well-being and protection:** To address the adverse mental health effects of COVID-19 school closures, support emerged in the form of hotlines, home visits, online spaces, remote counselling, and programmes supporting social and emotional learning. Education systems focused on hygiene and sanitation in strategies of reopening schools. While school feeding policies considered take-home rations, food delivery and cash transfers, they paid little attention to the gender dimensions of food insecurity. Digital delivery of comprehensive sexuality education was used in a range of contexts together with radio, television and other formats.

Analysis showed that programmes which established strong ties before the onset of the pandemic were better able to maintain communication with learners and their families when schools were closed. Cash transfers and the elimination of school-related fees emerged as particularly promising interventions to ensure that girls return to school. Measures to ensure pregnant girls' and adolescent mothers' return to education will need to be implemented. The abolition of policies preventing pregnant or parenting girls from returning to school should be matched with advocacy to reduce social stigma and discrimination. Efforts must be increased to end the practice of child, early and forced marriage, which robs girls of their future prospects. There may be an increased demand and/or need for wrap-around interventions to address mental health, especially as schools reopen. Any successful practices relating to school closures and reopenings, especially those that focus on equity and leaving no one behind, should be documented.

Finally, in several contexts governments and partners implemented preventive measures, such as campaigns to prevent gender-based violence. The fact that our report does not point conclusively to increases in gender-based violence, early and unintended pregnancy, and child, early and forced marriage may point to the effectiveness of these actions. Further research is required to understand the situation and to establish clear, causal links on the positive or negative underlying factors.

## Recommendations

The future course of the pandemic and prospects of new or additional school closures are uncertain. It is important to continue to address current conditions and mitigate harm in the short-, medium- and long-term and to advance efforts to ensure the right to education and gender equality. These require a holistic response and the engagement of stakeholders across the education, health and protection sectors. Everyone has a part to play – governments, bilateral and multilateral organizations, civil society, the private sector, academia, young people, families, caregivers and communities.

### Advance equal access to gender-responsive and inclusive remote learning

- When schools have to shut unexpectedly during the academic year, ensure the provision of a range of **remote learning options**, including no-tech and low-tech solutions, that take into account gendered inequalities in digital access, skills and online safety, in particular for the most vulnerable children.
- Spearhead and support efforts to **reach learners who are most at risk of being left behind**, in particular those marginalized by gender-based discrimination and inequality in combination with other factors of vulnerability, including through personalized outreach and face-to-face interaction.
- Design and develop gender-responsive educational **resources and tools**, in particular digital resources, that target and engage population groups at high risk of dropout, in particular children and young people from vulnerable backgrounds.
- Provide appropriate support and training to **teachers** to deliver quality, gender-responsive remote learning interventions, with particular attention to the needs of teachers with domestic and care-giving responsibilities and a significant burden of care.
- Where possible, use formative assessments to **track learning outcomes**, disaggregated by sex and other relevant sociodemographic characteristics, to inform targeted remedial measures for those most in need.

## Prevent school dropout, and ensure the return to school – particularly of the most vulnerable

- Release funds to schools to the extent possible to enable them to **reopen and stay open** while maintaining COVID-19 safety protocols.
- Take immediate action to meet Sustainable Development Goal 4, through the **provision of 12 years of free, publicly funded, inclusive, equitable and quality education, without discrimination**, including by removing school readmission fees, subsidizing indirect costs associated with schooling, providing social protection packages for poor families, and ensuring schools are responsive to gender-specific needs.
- Collect and make publicly available **data disaggregated by sex**, age and other relevant characteristics to monitor participation in remote learning, student re-enrolment and performance, including through collaboration with local communities.
- Reduce **barriers to school re-enrolment**, in particular for girls and other children facing gender-based obstacles to full participation. Implement and finance policies to support the return to school for pregnant and parenting learners.
- Work within local communities, especially local women, youth and family organizations, to **raise awareness** of the importance of participation in schooling among the hardest-to-reach populations.
- Conduct **rigorous evaluations** to identify what works to get children back in school and learning, with a focus on girls and other groups identified as at high risk of learning loss and dropout.
- Train and support **teachers** and schools to provide gender-responsive remedial and ‘catch-up’ programmes following school closures, with a special focus on those who were unable to participate fully in remote learning.
- Provide **accelerated education, learning and bridging programmes** for those who missed out on school or whose formal education was already interrupted prior to the COVID-19 pandemic.

## Safeguard the health and well-being of all learners and teachers

- Develop the capacities of **teachers** and school administrators to better identify and address the gendered repercussions of school closures on the broader health and well-being of learners, through adequate resources, professional development and other support.
- Equip **schools** to provide comprehensive psychosocial support and promote quality socio-emotional learning, including through policies, curriculum updates and teacher training and support.
- Work with **communities** to develop appropriate psychosocial support programmes that take account of COVID-19 and possible future pandemics and build resilience and leadership.
- Participate in **multi-stakeholder partnerships** to ensure that gender-specific needs that are not being met directly by government programmes are addressed through other channels. In collaboration with the health and nutrition sectors, finance and implement alternative delivery channels for school-based services, such as meals, health and comprehensive sexuality education, violence prevention and response, and counselling, to prepare for school closures. Maintain and develop sexual and reproductive health services.
- Provide guidance on **topics frequently left unaddressed** in the formal school curriculum, such as comprehensive sexuality education and social and emotional learning, recognizing that education is about more than literacy and numeracy.
- **Scale up programmes** that challenge gender-based violence. Build community engagement to enhance children’s and adolescents’ safety, including by establishing safe, anonymous systems for reporting and referral through schools and/or education administration departments. Increase community awareness and accountability to protect all learners from harm.

## Build resilient, equitable and gender-responsive education systems

- Ensure **data** collected on the effects of the pandemic on education and on the learning community are disaggregated by sex, age and other relevant population characteristics, using an intersectional approach. Support governments, where needed, to enhance intersectional analysis, and to use this analysis for evidence-based policies and plans.
- Develop gender-responsive school and education **crisis mitigation plans**, including for pandemics, that adopt a holistic, coordinated whole-of-school approach.
- Develop **teachers'** awareness and understanding of the gender dimensions of pandemics, including how learners are affected by intersecting factors of vulnerability, and their capacities to integrate a gender lens into their teaching practice.
- Identify and scale up the implementation of **evidence-based 'most-promising' programmes and policies** that take into account gender norms that act as barriers to children's participation in remote learning and return to school, including through an intersectional approach. Document these programmes and policies.
- Include **young people, in particular girls and caregivers**, in research, programme design and decision-making, to better understand and respond to their lived experiences, programme priorities and perceptions of what is effective, and ensure their leadership.

## Finance education that promotes inclusion and gender equality

- **Invest significantly in education and learning, including in digital skills** development and remote learning, that reach the most marginalized boys and girls.
- **Provide financial resources to fill evidence gaps** with rigorous research, with a particular focus on those marginalized due to a combination of factors including gender, poverty, disability and/or geography.
- Provide **financing to support implementation of evidence-based responses** that seek to prevent or close gender disparities in all aspects and at all levels of education.

## Promote and ensure integrated, coordinated and system-wide approaches

- Build and participate in **multi-stakeholder partnerships**, under government leadership, to offer services and support for the promotion of education, health and well-being, recognizing non-profit bodies often have a comparative advantage in reaching the most marginalized groups.
- Serve in **advocacy, monitoring and watchdog roles** by holding governments accountable at every level to fulfil their commitments and responsibilities, in particular to the most vulnerable girls.





## Chapter 1

# Introduction

# Introduction

## Background and rationale

On 5 January 2020, the World Health Organization issued its first Disease Outbreak News report (WHO, 2020) about a cluster of cases of pneumonia of unknown cause. Just eight months later, school closures due to the COVID-19 pandemic had affected nearly 1.6 billion learners in more than 190 countries (UN, 2020). Schools worldwide were completely closed for an average of four months in 2020; when partial school closures are factored in, the equivalent of almost two thirds of a typical school year was lost (UNESCO, 2021d). Despite efforts of governments and other stakeholders, nearly 500 million learners from pre-primary to upper-secondary school had no access to remote learning, of which three quarters lived in the poorest households or rural areas (UNESCO, 2021b).

Educational disruption has far-reaching consequences. Its immediate effects are learning loss and school dropout, which have short- and long-term negative impacts that resonate across every sector. While the full scope of these impacts will not be known for many years – not least because the pandemic is still

ongoing – the World Bank has suggested that learning loss and school dropout of this magnitude are ‘an inequality catastrophe in the making’ that will affect an entire generation (World Bank, 2021). For example, the UNESCO Institute for Statistics (UIS) has estimated that 100 million *additional* children will fall below the minimum proficiency level in reading as a result of the pandemic (UNESCO-UIS et al., 2021).

Beyond impacts on learning, the unprecedented disruption caused by the COVID-19 pandemic school closures poses an immediate and long-term threat to gender equality and may have pernicious gender-specific effects in areas such as health, well-being and protection (UNESCO, 2020a). Understanding these gender dynamics is a prerequisite to developing effective strategies to secure educational continuity and to promote gender equality.

It is for this reason that UNESCO, with funding from the Global Partnership for Education (GPE), commissioned a global study on the gender dimensions of COVID-19 school closures. This work is part of the UNESCO Global Education’s Gender Flagship, which aims to understand and support countries to address the gender dimensions of the COVID-19 school crisis and safeguard progress made on gender equality in education in recent decades (See **Box 1**).

### BOX 1

#### UNESCO Global Education Coalition’s Gender Flagship

UNESCO launched the Global Education Coalition in February 2020 as a platform for collaboration to protect the right to education during COVID-19 and beyond. The Coalition, with some 200 members, has designated gender as one of three flagship areas of action. The Gender Flagship supports three pillars of action: the generation and use of data, research and evidence to inform policies, programmes and plans; advocacy and communication efforts to promote continuity of learning and return to school, partnerships and systems reform; and country-level action to prevent widening gender inequalities in education.

Source: UNESCO Global Education Coalition’s Gender Flagship website: <https://on.unesco.org/GenderFlagship>

## Objectives and research questions

This review is part of broader efforts to advance progress towards gender equality and help move the global community closer to achieving Sustainable Development Goal (SDG) 4 to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. It aims to inform efforts to respond to and recover from the effects of the COVID-19 pandemic, and to ensure that gender is part and parcel of systems rebuilding and support to building back equal.

This review, referred to as the Gender and School Closures Analysis (GSCA), aims to:

- Analyse existing evidence and generate new evidence on the gender dimensions of COVID-19 school closures from learners, their parents and guardians, teachers, programme implementers, policy-makers and decision-makers, and other stakeholders.
- Review responses to school closures, and identify promising practice including efforts to promote gender equality, and consider and address gender norms, expectations, disparities and restrictions that impact on education, health and protection outcomes.
- Make evidence-based recommendations to guide pandemic recovery in ways that promote gender equality, and better prepare education systems to meaningfully address gender in future crises.

The GSCA is the first effort to analyse various findings on the gender dimensions of COVID-19 school closures along with new evidence produced through primary quantitative and qualitative data collection, including some of the only available real-time country-level data that is sex-disaggregated. It gathers insights from experts, decision-makers, and implementers from multiple regions and all country income level groups, together with data collected directly from school-aged children.

The full research questions are described in **Appendix 1** and can be summarized as follows:

- What has been the gendered impact of COVID-19 school closures on learning (and learning loss); educational achievement and attainment; school re-enrolment; and health, well-being and protection outcomes associated with being in school?
- What steps are being taken to ensure that gender disparities, gender inequality and intersecting forms of exclusion are addressed in school closure mitigation and resilience-building strategies?

## Conceptual framework

The conceptual framework for this review was developed as part of the inception stage and reviewed with a group of researchers, policy-makers and practitioners, and subsequently used to guide the study.

The framework hypothesizes that pre-existing gender norms, expectations, disparities and restrictions that were present before school closures may be magnified during COVID-19, with the potential for adverse education, health and protection outcomes and widening gender inequalities. The impact will vary by context and can be compounded by other forms of disadvantage, such as poverty. The impact is also highly dependent on whether efforts are taken to prevent and mitigate adverse outcomes, and to support enabling and empowering environments for children, their parents and caregivers, through policies, programmes and other interventions.

The framework describes three broad hypothetical pathways of influence (**Figure 1**). It is well known that gender expectations, limitations and disparities, as well as restrictions and risks related to gender norms, have limited education opportunities for girls and boys before the pandemic. School closures may accentuate their effect.

**Pathway 1** shows gendered expectations of how girls and boys spend their time while they are at home. In settings with rigidly defined gender roles, girls may be expected to take on a larger burden of domestic labour and spend more time fulfilling traditional roles as caretakers when they are not in school. This would leave girls with relatively less time, compared to boys,

to participate in remote learning. Time-sensitive duties like childcare and cooking may preclude girls from engaging in live online classes or scheduled remote learning opportunities such as lessons broadcast on radio or television. These dynamics make it less likely that girls will participate in, and benefit from, remote learning interventions.

Pathway 1 also shows how high-tech remote learning strategies may be susceptible to the inequities associated with the gender digital divide. Girls are less likely than boys to own or have access to smartphones and internet-enabled devices; they are more likely than boys to lack the skills and confidence to use information and communication technology (ICT). Girls may also face gender-based restrictions and inhibitions on using smartphones and accessing the internet (Girl Effect and Vodafone Foundation, 2018). Thus, girls may be less likely to participate in and benefit from high-tech remote learning strategies deployed during emergency school closures such as the COVID-19 shutdowns.

While boys' education may be given higher priority in families in certain contexts, poverty and additional economic pressures triggered by pandemic-related job loss or reductions in income may increase a household's need for additional income and hence place pressure on boys to earn money for the family, and reduce their time available for studies. For both the poorest girls and poorest boys, the combination of various limitations and pressures on time use, and lack of access to ICT devices and of digital skills, may lead to them being shut out completely from the remote learning experience.

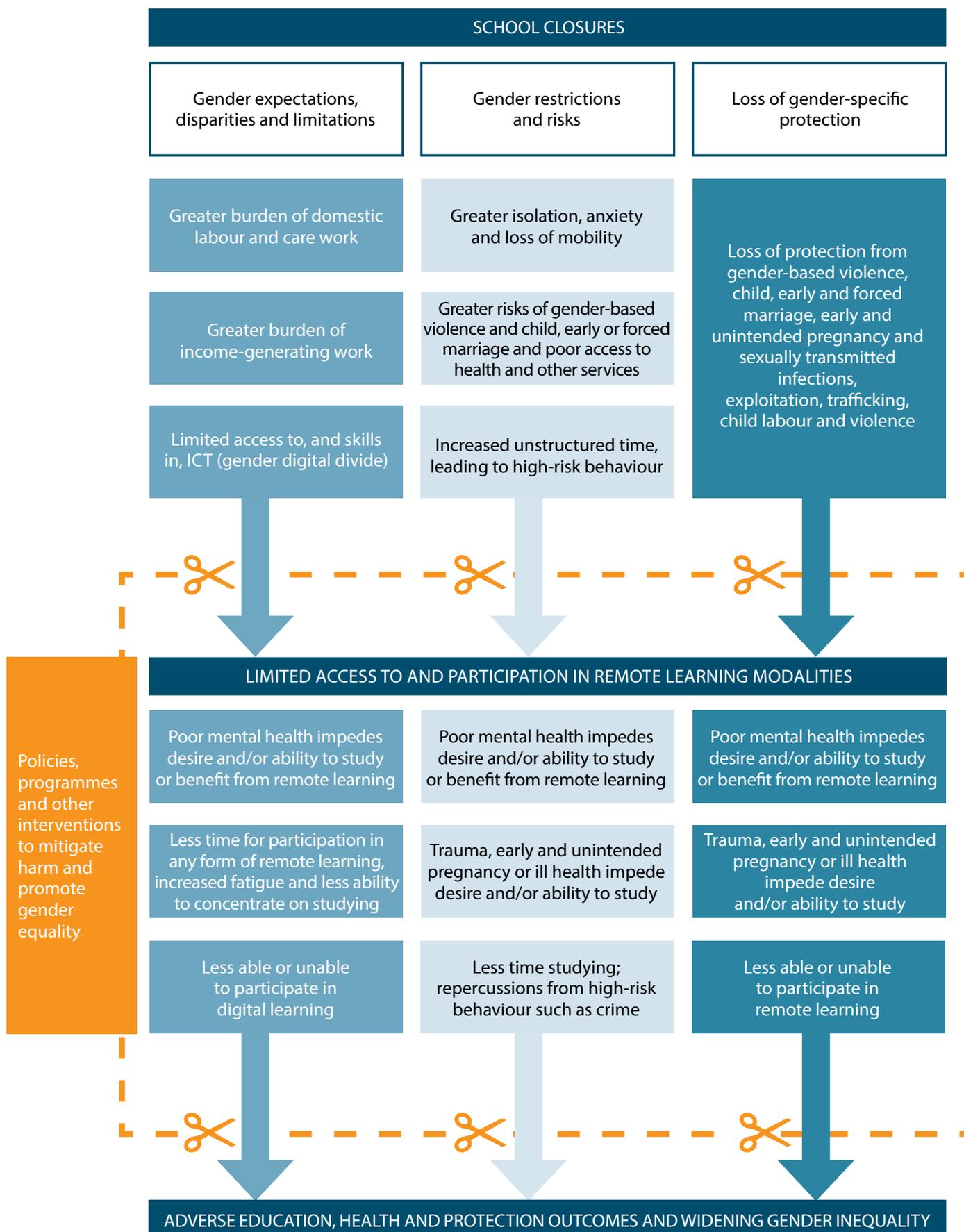
**Pathway 2** traces the connections between rigid gender roles and norms, mental health and well-being, and young people's ability to benefit from remote learning. When schools close, pre-existing gender and cultural norms that limit girls' freedom of movement and ability to socialize freely can interrupt their connections to peer networks and support. This may contribute to girls' greater social isolation and have a significant impact on their mental health. Boys, however, due to socially prescribed standards of masculinity, may feel uncomfortable sharing feelings of loneliness and isolation, and combined with increased pressure to contribute financially to the family, may experience declines in mental health (McKenzie et al., 2018).

Learners isolated at home may be at greater risk of harm from gender-based violence or from witnessing violence within the home. Stress, anxiety, depression and trauma all detract from learners' ability to concentrate and learn and may make it less likely they benefit from remote learning opportunities and more likely they experience substantial learning loss. Pandemic-related financial stress on families may lead to unequal distribution of food resources between girls and boys, as well as increase girls' risk of being subjected to child, early or forced marriage, particularly when return to school is uncertain. With the removal of education as a viable pathway for girls, families may see early marriage as the only realistic alternative. An increase in unstructured time due to school closures may lead to boys being more likely to engage in risky behaviour.

**Pathway 3** illustrates the connection between learners' loss of access to gender-specific school-based benefits and protections and school dropout. Schools are not only a place for learning; they play a crucial role in student's mental health and overall well-being. Children who rely on school-based sexual and reproductive health counselling, services and supplies may find themselves vulnerable to unintended pregnancy and sexually transmitted infections. Economic stress – while not related to school closures – may play an exacerbating role, leading to transactional sexual relationships, also increasing the chance of unintended pregnancy and sexually transmitted infections. Further, the loss of schools as a safe haven or locus of protection and support for learners may leave them more vulnerable to harm from gender-based violence; child, early or forced marriage; or forms of exploitation such as child labour, making school dropout more likely.

This review investigated each of these hypothetical pathways, which are predicted to lead to adverse education, health and protection outcomes and a widening of gender inequalities. Recognizing that well-designed policy and programme efforts can disrupt these pathways, reduce the risk of adverse outcomes and promote gender equality, it considered interventions and measures to support continuity of teaching and learning, parental and learner engagement, return to school and systems changes which were oriented towards the protection of rights and promotion of equality.

**Figure 1:** Conceptual framework of gender dimensions of school closures:  
Three potential pathways to adverse outcomes



## Methodology: data sources and analysis

The Gender and School Closures Analysis comprises four components of research with corresponding sources and data collection methods (**Figure 2**). This section highlights aspects of the data-collection methods used in this analysis; for complete descriptions, see Appendices 1 to 4.

**Figure 2:** Components of the Gender and School Closure Analysis (GSCA)



In Part 1, the literature and database review included a search of relevant databases; review of papers published in peer-reviewed journals, commentaries, original research bibliographies and reports published by international organizations, NGOs, foundations and other partners; searches of UN and NGO websites; and referrals from key informants.

The literature and database review was conducted between January and July 2021 on a rolling basis due to the evolving nature of the pandemic and the constant release of new data and publications and launches of new policy and programmatic responses. It was also supplemented by the findings of a systematic review commissioned by UNESCO (2021a) to investigate the evidence on the gendered impacts of extended school closures and promising practices to prevent or mitigate harmful impacts. This review considers the range of research on this theme, the country contexts where research has been conducted and the methods used, the forms of gendered impacts identified and the nature of promising and proven interventions.

For Part 2, an online survey was sent to all members of the Evidence for Gender and Education Resource (EGER) database in April 2021 regarding the effects of the pandemic school closures on their programme beneficiaries and the responses their organizations had taken to that date. Fifty-five organizations completed the survey.

For Part 3, 22 key informant interviews were conducted with global-level gender and education experts from bilateral and multilateral organizations, government ministries, international NGOs and other bodies. Key informants were selected because of their involvement in projects or studies related to the gendered response to COVID-19 school closures, with the aim to represent various types of organizations and assure a geographical balance.

Interviews were conducted by phone or videoconference between 12 April 2021 and 4 May 2021. A semi-structured interview guide was used to elicit their thoughts on the impact of school closures on educational outcomes, the impact of school closures on health, nutrition, well-being and protection outcomes and policies and programmes supporting the return to school.

For Part 4, in-depth mixed-method research was conducted in five countries: Bangladesh, Côte d'Ivoire, Kenya, Mali and Pakistan. A sixth focused country analysis, on India, had originally been planned but work was halted as a result of the extreme COVID-19 crisis that took place between March and June 2021. The research methods included secondary analysis of existing quantitative data, key informant interviews, and remote focus groups. Key informants included experts and policy-makers from national and sub-national government education ministries, UN agencies and NGOs. Virtual focus groups and in-depth phone and video interviews, as well as some in-person interviews where COVID-19 protocols allowed, were conducted with adolescent girls and boys, caregivers and educators in Bangladesh, Kenya and Pakistan.

## Ethical review

An ethical review is conducted prior to any research with human subjects, such as surveys and interviews. The Population Council Institutional Review Board reviewed and approved all research activities. Informed consent procedures were followed prior to inclusion in the research. Verbal informed consent was conducted for all adult respondents. Verbal assent was obtained for all minors who were respondents after obtaining verbal consent from their parents or guardians.

## Data limitations

Many of the limitations on data collection for the GSCA relate to the limitations of the broader literature available on COVID-19 school closures. The pandemic began little more than a year before analysis concluded and is still ongoing. Many focus countries experienced their most severe waves of the virus after the GSCA data collection ended.

Data on engagement in remote learning outcomes are limited, particularly in low-income countries. There are challenges in collecting data on learners' engagement in remote learning modalities such as educational television and radio programming. Where researchers sought to gather information around participation in remote education offerings through household surveys or, in some cases, surveys administered directly to learners, they also reported that representative samples were difficult to establish.

There are a lack of data and research on topics relevant to COVID-19 school closures, for example, gender and nutrition. Food insecurity during school closures was raised as an immediate concern in many countries. Although key informants from the World Food Programme said that it is generally known that women and girls are discriminated against in food allocation, these data are not available in the context of COVID-19 school closures. There are also insufficient published data available to detect shifts in indicators such as learning outcomes and dropout, or early or unintended pregnancy, that might correlate with COVID-19 school closures. It is also too early to evaluate the impact of interventions that will take months or years to produce effects.

Lack of data on the school-age population disaggregated by sex and age are a perennial problem; this undermines research on children and young people in general and particularly hampers the understanding of the complex dynamics affecting the most vulnerable cohorts. For this review, comprehensive data disaggregated by sex and age on multiple topics were available for only three countries, a small minority of the total number of focus countries, leading to major omissions in understanding issues related to geography and income group. The lack of disaggregated data also precludes comparative analyses of intersectional factors, such as comparing levels of enrolment among girls and boys living above and below the poverty line prior to, during and after the pandemic.

The review encountered limitations in data collection specific to this report. The EGER survey had a low response rate; only 55 of the 687 respondents in the EGER database completed the survey. As the review was limited to English and French, untranslated sources in other languages were omitted, contributing to limited geographic representation. Due to the severity of the second wave of COVID-19 in India, planned research was cancelled; the research relied on the other five focus countries.

Because of pandemic-related restrictions on movement, most data collection was conducted remotely through modalities such as phone surveys. The use of smartphones and, even more so, online surveys can skew results to overrepresent respondents with access to more sophisticated electronic devices and greater proficiency in using smartphones and the internet. Such individuals tend to have relatively higher socio-economic status and/or reside in places where technology and connectivity are more easily available, such as urban settings. Also related to technology use, when surveys on sensitive topics, such as gender-based violence, transactional sex and early or unintended pregnancy, are administered through internet-enabled electronic devices, respondents may feel inhibited to answer honestly because of perceived risks to their privacy and anonymity.

Because of these limitations, this review cannot provide definitive conclusions but serves instead as a snapshot in time just over one year into the pandemic.

## Report structure

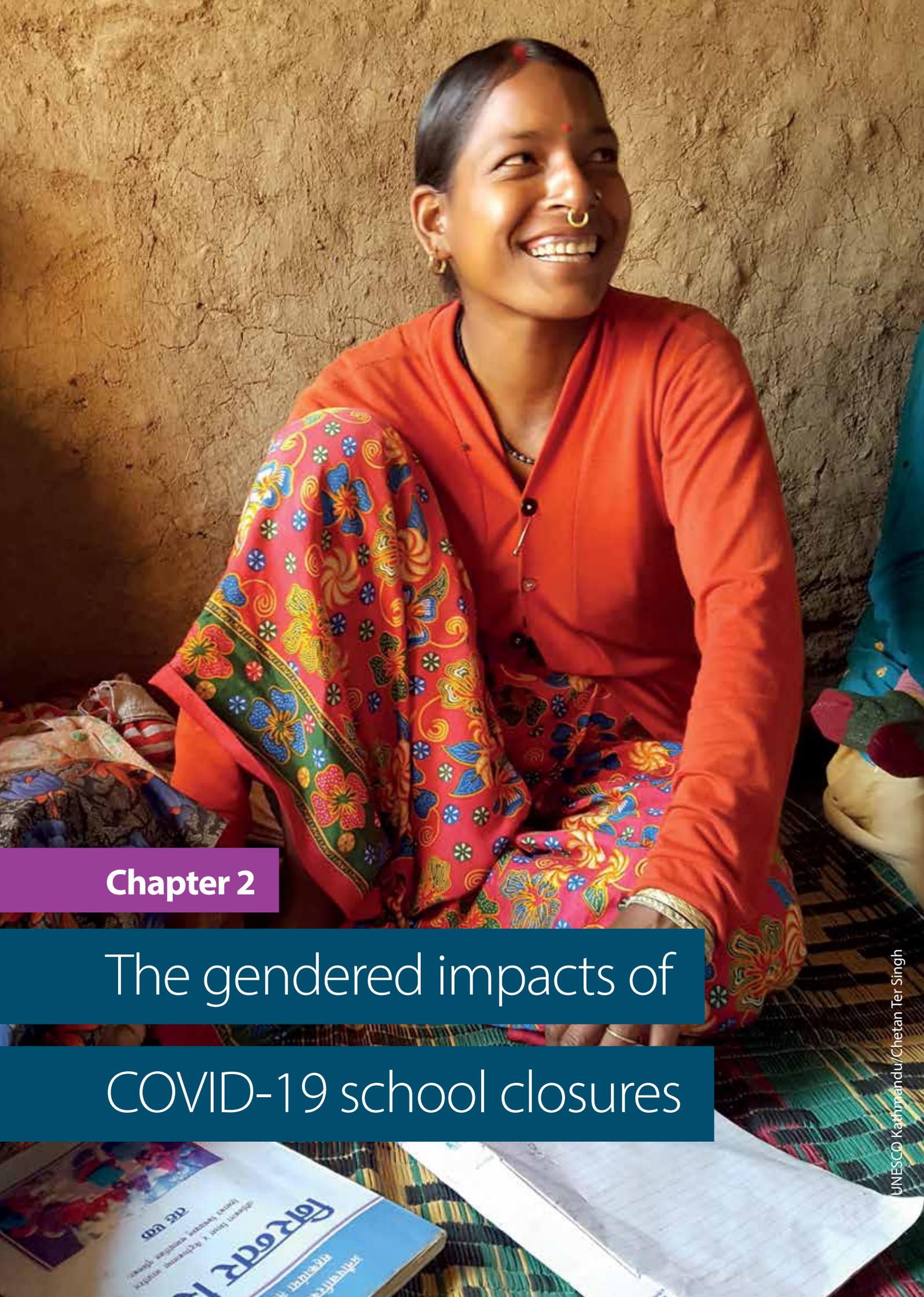
**Chapter 1** describes the background and rationale of the study, objectives and research questions, and the conceptual framework. This is followed by a description of data sources and analytic methods, ethical considerations, and the strengths and limitations of the data and approaches used.

**Chapter 2** discusses the gendered impacts of COVID-19 school closures, including the scope of school closures during COVID-19, access to and use of remote learning as affected by gender, and factors affecting learning loss and school dropout. Gender norms and restrictions governing mobility, socialization and access to information, and the abrupt cessation of school-based benefits and programmes are discussed in terms of risks to mental health and general well-being as well as vulnerability to specific harms.

**Chapter 3** discusses the challenges of mitigating educational disruption in contexts of gender inequality and intersecting inequities and describes a range of responses by governments as well as global and regional initiatives. It presents interventions that were designed or adapted to address gender and other inequalities in the context of school closures by providing support to learners and families to enable participation in remote learning, support for teachers and support directed at specific aspects of health and well-being including physical health and nutrition, mental health, sexual and reproductive health, and protection from harm.

**Chapter 4** concludes with a summary of the findings and a discussion of additional research needed. Recommendations are offered to mitigate the negative gendered impacts of COVID-19 school closures in the short-, medium- and long-term, and to improve preparedness in the event of future school closures.





## Chapter 2

# The gendered impacts of COVID-19 school closures

## Key findings

Gender roles and expectations determined whether girls and boys were able to participate in, and benefit from, remote learning strategies. Across a wide range of countries, the GSCA found that with schools closed, girls' increased time spent at home often carried a greater burden of domestic responsibilities while boys were more likely than girls to help their families by working outside the home, for example, in a family business or by earning an income. This was particularly the case in households experiencing economic stress exacerbated by COVID-19.

The gender digital divide was a recognized phenomenon before COVID-19. Limited access to internet-enabled devices, lack of digital skills and cultural norms placing greater restrictions and monitoring of girls' use of devices precluded girls' engagement with digital remote learning modalities in many contexts. Gaps in perceived or actual digital skills also affected teachers, in particular female teachers, and contributed to reported higher levels of stress.

There are limited data on participation in remote learning modalities disaggregated by sex. There is even less data on how sex intersects with other characteristics (such as age, ethnicity, ability and location), potentially compounding disadvantage. These gaps are found particularly in crisis and refugee contexts. These data are needed to obtain a comprehensive and nuanced understanding of participation and learning outcomes and to plan ahead and plan better for remote learning strategies and return to school.

Data on return to school remain limited; however, gender disparities are already beginning to appear in the data available. In some contexts, more girls appear at risk of not returning, while boys are at risk in other contexts. Barriers to returning to school fall into broad categories of financial concerns; domestic responsibilities/labour concerns; concerns about learning loss and falling behind; transitions to adulthood including marriage and pregnancy; and concerns about health and safety due to COVID-19.

A large body of research documents adverse mental health outcomes during COVID-19 school closures, impeding learners' ability to concentrate and learn and having broader short-, medium- and long-term impacts. Girls typically reported more stress, anxiety and depression than boys in many contexts, although boys were not immune to mental health outcomes; in other cases, both were affected but reported different concerns. Increased isolation and anxiety among LGBTIQ learners were also reported.

Decreased physical activity and increased screen time, including for recreation, has been documented, particularly in middle- and high-income countries; however, clear gendered patterns did not emerge in the GSCA. Similarly, while it was hypothesized that gender-specific nutritional deficiencies would emerge due to loss of access to school feeding and household economic stress, there is little evidence to date to confirm gendered impacts of school closures on learners' nutritional status. More research is needed.

With schools closed, many learners lost access to comprehensive sexuality education and access to services, which may also increase their vulnerability to early and unintended pregnancy, sexually transmitted infections and gender-based violence. Further measures are needed to track the impact of COVID-19 school closures on sexual and reproductive health outcomes and implement mitigating measures to ensure pregnant girls' and adolescent mothers' continuity of education and return to school.

Services to report and address violence have been disrupted across the globe, making it difficult to assess if violence, particularly in family settings, has increased during COVID-19 school closures. In crisis-affected settings, the pandemic appears to be exacerbating violence against boys. In other contexts, girls' increased domestic tasks, such as water collection, is increasing their exposure to violence.

COVID-19 school closures and other pandemic-related pressures may be leading to less enforcement of prohibitions of child, early and forced marriage, or relaxations. Findings on the effect of COVID-19 school closures on increases in child, early and forced marriage is mixed, and must continue to be monitored.

Going to school is essential for the well-being of all learners. Schools are places where learners enjoy social interactions and receive emotional support. They provide daily structure for students, and importantly, they can provide gender-specific protection.

## Introduction

With the scale and duration of current and future COVID-19 school closures in question, it is imperative to explore the ways that gender norms, expectations, disparities and restrictions linked to school closures have impacted and can adversely impact learners. This requires not only an understanding of the current crisis, but also what lessons we can learn from the past (see **Box 2**). Learning loss and increased levels of dropout affect female and male learners alike but are driven partly by different dynamics. Negative effects on mental health and general well-being

can stem from the abrupt loss of access to school-based programmes and benefits, albeit in different, gender-specific ways. Children may face greater risks of exploitation and abuse when they lose schools as a haven from violence, a positive outlet and pathway towards adulthood, and a place where they receive peer support and referrals to counselling or social services – but some of these risks manifest in gender-specific ways. Strategies and interventions intending to fill gaps left by school closures risk widening existing gender inequalities if they do not take into account the gender dimensions that shape learners' lives.

### BOX 2

#### What can we learn from the past?

The Systematic review of the evidence on the gendered impacts of extended school closures, commissioned by UNESCO (UNESCO, 2021a), investigated the evidence on the gendered impacts of extended school closures linked to pandemics, environmental disasters, conflicts and emergencies, and political and social upheavals. A main finding of this review is that many insights from the Ebola pandemic were not widely known when COVID-19 struck. The review also revealed that powerful lessons can be learned from the literature on Ebola, HIV and environmental disasters to be better prepared for future crises.

The school closures in several districts in Sierra Leone, Guinea and Liberia linked to the Ebola pandemic in 2014-2016 are closest in similarity to the COVID-19 education disruptions (Bandiera et al., 2020; Kostelny et al., 2016; Save the Children, 2015). The Systematic Review identified nine studies on the gendered effect of school closures during Ebola. Six of these studies focus on Sierra Leone (Bandiera et al., 2019; Bandiera et al., 2020; Kostelny et al., 2016; Murray et al., 2021; Save the Children, 2015; UNFPA, 2018), one on Liberia (Korkoyah and Wreh, 2015) and two on West African countries affected by Ebola (Save the Children, 2015; West Africa Network for Peacebuilding, 2020).

The studies on Ebola found that poor children had difficulty in accessing learning materials and food, and that child labour intensified, with some gender dynamics magnifying gender inequalities that already existed before the pandemic. The widespread experience of loneliness and anxiety among girls and boys was also documented as was the heightened risk of sexual assault for girls, and the risk of the poorest girls and boys not returning to school.

The review shows that powerful lessons can be learned from the past to inform future crises. This includes the need to: protect and support teachers, develop curriculum and pedagogy to increase support for families and communities, and change regulations and norms that deny pregnant girls and adolescent mothers their right to return to school. The review also considered short- and medium-term measures to mitigate adverse outcomes; these lessons have also informed this report.

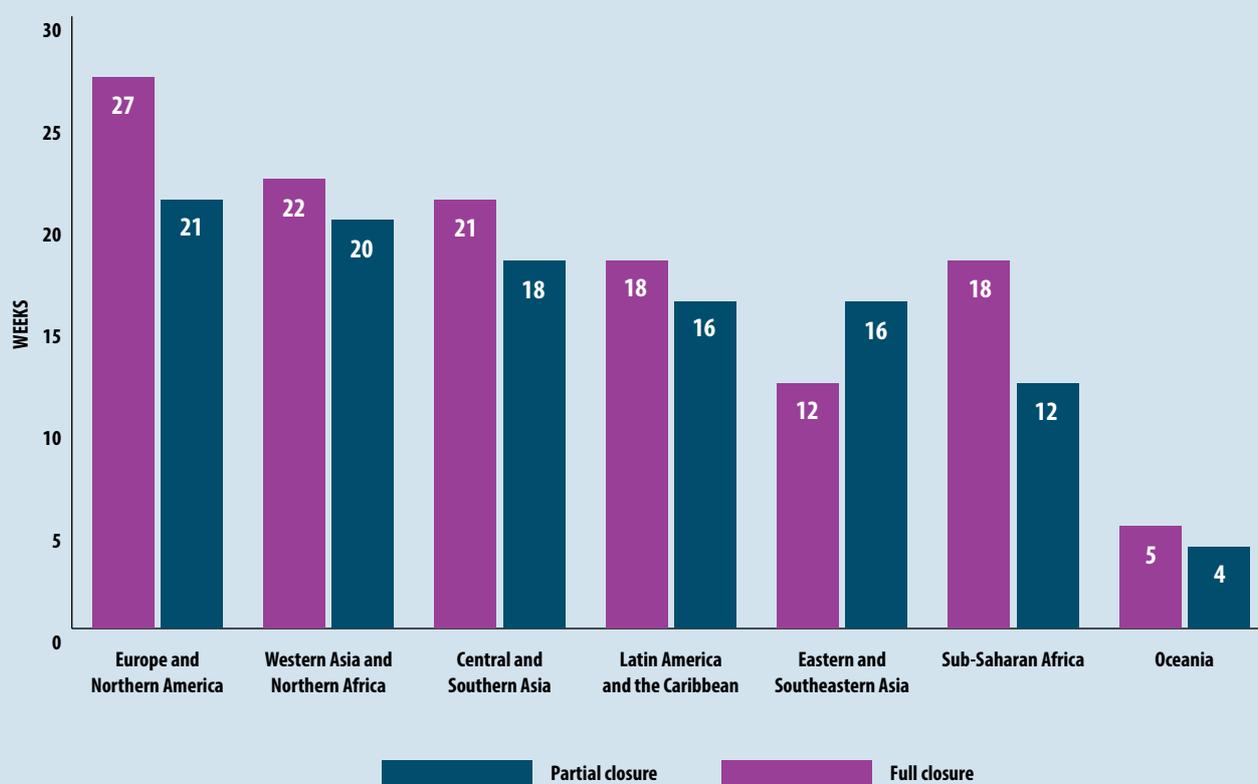
Source: UNESCO. 2021a

## The scope of school closures during COVID-19

School closures to prevent the spread of COVID-19 have disrupted educational continuity for learners at an unprecedented scale. By August 2020, school closures had occurred in at least 194 countries, affecting nearly 1.6 billion learners or over 90 percent of the global population of learners (UN, 2020). By mid-September 2021, schools worldwide had been closed

completely for an average of 4.5 months (18 weeks) since the start of the pandemic. When partial school closures are factored in (an additional 16 weeks), the equivalent of nearly two thirds of a typical school year has been lost (UNESCO, 2021 n.d.-b). The length of these closures varied in different region (Figure 3). At the pandemic’s peak, 1.6 billion children had their education interrupted; at the time of this report, nearly 128 million learners are still shut out of in-person learning. (UNESCO, n.d.-b).

**Figure 3:** Number of weeks schools were closed by region, February 2020 to mid-September 2020



Source: UNESCO global monitoring of school closures caused by COVID-19.

While the full scope of these impacts will not be known for many years – not least because the pandemic is still ongoing – the World Bank has suggested that the initial evidence is the pandemic is ‘an inequality catastrophe in the making’ that will affect an entire generation (World Bank, 2021). While it is too early to identify any gendered trends in learning loss, some reports suggest that gender disparities in educational achievement are emerging. For example, the Sierra Leone 2020 Back to School Study, an assessment of 2,000 secondary school students in Sierra Leone when

schools reopened, found learning performance was better for all learners in this study than in the 2019 assessment. At the same time, school closure may have exacerbated previous inequalities. Boys performed better than girls in English and Maths, and the performance gap widened at older ages (Sierra Leone Ministry of Basic and Senior Secondary Education, 2021). More efforts are needed to track learning, and understand the factors contributing to participation, learning and achievement while schools are closed.

## Gender and access to remote learning

Remote learning modalities have proliferated at an astounding pace. While they have seen constant innovations and refinements, they still present obstacles for learners and their families. Despite efforts of governments and their partners in civil society, nearly 500 million learners from pre-primary to upper-secondary school had no access to any remote learning, three quarters of which lived in the poorest households or rural areas (UNESCO, 2021d). A great many more experienced difficulty in participating consistently in remote learning opportunities.

Remote learning modalities may be 'high tech' (such as online platforms or portals that require digital access); 'low tech' (such as radio and television broadcasts); or 'no tech' (such as textbooks and take-home packages). Key informants have noted other forms of remote learning such as in-person peer-learning groups and self-guided learning.

Early in the pandemic, the first iteration of the UNESCO-UNICEF-World Bank Survey on National Education Responses to COVID-19 School Closures

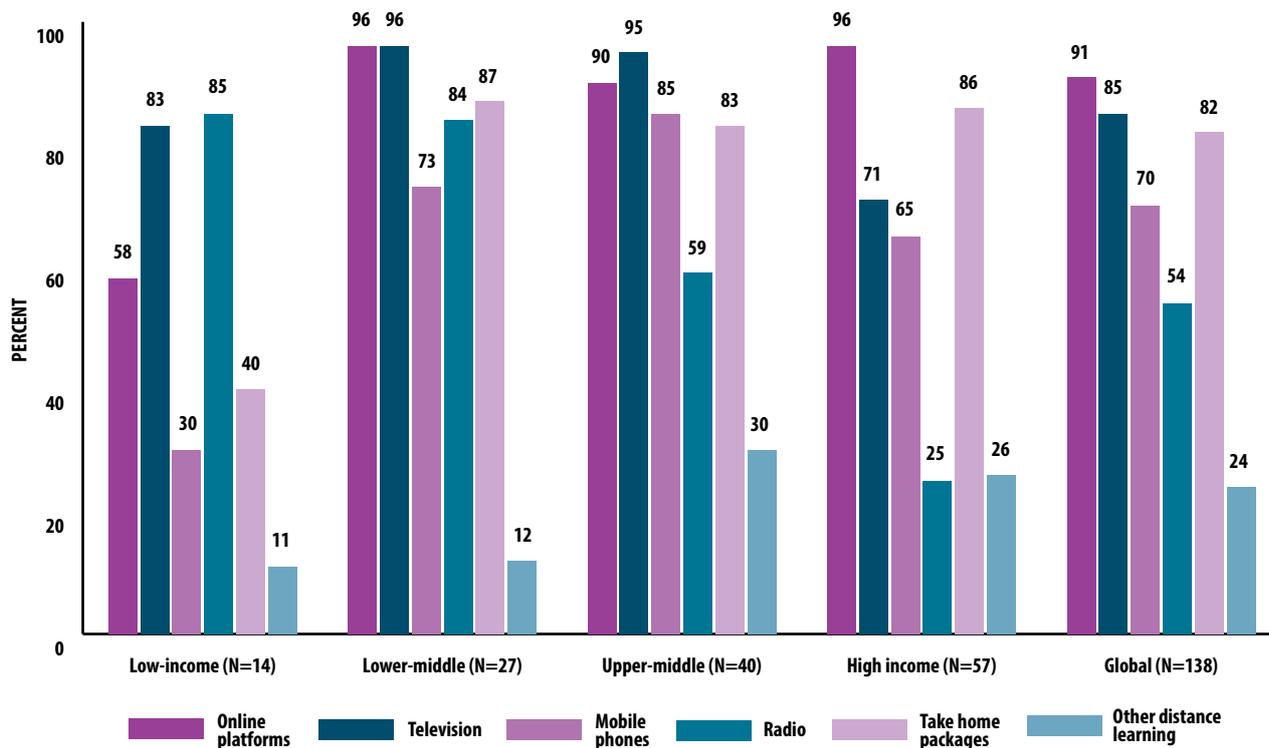
(conducted from April to June 2020) found in 110 of the 118 countries surveyed that national Ministries of Education had developed policies to provide at least one remote learning modality (whether high, low or no tech) for learners at the pre-primary to upper secondary levels (UNICEF, 2020a). National responses have incorporated various strategies, often in combination (UNESCO et al., 2020).

The second iteration of the survey (conducted July to October 2020) found that 134 of the 149 countries surveyed had used high-tech modalities and 130 had used television programmes to provide remote learning opportunities. Government respondents in 127 countries reported that responses included providing take-home materials and 106 reported using radio (UNESCO et al., 2020b).

As of the third round of the survey (July 2021), which also included findings collected from an Organisation of Economic Co-operation and Development (OECD) survey, it was clear that countries were committed to multi-modal approaches. More than half of 143 countries surveyed reported that their approaches included four different modalities (UNESCO-UIS et al., 2021.) (See **Figure 4**, next page, for remote learning strategies by different income groups).



**Figure 4:** Share of respondent countries offering a remote learning modality across at least one education level, by income group



Source: UNESCO et al, 2021, p. 23.

### Gender roles, use of time and remote learning strategies

Gender roles and expectations that determine how girls and boys must use their time during school closures have played a decisive role in whether they are able to participate in, and benefit from, remote learning strategies. Across a wide range of countries and research methods, the GSCA literature review found that with schools closed, girls’ increased time spent at home often carried a greater burden of domestic responsibilities, as documented in Bangladesh, Ecuador, Ethiopia, Niger, Pakistan and Sierra Leone and other low- and middle-income contexts (Asanov et al., 2020; Baird et al., 2020a; Banati et al., 2020; Ford and Singh, 2021; Ford et al., 2021; Jones et al., 2021; Makino et al., 2021; Malala Fund 2020a-c; Sierra Leone Ministry of Basic and Senior Secondary Education, 2021).

Surveys in Bangladesh noted a higher proportion of girls than boys reporting on increased household duties, although the difference was not statistically significant (Baird et al., 2020c) and was reported in

other contexts as being heavier duties, but different tasks (Alam et al., 2021). Burdens of care appear to be exacerbated in poorer contexts; a study of poor marginal households in three Indian states during lockdown (Ghatak et al., 2020) documented how demands for household work fell more heavily on girls compared to boys. Such responsibilities might include, for example, providing care for young siblings or older relatives, cooking, cleaning or helping their younger siblings with remote learning (Asanov et al., 2020). It might also include caring for sick family or community members, putting them at greater risk of ill-health themselves (UN Women, 2020b). There were exceptions: in Jordan, compared to older boys, most older girls reported that their families reduced the time they had to spend on household chores to allow them time to study (Baird et al., 2020b). Boys’ perceptions about family roles and dynamics may also have changed; one study in the Gaza Strip, boys indicated that more time spent with their parents means that they now know their fathers better and have realised how much of a domestic burden women and girls shoulder (Hamad et al., 2020).

**“ I didn’t need to be involved in household work earlier but now as I’m sitting at home, I must take up household chores. Yes, if I had a brother, he would not have to do household work, he would just roam around. But I have to get involved in housework because I am a girl. – Girl, age 16, Sherpur, Bangladesh**

**“ A young girl in the family is an extra pair of hands. Under the pandemic, the family unit is banking on her to look after the house while both mother and father find work. The coronavirus pandemic could mean thousands of girls may not go back to school. The girl child is often the first one to lose out on childhood, nutrition and other basic needs of health and growth. – EGER respondent, India**

**“ The gender disparity in enrolment will reflect the ‘double burden’ (education and domestic duties) associated with girls’ education. We expect this to be even more acute at the secondary school level (when time and expenses increase for education). – EGER respondent, Guatemala**

**“ Once there is no school and it is closed, for very middle or low-income households, girls are often used for housework to support their mom ... So if mothers are in charge of taking care of the families and are busy, girls have also been impacted since it is they who help their mothers. – Key informant interview, NGO representative, Côte d’Ivoire**

**“ Before, [my children] used to go to school, but now there is no going to school, so you find work ... I always keep them busy. They perform tasks such as working in the ‘shamba’ (farm), fetching water and firewood, tidying up the house, washing the utensils, those are the ones that they do. Girls do more chores than boys. – Male teacher, Muranga, Kenya**

Families may come to depend on girls' labour (Burzynska and Contreras, 2020) during prolonged closures and be unwilling to give it up so girls can return to school. In households affected by loss of work due to the pandemic, girls' contribution of unpaid labour at home may make it possible for an older relative to earn income. Early projections of the pandemic's educational impacts noted that girls' greater share of household work was among the factors likely to impact the severity and duration of negative effects on girls' schooling (Azevedo et al., 2020).

Evidence from several settings demonstrates that household income, location (rural vs urban), parents' or guardians' education and other intersecting factors are closely linked with learners' ability to engage in remote learning. In particular, mothers' education appears to be an especially important factor linked to engagement in remote learning in several settings, particularly among girls (Akmal et al., 2020a; Malala Fund, 2020a-c, Save the Children Somalia Research and Evaluation Team, 2020). In some contexts, families provided more support to boys to continue with schooling through giving them space, access to radio or TV lessons or reduction in chores. (Baird et al., 2020a). In contrast, in Jordan, most older girls, compared to older boys, reported that their families reduced time spent on household chores to allow them time to study (Baird et al., 2020b).

Before the pandemic, the International Labour Organization and UNICEF estimated that 11.2 percent of boys and 7.8 percent of girls worldwide were participating in child labour (ILO and UNICEF, 2021). One third of respondents to the EGER survey indicated they had seen an increase in the prevalence of child labour related to COVID-19 school closures, but they disagreed whether girls or boys were more affected.

**Child labour in COVID-19 is a paradox. Kids were kept out of schools to ensure social distancing and reduce risk of COVID-19 spread. However, once home kids are engaged in other activities to increase household income like farming and [selling goods at the market]. While farming has little risk of spreading COVID-19, going out to sell goods is more risky.**

– Dr Okwen Patric Mbab, Effective Basic Services (eBASE), Cameroon

GSCA research found household economic conditions were a critical common factor influencing child labour; however, the distinctions between engagement in formal compared to informal labour and support for family businesses and/or agricultural work vs employment outside the family were unclear. Focused country research conducted in Bangladesh and Pakistan found that boys and girls from poorer, rural areas were more likely to begin economic activities.

**We are seeing rates of child labour increasing most in urban settings, but we are also seeing high rates of migration among children from their rural homes to live with relatives in urban settings so that they can engage in child labour. We are seeing this most frequently among young girls taking on roles as nannies. We are also seeing many children engaging in menial labour like looking after livestock, selling goods at the market, fetching water, etc.** – Caroline Adokorach, Geneva Global, Speed School, Uganda

A number of GSCA focus group participants referred to expectations that boys provide labour for the family, often to earn income or support the family business; these would be exacerbated with schools closed and households experiencing economic stress related to pandemic shutdowns and shortages.

**My father is a farmer. He sometimes asks me to help him in the field. But he didn't ask me to join him when I had school. But now I do not go to school, so I go to the fields to help him with his work.** – In-depth interview, boy, age 17, Chapainawabganj, Bangladesh

The effects of COVID-19 lockdowns on adolescents' work varied highly by context and age, as found in the Gender and Adolescence: Global Evidence (GAGE) study with findings from Bangladesh, Ethiopia, Jordan and Palestine (Gaza and the West Bank). Younger adolescents were generally less likely to be involved in work than older children. In Jordan, 45 percent of older boys (aged 15 to 19), compared to 12 percent of girls of the same age, reported spending more time on paid work since the pandemic began (Jones et al., 2021).

But in urban Ethiopia, where 19 percent of older adolescent boys (aged 15 to 19) and 15 percent of girls of the same age engaged in paid work before the pandemic, the vast majority reported losing work, exacerbating household poverty (Baird et al., 2020a). Rural girls reported needing to migrate to find paid work, which was complicated due to travel restrictions and social distancing measures. However, some female

participants in GAGE studies reported that others in their households had taken on extra chores so that they could spend time on schooling. In other contexts, boys were more likely to receive support from their family to support their education (Jones et al., 2021). It was unclear what effects this had on educational participation for either group.

GSCA research conducted in Pakistan revealed that boys were more extensively engaged than girls in income-generating activities. Their work was affected by gendered norms. Girls in Gujrat and Rahimyar Khan cities who reported working for an income were restricted to indoor activities such as stitching or tutoring, while boys in Gujrat and Rahimyar Khan reported working in chili or cotton fields or helping their fathers at work (such as managing shops) on alternate days when schools were partially closed. The types of labour found by adolescent girls and boys who left their communities seeking work were also affected by these norms. Girls' migration was also associated with fear for their safety and well-being.

In-depth GSCA interviews in Mali indicated that the economic recession brought on by the pandemic led some adolescents to migrate to other locations in search of work. Boys were reported to be engaged in manual labour such as welding, carpentry and woodwork; others travelled to the mines or became apprentice drivers, mechanics or farmers. As in Pakistan, interviewees feared that migration exposed adolescents, especially girls, to great risk. Compounding risks related to health and protection for girls and women on the move was also highlighted in a report with surveys of more than 1,000 women and other qualitative research in Afghanistan, Ecuador and Turkey (CARE, 2021).

**// The truth is adolescents who were retained for household work were lucky. Those in exodus [who have migrated], only God knows what they expose themselves to.**  
–Community leader, male, Mali

While boys may be required to support their families with manual labour or paid employment, they may still have relatively more free time than girls in their households. As one mother in Wajir, Kenya noted in an interview,

**// Girls were doing more household chores. As a mother I relaxed because my girls were helping me in most of the household chores, like washing clothes, collecting firewood, cooking for the family. As for boys they don't do household chores ... they only play football.**

Some studies reported that boys were reported as having more free time, for example, to sleep or play on mobile devices – time they would have spent engaged in educational activities had schools been open as reported in studies in Ecuador, Germany, Italy, Nigeria and Pakistan (Asanov et al., 2020; Grewenig et al., 2020; Malala Fund, 2020b-c). A survey of 1,099 parents of school-aged children in Germany found that boys spent half an hour less time on academics, time spent primarily on video games (Grewenig et al., 2020). Key informants noted that unstructured time could also be spent in high-risk or illicit activities, as reported in a study suggesting increased gaming addictions among adolescent boys in Hong Kong, China (Zhu et al., 2021b).

**Once COVID started, anecdotal evidence suggests that boys' leisure hours increased. They increased their time playing on their phones, watching TV or sleeping. But girls – especially poor girls – increased their time taking care of younger siblings, washing dishes, helping with cooking, helping with the poultry, helping with the cattle; not watching TV and definitely not playing. So, the impact of COVID on non-school time for girls and boys has been different.** – Key informant interview: Antara Ganguli, Head, UNGEI Secretariat

Time use surveys can show who is engaging in remote learning compared to other activities. However, those conducted during the pandemic often use various

methodologies and definitions to estimate the amount of time spent on learning activities, and the results cannot be compared. A rapid phone survey conducted with 1,500 Ecuadorian secondary school learners in April and May 2020 found 'males and females are equally likely to be pursuing education in the morning, but in the late afternoon relatively more female learners continue schooling as males engage in more leisure activities. In combination with the gender difference in time spent on household tasks, this may indicate a higher risk of fatigue resulting from home schooling for female learners' (Asanov et al., 2020, pp. 8-9). Results may vary, not only by gender, but by location and household income, as was seen in Pakistan (see **Table 1**).

**Table 1:** Gender and time use due to school closures, Pakistan

|       | HOUSEHOLD CHORES   | RECREATIONAL ACTIVITIES (NON-ICT)   | RECREATIONAL ACTIVITIES (USING ICT)  |
|-------|--|---|--|
| GIRLS | Increased*   | Decreased*  | Mixed effects*   |
|       | Girls in all districts reported spending much more time on housework than they had previously.<br><br>In Gujrat and Rahimyar Khan, some became involved in income-generating activities. | Recreational activities became virtually non-existent for girls once schools and shopping centres were shut and family gatherings were barred.<br><br>These had been the only avenues for socialization outside the home available to them. | Girls from higher-income and urban households were more likely to report increased mobile phone usage compared to girls from lower-income and rural households.  |
| BOYS  | Mixed effects*   | Increased*  | Increased*   |
|       | Hardly any boys reported doing any housework. However, several got involved in economic activities in Gujrat and Rahimyar Khan.  | The vast majority of boys reported spending most of their time outdoors with their friends during school closures.  | Boys were more likely than girls across all districts to be spending more time on their mobile phones, particularly on PUBG (a mobile game). Boys from poorer and rural backgrounds were less likely to do so. |

Note: \*Relative to pre-pandemic school closure levels.

Source: GSCA research in Pakistan.

Differences in time use between girls and boys can be clearly defined or not found at all. A 2020 survey of adolescents aged 12 to 21 in the United States found that boys were more likely to be education-focused (defined as spending twice as much time on education than on other activities), while girls were more likely to report spending time working for pay and socializing with friends. An Italian study of 978 adolescents found two-thirds reporting more homework and 40 percent reporting less free time, although no gender differences were reported (Commodari and La Rosa, 2020). Gender differences in leisure time use was reported: Boys tended to spend more time on hobbies, watching television and playing video games, while more girls reported spending time on social networks. A study in Chile (Mancilla, 2021) also showed girls spending more average time on learning than boys, but more time doing housework. Standardization of instruments is needed to determine whether gendered patterns of time allocation exist in different contexts (e.g. low-, middle- and high-income countries or among different groups of learners) and their impacts on learning during school closures.

Studies across a wide range of contexts that explored the experiences of learners with disabilities who engaged in remote learning found that they were often at a disadvantage due to the lack of accessible materials or necessary specialized instruction (Banati et al. 2020; Dickinson et al., 2020; Jones et al., 2021; Leonard Cheshire, 2020; Scarpellini et al., 2021; Sharpe et al., 2021) reported that adolescents with disabilities in Ethiopia and Jordan were slightly less likely to use technology for remote learning (15%) compared to their peers without disabilities (22%). Unfortunately, none of these studies provided data disaggregated by sex. Some have expressed fears that persistent gender inequality and the inaccessibility of remote learning during the pandemic for many girls and women with disabilities could mean a loss of opportunity and a setback for a whole generation (UNFPA and Women Enabled International, 2021). More data is needed; without it, we cannot fully understand or mitigate the gendered impacts of the pandemic. (UN Women et al., 2021).

Girls' education in emergencies was a challenge before the pandemic; refugee girls are half as likely as boys to be enrolled at secondary level and recent gains made at this level have largely been in favour of boys

(Giannini and Albrechtsen, 2020; UNHCR, 2020). A study by CARE of female refugees, migrants and internally displaced persons found that 63 percent of women from Afghanistan and 30 percent of women from Turkey reported that their female children could not continue studying during school closures. The barriers they cited were lack of access to technology and language barriers. For Syrian refugees in Turkey, most of whom speak Arabic, the language of instruction is Turkish. Despite these challenges, the study found that the majority of study participants, 91 percent in Turkey and 95 percent in Afghanistan, reported that their daughters were able to return to school once they were reopened (CARE, 2021). More research is needed in these contexts.

### The gender digital divide and learning loss

The gender digital divide was a recognized phenomenon well before the COVID-19 pandemic (see **Box 3**, next page). It includes differential access to smartphones and other mobile devices; cultural, financial and logistical barriers that prevent girls from accessing the internet as often as boys, or at all; gender disparities in digital skills; gender roles and expectations that give boys greater time and freedom to use electronic devices; and ICT design features that exclude women's and girls' perspectives and do not cater to their interests (UNESCO and the EQUALS Skills Coalition, 2019).

If digital remote learning strategies do not address the dynamics that underpin the gender digital divide, girls could face substantial barriers to learning (OECD, 2018). In a study with 322 adolescents and young people involved with the FutureLife-Now! and School's Out programmes in five Southern African Development (SADC) countries (Lesotho, Malawi, Madagascar, Zambia and Zimbabwe), 23 percent of male respondents said they were able to continue studying without problems, compared to only 12 percent of female participants. Twenty-eight (28) percent of male respondents in this study always had internet access to help with their studies, compared to only 15 percent of female participants, while 30 percent of female respondent had internet access rarely or not at all, compared to 21 percent of male respondents (MIET AFRICA, 2021, p. 57).

Many key informants interviewed for the GSCA noted that girls were less likely than boys to own or have access to an Internet-enabled device, which complicated girls' ability to participate in remote learning when schools closed (see example in **Box 4**, next page). Although one informant noted that some parents purchased phones for their daughters' educational use, other data suggested that girls faced greater household-level barriers or restrictions on phone use than boys. For example, a study conducted in India found that only 26 percent of girls said they

could access the phone in their household whenever they wanted, compared to 37 percent of boys (Ghatak et al., 2020). Khan et al (2021) in a survey drawing on 385 secondary school students from grades 8 to 12 in Delhi, found that both girls and boys were adequately able to engage with on-line learning materials, but reported feelings of isolation from peers. Other research (Banati et al., 2021) suggested that boys could have greater access to personal phones and Internet connectivity as they are more likely to work and have access to financial resources.

### BOX 3

#### The gender digital divide

As reported in a UNICEF literature review, gender inequality in the physical world is replicated in the digital world. There is a large gap in women's and girls' digital adoption and use compared to men and boys. To date, there is little research on gender differences in digital access for children under the age of 18. However, the limited data available does indicate a similar pattern of lower access and use for girls as found for women. In countries with data, girls aged 15 to 19 were less likely than boys to have used the internet in the past 12 months, and they also had lower mobile phone ownership. The greatest disparities were in South Asian countries. For instance, rates of internet use among boys were double those of girls in Nepal, and quadruple those of girls in Pakistan. Phone ownership was almost 30 percent higher among boys than girls in Bangladesh, Nepal and Pakistan. Weekly access to information media was also substantially lower among adolescent girls in Afghanistan, India, Nepal and Timor-Leste. Another study, by Girl Effect and the Vodafone Foundation (2018), found boys are 1.5 times more likely than girls to own a mobile phone and 1.8 times more likely to own a smartphone. More than half of girls, 52 percent, borrow mobile phones if they want digital access, compared to 28 percent of boys.

For more information on the gender digital divide, see Tyers-Chowdhury and Binder, 2021.



## GSCA findings on gender-based internet and data limitations in Pakistan

In Pakistan, private schools with sufficient resources organized online classes for learners, while public schools relied on no-tech modalities, such as distributing paper-based resources to learners, and low-tech modalities, such as creating WhatsApp groups to link learners to teachers, and creating televised lectures, otherwise referred to as TeleSchool. Among learners who participated in GSCA focus groups and interviews conducted in three districts, 11 of out 25 girls (44%) – all in Rawalpindi (urban district) – and 41 out of 44 boys (93%) reported owning mobile phones for their personal use. Girls who did not own mobile phones reported that they relied on their relatives' devices, typically those belonging to their fathers.

GSCA research found that cultural norms pose challenges to girls' access to technology for studying. In one study in Pakistan (Ghatak et al., 2020), parents were reportedly reluctant to give mobile phones to their daughters and supervised their activities constantly when they did, to protect and control them; boys faced no such restrictions (Ghatak et al., 2020). The Malala Fund (2020c) also found that girls in Pakistan reported fear of asking for a mobile phone as a common barrier to online learning. The fear appeared to be related to men's control of phones; girls who could use a phone belonging to their mother or another adult female family member. A GAGE study found that girls in Jordan similarly reported greater restrictions and monitoring of phone use than did boys (Jones et al., 2021). In contrast, a study from Jordan found more older girls than older boys reported that their families provided them with access to mobile learning apps and helped to coordinate study groups with their peers online or over the phone (Baird et al., 2020b).

**“ My elder brothers have smartphones ... so if I need anything of utmost importance, they let me use the phone and help me download materials from online. I can only use their phones sometimes, but the phones are not mine so I can't keep the phones with me. – Girl, age 13, Khushtia, Bangladesh**

Digital skills are a key component of the gender digital divide that existed before COVID-19. For example, a UNICEF analysis showed substantial gender gaps in ICT skills among school-going adolescents in seven of eight sub-Saharan African countries (Amaro et al., 2020). Yet only one study identified in the GSCA literature review directly mentioned digital skills as a barrier for girls' learning in low-income contexts (Jones et al., 2021). More research is needed.

Gaps in perceived or actual digital skills also affect teachers, in particular female teachers, as highlighted in studies in the Islamic Republic of Iran (Farnaz and Vahedi, 2021), Slovenia (Loziak et al., 2020) and Spain (Portillo et al., 2020). In a survey of a convenience sample of 4,589 teachers at all levels of education in Basque Country, Spain, male teachers had higher self-perceived digital competency scores compared to female teachers (Portillo et al., 2020). High levels of stress delivering online lessons were reported among female primary school teachers in Slovenia (Loziak, et al., 2020), associated with the preparation of teaching materials, the intensity of communication with children and their parents, long periods using technologies, pressures of time management, and the perception of unclear directions from school management. The digital divide was one reason many governments adopted multiple approaches to the delivery of remote learning, including Bangladesh (see **Box 5**, next page.)

## Case study: Bangladesh multi-modal remote learning intervention

GSCA research on Bangladesh examined gender dimensions of a hybrid low-tech and high-tech remote learning intervention. The intervention was geared toward learners in the primary and secondary levels and used the following modalities:

- Televised lessons were broadcast on the national channel ‘Sangsad Bangladesh.’ For primary level learners, individual subjects were covered in 20-minute sections for a period of two hours. A common syllabus was followed. For secondary level learners, 10 classes of 20 minutes each were broadcast.
- Recorded classes for grades 6 to 10 were uploaded on two YouTube channels.
- Lessons were aired on community radio; UNESCO supported radio programming for primary school grades 1 to 5.
- Teachers provided weekly assignments to learners which had to be submitted either in person or online. Learners were given 16 assignments over a 45-day period.

Quantitative and qualitative data were obtained from:

- A three-round longitudinal phone survey of 479 girls participating in the ongoing project Keeping Girls in Schools to Reduce Child Marriage in Rural Bangladesh. The survey was first conducted in April 2020 to capture baseline findings and then in June and September to detect changes over time. The girls, ages 12 to 19, lived in three districts: Chapainawabganj, Kushtia and Sherpur, with 479 girls participating in the first round of the survey; 453 in the second and 448 in the third round.
- Thirty-six in-depth interviews conducted with girls participating in the longitudinal study, as well as boys, parents, teachers, key informants and national education stakeholders.

### Key findings: participation in remote learning interventions

Among the participants in the longitudinal study, all of whom were girls, most (95% in round 1, 94% in round 2 and 85% in round 3) reported studying under the supervision of family members in the absence of institutional support, indicating the importance of familial support for educational continuity.

The survey responses indicated the most widely accessible form of remote learning was television; the least accessible was computer-based learning. However, self-reported engagement with televised lessons was low: only one third of girls in round 3 said they attended televised lessons. The share of girls reporting that they did not study increased from 1 percent in round 1 to 10 percent in round 3.

Self-reported participation in informal private tutoring increased dramatically between study rounds, from under 5 percent in round 1 to 25 percent in round 3. Even though teachers have long been prohibited from providing such informal lessons, many adolescents, parents and teachers interviewed perceived this as the only viable means of continuing any learning given the limitations of the other modalities. Private lessons were widely seen as out of reach of poor households. This has implications for wealth disparities in learning loss and educational continuity that should be explored further.

### Key findings: remote learning barriers and challenges

Although survey respondents indicated television was the most accessible form of technology for remote learning, only slightly more than half (51.8%) reported that their household had a television. While the vast majority of respondents (95%) indicated their household owns a mobile phone, only 24 percent reported having a smartphone. Some of the girls were able to use family members’ phones, but they were not always accessible. Similar to findings from other countries, as reported previously, some parents expressed concern in interviews that giving girls access to mobile devices would lead to their misuse and romantic relationships.

## Gender and school dropout

In addition to learning losses, UNESCO has estimated that globally, 23.8 million children, adolescents and youth from pre-primary to tertiary education may drop out or not have access to school due to the pandemic's economic impact alone, including 11.2 million girls and young women (UN, 2020). Other estimates have put this figure higher, up to 20 million girls and young women in low- and low-middle income countries (Malala Fund, 2020d). The World Bank concluded that girls aged 12 to 17 are more at risk than boys are of not returning to school in low- and lower-middle-income countries, whereas boys are more at risk in upper-middle and high-income countries (Azevedo et al., 2020). Increases in school dropouts can have devastating impacts on children's futures, as well as intergenerational impacts on health and nutrition, economic growth and many other outcomes.

Evidence from past crises, such as from the 2005 Pakistan earthquake, suggests that dropout risks are likely to persist or grow after school reopening (Andrabi et al., 2020). Estimates from Sierra Leone post-Ebola suggest high levels of dropout after schools reopened (Bandiera et al., 2019; Smith, 2021) where women frequently experience sexual violence and face multiple economic disadvantages. The intervention provides them with a protective space (a club, these rate were significantly higher for girls than in Guinea, particularly in rural areas (Smith, 2021).

Data on return to school remain limited in many settings due to limited research during ongoing school closures and limited availability of national administrative data. Yet some published studies yield information. In Bangladesh, 91 percent of girls surveyed wished to return to school, compared to 86 percent of boys, with little variation between more and less vulnerable households (Baird et al., 2020c, p. 9). No differences were found between girls and boys in Ethiopia (Baird et al., 2020a, p. 4); however, data published among caregivers (Jones et al., 2021, p. 14) reported that 51 percent of caregivers of adolescent girls thought they would not return compared to 41 percent of caretakers of adolescent boys. The Malala Fund found that in Addis Ababa, Ethiopia, there was little gender difference in views on return to school,

but the difference was marked in more food- and income-insecure families in Gambela province where more boys intended to return to school compared to girls, but with the opposite trend in Amhara province (Malala Fund, 2020a, p. 12). Ghatak et al.'s (2020, pp. 18–19) study among poor households in three Indian states noted that 78 percent of boys and 76 percent of girls from households who did not experience food or cash shortages during the lockdown said they would go back to school after the schools reopened, but only 50 percent of boys and girls from households who faced both cash and food shortages intended to return, with greater uncertainty about returning to school among those who attended private school, likely linked to school fees.

Gender disparities in school dropout statistics are already beginning to appear in COVID-19 school closure data. In Bangladesh, a Population Council study found that about one in ten girls aged 12 to 15 reported not going back to school after reopening (Amin et al., 2020). Another informant noted that in Ghana there was high re-enrolment nationally, more than 97%, but among those who dropped out, 60 percent were girls. The Presidential Policy and Strategy Unit, Kenya and Population Council (2021) study in four counties in Kenya found that 16 percent of girls and 8 percent of boys aged 15 to 19 did not re-enrol during the two months following school reopening. The data were collected in February to March 2021; the pre-pandemic enrolment baseline was measured in March 2020.

A majority of the experts in education and gender interviewed for the GSCA said that among their programme populations enrolled in school prior to pandemic school closures, they expect to see, or have already seen, lower levels of re-enrolment; they also anticipate, or are already seeing, steeper declines among girls. Key informants cited experience from past crises during which parents had prioritized boys' education or reduced their spending on girls' education when faced with financial hardship, supporting the hypothesis that girls may be a disproportionately higher share of dropouts during the COVID-19 pandemic.

Some studies suggest that dropout patterns vary by context. Findings from Save the Children and the Malala Fund suggest that boys and younger children

might be more affected including in Cambodia, Ethiopia, Nigeria and Pakistan (Hoeurn, 2021; Malala Fund, 2020a, 2020b, 2020c). Boys were also seen as being at a higher risk of dropout in some states in Mexico. Of the 25 percent of adolescents aged 14 to 17 in Chiapas and Yucatan who had discontinued their education, boys in Chiapas had the highest dropout rate at 37.5% (Population Council, 2020). In other contexts, girls and/or older adolescents appeared to be at greater risk of not returning to school (Bellerose et al., 2020; Youssef and Jones, 2020). Barriers to

returning to school fall into broad categories of financial concerns; domestic responsibilities/labour concerns; concerns about learning loss and falling behind; transitions to adulthood including marriage and pregnancy; and concerns about health and safety due to COVID-19. The GSCA analysis in Kenya (Table 2) of adolescents aged 10 to 19 found that, among those who had not returned to their schools when pandemic restrictions were lifted, the most frequently offered reason apart from not being in school pre-COVID was the inability to pay school fees.

**Table 2:** Reasons for not returning to school among adolescents in Kenya, girls and boys aged 10 to 19, February to March 2021

|   | KILIFI % (N) |        | KISUMU % (N) |        | NAIROBI % (N) |        | WAJIR % (N) |          |  |
|---|--------------|--------|--------------|--------|---------------|--------|-------------|----------|--|
|   | Girls        | Boys   | Girls        | Boys   | Girls         | Boys   | Girls       | Boys     |  |
| <b>REASONS FOR NOT GOING TO SCHOOL (AMONG THOSE NOT IN SCHOOL IN FEBRUARY/MARCH 2021)</b> |              |        |              |        |               |        |             |          |  |
| % (n) of total Kenya study sample not in school   | 14 (72)      | 4 (9)  | 19 (57)      | 7 (8)  | 17 (74)       | 12 (8) | 18 (75)     | 23 (158) |  |
| Was not in school pre-COVID   | 53 (38)      | 67 (6) | 63 (36)      | 50 (4) | 62 (46)       | 75 (6) | 75 (118)    | 79 (59)  |  |
| Family could not afford fees  | 69 (50)      | 44 (4) | 35 (20)      | 13 (1) | 54 (40)       | 0 (0)  | 17 (27)     | 15 (11)  |  |
| School is closed  | 3 (2)        | 11 (1) | 2 (1)        | 0 (0)  | 4 (3)         | 0 (0)  | 4 (7)       | 8 (6)    |  |
| Did not see the importance of school  | 6 (4)        | 11 (1) | 2 (1)        | 0 (0)  | 3 (2)         | 0 (0)  | 15 (24)     | 5 (4)    |  |
| Parents did not see the importance of school  | 3 (2)        | 0 (0)  | 2 (1)        | 0 (0)  | 1 (1)         | 0 (0)  | 12 (19)     | 3 (2)    |  |
| Got pregnant  | 6 (4)        | N/A    | 11 (6)       | N/A    | 9 (7)         | N/A    | 4 (7)       | N/A      |  |
| Got married   | 4 (3)        | 0 (0)  | 7 (4)        | 0 (0)  | 4 (3)         | 0 (0)  | 22 (34)     | 3 (2)    |  |
| Got a job   | 7 (5)        | 11 (1) | 4 (2)        | 13 (1) | 4 (3)         | 13 (1) | 3 (5)       | 1 (1)    |  |

Source: GSCA research in Kenya.

Some studies have tried to understand the factors contributing to the risk of school dropout. A study in Cambodia by Save the Children (Hoeurn, 2021) surveyed 7,609 learners and caregivers in districts where the risk of school dropout was considered high. Male learners had a 2.1 percent higher risk of dropout than female learners, and children in male-headed households had a 5.2 percent higher risk of dropping out than learners

in female-headed households. Risks were compounded in households where Khmer was not spoken and no household members had education. In a Malala Fund study, based on a survey in Pakistan conducted in 2020, the costs of fees were mentioned by 30 percent of boys compared to 24 percent of girls and the requirement to work mentioned by 32 percent of boys and 16 percent of girls (Malala Fund, 2020c, p. 18).

## Gender, health and well-being

Schools are not only places for learning; they play a crucial role in learners' physical and mental health and well-being. School feeding programmes help children be healthy and ready to learn and can also provide an incentive for families to send girls to school, with broader benefits in the prevention of early marriage, early and unintended pregnancy, and social exclusion (Snilstveit et al., 2015; UNESCO, 2019; WFP, 2020a). Comprehensive sexuality education can also promote gender equality and equitable social norms and have broader impacts in sexual and reproductive health and well-being (UNESCO, 2021h). Some of the support schools offer, whether on-site or through referral, is gender-specific; for example, schools may offer vital information, support and supplies for menstrual hygiene management (Sommer et al., 2021). With schools closed, many learners will not have access to this support, with potential impacts on their ability to learn and broader adverse health and protection outcomes.

### Mental health

The GSCA literature review found numerous studies describing the impact of school closures on mental health. This was also the largest proportion of studies COVID-19 identified in the companion UNESCO systematic review of the evidence on gendered impacts of extended school closures (2021a), explored in 41 out of the 92 studies considered for this review. Studies used a range of indicators to measure pandemic-related mental health impacts; household stress, social isolation and loss of opportunities were common themes considered in these studies. The findings suggest that worry, stress and depression impede learners' ability to concentrate and learn and have broader short-, medium- and long-term outcomes.

A number of studies reported that girls reported more stress, anxiety and depression compared to boys during COVID-19 school closures (Porter et al., 2021; UNESCO, 2021a). A study in Italy of 2,064 adolescents aged 11 to 19 found 'missing the school community' was cited significantly more often by girls than by boys (Esposito et al., 2021). A study in Hong Kong, China, of more than 2,800 learners ages 9 to 17 found that more female than male learners reported feeling stress, academic pressure, apprehension and helplessness (Zhu et al., 2021b). Similar results were recorded in China (Guo et al., 2020), in the Czech Republic (Ng et al., 2021), in France (Haesebaert et al., 2020), among adolescents in Greece (Giannopoulou et al., 2021), among rural and urban adolescents in Italy (Mastorci et al., 2021), among children and adolescents in Spain (Pizarro-Ruiz and Ordóñez-Cambor, 2021), among children aged 9 to 12 in South East Turkey (Zengin et al., 2021), among adolescent female athletes in the United States (McGuine et al., 2021) and children in kindergarten through grade 12 in the US state of Florida (McKune et al., 2021), and among a group of disabled and disadvantaged children surveyed in Sierra Leone and Zambia (Sharpe et al., 2021). Psychosocial stress was also reportedly more marked for adolescent girls in the GAGE surveys in Côte d'Ivoire, Ethiopia, Jordan and Lebanon (Baird et al., 2020a; Banati et al., 2020), reported by the authors to be linked to pre-existing gendered vulnerabilities in society. Mothers' absences were noted as a source of anxiety in a study by Wang (2020) of girls in rural China; poverty and family insecurity during COVID-19 created enormous pressures and anxieties for girls, as well as barriers to learning. See **Box 6**, next page, for more details on this topic in the GSCA country case studies.

## GSCA findings on mental health in Bangladesh, Kenya and Pakistan

In the GSCA longitudinal study conducted in Bangladesh, girls' reports of social isolation and depressive symptoms increased between round 1 in April and round 3 in September 2020. In round 3, nearly 8 in 10 girls reported 'sometimes' or 'mostly' experiencing symptoms of depression. In other settings in Bangladesh, studies found that effects were worse for boys, possibly as a result of other restrictions related to travel and business closures that affected boys more than girls. Among adolescents living in the urban informal settlements of Nairobi (of whom 84 percent were female) interviewed by phone in June 2020; nearly half (46 percent) reported having felt down, depressed or hopeless at least once during the previous two weeks.

**“ I had anxiety because we left school when we were just about to sit for the exams, and then we left school being told that we wouldn't know when we would go back to school. So, it was giving me stress because I wonder when we would go back to school and when would it be announced. – Adolescent boy, 14 years old, Nairobi, Kenya**

**“ [School closure] has impacted [candidates in exam-level grades] in a big way because there were candidates in form 4 and class 8 who were studying hard, knowing they were to proceed to the next stage in their lives, but now they are left at home with anxiety and stress not knowing when they will complete school. – Female religious leader, Kisumu, Kenya**

**“ When we are in school with our friends and peers around, we feel happy-go lucky. Time passes by in a jiffy when we attend classes in school and spend time with friends in our break. But now there is nothing much to do, sometimes I get upset and bored. Whenever I am upset, I feel it would have been better if the school had opened and I could go meet with everyone. – Adolescent girl, 16 years old, Kushtia, Bangladesh**

Among adolescents interviewed in Kenya for the GSCA, many indicated that their stress was related to delays in completing school, participating in examinations and difficulty in concentrating on remote-learning activities. Others expressed anxiety over passing examinations as they had forgotten concepts learned during the previous school year. Some reported difficulty coping with the additional free time on their hands and a lack of social activities. School closures have removed their sole outlet for peer interaction, leading to greater social isolation and poorer mental health among girls as compared to boys. For some children and adolescents, school may be their only – or main – source of non-familial interactions. This is also the case in Pakistan, where, due to conservative cultural and societal rules dictating girls' movement outside of the household, schools are the primary avenue for girls of all socio-economic backgrounds to engage in recreation and socialization.

Boys were also subject to poor mental health. In a study of interviews with 2,500 in- and out-of-school adolescent boys and young men aged 10 to 24 conducted in July and August 2020 in Kampala, Uganda, 70.3% felt more nervous as a result of COVID-19 lockdowns (Matovu et al., 2021). A study among 1,761 Rohingya youth aged 10 to 19 residing in refugee camps and host communities in Cox's Bazar, Bangladesh found that lockdown restrictions were worse for boys, possibly as a result of other restrictions (e.g. travel restrictions, business closures) that affected boys more than girls (Gugliemi et al., 2020).

Other studies found that girls and boys reported different mental health concerns. Shukla et al. (2021) documented that male and female adolescents in India worried about different areas – more adolescent girls than boys worried about academic outcomes and physical health, while more boys worried about social and recreational activities. In Lebanon, among the 100 adolescent participants, aged 15 to 19, girls described a shared sense of loneliness, as long-term school closures led to lost social contact and mobility, cutting off access to friends for which their limited phone contact was no substitute. Interviews with Syrian boys reported increased fears of violence and fraying social cohesion. Fears about increased crime levels were reported by some Lebanese boys, translating into greater anxiety (Banati et al., 2020).

During school closures, lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) learners may lose access to resources and communities which may build a strong sense of identity and resiliency (DeMulder et al., 2020; Salerno et al., 2020). But limited data are available generally on the experience of LGBTIQ learners during school closures, including on potential psychosocial impacts. A study of five countries in the South African Development Community (Lesotho, Malawi, Madagascar, Zambia and Zimbabwe) noted increased isolation and anxiety for LGBTIQ learners during lockdown, due to being cut off from psychosocial support provided by teachers and social workers at school (MIET AFRICA, 2021, p. 67). Another study in the United States found higher levels of depression and worries and grief related to COVID-19 among sexual and gender minority youth aged 18 to 30 compared to their cisgender peers (Kamal et al., 2021). Similar findings were found in a study of LGBTIQ learners in higher education in the

United States (Salerno et al., 2020), with other studies reporting that pre-pandemic exposure to adversities, including family and school-based violence and harassment, amplified LGBTIQ learners' vulnerabilities to current stressors in the context of COVID-19 (Conron et al., 2021; The Trevor Project, 2020).

Various studies reported increased stress for female teachers linked to online technologies, including in the Islamic Republic of Iran (Farnaz and Vahedi, 2021), Slovenia (Loziak, Fedáková, and Čopková, 2020) and Spain (Portillo et al., 2020). Tosso et al.'s qualitative study (2020) based on interviews with female education practitioners in Madrid, Spain, also documented a sense of isolation, physical and mental health concerns, and pressures teachers faced supporting learners' broader health and protection concerns in addition to their education. The stress of online learning was also noted in the GSCA study in Pakistan, affecting both teachers and learners who found it difficult to adapt. A study of female primary school teachers in Slovakia reported increased stressors such as challenges preparing teaching materials, work uncertainty and problems with time management (Loziak et al., 2020).

Education may be a protective measure against symptoms of depression and anxiety, although not universally. A Young Lives survey found that among older girls in India, ages 18 and 19, those who 'are enrolled full-time in education and were participating in activities were significantly less likely to experience anxiety compared to their peers who were not enrolled in education' (Ford and Singh, 2021, p. 5). Similarly, a Ugandan study found that adolescent boys and young men who were out of school reported more nervousness compared to those in school. In general, the out-of-school study participants reported higher levels of sadness or hopelessness than their in-school counterparts; out-of-school participants also more frequently reported contemplating suicide as a result of the COVID-19 lockdown, with the proportion increasing progressively in age cohorts (ages 10–14, 15–19 and 20–24) (Matovu et al., 2021). However, another Young Lives survey, conducted in Ethiopia, found that girls aged 19 whose education had been disrupted were 'twice as likely to experience anxiety and to report feelings of depression' compared to those not enrolled in school (Ford et al., 2021).

## Physical health and nutrition

Much of the literature on physical health and nutrition explores changes in patterns of physical activity and access to nutritional meals during COVID-19 school closures. Studies from several middle- and high-income country settings highlighted the effects of lockdowns and school closures on reductions in the amount of time children and adolescents spent on physical activity, which appeared to coincide with increases in the recreational use of mobile phones, computers and television. Reduced physical activity and increased screen time were observed in studies conducted in China, Spain, the United States and Hong Kong, China (Commodari and La Rosa, 2020; Guo et al., 2021; McGuine et al., 2021; Ventura et al., 2021; Zhou et al., 2021; Zhu et al., 2021a). Studies varied in terms of participants' socio-demographics, methods and ways of measuring physical activity and screen time.

Gender differences in the amount of time spent on physical activity and screen time varied by context and research method. However, researchers consistently observed that older children and adolescents spent less time on physical activity and more time using phones and electronic devices compared to their younger peers. Abid et al. (2021) noted that increased screen time linked to school closures and online lessons had worse effects on sleep for Tunisian adolescent girls, compared to boys, and similar findings were reported in China by Guo et al. (2021). The same study by Guo et al. (2021) and a study in Spain (Ventura et al., 2021) found girls' non-school screen time increased relative to boys during school closures; however, both studies suggested that boys' screen time use prior to school closure was likely to have been higher than girls'.

Many studies highlighted potentially far-reaching negative implications of reduced physical activity and increased screen time. This includes higher risk of increased obesity (An, 2020; Ventura et al., 2021) and mental health risks. One study of high school athletes in the United States suggested that the missing social interaction that accompanies playing sports may have contributed to anxiety and depression; the effects

appeared greater among girls, younger adolescents and those from lower income households (McGuine et al., 2021). At the same time, increased social media use (and therefore, increased screen exposure) may have been beneficial to mental health for some groups in the context of COVID-19 school closures; sexual minority youth in the United States were more likely to seek community support online through the use of social media (Wray-Lake et al., 2020).

While it was hypothesized that there may be gendered differences in food security due to a combination of learners losing access to school feeding programmes, combined with distribution of food resources in households that favour males over females, there was little evidence available to confirm any gender effects of school closures on learners' nutritional status. Survey research in Catalonia with a sample of children under 17 regarding diet, sleep and television habits during lockdown reported no difference in dietary habits (Ventura et al., 2021). Other studies reported decreases in food consumption, with particular impacts for girls (Baird et al., 2020b, p. 4; Presidential Policy and Strategy Unit, Kenya and the Population Council, 2021, p. 41). Nonetheless, Radwan et al. (2021), comparing food quality and quantity for secondary school girls and boys in Jordan before and after the lockdown, found that girls' quality and quantity of food was higher before the lockdown while boys was higher during the lockdown. They attribute this to disrupted activity patterns associated with lockdown.

Not all of the literature on nutrition is specific to school closures; much of it addresses broader changes due to economic impacts, and clearly, socio-economic conditions are a key aspect of how gendered patterns of nutrition were experienced during the lockdown (UNESCO, 2021a). Adult (71%) and youth (52%) respondents in an online study in Lesotho, Malawi, Madagascar, Zambia and Zimbabwe reported that the economic and sexual exploitation of girls for food had increased in rural and high-density or informal settlements and that school closures and the end of school feeding programmes were reasons for this (MIET AFRICA, 2021, p. 65). More research is needed to understand the particular impacts of school closures on food insecurity and the longer-term impacts.

## Sexual and reproductive health

With schools closed, many learners will not have access to comprehensive sexuality education; a lack of such education can increase vulnerability to early and unintended pregnancy, sexually transmitted infections and gender-based violence. The acute nature of the COVID-19 pandemic may shift community health priorities to focus on preventing transmission of the virus, testing, vaccinations and care, which may lead to fewer resources and less attention to other areas including sexual and reproductive health.

The MIET AFRICA study in Lesotho, Malawi, Madagascar, Zambia and Zimbabwe noted how comprehensive sexuality education had stopped due to school closures and that participants were having to rely on peers or the internet for information on sexual and reproductive health and rights, which was not always satisfactory (MIET AFRICA, 2021, p. 66). While many countries shifted to support digital comprehensive sexuality education programmes in the absence of school-based programmes (see Chapter 3), there is limited information on reach (in particular access to the most marginalized groups), efficacy and broader impacts on knowledge, attitudes and behaviours related to sexual and reproductive health and gender equality more broadly.

UNFPA estimates that 12 million women have experienced disruptions in family planning services during COVID-19, leading to 1.4 million unintended pregnancies during 2020 across 115 low- and middle-income countries (UNFPA, 2021b). There is limited evidence available on increases in early and unintended pregnancies among adolescent girls and data available show mixed results. In Malawi, closure of schools, coupled with limited household economic resources during COVID-19, contributed to an 11 percent increase in adolescent pregnancies from January to August 2020 compared to the same

period in 2019 (Ministry of Gender, Community Development and Social Welfare, 2020; UNFPA, 2021a). In Kenya, quantitative data collected showed that as of February 2021, 13 percent of girls in Kisumu, 5 percent of girls in Nairobi and 4 percent of girls in Kilifi were currently pregnant or had recently had a baby (Presidential Policy and Strategy Unit, Kenya and Population Council, 2021). However, this GSCA looked at Kenya Health Management Information Systems data that compared pre- and post-pandemic numbers of first antenatal visits among girls aged 15 to 19 and it showed no increase in adolescent pregnancies: nearly 390,000 visits were recorded between March 2019 and February 2020 and nearly 329,000 between March 2020 and February 2021. If anything, there was a decrease in visits, but that could perhaps be explained by fewer girls attending antenatal visits due to financial hardships, health worker strikes and fear of becoming infected with COVID-19.

The World Health Organization has stated it will take time for clarity on the epidemiological picture of early and unintended pregnancies. Fewer pregnancies may be reported due to limited access to health facilities linked to pandemic-related fears, more generally lower use of available services (WHO, 2021) or that lockdowns have limited social (and sexual) interactions.

Early and unintended pregnancies are often an end to girls' education and more effort is needed to ensure their access to information and services. In Sierra Leone, early pregnancy rose up to 65 percent in highly affected districts during the Ebola epidemic (UNDP and the Government of Ireland, 2015). Many young mothers were unable to return to school due to a ban on pregnant girls. This ban was subsequently lifted, but similar bans are still in place elsewhere (Habib, 2020). Even without restrictive policies, social norms and stigma often preclude pregnant girls and adolescent mothers from continuing their education (World Vision International 2020).

## Protection from harm

Ensuring protection from physical, psychological and sexual harm remains an essential part of a gender-responsive, safe learning environment. Assuring this in the context of COVID-related school closures is a challenge, with limitations on access to services and support, and the expansion of risks, as found in the GSCA. This section explores findings related to gender-based violence and early, child and forced marriages.

### Gender-based violence

There is relatively little evidence available on the effects of pandemics and epidemics on children's exposure to violence, as illustrated in a UNICEF rapid review of evidence by Chavez Villegas et al., (2021) and the UNESCO (2021a) systematic review of extended school closures. During the Ebola epidemic in West Africa, researchers sought to document the effects of infection control measures, such as diminished access to health and protective services or school closures, on exposure to sexual violence and exploitation. These studies used various methods and sources including qualitative community studies, self-reported survey data, police and service provider records, and key informant reports. Several studies showed that vulnerable children, orphans and teenage girls faced an increased risk of sexual and gender-based violence. By contrast, a few studies from the UNICEF rapid review reported a decreased incidence; however, the authors of the rapid review noted that these findings relied on perceptions rather than empirical measurements (Chavez Villegas et al., 2021).

Projections have predicted an increase in gender-based violence during the pandemic, with particular implications for girls and women who have been unable to leave spaces they share with abusers and limited access to services (UN Women, 2020a; UNDP, 2020; UNFPA, 2020a), including for children subjected to violence (Bhatia et al., 2020). But collecting data on violence against children during the pandemic presents complex challenges. Experts have agreed that researchers should not ask children if they or other children have experienced violence during lockdowns. Direct questions about this sensitive topic could put children at risk of retraumatization (Bhatia et al., 2020).

Services for reporting violence have been disrupted across the globe. UNICEF country offices said that between May and August 2020, existing mechanisms to provide services to respond to violence against

children were heavily impacted in all regions, with services entirely disrupted in South Asia, Eastern Europe and Central Asia (UNICEF, 2020b). In some settings where services continued to be offered in some form, data suggest increasing levels and severity of violence. For example, the International Rescue Committee reported in mid-2020 that its service providers in Latin America and the Caribbean documented substantial increases in violence, based on multiple measures, from increases in femicides (murders of women) to overall increases in requests for help and searches on topics related to gender-based violence to its 'Cuéntanos' interactive messaging, online and phone-based support services (IRC, 2020a). However, such accounts offer only limited insight into differences or similarities in exposures to or risks for adult and school-age populations of gender-based violence, gendered patterns and other dimensions of violence that may go unreported.

Studies have aimed to establish the effects of school closures on child maltreatment reporting, which may in turn contribute to perpetuating exposure to household or community violence. Two studies, one from the United States and the other from Mexico City, found reductions in reports during lockdown measures, the former which did not report sex-disaggregated figures (Baron et al., 2020) and the latter which estimated larger reductions in reporting among females (Cabrera-Hernández and Padilla-Romo, 2020).

Gender-based violence has been documented as major concern across many settings. Fears of sexual assault during school closures were a feature of analyses in Ecuador, Chile and Senegal (Cejas and Demera, 2021; Dione et al., 2021). Many respondents in a survey of 105 organizations, with a majority working in Africa on girls' education, highlighted concerns of increased levels of gender-based violence and limited social protection (Akmal et al., 2020b). See **Box 7** for more details on this topic in the GSCA country case studies.

Increased exposure to harmful content, cyberbullying and other online risks was also a concern voiced by many, as more children used online technology for remote learning and during their leisure time. The opposite was found in studies in Canada and the United States, whereby declines in bullying (both in-person and cyberbullying) were seen during the school years affected by the pandemic (Bacher-Hicks, 2021, Vaillancourt et al, 2021). In contrast, Mkhize and Gopal (2021), studying widely used social media sites, noted high levels of cyberbullying including sexting, and negative comments about the bodies of young girls.

Building digital safety skills, ensuring safe learning spaces, and providing psychosocial support for affected children must be part of recovery efforts.

This review was unable to identify distinct gendered patterns in gender-based violence related to school closures. During school closures in Kenya, the percentage of adolescents in four counties that reported experiencing emotional violence (being humiliated, insulted or threatened) was 9 percent, with equal reports from boys and girls; those experiencing physical violence (being hit, slapped, kicked or beaten) was 6 percent (more boys reported this than girls); and those experiencing sexual abuse was 2 percent (only girls reported this), with no significant differences observed across the counties. Of those experiencing emotional violence, nearly half said it was greater during the pandemic than before; a third reported increased physical violence during the pandemic and there was a rise during the pandemic of those who reported sexual abuse (Presidential Policy and Strategy Unit, Kenya and Population Council, 2021). In urban Kenya, initial findings suggested that at least for some girls, risk of violence appeared to decrease in the initial phase of the pandemic during a lockdown. However, girls who reported pre-pandemic experiences of violence appeared to be at a greater risk of various negative outcomes including depression, missing health services, and skipping meals or eating less since the pandemic began. Save the Children's (2020) survey and focus group-based research with 1,569 adults and 456 children in Somalia reported an increase in intimate partner violence and psychosocial stress in families linked to lockdown and school closures. School closures and lockdowns were noted by many respondents in a study in Lesotho, Malawi, Madagascar, Zambia and Zimbabwe as contributing

to a lack of safe spaces (MIET AFRICA, 2021, p. 101). By contrast, Population Council data from Mexico collected in June 2020 found that less than 1 percent of girls and women in Yucatan and no girls or women in Chiapas, Mexico, reported having experienced gender-based violence (beating, screaming, shoving and/or similar mistreatment) since the start of the pandemic (Population Council, 2020).

In crisis-affected settings, the COVID-19 pandemic appears to be exacerbating violence in ways that potentially impact boys more than girls. Boys in Lebanon reported concern about growing communal violence, particularly with regard to host and refugee communities (Youssef and Jones, 2020). In Cox's Bazar, Bangladesh, boys reported escalating violence from police and military forces in the camps when enforcing lockdown measures. However, girls in the camps, who left their homes less frequently even before pandemic restrictions, did not report the same experiences with security forces (Gugliemi et al., 2020).

Girls were found to be at a higher risk in other crisis settings in Africa. In a safety audit conducted by the International Rescue Committee in 15 African nations, women from refugee, displaced and post-conflict settings reported concerns of increased child, early and forced marriage, early and unintended pregnancy and sexual exploitation due to school closures. Girls' increased domestic tasks, including water collection, could put them in potentially dangerous situations. The report found '55% of the respondents in the study reported that women and girls, primarily girls under the age of 14, had to travel to collect water more frequently' (IRC, 2020b, p. 6). Of these women, 31 percent reported harassment and 22 percent reported sexual violence on the way to water sources.



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## GSCA findings on gender-based violence during school closures in Bangladesh, Kenya and Pakistan

GSCA research found wide-ranging impacts of school closures on gender-based violence experienced by youth in Bangladesh, Kenya and Pakistan, some which was common across countries and others which were specific to a particular context. The type of activities adolescents engage in when schools are closed may contribute to increased risk. In the absence of school, some key informants suggested that adolescents engaged in risky situations. Stakeholders specifically linked school closures to changes in boys' and girls' behaviours, and their exposure to violence.

Girls in Bangladesh were more likely to report having witnessed violence in the community during the pandemic and school closures. A significant increase over time was reported in girls' observations of violence in the community (rising from 3 percent in round one of the surveys to 12 percent in round three conducted five months later).

**“ I have seen those who earn in the family are in a bad mood if they lose their job. For example, on the days when my father did not have any money in his pocket, he would quarrel at home. If there is no money, everyone is in a bad temper.**

– Adolescent girl, age 17, Sherpur, Bangladesh

In GSCA research, it was found in the town of Kilifi and the city of Kisumu in Kenya that boys were significantly more likely to experience emotional violence compared to girls, with the majority saying that they experienced it more during the pandemic. In Nairobi, significantly more boys compared to girls interviewed were likely to experience physical violence, and older adolescents (aged 15 to 19) were also more likely to report experiencing physical violence compared to younger adolescents (aged 10 to 14).

GSCA interviews with Kenyan stakeholders indicated that lockdown policies, including dawn-to-dusk curfews, led to an increase in all types of violence, including gender-based violence. According to these stakeholders, survivors who could not access hospitals or the police reported violence through the national hotline (which recorded an increase in reports of violence). School closures were linked to increasing cases of sexual and gender-based violence, as girls were no longer protected in schools (National Crime Research Centre,

Kenya, 2020). Adolescents interviewed for the GSCA were worried that girls who had experienced sexual violence would not re-enrol in school because of shame, embarrassment and stigma from their peers.

A majority of Kenyan parents and community actors mentioned that crime-related violence was reported among boys who engaged in illegal activities with peers to finance drugs and alcohol use as well as get pocket money. A few stakeholders mentioned that adolescents involved with drug use were more likely to fight, rape and engage in physical violence. Among Kenyan adolescents interviewed by the GSCA, girls identified adolescent pregnancy and sexual violence during the school closures as drivers of psychological trauma.

**“ Girls are not comfortable because of the ever-presence of idle boys in the village. They fear rape. This is because we are just at home with no education.**

**Because of coronavirus, we have nothing meaningful to do.”** – Adolescent girl, age 15, Wajir, Kenya

**“ You find that boys who are idle are the ones engaging in violent crime.**

– Adolescent boy, age 16, Makueni, Kenya

In Pakistan, a teacher in Gujrat reported that the adolescent boys in her locality, who were spending much time outdoors since they no longer had to spend time on education, were sexually harassing girls and women with increasing frequency. This reported increase in a gendered behaviour is linked to the changes in time-use patterns among boys discussed earlier in this report. Concomitant observations by parents, teachers and girls suggest that the behaviour of boys had deteriorated during school closures.

Parents from Rahimyar Khan and Gujrat expressed a reluctance to send their daughters to study anywhere outside their immediate localities of residence because of the perceived deterioration in their physical safety. Such findings indicate that the gender gap in safe access to public spaces, already a serious issue in Pakistan, as well as access to educational facilities, may have widened in the context of COVID-19-related school closures.

## Child, early and forced marriage

At the onset of the pandemic, UNFPA projected that the COVID-19 pandemic could result in 13 million additional child marriages in contexts where it is already practised (UNFPA, 2020a). Child marriage may increase in frequency as financial pressure on families intensifies; where there are limited economic and educational opportunities for girls; reduced enforcement of child marriage laws and where girls become pregnant and families fear they may become pregnant as girls are home and not in school (UNICEF, 2021a). About one third of EGER survey respondents reported already seeing an increase in child marriage. Yet available literature shows findings on the effect of COVID-19 on the number of child marriages are mixed. See **Box 8** for more details on this topic in the GSCA country case studies.

Some early evidence suggested that restrictions on public gatherings and household economic insecurity

might lead families to delay marriages, although researchers generally concluded that any such delays were temporary (Amirapu et al., 2020). Qualitative evidence from Jordan found that the pandemic did initially appear to reduce early marriages but the reduction was short-lived as some families later found it easier to withdraw girls from school and arrange marriages (Jones et al., 2021). Research from Makino et al. (2021) found that in areas in Bangladesh where child marriage was common pre-pandemic, short-term delays were followed by an increase in 'marriage-related discussions' in households that experienced adverse economic shocks, and suggested these discussions serve as an 'early warning' about the impact of leaving financial burdens unaddressed. Similar patterns appeared in GAGE studies across contexts; enduring school closures appeared to prompt increased 'discussion' of marriage out of a combination of concern over adolescent girls and in some cases boys 'sitting idle,' a sense of economic necessity or other factors (Jones et al., 2020a, 2020b, 2021).

### BOX 8

#### GSCA findings on child marriages and school closures in Bangladesh and Kenya

Key informants and participants in GSCA focus groups generally concurred that COVID-19 would increase child marriage.

GSCA longitudinal surveys in Bangladesh, which has one of the highest rates of child marriage in the world, showed that child marriages were taking place during the lockdown. In April 2020, the first round of the survey, half of the adolescent girls surveyed reported child marriages occurring in their communities. In the third round of the survey in September, 100 percent of the adolescent girls cohort reported that child marriages had occurred. The percentage of girls who reported being married increased from 12 percent in April 2020 to 23 percent in September 2020. Out-of-school girls and girls aged 16 and older were at higher risk of child marriage compared to in-school and younger girls (Amin et al., 2020). Interviews indicated that financial pressure stemming from the pandemic led to families deciding to move up a daughter's marriage because of COVID-19 uncertainties.

**“ Many parents are marrying off their daughters because of the uncertainties of life after coronavirus. Families are going through financial crisis and are unable to continue their daughter's education. Moreover, now it costs less money to marry off a girl, so this is an added advantage. – Adolescent girl, age 14, Sherpur, Bangladesh**

School closures may put more pressure on girls to conform to gender norms and expectations pushing them to get married:

**“ There are those girls who married out of their own volition because they heard that since the schools were closed for a very long time about six or seven months, the students will have to repeat a class to catch up on what they lost and ... to them that is a waste of time, hence, the alternative is to get married. – Adolescent girl, age 14, Wajir, Kenya**

COVID-19 school closures and other pandemic-related pressures may lead to lax enforcement of prohibitions on child marriage or environments where reporting child marriages is more difficult. In Indonesia, where parents must apply to courts for dispensation for children under the age of 19 to marry, a study from the province of Nusa Tenggara Barat, which has a high prevalence of child marriage, found requests for dispensation rose by 59 percent from 2019 (332 requests) to 2020 (805 requests) (Rahiem, 2021). In Ethiopia, school closures appeared to contribute to child marriage because teachers and school officials who might otherwise intervene were unable to do so. A similar situation was reported among key informants in Bangladesh.

**“ Prolonged school closure is impacting the lives of adolescent girls negatively. Parents and guardians are marrying off the girls early. During regular school time, early marriage was more visible. Even if there were possible incidents of early marriage, friends of the girls would inform authorities about it but now there is no scope for that. – Government official, Kushtia, Bangladesh**

Although it may take years to become evident in quantitative data, studies of the timing of marriage in contexts of natural disaster, displacement and public health crises such as Ebola suggest there will be increases in the number of child marriages (Alston et al., 2014; Bandiera et al., 2020; Mourrada et al, 2017) associated with COVID-19 school closures.

## Conclusion

The analysis in this chapter has shown that gender norms and expectations can be important factors affecting the ability of girls and boys, young women and men, to engage in learning and return to school. These norms and expectations also adversely affect mental, physical health and protection outcomes, which in turn negatively impact on education opportunities. The analysis has also confirmed that we need more and better sex-disaggregated data and evidence on intersecting disadvantage to obtain a comprehensive and nuanced understanding of participation and learning outcomes and to plan further for remote learning strategies and return to school. More research is also needed on gender-specific nutritional deficiencies that may have emerged during COVID-19 school closures. Finally, continued efforts are needed to track the impact of COVID-19 school closures on sexual and reproductive health and on child, early and forced marriage. Services must also be restored and scaled up to meet emerging needs and to prevent further adverse outcomes.

The policies and programmes developed by governments and their partners in response to the varied harms and risks associated with gender dimensions of COVID-19 school closures are reviewed in the next chapter.



## Chapter 3

The world's response:

Mitigating the gendered impacts

of COVID-19 school closures

## Key findings

The world was caught by surprise by COVID-19. In governments' education responses, it appears that speed, rather than equity in access and outcomes, was the priority in bringing remote learning strategies to scale; initial COVID-19 responses appear to have been developed with little gender analysis and attention to inclusive approaches.

Multimodal approaches have increasingly been deployed to address digital divides and prevent exclusion from education; however, less than half of countries, 54 out of 116, in the most recent UNESCO, UNICEF, World Bank and OECD survey of national education responses to COVID-19 reported taking one or more measures to specifically support girls' education during the pandemic, such as financial support, improved access to infrastructure, provision of subsidized devices, tailored learning materials and flexible and self-paced platforms.

School reopening and recovery plans have been developed to inform policy responses in a wide range of countries; Ghana's plan recognizes gender-related barriers to studying during school closures while Rwanda's strategy supports pregnant girls and adolescent mothers to continue their education.

Many countries have supported campaigns to promote return to school, particularly among girls. The UNESCO Global Education Coalition's Gender Flagship's #LearningNeverStops campaign reached more than 400 million people in over 25 countries, largely due to engagement with community radios and cooperation with youth-led organizations.

Cash transfers or the elimination of school-related fees to mitigate financial burdens has been a promising approach applied during COVID-19 school closures to ensure girls' return to school.

Community and family engagement were common approaches to better understand learners' needs, and deliver resources and information. Programmes that established strong ties before the onset of the pandemic were better able to maintain communication with learners and their families when schools were closed.

Most countries across all income groups report providing teachers with different forms of support; however, there was limited evidence of efforts to support female teachers or to help teachers recognize the unique challenges learners may experience as a result of gender expectations, restrictions and risks.

Hotlines, home visits, online spaces, remote counselling and programmes supporting social and emotional learning emerged as forms of support to address the adverse effects of COVID-19 school closures on mental health; an increased demand and/or need for wrap-around interventions is anticipated, especially as schools reopen.

Understandably, education systems focused on COVID-related hygiene and sanitation in the preparation for school reopening. While school feeding policies considered take-home rations, food delivery and cash transfers, they appear to have paid little attention to the gender dimensions of food insecurity.

Evidence shows that digital delivery of comprehensive sexuality education can have positive effects on knowledge, attitudes and behaviours, and has been deployed in a range of contexts through digital innovations along with radio, television and other formats.

The abolition of policies preventing pregnant or parenting girls from returning to school must be accompanied by advocacy with inclusive messaging to reduce social stigma and persistent discrimination.

Continued efforts are needed to track trends and expand interventions to end child, early and forced marriage – a practice which often robs girls of their education, health and long-term prospects.

More is needed to document successful practices, including those that are equity-focused and designed to leave no one behind, with context-specific consideration to intersecting and exacerbating inequalities.

## Introduction

This chapter highlights a range of approaches governments and partners have taken to support educational continuity and preserve the health, well-being and safety of learners during school closures. More specifically, it explores responses undertaken to recognize the gender dimensions of school closures and take action to mitigate adverse gendered education, health and protection outcomes.

## Gender and remote learning

The world was caught by surprise by COVID-19. Many governments made use of and invested broadly in remote and hybrid learning as a substitute for classroom instruction during COVID-19 school closures (OECD, 2020; UNESCO, 2020b; UNESCO, 2021e; UNESCO-UIS et al., 2021). Other countries extended the academic year or prioritized certain areas of the curriculum. Responses also evolved over time, trending towards multiple modalities to facilitate remote learning (UNESCO-UIS et al., 2021).

Evidence collected from the earliest days of the pandemic reflected a widespread view that initial national and sub-national efforts to provide remote learning alternatives as quickly as possible were developed with little gender analysis or attention to its intersection with economic disparities. These efforts risked leaving behind learners who were already marginalized by gender inequalities, language, disability status or displacement (Doraiswamy et al., 2020; Human Rights Watch, 2021; Jones et al., 2021; UNDP, n.d.; UNICEF, 2021b).

Thus, it was a major concern that remote learning initiatives would not reach learners equally and with equal benefits. World Bank projections from June 2020 warned of obstacles to successful implementation of strategies, such as the limitations of remote learning modalities, entrenched gender inequalities in education access, and variations in ICT infrastructure and access within and across countries, which were likely to have been compounded by the crisis's economic impacts of (Azevedo et al., 2020). Other organizations, such as UNESCO, warned that the gender digital divide

presents a major barrier to girls' participation in digital remote learning, with the poorest girls at greatest risk of exclusion (UNESCO, 2021c).

These concerns were compounded by a general lack of attention or focus on girls' education in education responses to COVID-19. Less than half of countries, 54 out of 116, in the most recent UNESCO, UNICEF, World Bank and OECD survey of national education responses to COVID-19 reported taking one or more measures to specifically support girls' education during the pandemic, such as financial support, improved access to infrastructure, provision of subsidized devices, tailored learning materials, and flexible and self-paced platforms. A minority, 41 percent of countries, or 32 out of 78, reportedly deployed no special measures to support girls' education (UNESCO-UIS et al., 2021).

Evidence shows that these concerns were not unfounded. The EdTech Hub – a global non-profit research partnership – has documented countries' evolving responses to COVID-19 school closures. They compiled a series of case studies from 10 countries – Afghanistan, China, Ghana, India, Indonesia, Jordan, Kenya, Nigeria, Pakistan and Rwanda (Pellini, 2021). The case studies on Afghanistan and India explicitly note that marginalized learners, including girls, were not considered in initial national responses (Ahmadzai et al., 2020; Doraiswamy et al., 2020). Only one case study – Rwanda – has an example of a specific government action to address gendered expectations to support domestic chores which could lead to girls missing out on learning, via messaging to parents and guardians on that topic (Ngabonzima et al., 2020). Four other case studies (Ghana, Kenya, Nigeria and Pakistan) identify girls' vulnerabilities but do not have examples of specific measures undertaken by the government to address them (Agbe and Sefa-Nyarko, 2020; Isisi et al., 2020; Ngware and Ochieng, 2020; Tabassum et al., 2020). Some countries, such as Bangladesh, have adopted auto-promotion to the next grade level. While appropriate for some learners, this may have negative effects on girls who were unable to continue learning at school (see **Box 9**, next page).

There is, however, a growing body of evidence of strategies that did pay attention to gender, whether from governments (see **Box 10**, next page) or from their partners.

**BOX 9****Bangladesh: Auto-promotion to motivate educational continuity**

The Government of Bangladesh concentrated their COVID-19 school closures mitigation efforts on a few key strategies. One strategy was auto-promotion – or advancing all learners to the next grade level – across all grade levels to mitigate the demoralizing impact of losing a year of progress. In interviews, some respondents felt that the loss of that much time was demotivating for some learners and the intervention may have influenced their desire to continue learning at home.

Key informants in Bangladesh noted that auto-promotion, while appropriate for some learners, may be problematic for others when they return to school. They suggested it might have particularly negative side effects for girls if they were unable to continue their studies remotely at home, and auto-promotion to the next level might lead to discouragement upon re-entry if they were to find the material too challenging. In contrast to their male peers who may have been able to learn at home more effectively, this could lead to more school dropout among girls.

**BOX 10****Government responses to school closures: Ghana, Honduras and Rwanda**

In Ghana, the government's COVID-19 *Coordinated Education Response Plan* recognizes gender-related barriers to studying during school closures. The document includes language focusing on girls' access to education.

In Honduras, the Secretary of Education is providing educational resources incorporating a gender approach to the educational community. This includes the *Learning Passport* which is hosted on the government's online learning platform and contains teaching resources including videos, comics and games with a gender focus.

In Rwanda, the government included language in its COVID-19 response that recognized disparities among learners, including by gender, and committed to taking these into consideration when planning the delivery of remote learning.

For more information on these examples, see Ghana Education Services, 2020; Secretaría de Educación, Honduras, 2020; Ministry of Education, Rwanda, 2020.



Some initiatives were able to build on, adapt and pivot from existing programmes to respond to COVID-19 in education. The Government of Bangladesh introduced the Accessible Reading Materials initiative in 2014, which provides books in various formats for learners with disabilities. The initiative distributed assistive devices such as smartphones, laptops and e-readers to girls and boys in equal numbers. When schools closed due to the pandemic, an assessment of learners with disabilities found that 29 percent feared being excluded from education, with a higher proportion of female learners reporting this concern. The initiative has enabled learners with disabilities to continue their studies because they were able to access educational materials and were provided with devices that enabled them to study online, although some still faced challenges due to limited internet connectivity (Bhattacharjee and Shiblee, 2021).

Governments and partners are working at various scales and levels to bridge gaps in access to remote learning, often with a particular focus on gender gaps, as described in the GSCA literature and database review, EGER survey and key information interviews. The vast majority of EGER survey respondents reported that they were taking some action to fill these gaps through, for example, providing internet connections and/or making content available online; supporting content delivery via television or radio; distributing digital devices; and training teachers on remote-learning strategies. Additional measures included efforts that do not rely on technologies, and instead support self-paced learning, such as making hard copies of educational materials available and facilitating in-person community-based learning alternatives.

Guidance is available for overcoming the digital gender divide to reduce inequality in remote learning. *Remote Learning Modalities to Reach All Children and Youth During School Closures* (UNICEF Regional Office for South Asia, 2020a) provided guidance and recommendations in May 2020, 'focusing on low- and no-tech modalities to reach the most marginalized' learners. The guidance encourages parents and guardians to allow girl learners access to technology

available at home to continue studying; suggests working with women's organizations to deliver communication, sensitization and media campaigns about the importance of girls' education; and advises considering barriers, like lack of access to mobile phones, when preparing outreach strategies. This was supplemented by further guidance in December 2020 (UNICEF Regional Office for South Asia, 2020b) calling for blended learning models as schools reopen.

Most national remote learning initiatives include multiple modalities for delivering education, including low- and no-tech modalities such as radio, television and printed materials (UNESCO 2020b; UNESCO et al., 2021). Across contexts, actors working at various scales and across sectors have developed, implemented and expanded approaches to address anticipated gender disparities, such as in access to technology (see, for example, UN, 2021, UNESCO et al., 2020c; UNICEF, 2020a).

The E-9 Initiative on Scaling-up Digital Learning and Skills includes as one of its objectives to address 'the barriers facing girls and young women to digital access, including social norms, online safety and privacy, skills and leadership to close the gender digital divides' to address the global learning crisis deepened by COVID-19 (UN, 2021, p. 2). The initiative will be implemented in the E-9 countries (Bangladesh, Brazil, China, Egypt, India, Indonesia, Mexico, Nigeria and Pakistan) with the support of UNESCO and UNICEF.

Innovative projects have encouraged continuity of learning and skills building in ICT among girls by involving them in efforts to improve high-tech remote learning modalities. One such initiative is the *Learning Passport* (n.d.), implemented by UNICEF, the University of Cambridge and Microsoft, which aims to support Ministries of Education to develop and deliver curricula drawn from curated materials for online learning, with an emphasis on gender-responsive, age- and grade level-appropriate content. Other partners in UNESCO's Global Education Coalition's Gender Flagship have contributed to closing the gender digital access and skills divide (see **Box 11**, next page).

## UNESCO Global Education Coalition's Gender Flagship: One year into COVID-19

Since its launch in 2020, UNESCO's Global Education Coalition members have implemented 223 projects in 112 countries. Actions undertaken in 20 countries through the Gender Flagship aim to support 5 million girls during school closures. Many of these efforts aim to close gender gaps in participation in remote learning through targeted support, such as assessments and gap analysis of available digital education resources; development of accessible training and learning platforms; digitization of gender-responsive curricula and educational resources; and coordinated campaigns to encourage the continuity of learning, in particular in countries with high gender disparities in education.

For example, the Technovation Girls cooperation brought together girls aged 10 to 18 virtually to participate in a multi-week technology entrepreneurship programme in July and August 2020 and 2021, leveraging industry partners in the Coalition to support mentorship and access to role models. In total, 20,388 girls from 62 countries, supported by 10,491 mentors, educators and chapter ambassadors around the world, participated in the 2020 Technovation season alone (Technovation, 2021).

**“ The curriculum empowers girls like me to go beyond what I limited myself from doing. I was able to learn skills that empower me and which helped me to feel more confident knowing I have the capacity and the ability to make a positive impact on my community and the world at large. – Technovation Girls participant**

Source: UNESCO Global Education Coalition Gender Flagship, <https://on.unesco.org/GenderFlagship>

The United Kingdom's Girls' Education Challenge, an initiative of the UK Foreign, Commonwealth and Development Office, supports 41 innovative projects in 17 countries, and provides varied examples of adapting projects to mitigate potential gendered impacts of the COVID-19 school closures (see examples in **Box 12**, next page). The initiative

is designed to enable girls to graduate from primary to secondary school and transition to employment and supports girls who have dropped out to return to school. Girls Education Challenge partners conducted rapid situational analyses in the initial days of COVID-19 school closures that informed partners' adaptation of existing intervention (Tao, 2021).



## Girls' Education Challenge projects that address COVID-19

- Ethiopia: Excelling Against the Odds, a project implemented by ChildHope UK and the Organisation for Child Development and Transformation changed its in-person approaches to provide hard-copy learning packs, COVID-19 health information and other printed materials. An end-line evaluation conducted at the end of 2020 and in early 2021 showed that they reached around 90 percent of 410 participating girls during school closures and enabled 35 percent of participants to access counselling before returning to school. The evaluation noted that the pandemic created constraints on girls' time use that threatened learning participation, but suggested that their efforts were well-received and girls considered the support to be positive and useful (Omarshah et al., 2021).
- Ghana: Making Ghanaian Girls Great! is an initiative that demonstrated positive effects in improving literacy and numeracy for both girls and boys through TV-based math and English content administered in classroom settings with teacher support (Johnston and Ksoll, 2017) including Ghana, students in rural areas dramatically underperform their urban peers. Rural schools struggle to attract and retain professionally trained teachers (GES 2012; World Bank 2012). When schools closed, the initiative worked with the Ghana Broadcasting Corporation to provide basic education lessons for learners at the kindergarten to senior secondary school levels. The lessons were offered through Ghana Learning TV, a new channel that provided the content at no cost for the viewer. The programme also provided ways for learners without access to live television and learners with disabilities to access content through audio recordings of televised lessons broadcast over the radio, and television shows with subtitles and sign language.
- Zimbabwe: Supporting Adolescent Girls' Education, a project of Plan International, provides bulk SMS communications that focus on continuing learning, safeguarding and well-being to more than 20,000 out-of-school girls in Zimbabwe. These messages were followed up by phone calls from project volunteers who were trained to discuss these topics with adolescent girls and to lead skills lessons by phone (FCDO, 2020).
- Nepal: Supporting the Education of Marginalized Girls in Kailali (STEM II), a Mercy Corps and Good Neighbours International project, supported girls, boys and teachers in Nepal. It conducted a rapid assessment with participating girls in early 2020 that found girls were unable to access online learning. The project used the results to adapt its approach, shifting to radio learning and providing materials to support girls' at-home studying including preparation for national exams. Results of an end-line assessment found that while girls involved in STEM II felt the pandemic would negatively affect their future educational aspirations and economic prospects, they also reported high levels of confidence in their own abilities (Adhikari, 2021).
- Impact(ED)'s Discovery Project, which included interventions in Ghana, Kenya and Nigeria, and drew on partnerships with national and local government bodies CAMFED and Cell-Ed, adapted previous approaches during the pandemic. For example, as its in-person accelerated learning groups for girls and boys were suspended, Impact(ED) worked with governments in each partner country to leverage existing modalities, such as distributing printed learning packs to learners in remedial classes. The project also leveraged an existing partnership with Cell-Ed to make mobile platforms to reach families in its programme areas with an SMS-based campaign on child protection, health and wellness during lockdowns, although uptake and reach varied by country (Girls' Education Challenge, 2021). Although the pandemic school closures coincided with the final phases of the project, making it impossible to directly attribute learning impacts to the school closure period, an evaluation suggested that despite the closures, participating girls had high motivation for learning and a sense of self-efficacy at the end-line evaluation.

In summary, governments, global multi-stakeholder coalitions and international NGOs have supported continuity of learning through a range of policy and programmatic measures, but more examples are needed of efforts that employ gender analysis from the outset, that track gender process and outcome indicators, and that address gender in the teaching and learning process in remote learning approaches.

### Support to families and learners

As discussed in the previous chapter, support for families to enable children's participation in remote learning was identified as a priority across settings by the GSCA literature and database review and key informants.

**// We forget ... to invest in the incredible role that parents and communities play in children's learning ... They're at the front lines of sitting down with their kids to make sure they're listening to the radio – not all, obviously. But where they can, they are, and they're coming to us in distress about the things they can't do and the learning loss. There's an opportunity there that we need to be grasping. – Khadija Fancy, Cambridge Education**

But few interventions were identified that engage parents and caregivers to address gendered expectations, restrictions and risks or other gendered barriers to education, health and well-being, in the context of remote learning.

There is some evidence that wealthier countries encouraged a range of methods to stimulate interactions between teachers, parents and learners during school closures. Phone calls, messaging apps and email were the most common means that teachers were encouraged to use to maintain communication with learners and their parents/caregivers. However, only half of low-income countries reported using phone calls or messaging apps; dedicated e-school platforms and email (both reported by 22 percent of low-income countries) were even less common (UNESCO-UIS et al., 2021).

The GSCA identified several efforts to provide direct support to parents/caregivers and learners, and in some cases that address gender expectations, risks and other dimensions of inequality (See **Box 13**, next page).



## Examples of initiatives to support learners and caregivers in remote learning

- *Siyani Sahelian or Advancing Action for Adolescent Girls (A3G)*, implemented by the Idara-e-Taleem o Aagahi (ITA) in South Punjab, Pakistan, serves girls aged 9 to 19 who have either never been to school or dropped out. A3G has reached 20,000 girls since 2018 and recently expanded its programme to reach 16,000 girls more. The programme supports the development of literacy and numeracy skills and higher educational attainment. It also provides economic empowerment through life skills and vocational skills training. During school closures, ITA deployed a small-scale survey to identify ICT gaps among beneficiaries, and used the results to provide printed learning packs to learners and their families. The programme continued to deliver its life skills content and provided psychosocial support virtually, thanks to their pre-established links with learners and their families (Saeed, 2021) Muzaffargarh and Rahimyarkhan.
- *The STAGES II project*, implemented by the Aga Khan Foundation, Afghan Education Production Organization, CARE, Catholic Relief Services and Save the Children UK was introduced in Afghanistan prior to the COVID-19 pandemic with the aim of providing support for 25,000 marginalized girls. While the initial government response to COVID-19 relied on modalities including online learning, radio and television, hard-copy, self-study materials were needed for home study; the project provided this (UNICEF, 2021c). Learning effects have not yet been documented but initial assessments show nearly all participating girls were engaged in learning activities during school closures, along with high levels of support from families and engagement among teachers, showing the value of adapting remote learning and engaging learners' families. Continued efforts will be needed in Afghanistan to protect girls' right to education.
- *Somalia Girls' Education Promotion Programme – Transition (SOMGET-T)*, implemented by CARE, aims to improve learning outcomes and increase transition rates for girls and boys in Northern-Central Somalia. SOMGET-T works with 27,000 girls and 30,000 boys. During school closures, the programme supported education by providing printed learning materials and addressing mental health challenges experienced by girls. Specifically, the programme worked with community members and teachers to follow up with learners and families to address child protection issues and formed girls empowerment forums and girl-led activities to mitigate negative impacts on girls' well-being (Renault and Gure, 2021).

Project examples suggest strategies to support families and learners with remote learning may be viable even in challenging circumstances. Community and family engagement were common approaches to better understand learners' needs and to provide them with resources and information needed to continue the studies. Programmes that established strong ties before the onset of the pandemic were

better able to maintain communication with learners and their families when schools were closed. The examples also underscore the value of adapting pre-existing educational mechanisms for remote learning, and the importance of continuity in relationships between learners and teachers or community-based facilitators, even where in-person meetings may be difficult.

## Support to teachers

The UNESCO, UNICEF, World Bank and OECD (UNESCO et al., 2021) survey of national education responses in 143 countries to COVID-19 found that most countries across all income groups were providing teachers with different forms of support. Instructions to teachers on how to deliver their lessons through remote learning (89%) and professional psychosocial and emotional support (78%) were the most common support provided in countries. Significant differences could be seen between low- and high-income countries; for example, 71 percent of high-income countries supported ICT tools and connectivity, compared to only 10 percent in low-income countries. While these programmes to support teachers were considered promising, they need to be scaled up for significant impact.

Other efforts documented by UNESCO (2020e) include the use of virtual platforms to support teachers in Costa Rica, Croatia and the Philippines; the use of WhatsApp and social media to build and sustain networks between teachers, learners and caregivers in Italy, the Islamic Republic of Iran, and Uganda; and hotlines for teachers and learners to access technical

support in Iraq and the United Arab Emirates (UNESCO Beirut, 2020). In the Islamic Republic of Iran, social media was seen in particular to allow students to continue their education and maintain a bridge between teachers, students and parents (Tajik and Vahedi, 2021, p. 169).

The GSCA identified programmes that provided teacher training and support as education shifted to remote instruction (see **Box 14**, next page). Some engaged and supported teachers by increasing access to internet and innovations in pre- and in-service trainings. However, there were no programmes found with a special focus on female teachers or on helping teachers to provide specific support aimed at reducing the gendered impacts of the pandemic. And there was limited evidence of efforts to support female teachers and to build skills in gender-responsive pedagogy during school closures, nor of work to support and help teachers recognize particular gender risks, disparities and inequalities that may be emerging due to COVID-19. Programmes to support teachers during the pandemic were either specifically designed or adapted and taken to scale.



## Examples of initiatives to support teachers in remote teaching

- Rwanda's response directly engaged teachers to help them prepare and deliver remote classes, including support to teachers, such as providing data and internet routers to facilitate online engagement. A UNESCO case study suggested that this was an important avenue for teachers to enable learners with disabilities to be engaged more fully in online learning (UNESCO, 2021b), although it did not directly address the possible additional barriers that girls with disabilities might face.
- UNESCO's Global Education Coalition is supporting 12 million teachers through a multi-stakeholder Teachers Flagship and the Global Teacher Campus. In West Africa, the Francophone African regional online learning platform, Imaginécole, is supporting over 200,000 teachers with over 600 educational resources across 10 countries: Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Guinea, Mali, Niger, Senegal and Togo. UNESCO has mobilized partners through the Global Education Coalition to organize remote workshops on remote learning solutions with a particular focus on gender equality and teachers' empowerment in Armenia, Kazakhstan, Kiribati, Kyrgyzstan, Moldova, Nauru, Palestine, Papua New Guinea, Samoa, Tajikistan, Tonga and Uzbekistan. UNESCO's ongoing research collaboration with Education Development Trust (a Global Education Coalition partner) investigated how teachers in Africa have been supported to address the specific learning needs of girls and young women, including their psycho-social wellbeing.
- With the Gender-Responsive Education and Transformation – Response to Coronavirus (COVID-19) project, implemented by Right to Play and the Government of Canada, funding was increased to support equal learning outcomes for girls and boys at the primary school level in Ghana, Mozambique and Rwanda. Project activities include integrating gender-responsive play-based learning into teaching practices and increasing the integration of gender-responsive play-based learning techniques in teacher training (pre-service and in-service). Project beneficiaries include 221,486 children (of which 109,057 are girls), 23,228 teachers (of which 1,682 are women), and 744,974 community members, including mothers, fathers and caregivers in all three countries.
- UNESCO, with government and educational institution partners, is supporting training for teachers in Uganda through CapED, an effort to build teachers' capacities to deliver digital technology-enabled learning, that was initiated prior to the COVID-19 pandemic. Along with adapting assessment tools to capture teachers' ICT skills and training needs, the initiative provided training on skills to deliver content online, transitioning lessons to digital platforms and assessing learners' progress, although it did not have a particular gender dimension. These efforts reached 379 teachers in 2020, with the aim of expanding in 2021 (UNESCO, 2021g). The government also drew on this experience in developing a national strategy to support teachers' development of ICT skills, and uses of technology-enabled learning, which, while important, did not address gender gaps related to ICT.

## Gender and return to school

Governments have developed policy strategies to facilitate the return of children to school, some of which include gender-responsive language. Concrete actions included awareness-raising campaigns, cash transfers and elimination of school-related fees and tracking of return to school.

School reopening and recovery plans have been developed in many countries to inform policy responses following closures due to the COVID-19 outbreak with the aim of ensuring the safe reopening of schools and monitoring and supporting children's return to school. Analysis of plans suggests that governments are – somewhat understandably – preoccupied with health and hygiene measures for school reopenings. Much less attention is given to the conditions for learning and targeted interventions for vulnerable children (Fitzpatrick et al., 2020). Limited analysis is available on how these plans have considered gender in design and areas of focus.

The GSCA has found some good examples of gender-responsive language in school reopening strategies. For example, Rwanda has included language in its response plan to ensure that pregnant adolescents

or adolescent mothers are re-integrated into national education systems (Rwanda Ministry of Education, 2020). South Sudan's plan calls for the establishment of referral systems on COVID-19 and gender-based violence that can link schools to health and other social services (South Sudan Education Cluster, 2020). Zimbabwe's strategy recognises that before COVID-19, the education sector was "already beset with persistent disparities in educational opportunities between children of different gender, socio-economic status, disability status, orphan hood status, and demographic groups. Without a well-resourced response, these disparities are likely to widen" (Zimbabwe Education Cluster, 2020, p. 6). Risk mitigation for gender-based violence and other forms of abuse, exploitation and neglect during COVID-19 are also referred to in the plans for Malawi, Pakistan, and Somalia (Ministry of Education, Culture and Higher Education, Federal Government of Somalia, 2020; Pakistan Ministry of Federal Education and Professional Training, 2020; Republic of Malawi, 2021).

UNESCO's Global Education Coalition's Gender Flagship has developed a comprehensive guide to help countries in gender-responsive back-to-school planning and UNICEF provided guidance for crisis and emergency settings (see **Box 15**).

### BOX 15

#### Guidance to support gender-responsive back-to-school planning

*Building Back Equal: Girls back to school guide*, a publication developed by UNESCO's Global Education Coalition's Gender Flagship, recommends actions that 'aim to support girls' continuity of learning during school closures and return to school when these reopen, while developing more gender-responsive, resilient education systems that address the barriers and bottlenecks to girls' education' (UNESCO et al., 2020a, p. 6) *Building Back Equal* was designed to help Ministries of Education and others involved in planning and implementing education programmes to ensure continuity at all levels. The guide addresses four intersecting dimensions of school closures: learning; health, nutrition, and water, sanitation and hygiene; protection; and teachers. The Guide has been launched with the African Union and used to support COVID response planning in a number of countries around the world.

*Reimagining Girls' Education: Solutions to Keep Girls Learning in Emergencies*, published by UNICEF in early 2021, draws on lessons from efforts to deliver gender-responsive education in humanitarian settings, adapted to the COVID-19 context. Directed at education decision-makers across sectors, the guidance offers 'a sequenced package of considerations' to support decision-making that prioritizes girls' continuity of learning, supported by case studies and checklists for 'essential actions' in critical areas including incorporating girls into planning processes, designing gender-responsive curricula and making appropriate use of no-tech, low-tech and high-tech learning modalities (UNICEF, 2021b).

Many countries are supporting campaigns to support continuity of learning and return to school, often with a particular focus on girls due to their persistent disadvantage (Chuang et al., 2020; Dreesen et al., 2020). UNESCO, through the Global Education Coalition's Gender Flagship, has created the #LearningNeverStops campaign with a focus on 'keeping girls in the picture.' In addition to the 11 million girls at risk of not returning to school (UNESCO, 2020f), the campaign also raises awareness of the 130 million girls who were not enrolled in school before the crisis (UNESCO, 2020c). The campaign has produced toolkits for community radio engagement and youth-led organizations and provides the Building Back Equal guide (UNESCO et al., 2020a) for the return to schools. It has mobilized young people in communities and leverages low-tech methods like radio to distribute information to benefit those in the hardest-to-reach areas (UNESCO, 2021f), reaching over 400 million parents, children, community leaders and other stakeholders in over 25 countries.

When asked about programmes they were aware of, or were implementing, to facilitate learners' return to school, many EGER survey respondents noted that programmes most often supported community sensitization on the value and importance of participation in remote learning and a return to school when they reopen (about half of respondents chose this response). They supported school infrastructure needs for school reopening, including the expansion of single-sex toilets; and expanded social safety schemes like cash transfers to ensure continuity of learning. About a quarter of EGER survey respondents noted that programmes had not yet addressed potential decreases in re-enrolments.

Measures to mitigate financial burden during COVID-19 school closures have been promising, such as provision of cash transfers and elimination of school-related fees. These measures have been successful in other crises in mitigating financial stress that may be the root cause of lack of engagement

in remote education or a failure to return to school. For example, the first phase of the Girls' Education South Sudan programme, implemented from 2014 to 2018, provided 295,000 girls with unconditional cash transfers, which contributed to an increase in girls' enrolment of approximately 6 percent over four years (UNICEF, 2021c). In the second phase of the programme, cash transfers have been conditional on enrolment or regular attendance, but this condition has been waived during COVID-19 school closures (Girls' Education South Sudan, n.d.).

A study in Kenya examined the impact of cash transfers on school re-enrolment among girls (Austrian, 2020). A randomized controlled trial was used to evaluate the impact of a one-time cash transfer to girls in secondary school in a Nairobi informal settlement. About US\$150 was sent to the household bank account the first week that schools fully reopened in Kenya and six weeks later, 95 percent of girls in the intervention arm were enrolled in school compared to 87 percent in the control group. The main reasons given by both study groups for not re-enrolling were inability to pay school fees and pregnancy. So, while economic barriers were a main reason for not returning to school, pregnancy would remain a barrier even if the costs were fully eliminated.

A number of reports indicate that social protection measures such as cash transfer programmes, youth employment initiatives or even tax relief have tremendous potential to mitigate negative effects of COVID-19. Yet there is concern that despite offsetting economic stress at the household level and the potential for those benefits to trickle down to girls and boys, there are gender equity concerns, as well as concerns that the poorest households will be challenging to reach and thus may be left out (Akmal et al., 2020b; Baird et al., 2020a). Tracking of students is important to ensure that all students, and specifically the most marginalized return to school. The 4Ts back-to-school campaign in Kenya is one example of efforts to do this (see **Box 16**, next page).

### School re-entry in Kenya: the 4Ts

Under the school re-entry programme, the Kenyan Ministry of Education is implementing the 4Ts – ‘Trace, Track, Talk and reTurn’ – a back-to-school campaign to promote school re-entry for learners who dropped out for various reasons including COVID-19–related factors. As of July 2021, the programme reached 1,424 out-of-school girls, of whom 84 percent have returned to school. Of these, over 92 percent were pregnant, parenting or married. The programme is being implemented in Homa Bay and Narok Counties.

Core 4Ts activities include:

- Tracking children who are currently out of school
- Tracking them down at the household level
- Talking to them about the importance of education and explaining school re-entry guidelines
- Follow-up to ensure they do return to school as a result of this intervention
- Monitoring and documentation of activities using a specific project-monitoring tool.

Sources: Gachoyo et al., 2021 and Population Council et al., 2021.

Despite a number of promising approaches to encourage return to school and a wide range of guidance on this topic, there is no consensus on good practices to facilitate re-enrolment. As more learners return to school, more is needed to document successful practices, including those that are equity-focused and designed to leave no one behind, with contextualized consideration to intersecting and exacerbating inequalities. In addition, planning for future disasters must take into consideration the lessons learned from COVID-19, and build community and teachers’ trust by ensuring these plans are resourced, implemented and impactful.

### Gender, health and well-being

The COVID-19 pandemic has drawn attention to direct and indirect health needs of learners and how they are being met by governments and partners. Health and well-being needs can be gender-specific or require gender-transformative interventions such as sexual and reproductive health information, services and supplies; mental health support; and protection from gender-based violence, child marriage and child labour. An immediate health need was, of course, information on how to prevent COVID-19 infection (see **Box 17**).

### CAMFED’s ‘My Better World’

CAMFED is a pan-African movement that focuses on girls’ education and women’s leadership. During COVID-19, the CAMFED Association, CAMFED’s peer support and leadership network of young women leaders educated with CAMFED’s support, partnered with local radio stations in Ghana, Kenya, Nigeria and Zambia to broadcast sessions on CAMFED’s My Better World life skills curriculum and to conduct widespread community awareness-raising around the prevention of COVID-19 infection. Broadcasts were delivered in partnership with health professionals and government officials, reaching an estimated hundreds of thousands of children. This was also an opportunity to promote child rights and address safeguarding concerns, such as reports of the abandonment of children who had become infected, and to advocate widely against harmful practices such as child marriage.

## Mental health

School shutdowns and disruption had led to stress and anxiety for learners, from social isolation, health worries about COVID-19, anxiety about studies, changes in routine, reduced mobility, enforced close proximity with family, and other factors. It can be assumed that there will be an increase in the need for mental health services, including because school-based services would be shut down. About half of EGER survey respondents noted the inclusion in programmes of messages on health, hygiene and keeping safe. They also described programmes involved in building peer support networks; and supporting sensitization of teachers, school administrators and parents and guardians on mental health. Very few programmes identified appear to have addressed mental health from a gender lens.

**// We created a helpline number for the girls and parents. The community mobilizers reached out to the girls with all precautionary measures or called them on regular basis. Now they have a rapport with the parents of the girls so they also spoke to the mother to provide her with a safe space or private space for her at least for 30 minutes so that she can share her problems.**

– Programme implementer, India

Participants in key informant interviews reported similarly that programme efforts to address mental health were limited. While some informants reported

that their programmes focused on social and emotional learning for children, others felt that support was inadequate and that especially as schools reopen there would be an increased demand or need for a more holistic approach (see also Yorke et al., 2021).

In many high-income countries, mental health services for children and adolescents moved quickly to remote consultations to ensure continuity of treatment (OECD, 2021a). Most OECD countries have introduced or expanded existing mental health hotlines (OECD, forthcoming). For example, in England, 84 percent of child and adolescent mental health services were delivered in non-face-to-face formats in April 2020, compared to only 23 percent in 2019-20. As of February 2021, 67 percent of child and adolescent mental health services were still being delivered in these formats. France also introduced a scheme allowing university students to receive up to three consultations with a mental health specialist for free, which was later followed by one offering up to 10 free sessions from a mental health specialist for aged 3 to 17 (OECD, 2021a). In Malaysia, UNICEF created a dedicated online social space where young people can get regular updates on mental health and psychosocial support, feedback to their questions in real-time, and receive referrals. The programme, called @KitaConnect, delivers information in an adolescent-friendly way, offers interactive activities, and make referrals to hotlines for those in need (UNICEF, 2020c). In other contexts, digital, radio and/or TV programmes were used to provide social-emotional learning or support learners face challenges during school closures (see **Box 18**, next page).



## Examples of initiatives to support mental health during school closures

- CAMFED has supported the delivery of the *My Better World* life skills and well-being sessions, usually delivered in classrooms, via radio in Kenya and Nigeria. In Nigeria, this notably included a Hausa version of the content for television; and in the Wajir region of Kenya, it was adapted for radio and broadcast in Somali (see **Box 17**). Where communities do not have radio, CAMFED Community Champions, over 290,000 people on the ground across 161 districts in Ghana, Malawi, the United Republic of Tanzania, Zambia and Zimbabwe (CAMFED 2020, 2021).
- The International Organization for Migration delivered information about COVID-19 and mental health and psychosocial support by bicycle. For this programme, Rohingya refugees to ride through the camp with megaphones to deliver pre-recorded messaging in three languages. By mid-June 2020, the initiative had reached approximately 67,000 people across the camp (UNICEF, 2020c).
- Some research was available on efforts to translate school-based social-emotional learning programmes to remote learning content or to create new initiatives (see, for example, Katzman and Stanton, 2020; Li et al., 2021). Other organizations, like the UNESCO Mahatma Gandhi Institute for Education for Peace and Sustainable Development, curated resources for educators, parents and learners to support social and emotional learning during school closures on online platforms (UNESCO Mahatma Gandhi Institute for Education for Peace and Sustainable Development, n.d.). Social-emotional learning programmes established as schools reopen must identify and address girls' and boys' different school experiences during COVID-19 and key areas for further support.

### Physical health and nutrition

A wide range of efforts were undertaken to support teachers to be vaccinated against COVID-19, ensure health and safety for those in hybrid learning environments, and establish health protocols for school reopenings. In the most recent round of reporting on national education responses (UNESCO et al, 2021), 7 in 10 countries focused on improving health and safety standards at examination centres at upper secondary level. Activities that require additional investment or coordination, such as contact tracing and testing in schools, were adopted at lower rates. Low-income countries are lagging behind in the implementation of even the most basic measures: for instance, less than 10 percent reported having sufficient soap, clean water, sanitation and hygiene facilities, and masks to ensure the safety of all learners and staff, compared to 96 percent of high-income countries.

The UNDP COVID-19 Global Gender Response Tracker, which documents government responses through a gender lens, identified 31 policies which provide continuation of school feeding during the pandemic, but only one policy was flagged as being gender-

sensitive. These school feeding policies include the provision of take-home rations, food delivery or a form of a cash transfer (such as a voucher) which can be used to buy food (UNDP, n.d.).

The World Food Programme continued its efforts to support vulnerable children receive school health and nutrition support, including through school feeding programmes (WFP, 2020b). In 2020, 15 million learners received nutritious meals and snacks from the World Food Programme. Working with governments to build capacity, the World Food Programme helped bolster the national school feeding programmes of 65 countries, benefitting a further 39 million children (WFP, n.d.). The World Food Programme and UNICEF also launched a new partnership which will offer an integrated package of health and nutrition services to schools, focusing on ensuring that 35 million children living in extreme poverty in 30 low-income and fragile countries will have access to a package of integrated health and nutrition services by 2030. This partnership is being piloted in three countries from the Sahel (Chad, Niger and Mali) and three in the Horn of Africa (Ethiopia, Somalia and South Sudan) (WFP, 2020, pp. 82–83).

UNESCO's Global Education Coalition has also leveraged support to provide meals and rations to ensure continuity of learning and address food insecurity. As part of the Return to School Campaign, 400,000 meals and food parcels were delivered in June 2020 by Uber to over 4,000 families in Colombia, Costa Rica, Kenya, Mexico, Panama and the United Kingdom. A second phase of this campaign is now underway in Pakistan, with school hygiene kits and materials provided by Unilever (UNESCO 2020g, p. 9).

As noted in the limitations section, more information is needed to understand and address gendered food insecurity and their impact on continuity of learning, return to school and broader health and well-being outcomes. Further efforts are also required to re-establish effective school feeding programmes as schools reopen, and to ensure this reaches those most in need.

### Sexual and reproductive health

The GSCA found that most programmes addressing sexual and reproductive health needs of learners in the context of pandemic-related school closures focused on ensuring continuity of comprehensive sexuality education, as there are few other alternatives for reliable sexual and reproductive health information (MIET AFRICA, 2021). Available evidence shows that digital delivery of comprehensive sexuality education can have positive effects on knowledge, attitudes and behaviours (UNESCO, 2020d). In some countries, such as Mali, comprehensive sexuality education was adapted to digital formats ensuring continued outreach (see **Box 19**). However, as in other areas, there is limited information to date on the scale and impact of the programmes delivered during COVID-19 school closures.

#### BOX 19

### Case study: Mali adapts comprehensive sexuality education to digital formats

The Malian Association for the Protection and Promotion of the Family (*Association malienne pour la protection et la promotion de la famille* – AMPPF) adapted an existing comprehensive sexuality education programme in Mali to a digital format in early 2020 and trained 70 teachers and 229 learners in using and disseminating its lessons via online trainings. It also publicized materials via radio, WhatsApp and other social media, and worked with youth action movement members and trained community-based peer educators as youth champions who facilitated digital sexuality education through WhatsApp groups.

The programme encountered challenges common to other comprehensive sexuality education programmes, including stigma around sexuality-related topics, translating materials into multiple languages, adapting materials for low literacy groups, retaining peer educators and challenges with uptake and engagement with digital tools in a context where data were expensive for many of its target populations.

However, through weekly interactive sessions, delivered via Facebook and WhatsApp, as well as videos presented on YouTube and its own TV channel, AMPPF estimated that it reached more than 160,000 viewers with comprehensive sexuality education content in 2020. It also highlighted the potential for 'safe digital spaces' and interactive content, linked with other approaches and youth-serving networks to complement school-based and community-based comprehensive sexuality education approaches

For more information, see IPPF, 2021c.

Some promising work in this area to support high quality digital comprehensive sexuality education includes:

- Development of guidance by UNFPA on adapting comprehensive sexuality education for digital delivery in June 2020 (UNFPA, 2020a).
- UNESCO finalized a digital version of the Our Talks Manual, which aims to improve parent-child communication on sexual and reproductive health and rights matters. UNESCO also supported the development and promotion of digital educational and awareness-raising resources in Eastern Europe and Central Asia to provide adolescents and young people with information to make safe and responsible choices in their general and reproductive health and sexual behaviour and lead healthy lifestyles free from violence and discrimination. UNESCO supported several media campaigns in this region, reaching 3.5 million young people.
- UNESCO's 'Our Rights, Our Lives, Our Future (O<sup>3</sup>)' hosts a digital library of open access digital materials on comprehensive sexuality education in multiple languages; it was recently expanded to include content on topics specific to COVID-19 lockdown conditions (UNESCO, n.d.-a). The 'Let's Talk at Home!' digital media campaign produced and disseminated videos, social media campaigns and online exchanges to prevent and address early and unintended pregnancy during the pandemic; it reached 417,310 people through social media and engaged 283 participants in interactive webinar sessions. These were accompanied by context-specific actions in several sub-Saharan Africa countries. In Kenya, messages were disseminated in the form of skits in local languages through 42 community radio stations across the country, reaching an estimated 10 million people. In the United Republic of Tanzania, messages were disseminated via 46 radio channels. And in Namibia, radio jingles were spread in areas facing high levels of school dropout as a result of pregnancy.
- Marie Stopes China, in collaboration with local organizations, has launched an online learning partnership on comprehensive sexuality education which provides a range of online resources for sexuality education. These include cartoons, videos, lesson plans and lectures suitable for various contexts and age groups.
- UNFPA has supported tailored, context- and population-specific approaches to address gaps that may have widened during the pandemic, including comprehensive sexuality education for adolescents living with disabilities and/or in settings where high-quality comprehensive sexuality education was not delivered in schools. Digital Storytellers was one approach, a digital comprehensive sexuality education platform tailored to adolescents living with autism spectrum disorder in North Macedonia in early 2020, just as schools were closing; this was a group largely excluded from the very limited comprehensive sexuality education given pre-pandemic. The programme draws on established good practices in education for learners with autism; however, the programme does not address gender issues (Spirkovska, 2020).
- The International Planned Parenthood Federation (IPPF) also documented how their member associations shifted their provision of comprehensive sexuality to digital means during COVID-19 school closures, and provided recommendations for governments, civil society organizations and services providers in Estonia, Mali, Palestine and Hong Kong, China (IPPF, 2021a-d).

Surveys of young people suggest that they are open to delivery of sexual and reproductive health information via social media and digital videoconferencing platforms. Interviews with youth influencers suggest a need for information on how best to access sexual and reproductive health services during lockdowns and restrictions (UNFPA, 2020b). However, given both economic and gendered digital divides, it is not clear how such approaches can overcome entrenched barriers. Delivering comprehensive sexuality education to girls, in particular, may be challenging given the concerns described previously around girls' use of phones in relation to parents' worries about girls' romantic and/or sexual relationships or sexual content.

Other efforts were made to reach young people during school closures with comprehensive sexuality education including through hybrid approaches and radio and television programmes. In the EGER survey, a researcher in Kenya described their programmes as providing this information via a radio programme focusing on sexual and reproductive health, including issues around gender, adolescent pregnancy, sex and early marriage.

The organization, Dance4Life, gathered good practices and conducted needs assessments with 1,091 young people from diverse country contexts including Ghana, Kazakhstan, Kenya, Kyrgyzstan, Pakistan, the Russian Federation and Ukraine to inform the design of a curriculum, Journey4Life. Dance4Life emphasized the goal of moving toward a mix of in-person and digital tools, and developing content and delivery mechanisms that would be responsive to diverse adolescents and their contexts. Although participants generally expressed interest in online comprehensive sexuality education, data from the needs assessment suggested the need for blended learning, as they varied in their access to mobile phones or computers. Respondents' interests and topic preferences highlighted HIV prevention, early and unintended pregnancy, and sexual and gender-based violence, as well as topics such as mental health, sexual and reproductive health and rights, and COVID-19. Dance4Life suggested that this list 'sounded like a request to the comprehensive sexuality education sector to also address important, but still not often included, challenges faced by young people.' (Dance4Life, 2020). These efforts to develop guidance, design and deliver comprehensive sexuality education via digital and mass media platforms and to engage learners on their sexual and reproductive health are promising; further efforts are needed to document interventions' design, scale, reach and effectiveness.

## Protection from harm

There is an evidence gap in understanding learners' protection from harm during COVID-19. This is due to challenges including the difficulty of researching sensitive issues during an acute pandemic and the expectation that effects on child marriage will not be seen until more time passes. Of the 3,112 interventions related to gender documented in the UNDP COVID-19 Global Gender Response Tracker, 832 focus on violence against women (UNDP, n.d.). Interventions currently underway that address the nexus between COVID-19 school closures and gender-based violence or early, child and forced marriage include:

- Uruguay has developed an awareness campaign involving teachers and schools. The campaign produced messages on gender-based violence which are aimed at teachers and learners through an educational platform. This platform is accessible to all primary and secondary learners in the public school system.

- Brazil, Haiti and Israel have developed specific awareness campaigns around girls' risk of sexual harassment or abuse while online.
- The provincial Department of Women Affairs in Cambodia has conducted community awareness campaigns about child marriage in ethnic minority communities.
- To fight harmful practices like child marriage and female genital mutilation in Burkina Faso, four regions mobilized safe spaces for adolescent girls to strengthen their life skills and knowledge on sexual and reproductive health and gender-based violence. A total of 338 safe spaces were opened to benefit 8,725 adolescent girls and boys.

Several EGER respondents identified Ministries of Education's response plans that address protection issues while schools are closed. For example:

- In Ghana, the COVID-19 Coordinated Education Response Plan recognized that school closures impact referral mechanisms by removing communication pathways. The plan commits to broadcasting information about this issue to the community (Ghana Education Services, 2020).
- In Rwanda, with the objective to protect and provide for vulnerable populations, including girls, the response plan includes a gender-sensitization campaign to mobilize community support to protect vulnerable girls and boys violence once lockdown measures have been lifted and commits to provisions for girls affected by early and unintended pregnancy to be reintegrated into the national education system (Rwanda Ministry of Education, 2020).

UNFPA and UNICEF developed a report sharing lessons learned from programme delivery during the COVID-19 pandemic in 16 countries participating in the Joint Programme on the Elimination of Female Genital Mutilation. The report found that helplines were introduced or expanded in many countries given concerns that school closures and lockdowns might lead to an increase in gender-based violence. Efforts to reach girls who did not have access to mobile phones used 'dignity kits' and other printed materials with information about female genital mutilation and contact numbers. All participating countries expanded the use of mass media and digital platforms to conduct community-sensitization activities including messaging about female genital mutilation within COVID-19 and/or gender-based violence awareness campaigns (UNFPA and UNICEF, 2020).

Life skills programmes implemented in Sierra Leone (Bandiera et al., 2019) and Bolivia (Plurinational State of) (Gulesci, et al., 2021) before the COVID-19 pandemic were shown to help young people mitigate risks during lockdowns and school closures. Such programmes may contribute to psychosocial, health, economic and learning outcomes; reduced exposure to gender-based violence; postponed marriage and greater agency in family planning; and less school dropout, early and unintended pregnancy and experience of violence (Boost et al., 2020; Population Council, 2021). The study in Bolivia (Plurinational State of) (Gulesci et al., 2021) found that a pre-COVID-19 programme significantly reduced the incidence of violence experienced by girls aged 15-18 compared to the control group seven months following the end of the programme and six months into lockdown measures.

Finally, more efforts are needed to eliminate policies currently prohibiting pregnant or parenting girls from attending school; for example, in South Sudan (2008) and Sierra Leone (March 2020), governments lifted legal bans which prevented pregnant girls from returning to school. Advocacy with inclusive messaging will be needed to encourage married girls or young mothers to return to school and to reduce social stigma in the context of COVID-19.

## Conclusion

While initially focussing on rapidity, governments and partners have made increased efforts to take gender into account over time. As examples in this chapter have shown, programmes that established strong ties before the onset of the pandemic were better able to maintain communication with learners and their families when schools were closed. Cash transfers and the elimination of school-related fees emerged as particularly promising interventions to ensure that girls return to school. Measures to ensure pregnant girls' and adolescent mothers' return to education need to be implemented. The abolition of policies preventing pregnant or parenting girls from returning to school should be matched with advocacy that reduces social stigma and discrimination. Efforts must be increased to end the practice of child, early and forced marriage, which robs girls of their future prospects. There may be an increased demand and/or need for wrap-around interventions to address mental health, especially as schools reopen. Successful practices, especially those that focus on equity and leaving no one behind, need to be documented. Some promising approaches are highlighted in **Box 20**.

Finally, in several contexts governments and partners implemented preventive measures, such as campaigns on gender-based violence. The fact that some of the evidence in Chapter 2 did not point to an increase in gender-based violence, early and unintended pregnancy and child, early and forced marriage may point to the effectiveness of such action. Further research is required to determine clear causal linkages.

### BOX 20

#### Promising approaches to mitigate the effects of school closures

- Distribute printed learning materials (no-tech remote learning) to enable learning engagement by girls disadvantaged by the gender digital divide; girls facing increased burdens of household and care work; and boys engaged in paid work, who cannot access certain low-tech interventions, such as scheduled television and radio lessons.
- Establish strong connections between educators and learners' families before crises occur in order to maintain contact during school closures.
- Establish hotlines to provide mental health support, particularly to learners facing social isolation.
- Establish hotlines that are accessible and safe for children and young people to report gender-based violence, violence within the home, and child, early and forced marriage.
- Provide cash transfers and other economic support measures to support educational continuity among girls and other learners for whom education is sometimes deprioritized by parents.
- Mobilize communities to support girls' re-enrolment, in alignment with other efforts at the local, regional and national levels.



## Chapter 4

# Conclusions and recommendations

## Conclusions and recommendations

The COVID-19 pandemic is a truly global catastrophe, affecting every aspect of our connected lives – where we go, with whom we interact, and, especially for children, how and whether we learn. Girls and boys around the world lost access to schools during crucial periods of child development. For the past year and a half, governments at every level – along with school districts, administrators, teachers, parents and guardians, and learners themselves – have had to manage children’s education in stressful conditions.

Now, as data from diverse contexts trickle in, projects like the GSCA can describe the impacts of school closures and accompanying responses on learners’ ability to learn and thrive. At the time of this publication, the picture is multifaceted: how girls and boys, young women and men were affected differently by COVID-19–related school closures seems to vary by context. This report has shown that pre-existing gender norms and expectations can be important factors affecting the ability of learners to engage in remote learning and return to school during pandemics. These norms and expectations also adversely affect mental, physical health and protection outcomes, which in turn negatively impacts on their education opportunities. The report has also shown how important going to school is for the well-being of children and adolescents. Schools are places where learners enjoy social interaction and receive emotional support. They provide daily structure to students and can provide gender-specific protection. This is why school closures risk increasing the likelihood that children will be harmed in gender-specific ways.

Context is key: understanding various contexts and designing interventions that fit them. The study has shown that when remote learning strategies are deployed without consideration of pre-existing gender norms, bias and inequality, they have the potential to worsen gender disparities in school enrolment, levels of educational achievement and attainment, and outcomes across a range of well-being measures. When responses do not consider specific contexts – for example, the mental health pressures on girls where their freedom of movement and communication are limited, or the need for boys from households in economic crisis to participate in income-generating activities – they miss addressing the relevant drivers of learning loss, school attrition and dropout.

In addition to underlining the importance of adopting context-specific approaches in designing response strategies and programmes, the study has also demonstrated the need for systematic collection of sex-disaggregated data and evidence. In particular, data are needed on the different factors of vulnerability – linked, for example, to learners’ location, socio-economic group and ability – that intersect with gender and each other to compound disadvantage when schools are shut.

At the same time, as stated in the UNESCO Global Education Coalition’s Gender Flagship’s *Building Back Equal* guide (UNESCO et al., 2020a), the COVID-19 crisis is ‘a window of opportunity to promote innovation and strengthen the resilience and gender-responsiveness of education systems.’ Leveraging access in every region of the world to education and gender experts, programme implementers, decision-makers, teachers, learners and parents and guardians, this report demonstrates that groups are working at various scales and levels to bridge knowledge gaps and produce guidance for developing strategies for gender-responsive school closure responses. Although the evidence at this stage remains preliminary, preventive action by governments, schools and civil society appears to have yielded some positive results, with early data in some settings showing less-than-expected rises in reported incidences of gender-based violence, early and unintended pregnancy, and child, early and forced marriage. In addition, the study has shown that programmes that had already established strong ties prior to the onset of the pandemic were better able to maintain communication with learners and their families, which points to the importance of preparedness in ensuring resilience for future crises.

More research will be needed to fully understand the effects of the COVID-19 school closures and to prepare for future school closure crises (see **Box 21**, next page). Many salient questions regarding re-enrolment, levels of educational achievement and attainment, and health and protection outcomes can be addressed by high-level systematic analyses of administrative data when, and if, they become available. However, other outcomes – such as the extent and effects of learning loss, incidences and impact of child, early and forced marriage or sexual or gender-based violence, and dimensions of psychosocial well-being – will require targeted studies. More systematic evaluations of the impact of interventions to respond to school closures and mitigate or prevent these effects are also needed – again with keen attention to differences by gender, and its intersections with other characteristics of learners.

## Key topics for future research

Quantify and explore gender disparities, disaggregated by sex, age and other characteristics, on:

- Effects of online learning on learning outcomes
- Re-enrolment, new enrolment and dropout
- Grade level promotion, engagement in remedial education, and grade or graduating exam repetition (with attention to specific policies such as auto-promotion) when schools reopen
- Medium- and long-term levels of educational achievement and attainment
- Sexual and reproductive health outcomes such as early and unintended pregnancy and levels of sexually transmitted infections
- Incidences of child, forced and early marriage

Quantify and explore the impact and reach of school closure mitigation responses in general, and particularly for girls and learners marginalized by factors such as poverty, disability or sexual orientation, gender identity, expression and sex characteristics, with attention to:

- The value of addressing multiple effects within the same intervention
- Successful approaches to expanding student engagement in remote learning interventions
- Trickle-down benefits of social protection (i.e. cash transfer) programmes in households with children

## Recommendations

The future course of the pandemic and prospects of new or additional school closures are uncertain. It is important to continue action to address current conditions and mitigate harm in the short-, medium- and long-term and to advance efforts to ensure the right to education and gender equality. These require a holistic response, and the engagement of stakeholders across the education, health and protection sectors. Everyone has a part to play – governments, bilateral and multilateral organizations, civil society, the private sector, academia, young people, families, caregivers and communities.

### Advance equal access to gender-responsive and inclusive remote learning

- When schools have to shut unexpectedly during the academic year, ensure the provision of a range of **remote learning options**, including no-tech and low-tech solutions, that take into account gendered inequalities in digital access, skills and online safety, in particular for the most vulnerable children.
- Spearhead and support efforts to **reach learners who are most at risk of being left behind**, in particular those marginalized by gender-based discrimination and inequality in combination with other factors of vulnerability, including through personalized outreach and face-to-face interaction.
- Design and develop gender-responsive educational **resources and tools**, in particular digital resources, that target and engage population groups at high risk of dropout, in particular children and young people from vulnerable backgrounds.
- Provide appropriate support and training to **teachers** to deliver quality, gender-responsive remote learning interventions, with particular attention to the needs of teachers with domestic and care-giving responsibilities and a significant burden of care.
- Where possible, use formative assessments to **track learning outcomes**, disaggregated by sex and other relevant sociodemographic characteristics, to inform targeted remedial measures for those most in need.

### **Prevent school dropout, and ensure the return to school – particularly of the most vulnerable**

- Release funds to schools to the extent possible to enable them to **reopen and stay open** while maintaining COVID-19 safety protocols.
- Take immediate action to meet Sustainable Development Goal 4, through the **provision of 12 years of free, publicly funded, inclusive, equitable and quality education, without discrimination**, including by removing school readmission fees, subsidizing indirect costs associated with schooling, providing social protection packages for poor families, and ensuring schools are responsive to gender-specific needs.
- Collect and make publicly available **data disaggregated by sex**, age and other relevant characteristics to monitor participation in remote learning, student re-enrolment and performance, including through collaboration with local communities.
- Reduce **barriers to school re-enrolment**, in particular for girls and other children facing gender-based obstacles to full participation. Implement and finance policies to support the return to school for pregnant and parenting learners.
- Work within local communities, in particular with local women, youth and family organizations, to **raise awareness** of the importance of participation in schooling among the hardest-to-reach populations.
- Conduct **rigorous evaluations** to identify what works to get children back in school and learning, with a focus on girls and other groups identified as at high risk of learning loss and dropout.
- Train and support **teachers** and schools to provide gender-responsive remedial and 'catch-up' programmes following school closures, in particular for those who were unable to participate fully in remote learning.
- Provide **accelerated education, learning and bridging programmes** for those who missed out on school or whose formal education was already interrupted prior to the COVID-19 pandemic.

### **Safeguard the health and well-being of all learners and teachers**

- Develop the capacities of **teachers** and school administrators to better identify and address the gendered repercussions of school closures on the broader health and well-being of learners, through adequate resources, professional development and other support.
- Equip **schools** to provide comprehensive psychosocial support and promote quality socio-emotional learning, including through policies, curriculum updates and teacher training and support.
- Work with **communities** to develop appropriate psychosocial support programmes that take account of COVID-19 and possible future pandemics and build resilience and leadership.
- Participate in **multi-stakeholder partnerships** to ensure that gender-specific needs that are not being met directly by government programmes are addressed through other channels. In collaboration with the health and nutrition sectors, finance and implement alternative delivery channels for school-based services, such as meals, health and comprehensive sexuality education, violence prevention and response, and counselling, to prepare for school closures. Maintain and develop sexual and reproductive health services.
- Provide guidance on **topics frequently left unaddressed** in the formal school curriculum, such as comprehensive sexuality education and social and emotional learning, recognizing that education is about more than literacy and numeracy.
- **Scale up programmes** that challenge gender-based violence. Build community engagement to enhance children's and adolescents' safety, including by establishing safe, anonymous systems for reporting and referral through schools and/or education administration departments. Increase community awareness and accountability to protect all learners from harm.

## **Build resilient, equitable and gender-responsive education systems**

- Ensure **data** collected on the effects of the pandemic on education and on the learning community are disaggregated by sex, age and other relevant population characteristics, using an intersectional approach. Support governments, where needed, to enhance intersectional analysis, and to use this analysis for evidence-based policies and plans.
- Develop gender-responsive school and education **crisis mitigation plans**, including for pandemics, that adopt a holistic, coordinated whole-of-school approach.
- Develop **teachers'** awareness and understanding of the gender dimensions of pandemics, including how learners are affected by intersecting factors of vulnerability, and their capacities to integrate a gender lens into their teaching practice.
- Identify and scale up the implementation of **evidence-based 'most-promising' programmes and policies** that take into account gender norms that act as barriers to children's participation in remote learning and return to school, including through an intersectional approach. Document these programmes and policies.
- Include **young people, in particular girls and caregivers**, in research, programme design and decision-making, to better understand and respond to their lived experiences, programme priorities and perceptions of what is effective, and ensure their leadership.

## **Finance education that promotes inclusion and gender equality**

- Invest significantly in **education and learning**, including in digital skills development and remote learning, that reach the most marginalized boys and girls.
- Provide financial resources to fill evidence gaps with **rigorous research**, with a particular focus on those marginalized due to a combination of factors including gender, poverty, disability and/or geography.
- Provide financing to support implementation of **evidence-based responses** that seek to prevent or close gender disparities in all aspects and at all levels of education.

## **Promote and ensure integrated, coordinated and system-wide approaches**

- Build and participate in **multi-stakeholder partnerships**, under government leadership, to offer services and support for the promotion of education, health and well-being, recognizing non-profit bodies often have a comparative advantage in reaching the most marginalized groups.
- Serve in **advocacy, monitoring and watchdog roles** by holding governments accountable at every level to fulfil their commitments and responsibilities, in particular to the most vulnerable girls.



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# Appendices

## Appendix 1: Research questions

The research for the Gender and School Closures Analysis was designed to answer the following questions under the themes below:

### Impact of school closures on educational processes and outcomes

- Are sex-disaggregated data available on participation in remote learning programmes established by governments or partners during school closures? What proportion of girls and boys (at different levels of education) have been participating in remote learning opportunities, including the different types of remote learning modalities? What factors hinder or facilitate girls' and boys' participation and learning? How has remote learning facilitated the participation of girls and boys from the most marginalized populations?
- What measures have been taken to address the gender digital divide in access to online learning content and digital skills? What safeguarding measures have been established to assure security online and dissuade concerns from parents about online learning?
- What impact have other formats, including radio, television and the provision of print materials, had on continuity of learning for boys and girls (at different levels of education)? How successful have these been in reaching girls and boys from the most marginalized populations, who often have less access to information channels?
- As part of plans for school reopening, what measures have been established to minimize possible risks of not returning to school by both boys and girls? Are schools seeking to understand potential learning loss, or to establish accelerated learning and remedial support? How have these plans considered the gender dimensions of school closures?

### Impact of school closures on health, nutrition, well-being and protection outcomes

- How have school closures, and reduced access to information and services delivered in schools related to health, nutrition and safety, impacted on health, nutrition, well-being and protection outcomes for boys and girls, including on rates of: i) early and unintended pregnancy; ii) violence, including gender-based violence; iii) early and forced marriage; or iv) other dimensions of gender inequality?

- What mechanisms have been established by education or other ministries or stakeholders to monitor and support girls' and boys' health, nutrition and safety during school closures? What impact has this support had on continuity of learning or on health, well-being and protection outcomes?
- As part of plans for school reopening, what measures have been established to update school-based reporting and referral mechanisms for protection and health concerns and addressing infrastructure gaps (including sex-disaggregated toilets and WASH facilities and commodities to enable girls to manage menstruation hygienically)? How do these consider the gender dimensions of school closures and ensure accessibility to girls and other marginalized groups?

### Measures supporting return to school

- What measures have been taken to ensure equitable representation of women and men in education COVID-19 response plans addressing, among other matters, school reopening? How has gender expertise been mobilized for education sector response planning, and with what outcomes? How have girls and boys been engaged in contributing to these discussions and plans?
- What measures have been in place to support teachers, particularly female teachers who have shouldered a double role in ensuring continuity of learning for students, while facing additional childcare responsibilities and a larger burden of unpaid domestic work during school closures? How have teachers been engaged in the development, implementation and monitoring of education COVID-19 response plans addressing, among other matters, school reopening?
- What are the specific and targeted interventions that have been established to ensure boys and girls from the most marginalized populations are able to participate in remote learning opportunities, and to ensure their return to school? What strategies have been most effective?
- How have other sectors been engaged to address the intersecting health, nutrition, social and protection issues facing boys and girls during school closures? How will such cooperation continue or be leveraged once schools reopen to avoid learning loss, school dropouts and other negative outcomes?
- How have community mobilization, information campaigns and other strategies been employed to promote girls' and boys' return to school, and targeted marginalized learners that may be most likely to not return to school? What strategies have been most effective?

## Appendix 2: Literature and database

### review: search methods and sources

The literature and database review was conducted through a systematic search of databases (COVID-Scholar, IDEAS, Google Scholar, JSTOR, medRxiv, Mendeley Group, PubMed and SSRN) and the COVID-19 research libraries Emerge (University of California – San Diego) and Children and COVID-19 Research Library (UNICEF Office of Research - Innocenti); a review of papers published in peer-reviewed journals, commentaries, original research bibliographies and reports published by international organizations, NGOs, foundations and other partners; manual searches of UN and NGO websites; and referrals from key informants.

The inclusion criteria were:

- Published between 2010–2021, in English or French.
- Data gathered and analyses developed in the context of school closures.
- Data and literature were from or about low-, middle- and high-income countries, with an emphasis on countries prioritized by the GPE for financing to meet urgent and long-term needs and to mitigate the immediate and long-

term disruptions to education caused by the COVID-19 pandemic and the countries with high gender disparities in education prioritised by the Global Education Coalition’s Gender Flagship.

- Literature published either in peer-reviewed journals or published with adequate disclosure of the data sources, research questions and method(s), and sampling and modelling methodologies used (study design could either be intervention evaluations or purely observational); this was supplemented with searches of project descriptions to identify responses to the pandemic.

The literature and database review was conducted between January and July 2021 on a rolling basis due to the evolving nature of the pandemic and the constant release of new data and publications and launches of new policy and programmatic responses.

It should be noted that this global study was also informed by a systematic review commissioned by UNESCO to investigate the evidence on the gendered impacts of extended school closures and promising practices to prevent or mitigate harmful impacts. This review considered the range of research on this theme, the country contexts where research had been conducted and the methods used, the forms of gendered impacts identified and the nature of promising and proven interventions.

| DATABASE       | SEARCH TERMS   |
|----------------|--|
| PUBMED         | (COVID-19) AND ('school enrolment') NOT ((pharmacy) OR (medical) OR (dental) OR (university))                            |
|                | (COVID-19) AND ('learning outcomes')   |
|                | ('school closure') AND (COVID-19)  |
|                | (COVID-19) AND ('adolescent pregnancy')  |
|                | ((COVID-19) OR (coronavirus)) AND (child marriage)   |
|                | ((COVID-19) OR (coronavirus)) AND (adolescents) AND ((gender-based violence) OR (violence against women and children))   |
|                | ((COVID-19) OR (coronavirus)) AND (adolescents) AND (('remote learning') OR ('remote learning') OR (online learning))    |
|                | (COVID-19) AND ('time use')  |
|                | ((COVID-19) AND ('reproductive health')) AND (girls) OR (adolescents)  |
|                | ((epidemic) OR (pandemic)) NOT (COVID-19) AND (school closure)   |
|                | ('low- and middle-income country') AND ((COVID-19) AND ('school closures'))  |
|                | ((COVID-19) AND (country name)) AND (adolescents)  |
|                | ((COVID-19) AND ('disrupted education'))   |
|                | ('school closures') AND (nutrition)  |
| GOOGLE SCHOLAR | (COVID-19) AND (school dropout)  |
|                | (COVID-19) AND ((educational outcomes) OR (learning outcomes)) AND ((girls) OR (boys))                                   |
|                | (COVID-19) AND ((educational outcomes) OR (learning outcomes)) AND (adolescent)  |
|                | (COVID-19) AND (child marriage)  |
|                | (COVID-19) AND (sexual behaviour) AND (adolescents)  |
|                | ((COVID-19) OR (coronavirus)) AND ((girls) OR (boys)) AND ((remote learning-) OR (remote learning) OR (online learning)) |
|                | (COVID-19) OR (coronavirus)) AND (girls) AND ('time use')  |
|                | ((school reopening) or (re-entry)) AND (COVID-19) AND (adolescents)  |
|                | (long-term) AND (school closure) AND (effects) AND ( low- and middle-income country)                                     |

| DATABASE   | SEARCH TERMS  |
|--|---|
| JSTOR  | (COVID-19) AND (adolescent*) (COVID-19)   |
|  | (COVID-19) AND ((educational outcomes) OR (learning outcomes)) AND (adolescent)     |
|  | (COVID-19) AND ((girls)) AND (mental health)  |
|  | (COVID-19) AND (girls) AND (health)   |
|  | (COVID-19) AND (child*) AND ((labour) OR (marriage))                                |
|  | (COVID-19) AND (gender) and (school)  |
|  | (COVID-19) AND (secondary school)   |
|  | (COVID-19) AND ((remote learning) OR (e-learning) OR (radio school))                |
|  | (COVID-19) AND (school feeding)   |
|  | (Ebola) AND (school closure) AND (effects)  |
|  | (long-term) AND (school closure) AND (effects) AND (pandemic)                       |
|  | (school closure) AND (child*) AND (labour) AND (pandemic)                           |
|  | (school closure) AND ((gender) OR (girls) OR (boys)) AND (pandemic)                 |
|  | (school closure) AND (violence) AND (pandemic)                                      |
|  | (school closure) AND (child*) AND (social*)   |
|  | (school closure) AND (child*) AND ((labour) OR (marriage))                          |
|  | (school closure) AND (pregnancy)  |
|  | (remote learning) AND (participation barriers) AND (COVID-19)                       |
| (remote learning) AND ((risks) OR (challenges)) AND (COVID)      |   |
| (school closures) AND (risk protection)                          |   |
| (school closure) AND (health) AND (adolescent) AND (pandemic)    |   |
| (school closures) AND ((tracking) OR (reporting)) AND (pandemic) |   |
| COVID Scholar  | (adolescents) AND (school closure)  |
|  | (girls) AND (health)  |
|  | (girls) AND (reproductive)  |
|  | (adolescents) AND (violence)  |
|  | (adolescents) AND ((food insecurity) OR (nutrition))                                |
|  | (adolescents) AND (outcomes) AND (resources)  |
|  | (adolescents) AND (services) AND (gender)   |
|  | (online learning) AND (gender)  |
| (youth employment)   |   |
| medRxiv  | 'teenage pregnancy AND COVID-19 AND adolescents AND low- and middle-income country' |
|  | 'COVID-19 AND mental health AND girls'  |
|  | 'school-aged child* AND COVID-19 AND low- and middle-income*'                       |
|  | 'food insecurity AND COVID-19'  |
|  | 'pandemic AND girls'  |
| SSRN   | COVID-19, search within: adolescents  |
|  | COVID-19, search within: learning outcomes  |
|  | COVID-19, search within: remote learning  |
|  | pandemic, search within: learning outcomes  |
|  | pandemic, search within: food insecurity  |
|  | pandemic, search within: girls  |
|  | pandemic, search within: marriage   |
| COVID-19, search within: violence                                |   |

| DATABASE   | SEARCH TERMS  |
|--|---|
| <b>Research Square</b>   | Note: this site did not allow search terms; instead, a researcher used the navigation menu to explore available resources |
| <b>Mendeley Group</b>  | COVID-19 AND school closures AND girls  |
|  | COVID-19 AND school closures AND adolescents  |
|  | COVID-19 AND academic achievement   |
|  | COVID-19 AND 'time-use'   |
|  | COVID-19 AND 'adolescent pregnancy'   |
|  | COVID-19 AND youth employment   |
|  | COVID-19 AND 'food security' AND low- and middle-income country   |
|  | COVID-19 AND 'food security' AND school   |
|  | COVID-19 AND 'school feeding'   |
|  | COVID-19 AND 'economic outcomes'  |
|  | Ebola AND 'school closures'   |
|  | Nutrition AND 'school closures'   |
|  | COVID-19 AND girls  |
|  | COVID-19 AND 'ministry of education'  |
|  | COVID-19 AND 'unintended pregnancy'   |
|  | COVID-19 AND 'learning loss'  |
|  | COVID-19 AND education AND gender   |
|  | COVID-19 AND 'digital divide' AND gender  |
|  | COVID-19 AND 'secondary school'   |
|  | COVID-19 AND child AND labour   |
| COVID-19 AND child AND marriage                                |   |
| COVID-19 AND gender AND school                                 |   |
| <b>UN University-International Institute for Global Health</b> | (adolescents) AND (school closure)  |
|  | (adolescents) AND (food assistance)   |
|  | (girls) AND (health)  |
|  | (girls) AND (education outcomes)  |
|  | (girls) AND (violence)  |
|  | (remote learning) AND (resources)   |
|  | (school closure) AND (gender)   |
|  | (school closure) AND (resources) AND ((disadvantaged) OR (marginalized))  |
| <b>Emerge</b>  | <u>D-19 and Gender bibliography</u>   |
| <b>IDEAS (econ papers)</b>                                     | D-19 resources  |
|  | ('COVID-19' + adolescents)  |
|  | ('COVID-19' + work + adolescents)   |
|  | ('COVID-19' + labour + adolescents)   |
|  | ('COVID-19' + skills )  |
|  | ('COVID-19' + gender )  |
| <b>Children and COVID-19 Research Library</b>                  | ('COVID-19' + low- and middle-income country)   |
|  | Child poverty   |
|  | Education   |
|  | Health  |
|  | Mental health   |
|  | Nutrition   |
| Social protection, well-being and equity                       |   |

## Appendix 3: EGER Survey

### detailed methods

EGER, the Evidence for Gender and Education Resource, was launched by the Population Council's GIRL Center in 2019 to respond to the global gender and education community's need to better align programmes and policies with high-quality evidence.

The EGER web portal is an interactive database that hosts:

- Profiles of organizations and links to their programmes, research, data repositories, advocacy efforts and news updates.
- Newly published evidence concerning interventions that have been shown to improve education outcomes.
- The most recent gender and education indicator data collected at the country level.

EGER contains information from over 100 countries, including all countries prioritized by the GPE for financing to meet urgent and long-term needs and to mitigate the immediate and long-term disruptions to education caused by the COVID-19 pandemic and the countries with high gender disparities in education prioritised by the Global Education Coalition's Gender, profiles of more than 300 organizations working on gender and education, and descriptions of more than 500 programmes focused on gender and education.

This study leveraged the EGER community to find respondents willing to provide information on how programme beneficiaries were impacted by COVID-19, whether there were observed gender dimensions in how beneficiaries were impacted, and how their programmes were supporting beneficiaries in remote schooling or other areas of need.

The survey instrument was designed in collaboration with UNESCO and covered domains including participation in remote learning; supporting the return to school; gender-based violence; child marriage, transactional sex and adolescent pregnancy; child labour; nutrition; and mental health. In each domain, the respondent was asked to comment on the ways and extent to which programme beneficiaries were impacted, what responses their programme had taken and the observed effects of their responses. Questions on differential effects by gender and other forms of marginalization were included for each domain. Respondents could repeat the series of questions for up to three programmes that their organizations were implementing. General questions were also asked about what other strategies respondents would like to see implemented to mitigate the impact of COVID-19-related school closures, and why they were not currently being used.

In April 2021, the survey was sent to all 687 individuals in the EGER database, representing approximately 300 organizations. Respondents were invited to participate in an online survey with categorical and short text questions. The survey remained open from 14 April to 15 May 2021.

Basic quantitative descriptive analysis was conducted by the answers to the categorical questions; however, because of the small sample size, proportions were not used but instead consensus or variations in responses noted across the sample.

Text boxes that contained qualitative data were reviewed individually and similarities across responses were noted and examples with additional detail or insights were extracted.

A total of 55 respondents completed the survey and the response rate was less than 10 percent. Respondents came from the following countries:

| COUNTRY                     | TOTAL RESPONSES |
|-----------------------------|-----------------|
| Afghanistan                 | 5               |
| Bangladesh                  | 2               |
| Cambodia                    | 2               |
| Cameroon                    | 1               |
| Ethiopia                    | 2               |
| Ghana                       | 1               |
| Guatemala                   | 2               |
| Honduras                    | 1               |
| India                       | 5               |
| Kenya                       | 5               |
| Lao PDR                     | 4               |
| Malawi                      | 2               |
| Micronesia, F.S.            | 1               |
| Myanmar                     | 1               |
| Pakistan                    | 4               |
| Peru                        | 1               |
| Rwanda                      | 1               |
| Senegal                     | 1               |
| Sri Lanka                   | 1               |
| United Republic of Tanzania | 3               |
| Turkey                      | 1               |
| Uganda                      | 5               |
| United States               | 1               |
| Viet Nam                    | 2               |
| Zambia                      | 1               |
| <b>Total</b>                | <b>55</b>       |

| TYPE OF PROGRAMME   | RESPONSES |
|---|-----------|
| Existing programme (a programme that existed prior to COVID-19) | 45        |
| New programme (a programme that started due to COVID-19)        | 10        |
| <b>Total</b>  | <b>55</b> |

| MAIN FOCUS OF THE PROGRAMME        | RESPONSES |
|------------------------------------|-----------|
| Project/programme/intervention     | 42        |
| Advocacy campaign or project       | 3         |
| Research project/report/study      | 4         |
| All programme components are equal | 6         |
| <b>Total</b>                       | <b>55</b> |

Of the included programmes at the time of the survey:

- **13** were in locations where schools were fully closed due to COVID-19
- **14** were in locations with fully open schools
- **8** were in location with schools open/closed for some grade levels/age groups
- **8** were in locations with school open/closed in certain regions
- **8** were in locations with schools open, but with reduced in-person class time, combined with distance/hybrid approaches

## GPE countries

At the initiation of this study, there were 67 countries prioritized by the GPE for financing to meet urgent and long-term needs and to mitigate the immediate and long-term disruptions to education caused by the COVID-19 pandemic. Of these countries, 19 of these countries were prioritised by the Global Education Coalition's Gender Flagship as countries with high gender disparities in education. These countries are indicated with asterisks below. Angola is also prioritised by the Gender Flagship, but not included as a priority country for GPE financing at the time of the preparation of this review.

|                           |               |                           |                             |
|---------------------------|---------------|---------------------------|-----------------------------|
| Afghanistan*              | Dominica      | Maldives                  | Sao Tome and Principe       |
| Angola*                   | Eritrea*      | Mali*                     | Senegal                     |
| Bangladesh                | Ethiopia      | Marshall Islands          | Sierra Leone                |
| Benin*                    | Gambia        | Mauritania*               | Solomon Islands             |
| Bhutan                    | Ghana         | Micronesia, F.S.          | Somalia*                    |
| Burkina Faso*             | Grenada       | Mozambique                | South Sudan*                |
| Burundi                   | Guinea*       | Myanmar                   | Sudan                       |
| Cabo Verde                | Guinea-Bissau | Nepal                     | Timor-Leste                 |
| Cambodia                  | Guyana        | Nicaragua                 | Togo*                       |
| Cameroon                  | Haiti         | Niger*                    | Tonga                       |
| Central African Republic* | Kenya         | Nigeria                   | Tuvalu                      |
| Chad*                     | Kiribati      | Pakistan*                 | Uganda                      |
| Comoros                   | Lao PDR       | Papua New Guinea          | United Republic of Tanzania |
| D.R. Congo*               | Lesotho       | Rwanda                    | Vanuatu                     |
| Congo                     | Liberia*      | Samoa                     | Yemen*                      |
| Côte d'Ivoire*            | Madagascar    | Saint Lucia               | Zambia                      |
| Djibouti*                 | Malawi        | Saint Vincent/ Grenadines | Zimbabwe                    |

## Appendix 4: Key informant interviews

### Sources and research methods

Key information interviews were conducted among 22 gender and education experts from multilateral organizations, government ministries, international NGOs and other bodies. Respondents were selected because of their involvement in key projects or studies related to the gendered response to COVID-19 school closures, with the aim to represent various types of organizations and assure a geographical balance.

Respondents were asked about school closure and reopening and remote learning policies and programmes (including those of their own organizations). The questions were posed both generally and specifically with regard to gender and other forms of marginalization (*see below*). Interviews were conducted by phone or videoconference between April 12 and 4 May 2021. Informed consent was obtained from each informant prior to their interview.

Formal key informant interviews were not undertaken with UNESCO staff; however, a large number of persons throughout the Organization including Field staff informed the study through continuous and regular exchange with the research team. These persons are recognized in the Acknowledgements section of the report.

| ORGANIZATION  | POSITION   | REGIONAL/COUNTRY KNOWLEDGE  |
|---|--|---|
| Bill and Melinda Gates Foundation                           | Senior Programme Officer   | Global  |
|   | Senior Officer, Strategy, Planning and Management                          |   |
| Cambridge Education   | Senior Education Advisor   | Global  |
|   | Girls' Education Challenge Learning Lead                                   |   |
| Education Above All   | Executive Director, Educate a Child  | Global  |
| Foreign, Commonwealth & Development Office                  | Head of Education  | Global  |
|   | Senior Social Development Advisor  |   |
| Global Partnership for Education                            | Programme Officer, Knowledge and Innovation Exchange (KIX)                 | GPE-funded countries in Africa  |
| International Rescue Committee                              | Senior Education Policy Advisor  | Global – conflict and emergency contexts  |
|   | Director of Education  |   |
| Malala Fund   | Director, Policy and Research  | Brazil, Ethiopia, India, Nigeria and Pakistan (rapid assessments)                               |
|   | Research Officer   |   |
| Plan International Canada                                   | Senior Education Advisor   | Ghana, Jordan, Niger, the Philippines and Uganda  |
| Plan International Belgium                                  | Senior Education Advisor   | Sahel   |
| UNESCO Chairs, University Twinning and Networking Programme | Affiliated researcher to the UNESCO Chair, Global Health & Education       | Global  |
|   | International Association for Adolescent Health: Vice-President for Europe |   |
| UNGEI   | Head of the UNGEI Secretariat  | Global  |
| UNICEF  | Senior Advisor to Education, Gender Equity and Inclusion                   | Iraq and Sierra Leone   |
| World Bank  | Economist, Africa Gender Innovation Lab                                    | Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Guinea Mauritania, Mali, and Niger          |
|   | Economist, Gender Innovation Lab   | Sahel region, Mauritania, Mozambique, Nigeria, Somalia, United Republic of Tanzania, and Zambia |
| World Food Programme  | Regional Gender Advisor  | West Africa   |
|   | Programme Officer  | West Africa   |
|   | Programme Officer  | Asia  |

## Interview topics and questions

### Topic: The impact of school closures on educational outcomes

- What proportion of girls and boys (at different levels of education) have been participating in remote learning opportunities, including the different types of remote learning modalities? What factors hinder or facilitate girls' and boys' participation and learning?
- How has remote learning facilitated the participation of girls and boys from the most marginalized populations?
- What measures have been taken to address the gender digital divide in access to online learning content and digital skills?
- What impact have other formats, including radio, television and the provision of print materials, had on continuity of learning for boys and girls (at different levels of education)? How successful have these been in reaching girls and boys from the most marginalized populations, who often have less access to information channels?
- As part of plans for school reopening, what measures have been established to minimize possible risks of not returning to school by both boys and girls?

### Topic: Impact of school closures on health, nutrition, well-being and protection outcomes

- How have school closures, and reduced access to information and services delivered in schools related to health, nutrition and safety, impacted on health, nutrition, well-being and protection outcomes for boys and girls, including on rates of: i) early and unintended pregnancy; ii) violence, including gender-based violence; iii) early and forced marriage; or iv) other dimensions of gender inequality?
- What mechanisms have been established by education or other ministries or stakeholders to monitor and support girls' and boys' health, nutrition and safety during school closures? What impact has this support had on continuity of learning or on health, well-being and protection outcomes?
- As part of plans for school reopening, what measures have been established to update school-based reporting and referral mechanisms for protection and health concerns and addressing infrastructure gaps? How do these consider the gender dimensions of school closures, and ensure accessibility to girls and other marginalized groups?

### Topic: Policies and programmes supporting the return to school

What are the specific and targeted interventions that have been established to ensure boys and girls from the most marginalized populations are able to participate in remote learning opportunities, and to ensure their return to school? What strategies have been most effective?

- How have other sectors been engaged to address the intersecting health, nutrition, social and protection issues facing boys and girls during school closures? How will such cooperation continue or be leveraged once schools reopen to avoid learning loss, school dropouts and other negative outcomes?
- How have community mobilization, information campaigns and other strategies been employed to promote girls' and boys' return to school and been targeted to marginalized learners that may be the most likely to not return to school? What strategies have been most effective?

## Appendix 5: Focused country research

In-depth mixed-method research was conducted in five countries: Bangladesh, Côte d'Ivoire, Kenya, Mali and Pakistan. A sixth country, India, had originally been planned but work was halted as a result of the extreme COVID-19 crisis that took place between March and June 2021.

Research methods included secondary analysis of existing quantitative data, key informant interviews, and remote focus groups. Key informants included experts and policy-makers from national and sub-national government education ministries, UN agencies and NGOs. Virtual focus groups and in-depth phone and video interviews, as well as some in-person interviews where COVID-19 protocols allowed, were conducted with adolescent girls and boys, caregivers and educators in Bangladesh, Kenya, and Pakistan.

### Countries selected for GSCA focused research: interviews and focus groups

| Country       | Number of interviews/focus groups with adolescents, parents and teachers/key community adults | Number of key informant interviews with national and sub-national education stakeholders |
|---------------|---|--|
| Bangladesh    | <b>30:</b> 12 girls, 12 boys, 3 parents/caregivers, 3 other adults                            | <b>10</b>  |
| Côte d'Ivoire | <b>N/A</b>  | <b>9</b>   |
| Kenya         | <b>234:</b> 118 girls, 29 boys, 42 parents/caregivers, 45 other adults                        | <b>12</b>  |
| Mali          | <b>N/A</b>  | <b>12</b>  |
| Pakistan      | <b>84:</b> 40 girls, 44 boys  | <b>6</b>   |

*Note: Focus groups were only undertaken in countries with ongoing data collection where ethical reviews had already been obtained (Bangladesh, Kenya and Pakistan). As highlighted in the limitations, India was also included in the review; however, work was halted as a result of the extreme COVID-19 crisis that took place during data collection.*

**Analysis of quantitative data:** In the three countries with ongoing Population Council-led COVID-19 survey data collection with adolescents and adults – Bangladesh, Kenya and Pakistan – secondary analysis was conducted to understand the gendered impacts of COVID-19-related school closures and education policies under COVID-19, with a focus on sub-national settings and within the poorest households.

**Qualitative focus group discussions and in-depth interviews:** In the same three countries with ongoing data collection, perspectives were gathered of adolescent girls, boys, caregivers and educators on implications of COVID-19 school closures on education, health and well-being and protection in communities affected by high pre-pandemic levels of economic and social insecurity. Data were collected by phone or videoconference, including virtual focus group discussions, to mitigate the risks associated with in-person data collection.

**Key informant interviews with national and sub-national education stakeholders:** In all five countries, key informant interviews were conducted to gain insights from national and sub-national policy-makers at ministries of education and other development partners, such as UN agencies and NGO staff, and to understand implications for making and implementing policy.

See additional details by country below.

#### Bangladesh

In **Bangladesh**, quantitative data were drawn from a survey with three rounds of data collection between 20 April and 11 September 2020 conducted remotely over the phone among a sample of 479 girls aged 12 to 19 drawn from an ongoing research project. Among the girls, 80 percent were at upper secondary level. The samples were randomly chosen from girls enrolled in an ongoing study in the Chapainawabganj, Kushtia and Sherpur, districts of Bangladesh and were selected because of the high prevalence of child marriage in those areas. Multivariate analysis was performed to understand changes from the early stage of COVID-19-related school closures (April 2020) and five months later (September 2020) among adolescent girls related to the impact of COVID-19 on their lives and livelihoods.

Qualitative data were also collected in Bangladesh, including in-depth interviews with school-going boys and girls aged 10- 19, parents and teachers. For key informant interviews, national and sub-national-level stakeholders and adolescent programme implementers were interviewed. All interview recordings not conducted in English were transcribed in Bengali from the audio recordings and selected passages were transcribed into English. Analysis was performed for summarizing and identifying key narratives.

### Secondary analysis of quantitative data

| Phase                          | 1 <sup>st</sup> round | 2 <sup>nd</sup> round | 3 <sup>rd</sup> round |
|--------------------------------|-----------------------|-----------------------|-----------------------|
| Sample size (adolescent girls) | 479                   | 453                   | 448                   |
| Timeline (2020)                | 20–30 April           | 12–22 June            | 5–11 September        |

### Qualitative in-depth interviews with boys, girls, parents and teachers (n=30)

| DISTRICT                                     | IN-DEPTH INTERVIEWS |      |         |          |
|--|---------------------|------|---------|----------|
|  | GIRLS               | BOYS | PARENTS | TEACHERS |
| <i>Chapainawabganj</i>                       | 2                   | 4    | 0       | 1        |
| <i>Kushtia</i>                               | 5                   | 3    | 1       | 1        |
| <i>Sherpur</i>                               | 5                   | 5    | 2       | 1        |
| <b>Sex</b>                                   |                     |      |         |          |
| <i>Male</i>                                  |                     | 12   | 2       | 2        |
| <i>Female</i>                                | 12                  |      | 1       | 1        |
| <b>Age</b>                                   |                     |      |         |          |
| <i>10–14</i>                                 | 6                   | 6    | -       | -        |
| <i>15–19</i>                                 | 6                   | 6    | -       | -        |
| <b>Number of siblings</b>                    |                     |      |         |          |
| <i>0–1</i>                                   | 3                   | 3    | -       | -        |
| <i>2</i>                                     | 7                   | 4    | -       | -        |
| <i>&gt; 2</i>                                | 2                   | 5    |         |          |
| <b>Education</b>                             |                     |      |         |          |
| <i>&lt; Grade 6</i>                          | -                   | -    | 1       | -        |
| <i>Grade 6–8</i>                             | 7                   | 4    | -       | -        |
| <i>Grade 9–10</i>                            | 5                   | 8    | -       | -        |
| <i>Grade 11– Grade 12</i>                    | 0                   | 0    | -       | -        |
| <i>Masters</i>                               | -                   | -    | -       | 3        |
| <i>No education</i>                          | -                   | -    | 2       | -        |
| <b>Marital status</b>                        |                     |      |         |          |
| <i>Married</i>                               | 4                   | 0    | 3       | 3        |
| <i>Unmarried</i>                             | 8                   | 12   | 0       | 0        |
| Parents' occupation                          |                     |      |         |          |
| <i>Agriculture</i>                           | 4                   | 6    | -       | -        |
| <i>Small business</i>                        | 2                   | 1    | -       | -        |
| <i>Day labour</i>                            | 2                   | 0    | 2       | -        |
| <i>Job</i>                                   | 4                   | 3    | -       | -        |
| <i>Other (tailor, van driver, carpenter)</i> | 0                   | 2    | 1       | -        |
| <i>Unemployed</i>                            | 0                   | 0    | -       | -        |

### Key informant interviews with national and sub-national education stakeholders (n=10)

| SAMPLING UNIT                 | DESIGNATION   | ORGANIZATION  |
|-------------------------------|---|---|
| Sub-national level            | Assistant District Education Officer – Sherpur            | Directorate of Secondary and Higher Education, Government of Bangladesh |
|                               | Assistant District Education Officer – Chapai             |   |
|                               | Upazila Education Officer – Kushtia                       |   |
| National level                | National Curriculum and Textbook Board                    | Ministry of Education   |
| Development partners          | Director, Education Programme                             | BRAC  |
|                               | Programme Manager, Policy Advocacy and Mass Communication | Campaign for Popular Education-   |
|                               | Education Programme Officer                               | UNESCO  |
|                               | Education Programme Officer and Gender Focal Point        |   |
|                               | Education Programme Officer                               |   |
| Education Programme Assistant |   |   |

#### Kenya

In **Kenya**, quantitative data were drawn from two rounds (August 2020 and February 2021) of a phone survey conducted with adolescent girls and boys and adults in their households in four counties in Kenya (Kilifi, Kisumu, Nairobi and Wajir). Each county sample was drawn from underlying, pre-pandemic cohorts from ongoing studies and was purposefully sampled to be two-thirds female and one-third male to enable gender comparisons, as well as to provide a large enough sample of females to explore the issues of marriage, pregnancy and other SRH outcomes. Adolescents interviewed in round one and two were (respectively) in Kilifi (1,059 and 698), Kisumu (602 and 393), Nairobi (1,019 and 493) and Wajir (1,233 and 1,097). Percentages were calculated for each outcome measure by age (10–14 years and 15–19 years) and by gender. Multivariate analyses were carried out controlling for age and sex to identify whether there were any statistically significant differences in outcome measures across age categories and gender. The qualitative study population

was drawn from the quantitative cohorts based on key characteristics including age, schooling status pre-COVID-19, parenting vs non-parenting adolescents, pregnant vs not pregnant and married vs not married.

Adult respondents (n=87) were sampled by gender when applicable and other characteristics including small vs larger schools (for school heads and teachers), rural vs urban sub-counties (for local government officials) and level of participation for programme coaches and mentors. Key informant interviews were conducted in Kenya with national and subnational policy-makers and non-state actors in the education and gender sectors to gain insights and understand the implications of COVID-19-related school closures policy. The interviews were conducted virtually and recorded on Zoom between April and May 2021, and a summary indicating key points was completed in a notetaking template. The notes were then synthesized and key themes identified.

### Secondary analysis of quantitative data

| DISTRICT              | BY AGE CATEGORY |               | BY SEX       |               | TOTAL |
|-----------------------|-----------------|---------------|--------------|---------------|-------|
|                       | 10-14<br>n(%)   | 15-19<br>n(%) | Boys<br>n(%) | Girls<br>n(%) |       |
| <b>Kilifi</b>         |                 |               |              |               |       |
| Round 1<br>(Aug 2020) | 132 (12.5)      | 927 (87.5)    | 288 (27.2)   | 771 (72.8)    | 1,059 |
| Round 2<br>(Feb 2021) | 100 (14.3)      | 598 (85.7)    | 201 (28.8)   | 497 (71.2)    | 698   |
| <b>Kisumu</b>         |                 |               |              |               |       |
| Round 1<br>(Aug 2020) | 145 (24.1)      | 457 (75.9)    | 174 (28.9)   | 428 (71.1)    | 602   |
| Round 2<br>(Feb 2021) | 101 (25.7)      | 292 (74.3)    | 103 (26.2)   | 290 (73.8)    | 393   |
| <b>Nairobi</b>        |                 |               |              |               |       |
| Round 1<br>(Aug 2020) | 297 (29.2)      | 722 (70.9)    | 145 (14.2)   | 874 (85.8)    | 1,019 |
| Round 2<br>(Feb 2021) | 153 (31.0)      | 340 (69.0)    | 70 (14.2)    | 423 (85.8)    | 493   |
| <b>Wajir</b>          |                 |               |              |               |       |
| Round 1<br>(Aug 2020) | 219 (17.8)      | 1,014 (82.2)  | 480 (38.9)   | 753 (61.1)    | 1,233 |
| Round 2<br>(Feb 2021) | 195 (17.8)      | 902 (82.2)    | 413 (37.7)   | 684 (62.4)    | 1097  |

### Qualitative in-depth interviews of boys, girls, parents and other adults (n=234)

|                                       |                      | IN-DEPTH INTERVIEWS |          |             |   |
|---------------------------------------|----------------------|---------------------|----------|-------------|---|
|                                       |                      | GIRLS (N)           | BOYS (N) | PARENTS (N) | ADULTS INCLUDING<br>TEACHERS, SCHOOL HEADS<br>AND PROGRAMME STAFF (N) |
| REGION                                | Kajiado              | 8                   | 3        | 4           | 5   |
|                                       | Kisumu               | 13                  | 4        | 5           | 5   |
|                                       | Kilifi               | 13                  | 4        | 5           | 5   |
|                                       | Makueni              | 8                   | 3        | 4           | 5   |
|                                       | Muranga              | 8                   | 3        | 4           | 5   |
|                                       | Nairobi (Kariobangi) | 18                  | 4        | 5           | 3   |
|                                       | Nairobi (Kibera)     | 18                  | 4        | 5           | 3   |
|                                       | Nairobi (Kiambu)     | 19                  | 0        | 5           | 9   |
|                                       | Wajir                | 13                  | 4        | 5           | 5   |
| SEX                                   | Male                 |                     | 29       | 18          |   |
|                                       | Female               | 118                 |          | 24          |   |
| AGE                                   | 10-14                | 36                  | -        | -           |   |
|                                       | 15-19                | 39                  | 29       | -           |   |
| MATERNAL STATUS<br>(GIRLS 15-22 ONLY) | Pregnant             | 13                  |          |             |   |
|                                       | Mother               | 13                  |          |             |   |
|                                       | Not pregnant/married | 17                  |          |             |   |

### Key informant interviews with national and sub-national education stakeholders (n=12)

| SAMPLING UNIT  | DESIGNATION                               | ORGANIZATION                             |
|--|---|--|
| SUB-NATIONAL LEVEL   | Director of Gender Youth Affairs          | Kilifi County Government                 |
|  | Education Officer                         | Wajir County Government                  |
| NATIONAL LEVEL   | Gender Advisor                            | Executive Office of the President (PASU) |
|  | Director of Research                      | Ministry of Public Service and Gender    |
| DEVELOPMENT PARTNERS   | Programme Unit Manager                    | Plan International                       |
|  | Child Protection and Education Specialist | Save the Children                        |
|  | Executive Director                        | Girl Child Network                       |
|  | Programme Coordinator                     | Zana Africa                              |
|  | Senior Education Programme Specialist     | UNESCO                                   |
|  | National Programme Officer for Kenya      |  |
|  | Education Specialist                      |  |
| National Programme Office for Kenya – Health literacy/HIV/AIDS |   |  |

#### Pakistan

In Pakistan, the secondary analysis is based on quantitative data from the Program Monitoring and Implementation Unit of the Punjab Education Sector Reform Program, which collects real-time data from over 52,000 public schools across Punjab and provides a district-level monthly assessment of all schools in terms of levels of school attendance. In addition, the 2018 Multiple Indicator Cluster Survey data set for Punjab was used to present the major contextual differences in the schooling patterns of boys and girls across the three study districts.

The qualitative data consisted of in-depth interviews with parents, teachers and adolescents; focus group discussions with adolescents; and key informant interviews with stakeholders working in the field of education at the national

and sub-national levels. The in-depth interviews and focus group discussions were carried out virtually in three districts of Punjab, i.e. the northern and more developed districts of Gujrat and Rawalpindi, as well as the southern and poorer district of Rahimyar Khan. Parents (mothers and fathers) and children were selected from these districts to capture variations in differences in the schooling and economic environment. Specifically, rural respondents were selected in Gujrat and Rahimyar Khan, while urban respondents were selected in Rawalpindi. Respondents from Rawalpindi also represent the highest income groups included in this sample, followed by Gujrat and Rahimyar Khan.

While the in-depth interviews involved direct phone calls with respondents, focus group discussions were conducted by videoconference in the presence of a moderator, a notetaker and a set of observers.

**Profile of adolescent girls and boys who participated in the study by district  
(focus group discussions n=66, in-depth interviews n=18)**

|                      |                     | GUJRAT    | RAWALPINDI | RAHIMYAR KHAN | TOTAL     |
|----------------------|---------------------|-----------|------------|---------------|-----------|
| GENDER               | Male                | 17        | 14         | 13            | 44        |
|                      | Female              | 12        | 13         | 15            | 40        |
| AGE                  | 13–14               | 9         | 5          | 4             | 18        |
|                      | 15–16               | 11        | 12         | 14            | 37        |
|                      | 17 +                | 9         | 10         | 10            | 29        |
| LOCATION             | Rural               | 24        | 0          | 28            | 52        |
|                      | Urban               | 5         | 27         | 0             | 32        |
| TYPE OF SCHOOL       | Private             | 15        | 13         | 3             | 31        |
|                      | Public              | 14        | 14         | 25            | 53        |
| OCCUPATION OF FATHER | Agricultural worker | 1         | 0          | 9             | 10        |
|                      | Government employee | 2         | 3          | 0             | 5         |
|                      | Self-employed       | 9         | 15         | 4             | 28        |
|                      | Daily wage workers  | 8         | 2          | 10            | 20        |
|                      | Private job         | 3         | 7          | 4             | 14        |
|                      | Abroad              | 6         | 0          | 1             | 7         |
| OCCUPATION OF MOTHER | Housewife           | 29        | 23         | 27            | 79        |
|                      | Private Job         | 0         | 2          | 1             | 3         |
|                      | Teacher             | 0         | 2          | 0             | 2         |
| <b>TOTAL</b>         |                     | <b>29</b> | <b>27</b>  | <b>28</b>     | <b>84</b> |

**Key informant interviews with national and sub-national education stakeholders (n=6)**

| SAMPLING UNIT        | DESIGNATION                                | ORGANIZATION   |
|----------------------|--|--|
| SUB-NATIONAL LEVEL   | Director                                   | Punjab Education Foundation  |
| NATIONAL LEVEL       | Technical Advisor                          | Ministry of Federal Education and Professional Training                          |
|                      | Director of Beneficiary Services           | Benazir Income Support Programme (Federal unconditional cash transfer programme) |
| DEVELOPMENT PARTNERS | Country Director                           | Malala Fund  |
|                      | National Professional Officer on Education | UNESCO   |
|                      | CEO  | Idara-e-Taleem-o-Agahi   |

## Côte d'Ivoire and Mali

In Côte d'Ivoire (n=9) and Mali (n=12), only key informant interviews with key individuals in the education, gender and youth sectors were conducted. Individuals were selected in cooperation with UNESCO. Individuals were interviewed by phone after providing consent and recordings were used to develop summary notes in English.

### Key informant interviews with national and sub-national education stakeholders, Côte d'Ivoire (n=9)

| SAMPLING UNIT        | DESIGNATION                                 | ORGANIZATION  |
|----------------------|---|---|
| NATIONAL LEVEL       | DirCab Adjoint                              | Ministry of Education, Technical and Professional Development |
|                      | Director of Equality and Gender Equality    | Ministry of Education, Technical and Professional Development |
|                      | Director of Gender Equality (Project SWEDD) | Ministry of Women, Family and Children                        |
|                      | Director                                    | Secretariat of the State                                      |
| DEVELOPMENT PARTNERS | Education Specialist                        | UNICEF  |
|                      | Programme Coordinator                       | UNESCO  |
|                      | Programme Coordinator                       | Save the Children   |
|                      | Director                                    | Groupe des Organisations Féminines pour l'Égalité Homme-Femme |
|                      | (Unspecified)                               | Jeunesse féminine en action                                   |

### Key informant interviews with national and sub-national education stakeholders, Mali (n=12)

| SAMPLING UNIT        | DESIGNATION                                       | ORGANIZATION   |
|----------------------|---|--|
| NATIONAL LEVEL       |   | National Directorate of Technical and Professional Education |
|                      | National Director of Basic Education              | Ministry of Education  |
|                      | Director of Socioeconomic Integration of Children | Ministry of Women Empowerment and Child Development          |
| DEVELOPMENT PARTNERS | Education Specialist                              | World Vision – Mali  |
|                      | Education Specialist                              | USAID  |
|                      | Education Specialist                              | Plan International Mali                                      |
|                      | Education Specialist                              | Right to Play  |
|                      | Programme Coordinator                             | UNESCO   |
|                      | National Professional Officer                     |  |
|                      | Consultant  |  |
|                      | Community Leader                                  | Association of NGOs in Bamako                                |
| School Manager       | Private school in Katibougou                      |  |



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# When schools shut

## Gendered impacts of COVID-19 school closures

Nearly 1.6 billion learners around the globe were affected by the closures of learning institutions put in place to mitigate the spread of COVID-19. Beyond alarming effects on learning loss and school dropout, this unprecedented education disruption also threatens the progress made on gender equality, with gendered impacts on health, well-being and protection.

When schools shut exposes these impacts, with the aim to ensure that effective strategies are put in place to ensure education continuity, promote gender equality and improve lives and futures. Through a review of published research, a global survey of actions taken by organizations in favour of gender equality in education, and in-depth data collection in five countries, UNESCO and its partners underline the challenges faced by children to continue learning, and to return to school where and when these safely reopen, and what governments and the international community are doing to mitigate harm and safeguard progress towards gender equality in and through education.

A call to governments and their partners to put gender at the centre of education policies and programmes, When schools shut is a timely reminder that schools are essential sites not only for learning, but also lifelines when it comes to health, well-being and protection of all learners.

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