



COVID-19 in Pre-Existing Humanitarian Crises

Youngest children and caregivers face a double emergency

Moving Minds Alliance is a funders collaborative and network that works to scale up coverage, quality, and financing of support for young children and families affected by crisis and displacement.

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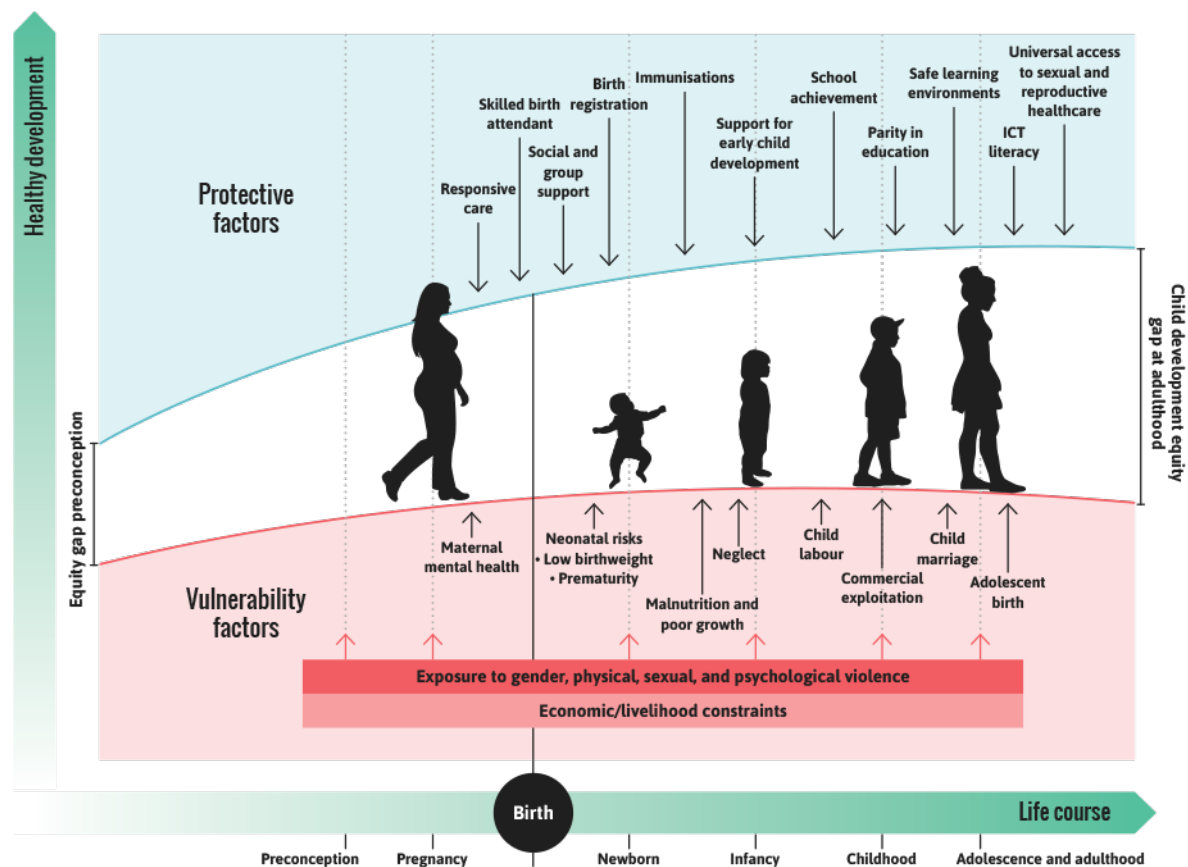
The profound impact of the COVID-19 pandemic on the lives of families around the world cannot be underestimated.

Many parents and other caregivers are impacted directly by loss of critical income and livelihoods, access to childcare, schools and other family services, an increase in violence in the household, and the heightened stress and uncertainty all these challenges bring.

While children are not the face of this pandemic, its broader impacts on children risk being catastrophic and amongst the most lasting consequences for societies as a whole.

– UN Policy Brief, Impact of COVID-19 on Children, April 2020

Infants, toddlers and very young children are at risk of being negatively affected in their development and wellbeing due to the pandemic’s impact on their caregivers, and interrupted access to critical care and opportunities for play and learning.



Adapted from Clark H. et al. A future for the world's children? A WHO–UNICEF–Lancet Commission. *The Lancet*, February 2020

Households in every country are experiencing unemployment, food insecurity, and the closure of health, social and educational services - some for the first time in their lives - due to the effects of COVID-19. However, for the 1 in every 4 children in the world already affected by conflict and disaster, these challenges have long been the status quo¹. The current situation thus represents a crisis upon an already existing humanitarian crisis situation² – a double emergency – with potentially long-lasting negative effects on the development of the youngest children.

The COVID-19 Global Humanitarian Response Plan gives minimal consideration to their needs. We must ensure the youngest children already caught up in humanitarian crisis contexts are not left behind in the response, and that international rights frameworks and commitments made by the international community before COVID-19 are upheld.

The vulnerabilities of children in crisis-affected countries will persist and likely be further compounded by the consequences of this pandemic, exposing them to a double jeopardy.

– Henrietta Fore, Executive Director, UNICEF

¹ www.unicef.org/press-releases/unicef-issues-largest-ever-emergency-funding-appeal-reach-historic-numbers-children

² We define ‘crisis’ as a breakdown in a group’s ability to meet their own needs independent of external support, caused by an event or series of events that represented a critical threat to the health, safety, security or wellbeing of the group (e.g., pandemics, war/conflict, natural disaster, or a combination). The population of concern includes young children and families who have been forced to seek safety and protection either within their own countries or across international borders. We also seek to highlight young children in communities affected by displacement, such as host populations. (Adapted from definitions in UNHCR Global Trends 2017).

Call to action

Concrete action from **humanitarian actors, governments and donors** is needed to ensure prioritization and investment in support for caregivers and young children during the current crisis and beyond.

Specifically, we ask to:

- 1 Ensure continued access for crisis-affected families to **health, nutrition and education**.
- 2 Prioritize the **mental health and wellbeing of parents and caregivers**, and support their ability to promote their children’s learning and development.
- 3 Prioritize **protection from abuse and violence** in and outside the home.
- 4 Invest in cash transfers and other forms of **social protection** for crisis-affected families.
- 5 Protect and **support frontline workers** who provide child-related services in crisis contexts.
- 6 Invest now in **planning for recovery**, and sustaining support for crisis-affected families post-COVID-19.

1 Ensure continued access for crisis-affected families to health, nutrition and education services

Families in humanitarian contexts face greater barriers in accessing basic services due to lack of documentation (e.g. birth registration), discrimination, and restrictions on movement. They also face fewer opportunities to access early learning activities due to lack of availability. A pre-COVID-19 analysis of 26 humanitarian response plans showed 58% of recommended childhood nutrition interventions, 22% of health interventions, and only 9% of early learning interventions were covered across plans (Bouchane et al. 2018).

Every effort must be made to assure that the COVID-19 crisis does not further reduce access to services that are critical to child survival and development, such as immunizations, nutrition programs, reproductive health services, and pre-primary education. Access to basic water and sanitation facilities should also be prioritized to enable families to protect themselves.

We do not have a hospital in our village. This is the only service we can access.

– Aisha in Somalia (Mwanjisi 2020)

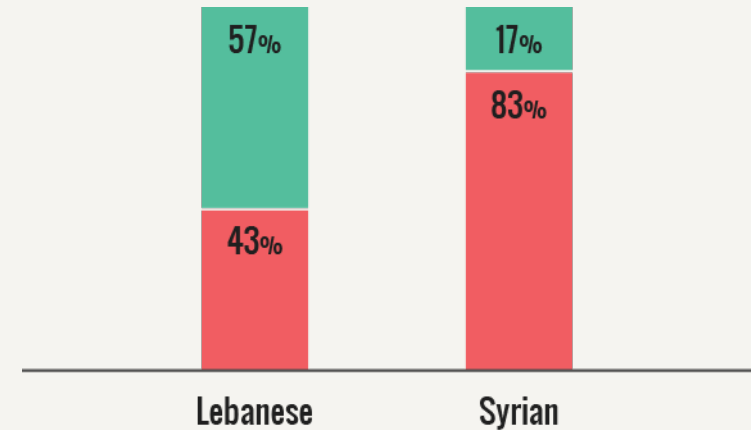


Photo credit: Mustafa Saeed / Save the Children

What is the evidence?

- Based on projections using data from the 2014-2016 Ebola crisis, an estimated **30 million children's lives could be at risk from secondary health impacts** of COVID-19 (e.g. due to decreased immunizations and rising malnutrition, which is projected to increase by up to 40%) (World Vision 2020a).
- In Lebanon, a survey conducted in mid-April found **83% of Syrian caregivers did not have enough food** to last the next two weeks, almost double compared to the Lebanese host population. Nutrition concerns are consistently highlighted by women and girls, who often make significant sacrifices in food intake when food shortages occur and the nutritional needs of other family members are prioritized (Plan International 2020).
- Interruption of sexual and reproductive health services brings immense risks, including an increase in maternal and newborn deaths (Margolis 2020). A **spike in early marriage and teenage pregnancies** can also be expected as a result of quarantining. In villages impacted by Ebola in Sierra Leone, imposed socio-economic conditions led to a 65% rise in adolescent pregnancy (UNDP and Irish Aid 2015).
- In countries affected by emergencies, only 1 in 3 children is enrolled in pre-primary education (UNICEF 2019). During the COVID-19 pandemic, even fewer children are accessing pre-school as programs close and parents are concerned about the health and safety of their children, placing them at **risk of missing out on critical early learning opportunities**.

83% of Syrian caregivers do not have enough food to last the next two weeks



■ Have enough food for the next two weeks
■ Do not have enough food for the next two weeks

Source: Plan International 2020

Recommendations for action

Governments hosting displaced families can ensure **equal access for refugees, migrants, and IDPs to health, nutrition, and education services**, as well as sufficient access to clean water, sanitation and hygiene to support disease prevention.

Donors can **invest in increased food supplies and/or unconditional cash assistance** as part of the COVID-19 response so that families have access to nutrition and other basic needs. Provision of food supplies and cash assistance should be gender-responsive and complement or fill gaps in existing social protection systems.

Donors and implementers can **protect essential maternal, newborn and child health services** for vulnerable communities in line with the Minimal Initial Service Package for Reproductive Health in Emergencies and by following the IASC Interim Guidance on Public Health Measures for COVID-19 in Low Capacity and Humanitarian Settings (IASC 2020).

Governments and donors can **support emergency early learning programs** and outreach to families with messages about how to support learning at home.

Solutions spotlight

Implementers of early childhood development and parenting support programs have access to families with young children through pre-COVID programming, such as centre-based care and home visits. This can serve as an entry point for reaching families with health and nutrition services, including awareness raising around COVID-19.

In **Jordan, Lebanon, Iraq and Syria**, the IRC and Sesame Workshop's *Ahlan Simsim* reaches displaced families and host communities in the Middle East with quality early learning and nurturing care. Season 1 of the *Ahlan Simsim* TV program included a COVID-19 Family Special for distribution via TV and mobile devices, designed to support children and caregivers with managing big emotions and finding playful learning activities inside the home. With in-person support services suspended, IRC has continued to reach families directly through WhatsApp text and voice messages that include in-home activities to support child development, COVID-19 awareness raising and support for caregiver and child wellbeing. IRC is in the process of integrating mass messaging technology to enable targeting of age-specific activities and two-way communication between caregivers and IRC-trained facilitators.

In **Serbia**, UNICEF is distributing 3,200 family boxes with games, books, blocks and drawing materials to the most vulnerable families across the country. These provide learning activities for children while they are required to stay at home during the COVID-19 crisis. Additionally, they have distributed more than 100 packages to children living in residential institutions and refugee and migrant centres (Terzic, J. 2020).



Photo credit: Ahmad Al-Jarery / International Rescue Committee

2 Prioritize the mental health and well-being of parents and caregivers, and support their ability to promote their children's learning and development

The caregiver is the frontline of defence against the insecurity, adversity and continual stress that young children affected by humanitarian crisis are likely to experience. The mental health burden in conflict-affected contexts is twice the global average (Charlson et al. 2019). Evidence shows attention to mental health and psychosocial support for caregivers is essential in humanitarian contexts to reduce stress and support children's early learning and development.

During the current situation, numerous and compounding stressors and uncertainty caused by COVID-19 can exacerbate distress and further impede caregivers' ability to provide responsive care to their children (Brooks et al. 2020). The need to invest in supporting caregivers' mental health and wellbeing in humanitarian crises is thus greater than ever.

The emergency is today, the needs are punctual and everyone knows them.

– Alba Pereira, Director of the Entre dos Tierras Foundation (Première Urgence Internationale 2020)

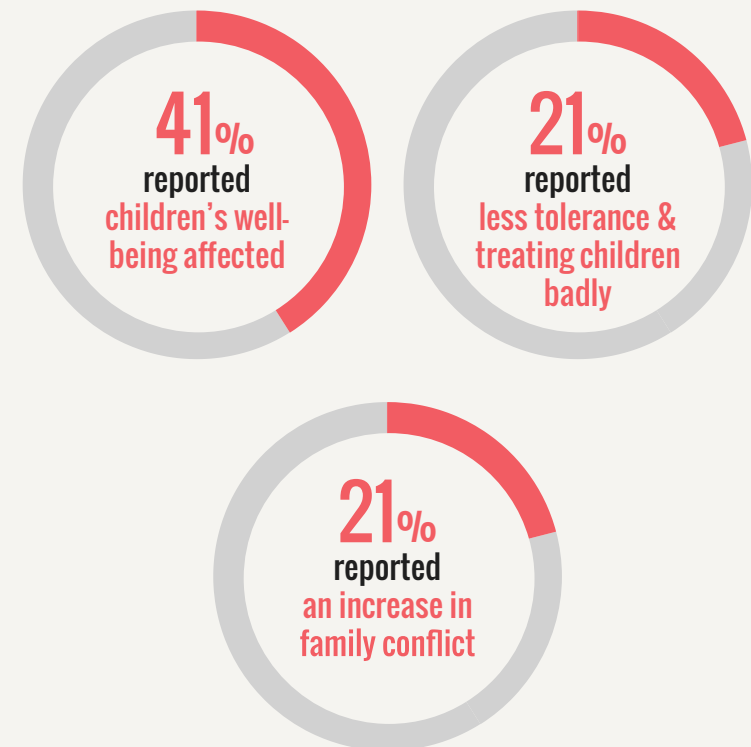


Photo credit: Steve Hide / Bogotá Post / Colombiacorners.com

What is the evidence?

- In Jordan, a rapid assessment found 41% of all respondents (including refugee/migrant and Jordanian households) reported having **witnessed negative impacts on their children’s wellbeing due to the COVID-19 crisis and curfew** (including displays of anxiety, fighting among siblings, nightmares and difficulty in controlling children) (UNICEF, UNHCR and WFP 2020).
- A 2018 analysis of 26 active refugee and humanitarian response plans showed **clear gaps in the prioritization of critical childhood services** (pre-COVID-19). Only 10% of recommended caregiving interventions and 9% of early learning interventions were included across the plans (Bouchane et al. 2018).
- Humanitarian workers in Bucaramanga, Colombia, note mental health is strongly affected by despair due to COVID-19, with almost **80% of migrants affected by depression to various degrees** (Première Urgence 2020).

What impact has the COVID-19 crisis and curfew had on households in Jordan?



Source: UNICEF, UNHCR and WFP 2020

Recommendations for action

Governments and donors can **invest to expand programs that provide remote caregiver mental health support** to families affected by humanitarian crisis. Specific attention should go to vulnerable groups, such as adolescent mothers, single caregivers and caregivers with (children with) disabilities. In addition, the promotion of gender equality should be core to any mental health response, including involving fathers in the response.

Donors can invest in **programs providing early learning opportunities, maintaining nurturing relationships and encouraging play** to help caregivers in their role as the first—and now only—teachers for their children. This could include provision of simple early learning kits.

Program implementers can continue to **share virtual programmatic content and coordinate locally** on messaging and delivery to ensure consistent and rapid scale up to families in need.

Solutions spotlight

The PlayMatters consortium, consisting of several local and international NGOs in **Uganda, Ethiopia and Tanzania**, are preparing to broadcast radio episodes to parents and children focusing on continuing learning through play at home and simple Mental Health and Psychosocial Support (MHPSS) exercises. Teachers and social workers are being trained in delivering emotional support and making necessary referrals by phone, and provided with airtime to call in and support families in their communities.

In **Greece**, the Refugee Trauma Initiative and their Baytna hub partners have been creating psychosocial audiovisual activity guides for children and families in a range of languages spoken by refugee communities. The activities include storytelling, sing-along, movement and relaxation activities — a continuation of their in-person programming, all designed to give children and caregivers release, relaxation and learning tools at home. They have also been sending physical care kits including craft materials and activity ideas to families (Refugee Trauma Initiative n.d.).

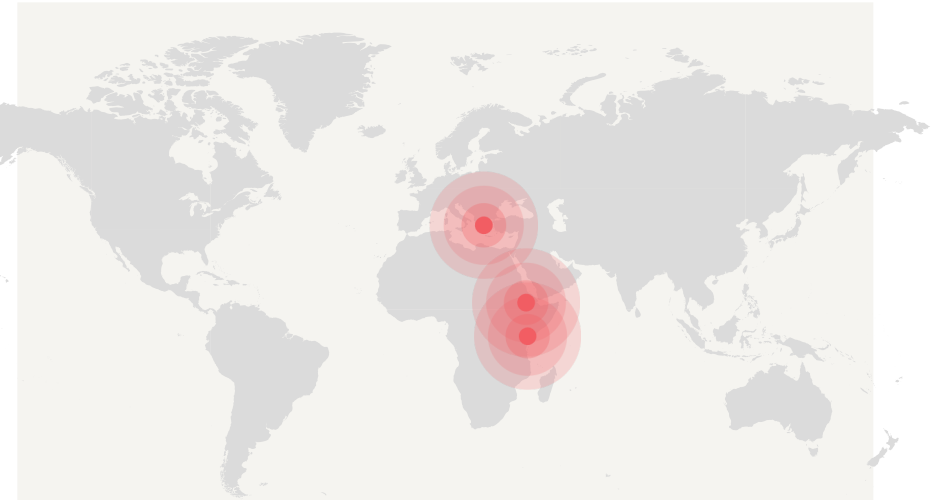


Photo credit: War Child Holland

3 Prioritize protection from abuse and violence in and outside the home

In humanitarian crisis settings, young children, especially girls, are more vulnerable to (sexual) abuse, violence, exploitation, stigma and neglect as their home environments and communities destabilize and parents and other caregivers experience increased stress. This type of abuse is known to be one of the highest risk factors to negatively affect young children's brain development, with a direct impact on language, problem solving ability, social skills and emotional development.

Humanitarian agencies are reporting a rise in violence in the home, particularly against women and girls. It is estimated that **up to 85 million more girls and boys worldwide may be exposed to physical, sexual and/or emotional violence as a result of COVID-19 lockdown measures.** Continued protection mechanisms and services should be given the highest possible priority during this time (World Vision 2020b).

Because of COVID-19 things are difficult for everyone. We have moved from group meetings to door-to-door awareness raising about gender-based violence.

– Mawatta, Girls Advocacy Alliance Leader in Liberia (Plan International Liberia 2020)



Photo credit:
Plan International

What is the evidence?

- A survey among female refugee caregivers in Lebanon found 37% considered **domestic violence and intimate partner violence** as a main protection risk faced by women and girls (Plan International 2020).
- While survey data collected by humanitarian agencies everywhere show an increase in domestic abuse, the decrease of reported cases as compared to normal circumstances speaks to the inability to access services. IRC staff received **30% fewer reports in Kenya, 50% fewer in Bangladesh and none at all in Iraq since lockdown began** (Ott 2020).
- **An additional 13 million child marriages are estimated** over the next 10 years due to economic hardships brought on by COVID-19. Girls can also be forced into sexual exploitation and other forms of risky behaviour to support the family (Plan International 2020). This along with other factors risks causing major **spikes in teen pregnancies** (UNDP and Irish Aid 2015). Adolescent parenthood can be a risk factor for child development (UNFPA 2020).

Protection risks faced by women and girls, out of 309 female refugee caregivers in Lebanon:



Source: Plan International

Recommendations for action

Governments and humanitarian agencies can **strengthen alert systems by keeping protection services open or providing opportunities to report abuse in other places that remain open**, such as pharmacies and food stores.

Humanitarian agencies can work with communities to **ensure protection and sexual and reproductive health mechanisms and services are adapted to facilitate accessibility**, including by switching to providing remote forms of service provision and support through trusted channels. They can also ensure marginalized people are consulted and included in risk communication and community engagement following OCHA guidelines (OCHA, IFRC and WHO 2020).

Governments and donors can **support programs that provide (remote) caregiver mental health support** to families affected by humanitarian crisis, to minimize the risk of young children suffering from neglect or physical abuse caused by heightened stress levels in the household.

Donors can ensure protection and social welfare services are funded adequately throughout all stages of response. **Strong gender and age disaggregation and analysis should be undertaken in the development of response plans, funding proposals, and delivery of protection and welfare services**, to ensure that the unique needs of young children are met.

Solutions spotlight

Due to COVID-19, many of the usual ways to hear from women and adolescent girls have been limited. In **Ethiopia**, IRC protection staff across 13 refugee camps and 6 IDP sites quickly oriented case worker volunteers (trained refugee women and staff) to provide gender-based violence (GBV) case management.

Instead of in-person supervision, remote supervision was carried out by phone each week. In addition, the team worked closely with other agencies to collect regular information on GBV referral pathways to ensure survivors were provided with accurate information on referral options and materials to promote access to services where adapted to the COVID-19 context.

In **Lebanon**, War Child Holland has been testing the Caregiver Support Intervention (CSI) among Syrian refugee families. The program is focused on developing warm, positive interactions with children, including non-violent disciplinary techniques, that ultimately serve to increase their self-esteem and social skills. As part of the program, participants have been given MP3 players to help caregivers practice stress management and relaxation techniques at home (War Child Holland 2020).



Photo credit: War Child Holland

4 Invest in cash transfers and other forms of social protection for crisis-affected families

Most households living in humanitarian settings do not have access to stable employment or social safety nets. Some receive cash transfers, while many rely on informal or casual labour to make ends meet. They are part of the nearly 1.6 billion people (half of the global workforce) who work in the informal economy (ILO 2020). The COVID-19 crisis means many families either lose their income or continue working while putting their health (and potentially the health of others including their households and children) at risk.

Investment in additional social protection measures is critical to minimize the impact of acute and long-term economic hardship and build resilience against future crises. It can also prevent negative coping strategies that impact children's health and education.

**I cook smaller portions. We buy less, eat less.
I buy bread on credit from the shop.**

– Hasna Harbi, Syrian refugee in Lebanon
(UNHCR 2020)



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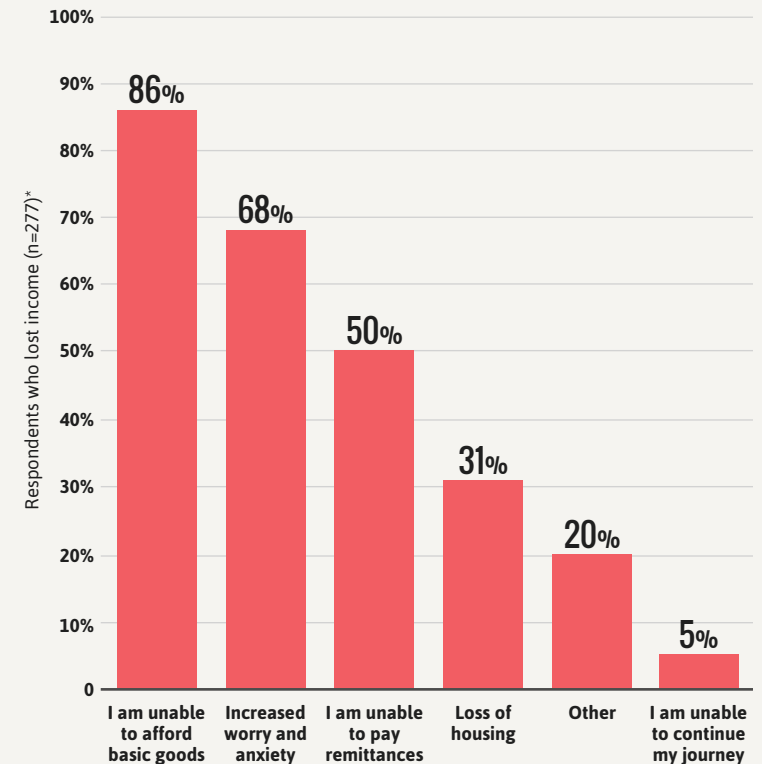


Photo credit: UNHCR/Lynsey Addario

What is the evidence?

- **Up to 86 million children are expected to be living in monetary poor households caused by COVID-19**, in addition to the 586 million (1 in 3) children in low- and middle-income countries already living in poverty (UNICEF 2020).
- In Jordan, **a rapid assessment of the refugee population showed 84% did not have enough cash savings to make it through the next two weeks.** In the longer-term, economic impacts in the informal labour sector have the potential to reverse recent progress on refugee self-reliance, with a decrease of available opportunities. This is the case for women in particular: only 8% reported working before the crisis and the majority reported work disruption during the curfew (UNICEF, UNHCR and WFP 2020).
- In interviews with 313 Venezuelan refugees and migrants in Peru and Colombia, **88% indicated they had lost income due to COVID-19, with dire impact: 86% of respondents indicated being now unable to afford basic goods.** Many respondents mentioned decreasing their daily meals from 3 to 2, while **31% reported having lost their housing** (Mixed Migration Centre 2020).

What impact has the loss of income had?



*Note: Respondents may select more than one answer to this question

Source: Mixed Migration Centre 2020

Recommendations for action

Donors can **increase cash assistance to households with pregnant women and children under 5 as part of the COVID-19 response** to alleviate immediate hardship and minimize the risk of secondary impacts (e.g. child labour, child marriage and exploitation). Cash assistance can be coupled with the (remote) provision of positive parenting messages to caregivers. Cash assistance should be gender-responsive — ensuring all members of the household benefit from the transfers — and ideally unconditional.

Humanitarian agencies can run **rapid updated vulnerability assessments that reflect changes in household vulnerability due to COVID-19** and enable better targeting of cash transfers.

Governments can **prioritise cash and material support for families facing additional stresses**, for example, **the care of children with disabilities or developmental delays** or for **families that experience bereavement**, particularly of a breadwinner.

Social protection and safety net interventions should **avoid funding from loan sources or imposing new debt burdens on recipients**, thereby protecting low-income countries and poor households from additional debt burdens and future crises.

Solutions spotlight

In **Costa Rica**, UNHCR is gathering information from the PRIMES database to provide cash to the most vulnerable people, such as the elderly and those with pre-existing health conditions. These cash transfers are dependent on family size and will continue for the duration of the COVID-19 crisis. UNHCR is using a variety of outreach strategies, including social media campaigns, broadcast SMS messages and outreach through community leaders to contact and inform those eligible for support (UNHCR 2020a).

According to discussions with the World Bank, they are providing a US\$130 million grant for a multisectoral response to strengthen service delivery for hosts and refugee communities in **Cameroon**. Developed in collaboration with the government and UNHCR, the package includes cash transfers with soft conditions, to ensure adequate nutrition, birth registration and preschool education; parental education; establishment of mobile creches at public works sites; creation of community preschool centres; and increased access to maternal and child health and nutrition services.

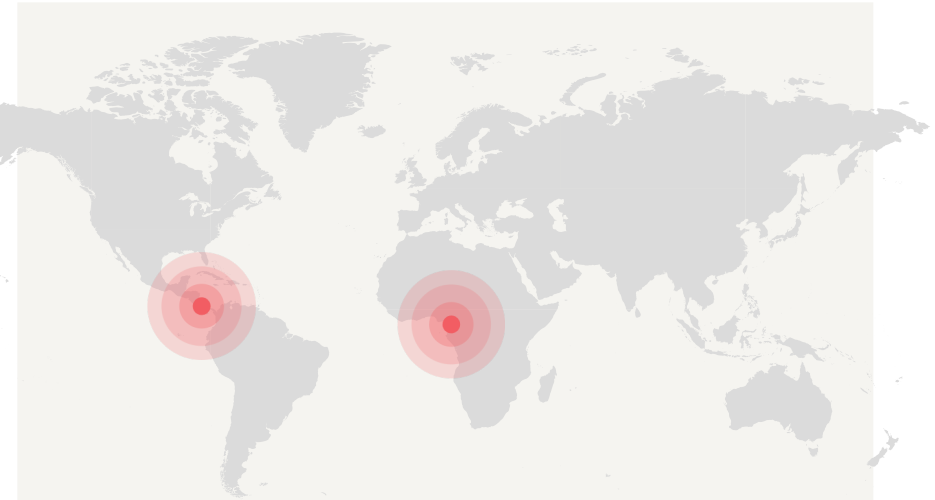


Photo credit: UNHCR/Erick Gerstner

5 Protect and support frontline workers who provide child-related services in crisis contexts

In humanitarian crisis settings, workers providing early childhood services are inherently vulnerable. Parent coaches, health workers and childcare workers are often ‘paid volunteers’ recruited from within refugee communities or low-paid employees. Many of these workers may lose their jobs due to the COVID-19 crisis or resign because adequate protection is not provided.

Losing trained workers jeopardizes the continuity of early years services in both the response and recovery phases, as new staff will need to be recruited and trained. Agencies must be enabled to protect and train critical program staff to ensure continuity of early childhood services in the pandemic.

I discovered that we could do a lot of things to help ourselves in these difficult moments, but also that we are quite vulnerable.

– Dr. Edna Patricia Gomez, IRC clinic for sexual and reproductive health care in Cúcuta, Colombia (IRC 2020).



Photo credit: International Rescue Committee

What is the evidence?

- Nearly **two-thirds of the IRC's 34 global programs lacked sufficient personal protective equipment (PPE)** in late April, partially due to a 500% to 1,000% price increase (de Haldevang and deHahn 2020).
- In the Asia-Pacific region, pre-school teachers are under more pressure than ever to handle unprecedented challenges, stress and disruptions, which are exacerbated by their already vulnerable status in the overall education workforce. It is estimated that **4.4 million pre-primary teachers (85% of whom are women) in 24 countries are affected by COVID-19** (Early Childhood Workforce Initiative 2020).
- When we first came here, my husband was able to work as a teacher at the camp for six months. But work has been difficult to come by and **neither my husband nor I have been able to get jobs through the cash-for-work schemes that aid organisations offer refugees**, even though we always apply. The coronavirus has halted all work [...] – Khadija, Syrian refugee in Azraq Camp in Jordan (Barkawi 2020).

What impact has the COVID-19 crisis had on the Asia-Pacific region?

4.4 million
pre-primary teachers affected

83% of these are women



Spanning 
24 countries

Source: Early Childhood Workforce Initiative 2020

Recommendations for action

Donors can **allow partners to use existing funds and/or free up additional funds to keep parenting facilitators or childcare/preschool workers employed** on short-term contracts or a 'paid volunteer' basis. This will benefit the workers and the long-term sustainability of programs, and allow caregiver productivity to resume quickly once lockdown ends.

Governments and donors can **allow partners sufficient resources to train workers on health and safety procedures**, including appropriate interactions and the screening of children and providers, assuring that those who are sick remain home.

Donors and governments must provide implementers of family-related services with **adequate personal protection equipment, regular COVID-19 testing, cleaning and handwashing supplies**, and redesigned work modalities for early childhood staff.

Solutions spotlight

iACT has created eight **documents detailing COVID-19 facts, precautions and guidelines for distribution in refugee communities around the world to support frontline workers as they work with communities.** The documents are available in 12 languages and informed by advice and feedback from the community. iACT's frontline workers have printed thousands of copies and distributed them daily while visiting with families to provide support and counteract the spread of misinformation regarding COVID-19 (iACT 2020).

In **Bangladesh**, UN Women with its partners BRAC and ActionAid Bangladesh started mask production in the camps by mobilizing women previously trained in tailoring. Over 50,000 masks are being produced in five multi-purpose women's centres in the camps, engaging 163 Rohingya women and girls with 46 families run as single female headed households. While other income-generating activities in the camps are put on hold during the lockdown to prevent spread of COVID-19, the mask production project has kept the women engaged, giving them an opportunity to contribute to emergency response efforts, support and protect their community and generate income to sustain their family's basic needs (Singh 2020).



Photo credit: iACT's refugee-led COVID-19 response team in Chad

6 Invest now in planning for recovery and sustaining support for crisis-affected families post-COVID

In the immediate phase of response, the priority is adaptation of service delivery. Yet preparations for a recovery phase — such as assessments of which child services might resume and what needs to happen in order to make this possible — must start now. COVID-19 has also increased worldwide understanding for the challenges families affected by humanitarian crisis face on a daily basis in coping with economic constraints, care for their children and tension in the household. There is an opportunity to translate this raised awareness into increased support for the needs of caregivers post-COVID-19.

Funds and capacity must be freed up to allow humanitarian actors to plan for what's next. Already scarce funds for early years support in humanitarian crisis settings must not be diverted in the aftermath of the crisis, especially funds that have already been pledged.

I took the initiative because education can not wait. My students are very happy. They were not only bored at home but it was important for them not to lose time and continue practising.

– Jean Marie Bomi, Mathematics teacher in Côte d'Ivoire teaching limited lessons during quarantine (Theirworld 2020a)



Photo credit: UNICEF/UNI330895/Frank Dejongh

What is the evidence?

- Securing funds and capacity to deliver early years support in crisis settings is a challenge even in regular circumstances: At present, an estimated **3% of total development assistance to crises-affected countries, and 2% of humanitarian funding is going towards providing quality ECD services** to newborns, young children and their caregivers (Moving Minds Alliance, forthcoming).
- A March 2020 online survey of 59 humanitarian organizations in Syria found that **97% reported their activities were impacted** by the COVID-19 prevention measures taken by the government in response to the pandemic, and **60% reported funding concerns** due to these measures (UNHCR 2020b).

What impact has the COVID-19 crisis had on humanitarian organisations in Syria?



Source: UNHCR 2020b

Recommendations for action

Donors must **honour existing commitments made to early years support**, for instance at the Global Refugee Forum in December 2019.

Humanitarian agencies can **invest in digital capacity and remote and/or condensed school readiness programmes** to bridge the gap for those exiting pre-school and starting primary school once the COVID-19 crisis subsides.

Donors, humanitarian agencies and governments must **start preparation for secondary impacts of the COVID-19 crisis, such as a spike in teen pregnancies and deteriorated maternal and newborn health**, that will negatively impact young children and caregivers in humanitarian settings.

Donors, humanitarian agencies and governments can **support programs that counter a potential increase in discrimination and hostility towards refugee and migrant communities**, who may be seen as carriers of the virus as they are poorer and have less access to water, sanitation and healthcare to protect themselves.

Solutions spotlight

Theirworld’s Global Business Coalition for Education (GBC-Education) is currently working to ensure that vulnerable students do not fall behind in their education due to the COVID-19 crisis. In countries with a strong digital divide, including Ghana, Kenya, Nigeria, Somalia, South Sudan and Uganda, the goal is to mobilise businesses to support the transition to remote learning and other modes of instruction to ensure students can continue to learn during and beyond the pandemic. GBC-Education first conducts a needs assessment using their Rapid Education Action (REACT) platform and then calls on businesses to provide a range of high-tech, low-tech and no-tech solutions (Theirworld 2020b).

Education Cannot Wait (ECW) released a coordinated, comprehensive emergency investment in April 2020, in an attempt to ensure the education gap is not widened further due to COVID-19. The funds enable Ministries of Education and implementers to quickly deliver education support for vulnerable girls and boys in 26 crisis-affected countries, as well as prepare for recovery once COVID-19 restrictions are eased. Actions include the development of catch-up programs and condensed curricula to prevent loss in the school year; production of distance learning material for pre-primary, primary and secondary levels; disinfection of schools; and the continued payment of teachers’ salaries during the crisis (ECW 2020).

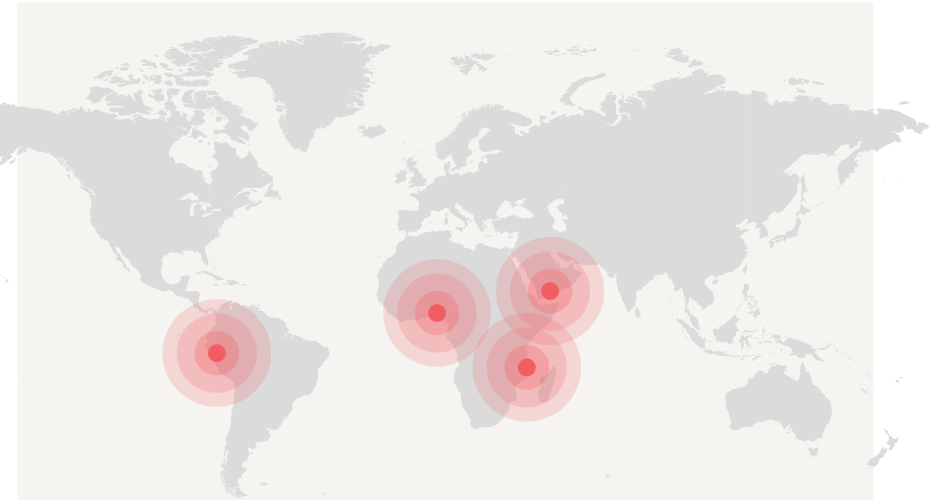


Photo credit: UNICEF/UNI325600/Frank Dejongh

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