



A STAKEHOLDERS REPORT

CONTINUOUS LEARNING AND REOPENING OF EARLY CHILDHOOD CARE PROGRAMMES AND SCHOOLS: WHAT WILL IT TAKE IN GHANA?

August 15, 2020



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GHANA



Ghana Education
Service (GES)



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CENTER FOR LEARNING AND CHILDHOOD DEVELOPMENT

ADVANCING RESEARCH, PROMOTING LEARNING AND SAVING LIVES

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August 15, 2020

EXECUTIVE SUMMARY

The COVID-19 pandemic has not only disrupted the livelihoods and social interactions of Ghanaian families but also the education of their young ones. In two separate surveys of Ghanaian caregivers conducted by Innovations for Poverty Action¹ and the Center for Learning and Childhood Development-Ghana², households listed their children's education as their greatest concern in this pandemic. The importance of early childhood education on a country's long-term development cannot be overemphasized.

Hence, continuous early childhood care and education in emergency situations and pandemics such as COVID-19 remains a national priority. However, the pertinent issues to be addressed in this era are: (1) how to educate children while they stay at home with their families (2), how to protect children, their teachers and support staff from COVID-19 should schools be reopened.

To deliberate on these issues, a stakeholders' conference was organized to provide suggestions to policymakers. The conference brought together over 100 stakeholders in the early childhood development sector including: government agencies (Ghana Health Service, Ghana Education Service, Department of Social Welfare and Department of Children under Ministry of Gender, Children and Social Protection), UN agencies (UNICEF, UNESCO), civil societies, non-profit organizations, academia, representatives of day care centres and parent teacher associations.

Key issues discussed centered on continuous learning of children at home, models and strategies for school (ECCE centres) reopening, prevention of COVID-19 within the school community, child safety and protection, and research, monitoring and evaluation.

Stakeholders provided specific recommendations for the national COVID-19 response team, relevant agencies and decision makers. These recommendations can be summed up using the three C's: Consultation, Communication and Coordination.

Consultation: Stakeholders recommended that parents and teachers should be involved in the decision-making process to reopen schools, including assessing their attitudes toward school reopening and identifying a model of school reopening that is acceptable and feasible to them—as poignantly articulated by community members during the Ebola epidemic in the Democratic Republic of Congo: **“What you do for me, but without me, you do against me.”**³

Consultation is also needed with experts and caregivers on how to deliver continuous education to children with special educational needs, as the current national response has minimally addressed this gap. It will also involve working with civil and international organizations to invest in the water, sanitation, and hygiene facilities necessary to prevent COVID-19 within the school community.

Communication: Staff, parents, and children should receive clear, simple and understandable guidelines to prevent COVID-19 and related child abuse brought on by caregiver psychological distress both at school and at home. Government agencies should widely disseminate relevant policies and guidelines to help parents and stakeholders navigate through this crisis.

Communication activities should also include a back-to-school campaign to get ALL children re-enrolled in school after reopening, including those who were out-of-school before the government's decision to close schools.



Coordination: Stakeholder's recommended solutions to equitable continuous learning, and activities to safely reopen Early Childhood Care and Education (ECCE) centres (e.g. day care centres) were multi-faceted and demanded multi-sectoral collaboration. Thus, establishing a national-level, ECCD-specific COVID-19 taskforce to coordinate these activities is strongly recommended.

The body can serve a critical role in consulting with parents and teachers, selecting the best model for school reopening, ensuring availability of personal protective equipment, and working with donors and civil societies to address the water, sanitation and hygiene needs of our schools. Furthermore, they can create a standard metric to guide monitoring and evaluation, work with appropriate agencies to enforce key prevention protocols, promote interagency information sharing, and develop communication resources for schools.

COVID-19 is a serious threat to the wellbeing of young learners and the sustainable development of Ghana. Nevertheless, it provides an immense opportunity to make the ECCD sector more resilient and build a more equitable society where no child is truly left behind.

1 - Innovations Poverty Action: ECD Conference-Day 2
2 - <https://www.clcdghana.org/>
3 - Fati Seyni, UNICEF-Democratic Republic of the Congo



ABBREVIATION TABLE

DoC	Department of Children
ECD	Early Childhood Development
ECCE	Early Childhood Care and Education
ECCD	Early Childhood Care and Development
GES	Ghana Education Service
GHS	Ghana Health Service
IPA	Innovations for Poverty Action
MICS	Multiple Indicator Cluster Survey
MoGCSP	Ministry of Gender, Children and Social Protection
PPE	Personal Protective Equipment
SEN	Special Educational Needs
UNESCO	United Nations Educational, Scientific and Cultural
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene Education

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BACKGROUND

Worldwide, leaders are grappling with how to educate young children at home during the COVID-19 lockdown and to reopen schools safely. Approximately, 9.2 million⁴ children in Ghana between the ages of 4-17 years are out of school because of the pandemic. Multiple surveys suggest that more than half of parents in Ghana are worried about their children falling behind in their education because of school closures⁵.

Continuous learning initiatives in Ghana have limitedly focused on children in early childhood programmes (day care and kindergarten), and many parents are ill-prepared to provide educational instructions in the home. While several models of reopening schools have been proposed, such as the global framework for school reopening, which UNICEF, UNESCO, UNHCR, World Food Programme, and the World Bank jointly developed⁶, it is unclear what model will suit Ghana's context, particularly those attending daycare and kindergarten.

Moreover, there is little guidance on what preparations early childhood development centres need to make to prevent COVID-19 cases when school reopens. Also, critically lagging is guidance on how to educate children with Special Educational Needs (SEN) in Ghana at home, particularly those with disabilities and those who do not have access to a radio or television in the home.

To address these unique challenges, a two-day, virtual, stakeholders' conference was held on August 5th-6th, 2020 in Ghana. With a focus on children in early childhood (0-8yrs), the goal of the conference was to contribute toward national planning on continuous learning and school reopening in this new COVID-19 era.

4 - <https://www.unicef.org/ghana/reports/covid-19-socio-economic-impact-ghana>

5 - Presentation by IPA at ECD Conference and <https://www.clcdghana.org/>

6 - Presentation by UNICEF at ECD Conference



A multi-sectoral team, including the Center for Learning for Childhood Development-Ghana, UNICEF-Ghana, Ministry of Gender, Children, and Social Protection, the Ghana Education Service, the Ghana Health Service, and the Early Childhood Council for Private Growth and Development organized the conference. Over 100 stakeholders across 60 organizations attended the two-day conference. A list of all the organizations that participated are provided in **Appendix**.

This report highlights the key issues raised at the conference and practical recommendations stakeholders offered to strengthen continuous learning initiatives, prevent COVID-19, and guide school reopening for children in ECCE programmes



HOW THIS REPORT IS ORGANIZED

The report has two main parts. The **first part** highlights the key issues raised at the conference. It focuses on five main areas: (1) continuous learning, (2) models for reopening (3) prevention and management of COVID-19, (4) child protection and stigmatization (5) research, monitoring and evaluation. The **second part** includes key recommendations for the national COVID-19 response team, specific government organizations, and civil societies.

The report's content relies on multiple sources: **keynote address** by the Minister for Gender, Children and Social Protection; **stakeholder remarks** by UNICEF-Ghana Country Representative, Deputy Director of Basic Education at the Ghana Education Service (GES), and the Director, Family Health Division of the Ghana Health Service (GHS); **presentations** from the Center for Learning and Childhood Development-Ghana, Innovations for Poverty Action, Lively Minds, Ghana Education Service, National Council for Private Early Childhood Growth and Development, Special Mothers Association, UNICEF-West and Central Africa Regional Office, UNICEF-Democratic Republic of Congo; **survey** of conference registrants on school reopening; and **reports of breakout sessions**.

These sources of information were reviewed and coded to identify common themes. All the conference materials can be found here: www.clcdghana.org/conference

PART I: KEY ISSUES RAISED

Stakeholders at the conference raised five major concerns. These are:

- 1 **Continuous learning of children in the COVID-19 era**
- 2 **Models for school (ECCD centers) reopening and capacity development**
- 3 **Prevention and management of COVID-19 within the school community**
- 4 **Child protection and stigmatization**
- 5 **Research, monitoring and evaluation**

1. Key Issues Raised: Continuous Learning at Home

Successes with Continuous Learning

This conference spotlighted the **Lively Minds Together Radio Show**, which provides parenting courses to give parents and guardians basic knowledge on early childcare and education as well as strengthening confidence in teaching their children.

Sabre Education has also established a similar radio programme called '**Sing, Say, Shine**' to provide lessons and activities for children at home while providing support to parents. Moreover, TV and radio education have given parents and guardians the option to home-school their children. **GES radio lessons including other radio programmes with USAID and UNICEF** have particularly been useful in supporting play-based curricular activities.

Research from **the Center for Learning and Childhood Development-Ghana**, based on the Multiple Indicator Cluster Survey (MICS) demonstrated that it is possible for Ghanaian children aged 3-4 years who do not attend school to reach their developmental potential. Their analysis showed that children who do not attend school but are engaged by their caregivers in five or more learning activities at home are more likely to reach their developmental milestones than those who do not.

Learning activities include singing songs, playing with an adult, going outside of the home, reading or looking at pictures, and naming/counting/ and drawing.

Current Challenges with Continuous Learning

Limited caregiver capacity to engage in children learning activities: In two separate surveys presented at the conference, caregivers listed their children's education as their highest concern during the COVID-19 pandemic. Since the beginning of the pandemic, many parents and guardians have expressed the need to be supported at home in educating their children.

Caregivers find it difficult to spend full-time with their children at home and are not aware of effective methods to engage their children in learning activities, resulting in loss of academic and social skills for young learners.

Based on data from UNICEF's Multiple Indicator Cluster Survey (MICS) of 2011 in Ghana, one presentation showed that caregivers with children aged 3-4 who are not in school mostly engaged their children in play time (77.8%), but rarely engaged their children in reading books (8.8%).

These figures of educational engagement are even worse for rural populations, as only 6.2% of caregivers in rural areas engage their children in reading books. In addition, data from the 2017/18 MICS revealed that 30% of children are left alone or under the supervision of another younger child under 10 years of age for more than an hour in at least a week.

Overall, both rural and urban caregivers demonstrated very low levels of educational engagement for their children. Only 12.5% of urban caregivers and 6.6% of rural caregivers engaged their children in a high level of supportive in-home learning activities. **These numbers are indicative of the grave risk the current pandemic presents on the development of young children.**



Limited opportunities for continuous learning for children with special educational needs: Stakeholders at the conference were of the view that continuous educational needs of children with special needs are not being met. Children with disabilities, those without access to radio or television, and children of adolescent mothers including those who work as “kayaye”⁸ were of a particular concern.

Lack of data on the reach and effectiveness of current continuous learning strategies: To date, stakeholders recognized that we do not know what proportion of children are receiving continuous learning at home or how effective current strategies have been in helping children reach their developmental milestones, including learning outcomes.

Job insecurity and economic hardship faced by some private sector teachers: Since March 2020, many teachers and staff of children in day care, kindergarten, and informal child care programmes, particularly those in the private sector, have either not been paid or have had their salaries reduced.

2. Key Issues Raised: Models and Strategies for School (ECCD centers) Reopening

The following three broad issues relating to school reopening were discussed among stakeholders: (1) Which model of reopening schools will best suit the Ghanaian context? (2) What strategies are needed to implement the selected school reopening model? and (3) How should parents, guardians and the school community be adequately prepared for school reopening?

7 - Caregivers as used includes parents/guardians any anyone who provides support to children in nursery and KG centers
8 - Head potters



Models for Reopening Schools

Participants discussed varied models for reopening schools for children in kindergarten and day care centres. Participants came to a consensus **that no-one model of school reopening would meet the needs of all children in all communities**. There were four broad models that emerged, however: (1) alternating days model, (2) same days, more space model, (3) hybrid model and (4) shift/phase model. The models are presented in the order in which stakeholders preferred, based on an online poll completed by 123 participants. Irrespective of the model, the overarching goal is to reduce class sizes and minimize contact between children.

Model 1: Alternating days approach: This model advocates for alternating the days that children attend school. This approach requires putting children into cohorts or clusters. Each cohort will have specific days they attend school. This model received the most votes when participants who registered for the conference were surveyed (N=123). Participants suggested that children may attend school either twice or three times a week instead of the normal five days.

Model 2: Same days, more space approach: Under this model, the number of days children attend school will remain the same as in the pre-Covid period. However, schools will need to create more spaces to accommodate fewer children in a classroom. Examples of such spaces could include creating tents, using outdoor spaces, or partnering with religious and civil organizations to use their premises for education.

Model 3: Hybrid/Mixed approach: This model calls for a combination of continuous or remote learning at home and physical presence at school. School reopening would be complemented with regular tv/radio/online based learning. This model could also be incorporated into Model 1 and Model 4.

Model 4: Shift system or phase approach: The shift system requires that all children come to school on the same day, but some will come in the morning and others in the afternoon; OR a cohort of children will come to school for multiple weeks at a time, then stay at home for another cohort to also go to school. This approach is similar to the current senior high school system.

Several **strategies** for implementing school reopening models were suggested during the discussion section of the conference. Three general approaches could be inferred.

Strategy 1: Context-specific approach: With this strategy, the government could use specific indicators, such as the number of cases in a community or the availability of safety-related resources, such as WASH, to decide which schools are reopened first.

Strategy 2: A zone or phase-based method: The country is divided into zones/areas and different zones/areas are reopened at different times. This incremental strategy was the most suggested.

Strategy 3: Universal school reopening: All schools are opened simultaneously preceded by a pilot test of the chosen model of school reopening.

Another issue that was raised was the limited **engagement of parents** on issues relevant to school reopening, such as their willingness to send their children to school, expectations they have of their school community, and what model of school reopening will be acceptable to them.



3. Key Issues Raised: Prevention of COVID-19 within the School Community

Both effective continuous learning and reopening of schools require preventing COVID-19 at home and at school. In this report, we focus on prevention of COVID-19 within the school community, given that national efforts to prevent COVID-19 at home are well established. The stakeholders amplified the need to consider the roles of the entire gamut of school staff from head teachers to drivers. The major issue raised was persistent lack of water, sanitation, and hygiene facilities in some schools.

I. Water, Sanitation, and Hygiene (WASH) related Challenges

Despite the progress made so far by GES, many basic schools lack access to handwashing facilities. For instance, data from Education Management Information System (EMIS), presented by the GES show that about 25% of public schools do not have hand washing facilities and 21% do not have access to toilets. Approximately 19% and 11% of public and private schools are without access to safe drinking water, respectively. Besides, about 32.3% and 16.7% of public KG's lack access to functional handwashing and toilet facilities respectively.

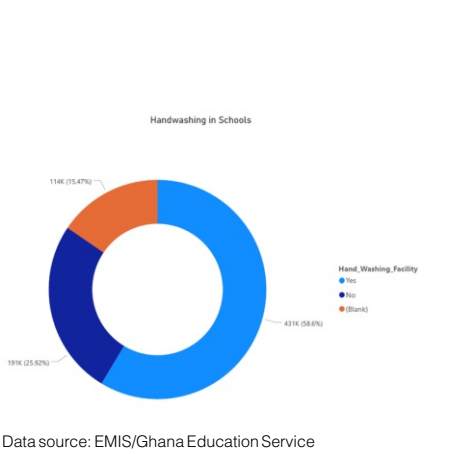


Figure 1. Percentage of public schools in Ghana with access to handwashing in schools

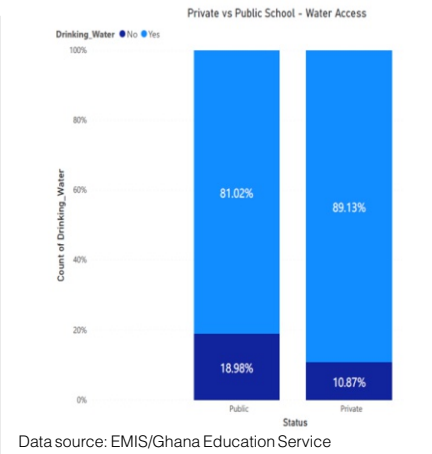
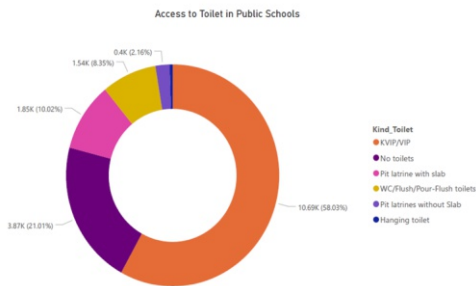


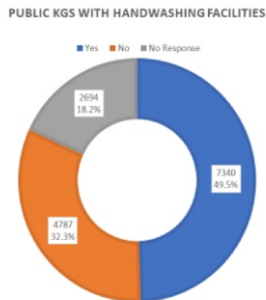
Figure 2. Percentage of basic school students in Ghana in private and public schools with access to a water facility at school





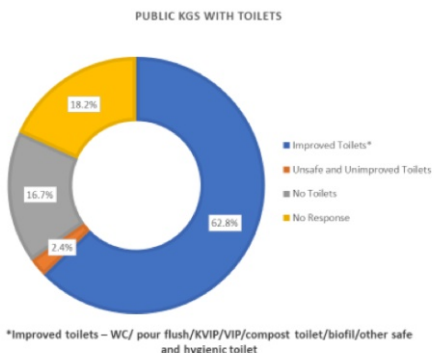
Data source: EMIS/Ghana Education Service

Figure 3. Percentage of basic schools in Ghana with access to toilet facilities



Data source: EMIS/Ghana Education Service

Figure 4. Percentage of public KGs in Ghana with access to functional handwashing facilities



Data source: EMIS/Ghana Education Service

Figure 5. Percentage of public KGs in Ghana with access to improved toilet facilities

II. Resource constraints posed by COVID-19 prevention

Beside the resource demands schools must meet to provide WASH facilities, COVID-19 prevention may compound existing financial challenges day care and kindergarten centres may already be facing.

These costs may include increasing the number of staff due to reduced class sizes or prolonged staff absence as a result of COVID-19 infection, purchasing personal protective equipment, increasing cleaning and disinfection of school facilities, and creating more space to accommodate more children. These costs may be compounded by potential degrees in enrollment in schools, out of parents' fear that their children may contract COVID-19. For private schools with limited financial resources, the financial burden could lead to their closure.



III. Linkage of ECCD Centers to Health Centers

The Ghana Health Service emphasized that an effective response to COVID-19 cases within schools would require that sick students and staff be transferred to appropriate health care centres as quickly as possible. Currently, not all schools have a nurse on their premises or are linked to a health facility.

IV. COVID-19 related Stigma in the School Setting

COVID-19 is a new disease and it is understandable that there may be a general sense of fear and anxiety amongst the public. COVID-19 related stigma emanates from two main factors (1) low knowledge about the disease and how it spreads (2) fear associated with contracting the disease. Stigma negatively affects the emotional, physical and mental health of the stigmatized. Generally, very little attention has been given to the mental and psychosocial impact of COVID-19 especially in the school setting.

4. Key Issues Raised: Child Safety and Protection

Stakeholders were acutely aware that COVID-19 poses more challenges to children beyond their health and education. The pandemic, and the resulting closure of schools, has forced children to spend most of their time at home. For certain children, remaining in the home is not the safest option because of domestic violence and abuse.

Furthermore, the economic and psychosocial impacts of COVID-19 have generated strenuous circumstances for many families, potentially stimulating mistreatment and violence in the household. Conference attendees were of the view that the pandemic has also given rise to increased exposure to illness and death which can result in short or long-term psychological trauma for children. Therefore, Ghanaian children need emotional and psychosocial support.



5. Key Issues Raised: Research, Monitoring and Evaluation

The research, monitoring, and evaluation issues discussed at the conference intersected with prevention of COVID-19, continuous learning, school reopening, and child protection. Stakeholders highlighted key successes and challenges within the research, monitoring and evaluation in the ECCD COVID-19 space.

I. Current successes in ECCD research in the COVID-19 Era

The WASH data that Ghana Education Service presented at the conference can be used to identify and provide assistance to schools who do not have the facilities to sustain safer school reopening. In addition, organizations such as Innovations for Poverty Action and the Center for Learning and Childhood Development-Ghana had both conducted studies that outline key caregiver/parental concerns and level of parental engagement of children in the home. Such data, and that from other institutions, could be leveraged to inform key stakeholder decision making.

II. Research, Monitoring and Evaluation Challenges in the COVID-19 era

Limited Research and Infrastructure for Rapid Data Collection: Members of the conference recognized that there is limited research in the early childhood development sector that (1) identifies children who are not receiving continuous learning, (2) assesses the effectiveness of current continuous learning strategies (such as through radio or television), (3) outlines specific caregiver needs with continuous learning, and (4) examines caregivers' willingness and concerns about school reopening.

Innovations for Poverty Action indicated that responding to the needs of children, their teachers, and guardians during this pandemic requires timely, rapid access to information/data.



While there may be existing infrastructure to meet this need, it has not been fully harnessed to rapidly collect population-level data to address continuous learning and school reopening challenges.

No Standard Indicators or Metrics: The conference attendants pointed out that while key indicators to monitor and assess reopening of high school do exist, none currently exists for the ECCD programmes or centers. These indicators are needed for monitoring and evaluation and identifying schools that need additional support.



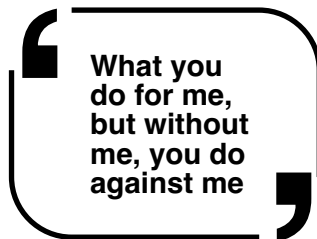
PART II: KEY RECOMMENDATIONS

Below, we outline the recommendations stakeholders offered at the conference to address the multiple issues raised. We first provide specific recommendations to the national COVID-19 response team and then to key stakeholders in the government and non-government sector. Where applicable, we delineate activities to be implemented before and as part of or during reopening.

1. National COVID-19 Response Team

Recommendations before School Reopens

1. Seek broader engagement with parents and teachers in the decision-making process to reopen schools. The conference members were of the view that this action is the most critical. A quote from Ms. Fati Senyi, UNICEF's Education Specialist from the Democratic Republic of Congo resonated with the conference attendees:



2. Establish an ECCD specific COVID-19 task force to handle the wide-range and multi-sectoral issues needed to support continuous learning and reopening of early childhood care programmes. The conference attendees advocated for such a task force to focus on ECD-specific issues. This body can be incorporated into the existing National ECCD Coordinating Committee or a sub-committee that works closely with it. Their responsibilities could include:



③ Develop a simple check list of resources, protocols, and policies early childhood care and education programs need to adhere to national guidelines and COVID-19 safety protocols.

③ Create a common national level measures/indicators/ metrics to monitor and evaluate progress in achieving national-level objectives on continuous learning and reopening of schools.

③ Work with appropriate government agencies to devise simple, clear and concise messages and materials for parents and learners on Covid-19 prevention within the school community.

③ Provide rapid technical support to schools facing challenges with COVID-19 prevention and management, such as challenges with procuring PPE.

③ Work with appropriate agencies to establish efficient and effective monitoring system at the district level to ensure compliance with safety protocols

③ Set up an online platform for individuals and organizations to submit research in Ghana on COVID-19-related issues affecting the ECD sector. This will cut down cost of initiation new studies, make research results readily available to a wide range of stakeholders.

③ Map and link schools to clinics/CHIP compounds and hospitals for rapid response to COVID-19 management

3. Commission research to fill critical information gaps to inform decision making around school reopening and continuous learning. See key issues discussed under research for priority areas.

4. Establish infrastructure for rapid information gathering and sharing to enhance decision making, planning and monitoring at the national, regional and district level.



5. Pilot test any school reopening model before scaling up, given the uncertainty about what model of school reopening will work best. Such a test should include children with SEN.

6. Evaluate best practices from other countries that have reopened schools. Relatedly, officials from UNICEF's West and Central Africa office, Democratic Republic of Congo shared global recommendations on school reopening, and lessons learned from the Ebola epidemic. The recommendations from these speakers are highlighted in Figures 6, 7 and 8.

Lessons from UNICEF's West and Central Africa Office
 Elena Locatelli, EIE and Resilience Specialist

- Integrate personal protection in the national response plan
- Establish a back to school campaign for ALL Children
- Consider reopening of schools for a few days a week
- School reopening plan should include these four domains: safe operations, learning, including most marginalized, well being and protection. The financial and policy needs of each of the domain should be considered.

Figure 6. Lessons from UNICEF's West and Central Africa Office

Lessons Learned from Ebola in the Democratic Republic of the Congo: Fati Bagna Seyni, Education Specialist, UNICEF DRC

- Solicit and encourage active participation of communities in deciding what model for reopening schools is acceptable
- Partnership and capacity building of government counterparts promotes ownership and sustainability.
- Provide educational services that are responsive to community expressed needs. Such an approach will foster bonds of trust with the community
- Promote sustainability and ownership by partnering with and building the capacity of key
- Resources must be agile and targeted beyond medical priorities
- Create new programs that addresses longer term community needs

Figure 7. Lessons Learned from Ebola in the Democratic Republic of the Congo

Lessons Learned from reopening schools in the United States:
 Devon Castano, Direct Above and Beyond Child Care and Educational Center, Michigan, USA

- Create a specific plan for what staff and children should do if they are exposed to COVID-19
- Screen staff and children routinely for COVID-19 using a screening questionnaire
- Make demarcations on the ground that shows children how to socially distance
- Provide clear, simple, communication messages for children
- Restrict parents and visitor's entry into the school
- Be flexible and patient with protocols

Figure 8. Lessons Learned from Reopening Schools in the United States

Recommendations to Implement: When School Reopens

1. Make the ECD sector more resilient to future pandemics, such as setting better infrastructure for continuous learning, devising strategies to meet the needs of children with SEN, and providing safety nets for teachers who lose their jobs. For example, the Early Childhood Development Council suggested the provision of tax rebates to day care centers, establishing an ECCD-specific fund, or working with financial institutions to provide loans to support schools hard hit by the pandemic.

2. Ensure availability of personal protective equipment for all schools, particularly private schools that may have difficulty with procurement.



3. Enhance information sharing between key government agencies in the ECD sector, particularly between the Ministry of Health, Ghana Health Service, the Ghana Education Service, and the Ministry of Gender, Children and Social Protection.

2. Specific Recommendations for GES, MoGCSP, and National Council for Private Early Childhood Growth and Development:

Recommendations on Continuous Learning for Children with Disabilities

1. Set up an expert team to adapt or create new continuous learning programmes for children with SEN, particularly those living with disabilities and those who do not have access to radio and television. TV and radio based educational learning can be specifically adapted for children with SEN. E.g. content can be converted into braille for visually impaired students and sign language for hearing impaired students.

2. Train experts including teachers and caregivers to provide home-based learning activities to children with disabilities and all children that need one-on-one instruction and support.

Recommendations to Implement: Before School Reopens

1. Provide orientation to school authorities and teachers to promote understanding and observance of protocols. The curriculum of orientation should include how to:



Maintain the safety protocols and prevent children from infection



Identify symptoms of infection in children and steps to take when a child becomes infected



Manage information sharing to prevent stigmatization



Identify abuse in children and provide support, making available information for reporting such incidence



2. Launch a back to school campaign for all children, including those who are out of school, children with disabilities, over age children, and children from poor homes. Government should actively engage and sensitize parents on prevention protocols for school reopening.

3. Widely disseminate national level documents on COVID-19 to civil societies, schools, and caregivers, so that all stakeholders are aware of government guidelines and plans.

4. Make appropriate WASH facilities and PPEs available at all schools. These include nose masks, liquid soap, veronica buckets, paper towels, alcohol-based hand sanitizers, non-latex disposable gloves, thermometer guns, oximeters, disinfecting wipes.

Given the economic impact of the pandemic on school operations, private schools may need assistance with the procurement of PPEs and WASH facilities.

Recommendations to Implement When School Reopens

1. Continue with back-to-school campaign

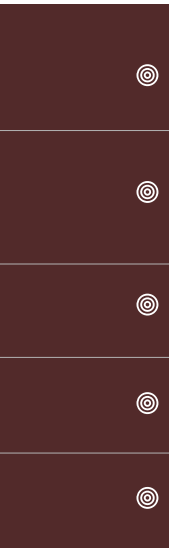
2. Designate staff that will enforce safety protocols within schools

3. Continue TV, radio and online teaching to address the learning deficit caused by the long break. This will also give parents the option to continue homeschooling while the government rolls out reopening strategies.

4. Set up a recurring national-level ECD stakeholder conference to strengthen multi-sectoral coordination and collaboration among child-focused sector stakeholders. The goal of such a conference will be to review and evaluate progress toward COVID-19 activities and assess a roadmap toward national strategic plans for children. This will reduce duplication, foster collaboration, and sharing of resources.



5. Track and compare enrollment data before and after school reopens as declines in enrollment and absenteeism could occur after school reopens due to parental concerns, infections from COVID-19, or other related issues.
6. Assess adherence to COVID-19 protocols within the school community, such as sanitizing regularly touched surfaces.
7. Create a feedback loop for schools to relay challenges and progress.
8. Intensify the supervision of all ECCD centres to ensure strict adherence to the laid down protocols. These include regular visitation to ECCD centres or designating health/sanitation monitoring officers to ensure compliance to the safety protocols.
9. Collect feedback data from senior high school students who are currently attending school to identify potential strengths, weakness, opportunities and threats to school reopening in the ECD sector.
10. Address child abuse by:



Organizing parental skills training/sensitization for parents, caregivers and teachers via religious institutions, town hall meetings, and radio programmes.

Designing and presenting poster messages on prevention of child abuse in schools and communities, with toll free abuse hotline number included.

Orienting teachers on how to handle unexpected behavior from children and avoid abuse of children

Engaging psychologists/counsellors to perform frequent check-ins with teachers and parents

Training teachers to identify children who are suffering from abuse.

3. Specific Recommendations for the Ghana Health Service

1. Collect health-related data from learners and staff, including testing learners for COVID-19 infections and share them with other agencies.
2. Ensure that each school is assigned a designated healthcare facility so that cases can be transferred and managed quickly.
3. Address COVID-19 related stigma within the school community. Participants' recommendations to address COVID-19 related stigma and psychosocial stress are:

Advocacy: Organise comprehensive community sensitization to provide adequate information against COVID-19 related stigmatization. PTA meetings should

- ⊙ target the education of parents on how to care for and pass on information to their children and support distance learning. It is important that all communication materials on COVID-19 be disability friendly.

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- ⊙ **Confidentiality:** Maintain confidentiality of affected persons within the School community

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- ⊙ **Counselling:** Build the capacity of teachers and guidance and counselling coordinators to help address stigma and psychosocial stress related to COVID-19.

4. Specific Recommendations for ECCD Centres

1. Implement social distancing and restrict visitations to the school: A key recommendation for ensuring social distancing is to reopen ECD centres in a phased manner to prevent too many children from sharing the school environment at a time. One approach is to reduce class sizes. Entry into the schools premises either by parents or other visitors should be restricted.



2. Implement daily screening of staff and children for COVID-19:

Screening for COVID-19 cases should go beyond temperature checks to include COVID-19 related symptoms to allow for proper risk assessment. Any staff or child experiencing symptoms compatible with COVID-19 should be isolated immediately, and parents should be informed accordingly. An example of a screening questionnaire presented at the conference can be seen in the **Appendix**

3. Promote effective hand washing and staff's wearing of personal protective equipment:

Amongst all the prevention protocols for COVID-19, the most child-friendly is washing of hands. All staff and children should wash their hands regularly especially on arrival to the facility, before and after eating, after blowing their nose, coughing, sneezing, or using the toilet. ECCD centres should make soap, running water and alcohol-based hand sanitizers available at the entrance of the facility and at vantage points. Teachers must teach and supervise the children as they wash their hands. All teaching and non-teaching staff of ECCD centres must be required to always wear nose masks.

4. Cluster children for play and mealtime:

Children learn through play, hence ECCD centres must ensure safe play. They must stagger play times so that children play in batches or small groups. Where children eat at the canteen, small groups of children should be allowed in at a time during mealtime.

5. Clean and disinfect the school facilities and playing materials:

Stakeholders emphasized that there should be regular cleaning and disinfecting of frequently touched surfaces like tables, doorknobs, light switches, remote controls and desks. All toys and learning materials must be cleaned and disinfected after use. ECCD centres must discourage the use of soft toys, rugs, and carpets. Sharing of toys that have been placed in a child's mouth should be monitored and avoided. There should be enough staffing to ensure adequate supervision of the children. ECCD centres must be willing to employ more hands if necessary.



6. Communicate with parents often: Conference participants emphasized the critical role of effective communication in mitigating COVID-19 spread and adherence to prevention protocols. All protocols should be effectively communicated to parents, children, and staff before school reopens in simple, clear language. This will prepare both parents and teachers for what to expect.

Also, when school reopens, ECCD centres must display these protocols at vantage points so parents and staff can see and read when they drop-off or pick up their children. Parents and teachers should be updated regularly on any new developments, for instance information should be announced periodically through regular public address systems.

7. Minimize overcrowding: Reduce overcrowding in school buses to reduce COVID-19 transmission among children. Bus drivers should be required to wear masks.

8. Consider creating a tuition payment strategy that does not require parents to come to the school, such as through mobile money.

9. Plan to increase the number of teachers/staff in schools to ensure that more teachers supervise fewer children or, reduce the number of children per current staff needs.

10. Undertake a budgetary analysis: Critically identify financial costs of COVID-19 prevention requirements, potential staff increases, potential declines in enrollment, potential reduction in student contact hours

11. Attend to children with SEN: Decrease pupil-teacher ratio to provide adequate attention to children with special educational needs. This may include hiring more teachers per school. Arrangements should be made to recruit more workers to assist in school reopening. National Service personnel can be engaged and trained to do this work.



5. Specific Recommendations for Civil Societies

1. Invest in WASH programmes in schools to support prevention of COVID-19 and other infections in children.
2. Organise training for teachers, parents, and school staff.
3. Partner with government institutions and academia to help create interventions to support children with SEN, particularly in remote areas.
4. Conduct research that can feed into national planning on prevention of COVID-19, continuous learning, and school reopening.
5. Create programmes to support teachers who have lost their jobs.

6. Multi-sectoral Recommendations Recommendations for Continuous Learning

1. Continue the promotion of play-based curricular activities in the household. Activities must be low-cost and suited for low-resource contexts, such as rural households and households of lower socioeconomic background.
2. Encourage more caregiver engagement or interaction with younger learners during remote learning lessons. From the literature research, IPA shared that interaction between young learners and adults is the most effective way to improve learning outcomes in young children. Lessons should also be translated into local languages. Recordings of these lessons must be made available to parents and caregivers, potentially through marketplaces.
3. Create 'how to teach' videos for parents to guide them in supporting children through remote learning. Parental lessons should be adapted to several local languages, as English literacy is low in many areas.



4. Maintain continuous interaction between parents and teachers. A support system for parents must be established to ensure continuity of online learning, such as engaging with parents via online meetings at group and individual levels to discuss how to meet their needs.

Recommendations to Guide Research, Monitoring and Evaluation.

Continuous Learning

1. In this current COVID-19 climate, caregivers are the primary teachers of children at home. This fact thus requires research to identify their specific challenges with continuous learning and solutions they are adopting.

2. Research is also needed to identify appropriate strategies to educate children with special educational needs at home.

Reopening of Schools

3. The country needs data to inform targeting, communication, and reopening strategies. Thus, research is needed to identify models of school reopening and COVID-19 prevention strategies that are acceptable, feasible and effective in Ghana. Such research should also assess parents, teachers, and community members' willingness to have school reopened.

4. Data for decision making should be inclusive of all schools, including those in remote settings.



Conclusion

COVID-19 has negatively impacted learning at all levels. Globally, the pandemic has forced about 1.2 billion young learners out of schools and in Ghana alone about 9.2 million children between the ages of 4-17 years are currently home. The closure of schools has had adverse consequences on children's health, nutrition, safety, and learning. Although new solutions for teaching and continuous learning such as e-lessons and radio teaching are currently being adopted to mitigate the negative impact of school closures, they also have the potential to exacerbate existing inequalities, especially for children who already face disadvantages in trying to access and engage in learning.

The decision to reopen ECCD centres requires not just balancing the risk of children contracting and /or spreading COVID-19 with the risks of their education lagging, but it also requires public trust and confidence in the reopening process. The recommendations for safe school reopening of ECCD centres in Ghana can be summed in three **C's: Consultation, Communication and Coordination.**

Consultation has two main levels: (1) Consultations with parents and teachers in the decisions making process for school reopening. Effective involvement of caregivers will not only ensure that all misinformation is cleared, but also put to rest any fears they may have about school reopening. (2) Consultation with experts including civil societies and international organisations.

Communication implies ensuring that all information regarding school reopening is shared in a simple, clear, and credible manner. Government agencies must ensure that all necessary policies and guidelines are widely disseminated to all the relevant institutions and the community at large.

Finally, **Coordination** deals with adopting a multi-sectoral approach to school reopening. It includes setting up a national-level, ECCD-specific COVID-19 taskforce to coordinate the process. The role of the taskforce will include consultations, providing PPEs and monitoring and evaluation.

While these three C's are the pillars to safe reopening, they should be underpinned by social justice to ensure that no child is left behind.



APPENDIX

PARTICIPANT LIST – STAKEHOLDER CONFERENCE ON EARLY CHILDHOOD DEVELOPMENT IN THE COVID-19 ERA

NO	ORGANIZATION
1	Center for Learning and childhood Development
2	Ministry of Gender, Children and Social Protection
3	Department of Children
4	UNICEF
5	Ghana Health Service
6	Ministry of Education
7	Ghana Education Service
8	Department of Social Welfare
9	Department of Community Development
10	Births and Deaths Registry
11	Ministry of Information
12	Ministry of Employment and Labour Relations
13	National Population Council
14	Local Government Service
15	NGO Coalition on the Rights of the Child
16	Child Rights International
17	Ghana National Association of Teachers (GNAT)
18	National Council for Private Early Childhood Growth & Development
19	Ghana National Education Campaign Coalition

69	Big Win Philanthropy
70	Worldreader Ghana
71	Emperor Academy
72	IDP/Perkins
73	Erasmus University
74	National Nursery Teachers Training Centre
75	Council for private Early Childhood Growth and Development
76	EMIRIET Early Childhood Education Centre
77	Children Workers Association Ghana
78	Lilliput Academy
79	Neogenics Education Group
80	Unique Child Academy
81	Hayfron International School
82	DFID Ghana
83	Johns Hopkins Bloomberg School of Public Health
84	Ghana Federation of Disability Organisations (GFD)
85	Everock Consult Ltd
86	Children Workers Association, Ghana
87	Day Care Centers Association
88	Department of Children, Upper East Region
89	Department of children-Ashanti region
90	Open Learning Exchange (OLE) Ghana
91	Children Workers Association Ghana
92	Vision International
93	Albowen's Creche and Playschool

94	JH Health Foundation
95	Paediatric Society of Ghana
96	Laurel Consult
97	Autism Awareness Care & Training
100	Wisdom Ways Academy
101	Perfect Chance Foundation
102	Myron Petra Company Limited
103	Special Learning Materials Ltd



CENTER FOR LEARNING AND CHILDHOOD DEVELOPMENT

ADVANCING RESEARCH, PROMOTING LEARNING AND SAVING LIVES

About CLCD Ghana

The Center for Learning and Childhood Development – Ghana (CLCD) is a research-based, non-profit organization that designs and implements solutions to promote children's survival and development

Vision

To see every child survive, thrive, and succeed in their learning.

Mission

To use research, advocacy, practice, and capacity building to improve children's survival and development.

Program areas

- Neonatal and Child Health
- Early Childhood Education
- Developmental Delays and Disorders

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