Follow up to Research Study on the

Impact of COVID-19 on Adolescents and Young People in SADC Region

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Abbreviations

ADEA	Association for the Development of Education in Africa
Africa CDC	Africa Centres for Disease Control and Prevention
APHRC	African Population and Health Research Centre
AU	African Union
AU/CIEFFA	African Union International Centre for Girls' and Women's Education in Africa
CESCR	Committee on Economic, Social and Cultural Rights
DBE	Department of Basic Education [South Africa]
DRC	Democratic Republic of Congo
ESA	East and Southern African Region
GBV	Gender-based violence
GPE	Global Partnership for Education
ICJ	International Commission of Jurists
ICT	Information and communication technology
IPPF	International Planned Parenthood Federation
PMNCH	Partnership for Maternal, Newborn and Child Health
RLRI	Remote Learning Readiness Index
SADC	Southern African Development Community
SRH[R]	Sexual Reproductive Health [and Rights]
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Executive Summary

The COVID-19 pandemic disrupted education provision at an unprecedented scale, with education systems across the SADC Region being impacted by extended school closures and abrupt changes to normal school operations.

The aim of this research was to update a regional study commissioned by MIET Africa and the [South African] Human Science Resources Council in 2020 to explore the educational, health and protection challenges experienced by adolescents and young people amid COVID-19 in six selected SADC Member States. The findings of the research would inform policy decisions and actions that improve the educational lives of adolescents and young people. The intention of this research update is to: document how the COVID-19 pandemic impacted student enrolment and drop-out compared to previous academic years; determine COVID-19 education approaches (policy, programmatic and institutional) implemented to minimise the negative effects of the COVID-19 pandemic on the educational outcomes and overall wellbeing of children in SADC Member States; document government efforts in vaccine rollout for teachers and learners; devise regional policy recommendations on how to address the learning needs of young people as part of COVID-19 recovery efforts.

The research update was an exploratory nested study in which semi-structured interviews were used to gather information with the aid of Google Forms that were used to record the collected information. To inform the research with their expert knowledge, purposive sampling was utilised to gather information from 37 government officials drawn from the Ministries of Education, Health, Gender and Youth Affairs across eleven SADC Member States—Angola, Democratic Republic from Congo (DRC), Lesotho, Malawi, Mozambique, Madagascar, Namibia, South Africa, Tanzania, Zambia and Zimbabwe.

The study found that SADC Member States had been quick to respond to the COVID-19 pandemic by putting education continuation measures in place. Because they are cost-effective, the use of masks and social distancing measures were the widely-adopted preventative measures. New forms of remote learning and rotational learning we introduced to ensure that learning never stopped. The various ways in which education systems responded to the COVID-19 pandemic were anchored in local national contexts and shaped by the consequent guidance provided at the national level. For each Member State examined, the decision to reopen schools was based on a critical assessment of the situation, including the level of preparedness by educational institutions, the rate of infections and the availability of funding and resources to safely re-open schools.

The study also revealed that education exclusion is still prominent in the region, and the COVID-19 pandemic will worsen the exclusion. Contributions to children's low learning outcomes include: the limited access to internet; the lack of access to e-learning devices, to adequate

exposure to emerging learning technologies and to electricity for operationalisation of e-learning; isolated learning; the high cost of internet; poor radio and TV signals. The study indicates that before COVID-19, the learning experience of children was to some extent positive, with regular access to teachers and opportunities to access of school-based health services: schools provided opportunities to socialise and discuss schoolwork, share notes and ideas, and gave them confidence in their individual academic progression and potential success in the examinations despite their socioeconomic exclusions. However, during COVID-19, these learning and learning environments became inaccessible.

COVID-19 led to various barriers to the continuation of education among youth, such as mental health issues, child pregnancies, child marriages and sexual exploitation. Some Member States that had closed their schools due to COVID-19 initiated back-to-school campaigns to curb the high levels of school dropouts, advocating for a total return of boys and girls to the previous setting of learning. But school closures not only disrupted education, they also affected the delivery of essential services, including school feeding, protection and psychosocial support, thereby impacting the overall health, wellbeing, and mental health of children. Although COVID-19 vaccination rollout began in 2020, access to COVID-19 vaccines has been and remains a critical equity barrier to the mantra "building back better". Furthermore, vaccination drives in Member States were significantly undermined by myths and disinformation.

The follow-up research indicates certain policies and programmatic activities that should be prioritised as Member States in the region recover from education losses. The study recommends urgently devising strategies to address the impact of social and physical distancing on the learning process that affected learning among pupils and teachers. The analysis provided highlights the need for regional educational planning amidst COVID-19 to take national contexts, socio-ecological, cultural, political and economic considerations into account, with a specific view to avoiding exclusion, marginalisation and discrimination, which have always been a challenge in the various Member States and the SADC Region in general.

The COVID-19 pandemic has confronted decision makers in Member States with the new challenge to be proactive in education recovery and to start thinking of development of information and communication technology (ICT) infrastructure. Access to ICTs has become essential for all learners to acquire quality education that is responsive to the knowledge-based society. Internet connectivity has become a means for learners to enjoy their right to education, and in the times of COVID-19, has proven to be one of the determinants of learners' access to education. This means strong political will among decision makers in the education sector is needed. Reopening schools and keeping them open should therefore be *the* priority for countries, as growing evidence indicates that with adequate measures, health risks to children and education staff can be minimised. Reopening is the single best measure countries can take to begin reversing learning losses.

Building back better therefore requires countries to measure how effective their policy responses are at mitigating learning loss and to analyse their impact on equity—and then to use what they learn to keep improving education systems. Improving systems to generate timely and reliable data is critical to evaluate policy responses and generate lessons learnt for any future disruptions to education. The implementation gap between policy and improved student learning requires more research to understand what works and how to scale what works to the system level. Member States have an opportunity to accelerate learning and make schools more efficient, equitable and resilient by building on investments made and lessons learnt during the crisis. Now is the time to shift from crisis to recovery— and beyond recovery, to resilient and transformative education systems that truly deliver 21st century learning and wellbeing for all children and youth.

The education recovery plan in SADC should focus on bringing all children back to schools, recovering learning losses and preparing and supporting teachers so they can support students. With government leadership and support from the international community, there is a great deal that can be done to make systems more *equitable, efficient* and *resilient*.

1. Introduction

School closures due to the COVID-19 pandemic have brought major disruptions to education, putting at risk recent gains in schooling access and quality, especially for girls and members of other vulnerable groups including those with disabilities or living in remote areas. Given the challenges of distance education in many Member States of the Southern African Development Community (SADC), re-opening schools safely may offer the only sustainable and meaningful way to reach many of the most vulnerable learners.

According to information from Global Partnership for Education (GPE), its partner countries accelerated school re-opening in the first quarter of 2021, with 65% of school systems fully open by January 2021, and 87.5% by June. However, the re-openings were followed between June and September 2021 by prolonged and recurring closures in most countries, with 62.5% of GPE partner countries closing schools for over 200 days between 2020 and 2021.[1] Furthermore, successive waves of the pandemic experienced from late 2021 to early 2022 forced countries such as Zambia and Zimbabwe to delay the re-opening of schools.

Mounting evidence confirms that learning losses because of COVID-19 school closures are real, but with stark disparities for marginalised learners in the region. In Sub-Saharan Africa, 97.5 million primary and secondary school-age children and young people (53% of them female) were out of school in 2018. But with the impact of COVID-19, if children at risk—such as pregnant teens and those in low-income households forced to work to support their families—cannot be enticed back to class, these numbers stand to increase exponentially: millions may never return to the classroom.[2] In addition to the effects on learning, the COVID-19 health crisis directly negatively affected children, young people and their families along multiple dimensions.

This second edition of the MIET Africa report on the impact of COVID-19 on adolescents and young people in the SADC Region builds on an initial report published in May 2021. The current report synthesises available evidence on the COVID-19 policy interventions, programmatic adaptations and practices across the sixteen SADC Member States. The findings inform policy-makers in government and civil society actors on the situation and the impacts of COVID-19 on the region's adolescents' and young people's education, sexual reproductive health and rights (SRHR), access to vaccines and wellbeing.

The analysis carried out for this report was strategically not extensive; instead, its intention was to provide Member States with an opportunity to update their status on the above-mentioned key issues and to better reflect on the developments that have taken place in the region since January 2021. The report is informed by a rapid systematic desktop review of new developments, strategies, programmes and interventions adopted by the Member States to contain COVID-19 and to mitigate its impacts on adolescents and young people. While the

SADC Member States share closely-linked geopolitical challenges and economic forecasts, the COVID-19 responses, programmes, interventions and challenges vary from country to country.

This supplementary report aims to respond to the following six key questions:

1. Has the pandemic impacted enrolment and dropout as compared to the academic year before the COVID-19 pandemic? (How many in-person school days were lost in 2020 and 2021?)
2. What approaches (policy, programmatic and institutional) have been employed to minimise the negative effects of the COVID-19 pandemic on the educational outcomes and overall wellbeing of children in Member States?
3. What are the main challenges being experienced in the context of education and health?
4. What adaptations have been made because of COVID-19 to ensure access to SRHR supports and services for adolescents and young people?
5. What is the status of COVID-19 crisis management concerning young people's rights in the Member States?
6. How are governments facilitating vaccine rollout and addressing vaccine disinformation? What are the implications of vaccination programmes for teachers and learners?

The above questions are addressed in an integrated manner, synthesising the issues in the structure adopted for this report.

The report presents an analysis of school closures and re-openings in Member States. It also highlights how education systems in the SADC Region have approached the re-opening of schools, with particular attention to how the needs of vulnerable groups of learners are being addressed. In addition to categorising the main policy and practice responses that national governments and international partners have prioritised, the report identifies key challenges faced in ensuring a smooth return to school for most children. Based on the analysis of policy and practice responses, in the final section, specific recommendations are provided to relevant stakeholders.

METHODOLOGY

The report is informed by a detailed scoping and qualitative review of literature on the impacts of COVID-19 on adolescents and young people in the SADC Region, and key informant interviews with stakeholders from Member States on progress made in policy and programmatic interventions, and challenges experienced during the time of review. To do this, the researcher disseminated a questionnaire to all Member States and conducted follow-up interviews with key informants in the six Member States that were highlighted in the original research (namely Lesotho, Madagascar, Malawi, Mozambique, Zambia and Zimbabwe).

2. Limitations and challenges

Certain limitations should be noted. Firstly, language was a key factor in the systematic and in-depth review of literature, which was done only in English, with the unintended exclusion, consequently, of literature in SADC's other official languages, that is, Portuguese in the case of Angola and Mozambique, and French in the case of the DRC, Madagascar and Seychelles.

Another challenge is that information is not always readily available on official websites of the ministries responsible for adolescent health, education and vaccination statistics. Other challenges experienced in accessing information relating to COVID-19 responses and measures, or policy, institutional and pragmatic interventions include that:

- Some officials who received the questionnaires failed to respond due to the multi-level consultations and approvals required by some governments.
- Officials who were interviewed as key informants indicated that not much updated information could be provided as governments often move slowly in adopting new initiatives, programmes or strategies due to funding and other constraints.

The views of adolescents and young people were not sought for this follow-up study because of the challenges associated with obtaining ethical approvals from responsible national authorities to undertake interviews with children. But since this is a follow-up study, the participation of adolescents and young persons was sufficiently captured in the original study; but their views should be seriously considered by decision- and policy-makers in formulating actions and interventions.

3. Impact of COVID-19 on Learning

3.1 SCHOOL CLOSURES AND RE-OPENINGS

The United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) have stressed the importance of safe school re-opening, citing both the immediate dangers to children's mental and physical health and the long-term damage from the protracted loss of learning.[3] In Member States, school closures have been associated with early and unintended pregnancies, child-, early- and forced-marriages, and an increased likelihood of adolescents—especially girls—dropping out of school. More than one million children around the world have lost a caregiver* to COVID-19,[4] and with limited mental health and psychosocial support, orphaned and bereaved children have not been adequately supported to enrol or return to

* In this report, "caregivers" include parents, other members of the family, guardians or other adults who provide daily care to the learner.

school. These and other pre-existing and emerging challenges compelled governments to re-open schools despite the onset of subsequent waves of COVID-19.

The various ways in which education systems have responded to the COVID-19 pandemic were anchored in local national contexts and shaped by the consequent guidance provided at the national level. In each SADC Member State examined, the decision to re-open schools was based on a critical assessment of the situation, including the level of preparedness by educational institutions, the rate of infection and the availability of funding and resources to reopen them safely. Most Member States prioritised those grades that were at the end of the primary or secondary cycle and sit for national examinations. The re-opening of schools was carried out in a phased manner, following the advice of COVID-19 task forces and/or internal consultations between the Ministries of Education and key stakeholders. Madagascar, Zambia and Zimbabwe, among others, re-opened their schools beginning with the external exam classes to enable them to prepare, and to assess the education systems' preparedness to fully re-open. While this was a commendable approach given the critical need to accelerate teaching and learning, it is believed that a crisis was and remains brewing in the lower grades, and this will cause developmental and educational challenges as learners transition to higher grades.[5] It is estimated that the skills of learners will be lower than usual in the next few years. If no deliberate efforts are made by Member States to address this, SADC's future workforce may be severely compromised.

As was the case worldwide, SADC Member States experienced various waves of COVID-19. After a first round of re-openings in 2020, several Member States then closed some or all schools for a second or third time, owing to a rapid rise in the number of cases from late 2020. So for instance:

- Madagascar, which closed schools in the Central Region in July of 2020, re-opened them in September 2020, only to close them again in April 2021.[6]
- Comoros's second round of closures occurred in September 2020. But following their re-opening in November 2020, schools closed again for three weeks in February 2021.[7]
- Lesotho, Malawi, Zambia, and Zimbabwe also experienced a second round of closures in January 2021 because of a rapid rise in infections. Zimbabwe then closed schools during a third wave of infections that coincided with the school holiday period, but in 2022 an additional month was lost due to delayed re-opening of schools.

Tanzania recorded the shortest period of school closures in the SADC Region, from March to September 2020.

In some cases, the prolonged school closure was exacerbated by unforeseen events unrelated to COVID-19, such as internal conflicts in some parts of Mozambique, and cyclones or floods in some parts of Malawi, Mozambique and Zimbabwe. This meant that apart from efforts having been made to enable access to basic education and measures taken related to the

management and reduction of risk at schools to prevent and combat the spread of COVID-19, learners had prolonged school disruption. In addition to the immense impacts these had on their education, it also served to inform governments on their approaches and strategies to close the learning-gap.

The interviews with Ministry of Education officials confirmed that in most Member States full re-opening of schools did not take place until the first quarter of 2021. As shown in Table 1, only one Member State (Tanzania) fully re-opened their schools within a hundred days of the initial closure, while five others (Botswana, Malawi, Mauritius, Namibia and Zambia) implemented full re-opening after one hundred days of initial days of closing. Most Member States (ten of sixteen) re-opened schools after having been closed for more than 200 days. But despite fifteen of the Member States having fully re-opened schools by October 2021, the protracted closures caused learning losses and learning gaps. There is also the risk that these learning losses and gaps may drive disadvantaged learners away from education. Furthermore, during the various COVID-19 waves, education oscillated between in-person learning and remote learning, or a combination thereof. Where remote learning has not been effective, some learners may have lost interest in education, even once schools re-opened.[8]

When schools reopened, Member States made efforts to ensure that they adhered strictly to all the Ministries of Health protocols, including wearing of face masks and washing of hands. In addition, schools ensured that social distancing measures were complied with, although it is difficult to reinforce social distancing in lower grades because of the learners' reduced concentration span. But in some schools, mostly in rural settings, protocols related to handwashing and temperature checks were not consistently followed because of the lack of resources such as sanitisers and thermometers, among other factors.

TABLE 1: NUMBER OF WEEKS SCHOOLS WERE CLOSED TO OCTOBER 2021

PERIOD	WEEKS CLOSED	MEMBER STATE	PARTIALLY / FULLY OPEN
11–20 weeks	15 weeks	Tanzania	Fully Open
21–30 weeks	24 weeks	Zambia	Fully Open
	25 weeks	Botswana	Fully Open
	25 weeks	Mauritius	Fully Open
	25 weeks	Namibia	Fully Open
	26 weeks	Malawi	Fully Open
31–40 weeks	32 weeks	Madagascar	Fully Open
	33 weeks	DRC	Fully Open
	35 weeks	Comoros	Fully Open
41+ weeks	43 weeks	Lesotho	Fully Open
	44 weeks	Zimbabwe	Fully Open
	46 weeks	Angola	Fully Open
	46 weeks	Seychelles	Partially Open
	53 weeks	Mozambique	Fully Open
	57 weeks	Eswatini	Fully Open
	60 weeks	South Africa	Partially Open

SOURCE: UNESCO DATA AS AT JANUARY 2022

From late April 2021 until October 2021, education systems in the SADC Region were, on average, fully closed for 224 instructional days and partially closed for 103 days, with the region's poorest children disproportionately affected.[9] While some countries quickly re-opened schools, many kept all schools closed for exceptionally long periods, or if re-opened, only partially. For example, some education systems in the DRC, Eswatini, Lesotho and Seychelles re-opened but offered access to face-to-face schooling only in certain areas, to certain grades, or to all learners on a part-time basis, adopting a hybrid model where learners rotate in receiving in-person instruction.

3.2 LEARNER ENROLMENT, DROPOUTS AND LEARNING LOSSES

The COVID-19 pandemic and resultant lockdowns had an unprecedented disruption on education, affecting over 1.6 billion learners in 188 countries globally.[10] After the extended educational disruption, not all learners enrolled back in schools, due to underlying factors such as poverty, child marriage, early pregnancy, domestic income-generating tasks, concerns about learning loss and falling behind, and health and safety concerns, among others.[11] During the August to December 2021 period, across the East and Southern Africa (ESA) Region, re-closing of schools resulted in an estimated 32 million children being out of school, either because of pandemic closures or of having failed to return once their schools opened earlier in the year. That is in addition to an estimated 37 million children who were out of school before the pandemic. Although the number of children out of school constantly fluctuates depending on the local context, the fact that an estimated 40 per cent of ESA Region's children were out of school is a huge concern.[12] UNICEF estimates that 69 million children are currently out of school in this region, because of COVID-19 closures or from a range of other factors, including: the inability of caregivers to pay school or transportation fees; child labour due to poverty; girls dropping out because of pressures to marry; the inability to afford sanitary napkins during menstrual cycles; access challenges for children with disabilities.[13]

In Africa, and specifically the SADC Region, school dropouts have a gendered pattern, with more girls who are survivors of gender-based violence (GBV) and sexual exploitation, or in some cases who experience early pregnancy (resulting in trauma and stigmatisation), dropping out of school.[14] The United Nations Educational, Scientific and Cultural Organization (UNESCO) notes that although data on school return is still limited, gender disparities in school dropouts have emerged in the available data.[15] Millions of learners may never return to school again.[16] In sub-Saharan Africa, learners at risk of not returning to school are concentrated in the lower levels of education. About 40% of at-risk learners at pre-primary education are in the Sub-Saharan Africa region, but at the tertiary education level, the this region's share of the global total is less than 6%,[17] largely because secondary enrolment is low in this region.

A SADC regional picture of the number of learners that dropped out of school in 2021 is still difficult to ascertain as some schools are still compiling returns, which in turn implies that Ministries of Education are yet to understand the full extent of dropout. Member States' officials interviewed noted that the total number of dropouts per country can only be determined after the academic year is complete. Gustafsson suggests that while schools input data as part of their regular operational processes, deducting the percentage of school dropout between 2020 and 2021 is prone to data duplication, which compromises the predictions.[18] A good example, Gustafsson notes, is that the education system may duplicate learners across the two years:

> [reusing] learner information from the previous year, classifying a learner as being enrolled in the current year requires steps that prevent a simple roll-over from the previous year, which would raise the risk of learners being considered enrolled in the current year when they have not been present.[19]

In addition, there is no evidence that those who enrolled in school at the beginning of 2021 were able to attend school throughout the year, or whether they also later dropped out. And, if those who enrolled later did drop out, the extent and degree of dropout in SADC becomes complex to understand, but it remains concerning.

Because of the lack of recent disaggregated data across Member States on school enrolment and dropout, it is impossible to provide a clear picture of the extent of the impact on learners' enrolment or dropout in the region as the shocks of the pandemic were experienced differently across schooling systems. However, analysis of available data shows that a significant number of in-person school days and instructional time was lost, which suggests a high learning gap. Also, given that schools closed and reopened at different intervals and for varying periods based on prevailing in-country COVID-19 infections and emerging variants, as well as the variations in the preparedness of the Ministries of Education and other stakeholders, a regional picture can only be deduced from data that is available. However, a critical concern is that the underlying problem in access to education and school dropouts across SADC might even be deeper than what it appears to be.

The impact of prolonged school closures undoubtedly meant that children missed essential days of learning, with potentially long-term economic impacts. If children lost essential building blocks for future learning during school closures and are not helped to recover them, learning will continue at a slower pace than before. For example, girls in South Africa typically outperform boys in reading, but the evidence indicates that learning losses in English for fourth graders were 27 per cent higher for girls than boys. Furthermore, in the same grade learning losses for girls were 20 per cent higher than for boys in home language; and girls lost nine words per minute in reading speed, as against six words per minute for boys.[20]

In Angola, Mozambique, Malawi, Namibia and Zimbabwe, the evidence suggests that inequalities in learning outcomes were exacerbated during the pandemic. Learners of higher socio-economic status outperformed their lower socio-economic peers in Maths and reading, probably a result of their higher engagement rates in remote learning and their schools and caregivers providing more support during school closures.

Evidence from some countries suggests that on average, the learning losses are roughly proportional to the length of school closures. Learning losses have been large and inequitable: recent learning assessments show that children in many countries have missed out on most or even all the academic learning they would ordinarily have acquired in school, with younger and more marginalised children often missing out the most.

However, it is important to note that there is a great deal of heterogeneity. The global and regional literature reviewed on learning losses is assessed and measured through different "lenses", and included learning in different grades, different subjects, at different scales, with varying timelines, and have relied on different simulations or estimates. Nevertheless, the main takeaway remains: children around the world, including in Sub-Saharan Africa, have experienced substantial learning losses.

To prevent learning losses from accumulating once children are back in school, countries should adopt learning recovery programmes consisting of evidence-based strategies. Studies show that without remedial measures, learning losses may grow even after children return to school, if the curriculum and teaching do not adjust to meet learners' learning needs. Learning recovery programmes can prevent this and make up the losses with a contextually appropriate mix of proven techniques for promoting foundational learning: for example, consolidating the curriculum, extending instructional time and making learning more efficient through targeted instruction, structured pedagogy, small-group tutoring, and self-guided learning programmes. In addition to recovering lost learning, such measures can improve learning outcomes in the long run, by improving systems' responsiveness to learners' learning needs. But countries must act now to make that happen, taking advantage of the opportunity to improve their systems before the learning losses become permanent.

4. Policy, programmatic and institutional responses

Adopted to mitigate COVID-19 impacts on the educational outcomes and for child wellbeing

Through their Ministries of Education, many governments have devised innovative approaches to mitigate the disruption of learning during closures. These include the use of television or radio to broadcast school lessons and facilitating student and teacher interactions through Internet-based applications. But even with such innovations, interviews with Ministry of Education officials indicate that Member States were, and still are, not well prepared to provide distance learning solutions to all children, especially those in areas lacking the necessary infrastructure and human capacity to package and deliver the content.

While nearly every SADC Member State offered remote learning for learners, the quality and reach of such initiatives varied greatly, and they were, at best, partial substitutes for in-person learning. Now, 22 months later and with adequate safety measures in place, the research available points in favour of re-opening education institutions.

Multiple studies conducted during the pandemic suggest that the incidence rate of the virus among children and adolescents is much lower than among adults.[21] Interviews with

government officials in Angola, South Africa and Zimbabwe confirm that the costs of keeping schools closed are steep for children and young people. School closures led to significant learning losses that risk exacerbating inequalities between learners, both within and across countries, with potentially detrimental long-term life outcomes for children.

The policy and practice responses by Member States for COVID-19 school adaptations consisted of four key areas, namely:

1. Developing decision-making policy frameworks and approaches to school re-opening
2. Formulating and executing back-to-school campaign strategies
3. Adopting learning adaptations suited to various contexts
4. Promoting health-related measures for the safe re-opening of schools

This section details how partner countries addressed these key areas.

4.1 DEVELOPING SCHOOL ADAPTATION POLICIES AND DECISION-MAKING FRAMEWORKS

Across the SADC Region, multiple national policy measures were deployed to minimise infection transmission in schools, although Member States used varying strategies.

Seven of the sixteen SADC Member States (Angola, Botswana, Lesotho, Mauritius, Namibia, South Africa and Zambia) promulgated health and hygiene guidelines to support schools to prepare for safe re-opening. These national guidelines were informed by the WHO's COVID-19 prevention guidelines and UN guidelines on the safe re-opening of schools. However, countries that had in place national COVID-19 health and hygiene guidelines did not always have enough soap, masks, and water, sanitation and hygiene (WASH) facilities to assure the safety of learners and school personnel.

Developing school adaptations and frameworks for schools required consideration of several issues that included engaging communities in school-opening plans; targeting resources where they are most needed; safe operational guidelines; prioritising the most marginalised; ensuring teachers and learner wellbeing; and providing efficient education operations, policy and financing.[22] The policy responses to COVID-19 were therefore varied. The pandemic left no room for lack of communication: recovery from COVID-19 was heavily reliant on successful clear and credible communication from the government to citizens. This means that key stakeholders, including development partners, had to be engaged on every planning level of COVID-19 response, recovery, and adaptation, and to reach everyone, recovery required the use of the best credible and reliable communication channels available.

Recovery and re-opening also required extensive coordination and operative targeting, as well as a vigilant use of the necessary resources centred on ongoing research and data collection that would contribute towards continuous improvement in all aspects.[23] Following COVID-19, the health and safety of learners, teachers and all other staff in schools have become of

paramount importance. It was therefore important that school adaptations and decision-making frameworks be centred around health and safety. This entailed adding more health and safety precaution measures aimed at safeguarding all involved, as well as the expansion of nutritional and psychosocial provision in schools to improve their wellbeing. Safety in this case also included clear, direct, and well-communicated protocols on, for example social distancing and hygiene (such as the washing of hands and the use of sanitisers) and the revision of attendance policies to provide for learner absenteeism caused by sickness.[24]

To avoid attrition of teachers, COVID-19 policy frameworks were also intended to ensure that teachers' salaries were not affected and were paid on time. To support teachers with data costs and to assuage the increasing costs of living, Angola, Botswana, Madagascar, Namibia, South Africa and Zimbabwe introduced COVID-19 relief packages for teachers.

These adaptations and decision-making frameworks were needed to ensure that all the changes and developments were within the budgets set, and that financing was prioritised, especially for those at an even bigger disadvantage.[25]

Officials from Angola and Zimbabwe who were Interviewed noted that COVID-19 response plans in their countries were implemented under the auspices of a "local education group", comprising key stakeholders from the education sector and development partners, led by the respective government through the Ministry of Education. Such groups were established in other Member States as well. A review of various ministry guidance documents on re-opening showed that countries integrated stakeholders in various ways. Some formed a task force or multisectoral committee comprising various government agencies, ministries and strategy departments to address education priorities during the pandemic.

In Tanzania, decisions affecting school re-opening were made by decree, while in Lesotho, the government partnered with stakeholders through the local education group (which included development partners such as Education in Emergencies Working Group) to develop its COVID-19 response plan. In Zambia, the Ministry of General Education worked with stakeholders and partners through the local education group to develop and implement an emergency response and recovery plan for learning continuity. The plan contained two phases: continued learning by learners during school closure, and a recovery plan to ensure adequate preparation for safe school re-opening once the situation was favourable. The collaboration aimed to bridge the gap in learner learning and eventually ensure all necessary safety measures are in place for the re-opening of all education institutions, public and private, across the country.[26]

UNESCO, UNICEF, World Bank and OECD (2021) survey data[27] was used to analyse eight policy decision aspects decision-making of approaches of Member States. In all Member States, the central government took the decisions relating to changes in school funding, and also took the lead on decisions relating to school closures and re-opening, school calendar adjustments and

compensation of teachers. However, most decisions related to additional support programmes for learners were undertaken by multiple actors, as were decisions on matters concerning hygiene measures for school re-opening, while teaching arrangements and pedagogical practices were mostly decided at school level.[28]

Centrally-made decisions allowed policy-makers to enact swift responses, but consequently were less responsive to local needs and circumstances. The pandemic has demonstrated the need for a strong and effective public sector, but the evaluation of the net impact of central versus decentralised pandemic response has yet to be established.

Demand for more funding has risen as education systems and schools invest in distance learning strategies, maintain safe WASH facilities and compensate for potential teacher shortages and learning loss, particularly among the most vulnerable learners. At the same time, governments are increasingly under financial pressure to mitigate the ripple effects of the crisis across all sectors from health, education and the overall economy. The pandemic is also exacerbating an already precarious education financing situation; before 2020, only five governments in the 21 countries in the ESA Region were spending at least 20 per cent of their budgets on education, as per the pre-crisis Education for All target.

In the SADC Region, Angola, Mauritius and South African increased their expenditure on education to support schools during the COVID-19 pandemic, while Zimbabwe reported a stable budget. In most Member States, funding was not targeted to a specific level of education. Governments urgently need support to invest more to meet the conditions to keep schools open, as well as to ensure the availability of masks, sufficient ventilation, social distancing (through sufficient desks and chairs) and WASH facilities, together with resources to support catch-up on learning loss and to *build back better* systems to withstand future shocks. Allocating funding based on specific criteria and/or needs can ensure learning continuity among those that face the greatest barriers to accessing remote schooling. Equity considerations in financing education policies and programmes, both in regular and emergency budget allocations, can ensure that essential funds reach disadvantaged groups and provide inclusive educational opportunities for all.

Member States have therefore implemented various policy measures and programmes to engage educators, learners, and families in the teaching and learning processes during school closures. For example, during the lockdown Botswana instituted additional interaction between teachers and families through texting and phone calls, which was beneficial for learning; Mauritius provided training on pedagogical skills specific to remote teaching, including how to engage with learners remotely. Despite these efforts, evidence is lacking on the effectiveness of teacher training and support programmes for implementing remote learning.

4.2 BACK-TO-SCHOOL CAMPAIGNS

COVID-19 adversely affected schools and school attendance across the world. Such challenges brought eventually led to back-to-school campaigns that that resulted in increased enrolments in both primary and secondary school levels across the SADC Region.

Back-to-school campaigns include initiatives and support programmes, impactful communications and incentives aimed at bringing learners back to school upon re-opening.[29] School closures during the pandemic led to barriers to the continuation of education among young people, such as mental health issues, child pregnancies, child marriages and sexual exploitation. Some Member States initiated back-to-school campaigns to curb the high levels of school dropouts, advocating for a total return of all learners (boys and girls) to the places of previous learning.[30] These campaigns included strategies aimed at successfully bringing all learners back to school in a safe manner. For these reasons, back-to-school campaigns have been of much importance, particularly in supporting young people to continue their education.

Using both national and sub-national officers, governments were able to stop schools from raising their fees, which was becoming another negative impact of the pandemic. Member States also reintroduced health and feeding schemes across schools that were aimed at protecting the health and wellbeing of learners, teachers and other staff.[31] These combined efforts have mitigated the spread of COVID-19 and ensured that classes were conducted more safely. Back-to-school campaigns also increased the awareness of teachers and learners across the region about the importance of resuming education and staying in school.

The country-level campaigns adopted several strategies, including:

- National governments using local administrators to monitor and enforce school return by discouraging child labour in household chores (for girls) and cattle herding (for boys), as seen in Lesotho and Malawi
- Including the “voice of youth”, as seen in various intergenerational dialogues to promote equality and a return to school among girls (in Lesotho, Malawi, Namibia, South Africa and Zambia)
- Lifting some restrictive policies and developing more inclusive ones (such as in Zimbabwe, where the Ministry of Primary and Secondary Education adopted an inclusion policy that allows pregnant girls back to school)
- Subsidising fees for water and electricity to support poor household to adhere to COVID-19 hygiene protocols (in DRC and Namibia_
- Promoting school feeding programmes (in Eswatini, Malawi, Mozambique, South Africa and Zambia)

In Madagascar, back-to-school campaigns featured reductions in school fees, a public awareness campaign and the provision of school kits containing notebooks, pens and other classroom materials for learners at 35 000 schools.

4.3 ADAPTATIONS TO LEARNING

The COVID-19 pandemic affected informal and formal education. Despite the challenges, schools have re-opened in most countries, accompanied by health and safety procedures and programmes aimed at ensuring that learning environments are safe and protected from COVID-19 and its effects on learners, teachers and all other staff.[32] A combination of health, safety, policy and funding frameworks have been responsible for the successful re-opening of schools across the region, despite the high costs incurred. It is also worth mentioning that the various steps taken to fight COVID-19 have, to an extent, led to the developments in the education sectors across the region, through various innovations such as online learning, as is evidenced in studies done in Botswana, Malawi, Namibia, South Africa, Zambia and Zimbabwe.[33]

Most adaptations that were noted are centred around health and safety concerns, online learning and learning from home, as well as learning in small groups in communities. Despite the notable success in this aspect, however, there still are several issues that need to be addressed urgently, such as some learners not having the capacity or access to online learning, thereby being left behind.[34] This points to the need for "levelling up", to ensure that the current methods of learning benefit *all* learners.

Despite the shortcomings encountered with remote learning initiatives, there were highlights and innovations. Remote and hybrid education, which became a necessity when the pandemic hit, has the potential to transform the future of learning if systems are strengthened and technology is better leveraged to complement skilled and well-supported teachers.

Physical adjustments to learning facilities included expanding infrastructure, splitting classrooms or grades, creating additional space for seating, moving learning outdoors and using other school facilities (such as dining halls) for learning, as was done in Lesotho and Malawi, for example. However, such arrangements required more teachers to handle the additional classes, or for teachers to take on extra classes.

Along with changes in the classroom set up, Member States have also had to adapt classroom schedules by staggering learner attendance, either in shifts or on alternate days. So Malawi, Mozambique and Zimbabwe, for instance, staggered school attendance, providing out different schedules for various groups of learners. In addition, most Member States had to reorganise their school calendars to make up for days of teaching and learning lost. Some also condensed the curricula, offering core content on an accelerated timeline, as in Mozambique, while others, including Eswatini, Lesotho, Namibia and Zambia, shortened their normal school calendars and school holidays.

Remedial programmes focus on core skills and aim to close the gap between what the learners *know* and what they *are expected to know* at a given time.[35] With the onset of COVID-19, many

learners struggled to keep pace in their academic work. Remedial programmes were the most widespread programmes introduced to help these struggling learners catch up. In Mozambique and Zambia remedial programmes were rolled out. Sykes (2021) observes that in Malawi, home learning and adding more time for core subjects were used to help learners catch up. At least four other Member States (Madagascar, Mozambique, South Africa and Zambia) offered accelerated learning programmes to enable some groups of learners (such as those who might otherwise have graduated or completed other milestones) to quickly recover lost days of learning instruction.

The analysis indicates that some Member States delivered innovative remote learning initiatives that other education systems can learn from. What emerged during the pandemic was the importance of Member States choosing *context-appropriate* technological solutions to reach *all* learners. Many Member States used multiple modalities of remote learning, including online learning, educational radio and TV programmes, and mobile phones, which can increase access for children from marginalised, rural or low-income households. But more Member States need to improve their readiness for remote learning. School closures are not unique to COVID-19 and are likely to occur in the future because of climate-related natural disasters, conflicts and public health emergencies. Pre-primary education is the least prepared to transition to remote learning: this places the youngest learners at risk of not learning during school closures and of being unprepared to transition to primary school, which could jeopardise their long-term education outcomes.

As learners return to school, assessing their learning levels is paramount. To accelerate learning recovery, countries will need to understand learners' current learning levels: ten of the sixteen SADC Member States have taken steps to measure learning levels through standardised assessments for primary and lower secondary learners. Such assessment data is essential to enable teachers identify the level of learning and develop learning activities that are aligned to the learners' needs, which is a key strategy to accelerate learning progress.

4.4 HEALTH-RELATED RESPONSES FOR SCHOOL RE-OPENINGS

A current challenge to the educational and wellbeing of children and young people is their mental health. Impairment of mental health has multiple causes, such as loss of a caregiver, guardian or close relative; trauma from sexual abuse, exploitation or GBV experienced at home; the general enclosed environment of children. Challenges to mental health of adolescents and young people in the region is exacerbated by social factors and African cultural beliefs that sometimes deny, ignore or neglect the importance of this subject, and so many young people, especially girls, are forced to suffer in silence. During the pandemic, young people encountered increased experiences of depression, suicidal intentions, lack of motivation and hopelessness among other health-related challenges.[36] A study conducted in

Zambia and Kenya found that a significant drop in family incomes during the lockdown periods—combined with the psychological distress brought on by home-schooling and parenting responsibilities—has harmed the mental health of adolescents and young people, more so for those in child-headed families.[37]

Moreover, this was coupled with child protection services and youth corners—which provide essential services to young people—being closed or not operational during the lockdown. Even when they were open, it was not at full capacity, which meant that adolescents and young people could not get the necessary psychosocial support.

The closure of health facilities also imposed severe difficulties for girls' menstrual hygiene. Evidence has shown that girls' menstruation-related absenteeism results in a high possibility of them falling behind in their schooling and their progress being retarded, especially given that returning to school imposes the extra burden of having to provide masks for themselves (in areas where the government does not provide these for learners). While NGOs in some areas did provide sanitary products for girls during the lockdown period, sustainability of such initiatives was hampered by logistical and funding challenges as donors diverted resources to the more pressing life-threatening demands of the pandemic.

Teachers also experienced additional stress because of the pandemic and need support and resources to manage their own mental health and wellbeing. Evidence shows that teachers' emotions and stress influence those of learners and other teachers.[38] It is therefore important to attend to their psychosocial wellbeing and to support their adaptation to changing teaching routines, so that they in turn can support the wellbeing of learners (and other teachers).

The African Union's (AU's) Africa for Disease Control and Prevention (Africa CDC) launched the COVID-19 Surveillance at the Community Level to support the detection, response and prevention of the spread of the different and merging COVID-19 variants, using social media platforms and other related networking channels, wherein adolescents and young people could play a role in standing up for their rights, and of their peers and communities.[39] Formulating and implementing health protocols for school re-openings, in consultation with stakeholders, was paramount given the prevention value of adherence to the health guidelines issued by the WHO and local health ministries.

COVID-19 health-promotion protocols for schools in the SADC Region had much in common, including:

- The imposition of health-related measures, such as temperature screening at the points of entry for learners, staff and visitors
- An increase in WASH facilities, such as adequate water access points, hand washing stations and toilets, and measures such as frequent disinfection of shared spaces

- The development of school management protocols, which included discouraging unnecessary or unauthorised visitors to schools and cancelling assemblies and sports events
- The expansion or adaptation of physical infrastructure to permit physical distancing, including by building more classrooms, and using other school facilities such as dining halls or open ground to conduct lessons
- The existence of a well-defined referral system
- Training of teachers on how observing health protocols, providing psychosocial support and guiding learners in taking precautions to reduce the risk of infection[40]

The South African Department of Basic Education (DBE) has been undertaking numerous programmes targeting learners and ensuring that they are equipped with the knowledge and skills to understand the impacts of COVID-19. For instance, the Basic Education Sector *Lekgotla*[*] convened sessions under the theme "Equipping learners with knowledge and skills for a changing world in the context of COVID-19" and anchored presentations, deliberations and debates on building the resilience of learners during the pandemic.[41] In Mozambique, the government had to respond to two disasters in a row—the disruptions caused by the COVID-19 pandemic and the destruction caused by Cyclones Idai and Kenneth in certain regions. A plan to rehabilitate damaged facilities and add new infrastructure such as classrooms and desks will respond to both disasters, enabling a return to classes with more physical distancing.

UNICEF's assessment of educational resilience during COVID-19 school closures evaluates efforts towards the global goal to *build back better* and recover from the learning losses caused by the disruption of the in-person classroom.[42] Its report used the Remote Learning Readiness Index (RLRI), a new composite indicator to measure the readiness of governments to deliver remote learning in response to school closures.

The RLRI consists of three domains: households, a government's policy response capacity, and the emergency preparedness of the national education sector.[43] To measure status, the index ranks government performance, with countries at the top receiving five stars and those at the bottom one star. A country receives one star if it demonstrates poor performance, two stars if it demonstrates lowest or medium-low performance, three stars if it demonstrates average performance in the provision of remote learning systems in any of the two domains above.

Of the SADC Member States included in the evaluation, the RLRI scored South Africa with four stars; Zimbabwe with three; Comoros, the DRC and Tanzania with two; Madagascar and Malawi with one.[44] The RLRI reinforces the critical value of investing in remote/digital tools to deliver education, which however should not be done at the expense of in-person learning. UNICEF notes that while the resilience of education systems to adapt in the face of extreme situations

[*] A meeting called by government to discuss strategy planning

is crucial, the ability *to go to school* remains paramount for children's overall development and wellbeing.

Beyond addressing learning losses, addressing children's socio-emotional losses is also essential. School closures not only disrupted education, but they also affected the delivery of other essential services, including school feeding, protection, and psychosocial support, all of which impact the overall health, wellbeing and mental health of children. Re-opening schools—and supporting them to provide comprehensive services promoting wellbeing and psychosocial support—is a priority. This will happen only if teachers are adequately equipped and trained to support the holistic needs of children. All teachers should therefore be supported and prepared for remedial education, mental health and psychosocial support.

5. Access to SRHR support and services

Due to COVID-19 restrictions, adolescents and young people in SADC encountered severe challenges and constraints in accessing and their claims to SRHR, which they had already experienced because of extreme poverty and inequality, overburdened and under-resourced health and education systems, and deeply engrained harmful gender and socio-cultural norms.[45] There is evidence that there has been an increase in rates of early and unintended pregnancies, barriers to accessing SRH information and services, and sexual- and gender-based violence, among others.

As noted in the earlier report, the initial lockdown restrictions adversely affected the health issues unrelated to COVID-19 (such as SRHR support and services) experienced by adolescents and young people. It is commendable that, as business and health facilities are opening in many Member States, there have been efforts to facilitate the provision of SRHR services (such as family planning, safe abortion services, youth-friendly corners for SRH care and services, as well as Comprehensive Sexuality Education), buy these must be offered in a gender-transformative, youth-friendly, respectful, non-discriminatory and confidential manner. This must therefore take into consideration the special needs of adolescent girls, young women and men, and marginalised groups such as migrants, internally displaced persons, LGBTQI+* groups and persons with disabilities. Moreover, there is a need for integrated approaches to address the multiple economic, political, socio-cultural and other barriers that inhibit, prevent or limit access to SRH services during pandemics and other humanitarian restrictive conditions, and which prioritise support for adolescents and young people in the region.

* Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning

The recently 2021 SADC Scorecard on SRHR reports notable and significant progress in the performance across the Member States, despite the challenges inflicted by the COVID-19 pandemic.[46] The Scorecard was developed by the SADC Ministers of Health to track and monitor progress and trends on achieving the targets of the SADC SRHR Strategy and the Sustainable Development Goals, and is a high-level strategic tool to track the progress at a political level across the region.

Using a cluster of numerous SRHR indicators, the Scorecard notes the average progress made between 2019 (when the initial baseline was conducted) and the milestones set for 2021. Some of the indicators include:

- Adolescent birth rate per 1 000 females
- The percentage of women of reproductive age with unmet needs for family planning
- The proportion of the population accessing integrated SRH services
- The percentage of primary schools that provide life skills-based HIV and sexuality education
- The percentage reduction in new HIV infections for persons aged 15–24
- The percentage of condom use among persons aged 15–24 for the last high-risk sex
- The budgeted expenditure in the health sector, among others

Progress varies across the different indicators. For instance, the Scorecard notes a significant decrease in the adolescent birth rate in Member States such as Angola, Comoros, Madagascar, Mozambique and Tanzania, and a slight decrease in the remaining Member States. (Of concern is the small margin in Botswana, Namibia, Seychelles and South Africa.) Of concern is that for certain other indicators, the Scorecard notes that there is no data available from Member States, for example on the proportion of population accessing integrated SRH services (except for Angola and Comoros), and the proportion of integrated SRHR services delivered at the primary health care facilities (except in Botswana, Eswatini, Seychelles and Zambia).

The Scorecard shows that some Member States made notable progress despite the constraints posed by COVID-19, but in some areas, governments' commitment need to be reflected in programming and budgeting for SRHR for the benefit of adolescents and young people.

Adopting various methods, such as using songs, videos and media campaigns communities, Member States sensitised people about the impact of COVID-19, at the same time addressing issues of SRHR. For instance, the Zambian government promoted parental support to ensure that girls and young women get access to essential SRHR services—reaching more than 5.2 million persons through national TV channels. In Zimbabwe, the Ministry of Health (with technical and financial support from Plan International) delivered vital SRHR services to the most vulnerable populations through radio discussions, reaching more than 2.5 million people

during the pandemic.[47] In Lesotho, Malawi, Zambia and Zimbabwe, young people were able to discuss critical SRHR topics during lockdowns through national and community radio programmes, with target schools in the FutureLife Now! programme benefiting from linkages to local clinics for SRHR supports and services.

6. Youth rights and COVID-19 crisis management

The restrictive measures put in place to contain the spread of COVID-19 harmed the fundamental rights and freedoms of adolescents and young people globally,[48] including across the SADC Region. Civil and political rights have been under serious strain. With continuous lockdown regulations and partial or full restrictions impacting the socio-economic lives of young people in the SADC Region, there were some sporadic instances of protests about governments' failure to provide for the socio-economic rights of young people. Most young peoples in SADC Member States and are engaged in informal business and employment, and the COVID-19 restrictions impacted their livelihoods. Consequently, as highlighted in the earlier report, in Malawi, Tanzania, Zambia and Zimbabwe there were mass arrests of young people for civil disobedience and flouting COVID regulations. While some of the protests, such as the Eswatini and South Africa July 2021 protests that could be linked to other events such as the arrest and imprisonment of former President Jacob Zuma, the effects and impact of lockdown restrictions on young people and their rights contributed to the alarming rates of vandalism and looting that followed.

Socio-economic rights were severely undermined. For instance, the right to health was under serious threat due to the lack of preparedness of Member States to respond effectively and expeditiously to the pandemic due to healthcare systems that are "weakened by decades of underinvestment in public health services."[49] The International Commission of Jurists (ICJ) coined what is termed "the right to equal benefits of scientific progress"[50] as envisaged under international law, and unequivocally links it to SADC's adolescents and young people's right to health, life and wellbeing. The failure of Member States, singularly or collectively, "to do what is necessary within their capacities to meet the gravity of the problem presented by the COVID-19 pandemic" poses a grave danger, in particular having the majority of the population in the region—including adolescents and young people—remaining unvaccinated.[51] The "unvaccinated" are a category of people continuously at risk of severe COVID-19 transmission, illness and death, due, to a greater part, to the inequitable access to vaccines in the region.[52] (See the section below: 7 Vaccine inequity.)

UNESCO's survey of higher education highlighted that, globally, youth rights concerning access to tertiary education were significantly impacted.[53] Young people from SADC were no exception. Universities and other tertiary institutions (such as technical colleges) were

significantly impacted, especially those that require technical and practical learning as part of the training. UNESCO's survey notes that while most tertiary students were affected, international students were affected to a greater extent than local students, considering the loss of income from home, travel restrictions, living costs in a foreign country while not learning, and cuts in research and scholarship funds, among other factors.[54]

7. Vaccine inequity

Waiting at the end of the queue

7.1 VACCINE ROLLOUT AND MISINFORMATION

Access to COVID-19 vaccines has been and remains a critical equity barrier to the *build back better* mantra. Africa's experience of vaccine inequity is well documented, with Africa CDC acknowledging that this challenge has had, and will continue to have, an impact on the entire continent. The ICJ report on the unvaccinated people of SADC aptly captures the challenges of inequitable, timely and adequate access to vaccines, and the concerns relating to the conspicuous silence on COVID-19 vaccine access from SADC Member States and the lack of determination and coordination towards an integrated resolution towards equitable vaccine access in Southern Africa.[55] While there has been a commendable effort by Member States to procure the vaccines (either through purchase or donations), accessibility remained a surmountable challenge.

To highlight the trends, the following table indicates the vaccine accessibility (number procured) and rollout across the Member States, without disaggregation by age or sex.

TABLE 2: VACCINATION PROCURED AND ADMINISTERED IN THE SADC REGION, AS AT FEBRUARY 2022

MEMBER STATE	VACCINES	
	PROCURED	ADMINISTERED
Angola	27 432 230	14 546 005
Botswana	2 748 324	2 325262
Comoros	2 066 380	827 686
DRC	6 517 256	437 538
Eswatini	574 232	416 552
Lesotho	2 193 270	745 506
Madagascar	2 736 620	1 738 737
Malawi	3 551 040	1 870 756
Mauritius	3 305 470	2 216 121
Mozambique	21 496 698	19 921 290
Namibia	1 437 240	773 702
Seychelles	331 310	297 100
South Africa	31 607 930	29 540 132
Tanzania	9 226 720	4 078 030
Zambia	5 495 120	2 333 488
Zimbabwe	16 353 800	7 561 605
Total	**137 373 640**	**89 629 510**

Source: African CDC

Vaccine rollout in the Member States was undermined significantly by myths and disinformation. Disinformation was driven by social media influence, in what is termed an "infodemic"—when an excess or information, reliable and unreliable, crops up during a pandemic, thereby casting doubt on the veracity and authenticity of approaches to resolve the challenge. The myths that affected adolescents and young people include the beliefs: that vaccines are unsafe and normal safety protocols have been circumvented to fast track their authorisation for use; that vaccines will alter people's DNA; that vaccine campaigns were nothing but private businesses pushing vaccines for profits. Some also believed that vaccines contain some form of a microchip that will be used to track and control individuals.

Infodemic affected not only ordinary people, but it also professionals and leaders such as health workers, and traditional and faith leaders. WHO notes, for instance, that in Lesotho health workers shared such scepticism and their widespread misconceptions hindered the readiness of Basotho to get the vaccine.[56] A study carried out by the Zambia Statistics Agency

noted that one of the critical challenges to the acceptance of the vaccine was the lack of knowledge and awareness in the country. It is estimated that as of August 2021, only 47 % of the population was aware of the COVID-19 vaccine,[57] although there was no disaggregation of data based on gender and age that could have informed policy-makers.

At a practical level, misinformation critically hampers the vaccine rollout as it builds a bubble of scepticism about the vaccine on various grounds, including not trusting the vaccine and fear of the side effects, based on the unfounded belief that the vaccine was experimental.[58]

When fake news started to be disseminated in South Africa, the government responded with a collaboration "between the private sector, non-governmental organisations and government agencies [that] saw the establishment of an anti-misinformation initiative," and factchecking and verification of information.

Within communities, information on how to deal with the pandemic came mainly from social media, including television and WhatsApp messaging. Research findings on the spread of fake news in Southern Africa indicated that 91% of respondents in Eswatini, Malawi and Zimbabwe "reported that the information made them feel anxious," and that many "learners had mixed feelings about going back to school'.[59] Individuals were stressed and not certain what to do next. But the research also found that when advice was given, it was deemed rational and sensible, although the messages were not adequate considering the under-resourced contexts in many countries, especially the rural settings, and the lack of skills to interpret what news was being spread.[60]

The SADC Secretariat, and indeed all African countries, needed a nuanced response with a layered and measured approach to i) address the major issue of inequality and associated resource differences, both in broad society and in institutions, and ii) to inform people about what to do during the pandemic. The request to *physically/socially distance, wash your hands and keep away from crowds* is almost impossible to adhere to in the jam-packed living conditions found in informal or peri-urban areas in SADC Member State;[61] those injunctions are more feasible in better-resourced, first world societies, and yet they are essential to controlling the spread of COVID-19. It is a fundamental human right for governments to provide information about the pandemic to all members of society. To do so requires many channels for acquiring information to be available. Therefore, public access to information serves public health and economic goals and should be seen as part of the response and not as an external burden. Secondly the right to information is a fundamental human right. The experience of many countries shows that it is possible to maintain right to information systems during a health emergency. To counter false news, the government has a major responsibility to keep all informed about what is happening and to do so frequently. Using the education system as well as regular media briefings to keep young people informed is vital. This means using television and community radios, the latter being listened to most frequently.

With the technical and financial support from developmental partners, by the end of 2021 there had been notable progress in the COVID-19 vaccine rollout in Member States. Driven by political will and commitment, Member States upscaled vaccine rollout and campaigns to ensure that vulnerable groups, frontline workers and key stakeholders such as teachers are vaccinated. According to the Africa CDC data, Angola, Botswana, Eswatini, Mozambique and South Africa have made great strides is vaccine rollout. Tanzania made significant progress in vaccinations when one views it from the hesitancy and denialism that characterised its previous administration and government.

Member States adopted and used various approaches to address vaccine disinformation, undertaking vaccination-promotion campaigns mainly through social media, radio, newspapers and television. Zimbabwe was hailed as one of the first African countries to have a successful COVID-19 vaccination programme. Success was recorded due to the widespread dissemination of information through music and stringent access measures for public facilities for vaccinated citizens. A notable strategy was the involvement of adolescents and young people in some campaigns, using them to mobilise and motivate other young people to get the vaccine. For example, with the support of UNICEF South Africa, the Department of Health in South Africa embarked on the #iChooseVaccination or I Choose #VacciNation campaign involving youth professionals such as lawyers, media personality and radio DJs, nutrition and medical experts, and other key players to drive the campaign advocacy and build confidence within the country on the trustworthiness, reliability and effectiveness of the vaccines.

However, administrative and logistical barriers were encountered in the distribution and delivery of the vaccines to remote rural areas across Member States. Domestic challenges also exacerbated the vaccine inequity—adding to the already continental vaccine inequity that Africa suffers. Consequences for Members are that the SADC Region risks being left behind in the continental and global recovery efforts, thereby risking having the new COVID-19 variants that are emerging affect the unvaccinated, thus undermining the efforts to *build back better*.

The UN Committee on Economic, Social and Cultural Rights' (CESCR's) global message, which is equally applicable to the SADC Member States, is that governments must take measures to:

> Ensure that vaccines are available, accessible, acceptable and of adequate quality; remove any discrimination which acts as a barrier to vaccine access; prioritise physical accessibility to vaccines, especially for marginalised groups and people living in remote areas; guarantee affordability and economic accessibility of vaccines for all people, including by providing vaccines free of charge, at least for lower-income persons; and guarantee access to relevant health information (including about vaccines), especially through the dissemination of accurate scientific information on the safety and effectiveness of different vaccines and publicly combat misinformation or pseudoscience-based information concerning vaccines.[62]

The estimated vaccination rates in SADC Member States as at 31 December 2021 are shown below.

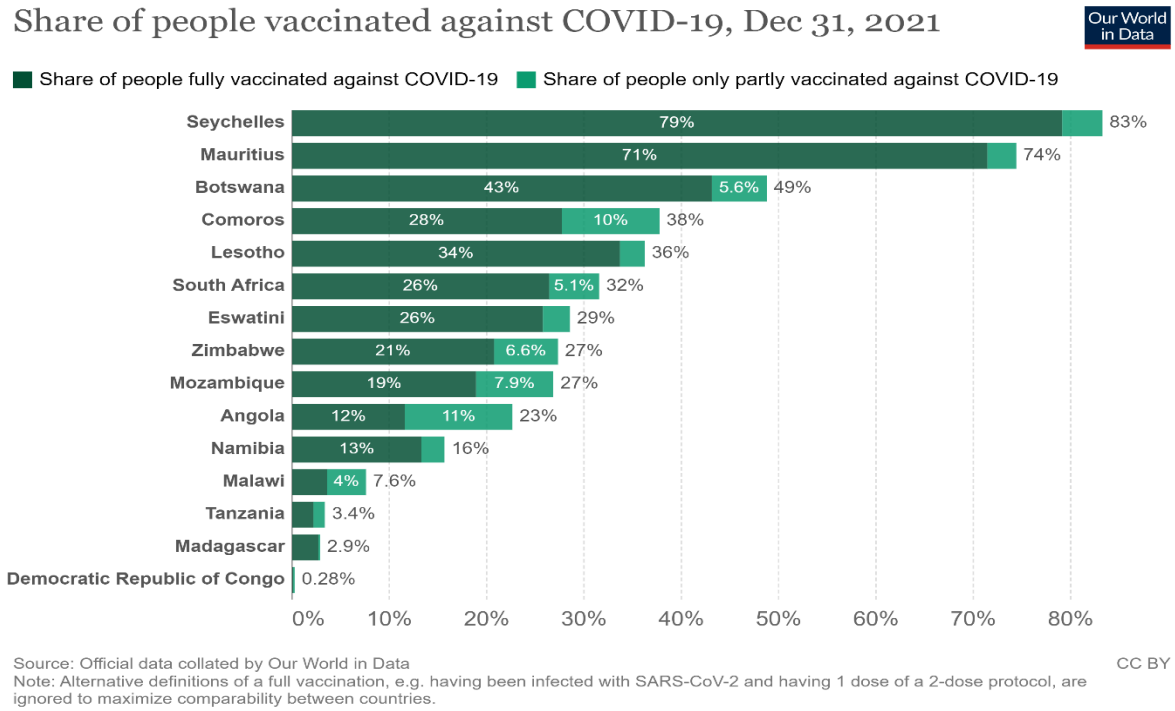

FIGURE 1: ESTIMATED VACCINATION RATES IN THE SADC REGION AS AT 31 DECEMBER 2022

Source: Our World in Data

7.2 TEACHERS' AND LEARNERS' ACCESS TO VACCINES

Vaccine inequity has harmed teachers and learners. UNESCO's COVID-19 Global Education Recovery Tracker (see Table 2) monitors vaccine access by teachers, and it shows that almost half the SADC Member States, (namely Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa and Zimbabwe) placed teachers in a high priority group for receiving vaccinations,[63] while in Angola they were in a lower priority group. There was no evidence for them being prioritised in Botswana, Comoros, DRC, Madagascar, and Tanzania.

TABLE 3: TEACHER COVID-19 VACCINATION PRIORITISATION IN THE SADC REGION

MEMBER STATE	PRIORITISATION OF TEACHERS FOR VACCINATION	TEACHERS FULLY VACCINATED (%)
Angola	Group 3 or lower	
Botswana	Not prioritised	
Comoros	Not prioritised	
DRC	Not prioritised	
Eswatini	Group 2	50% (16 September 2021)
Lesotho	Group 2	

MEMBER STATE	PRIORITISATION OF TEACHERS FOR VACCINATION	TEACHERS FULLY VACCINATED (%)
Madagascar	Not prioritised	
Malawi	Group 2	
Mauritius	Not specified	
Mozambique	Group 2	
Namibia	Group 2	
Seychelles	Not prioritised	
South Africa	Group 2	89% (30 September 2021)
Tanzania	Not prioritised	
Zambia	Not specified	
Zimbabwe	Group 2	

Source: UNESCO

The above table also points towards the lack of information, as no data was available for the percentage of teachers partially vaccinated, and information available only in two Member States for those fully vaccinated.

Certain Member States made radical proclamations that in the interests of protecting learners, teachers would be compelled to get the vaccination before schools re-opened. In Zimbabwe, the Minister of Justice announced that citizens would not be forced to get vaccinated against COVID-19, but those in the public service, including teachers, had a responsibility to protect the public by getting vaccinated. The meant that the teachers would either get the vaccine or risk losing their jobs (through voluntary resignation). In South African, the Department of Basic Education urged teachers and staff in the basic education sector, support staff from independent schools, food handlers, screeners, cleaners and ECD practitioners should be vaccinated in the interests of protecting learners, but without compelling them to do so.[64] The approach was in line with the Constitution; but those who wish to assert their right not to be vaccinated must also be aware that those who choose to vaccinate also have a right to be protected against possible infection. The message to government employees about getting vaccinated was built on the premise that it is key for the safety, protection and wellbeing of the public, and in the case of teachers—learners.

Because of a paucity of data, it was difficult to determine what access adolescents and young people across Member States had to vaccines. On the strength of its liberal national laws (in

particular, the *Children's Act* that provides that a child over 12 may consent to their medical treatment), South Africa was the first Member State to vaccinate adolescents between the age of 12 and 17. The government urged caregivers to accompany the children to vaccination sites.

As yet, there is no scientific evidence supporting the vaccination of children under 12. For those over 12, there is no available evidence in the SADC Region as how many had access to vaccines. Young people over 18 had the same access to vaccines as did other adults.

In some Member States, responsible health authorities approved the vaccination of learners. For instance, in South Africa, the South Africa Health Products Regulatory Authority (SAHPRA), in line with the Ministerial Advisory Committee, approved children between 12 and 17 to receive the Pfizer vaccine. However, anti-vax lobbyists such as African Christian Democratic Party, Caring Healthcare Workers Coalition and Covid Care Alliance, launched a High Court challenge against the SAHPRA and the Department of Health, and applied for an urgent interdict to stop the vaccination of the children of this age group.

The request to stop the vaccination of adolescents is detrimental to, and it harms their right to basic education, health and equality. Considering that scientific evidence supports vaccinations being safe for children and young people, preventing them from being vaccinated is not in their best interests. Without the vaccination of adolescents and young people, there is a risk of continued school closures as COVID-19 keeps mutating and new variants emerge, thereby affecting education for all. In her official statement, the South African Minister of Basic Education urged school communities to collaborate to ensure that all eligible young people of school-going age get vaccinated, and highlighted that more than 1.2 million learners have already been vaccinated in South Africa, out of a total of 13.5 million learners in the system.[65]

In reality, learners across the rest of the SADC Region are having to rely on preventative measures such as the use of masks, hand sanitising, social distancing, and any other measures that the schools may adopt to ensure the safety of learners. Although learners in other parts of SADC have no access to vaccines, governments are making efforts to raise awareness and sensitise learners about safety in school and at home. For instance, the Namibian government, with the support of WHO, is rolling out a "#keep me safe from COVID-19 in schools", aimed at ensuring the compliance of the learners and other school staff to the preventive measures for COVID-19 on the school premises, as well as during their travelling to and from school.[66] This is indicative of the conscious efforts to ensure that government and development partners continuously engage with, equip and support learners to build resilience in the face of COVID-19 and any other future crises.

8. Emerging challenges and national contexts

This section addresses emerging challenges in the region and those peculiar to the national context, and that are pertinent to adolescents and young people, specifically as they relate to education and health.

The SADC Region has undergone a wide range of transformations and changes, and has experienced unforeseen threats to the rights and wellbeing of persons, as well as to regional security. For instance, during COVID-19, Malawi and Zambia conducted general elections, which saw the change of governments and peaceful transition of power. As often is the case, election campaigns and rallies involve large scale in-person gatherings of communities that fuel the rate of infections and puts pressure on already struggling health systems. In Zambia, adolescents and young people were key constituents in the general elections. South Africa conducted local government elections, which reportedly saw a spike in the rise of infections of the Omicron variant. In Zimbabwe, by-elections were suspended for health and political reasons. In Tanzania, the swearing-in of the new President instituted a different approach to COVID-19 and vaccines.

In some Member States, there were politically-related civil unrest and conflicts, as well as other disasters. For example, Mozambique was plagued by a humanitarian crisis in Cabo Delgado that caused a major displacement of people, thereby affecting access to health facilities and access to education (which implies a disruption in critical school feeding programmes). In South Africa, the arrest and imprisonment of the former President Jacob Zuma sparked civil unrest, resulting in looting, vandalism, arson and killings, which impacted access to education and health facilities. Both these national crises resulted in additional burdens on their already struggling economies, thereby worsening access to education and health and access to food and nutrition.

Natural disasters in Malawi, Mozambique and Zimbabwe also contributed to the disruption of learning institutions thereby disrupting education, as well as health facilities for communities in need of health support due to the threats of COVID-19. Also, they provided a severe blow to food security in these countries. Food security stands as an important pillar at the intersection of education and the health of adolescents and young people.

Evidence has shown that virtual learning is a accessible only for the few who can afford it. Therefore, the best approach for governments is to re-open schools within the regulated and strict adherence to health protocols, such as wearing of masks, sanitising and maintaining social distance.

However, another critical challenge for the Member States is curriculum recovery, depending on the levels of variability in curriculum coverage carried over from 2020 into 2021, and 2021

into 2022 across different levels of learning and between and within schools. In the second half of 2021, schools in SADC opened, closed and re-opened at different times and intervals, which increasingly exacerbated losses in teaching and learning time. Some education systems resorted to staggering re-opening, prioritising various grades or learner levels, while others adopt rotational timetabling models that were significantly affected by the greater than normal teacher and/or learner absenteeism. In some cases, schools adopted "the minimum concepts, content and skills per grade and per subject", which approach is not effective as it is vulnerable to teachers' professional judgement and biases as to which content is vital for learners, and to what depth.[67]

During the period under review, Member States experienced several challenges in promoting the health and wellbeing of learners, adolescents and young people. Some of the key and persistent challenges related to inadequate domestic resources to support and fund the response measures, the prevalence of misinformation regarding COVID-19 variants and vaccines, inadequate data for monitoring trends, and the disruption of supply chains and logistical support service delivery in some rural areas.[68]

9. Key takeaways and implications

~ for policy and programmatic response

The analysis provided in this report highlights the need for regional educational planning amidst the COVID-19 pandemic to take identity socio-ecological, cultural, political and economic considerations into account, with a specific view to avoid exclusion, marginalisation and discrimination, which have always been a challenge in the various Member States, and the SADC Region in general. In their reflections, education experts from Angola, Lesotho, Malawi, Namibia, South Africa, Zambia and Zimbabwe who were interviewed feared that it might be months before full educational activities resume and optimum learning outcomes are realised.

As Member States in the SADC Region recover from education losses, evidence from the follow-up research suggests policy and programmatic actions that Member States should prioritise. This section presents the following brief synthesis of the key takeaways and implications for COVID-19 policy and programmatic response for the region.

- *The cost of keeping schools closed is steep and threatens to hamper a generation of children and young people while widening pre-pandemic disparities.*

  Evidence shows that children and schools are not the main drivers of the pandemic. So far, the health risks to children from COVID-19 have remained low. More than a year since schools first closed in the region, AU Member States' development partners and academia have accumulated a large body of knowledge about how to reduce the risks

from the virus for children, teachers and their families. Re-opening schools and keeping them open should therefore be *the* priority, as with adequate measures, health risks to children and education staff can be minimised.

Re-opening is the single best measure countries can take to begin reversing learning losses.

- *Remote and hybrid education is here to stay.*

  Globally, the COVID-19 pandemic has been an unprecedented experience, and educators are challenged by the increasing need to use digital learning platforms to ensure education continuity.

  The pandemic revealed how digital technologies make the world more deeply interconnected and interdependent than ever before, yet also more divided. *Closing the digital divide*—which was much needed even before the pandemic—is now an urgent development task. Closing the divide will facilitate a transition to hybrid learning models in which learning at school is complemented by learning at home. Narrowing the digital divide in the region is therefore a priority; this could start by a policy drive to reduce the prohibitive costs of data and to provide access to a low-cost mobile and technology tool particularly for young people with disabilities and those living in remote or rural areas.

- *Member States should improve their readiness for emergencies*.

  Contingency planning must be strengthened to better respond to future education disruptions and ensure that response plans reflect the most contextually relevant priorities, backed up by current research evidence and good practices.

  Having such plans prepared ahead of time will enable faster decision-making and a more rapid response to any future pandemic or other crisis, mitigating its adverse effects on learners. For future preparedness, strategies must enable outreach to all children and stakeholders, ensuring education continuity for all learners. In addition, there is a need to establish early-warning systems to monitor absenteeism or non-return of learners and develop referral systems in response to school dropouts or low enrolment rates. Education financing is also important to ensure resilient public education and that health systems are in place to respond to global or regional emergencies.

- *Building resilient education systems requires more systematic generation of evidence and implementation research*.

  Research should be co-created with governments and from the outset generated to ascertain evidence of what works, under what conditions, and for whom. Evidence generation should align with national policies and priorities and should be embedded within existing systems to improve uptake and use. Stakeholders at all levels should be

empowered to y generate and use evidence continuous for decision-making and implementation.

- *The teacher workforce should be strengthened and supported.*

  The COVID-19 crisis revealed that, in most countries, teachers were not ready to ensure continuity of learning. Teachers require high-quality initial teacher education and continuous professional development that prepares them to assess learner learning, target instruction to the level of the child, address the diverse needs of all children through inclusive education, and identify and support children's mental health and wellbeing.

  Teachers must also be effectively trained in digital pedagogies and ICTs to enhance the effectiveness of online and hybrid learning. Education systems should ensure the professionalism of the teacher workforce and incentivise high-quality candidates to the profession through remuneration, rewards and adequate working conditions. Teachers need a range of additional supports to ensure their health and safety and guide them through the many teaching and learning adaptations being put in place—from the introduction of remedial and accelerated learning programmes to changes in the academic calendar and classroom management strategies. This support may entail additional professional development opportunities along with psychosocial support and prioritisation for COVID-19 vaccination.

- *Member States should adopt a learning recovery programme of evidence-based strategies to accelerate learning*.

  Member States should customise a learning recovery programme appropriate to their context. Education systems must build resiliency and plan for learning continuity between the school and home environments. To do so, countries can implement strategies that employ three broad policy levers: i) consolidating the curriculum; ii) extending instructional time; and iii) improving the efficiency of learning.[69]

10. Conclusions and recommendations

To contain the spread of COVID-19 and to flatten the infection curve, Member States instituted a wide range of education and health adaptation measures, including lockdowns and school closures. These disrupted the school calendar and learning and had serious unexpected social outcomes such as an increase in pregnancy among schoolgirls, inadequate access to school meals, loss of learning and psychosocial stress among teachers, children and their caregivers.

After long and recurring closures, and the need to adjust to the "new normal", schools have started re-opening, either partially or fully, mostly in 2021, with the trajectory forecasted to continue in 2022. It has been evident that contingency planning was lacking among Member States: the process of developing COVID-19 response plans thus started as schools closed. The need to institute a culture of contingency planning—to respond to education disruptions and keep plans up to date with emerging research—has been a vital lesson from this experience.

To prepare schools for re-opening and beyond, the Ministries of Education in SADC Member States—in collaboration with local education groups and development partners with support from other relevant ministries including Ministries of Health—instituted a range of policy and measures to ensure learner and staff safety. In most Member States, various measures to prepare for re-opening included: using decision-making frameworks to plan and guide the return to school; initiating widespread back-to-school campaigns using national and local mass media and a range of incentives; developing and implementing health protocols to guard against possible infections; and adapting learning strategies and settings to adjust safely to the *new normal* and to help learners recover from extended periods of lost learning.

There was an increase in the learning gap between the different learners across the SADC Region, with Member States such as Zimbabwe and Zambia affected more than others such as South Africa, due to the still existing gap in the availability of resources. Disadvantaged children have been and continue to be affected, with school closures further aggravated by issues such as conflict and natural disasters in Mozambique, for example. As it stands, the results of COVID-19's impact on lives, particularly of the disadvantaged, could be greater than seen, as there still is no adequacy in the availability of information across the region.

The evidence from the study is clear. The way education is conceptualised and delivered is changing fast, and the transformation journey will be steep and full of challenges. Governments, donors, development partners and the private sector will need to work together, not only to get the strategies and levels of financial and human resource investment right, but to build more resilient, effective and inclusive systems, able to deliver on the promise of education as a fundamental human right for all children, whether schools are open or closed.

Building back better therefore requires countries to measure how effective their policy responses are at mitigating learning loss and to analyse their impact on equity—and then to use what they learn to improve education systems. Improving systems to generate timely and reliable data is critical to evaluate policy responses and generate lessons learnt for the next disruption to education. The implementation gap between policy and improved student learning requires more research to understand what works and how to scale what works to the system level. Countries have an opportunity to accelerate learning and make schools more efficient, equitable and resilient by building on investments made and lessons learnt during the crisis. Now is the time to shift from crisis to recovery— and beyond recovery, to resilient and

transformative education systems that truly deliver 21st century learning and wellbeing for all children and young people.

The education recovery plan in SADC should focus on bringing all children back to school, recovering learning losses and preparing and supporting teachers so they can support learners. With government leadership and support from the international community, there is a great deal that can be done to make systems more equitable, efficient, and resilient.

The following recommendations are suggested:

SADC SECRETARIAT

- Develop a SADC Framework on Re-opening of Schools, setting out the normative standards and approaches of safe re-opening of schools to ensure that the Member States *build back better*.
- Support resource mobilisation towards re-opening of schools and support a regional back-to-school campaign through the Member States to ensure that adolescents and young people have a fair chance to access education.

SADC MEMBER STATES

- *The re-opening of schools should be Member States'* priority.
- Rekindle commitment to deliver essential SRHR interventions for adolescents and young people at the community level to ensure access and effective delivery.

  These services include the bringing the delivery of a full range of SRH services (such as counselling, contraception, safe abortion care, and sexual- and gender-based violence protection services) closer to adolescents and young people.
- Work continuously, individually and collectively, towards equitable and timely access to COVID-19 vaccines for teachers and learners and all priority groups to ensure that learning does not wait.

  The vaccination of all teachers—in primary and secondary schools, as well as in tertiary institutions—must be prioritised to ensure the safety of learners and adolescents and young people in schools, colleges and universities.
- Invest in remote learning and teaching platforms that are inclusive of all teachers and learners from different backgrounds and abilities, to ensure that learning is not halted by future crises.
- As schools re-open, support and scale up school feeding programmes to enhance the educational outcome for learners and promote their right to health.

CIVIL SOCIETY ORGANISATIONS

- Lobby for increased public spending on adolescent and young people's SRHR, and encourage governments to raise domestic funding.

  With the support of development partners, civil society should prioritise the health sector and specifically SRH services.

- Support the dissemination of child-friendly and gender-sensitive COVID-19 and SRHR information and initiatives that raise awareness of the impacts of the pandemic and the need for adolescents and young people to be back in school.

- Work *with* and support adolescents and young people to participate in school governance and decision-making to enhance their civic engagement.

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