The Implications of COVID-19 on early learning continuity in Ethiopia: Perspectives of parents and caregivers
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Overview

School closures due to the COVID-19 crisis has had serious consequences for children and families around the world. Globally, most attention is currently being paid to the likely adverse effects on children’s learning in primary and secondary schools, with very little attention to pre-primary education. In the context where schools in Ethiopia are preparing for reopening from October 2020, little is known about the extent to which parents and caregivers have been able to support children’s learning and well-being during school closures, and the support that young children may have missed out on during this time. As part of the Early Learning Partnership (ELP) research study, we carried out mobile phone surveys to understand how parents and caregivers with pre-primary aged children have been responding to the COVID-19 crisis in Ethiopia across six diverse regional states and city administrations (Addis Ababa, Amhara, Benishangul-Gumuz, Oromia, SNNP, Tigray), in both rural and urban locations. The perspectives of 480 parents and caregivers were included in the study. This study aimed to identify what information and resources parents and caregivers have had access to, how they have been able to engage in supporting their children’s learning at home during school closures, and their perspectives on the reopening of schools.

Key Messages: Information and support for families during school closures

1. **Access to resources that help parents and caregivers engage in children’s learning at home is critical, especially for the most disadvantaged.** More than half of parents and caregivers reported that they do not have children’s books or learning materials at home, with caregivers who are not literate being much less likely to have such books. A large difference between urban and rural locations was also observed for families’ access to electricity and technologies to support children’s learning indicating a more significant disadvantage in rural or remote areas.

2. **Strategies are needed to strengthen the information flow between schools and families.** Most parents and caregivers have received little support from schools or local governments. Only 10% of caregivers reported that they have been in
contact with pre-primary teachers or school principals, with significant
differences by household wealth and across regions.

Key messages: Parental engagement in children’s learning during COVID-19

1. Given very limited learning activities at home during school closures, attention
   needs to be paid to ensure early learning continuity. Only half of parents and
caregivers report that they have engaged in supporting educational or learning
activities for pre-primary children, which favours families living in urban areas.
Mothers are most likely to be responsible for supporting children’s learning at
home; yet, mothers are less likely to be literate and more likely to face
challenges supporting their children’s learning at home.

2. Particular attention should be given to children from rural, low-income families
   and families where parents are illiterate. Around three quarters of caregivers
reported that they play more often with their child since the COVID-19 crisis
than before, with about half of caregivers telling stories or singing songs more
often to their child during school closures. However, caregivers from poorer
households or who are illiterate are less likely to engage in such activities.

3. There were no distance learning strategies for pre-primary education. In the
absence of the government’s support to provide radio educational programmes
for pre-primary aged children, only 12% of parents and caregivers interviewed
said that they had used radio lessons with their children since schools were
closed.

4. Comprehensive support for families and young children is needed to encourage
all students to return to school. Nearly 80% of households experienced the
economic impact of COVID-19 as their total income was lower than before the
crisis, with poorer families disproportionately affected. During this unexpected
disruption to their daily lives and welfare, about half of caregivers reported that
their child is less motivated to learn during school closures. About one third of
children cry more often since the crisis, and some are speaking less well or
destroying or damaging things more often. An increased incidence of child
punishment was also reported, being more apparent in families with boys and
those living in rural areas. It highlights the importance of putting measures in
place to respond to child protection risks.
Key messages: Planning for school reopening

1. **Support from the government and schools is critical to mobilise parents and caregivers to encourage them to send children back to school when it reopens.** Most caregivers are planning to send their pre-primary-aged children back to school as soon as they reopen. Of those who are not, concerns raised were mainly about a lack of social distancing and hygiene measures.

2. **Greater attention needs to be paid by the government to prioritise early childhood education (ECE) in COVID-19 response planning.** Despite the recent gains in access to pre-primary education in Ethiopia, ECE was not part of the government’s immediate response to COVID-19 announced in April 2020. It is imperative to prioritise ECE in the government’s response planning in order to mitigate the effects of school closures and to prevent learning gaps that would emerge in early childhood that could be exacerbated due to the crisis.
1: Introduction

The outbreak of COVID-19 and its economic and social challenges has led to serious consequences for children and families worldwide. A recent study indicates that the interruption of pre-primary education programmes could result in potentially large losses in education, health, income, and productivity over their lifetime (Boo, Behrman, and Vazquez, 2020), which is aligned with the accumulated evidence on the value of investing in early childhood education (see Engle et al., 2011). However, globally, most attention is currently being paid on the likely adverse effects on children’s learning in primary and secondary schools, with very little attention being given to pre-primary education. While the immediate, medium- and long-term impacts of COVID-19 on households remain uncertain, there is an urgent need for timely information to help monitor and mitigate the effects of COVID-19 on young children, for those who are exposed to particular risks of exclusion and disadvantage.

In Ethiopia, schools have been closed from 16 March 2020. More than 26 million students from over 47,000 schools nationwide have been affected by the closure, including 3.2 million young children who have participated in pre-primary education. Notably, pre-primary education in Ethiopia has expanded dramatically in recent years with the government’s commitment to providing access to all 6-year-old children by 2030. However, there has not been a clear response strategy for pre-primary education in the light of school closures, while primary and secondary have received relatively better attention (Ministry of Education, 2020). In the context where schools in Ethiopia are preparing to reopen from October 2020, little is known about the extent to which parents and caregivers have been able to support young children’s learning and well-being during school closures, and the support that children may have missed out on during this time.

Young children are particularly vulnerable in times of crisis, especially in communities with a high concentration of poverty. Even before the pandemic, 43% of all children less than 5-year-olds in low- and middle-income countries were estimated to be at risk of not achieving their developmental potential (Black et al., 2017). Research on the effects of prior pandemics and disasters indicates that there will be both immediate
and long-term negative consequences for many children, especially during early childhood, given a clear link of early adversity with later impairments in learning, behaviour, and both physical and mental well-being (Shonkoff and Garner, 2012). The COVID-19 pandemic has the potential to impose more severe constraints on young children’s development through increases in economic instability and food insecurity, heightened stress of caregivers, and decreased health care and social support (Yoshikawa et al., 2020). Unless there is a commitment to support coordinated, multisectoral response plans by the governments in the Southern context, a much higher share of children are at risk of facing physical, socioemotional, and cognitive consequences over the entire course of their lives.

In this regard, the current study focuses on the implications of the COVID-19 pandemic on early learning continuity in Ethiopia. Building on our Early Learning Partnership systems research in Ethiopia (Rossiter et al., 2018), we carried out phone surveys to understand how parents and caregivers with pre-primary aged children have been responding to the COVID-19 crisis. This included the perspectives of 480 parents and caregivers living in Addis Ababa City Administration and primarily rural areas of Amhara, Benishangul-Gumuz, Oromia, SNNP, and Tigray in Ethiopia. We sought to identify what information and resources parents and caregivers have had access to, how they have been able to engage in supporting their children’s learning at home during school closures, and their perspectives on school reopening. With unique information collected through phone surveys from households amid the crisis, this study aims to inform the government’s short-, medium- to long-term response plan to COVID-19 with prioritisation in pre-primary education and to support key stakeholders to make evidence-based decisions to build the resilience of the early childhood education systems and respond adequately to any future crises.
2: Phone Survey Methods

The current study used mobile phone surveys, which offer an alternative approach to data collection for crisis monitoring when face-to-face data collection would not be feasible due to the COVID-19 pandemic (Dabalen et al., 2016; Etang and Himelein, 2019). In the current study, phone surveys have allowed us to undertake rapid and high-quality data collection from households in both urban and rural locations during the COVID-19 crisis. With its high degree of flexibility during unforeseen crises, another advantage of the phone survey is that it allows for data collection in high-risk environments (Dabalen et al., 2016); thus, we were able to undertake the phone survey without risking the safety of either the fieldworkers or the participants included in the study.

Instrument

The phone survey instruments for households built on the core modules developed by the ELP Systems Research Program. The core module included a set of items from the caregiver report in the Measuring Early Learning Quality and Outcomes (MELQO), which would enable us to contribute to a cross-country analysis on the effects of COVID-19 on the ECE systems. In addition to the ELP core modules, we added further items to the household survey that seem useful for understanding the country’s specific context and experience of families with preschool-aged children, including for families with children of pre-primary education age who had not been in school prior to closures.

While phone surveys are suitable for both quantitative and qualitative data collection (Dabalen et al., 2016), in the current study we predominantly included close-ended questions, with a small number of open-ended questions at the end of the instrument. This strategy was consistent with the work we undertook for the RISE surveys (Yorke et al., 2020), and was chosen to reach a relatively large number of respondents and consider the length of the survey relying on the participants’ phone calls. The instruments were designed to last a maximum of 45 minutes. We included a mixture of different types of close-ended questions, including binary questions (i.e., yes/no), degree questions and questions where participants had to rank responses (e.g., 1-3),
to allow for different types of information to be collected and help to make the phone survey less monotonous for the respondent.

The instruments underwent iterative revision processes within the team. They were then piloted to determine the clarity and suitability of the questionnaire to the participants and survey protocols related to interview structure and scheduling. The instrument was translated into three languages, including Amharic, Afan Oromo and Tigrinya, before it was programmed into tablets using CSPro software. A pilot study was then carried out by 12 fieldworkers for the primary data collection who were hired through Policy Studies Institute (PSI) in consultation with the ELP team members from Addis Ababa University. The pilot study was used to test the administration of the instrument using the tablets and to identify any other issues with questions.

Prior to conducting the phone surveys, ethical clearance was obtained from the ethical review board of Addis Ababa University and the Faculty of Education at the University of Cambridge. The main phone survey took 15 days to complete and data collection and management was carried out between mid-August to early September 20, 2020. Aligned with the approach in the RISE surveys (Yorke et al., 2020), the research assistants were provided with a protocol for contacting the participants - which outlined a number of potential scenarios and how to respond in each case. All participants provided informed consent and were then provided with the option to conduct the phone interview immediately or to arrange a suitable time for the researcher to call back. Open-ended questions were included at the end of the interview and additional consent was sought for these questions. The open-ended questions were recorded with the participants' consent and later transcribed. Participants received compensation (100 ETB phone credit) once the interview was complete, drawing on best practice from within Ethiopia and in line with ethically sound procedures (Morrow, 2009).

All data were captured through tablets and were uploaded directly to the designed online storage system and then anonymised. The data presented in this report mainly draws on the information garnered from the close-ended questions.
Sample

In the ELP Phone survey, a total of 480 participants were included in the household-level phone survey with the supplementary school-level phone surveys, including 96 participants (48 school principals and 48 O-Class pre-primary teachers). This is a subsample of the 2019/20 ELP Survey, a study intending to assess the effect of O-Class participation on school readiness of preschool-aged children in Ethiopia throughout one academic year.iii The 2019/20 ELP Survey included 3,219 households in seven regions in Ethiopia, including 950 urban households (30%) and 2,269 rural households (70%). During the 2019/20 ELP survey, households were asked to provide mobile phone numbers for, either household heads, primary caregivers, or respondents (i.e., relatives or neighbours) so that they can be contacted in the follow-up ELP surveys if they moved from their sample location. At least one valid phone number was obtained for 1,985 households, which is about 62% of the 2019/20 ELP original sample. Urban households were more likely to have a phone or valid phone number compared to rural households: 80% and 54%, respectively. These households established the sampling frame for the ELP phone survey. It is therefore important to note that the views captured in the survey are inevitably confined to parents and caregivers who possess a phone. This could create some bias in responses given the geographical spread, and that our previous analysis has shown that poorer households are less likely to possess a phone (Kim and Rose, 2020).

The household sample of the ELP phone survey is presented in Table 2.1. Given our interest in understanding how different population groups have been affected by school closures due to the pandemic, we adopted purposive sampling associated with different locations (region and rural-urban), pre-primary education enrolment status, gender, and caregivers’ literacy, we used purposive approaches in selecting 480 sample households for the ELP phone survey. First, we selected 6 regions out of 7 regions in the 2019/20 ELP survey to secure a sufficient number of households in each region (80 households in each region).iv Among the selected 6 regions, we included Addis Ababa as an urban sample. In the other five regions, interviewing households in rural locations was prioritised given their populations are primarily rural. As such, only 10-30% of urban households were included in Benishangul-Gumuz and Tigray.
Through this process, the phone survey sample consisted of 76% rural and 24% urban households, which is close to the national average rural-urban population ratio.

Second, we used a three-stage sample selection process to obtain a sample disaggregated by children’s O-class enrolment status, children’s gender, and caregivers’ literacy. More than two-thirds of children in the sample households were enrolled in O-Class and the rest had not enrolled in O-Class, which is aligned with the sampling strategies in the ELP 2019/20 survey. In the ELP 2019/20 survey, we included a sub-set of O-class enrolled children who participated in schools receiving additional quality improvement interventions through the General Education Quality Improvement Programme (GEQIP-E), comprising 38% of the sample. The sample is evenly distributed across children’s gender, and with a similar proportion of caregivers who are and are not literate, according to our ELP 2019/20 data. It is important to note that the resultant sample is not intended to be representative of regions included in the phone survey.

Table 2.1: Primary caregivers and parents included in the ELP Ethiopia phone survey

<table>
<thead>
<tr>
<th>Region</th>
<th>Participants (No.)</th>
<th>Rural (%)</th>
<th>Urban (%)</th>
<th>O-Class enrolled (%)</th>
<th>O-Class not enrolled (%)</th>
<th>Caregiver literate</th>
<th>Caregiver illiterate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addis Ababa</td>
<td>80</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>0</td>
<td>54</td>
<td>46</td>
</tr>
<tr>
<td>Amhara</td>
<td>80</td>
<td>100</td>
<td>0</td>
<td>79</td>
<td>21</td>
<td>53</td>
<td>47</td>
</tr>
<tr>
<td>Ben. Gumuz</td>
<td>80</td>
<td>70</td>
<td>30</td>
<td>49</td>
<td>51</td>
<td>51</td>
<td>49</td>
</tr>
<tr>
<td>Oromia</td>
<td>80</td>
<td>100</td>
<td>0</td>
<td>88</td>
<td>12</td>
<td>48</td>
<td>52</td>
</tr>
<tr>
<td>SNNP</td>
<td>80</td>
<td>100</td>
<td>0</td>
<td>74</td>
<td>26</td>
<td>55</td>
<td>45</td>
</tr>
<tr>
<td>Tigray</td>
<td>80</td>
<td>88</td>
<td>12</td>
<td>75</td>
<td>25</td>
<td>53</td>
<td>48</td>
</tr>
<tr>
<td>Total</td>
<td>480</td>
<td>76</td>
<td>24</td>
<td>77</td>
<td>23</td>
<td>52</td>
<td>48</td>
</tr>
</tbody>
</table>

Of the 480 households selected at the initial stage, 58 (12%) households were replaced with other households who were on the replacement list. Where the initial sample was replaced, this was most commonly due to failure to reach the respondents, failure to acquire the correct contact details of the participants or, in a smaller number of cases, because those contacted declined to participate.
In terms of response rates, about 98.5% of respondents with whom the research assistants made initial contact agreed to participate in the research. The fact that we had previously conducted face-to-face interviews with a large portion of the sample through our ELP Ethiopia research, may have contributed to the high response rate in this study. The research assistants reported that the majority of the calls were uninterrupted, a few were interrupted but subsequently continued/completed while a very small number were interrupted and continued at a different time (Table 2.2). A poor network connection was also the reason for some of the interrupted calls.

Table 2.2: ELP COVID-19 Phone survey response rate

<table>
<thead>
<tr>
<th>The call was</th>
<th>Number</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Uninterrupted</td>
<td>315</td>
<td>65.6%</td>
</tr>
<tr>
<td>• Interrupted but subsequently continued/completed</td>
<td>87</td>
<td>18.1%</td>
</tr>
<tr>
<td>• Interrupted and resumed later that day</td>
<td>43</td>
<td>8.9%</td>
</tr>
<tr>
<td>• Interrupted and resumed on a different day</td>
<td>31</td>
<td>6.5%</td>
</tr>
<tr>
<td>• Interrupted and was not resumed</td>
<td>4</td>
<td>0.8%</td>
</tr>
<tr>
<td>Total</td>
<td>480</td>
<td></td>
</tr>
</tbody>
</table>
3: Information and Support for Families during School Closures

Introduction
This section focuses on the information and resources that parents and caregivers have had access to for them to support children’s learning during school closures. It first explores households’ access to resources at home for continuing children’s schooling, including electricity, communication devices and children’s books. We also investigate how households have been affected by the pandemic socio-economically. We further identify whether and how they have been in contact with schools or local government, to see if families have received any information or support from them in continuing their children’s education.

Access to electricity and means of communication
It is important to understand the types of resources households had access to in order to support students’ learning during the school closures. Figure 3.1 highlights a large difference between urban and rural locations for families’ access to electricity and technologies to support children’s learning. The vast majority of urban households have access to electricity, and most have a TV. By contrast, just over half of rural households have access to electricity, with fewer than a third with access to TV. Rural households are more likely to own a radio or simple mobile phone compared with urban households. Around one in four urban households have access to smartphones, higher than those in rural areas. Access to a computer/tablet or internet connection is generally very low: less than 5%, regardless of location.
Home learning resources

Learning disruption is likely to be substantial, as many households have limited learning resources of relevance to pre-primary students. More than half of parents and caregivers reported that they do not have children's books or picture books at home, with caregivers who are not literate being much less likely to have such books at home (Figure 3.3). Aligned with this, around one-half of caregivers in both urban and rural areas reported that the biggest challenge they face in engaging child learning is a lack of home learning materials (Figure 3.4).
Information received about COVID-19

Nearly all parents and caregivers (95%) indicated that they had obtained information about coronavirus (explained to participants as an illness that typically causes fever, cough, and difficulty in breathing). The primary source of information was from the TV (36%) and radio (32%), while others received it from neighbours (11%), health care workers or health extension workers (10%), and local authority (5%). In terms of the regional variation, all parents and caregivers had received this information, except in
Benishangul-Gumuz, where only 73% of parents and caregivers had received it. There was not much difference between urban and rural households in obtaining information about COVID-19. However, specific information (such as on staying at home and physical distancing) was more likely to be reported as being disseminated among rural households (Figure 3.5). Only a few households received information on mental health and well-being during the period of quarantine and isolation.

Figure 3.5: Types of information received by households about coronavirus (%)

<table>
<thead>
<tr>
<th>Information</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handwashing</td>
<td>96</td>
<td>100</td>
</tr>
<tr>
<td>Physical distancing</td>
<td>78</td>
<td>99</td>
</tr>
<tr>
<td>Wearing facemask</td>
<td>85</td>
<td>97</td>
</tr>
<tr>
<td>Staying at home</td>
<td>66</td>
<td>90</td>
</tr>
<tr>
<td>Mental health and well-being</td>
<td>5</td>
<td>42</td>
</tr>
</tbody>
</table>

The economic impact of COVID-19 on households

Parents and caregivers have been under financial constraint facing the COVID-19 crisis: Nearly 80% of households reported that total household income was lower than before the pandemic, with poorer households disproportionately affected (Figure 3.6). About 37% of households also reported that they have run out of food since the outbreak of COVID-19 because of a lack of money or other resources, which prevailed in both urban and rural households.
In terms of the measures taken to address financial challenges due to COVID-19, around 40% of households indicated that they attempted to cope with the financial difficulties, with rural households being more likely to use some measures to cope with the financial difficulties (Figure 3.7). Across six regions, households in Tigray and Amhara were more likely to use some measures to cope with financial difficulties. About one-quarter of households reported that they did so by reducing food and non-food consumption (Figure 3.8). Reducing food consumption could adversely affect child nutrition, compounding an absence of school feeding. To illustrate, only about 19% of children from urban households reported that they have participated in the school feeding programme before school closures, and most of them (95%) no longer have access to meals or rations during school closures. As previous evidence has shown, poor nutrition is likely to adversely affect children’s ability to engage in education activities effectively (Woldehanna, Behrman, and Araya, 2017).
Communication between families and schools

Most parents and caregivers have received little support from schools or local governments during school closures. Only 10% of caregivers with children enrolled in O-Class reported that they have been in contact with pre-primary teachers or school principals, with differences by household wealth and across regions (Figure 3.9). More
affluent households are more than twice as likely to be in contact with pre-primary teachers or school principals. In terms of regional variation, the exception is in rural households in Tigray, where more than one third of caregivers communicate with schools. Among caregivers who have been in contact, the majority have communicated face-to-face, and it is likely to happen once a week or every two weeks. Importantly, caregivers who have communicated with teachers or principals are more likely to be engaged in their child’s learning activities at home than those who have not yet communicated.

Figure 3.9. Caregivers who had communicated with school principals or teachers (%)

In addition to the information about the preventive measures for COVID-19, around two-thirds of the parents and caregivers who had been in contact with school principals and teachers received information for supporting children’s emotional and mental well-being, with a larger proportion in urban areas. Just over one half received information from schools on parents’ mental health and well-being. Just over one-half of urban households received information in relation to home-based learning using story or picture books or using songs and games with one-third receiving information on home-based learning using radio or TV. In all cases, this was far greater than for rural
households (Figure 3.10). By contrast, rural households were more likely to report receiving information about the COVID-19 preventive measures from schools (such as handwashing, physical distancing and staying at home).

**Figure 3.10. Information received by households from schools (%)**

<table>
<thead>
<tr>
<th>Information Type</th>
<th>Urban (%)</th>
<th>Rural (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand washing</td>
<td>56</td>
<td>83</td>
</tr>
<tr>
<td>Physical distancing</td>
<td>56</td>
<td>83</td>
</tr>
<tr>
<td>Wearing facemask</td>
<td>44</td>
<td>83</td>
</tr>
<tr>
<td>Staying at home</td>
<td>44</td>
<td>83</td>
</tr>
<tr>
<td>Parents’ mental health and wellbeing</td>
<td>56</td>
<td>55</td>
</tr>
<tr>
<td>Home-based learning using story or picture books</td>
<td>45</td>
<td>56</td>
</tr>
<tr>
<td>Home-based learning using songs and games</td>
<td>28</td>
<td>56</td>
</tr>
<tr>
<td>Home-based learning using radio or TV</td>
<td>7</td>
<td>33</td>
</tr>
<tr>
<td>Information for supporting children’s emotional and mental well-being</td>
<td>62</td>
<td>89</td>
</tr>
</tbody>
</table>

Note: The figure is only among households who received information from schools.

Among households with children who were not enrolled in O-Class (pre-primary grade) prior to the pandemic, which are primarily from rural households (90%), only 8% of parents and caregivers have been in contact with local government officers. Most of them used face-to-face communication, which happened at least once every two weeks. About half of those who had communicated with local government officers received information about home-based learning using supplementary learning materials and how to support children’s emotional and mental well-being. The implication is that it is vital to improving information flows between schools and families to enable families to access timely, relevant information about the crisis, as well as how to support children’s learning at home. It is also important to consider how information reaches those households where children had not been in school, and so they do not have direct contact with teachers and school principals.
4: Supporting Children’s Learning during COVID-19

Introduction
To understand the main support needed for young children when schools reopen, it is essential to assess the extent to which parents and caregivers have been able to engage in supporting their children’s educational and learning activities and play at home. This section focuses on how parents and caregivers have been able to be involved in children’s activities at home and various forms of parental engagement since the schools were closed. We also investigate children’s behaviour, stress, and anxiety and child discipline at home to see if there were any observed differences during the pandemic.

Parental engagement in children’s learning at home
As shown in Figure 4.1, only half of parents and caregivers report that they had been involved in supporting educational or learning activities (including through distance learning via radio, TV, or tablet, hiring a tutor, having assignments from teachers or caregivers, or reading books obtained from schools) for pre-primary children during school closures. Families living in urban areas and those with children enrolled in O-Class were more likely to be engaged in these activities.

Figure 4.1. Parental engagement in child learning activities at home during school closures (%)
Almost half of preschool children’s educational or learning activities were supported primarily by their mothers, with around one-quarter of older siblings and fewer than one in five fathers having this responsibility (Figure 4.2). Mothers in rural households were more likely to have primary responsibility for supporting child learning. Yet, mothers are less likely to be literate and so more likely to face challenges in supporting their children’s learning at home. To illustrate, more than half of them provided assignments to their children themselves or read books obtained from schools, and those who were literate were more likely to be involved in these activities.

Figure 4.2. The main responsibility for supporting child learning (%)

Among parents and caregivers who were involved in educational or learning activities at home, more than half of parents and caregivers were likely to have their children complete assignments prepared by themselves (Figure 4.3). Urban families were more likely to support their children to read books obtained from schools than rural families. Similar to the urban-rural divide in terms of access to technologies, rural families helped their children to listen to educational radio programmes, while urban families helped their children to watch educational TV programmes.
Parental support at home

Positively, around three quarters of caregivers reported that they play more often with their child since the COVID-19 crisis than before it, with about half of caregivers telling stories or singing songs more often to their child while staying at home (Figure 4.4). However, caregivers who are illiterate or from poorer households are less likely to play often with their child or be involved in such activities during school closures.

Figure 4.4. Parental support at home during school closures (%)
In the absence of the government’s support to provide radio educational programmes for pre-primary aged children, only 12% of parents and caregivers interviewed said that they had used radio lessons with their children since schools were closed (Figure 4.5). This slightly favoured those living in rural areas or those from more affluent families. Of those who used radio lessons, they described that they are very effective for promoting early learning, but the lessons could be improved by making it more relevant to young children.

These findings show that educational activities continued for only a few pre-primary-aged children during school closures, such that it is likely that there will be a substantial gap in school readiness in the midst of the COVID-19 pandemic. To compensate for this widening gap, special attention should be given to children from rural, low-income families and families where parents are illiterate (particularly focusing on where mothers are illiterate) when schools reopen.

Figure 4.5. The use of radio lessons at home during school closures (%)

Child’s stress and anxiety and child discipline during school closures

Along with families experiencing unexpected disruption to their daily lives and welfare, some parents and caregivers also observed the effects of COVID-19 on their child’s stress and anxiety during school closures (Figure 4.6). About half of caregivers reported that their child was less motivated in learning during school closures. About
one-third of children cried more often since the COVID-19 crisis, and some are speaking less well or are destroying or damaging things more often. At the same time, parents and caregivers were more likely to pay attention to their children’s well-being. Around 60% of parents and caregivers indicated that they asked their child’s feelings more often and listened to the child’s talking more frequently. However, about one-third of parents and caregivers indicated higher occurrences of child punishment at home. Among them, nearly half reported an increased incidence of child punishment by themselves or household members since the crisis, with this increase being more apparent in households with boys and those living in rural areas. This highlights the importance of putting measures in place to respond to child protection risks that are likely to be heightened in the context of the pandemic.

Figure 4.6. Caregivers’ reporting on children’s nutrition, behaviour, and child discipline at home (%)
5: Planning for School Reopening

Introduction
As the reopening of schools in Ethiopia is planned in October 2020, it is important to gather the perspectives of parents and caregivers on school reopening in order to be able to effectively plan for the effective and safe reopening of schools. In this section, parents and caregivers were asked a range of questions related to their expectations and opinions about school reopening, including the main concerns they have when their children return to schools (infrastructure and facilities available to prevent the spread of the coronavirus in schools) and the support they expect schools provide to students when schools reopen.

Supporting students when they return to school
Most parents and caregivers indicated that they were planning to send their children back to their school as soon as it reopens. Urban families believed that the best ways to support young children when they return to school were the provision of academic and nutrition support, while rural families (including those with children not enrolled in O-Class) were concerned with academic support and ensuring hygiene and safety in the school when their children return to school (Figure 5.1). Of those who are not planning to send their children back to school, concerns raised were mainly about a lack of social distancing and hygiene measures. Government support to school principals and teachers is critical to mobilise parents and caregivers in order to make all kids return to school when it reopens.
Preventing the resurgence of COVID-19 in schools

Considering the need to have procedures in place to help prevent the spread of COVID-19 when schools reopen, the survey asked parents and caregivers whether schools had the necessary handwashing facilities and what strategies could be implemented to ensure social distancing. Parents and caregivers indicated that schools where their children have attended did not have the necessary handwashing facilities to prevent the spreading of the virus (Figure 5.2). The majority of both urban and rural respondents indicated that the schools were either somewhat equipped (44% urban, 31% rural) or not equipped at all (21% urban, 23% rural).
In terms of physical distancing arrangements when school reopens, parents and caregivers identified the rearrangement of classroom layout and building additional classrooms as an effective measure to ensure social distancing among children. Introducing a new shift cycle like a half-day or alternate weeks was also considered one of the physical distancing arrangements suggested by parents and caregivers (Figure 5.3). In addition, about 85% of parents and caregivers said they could provide masks to their child when schools reopen, while about 64% of them could provide hand sanitiser to their child.
Automatic grade promotion

The survey asked the parents’ and caregivers’ views on the introduction of automatic grade promotion by the government when schools reopen in Ethiopia. Under this approach, all students would pass to the next grade once schools reopen (for pre-primary students enrolled in O-Class, they would pass to Grade 1) without having to complete an examination. A 45-day tutorial class would be provided for students to catch up on the content they had missed during the school closures.

Parents and caregivers expressed mixed opinions regarding automatic grade promotion: About half of them (47%) believed that the policy of automatic grade promotion is necessary when schools reopen if it is accompanied by the measures to complement learning losses caused by school closures. One-third of parents and caregivers suggested that this strategy could be inappropriate and would have a range of negative impacts on the education system, while the rest did not have a particular view on the policy of automatic grade promotion.

To support children to catch up on the learning loss during school closures, parents and caregivers prioritised the provision of remedial courses to cover curriculum...
contents from previous grades (Figure 5.4). Other strategies chosen included having frequent classroom assessments to monitor students’ progress and adding more days to the school calendar. Few parents and caregivers chose to add more hours to the school day and reducing the amount of curriculum content as a preferred strategy for catching up on the learning loss during school closures.

Figure 5.4. Strategies for catching up on the learning loss (%)
6: Conclusion

Special attention needs to prioritise early childhood education (ECE) in COVID-19 response planning.

Our findings highlight that young children and their families received very limited support from education systems during school closures, especially for those living in rural or remote areas. As Kim and Rose (2020) highlights the threat of COVID-19 on the country’s recent gain in pre-primary education, one major obstacle is the lack of prioritisation of pre-primary education in the Government’s response strategy and financial commitment to achieve this. There is an urgent need for policies that mitigate the effects of school closures to prevent learning gaps that would emerge in early childhood and could be exacerbated due to the crisis. This includes the need for strategies to support parents in encouraging children’s relevant play and educational activities at home. As schools in Ethiopia prepare to reopen, special attention needs to be paid to prioritise pre-primary education, both immediately and in the long term, and identify appropriate measures to ensure the early learning continuity and well-being of young children.
References


Endnotes

i In the SNNP region, only the group using Sidamu language was included in the ELP phone survey. In 2017/18 ELP survey, there were three language groups from SNNP region (Sidamu, Wolaytta, Hadiya).

ii The majority of households in SNNP (using Sidama language) and Benishangul-Gumuz (using Berta language) communicated in Amharic, except some rural households in Benishangul-Gumuz.

iii The main purpose of the ELP Phase 2 project in Ethiopia is to explore the impact of O-Class intervention (Quality Enhancement program implemented to the GEQIP-E Phase 1 schools) on children’s school readiness compared to children who attended O-Class without the interventions and those who did not attend any form of O-Class.

iv In addition to selecting urban samples in Addis Ababa administration, the survey aimed to select rural households in the rest of the target regions. Somali was excluded in the sample due to the high proportion of the sample living in urban area (75%) in 2019/20 ELP survey. This was due to some parts of the region being inaccessible to researchers at the time due to security reasons but meant that the sample was not representative of the predominantly pastoralist population.

v https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=ET