



Australian Government

Department of Foreign Affairs and Trade

THE IMPACT OF THE COVID-19 PANDEMIC ON GIRLS' EDUCATION AND WELLBEING IN SOUTH AND SOUTH-EAST ASIA

RAPID EVIDENCE REVIEW



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TABLE OF CONTENTS

Acknowledgments.....	2
List of acronyms	3
Executive Summary	4
Approach and methodology	4
Key findings from the RER	5
1. Purpose and scope	9
COVID-19 in South and Southeast Asian Countries	10
1.1 Methodology.....	10
Limitations.....	11
Structure of the report	11
1.2 Availability of evidence	12
2. Participation in home learning during school closures	13
2.1 Barriers to home learning	17
Limited access to broadcast and online learning	17
Limited access to workspaces and challenges with paper-based approaches	19
Increase in domestic and caring responsibilities and paid work	20
2.2 Support during school closures.....	21
Support from schools and teachers	21
Support from parents.....	24
3. Attendance and retention when schools reopened.....	26
Estimated and reported risks of dropout	27
Parents' and students' perspectives on return to school	29
4. Learning loss	32
Estimated schooling and learning loss.....	33
Perceived learning loss.....	34
Measuring learning after COVID-19	34
5. Wider impacts on girls' education and wellbeing.....	36
5.1. Loss of livelihoods and reduced income	37
5.2. Gender-based violence and violence against children	39
Increased prevalence of GBV and child abuse	39
The relationship between the pandemic and increased violence	41
5.3 Child marriage	42
Increased prevalence of child marriage	42
The relationship between the pandemic and increased child marriage	43
5.4. Sexual and reproductive health and rights	44
5.5. Mental health challenges	45
6. Conclusions and Recommendations	50
Bibliography	52

Cover Image: Children take part in an exercise in groups inside a BRAC primary school in Manikganj. DFAT funds a range of core programs including its education work primarily in formal education. Photo: Conor Ashleigh for AusAID.

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Kore Global is a women-led consulting firm specialising in gender equality and social inclusion (GESI). Kore Global's mission is to help strengthen the sector by providing our clients with the GESI-focused research, strategy, design and measurement support they need to drive transformative change in the lives of the diverse groups they work with and serve. Key contributors to this research include: Sophia D'Angelo (Researcher and Lead Author), Sally Neville (Research Lead), Emily Boost (Gender and Education Specialist), and Rebecca Calder (Team Lead).

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LIST OF ACRONYMS

ADB	Asian Development Bank	MOE	Ministry of Education
AIDRAN	Australia-Indonesia Disability Research and Advocacy Network	MPI	Ministry of Planning and Investment
ALC	Accelerated Learning Centres	PDR	People's Democratic Republic
BIGD	BRAC Institute of Governance and Development	PISA	Programme for International Student Assessment
BBC	British Broadcasting Corporation	RCT	Randomised Control Trial
CBE	Community Based Education	RER	Rapid Evidence Review
DFAT	Department of Foreign Affairs and Trade	SRH	Sexual and Reproductive Health
GAGE	Gender and Adolescence: Global Evidence	SRHR	Sexual and Reproductive Health and Rights
GBV	Gender Based Violence	STAGES	Steps Towards Afghan Girls Education Success
GEC	Girls Education Challenge	TVET	Technical and vocational education and training
ICT	Information and Communications Technology	UK	United Kingdom
IDP	Internally Displaced Persons	UN	United Nations
ILO	International Labour Office	UNDP	United Nations Development Programme
IPA	Innovations for Policy Action	UNESCO	United Nations Educational, Scientific and Cultural Organization
IRC	International Rescue Committee	UNFPA	United Nations Population Fund
ISCG	Inter-Sector Coordination Group	UNICEF	United Nations International Children's Emergency Fund
J-PAL	Abdul Latif Jameel Poverty Action Lab	WASH	Water, Sanitation and Hygiene
LGBTQI+	Lesbian, Gay, Bisexual, Transsexual, Queer, and Intersex	WEI	Women Enabled International
MHPSS	Mental Health and Psychosocial Support	WHO	World Health Organization
MJF	Manusher Jonno Foundation		

EXECUTIVE SUMMARY

The Australian Department of Foreign Affairs and Trade (DFAT) commissioned a rapid evidence review (RER) to inform current and long-term public policy responses to the COVID-19 pandemic in relation to girls' education and wellbeing in South and Southeast Asia (SSEA).

Selected evidence was included in the RER from eight countries: **Afghanistan, Bangladesh, Cambodia, Indonesia, Myanmar, Philippines, Timor Leste, and Vietnam.** The RER is intended to be practical, drawing robust conclusions and evidence-based actionable recommendations to support education access, meaningful participation and demonstrated learning for girls and adolescents in SSEA. The full set of recommendations can be found in the conclusion section of this report as well as the SSEA policy summary.

APPROACH AND METHODOLOGY

At the time of writing, in early 2022, the COVID-19 situation in SSEA is rapidly changing and will likely continue to affect the education sector in different ways. The evidence collected for the RER, however, was primarily based on data collected in 2020 and 2021, and therefore focuses on the impacts that the pandemic had during that period of time.

The RER focused on the following areas:

- the impact of COVID-19 on girls' education, particularly in terms of access and participation, learning outcomes, teaching and curricula, and parental support and involvement;
- the impact of COVID-19 on girls' wellbeing, focusing primarily on physical and mental health, sexual and reproductive health (SRH), protection from gender-based violence (GBV), livelihoods, and unpaid care; and
- the effectiveness of development partner responses to the impacts of the COVID-19 pandemic on girls' education and wellbeing.

The RER specifically sought to explore any evidence of differential impact on certain subgroups, for example based on socioeconomic factors, age and ethnicity.

Evidence was identified primarily through online searches, but also through communication with organisations in the region. Identified documents

were reviewed for relevance and content, with a subset of these selected for full review. Rapid quality assessments were carried out; however, no documents were excluded purely on the basis of quality. Overall, evidence was drawn from 135 documents. These are mostly primary data sources, especially reports by international development agencies (e.g., UNESCO, UNICEF, the World Bank) or international non-governmental organisations (INGOs) (e.g. Plan International, Save the Children, Population Council), as well as think tanks such as the Overseas Development Institute's (ODI), and Gender and Adolescence: Global Evidence (GAGE). There was a high concentration of evidence related to Bangladesh, followed only by **Indonesia**, which had about half as many references. In addition, most evidence came from the primary and secondary levels (ages 10-18). An exception to this was evidence around mental health, which also largely addressed the post-secondary level, and which came mostly from quantitative journal articles (rather than reports).

It is important to acknowledge that a sole focus on English language sources is a key limitation of the RER. In addition, a number of authors provided only limited information on the methodologies they had used to generate evidence and, in some cases, analysis and write ups were limited and lacked detail. Nevertheless, given the limited evidence sources identified, these were in some cases still included in the RER, albeit with caveats about the potential quality of the data.

A number of evidence gaps were identified, including:

- Limited evidence that focused on intersectional factors and impacts on specific subgroups of girls.
- Lack of evidence on the effectiveness of response by development partners. The review did not map responses or include evidence of reach/scope, but rather only included evidence relating to impact or change brought about by interventions.
- Lack of sex-disaggregated data around pedagogies used during home learning, and/or student, teacher, or parent perceptions of effective home learning strategies for girls.
- Lack of recent evidence on impacts after schools reopened and on learning outcomes. Much of the evidence was focused on impacts while schools were closed.
- Poor evidence on the pandemic's impact on GBV due to under-reporting.

KEY FINDINGS FROM THE RER



PARTICIPATION IN HOME LEARNING DURING SCHOOL CLOSURES

This section synthesises evidence on students' engagement with home learning during school closures.¹

Most of the literature addresses gender in its analysis of evidence and/or provides sex-disaggregated data. There is also considerable evidence of how other variables, including those related to household characteristics (rural, urban, poor), parents' education level and student age impact on access to – and participation in – home learning.

KEY MESSAGES:

- **There exists substantial cross-country and intra-country variation in girls' and boys' access to home learning during school closures caused by COVID-19.** However, generally access to digital home learning is low, and many students have spent less time studying than they would have done in a typical school day. Many students have been studying on their own without support from teachers or parents/caregivers.
- **Access to remote learning has decreased over time,** suggesting that the longer schools have stayed closed the more at-risk girls and boys are of not returning to school or of confronting major learning losses.

- **While sex-disaggregated data suggests that girls may be more disadvantaged in certain contexts, there is more evidence to suggest that other aspects of marginalisation play an important role in shaping educational outcomes during COVID-19.** These include household socioeconomic level or location (rural/urban), parent education level, and student ethnicity, age, disability, or refugee status.
- **Evidence also highlights a number of barriers that girls have faced in accessing home learning,** including: limited access to digital learning, printed-materials or adequate workspaces; increase in unpaid/paid labour; and lack of motivation/increased anxiety.
- **Older students have generally been more engaged with home learning than their younger peers (largely due to younger student's need for support/facilitation), but poverty decreases access for older students** due to pressures for them to support their family with paid or unpaid labour.
- **Students have generally been receiving only limited support from schools and teachers during school closures.** Teachers appear to have lacked digital skills and skills in remote teaching/learning, and there is some evidence of online teaching practices not being gender-responsive or considering safeguarding and privacy needs, especially for young girls.
- **Evidence also highlights that parents have generally felt ill-equipped to support their children** either due to their own low levels of education, limited subject knowledge, or inadequate Information and Communications Technology (ICT) skills. This situation intensifies for parents of learners with disabilities, and sex-disaggregated evidence suggests parents may feel more confident supporting their sons with disabilities when compared to their daughters with disabilities.

¹ This includes any sort of remote teaching (from schools, teachers, tutors, or parents) as well as self-guided studying.



ATTENDANCE AND RETENTION WHEN SCHOOLS REOPENED

This section synthesises evidence around students' return to school, estimated dropout rates caused by the pandemic, and perceptions regarding student attendance when schools reopened.

There is limited evidence in these areas, but that which does exist usually addresses gender in its analysis and/or provides sex-disaggregated data. Some evidence also looks at student socioeconomic level, age, grade, or education sector (e.g., Technical and Vocational Education and Training (TVET), disability status or ethnicity.

KEY MESSAGES:

- **There is limited data around perceived or actual dropout rates**, and that which does exist presents a mixed picture of whether girls or boys are more at risk.
- **It is likely that poorer children are the most at risk of dropping out**, as they are expected to support their families through paid or unpaid labour.
- **Other factors that may shape the likelihood of students dropping out include:** age (e.g. older students due to the need to work or get married), ethnicity (especially minorities who likely come from poorer households), the type of education sector being pursued (e.g. TVET sector and lack of private revenue for companies to resume "business as usual"), and student disability status.
- **Automatic promotion policies may increase risk of dropout for girls**, who do not acquire necessary skills and therefore experience frustration at school.
- **On the other hand, door-to-door campaigns and community mobilisation have been effective** in getting girls and marginalised young people re-enrolled once schools reopen.



LEARNING LOSS

This section synthesises evidence around student learning loss caused by the COVID-19 pandemic.

It is the area with the least amount of evidence in this report. The evidence that does exist is largely based on modelled estimates of learning loss by the World Bank, UNESCO, UNICEF, and Save the Children. Some estimates take into account either student sex or socioeconomic level (but never intersectionality).

KEY MESSAGES:

- **The limited evidence that does exist suggests major learning losses for both girls and boys**, ranging from an average of 7.7 percent of lifetime schooling lost at the regional level to up to 21 percent of lifetime schooling lost for girls in Afghanistan (compared to just 13 percent for boys).
- **Learning loss is shaped by various factors**, including length of school closures and students' access to study materials and/or support from teachers/caregivers.
- **Various challenges to home learning persist**, including limited support for teachers and challenges with assessing learning. Estimates from Indonesia suggest home learning is only 37 percent as effective as face-to-face instruction in classrooms.
- **Learning loss caused by the pandemic is likely more pronounced for learners with disabilities, linguistic minorities, students from lower socio-economic levels, and with mental health issues.** For example, modelled estimates from Indonesia suggest that the pandemic could widen gaps in Programme for International Student Assessment (PISA) reading scores between the wealthiest and poorest students from 57 to 64 points.



WIDER IMPACTS ON GIRLS' EDUCATION AND WELLBEING

This section synthesises evidence on the wider impacts of the pandemic on girls' education and wellbeing, including in relation to livelihoods; GBV at home and in the community; Sexual and reproductive health and rights (SRHR) and child marriage; as well as mental health.

Most of the literature addresses gender in its analysis of the evidence and/or provides sex-disaggregated data. There is even more evidence of how other variables, including household characteristics (rural, urban, poor), parents' education level, and student age, impact on student wellbeing.

KEY MESSAGES:

- **Economic shocks caused by COVID-19 appear to threaten girls' education directly and indirectly,** including through an increase in child marriage or paid/unpaid labour, or simply because families prioritise the costs of their sons' education in comparison to their daughters'. Economic shocks have also affected livelihood opportunities for young people, especially people with disabilities and Lesbian, Gay, Bisexual, Transsexual, Queer, and Intersex (LGBTQI+) communities.
- **GBV at the household and community level have generally increased during the pandemic,** although it is difficult to accurately say the extent of this increase, since many cases of abuse often go unreported. Many girls do not know how to report violence experienced during the pandemic or how to seek help, and there is a lack of trust in the police in some contexts (e.g., humanitarian settings and indigenous communities in Bangladesh).
- **The impact of COVID-19 on child marriage varies vastly by country** – and though some people perceive it to have increased during the pandemic, lockdown measures and the limited number of social gatherings may have mitigated risks for some girls.
- **In many contexts, SRHR services have been curtailed,** restricting access for girls, and disproportionately affecting remote and rural communities, displaced populations, girls with disabilities, ethnic minorities, and LGBTQI+ communities.
- **Young people are generally experiencing greater mental health challenges due to the pandemic,** and this is related to feelings of isolation/loneliness, fear of contracting the virus or anxiety due to interruptions to one's education and routine.



CONCLUSION

The economic shocks caused by COVID-19 and the loss – or reduction – of income generating activity at the household level has particularly put girls’ education at risk.

In SSEA, girls, especially older adolescents, are facing increased risk of child marriage, and adolescent pregnancy, as well as the need to perform paid or unpaid labour to support their families. In addition, the curtailing of health and SRHR services, and the need to reduce food consumption to cope with a loss of livelihoods, is directly impacting girls’ health. These stressors – combined with the disruption to schooling and isolation felt by lockdown and COVID-19-related protocols/restrictions – have further exacerbated the anxiety, stress, and sadness felt by young people, girls and boys alike. These patterns have inevitably shaped girls’ ability to participate and access home learning, return to school and regularly attend when they reopened.

In addition to accessing educational opportunities amidst COVID-19, there is a need to support governments, schools, teachers, and parents in providing quality remote or hybrid forms of learning.

This review has pointed to the influence of gender norms in shaping teaching and learning in SSEA. At the household level, boys have often received preferential treatment when the availability of learning devices and materials has been scarce, and attitudes towards girls’ privacy and security, have caused many parents to have concerns over online learning modalities. Without proper training in the use of remote pedagogies, ICT, gender-responsive teaching and Mental Health and Psychosocial Support (MHPPS) or safeguarding, many teachers (and parents) have been unable to effectively support these girls.

Very few studies have examined the impact that the pandemic has had on student learning outcomes, and those that have generated such evidence show lower levels of learning in both numeracy and literacy, especially for poorer students and those who were already struggling academically before the outbreak of COVID-19. Indeed, the “learning poverty” that existed prior to the pandemic has only been exacerbated, widening gender and wealth gaps in education equity.

PURPOSE AND SCOPE



DFAT has engaged Kore Global as a research partner to undertake two Rapid Evidence Reviews to systematically document, map and synthesise the evidence about the gendered impacts of COVID-19 and education disruptions on girls' education and wellbeing in the Indo-Pacific.

This rapid review seeks to inform current and long-term public policy responses to the COVID-19 pandemic by assessing the availability and quality of evidence on the impacts to girl's education and wellbeing in SSEA.

This report presents the evidence available for the following countries: Afghanistan, Bangladesh, Cambodia, Indonesia, Lao PDR, Myanmar, Philippines, Timor Leste, and Vietnam. The RER is intended to be highly practical, drawing robust conclusions and evidence-based actionable recommendations to support education access, meaningful participation and demonstrated learning for girls and adolescents in the region. The full set of recommendations can be found in the conclusion section of this report as well as the SSEA policy summary.

The review focused on the following areas:

- the impact of COVID-19 on girls' education, in particular access and participation, learning outcomes, teaching or curricula, and parental support or involvement;
- the impact of COVID-19 on girls' wellbeing, focusing primarily on impacts on physical and mental health, SRH, protection from GBV, livelihoods and unpaid care; and
- the effectiveness² of government or development partner³ responses to the impact of the COVID-19 pandemic on girls' education and wellbeing.

Wherever possible, the review integrated comparative data for boys. The review specifically sought to explore any evidence of differential impact on certain subgroups, for example based on socio-economic factors, age and ethnicity.

² The team anticipated that evidence sources would differ in terms of how they defined 'effectiveness'. A flexible rather than rigid approach was therefore adopted, which aimed to include evidence of any form of 'change as a result of policies or programmes being implemented, regardless of whether this was at the output, intermediate outcome, outcome or impact level'. However, information simply on the implementation and reach of an intervention was not included.

³ Development partners' were defined as any organisations who delivered policy or programme responses to the pandemic, including national governments, UN Agencies, bilateral and multilateral donors, development banks, NGOs and CSOs.

COVID-19 IN SSEA COUNTRIES

The nine countries of focus for this SSEA RER are particularly diverse, with differences in population ranging from 1.3 million in Timor Leste to nearly 165 million in Bangladesh, varying stages of economic development (ADB, undated), and diverse geographical and socio-political contexts. The impact of COVID-19 in the region has also varied greatly, with reports of large proportions of children and youth being affected in Indonesia (Safriti, 2020; Lamb, 2021), compared to positive reviews of the government's response to controlling the virus in Vietnam (Tran et al., 2021). However, even where the virus has been effectively controlled, shocks caused by the pandemic have been felt widely. School closures in the region have been some of the most prolonged globally, reaching over a year-and-a-half in some of the most populated countries, including Bangladesh. Quarantine protocols have disrupted economies, causing migrant workers to return home, and reducing remittances received at the household level (Awad & Konn, 2020), a challenge particularly for remittance-dependent countries such as the Philippines (Murakami, Shimizutani & Yamada, 2020). Impacts on the garment industry, a sector where women mostly work (90% of garment workers are women in Myanmar (ActionAid, 2021)), have left millions of women in the region unemployed, furloughed or facing reduced hours and income (ILO, 2020). In addition, various countries are facing a double emergency, including the coup d'état in Myanmar in February 2021 (UNDP, 2021), or the rise of the Taliban's power in Afghanistan in August 2021 (Basij-Rasikh, 2021); and natural disasters such as a typhoon and volcanic eruption in January 2020 in the Philippines (Kindipan-Dulawan & Cruz, 2020; Cueto & Agaton, 2021), and Cyclone Amphan and monsoon flooding in April to June 2020 in Bangladesh (Chakma & Chakma, 2020; Cambridge Education, 2020).

Each unique country context also shapes the subgroups of girls who experience compounded effects to their education and wellbeing during COVID-19. In contexts of displacement, particularly in Cox's Bazar in Bangladesh and in Afghanistan, this includes women and girls who are refugees, internally displaced, or living in host communities (Alam et al., 2020; Banik et al., 2020; Estey, 2021; ISCG, 2020). Ethnic minorities have been researched in the context of Cambodia (CARE & Plan International, 2020), Vietnam (Yang et al., 2020), and Lao PDR (World Bank, 2020). In Bangladesh, approximately 15 million children live in informal urban settlements (UNESCO, n.d.), making them a highly researched population group (Ria et al., 2020; Raha et al., 2021; Rashad et al., 2020; Surma et al., 2021).

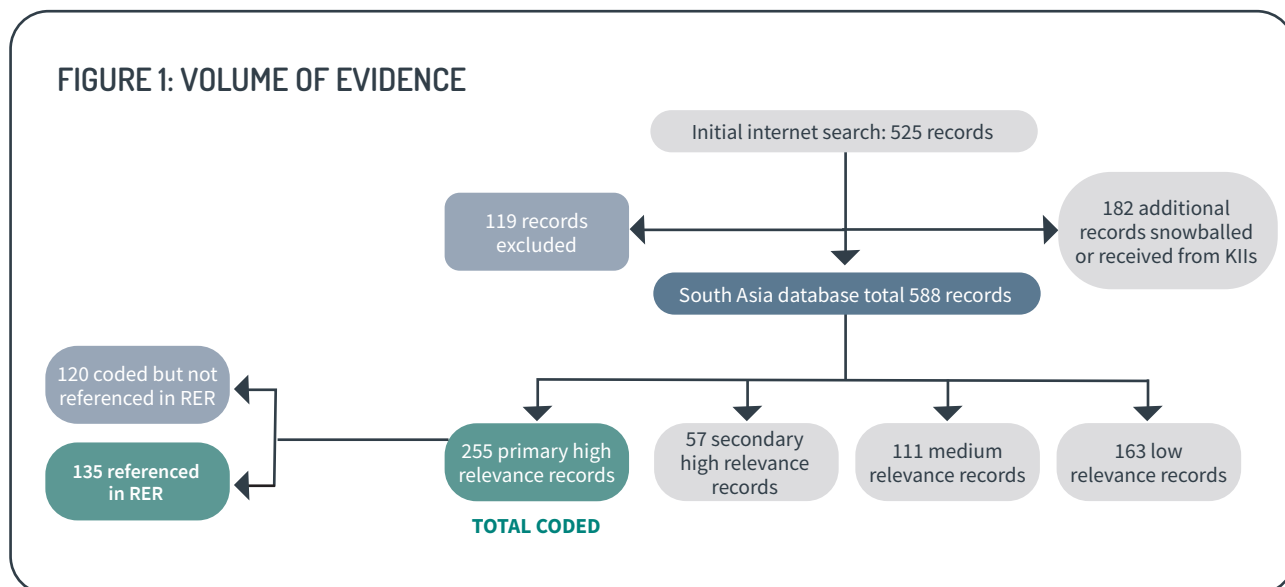
1.1 METHODOLOGY

Evidence was identified largely through online searches using a predefined list of keywords.

Further sources were found using a snowballing approach, by looking at referenced material within documents, and through reaching out to organisations (including Australian Embassies and High Commissions) in the region.

As outlined in Figure 1 below, a total of 707 documents (525 from internet searches and 182 snowballed or received through KIIs) were identified as being potentially relevant to this review. Following a light touch review, a total of 119 of these documents were excluded. Of the remaining 588 documents, 312 were identified as containing highly relevant evidence. Of these, 255 were identified as containing primary data and were prioritised for review. The remaining 57 documents – which were based on secondary analysis, as well as 274 documents that were identified as either medium or low priority – were not included in the review.

FIGURE 1: VOLUME OF EVIDENCE



All identified material was initially reviewed for overall relevance and added to a database where it was categorised according to a list of sub themes. Based on relevance, a subset of documents was prioritised to be reviewed in full, whilst lower priority documents were excluded from the review. No documents were excluded purely on the basis of quality. However, rapid quality assessments of included material enabled any findings to be caveated where there were concerns about the quality of the documents or the methodologies they were based on. Evidence from reviewed documents was coded into an Excel spreadsheet so it could be synthesised. The findings from this synthesis are presented in this report.

LIMITATIONS

Given the primary focus on online searches using English keywords, the review has been limited to English-language material, and largely that which is freely available online. The large volume of relevant evidence available for the region has meant that it was not feasible to read all evidence in depth. This was approached through a screening and prioritisation process that identified the most relevant evidence for review. Literature was included based on relevance rather than quality, and this was to be more inclusive of voices of diverse and underrepresented researchers. A limitation to this, however, is that some researchers did not provide as clear an analysis and write-up for their evidence: some did not indicate when differences based on gender (or other variables) are statistically significant, or they did not provide a complete set of data to compare across variables.

The time of this work (with a cut off day in October 2021) has meant it's potentially too early to locate evidence on the effectiveness of COVID-19 response efforts or learning assessment data. Finally, due to the large volume of literature collected for the SSEA region, interviews were not conducted to procure more unpublished materials.

STRUCTURE OF THE REPORT

This report presents findings on girls' access to and participation in home learning during school closures (section 2); attendance and retention when schools reopened (section 3); learning loss (section 4); and wider impacts on girls' education and wellbeing (section 5).

1. PURPOSE AND SCOPE

Children take part in an exercise in groups inside a BRAC primary school in Manikganj. DFAT funds a range of core programs including its education work primarily in formal education. Photo: Conor Ashleigh for AusAID.



1.2 AVAILABILITY OF EVIDENCE

Of the total of 135 documents referenced in this report, it is important to note that evidence is slightly concentrated around issues of wellbeing, and especially the pandemic's impact on livelihoods, income generating activities, and household level stress that has led to reported increase in violence.

About half of the references also provide evidence on education, but this is mostly in relation to learners' access to home learning, or challenges to access.

Obvious evidence gaps include the lack of assessment data or evidence on learning outcomes. In addition, evidence around dropout rates, attendance, or the potential increase in unintended pregnancies is largely based on modelled estimates rather than observable or measurable effects. There were very few studies (only three) that provide evidence on the effectiveness of COVID-19-responses or interventions, and this evidence is fairly weak, either because it draws on the perception of few participants or excludes important information in the analysis of its findings. Most of the 135 documents referenced in this report have been chosen because they include at least some level of sex-disaggregation or

gender analysis in their findings. However, many studies do not address sex or gender in all findings; and some do not address sex/gender at all but provide important evidence on sub- groups of girls or young people in the countries of focus.

PARTICIPATION IN HOME LEARNING DURING SCHOOL CLOSURES

2



This section synthesises evidence on students' engagement with home learning during school closures.

This includes any sort of remote teaching (from schools, teachers, tutors, or parents) as well as self-guided studying.

Most of the literature addresses gender in its analysis of evidence and/or provides sex-disaggregated data. There is also considerable evidence of how other variables, including those related to household characteristics (rural, urban, poor), parents' education level and student age impact on access to – and participation in – home learning. However, within this evidence, very few studies examine the intersections between these characteristics with sex/gender, in order to examine impacts on certain subgroups of vulnerable girls. The intersectional evidence that does exist largely comes from think tanks such as ODI's GAGE (in **Bangladesh**) and the University of Oxford's Young Lives study (with evidence from Vietnam). Other than that, evidence also comes from reports by international development agencies and INGOs (e.g., UNICEF, UNESCO, World Bank, Plan International, Save the Children, and Population Council). It focuses mostly on primary and secondary levels (ages 10-18); is geographically concentrated in **Bangladesh, Indonesia, Philippines, and Vietnam**; and is largely quantitative data, coming from surveys administered between March and July 2020.

KEY MESSAGES

- **There exists substantial cross-country and intra-country variation in girls' and boys' access to home learning during school closures.** However, generally access to digital home learning is low, and many students have spent less time studying than they would have done in a typical school day. Many students have been studying on their own without support from teachers or parents/caregivers.
- **Access to remote learning has decreased over time,** suggesting that the longer schools have stayed closed the more at-risk learners are of not returning to school or of confronting major learning losses.
- **While sex-disaggregated data suggests that girls may be more disadvantaged in certain contexts, there is more evidence to suggest that other aspects of marginalisation play an important role in shaping educational outcomes during COVID-19.** These include household socioeconomic level or location (rural/urban), parent education level, and student ethnicity, age, disability, or refugee status.
- **Evidence also highlights a number of barriers that girls have faced in accessing home learning,** including: limited access to digital learning, printed-materials or adequate workspaces; increase in unpaid/paid labour; and lack of motivation/increased anxiety. Apart from access to ICT, and impacts on labour, much of this evidence is not sex-disaggregated.

- **Older students have generally been more engaged with home learning than their younger peers (largely due to younger student's need for support/facilitation), but poverty decreases access for older students** due to pressures for them to support their family with paid or unpaid labour.
- **Students have generally been receiving only limited support from schools and teachers during school closures.** Teachers appear to have lacked digital skills and skills in remote teaching/learning, and there is some evidence of online teaching practices not being gender-responsive or considering safeguarding and privacy needs, especially for young girls.
- **Evidence also highlights that parents have generally felt ill-equipped to support their children** either due to their own low levels of education, limited subject knowledge, or inadequate ICT skills. This situation intensifies for parents of learners with disabilities, and sex-disaggregated evidence suggests parents may feel more confident supporting their sons with disabilities when compared to their daughters with disabilities.

The length of school closures caused by the pandemic in SSEA varies widely across countries, including anywhere from two months in Timor Leste (World Bank, 2020) to over one-and-a-half years in Bangladesh and the Philippines (UNICEF, 2021d).

While most governments closed schools in February or March of 2020, their tasks of transitioning to remote learning have looked very different. In **Afghanistan**, the government's Alternative Education Plan includes three learning options: self-learning, distance learning (through a website, TV, and radio broadcasts), and small learning groups (UNESCO & UNICEF, 2021a). Many countries have included TV broadcasted lessons in their home learning responses, including the Sangsad TV in **Bangladesh**, which has been widely studied (Emon et al., 2020; Biswas et al., 2020; Ria et al., 2020). The challenges with many of these remote learning options, however, is that they require access to ICT or the Internet, which some of the most vulnerable groups of learners do not have, leading to large variations in uptake within countries. Indeed, **Indonesia's** government has had to provide home learning to 60 million children, spread across more than 12,000 islands (UNESCO & UNICEF, 2021c), pointing to diverse geographic contexts within the region.

Overall, students' engagement in home learning during school closures varies hugely between countries. Quantitative evidence suggests that the proportion of students who were not studying during school closures ranged anywhere from 3-4 percent in **Bangladesh** (Oakley et al., 2020; Jones et al., 2021b), to 32 percent in **Indonesia** (Indrawati, Prihadi & Siantoro, 2020), 45 percent in **Timor Leste** (UN Timor Leste, 2020), and as high as 75 percent in **Lao PDR** (World Bank, 2020).

Sex-disaggregated data is not available for all studies. However, where available, evidence is mixed and shows that both girls and boys are at a disadvantage depending on context. Two GAGE studies in **Bangladesh** analysed their data from a gender perspective and found no statistically significant differences between boys and girls in terms of whether they continued to study while schools were closed (Oakley et al., 2020 and Jones et al., 2021b). In contrast, however, a survey of urban and semi-urban households in **Bangladesh** found that 83 percent of girls compared to 75 percent of boys reported participating in some form of home learning during school closures (Beam et al., 2021). Importantly, however, the authors of this study note that households included in the sample were perhaps more likely to value girls' education as they were purposefully sampled because they had planned to enrol their child in a school that explicitly aimed for gender balance in its enrolment. Drawing on large-scale (n=12,232) survey data across six **South Asian** countries (**Bangladesh, India, Indonesia, Myanmar, Philippines, Vietnam**), [Wang et al. \(2021b\)](#) found that overall, participation in home learning tended to be low for both girls and boys. **Vietnam** was the only country in the study where any gender differences were observed, and girls actually appeared to be a little more likely to engage in home learning, with 1.73 times higher odds of spending time studying while schools were closed. No gender differences were found in the other five countries. Similar findings were also identified in another study in **Vietnam**, which was based on a telephone survey of two cohorts of Young Lives (2020) participants aged 19 and 25 years (n=2,548). In the study, older girls were asked to report on behalf of their younger siblings, with the data indicating that 89 percent of girls compared to 86 percent of boys were engaged in home learning during school closures. This evidence from **Vietnam** resonates with a small-scale (n=383, 223 of whom were female) rapid gender analysis of three northeast provinces (Ratanak Kiri, Stung Treng, Mondul Kiri) in **Cambodia**, which found that boys (at 89 percent) were a little more likely than girls (at 85 percent) to identify challenges in engaging with home learning ([CARE & Plan International, 2020](#)).

In addition to gender, poverty, parental education level and household location (rural/urban) shape large disparities within countries. For example, in **Cambodia**, a nationally representative study found that, on average, poorer students were significantly less likely to engage with all forms of home learning than other students (Cambodia MOE, UNICEF, Save the Children, 2021). Likewise, a second study in **Cambodia** found that while 20 percent of students, on average, accessed home learning, students whose parents had no education (nine percent) were half as likely to report accessing home learning when compared to students whose parents had a primary/secondary education (16 percent); and four times less likely as their peers whose parents had a tertiary

level of education (40 percent) ([Muñoz et al., 2021](#)). Evidence from **Vietnam** also suggests that engagement with home learning has been driven more by household-level factors, such as wealth, parent education level, and urban settings, rather than by student gender (Hossain, 2021a). Survey data (n=1,896) indicated significant disparities based on wealth, with a 34 percent difference in engagement with home learning between the first and fourth wealth quartiles. Students who came from urban households and households with better educated parents were 21 percent more likely to have been studying at home during school closures. However, this difference was less pronounced for those in rural areas ([Hossain, 2021a](#)). Intra-country differences appear to be even more pronounced when studies specifically focus on students in disadvantaged areas with high concentrations of out-of-school youth, low levels of parental education and lower-than-average incomes. For example, data collected in areas like these in **Bangladesh** found that the proportion of primary students aged eight to 14 years who continued to study while schools were closed dropped to as low as 19 percent (n = 1,221) ([Li, Matin & Sharma, 2021](#)), though the authors did not provide sex-disaggregated data for this figure. This compares to evidence from various nationally-representative samples that suggest that between 86 and 96 percent of all students engaged in home learning (BRAC, 2020, cited in [UNESCO & UNICEF, 2021b](#); and in [Cambridge Education, 2020](#); and Oaklet et al., 2020; Jones et al., 2021b).

Marginalised groups of students, especially displaced girls or ethnic minorities, have been disproportionately affected by the COVID-19 pandemic. For example, telephone surveys (n=1,749) with adolescent Rohingya refugees aged 10 to 19 years in Cox's Bazar in **Bangladesh** found a 90 percent reduction in the proportion of students accessing education since the onset of COVID-19, with virtually no Rohingya girls accessing education during school closures. Before COVID-19, 53 percent of Rohingya boys and 29 percent of Rohingya girls were attending school. These numbers dropped to seven percent of Rohingya boys and less than one percent (0.8 percent) of Rohingya girls engaged in home learning during school closures ([Guglielmi et al., 2020a](#); [Guglielmi et al. 2020b](#)). The authors note, however, that it is unclear how much of this was a result of the pandemic, as gender differences existed prior to school closures. In addition, they found that none of the surveyed adolescents with disabilities in both Rohingya and host communities were studying during school closures, despite having a 17 percent access rate before the pandemic. A study in **Timor Leste** disaggregated households based on vulnerability, which they defined broadly as including households with at least one person from a vulnerable group (the poor, single-headed households, or families that included

people with disabilities, the elderly, or informal workers) ([UN Timor Leste, 2020](#)). Survey results indicated that 82 percent of respondents who were not engaging in home learning during school closures were from these vulnerable households, and one third of those not studying were from the lowest wealth quintile. Although the study did not disaggregate data based on the sex of the student, it did compare female-headed households with male-headed households and found students living in female-headed households were significantly more likely to discontinue studying. Similarly, in a nationally-representative survey of 2,500 households in **Lao PDR**, students aged 6-17 years from ethnic minority households were six percent less likely than their peers to remain engaged in learning during closure (19 percent compared to 25 percent respectively) ([World Bank, 2020](#)). This study did not disaggregate findings based on sex.

Older students may have been more likely to continue to study at home during school closures, though there is limited available sex-disaggregated data. This is best illustrated by evidence from **Vietnam**. For example, as well as finding some difference by gender, the [Young Lives \(2020\)](#) phone survey of two cohorts of students (n=2,548) found that participation in home learning increased with age, with older adolescents more likely to be participating in home learning than their younger siblings: respondents reported that 80 percent of 12 to 18 year olds continued learning compared to 60 percent of six to 11 year-olds. In line with this, drawing on High Frequency Surveys in **Vietnam**, a World Bank policy brief showed that although parents reported higher rates of participation in home learning compared to the Young Lives study, the data still showed an increase in participation in home learning was based on school level, with far lower levels of participation among the youngest children (Yang, Philomena & Demarchi, 2020). The findings showed that just 35 percent of pre-primary aged children were continuing to learn from home while schools were closed compared to 82 percent at the primary level, 85 percent at the lower-secondary level, 89 percent at the upper-secondary level, and 88 percent at tertiary level. No sex-disaggregated data was provided. However, several studies have suggested that younger students are more at risk of not engaging in remote learning due to their need for parental support or facilitation by an adult or older peer ([Cambodia MOE, UNICEF & Save the Children, 2021](#)).

The little available intersectional data suggests, however, that poverty may decrease the likelihood of older students engaging in home learning. The [Young Lives \(2020\)](#) phone survey (n=2,548) in **Vietnam**, which detected some gender differences in levels of engagement in home learning, also found that students whose parents had no primary education were less likely to study while schools were closed. This was especially so for boys and

Lakhmania (front) and other young female students in the Puti Kalatsha community-based education class. Photo: DFAT/Save the Children/Elissa Bogos Mirzaei, 2012.



young men; and when looking at particular age groups within the sample, these inequalities become more pronounced. All children in the age range of six to 11 years (compared to 12 to 18 years), who had at least one parent educated to the post-secondary level reported studying while schools were closed. In contrast, this was the case for less than half of children the same age whose parents were uneducated. In urban areas, access was generally higher, with 90 percent of girls and young women and 85 percent of boys and young men from urban households continuing to study during COVID-19 compared to less than half of their peers in rural households. However, sex-disaggregated data was not provided for rural students. Similarly, in Cox's Bazar, **Bangladesh**, Guglielmi et al., (2020a/b) found that educational marginalisation grew with age, especially in Rohingya communities, where older adolescent girls were most affected (Guglielmi et al., 2020a). Indeed, evidence elsewhere suggests that older students are being more affected by demands to engage in either paid or unpaid labour to support their families (e.g. GAGE research, see Section 2.1).

Beyond a focus on whether students have continued to study during school closures, some studies have more specifically sought to understand how much time students have spent studying at home. Evidence from **Vietnam** (Trung et al., 2020) **Bangladesh** (Billah, 2021), and **Afghanistan** (Kan et al., 2022), points to students spending limited amounts of time studying during school closures, especially compared to the time they spent studying in classrooms during a typical school day when schools were still open. In **Afghanistan**, for example, a study of accelerated learning centres found that students who were studying prior to the pandemic had reduced time spent studying from an average of 15 hours per week to nearly half as much (an average of one hour or less per day), though no sex-disaggregated

data was provided (Kan et al, 2022). A study by BRAC in **Bangladesh**, found a very similar decrease in time spent studying among both boys and girls (BRAC Institute of Governance and Development (BIGD), 2020, cited in UNESCO & UNICEF, 2021b and Cambridge Education, 2020a; Beam et al., 2021). Another study in **Bangladesh** (n=1,221), which focused on vulnerable communities, found that girls and boys (aged eight to 14) spent an average of 2.3 hours per day studying at home, with girls spending slightly more time than boys (though the exact figures were not provided) (Li, Matin & Sharma, 2021). The average daily time spent studying was even lower for poor households within these communities, with students spending on average just 10 minutes a day studying. The reduction in time spent studying due to the pandemic equated to 11 percent on average, but 16 percent for the poorest students.

Some evidence suggests considerable differences among students in terms of the amount of time spent studying during school closures. A Plan International study of 1,203 women and girls aged 13 to 24 years in the **Philippines** identified a clear split between those who were spending quite a lot of time studying each day during school closures and those who were spending very little time studying at all (De Guzman, Torneo & Jaca, 2020). The data showed that 35 percent were spending just one to two hours per day studying and 25 percent were doing so for less than an hour a day. In contrast, 40 percent were spending at least three hours studying, many of whom were studying for more than five hours a day. However, it is important to note that even those spending considerable time studying at home each day, many were still spending less time studying than they did when schools were open.⁴ Moreover, the authors did not provide comparable data on boys.

⁴ NB: Data was re-calculated by authors excluding the number of respondents (approximately 250) who responded "not applicable" to the question regarding study time.

2.1 BARRIERS TO HOME LEARNING

LIMITED ACCESS TO BROADCAST AND ONLINE LEARNING

Gender norms have shaped girls' low levels of access to television and radio for home learning. Preliminary findings from a CARE (2020a) rapid assessment of Girl Education Challenge's (GEC) Steps Towards Afghan Girls' Education Success (STAGES) programme in **Afghanistan**, found that 15 percent of boys reported having access to education-related television programmes compared to just nine percent of girls. In contrast, girls and boys were just as likely to use the radio, despite overall access levels being generally very low at just four percent (cited in GEC & UK Aid, 2020). Two qualitative studies in **Afghanistan** draw on interview data with fifth to ninth grade students, parents and teachers (Khlaif et al., 2021a/b), and found that some parents – especially in rural areas – were reluctant to let their daughters engage in online learning due to concerns over privacy and safeguarding. As the author points out, these are likely due to traditional gender norms around the protection and safeguarding of girls (2021a/b). As a result, girls in particular were less likely to participate in synchronous online learning with their peers and when they did, girls and their parents were more hesitant about turning the camera on or participating in live virtual discussions. This finding is echoed by two studies in **Bangladesh**. GAGE qualitative research draws on an interview with a community leader in Cox's Bazar, who said, 'Guardians are giving less opportunity to girls for using mobile phones. They don't want girls to be addicted to bad habits like talking or communicating with boys' (Raha et al., 2021: p.5). A global UNESCO survey study (Billah, 2021), also notes how parents in **Bangladesh** expressed concern over giving girls access to mobile devices, because they felt it could potentially lead to misuse and romantic relationships. To explain this, the author describes how gender norms and expectations for girls' behaviour affect their ability to engage in home learning.

Boys may be more likely to have access to televisions, the Internet and ICT devices to support remote learning during school closures. A nationally representative survey (n=15,000) conducted by the **Cambodia** Ministry of Education (MOE), UNICEF, and Save the Children showed that 57 percent of girls and 58 percent of boys had access to a television during the pandemic. However, this still suggests that more than 40 percent of students did not. Far lower numbers had access to radios in their homes and boys were slightly more likely to have access than girls (18 percent and 15 percent respectively). The research also detected some differences based on age, with access to both television and radio being more common among pre-primary and

primary school students compared to students in lower or upper secondary school. However, the research also found statistically significant differences based on gender, with boys having at least slightly more access to all online resources and devices. The largest gender disparity was related to access to computers or tablets, with 28 percent of boys having access compared to 18 percent of girls. Boys were also four percentage points more likely than girls to have access to smartphones (78 compared to 74 percent, respectively) (though they reported the same access to regular mobile phones), and three percentage points more likely than girls to have access to the Internet (34 compared to 31 percent, respectively).

Children with disabilities face particular challenges to accessing home learning. A COVID-19 response mapping conducted by the Center for Global Development (CGD) indicates that none of the countries in this evidence review (**Afghanistan, Bangladesh, Cambodia, Indonesia, Myanmar, Philippines, Timor Leste, or Vietnam**) included special education accommodations or guidance in their education response plan (CGD, 2020). Research drawing on photo essays in **Indonesia** highlighted the difficulties that girls with disabilities face in accessing the internet (UNICEF Indonesia, 2020, cited in Plan International, 2021). Similarly, data from a survey conducted by the **Cambodia** MOE, UNICEF, and Save the Children showed that students with disabilities (at 24 percent) and students from poor-ID holding households (at 16 percent) were even less likely to have access to the Internet than their non-disabled peers (at 27 percent) or non-poor-ID holding peer (at 28 percent), respectively; and these differences based on disability status and poverty were also statistically significant (Cambodia MOE, UNICEF, Save the Children, 2021). Similarly, a global mixed-methods study by the World Bank (2021) provides regional data highlighting some of the challenges learners with disabilities in **South Asia** have faced during school closures. Parents of learners with disabilities identified various challenges including lack of internet connectivity or data (23 percent) and devices (21 percent), as well as limited power or electricity (16 percent).

Evidence suggests that many students – especially girls – do not have adequate skills in technology and face myriad challenges engaging with digital learning. A CARE and Plan International (2020) rapid gender analysis in **Cambodia** looked at students' ability to use ICT. The research found that boys generally had higher self-reported ICT skills compared to girls; and Khmer students were more likely than their peers from ethnic minority groups to report higher self-assessment scores. Although not sex-disaggregated, the same study also showed that 40 percent of students reported challenges in accessing the internet and 20 percent reported not having enough financial resources for phone data. These findings were echoed in two regional Plan International

reports that explored issues around young women's and girls' education during COVID-19 school closures: *Hear it From the Girls* (2020b) that focuses on girls under the age of 18 across Asia, and *Smart, Successful, Strong* (2021) that drew on interviews with girls aged 10-19 years from **Southeast Asia and the Pacific**.⁵ Girls in all countries spoke of the diverse challenges they confronted during the pandemic, including limited access to digital technology or the Internet. Some shared stories of the great lengths they went to in order to find internet signals when schools were closed, for example by climbing trees or hills where the Internet signal was stronger.

Household ownership of online devices does not necessarily translate into access for girls. A survey (n=479) of adolescent girls in **Bangladesh** during school closures found that the vast majority of households (95 percent) had access to mobile phones and almost a quarter (24 percent) had access to smartphones with Internet access (Billah, 2021). Although interviews suggested that at times girls were allowed to borrow these devices from family members, the findings also suggest that these household assets were not always available for girls when they needed them to support their home learning. Similarly, in **Indonesia**, girls described how they did not have enough devices to engage in online learning because lessons were scheduled at the same time as their siblings (Plan International, 2021).

On the other hand, some evidence suggests little or no gender differences or shows girls as being at a slight advantage in terms of ICT usage. GAGE research findings from the **Chittagong Hills and Sylhet divisions of Bangladesh** suggest adolescent girls were more likely than boys to report using the internet and other technology for learning during the pandemic. Overall, the research found very low levels of technology use to support home learning, with just nine percent of adolescents reporting that they used the internet, television, or radio to support their learning during school closures. However, among this small minority, girls were nearly three times more likely than boys to report the use of technology (Internet, television or radio) to learn (12.4 percent of girls, compared to 4.7 percent of boys (Baird et al., 2020). Also in **Bangladesh**, a World Bank report found no significant differences between male and female students in terms of whether they had watched educational television broadcasts in the previous week. However, access to broadcasted lessons varied by household wealth, with 46 percent of students without access to Sangsad TV (the educational television channel in **Bangladesh**) coming from the bottom wealth quartile compared to just 11 percent of those without access coming from the top wealth quartile (Biswas et al., 2020). In **Vietnam**, female adolescents were found to

have 1.74 times higher odds of having access to online courses during a day, compared to male adolescents. No significant gender differences were found in the other five **South Asian** countries in the study (**Bangladesh, India, Indonesia, Myanmar, Philippines, Vietnam**) (Wang et al., 2021b). A study (n=300) that drew on data from surveys with primary students in **Indonesia**, 58 percent of whom were female, found no significant gender differences in girls' or boys' level of ICT skills (Rodiah & Stopandi, 2021). These findings resonate with another large-scale (n = 1,203) Plan International study of girls and women aged 13-24 in the **Philippines**, which found that just seven percent identified lack of access to the Internet as an obstacle to home learning (De Guzman, Torneo, & Jaca, 2020). However, it is important to note that although paper-based methods of data collection were also used, this survey was conducted as an online survey, so the findings may not be as inclusive of those who are less likely to have access to online devices.

Intersectional data also suggests that age and marital status of adolescents shape their access to digital devices during school closures. GAGE research in **Dhaka City** (n=602) found many adolescents (ages 12-20) reported increased access to technology as a result of the pandemic, but identified differences based on gender and age. While 54 percent of older adolescents reported having increased access to technology since the onset of the pandemic, this was the case for just 26 percent of younger adolescents. Similarly, 58 percent of older male adolescents reported having increased access to digital technologies, compared to just 36 percent of female peers their same age. In addition, while 50 percent of older male adolescents had their own personal device with internet access, the figure was just 30 percent for older female adolescents. The research also found that married adolescent girls were much less likely than their unmarried peers to report increased access to digital technologies during the pandemic: 26 percent of married girls reported increased access to technology, compared to 58 percent of unmarried girls (Oakley et al., 2020). Another study by GAGE in **Bangladesh** drew on in-depth interviews (n=30) with adolescents (ages 12-19) living in Dhaka City and found that boys had greater access to mobile phones during school closures when compared to their female peers, due either to them being more likely to have their own device or to preferential treatment from their parents who lent them their device (Raha et al., 2021). The authors noted that no female participants reported having their own mobile phone, with the exception of a few married and older adolescents (contradictory to the above finding). However, it is important to note that given this was a relatively small-scale piece of qualitative research it may not provide an indication of wider patterns of access to mobile phones. Indeed, a larger-scale World Bank survey

⁵ Bangladesh, Indonesia, Lao PDR, Philippines, and Vietnam are represented in the first study; while only Indonesia and the Philippines are represented in the second study.

(n=2,181) of vulnerable households in **Bangladesh** found that although there were no gender differences in relation to smart phone access, girls were significantly less likely than their male peers to have access to the Internet (19 percent for girls compared to 25 percent for boys) (Biswas et al., 2020).

One study illustrates the positive effect of an intervention that provides both data packages and information about home learning to students and families, though sex-disaggregated data is not provided. A randomised control trial in **Bangladesh** evaluated the effect of three project components: (1) providing information to students and families, (2) connecting students to teachers, and (3) subsidising data (Beam et al., 2021). Preliminary results suggest that subsidising the costs of internet data packages increased students' participation in private tutoring (i.e., video calls with teachers), particularly when combined with the provision of information about different learning opportunities (subsidising data costs alone did not have as much of a positive effect). When combined with information about TV-based instruction, for example, student usage increased by 34 percent; and when combined with information about an online adaptive learning platform, the data subsidy increased reported usage by 50 percent. Although no sex-disaggregated data was presented in the preliminary findings, the authors note how future publications will explore treatment heterogeneity based on student sex, age, and household wealth. In addition, this study shows how technology alone is not a solution – but rather must be an integral part of a multipronged approach that includes support from teachers, and teaching at the right level (i.e., adaptive learning). Because many students do not have access to digital devices or internet connectivity, many countries have opted for blended or hybrid forms of learning, and the integration of paper-based materials.

LIMITED ACCESS TO WORKSPACES AND CHALLENGES WITH PAPER-BASED APPROACHES

Evidence suggests that paper-based approaches may support girls' learning during school closures, especially in literacy, although challenges persist particularly for those girls living in rural areas. In **Afghanistan**, a study of students studying at accelerated learning centres (ALCs) and hub schools (government primary schools associated with ALCs) (n=468, 85 percent female) found that the most common form of home learning was studying with textbooks (60 percent of students in ALCs and 67 percent of students in hub schools), compared to just two percent of students using government-sponsored broadcasted lessons (on the TV, radio, or Internet) (Kan et al., 2022). Further, the study found a significant association between student access to printed materials and literacy scores

for both Dari-speaking (reading comprehension) and Pashti-speaking learners (listening comprehension and phonemic awareness). In contrast to literacy, however, the availability of learning materials at home had either mixed or no significant association with numeracy test scores (see more in Section 4 on learning loss). Nevertheless, several studies suggest that in many parts of the country, especially rural areas, printed materials have not been provided to students due to logistical challenges in printing and delivering them (Rabi, 2021; Kan et al., 2022). Indeed, more than a quarter of all students of ALC and hub schools identified lack of textbooks and printed learning materials as a barrier to home learning during school closures (Kan et al., 2022). Despite the importance of offering no-tech options to the most marginalised students, according to CGD's (2020) mapping of government COVID-19 response plans, **Afghanistan** was the only one of the eight countries in this review to distribute printed materials to students as part of their education response plans.

Many students – especially girls and those living in overcrowded urban areas – do not have access to adequate workspace to study at home. GAGE qualitative research in **urban informal settlements in Bangladesh** found that, due to overcrowding, students faced difficulties finding a place to study that was conducive to learning (Ria et al., 2020). Interestingly, GAGE research in Dhaka, **Bangladesh** with 10 to 19 year olds (n=601) found significant gender differences in terms of students being provided with a place to study during school closures. Data suggested that some parents were favouring male adolescents, with 64 percent reporting that their parents were providing them with space to study at home, compared to 50 percent of girls the same age. Further research in **Bangladesh** has also focused on the challenges faced by university students or those living in boarding schools. The closure of schools often resulted in these students having to move home, returning to their families' homes where the environment was not necessarily conducive to learning, and where they no longer had access to university libraries or other study materials (Dutta & Smita, 2020).

Student's age, disability and socioeconomic level also shape their access to workspaces at home, and in some contexts may be a stronger determining factor than gender. Large-scale survey data in **Cambodia** suggests that girls were slightly more likely than boys to report having access to workspaces to support home learning, including having access to a desk, chair, and proper lighting (45 percent for girls compared to 41 percent for boys) (Cambodia MOE, UNICEF, & Save the Children, 2021); though boys had more access to all other technology tools and devices. Lower and upper secondary students were also more likely to report having access to workspaces compared to students in the primary or pre-

primary levels. Learners with disabilities were 10 percent less likely than their non-disabled peers to have access to workspaces; and the largest difference was seen between those who were poor and those who were not (27 percent and 44 percent respectively). Differences based on gender, education level, disability status, and poverty were all statistically significant. However, this report does not provide intersectional analysis in order to understand the compounded impacts of sex/gender and other characteristics such as age, disability or wealth.

INCREASE IN DOMESTIC AND CARING RESPONSIBILITIES AND PAID WORK

Girls and boys have both experienced an increase in unpaid work due to the pandemic, but evidence largely suggests that girls are being more affected than boys. A socio-economic impact assessment of the pandemic in **Timor Leste** (n=1,724) shows that girls aged six to 14 were significantly more likely than boys to have spent time on household chores during school closures (25 percent of girls compared to 20 percent of boys) (UN Timor Leste, 2020). Similarly, a small-scale (n=122) quantitative study of primary school students experiences in **Indonesia** during the pandemic found that 39 percent of girls aged 10 to 12 years reported spending time on domestic chores, such as cleaning the house, compared to four percent of boys the same age ([Kusnander et al., 2021](#)). Further research in **Indonesia** shows that girls were more likely than their male peers to report feeling they did not have time for remote learning assignments, and the authors argued that this was likely due to the domestic chores for which they were made responsible ([Febrianto et al., 2020](#)). Qualitative research in **Bangladesh** also found that adolescent girls experienced more frequent interruptions to their study time during school closures due to their expected involvement in household chores (Raha et al., 2021). When measuring the amount or intensity of domestic work, girls also seem to be more impacted than boys. As noted in the context of the **Philippines**, because women and girls were already burdened with domestic work before COVID-19 the increase in responsibilities is likely to have affected them more than men and boys (Molina et al., 2021). However, in contrast, a Plan International report from the **Philippines**, found that only five percent of girls believed the need to perform household chores took away from their study time during the pandemic, though no comparable data is available for boys (De Guzman, Torneo & Jaca, 2020).

Intersectional data also suggests that older girls and girls who were in-school prior to COVID-19 may be disproportionately affected by an increase in domestic work. GAGE research in **urban Bangladesh** found that 92 percent of all adolescents reported spending more time on household chores than prior to the pandemic (Oakley et al., 2020). Although the authors did not fully present a gender analysis of their data, they did suggest

that this change was more commonly reported by older girls, with the vast majority (97 percent) of those aged 14 to 19 years saying their chores had increased. A second GAGE study drew on qualitative data to suggest that the change in time spent on chores was felt more by girls who were in-school prior to the pandemic; conversely, girls who were out-of-school or married before the pandemic, reported less marked change in their household responsibilities (Jones et al., 2021a).

Students from households experiencing economic shocks are more likely to experience an increase in unpaid work. A World Bank study (n=1,656) in **Bangladesh** found that 52 percent of students spent more than one hour in the last week doing household chores during school closures, compared to 39 percent prior to the pandemic. While the author did not present sex-disaggregated data for time spent on household chores, they did find significant differences based on wealth, with 58 percent of students from the bottom quartile spending more than one hour doing household chores compared to 46 percent of students from the top quartile ([Biswas et al., 2020](#)). A study conducted by ADB in **Bangladesh** draws on evidence from 32 of Bangladesh's 64 districts and 1,221 households with currently enrolled children aged eight to 14 (Li, Matin & Sharma, 2021). The authors found a 35 percent increase in primary school children's time spent on unpaid tasks but more than a twofold increase (from 2.5 minutes/day to six minutes/day) on paid tasks. Although no sex-disaggregated data was available, surprisingly, the change in paid work was more prominent in richer households than in poor. The authors argue that this is likely because these households experienced the biggest reduction to their income because they had more to begin with.

Older students may be more affected by the need to work during the pandemic; boys were perceived to be more at risk of child labour, while girls were perceived to be more at risk of increased domestic work. A nationally representative survey (n=9,015) of students, caregivers, and educational stakeholders in **Cambodia** found that child labour was the most commonly perceived risk to education during the pandemic for both girls and boys. The type of child labour, however, varied by student sex. Respondents were more likely to report that COVID-19 had led to an increase in boys undertaking child labour (13 percent of boys compared to eight percent of girls). However, respondents were more likely to perceive girls as being required to contribute to more household chores than boys since the start of the pandemic (65 percent of girls compared to 55 percent of boys) (Cambodia MOE, UNICEF & Save the Children, 2021). Perceptions of students' risks to both child labour and domestic work were also shaped by education level, whereby respondents were more likely to perceive these risks for secondary students, compared to primary and pre-primary students.

2.2 SUPPORT DURING SCHOOL CLOSURES

SUPPORT FROM SCHOOLS AND TEACHERS

Contact time with teachers during school closures has been minimal for girls and boys, especially from poorer or rural households.

Providing feedback to students, to correct mistakes, or provide formative assessment is critical to scaffold learning. During participatory workshops conducted by Plan International (2021) in **Indonesia**, adolescent girls and young women (ages five to 24) recounted how some of their peers with limited access to technology would be asked to go into school to meet their teachers or hand in assignments during school closures, but they did not receive any support in between these visits. Some girls from **Indonesia** also described how communication was always one-directional, with teachers simply providing instructions, which meant students did not have opportunities to ask questions or receive feedback on their learning (Plan International, 2021). In two separate GAGE studies in urban parts of **Bangladesh**, including Dhaka city, (n= 602; 374; ages 12 to 20 and 12 to 19, respectively), only 15 percent reported receiving support from schools during closures ([Oakley et al., 2020](#); [Jones et al., 2021b](#)). In contrast, a large-scale phone survey (n=1,221) conducted by ADB in rural and urban **Bangladesh** found that closer to a third of students had some contact with teachers during lockdown. However, 66 percent of girls and 70 percent of boys had not had any contact ([Li, Matin & Sharma, 2021](#)). This lack of support was more pronounced among the poorest students (just 54 percent had contact) and those in rural areas (just 52 percent had contact). How gender interacted with poverty and rurality was not explored in the report. A third study with a larger sample of students aged 10 to 18 in **Bangladesh** (n= 2,095) found even lower levels of support, with just 11 percent reporting that they had received support for home learning from their schools; even though twice as many (22 percent) reported that they had been in contact with a teacher during school closures. The authors did not report any differences based on gender. However, they did disaggregate data according to a vulnerability indicator, measured across five domains (socioeconomic, demographic, housing and hygiene conditions, availability of health care, and epidemiological) and found that a one-unit increase in the vulnerability score was associated with adolescents being 15 percent less likely to receive support from schools, nine percent less likely to have been in contact with a teacher, and two percent less likely to receive support from parents ([Baird et al., 2020](#)).

In addition, there is some evidence of certain vulnerable groups, such as displaced populations, receiving even less support, though intersectional data that accounts for student sex is not provided.

Evidence from **Bangladesh**, which is outlined in a GAGE policy brief, found that students from Rohingya refugee communities reported receiving less support from schools compared to students from host communities (one percent compared to six percent respectively), though the authors did not provide sex-disaggregated data for this finding ([Gugliemi et al., 2020b](#)).

There exist particular challenges with the quality of teaching materials and teachers' lack of skills to support home learning, with some evidence around the lack of gender-responsive teaching during online learning. Two small-scale qualitative studies by Khalif et al. (2021a/b) in **Afghanistan** found various challenges for students in general and girls in particular. Students reported incoherence between the learning content of online lessons, and the material from their textbooks. The same study also noted that teachers, parents, and middle school students all reported challenges in using ICT during home learning; and that challenges with the internet demotivated teachers. In addition, some girls noted that their teachers did not provide them enough time to participate or respond to questions in online lessons, and that they commonly used boy names in the examples they gave while teaching (Khalif et al., 2021b). A U-Report (2021) survey (n=748), also in **Afghanistan**, found that boys were more likely than girls to identify 'training teachers to be better' as their needed support (61 percent compared to 38 percent respectively). However, it is important to note that this may not reflect a true gender difference in support needs as the majority of respondents to the survey were male. In **Bangladesh**, Dutta and Smita (2020) list various constraining factors to home learning that emerged in interviews with tertiary students. These included what they viewed as the ineffectiveness of learning management systems and the overall poor quality of teaching practices due to limited preparation and training for teachers in remote education. Indeed, evidence suggests that teachers have received minimal support and training in order to support home learning. For example, a study in **Indonesia** has estimated that approximately 90 percent of teachers had received some form of technical or logistical support, for example to help them use technical equipment to aid online learning, but far fewer (just 10 to 20 percent) had receive pedagogical skills training to improve their ability to deliver remote teaching (Arsendy et al., 2020). In **Vietnam**, a survey found that 93 percent of teachers living in rural areas reported never having used technologies in class before COVID-19 (UNICEF Vietnam, 2020).

The type of support students require from schools depends largely on their grade level and course of study, with challenges being faced across contexts, and limited sex-disaggregated data available. A large-scale (n=15,000) study in **Cambodia** found that younger students (pre-primary and primary level) appeared to have

limited access to the teaching and learning materials they needed during school closures ([Cambodia MOE, UNICEF & Save the Children, 2021](#)). For example, while 45 percent of lower and upper secondary students, and 48 percent of primary students had access to textbooks, only 12 percent of pre-primary aged students did. Lower secondary students (at 55 percent) and upper secondary students (at 67 percent) also had greater access to additional reading and reference materials, compared to primary school students (39 percent) and those who were pre-primary (28 percent). Pre- and primary school students reported higher access to basic writing materials, although access at all levels was low (for example, 26 percent of lower secondary and 33 percent of primary). However, none of this data was sex-disaggregated. A rapid education needs assessment conducted by CARE and Plan International (2020) in **Cambodia** highlighted that older students at secondary and tertiary level faced specific challenges in accessing materials related to certain subjects. For example, adolescent girls reported Biology and Chemistry classes being hampered, particularly because they were difficult to teach without access to laboratory equipment ([CARE & Plan International, 2020](#)). Evidence from the TVET sector in **Afghanistan** suggests that practical training modules have been particularly difficult to facilitate during school closures because of the equipment and machinery required to teach them ([ILO, UNESCO & WBG, 2020](#)). Perhaps linked to this, other evidence from **Afghanistan**, although based on a small sample size⁶, suggests that fewer than half of TVET students (49 percent) continued studying during school closures ([Yang, Philomena & Demarchi, 2020](#)).

Learners with disabilities have not received the support they need, although the evidence rarely presents gender differences. A BRAC assessment conducted of learners with disabilities (ages unknown) in **Bangladesh** found that 29 percent feared being excluded from education while schools were closed, with a higher proportion of female learners reporting this concern ([Salam et al., 2020](#), cited in [Bhattacharjee & Shiblee, 2021](#)). The Australia-Indonesia Disability Research and Advocacy Network (AIDRAN) also found that learners with hearing impairments in **Indonesia** did not have access to the sign language interpreters they needed (cited in Plan International, 2021). Evidence also highlights that because teaching aids and assistive devices may have only been available at school, girls with disabilities faced compounded risks to their learning when schools closed. Although not gender disaggregated, evidence from **Cambodia**, found that a lack of inclusive distance learning programmes for learners with disabilities was identified as a barrier by 12 percent of households with children of pre-primary age, 10 percent of those with primary school children and 11 percent of those with secondary school

children ([Cambodia MOE, UNICEF & Save the Children, 2021](#)). Likewise, various studies have noted limited accessible or tailored teaching and learning materials to support home learning for students with disabilities (for example, in **Afghanistan**, UNESCO & UNICEF, 2021a). In **Bangladesh**, digital multimedia books, accessible ebooks, digital Braille books, and a new app, called MBraille are being produced and tested to support learners with visual impairments, though there is still a need for evidence on how best to use these resources to support learning (World Bank, 2022). A **global** survey by the World Bank draws on the voices of parents and teachers of students with disabilities to note the limited coordination between special education teachers and other teaching personnel during COVID-19 (World Bank, 2021).

There is limited evidence around the role of female teachers during COVID-19, but that which does exist shows the positive impact they can have on girls' education, despite challenges that they confront.

For example, a **Bangladesh** case study (Cambridge Education, 2020) notes how – like girls – female teachers were likely to experience increased household and family responsibilities during the pandemic thus making it difficult to find “protected time to support students from home or take part in training” (p.19). In addition to household responsibilities, evidence from **Cambodia** suggests that female teachers also experienced greater security risks while travelling, and therefore may have been unable to reach their students for in-person teaching or to deliver materials (Care & Plan International, 2020). In the context of Cox's Bazar, Rohingya female volunteers have reported facing stigma and harassment due to their association with **Bangladeshi** and international humanitarian workers and “due to socially restrictive norms that limit women and girls' access to public spheres” and thus cause backlash for women who act against these norms ([ACAPS & NPM, 2020](#)). Despite these challenges, female teachers play a critical role in promoting girls' education. A UNESCO & UNICEF (2021a) case study of **Afghanistan** notes how community-based education classes had higher attendance for girls than boys because the majority of teachers and community mobilisers were female. The report notes, “where there were female teachers, they were better able to support the learners as some families did not want male teachers to teach the girls at home” (p.36). Likewise, an independent evaluation of Girls' Education Challenge (GEC) projects in **Afghanistan** ([Rose et al., 2021](#)) point to the critical role that female teachers play in supporting girls' education during school closures, especially when provided with the training, materials, and support needed to do their job effectively (see Box 1).

⁶ This was a survey of over 6,000 households; however, only 1.7 percent (approximately 102 respondents) actually had students in TVET and could respond to this question.



BOX 1: SPOTLIGHT EXAMPLE ON THE IMPORTANCE OF FEMALE TEACHERS IN AFGHANISTAN

A GEC evaluation draws on primary data collected after the onset of COVID-19 to examine how two implementing partners of two GEC projects in Afghanistan – STAGES-II and Community-Based Education for Marginalised Girls (CBE-MG) – adapted to the pandemic.

Both STAGES-II and CBE-MG deliver their own learning programmes to girls by recruiting and hiring local female volunteers with varying levels of teaching experience to deliver a bespoke curriculum. Female teachers were prioritised given their importance for girls' education and in order to combat supply-side challenges (that were present prior to COVID-19), such as the shortage of female teachers or safeguarding and protection concerns. Both projects included various components to support teachers – and the quality of teaching – including the provision of teacher professional development (TPD) and teaching and learning resources, support for school leadership and management, the use of additional/remedial classes, and government capacity building. For both projects, TPD interventions prior to COVID included content on gender-responsive pedagogy, inclusive pedagogy, learner-centred pedagogy, classroom management, lesson planning, and child protection, among other relevant topics. In response to the pandemic, however, implementing partners quickly pivoted to provide remote TPD activities, and integrated Psychosocial First Aid (PFA) into TPD curricula. In addition, adaptations were made to teaching modalities and settings – both projects responded to COVID by introducing small-group in-person teaching, phone-based support to learners, and the provision of home-based learning materials to students.

These adaptations to programming were based on the results of Rapid Gender and Needs Assessments that noted how younger learners were not effectively engaging with paper-based home learning because of low literacy levels and a lack of literacy support at home. In response to this data, IPs shifted to provide small group teaching for learners in this age group. In addition, both STAGES-II and CBE-MG provided paper-based learning materials for girls to use at home, given the low access rates to digital technology (e.g. radios or TV) for learning. In addition, both projects provided phones and calling credit to teachers – and particularly female teachers – to overcome the digital gender divide. The authors note:

'Female teachers played a unique role in providing phone- and home-based support to learners during lockdowns, as families' restrictions prevented girls from asking questions to or receiving direct support from male teachers, either over the phone or in person' (p.33).

The evaluation points to the various ways in which female teachers supported adolescent girls' home learning during school closures. They liaised between education systems and learners; provided direct logistical support for home-based learning, (e.g. delivering and picking up assessments, and adapting teaching modalities); and provided MHPSS and wellbeing support to girls through referral information on community or social services. When schools reopened teachers encouraged parents/caregivers to send their daughters back to school and provided catch-up classes and/or remedial support to girls. The authors note that "teacher support and monitoring was particularly valuable among families and communities who lacked literacy skills" (p. 29), indicating the important role teachers play in promoting equity in home learning for the most marginalised. Source: [Rose et al. \(2021\)](#)

SUPPORT FROM PARENTS

Parents and caregivers, especially mothers, have played an important role in supporting students' remote learning during school closures. A [UNESCO](#) report draws on longitudinal survey data with girls aged 12 to 19 years in **Bangladesh** (n=479) and found that the vast majority consistently reported studying under the supervision of family members in the absence of support from an educational institution, although the proportion of students reporting this is decreasing over time (95 percent in April 2020, 94 percent in June 2020, and 85 percent in September) (Billah, 2021). Other evidence also from **Bangladesh** suggests that mothers are considerably more likely to have provided support to their children during school closures. Data showed that 66 percent of mothers provided support to their children during the pandemic, compared to 30 percent of fathers ([Biswas et al. 2020](#)). A large-scale survey study in **Vietnam** found that in just over a quarter of households with children, at least one adult had to reduce or stop employment in order to look after children during school closures. Households from lower-income levels and ethnic minorities were more likely to report stopping work, and the authors suggested this was possibly due to them working in jobs that cannot be performed remotely and because of a lack of childcare options. A small-scale (n=7) qualitative study of women in **Afghanistan** sheds some light on the challenges faced by young mothers in supporting their children's home schooling. Authors found that all of the participants described home-schooling as "time-intensive, difficult and incomparable with school-based education" ([Kazemi, 2020](#): para. 7).

In humanitarian settings, intersectional evidence suggests that girls living in host communities may receive less support from their parents than boys. Research from Cox's Bazar outlined in a GAGE policy brief, for example, found that both Rohingya and host communities reported high levels of support from parents for home learning (70 percent and 76 percent respectively) ([Guglielmi et al., 2020a/b](#)). However, these figures still suggest that up to a third of children were receiving no support from their parents. In host communities there were significant gender differences, with boys far more likely to have received help from their parents compared to girls (82 percent for boys compared to 71 percent for girls) ([Guglielmi et al., 2020b](#)). No gender differences were found in terms of parental support to Rohingya adolescents.

Parents' lack of pedagogical and ICT skills – and in some cases overall low levels of education – are key barriers to providing effective support for students' home learning. A small-scale qualitative study in **Afghanistan** highlighted parents' low knowledge of ICT and limited digital skills as barriers to them

helping their children with online learning (Khlaif et al., 2021a/b). In another qualitative study in **Afghanistan**, female university students described the challenge for illiterate parents faced in helping their children study ([Kazemi, 2020](#)). Similarly, large-scale survey evidence from **Cambodia** found that low levels of education and knowledge of the content of what their children were studying posed common challenges for parents in supporting their children to study at home (for example, Cambodia MOE, UNICEF & Save the Children, 2021). In **Bangladesh**, interviews with parents of primary and secondary students found various challenges to them effectively supporting home learning, including those related to an inability to use ICT and a lack of knowledge about digital technology and the Internet (Siddiqui et al., 2021). Also in **Bangladesh**, a World Bank study found that on average, parents in the sample had approximately five years of education, and many therefore didn't feel academically qualified to provide guidance to their children to help with home learning ([Biswas et al., 2020](#)).

Parents may especially feel ill-equipped to support older students, due to more complicated subject matter in the later grades, though intersectional data that accounts for student sex is not provided. A global report by [Save the Children \(Gordon & Burgess, 2020\)](#) found that a third of parents felt unable to support their sons or daughters with home learning. Parents' confidence in being able to support home learning declined as their children got older. While only one-quarter of parents of children aged three to five years felt that they could not support their child's learning; however, this number rose to a third of parents of children aged 15 to 17 years. This finding resonates with evidence from a large-scale survey conducted by the World Bank in **Vietnam** (n=6,000), which found parents of younger children were more likely to support their learning than those of older children, adolescents, or young adults ([Yang, Philomena & Demarchi, 2020](#)).

Supporting parents – and especially mothers – is critical to improving student engagement with home learning, and one study suggests that telementoring for parents and students can lead to improved learning outcomes during school closures. A randomised control trial evaluated an intervention that leveraged telemonitoring to support young mothers in **Bangladesh** to assist their children in studying from home (see Box 2).

Evidence suggests parents of students with disabilities – especially girls – struggle more to support their child's home learning. This includes evidence that suggests that within households, parents may prioritise educational support for certain children based on age, gender and disability status. A large-scale study (n=36,635) by [Save the Children \(Gordon & Burgess, 2020\)](#) drew on



BOX 2: SPOTLIGHT EXAMPLE ON THE IMPORTANCE OF TELEMENTORING TO SUPPORT STUDENTS AND CAREGIVERS

In a telementoring intervention in **Bangladesh** during COVID-19, University students were trained and then paired with mothers of primary-age children (Grades 1-3) aged seven to nine years to support them for 13 weeks on a variety of home-schooling themes, including keeping to a daily routine, positive parenting, fostering a culture of literacy, and encouraging gender equality in home-schooling. Results suggest that girls and boys benefited to the same extent from the telementoring intervention. Parents of all children showed significant improvements in the amount of time they spent supporting their children in learning from home. Both girls and boys had significant improvements in aggregate test scores and subject-level test scores. In fact, girls did better than boys in treatment groups relative to the control group – but this difference was not statistically significant. However, some traditional gender norms were still observed in the study, including parents having lower expectations for the educational attainment of their daughters compared to sons. Less of a positive impact was also found for children with multiple siblings due to parents' limited time to support more than one child. Children in these households experienced more negative/harsh punishment from their parents and less educational support ([Hassan et al., 2021](#)).

evidence from **Afghanistan, Bangladesh, Cambodia, Indonesia, Lao PDR, Myanmar, the Philippines**, as well as other countries in Asia and the Pacific. Findings from this study indicate that while 34 percent of parents reported feeling unable to support their sons with disabilities, a larger proportion of parents (42 percent) reported feeling this way about their daughters with disabilities.

Similarly, a global survey by the World Bank draws on the voices of teachers of students with disabilities, parents of students with disabilities, and persons with disabilities (as a proxy for student voices), and noted particular challenges related to supporting students' home learning, including parents' overall low levels of content knowledge, digital literacy skills, or their lack of knowledge around the sort of differentiated special

education support that their children required (World Bank, 2021). In addition, a nationally representative survey (n=15,000) in **Cambodia** found students with disabilities were 10 percent less likely than their non-disabled peers to have access to learning and workspaces at home during school closures ([Cambodia MOE, UNICEF & Save the Children, 2021](#)).

ATTENDANCE AND RETENTION WHEN SCHOOLS REOPENED

3



This section synthesises evidence around students' return to school, estimated dropout rates caused by the pandemic, and perceptions regarding student attendance when schools reopened.

There is limited evidence in these areas, but that which does exist usually addresses gender in its analysis and/or provides sex-disaggregated data.

Some evidence also looks at student socioeconomic level, age, grade or education sector (e.g., TVET), disability status or ethnicity. However, there is limited intersectional analysis that combines gender with these other vulnerabilities. Evidence largely comes from reports by international development agencies and INGOs (e.g., UNICEF, UNESCO, World Bank, Plan International, Save the Children, and Population Council); focuses mostly on primary/ secondary levels (ages 10-18); and is geographically concentrated in **Bangladesh, Indonesia, Philippines, and Vietnam**. Evidence is largely quantitative and drawn from surveys administered between April and May 2020, from modelled estimates, and/or actual enrolment rates from ministry databases.

KEY MESSAGES:

- **There is limited data around perceived or actual dropout rates**, and that which does exist presents a mixed picture of whether girls or boys are more at risk.
- **It is likely that poorer children are the most at risk of dropping out**, as they are expected to support their families through paid or unpaid labour.
- **Other factors that may shape the likelihood of students dropping out include:** age (e.g., older students due to the need to work or get married), ethnicity (especially minorities who likely come from poorer households), the type of education sector being pursued (e.g. TVET sector and lack of private revenue for companies to resume “business as usual”), and student disability status.
- **Automatic promotion policies may increase risk of dropout for girls**, who do not acquire necessary skills and therefore experience frustration at school.
- **On the other hand, door-to-door campaigns and community mobilisation have been effective** in getting girls and marginalised young people re-enrolled once schools reopen.

SSEA is one of the regions where schools were closed longest due to COVID-19. With the exception of **Timor Leste**, most SSEA countries re-opened schools recently, in September or November of 2021. In **Bangladesh**, for example, schools reopened in September 2021, after 543 days of closure ([Mahmud, 2021](#)). In many other countries, schools reopened in waves, and through hybrid modalities to instruction. For example, in **Indonesia**, only 39 percent of schools reopened in early September 2021, usually with limited face-to-face learning ([UNICEF, 2021e](#)). In **Cambodia**, while secondary schools (Grades 9-12) could apply to reopen in September, it wasn't until November 1st that all public and private schools were able to reopen, and only under certain protocol, for example, small classes of 15 to 20 students maximum, for social distancing purposes ([Minea, 2021](#)). In the **Philippines**, schools reopened in November with protocols that groups of children did not exceed 15, and learning time was reduced to between three to five hours ([Ratcliffe, 2021](#)). The **Philippines** is one of the countries that has kept schools closed the longest, for 20 months from March 2020 to November 2021. On the other hand, **Timor Leste** was one of the first countries in the region to reopen (in July 2020), but only schools with 70 percent of teachers and staff vaccinated were able to do so ([Dakur, 2021](#)). In **Afghanistan**, due to the current political climate, the Taliban allowed schools to reopen in waves: primary schools for both girls and boys opened first in early September; boys' secondary schools and madrasas were able to open in mid- September, at the same time women studying at private universities were permitted to return ([XinhuaNet, 2021a](#); [Faiez, 2021](#)). At the secondary level, however, adolescent girls could not return to school until the Taliban granted permission to reopen in November 2021 ([Faiez, 2021](#)). A recent Al Jazeera (2022) article notes that Taliban leaders have claimed they will reopen schools for girls in March 2022. The case of **Myanmar** has also been influenced by the military coup ([UNICEF, 2021c](#)), with various waves of school closures ([XinhuaNet, 2020b](#); [Zin Soe, 2020a](#); [Zin Soe, 2020b](#)), and the most recent reopening of schools in November 2021 being met with backlash from parents, teachers, and students ([Naing, 2021](#)).

ESTIMATED AND REPORTED RISKS OF DROPOUT

Regional evidence suggests many girls are now at high risk of dropout due to COVID-19 and school closures. A number of INGOs have sought to assess the educational risks that children and young people face as a result of the pandemic. For example, Room to Read (2020) conducted a large-scale (n=24,000) cross-country survey of their female beneficiaries aged 15 to 19 years across seven countries, including **Bangladesh, Vietnam, Lao PDR** and **Cambodia**. However, findings were all presented as aggregates at the regional level and were not disaggregated by country. The survey asked basic 'yes/no' questions to assess whether girls were keeping up with academic learning at home, whether anyone in their household had lost income as a result of the pandemic and whether girls had any concerns about being able to return to school when they reopened. Based on their responses, girls' vulnerability to dropping out of school was assessed. The finding suggests that nearly half of girls (49 percent), were at high-risk of not returning to their education when schools reopened ([Room to Read, 2020](#)).

Regional estimates of risk of dropout present a mixed picture in terms of whether girls or boys are now at higher risk of dropout. A global [UNESCO \(2020\)](#) study examined risk of dropout in nine countries in **South and West Asia**, including **Afghanistan** and **Bangladesh**. Based on data from these nine countries – and compared to the other countries/regions in the study – the report indicates that the largest share of learners at risk of not returning to school as a result of the pandemic may be found in **South and West Asia** (5.9 million), including 2.8 million girls and 3.2 million boys. The authors consider a range of factors in relation to estimating risk of students not returning to school, including historical data of enrolment figures, gross domestic product per capita, and the country's gender parity index. In the region of **South and West Asia**, girls were at greater risk of dropping out than boys at the pre-primary and upper secondary levels, while boys were at greater risk of dropping out at the primary, lower secondary, and tertiary levels.

At the country level, evidence around girls' and boys' risk of dropout is also mixed. From September to December 2020, UNICEF (2021f) conducted a large-scale survey with the **Indonesian** Ministry of Villages, Development of Disadvantaged Regions and Transmigration (Kemendesa PDTT) on the impact of COVID-19 on school children (ages 7-18). The survey results suggest that out of more than 82,000 poor families with children, just over 1% had dropped out. However, in addition to the 1% who dropped out, 75% of children who were still enrolled in school were experiencing at least one risk factor that could likely cause them to drop out in the near future. Examples of risk factors included child participation in paid or unpaid labour (see Section 2.1) or child marriage (see Section 5.3), and girls were ten times more at risk of dropping out of school than boys due partly to a rise in early and forced marriage. On the other hand, a second survey in **Indonesia**, conducted in November 2020, found slightly higher average dropout rates among students (ages 5-18), this time with boys being nearly twice as affected than girls. The student dropout prevalence was approximately 2.5 percent for boys, compared to just 1.3 percent for girls. Indeed, the survey found different reasons for girls and boys dropping out of school. Boys were more likely to report delaying further schooling temporarily (34 percent), not wanting to continue school (31 percent) and not needing further schooling (15 percent). Nearly 3 in 4 girls (74 percent), on the other hand, identified “lack of money to pay for tuition fees” as their reason for dropping out, compared to just 10 percent of boys. This suggests that, despite boys having higher dropout rates, girls' education is being more affected by the economic impacts of COVID-19 (see more in Section 5.1).

Data from some countries suggest an increase in enrolment rates for girls or boys in certain grades, and a decrease in others. In **Timor Leste**, for example, primary enrolment rates decreased from 2018 to 2020 for girls (by two percentage points, from 93 percent to 91 percent) and even more so for boys (by nine percentage points, from 92 percent to 83 percent).⁷ At the lower secondary level, similar trends were observed, whereby enrolment rates decreased for both girls and boys but more so again for boys (by eight percentage points, from 59 percent to 51 percent) compared to girls (only by one percentage point, from 67 percent to 66 percent). At the upper secondary level, on the other hand, enrolment rates increased for both girls and boys from 2019 to 2020 by around one percentage point. It is important to note that these figures should be interpreted cautiously, as only the data at the upper secondary level shows consecutive

years (from 2019 to 2020). In **Lao PDR**, at the primary level, girls' enrolment decreased (from 91 percent in 2018 to 87 percent in 2020) and boys' enrolment increased (from 92 percent in 2018 to 99 percent in 2020)⁸. At the lower and upper secondary levels, however, enrolment for both girls and boys increased by between three and eleven percentage points. The highest increase in enrolment rates (by eleven percentage points) was observed at the lower secondary level, where girls' enrolment increased from 59 percent in 2018 to 70 percent in 2020. Again, considering the lack of data for the 2019 academic school year – it is difficult to interpret whether and to what extent the pandemic has shaped these trends. Indeed, UNESCO-UIS data suggests a decrease in net enrolment rates at the secondary level starting back in 2017, prior to the pandemic, though it does not disaggregate by the lower or upper secondary levels.⁹ Likewise, completion rates for both girls and boys have decreased at the primary, lower secondary, and upper secondary rates since 2017, making it difficult to understand how much the pandemic has had an effect on this.

Learners with disabilities are also more likely to drop out of school than their non-disabled peers, though the lack of sex-disaggregated data makes it difficult to understand how girls and boys with disabilities may be affected differently. The same UNICEF (2021f) survey from **Indonesia** found that children and adolescents with disabilities were three times more at risk of dropping out than their peers, in part due to the lack of support they received for home learning. This finding is echoed by global and regional survey data that points to the myriad challenges that learners with disabilities face – and that may have a longer-term impact on their return to school (e.g. World Bank, 2021).

⁷ Data from the Ministry of Education, Youth, and Sports, accessed March 2022: <http://moe.gov.tl/emis-2/dados-estatistico>

⁸ Data from the Ministry of Education and Sports Annual School Census.

⁹ World Bank Database drawing on UNESCO-UIS data on net enrolment rates, secondary level, accessed March 2022: <https://data.worldbank.org/indicator/SE.SEC.NENR?locations=LA>

PARENTS' AND STUDENTS' PERSPECTIVES ON RETURN TO SCHOOL

Where sex-disaggregated data is available, evidence around parents' and students' perspectives of learners' return to school is often mixed. Evidence from the **Philippines**, for example, highlights lower expectations that girls will return to school. A global survey of Save the Children programme participants from 46 countries found that, among caregivers, there were generally no differences in expectations regarding their sons' or daughters' return to school when they reopened (Gordon & Burgess, 2020). However, there were exceptions to this at the country level, including in the **Philippines**, where parents reported having lower expectations that girls would return to school after COVID-19. Evidence on parents' perspectives in **Bangladesh** also provide mixed findings on whether girls or boys are at greater risk of not returning to school. GAGE quantitative survey research in **Bangladesh** found that 25 percent of all female caregivers were concerned that adolescents would not return to school when they reopened. However, analysis of the data revealed no significant gender differences in relation to levels of concern for male or female adolescents (Baird et al., 2020). In contrast, another mixed methods GAGE study in urban Dhaka found a slighter higher proportion of female caregivers were worried that their younger adolescent child would not be able to return to school, with a greater proportion expressing concern about girls not being able to return to school than boys (35 percent and 23 percent respectively) (Oakley et al., 2020). Similarly, a third mixed methods study by GAGE also in urban **Bangladesh** reiterated this finding: parents and caregivers had greater concern for girls not returning to school (35 percent) than for boys (24 percent) (Jones et al., 2021-article).

Girls also seem to have greater doubts about their attendance when they go back to school, especially girls living in urban informal settlements. A national survey in **Bangladesh**, covering 64 districts and 1,221 households with children ages eight to 14 years found that, although 97 percent of primary-aged students planned to return to school, only 67 percent felt their attendance would be the same as it had been before the pandemic (Li, Matin & Sharma, 2021). While there were no gender differences detected in terms of girls' and boys' overall plan to return to school (97 percent for both), boys were slightly more likely than girls to say they thought they would attend school with the same frequency as prior to COVID-19 (68 percent of boys thought they would, compared to 65 percent of girls).

The authors also disaggregated data by household location and found students from rural households (69 percent) and urban settlements (64 percent), were much more likely than their peers from urban informal settlements (50 percent) to report going to school with the same frequency once schools re-open. Sex-disaggregated data for each of these three locations was not provided (Li, Matin & Sharma, 2021). The reasons that students identified for decreased attendance were lost motivation to study (50 percent of respondents) (see Section 2.1) and financial challenges (27 percent income drop on average) (see Section 5.1).

Risks of students dropping out or not attending seems to be more correlated with economic struggles that lead to either child marriage (especially for girls) or child labour (especially for boys). Qualitative data suggested that these perceptions were shaped by financial struggles, which may increase the likelihood of girls' getting married or pregnant at a young age. A small-scale qualitative study from **Bangladesh** supports this analysis and points to higher dropout risks for married or pregnant adolescents and young mothers (Sidiqui et al., 2021). In contrast, evidence from Beam et al. (2021) points to the possibility of **Bangladeshi** boys being more at risk than girls of not returning to school. Sex-disaggregated data from 3,642 vulnerable urban or semi-urban households in **Bangladesh** suggested that parents may be more likely to send their daughters back to school once schools had re-opened (in September 2021). Although 78 percent of parents reported that their child would definitely return to school, parents were seven percent more likely to say that their daughters would, compared to their sons. In both quantitative surveys and qualitative interviews parents expressed more doubt over sending their sons back to school due to financial challenges and the need for them to work to support their family. In addition, 11 percent of boys and nine percent of girls who were enrolled prior to COVID-19 reported being unsure about returning to school when they reopened. However, it is important to note that the authors acknowledge potential sampling bias in this study, with parents who participated in the study being more likely to value girls' education.

3. ATTENDANCE AND RETENTION WHEN SCHOOLS REOPENED

Year 3 students wait patiently in Dashura Primary school in Manikgunj, Bangladesh. DFAT funds a range of core BRAC programs including its education work primarily in formal education. Photo: Conor Ashleigh for AusAID



Indeed, evidence suggests an increased need for young people to participate in paid or unpaid labour is associated with a higher risk of dropping out of school. Data from a nationally representative survey (n=15,000) of students, caregiver, teachers, school leaders, educational administrators, and local authorities in **Cambodia** was analysed to examine various risks to girls' and boys' education, including those posed by child labour, child marriage, and various forms of violence that students may suffer during school closures. Results suggest that, overall, respondents were more likely to perceive boys' education to be at-risk of these safety/protection issues when compared to girls. Overall, 43 percent of respondents thought that boys were experiencing additional protection risks as a result of the pandemic compared to 36 percent for girls. The authors also noted that 76 percent of students who had already dropped out of school during the pandemic, or who had reported a high risk of dropping out due to the pandemic, had either started working or increased their contribution to household chores (compared to 70 percent of students who reported low or no risk of dropping out).

Student ethnicity and/or age may also shape their risks of dropping out of school, and again this is correlated with poverty and the need to support families with income-generating activities. A CARE and Plan International (2020) assessment conducted in **Cambodia** found that a similar proportion of male and female students reported that their parents or family members had forced them to drop out of school during the pandemic (four and five percent respectively), with

a higher proportion of these respondents being from ethnic minorities. A similar proportion of students had been asked to drop out of school in order to support their families, again with a similar split between male and female students (eight percent and nine percent respectively). However, age placed older adolescents, especially boys, at a disadvantage, whereby 18- to 20-year-old boys were nearly twice as likely than girls their age to be asked to drop out of school in order to support their household income (7 percent and four percent respectively). This chimes with the nationally representative survey cited above, which found caregivers and students were both more likely to perceive boys to be at greater risk of dropout than girls (17 percent and 14 percent respectively) ([Cambodia MOE, UNICEF & Save the Children, 2021](#)).

Students from certain subsectors of education – particularly TVET – may face particular challenges when returning to school, though sex-disaggregated data is not provided. A nationally- representative sample of households (n=6,213) in **Vietnam** found that post initial lockdown (in May/June 2020), while nearly all students in the study did re-enrol in school (98 percent), TVET students were less likely to than their peers (at 89 percent). The authors argue that this may be due to “lower business activity and operational revenue [required] to warrant resumption” ([Yang, Philomena & Demarchi, 2020](#) p.4).

Certain policies meant to respond to COVID-19, such as the automatic transition of students to the next grade, have been found to lead to increased risk of dropouts, particularly for girls. Auto-promotion policies have been promoted in **Bangladesh** to improve completion and transition rates that may be affected by the pandemic. However, interviews with key informants, students, and parents as part of a UNESCO study, suggest that these practices could be harmful, especially for girls. Education stakeholders believed auto-promotion policies demotivated learners to continue studying from home. They also believed they may cause additional education-related stress for girls who haven't been receiving as much educational support as their male peers during school closures. In particular, their concern was that if girls were

promoted without acquiring the necessary skills for their grade, they may be more likely to later drop out of school due to frustration at not being able to keep up (Billah, 2021).

On the other hand, community mobilisation, and door-to-door visits to support student re-enrolment has been identified as an effective practice. This is particularly evidenced in **Afghanistan** (see Box 3).



BOX 3: SPOTLIGHT EXAMPLE ON THE IMPORTANCE OF COMMUNITY MOBILISATION TO RE-ENROL GIRLS IN SCHOOLS

In the context of **Afghanistan**, community-based education is especially important for girls affected by conflict and living in rural/remote areas. Since even before the pandemic, UNICEF's *Let us Learn* (LUL) initiative has been supporting adolescents (aged 10-14) by providing them remedial learning support through Accelerated Learning Centres (ALCs). During the pandemic, the LUL project sent their teachers and volunteers door-to-door to speak to families about re-enrolling their students in the ALCs upon their reopening (Chavez et al., 2021). As a result, after 12-months of school closures in **Afghanistan**, ALCs reopened and in the first week, 10,000 children were re-enrolled (UNICEF, 2021, cited in Nagesh et al., 2021). Similar community-level campaigns have been planned by UNICEF projects in **Bangladesh** at the pre-primary and primary levels, though no evidence of impact is available (Chavez et al., 2021). As discussed in Section 2.2, female teachers and volunteers play a particularly important role in supporting girls' education through community mobilisation, as they can more easily access female-headed households and speak to female students. However, like many girls, these women also often encounter challenges due to safety issues and domestic responsibilities, underscoring the importance of supporting and protecting these female mobilisers.

LEARNING LOSS

4



This section synthesises evidence around student learning loss caused by the COVID-19 pandemic. It is the area with the least amount of evidence in this report.

The evidence that does exist is largely based on modelled estimates of learning loss by the World Bank, UNESCO, UNICEF, and Save the Children.

Some estimates take into account either student sex or socioeconomic level (but never intersectionality).

There are also three recent studies measuring learning once schools reopened: at the foundational learning level (Grades 1-3) in **Afghanistan** (Kan et al., 2022) and **Indonesia** (Spink, Cloney & Berry, forthcoming) and amongst adolescent girls in **Bangladesh** (Amin, Houssain & Ainul, 2021), all in literacy and numeracy. All other evidence draws on perceptions of key stakeholders (students, teachers, parents) to highlight challenges to effective home learning, rather than on pre- and post-test data. Many countries have still not administered tests to assess learning outcomes.

KEY MESSAGES:

- **The limited evidence that does exist suggests major learning losses for both girls and boys**, ranging from an average of 7.7 percent of lifetime schooling lost at the regional level to up to 21 percent of lifetime schooling lost for girls in **Afghanistan** (compared to just 13 percent for boys).
- **Learning loss is shaped by various factors**, including length of school closures and students' access to study materials and/or support from teachers/caregivers.
- **Various challenges to home learning persist**, including limited support for teachers and challenges with assessing learning. Estimates from **Indonesia** suggest home learning is only 37 percent as effective as face-to-face instruction in classrooms.
- **Learning loss caused by the pandemic is likely more pronounced for learners with disabilities, linguistic minorities, students from lower socio-economic levels, and with mental health issues.** For example, modelled estimates from **Indonesia** suggest that the pandemic could widen gaps in PISA reading scores between the wealthiest and poorest students from 57 to 64 points.

The length of school closures, students' limited access to effective remote pedagogies or support from teachers, schools, and parents, are all factors that likely shape learning loss caused by COVID-19.

However, there is limited evidence around student learning loss or regression in learning outcomes, and that which does exist is usually based on estimations or perceived learning loss rather than actual test scores. Many governments in SSEA waived or postponed national assessments, and are only now beginning to test students, which is why it may be too early to measure actual learning loss. For example, the **Bangladeshi** Ministry of Education postponed the Higher Secondary School Certificate (HSC) indefinitely upon schools closing in March 2020, and then finally decided to cancel the exam in October 2020 (UNESCO & UNICEF, 2021b). Students have just started testing again in November of 2021 (XinhuaNet, 2021b). Even though grade 12 students in **Cambodia** sat for tests in November 2020, the Ministry of Education, Youth and Sports (MOYS) decided that all students who participated would automatically pass (XinhuaNet, 2020a). In **Vietnam**, the Ministry of Education and Training (MOET) decided assessments would only take place upon schools re-opening (UNESCO & UNICEF, 2021d). Some governments are planning new assessments to gauge learning loss; for example, the Ministry of Education in **Indonesia** had plans to implement the National Assessment in September 2021 to calculate the learning loss caused by the pandemic (UNESCO & UNICEF, 2021c), though the results for these exams have not been disseminated.

ESTIMATED SCHOOLING AND LEARNING LOSS

Available evidence points to limited data that measures or estimates girls' schooling loss and a lack of data on their learning loss in the region. A set of country case studies conducted by UNESCO and UNICEF report that there have not been assessments of learning loss in many countries, including, for example in **Afghanistan**, in **Bangladesh**, and in **Vietnam** (UNESCO & UNICEF, 2021a/b/d).

Some modelled estimates suggest greater lifetime schooling loss for girls compared to boys, and for poorer students compared to those from more affluent families. A global study by Save the Children used modelled estimates to calculate lifetime schooling loss for students (ages five to 19) as a result of school closures during the pandemic. Results from **South Asia** suggest that on average lifetime schooling loss of 7.7 percent for students across the region. However, the estimates suggest that girls are likely to be more affected than boys (8.9 percent loss for girls compared to 6.9 percent for boys) (Save the Children, 2021). In their methodology, the authors of this study state that these numbers are likely to be underestimates (Save the Children, n.d.). In **Afghanistan**, modelled estimates suggest that although the average student may lose around 13 percent of their lifetime schooling as a result of COVID-19, this figure is nine percent for boys and as high as 21 percent for girls (Save the Children, 2021). A World Bank study estimates that distance learning programmes in **Indonesia** were only 37 percent as effective as face-to-face instruction in classrooms, leading to a loss in learning adjusted years of schooling (LAYS) by between 0.9 and 1.2 years (Afkar & Yarrow, 2021).¹⁰ This translates to a fall in student PISA scores by between 25 and 35 points, and a 15 percentage point increase in the proportion of students who do not meet PISA minimum reading proficiency (from 70 percent in 2018 to up to 85 percent in the worst case scenario) (ibid). A UNESCO and UNICEF (2021c) case study also draws on PISA data in **Indonesia** to argue that as a result of COVID-19, the learning gap between students in the richest and poorest quintiles will increase from 57 PISA reading points (1.4 years of schooling) to 64 PISA points (1.6 years of schooling). Sex-disaggregated data was not provided for either of the **Indonesian** estimates.

¹⁰ Learning adjusted years of schooling "accounts for the difference between the number of years a child attends school and the actual years of learning the child has completed according to harmonised test scores" (Afkar & Yarrow, 2021: p.9)

PERCEIVED LEARNING LOSS

At the regional level, only a minority of students and parents believe students have learnt as much during school closures as they did before the pandemic.

A global survey by Save the Children of 31, 683 parents and caregivers and 13,477 children aged 11 to 17, explored children and youth's perceived levels of learning during the pandemic and found no significant differences by gender or age (Gordon & Burgess, 2020). Eleven countries were included in the sample for Asia, including **Afghanistan, Bangladesh, Cambodia, Indonesia, Lao PDR, Myanmar**, and the **Philippines**. When asked about their own learning, 11 percent of students from the Asia region believed they had learnt as much during school closures as they had before the pandemic and eight percent reported that they had still learnt 'a lot'. However, in contrast more than two thirds of students (69 percent) reported that they had only learnt 'a little bit' during school closures and just over one in 10 (11 percent) of students reported having learnt 'nothing at all'. Caregivers had a similar perception, although they tended to be a bit more optimistic in their assessment: 13 percent believed their children were learning as much as before the pandemic, and nine percent believed their children had still learnt a lot. The most common view, however, was that students had only learnt 'a little bit' (expressed by 64 percent). Like students, one in 10 caregivers (nine percent) reported that their children had not learnt anything at all while schools were closed (Gordon & Burgess, 2020). A second global study by [Save the Children \(2020a\)](#) echoes this sense of learning loss: although caregivers and children generally reported similar levels of learning between girls and boys during the pandemic, in some Asian countries – such as **Myanmar** and **Cambodia** – girls reported lower levels of learning than their male peers.

Evidence suggests particular challenges with assessing learning outcomes during home learning.

Small-scale qualitative research involving teachers and students in **Afghanistan** found that both identified challenges in terms of assessing learning while schools were closed. Fifth to ninth grade students described how they were simply unaware of how they were being graded or assessed during home learning ([Khlaif et al., 2021b](#)). A UNESCO and UNICEF (2021a) case study of **Afghanistan** also found that educational stakeholders reported challenges in monitoring the learning of TVET students during the pandemic.

Various studies from **Bangladesh** suggest challenges with learning assessment during the closure of universities, including limited coordination at the institutional level, ensuing delays in the dissemination of information, such as exam results, teachers' inability to monitor student learning in online learning environments, the risk of students cheating during exams or technical glitches interfering with online testing ([Bashir et al., 2021](#), [Kamal & Shelly, 2021](#); [Khan & Khan et al., 2021b](#)). A UNICEF and UNESCO (2021) case study of **Vietnam** suggests that even under guidance from the Ministry of Education and Training, teachers are reporting challenges to assessing learning during school closures. The authors argue that "assessment of learners is an area that needs to be strengthened" (p.25).

MEASURING LEARNING AFTER COVID-19

Only one study measured the pandemic's impact on girls' learning loss, and findings suggest a fall in test scores, especially for the poorest girls.

The Population Council in **Bangladesh** measured learning loss amongst a representative sample of adolescent girls (aged 12-19) from 24 villages of three rural districts with high rates of child marriage (Chapainawabganj, Kushtia, and Sherpur) (Amin, Houssain & Ainul, 2021). Over a thousand participating girls completed an identical pre- and post-test in 2018 (prior to the pandemic) and July 2021 (post-pandemic), respectively, to evaluate their competencies in maths and literacy. Results suggest that girls' average scores dropped 5.2 percent, and the sample's median score dropped 6.3 percent, indicating a greater proportion of girls scoring lower since the onset of COVID-19. In addition, the authors found that the pandemic had exacerbated existing inequalities based on wealth. Adolescent girls from wealthier households, and households that owned a television or smartphone, had significantly higher scores than their peers in one or more of the pre/post-tests (Amin, Houssain & Ainul, 2021). Learning loss for poorer girls (1.32 points), for example, was three times larger than learning loss for wealthier girls' (0.45 points). However, there were no significant differences based on the marital status of adolescent girl participants. The authors concluded by arguing "learning losses are driven by factors other than access to technology or marital status" (Amin, Houssain & Ainul, 2021: p.4).

Likewise, two studies measured student learning once schools reopened and found mixed evidence around gender equity in learning outcomes, though the impact of the pandemic could not be isolated.

Kan et al., (2022) used early grade literacy and numeracy tests to evaluate learning of students (n=684, 85% female) studying in accelerated learning centres (ALCs) and their associated “hub schools” (government primary schools) in **Afghanistan**. The study found that girls, on average, scored consistently lower than their male counterparts in both ALC and hub schools, in both reading and mathematics. In **Indonesia**, on the other hand, a similar study found that girls outperformed boys in both literacy and numeracy. The Indonesian Ministry of Education, Culture, Research and Technology’s Education Research and Policy Centre (PSPK) partnered with INOVASI to measure the learning loss of early grade students (Grades 1-3), specifically in foundational literacy and numeracy (Spink, Cloney & Berry, forthcoming). All 612 schools and 18,370 students who participated in the study were randomly selected to take an exam after one year of school closures. Based on their test results, students were grouped into four levels based on their proficiency (Level 1 being the lowest, Level 4 being the highest). Maths results suggest that approximately 68 percent of students in Grade 3, and 84 percent of students in Grade 2 did not meet the minimum proficiency level for their grade. Further, gender differences were observed whereby across all grades, there were higher proportions of girls scoring into Level 3 and Level 4 than there were boys. In reading, similar trends were apparent. On average, approximately 45 percent of students in Grade 3 and 62 percent of Grade 2 students were not meeting minimum proficiency levels. Like in maths, gender disparities in reading favoured girls. For example, there was a significantly higher proportion of girls in Level 3 reading than there were boys across all grades (1-3). While important to understand gender differences in learning, the study did not include pre-test scores before COVID, so the impact of the pandemic cannot be isolated.

The above study of Indonesia also suggests other issues of equity in learning, particularly for learners with disabilities, linguistic minorities, students from lower socio-economic levels, and learners with mental health challenges.

Test results indicated that students with disabilities in **Indonesia** generally scored lower than their peers in both literacy and numeracy (Spink, Cloney & Berry, forthcoming). Students with more developed higher functioning skills (e.g., working memory, inhibition control, emotional regulation) also scored higher than their peers, as did students with more improved mental health. Regression analysis indicated that students from wealthier households, with more educated parents, and/or better access to digital technology at home all scored higher than their peers. In addition, students who spoke Bahasa Indonesia (the majority language) at home, scored higher on the Bahasa **Indonesia** comprehension domain than their peers who spoke local languages at home. This echoes findings on the importance of supporting the most marginalised and/or minority learners and increasing efforts to support the psychosocial health and wellbeing of students, especially during the pandemic (Section 5.5). At the school level, students from private schools and those students whose teachers had a four-year degree and/or access to technology at home also scored higher than their peers, pointing to the importance of supply-side issues, including qualified teachers and support for teachers (Section 2.2).

WIDER IMPACTS ON GIRLS' EDUCATION AND WELLBEING

5



This section synthesises evidence on the wider impacts of the pandemic on girls' education and wellbeing, including in relation to livelihoods; GBV at home and in the community; SRHR and child marriage; as well as mental health.

Most of the literature addresses gender in its analysis of the evidence and/or provides sex-disaggregated data.

There is even more evidence of how other variables, including household characteristics (rural, urban, poor), parents' education level, and student age, impact on student wellbeing. However, within this evidence, very few studies examine the intersection between these characteristics and sex/gender, in order to examine compounded impacts for certain subgroups of vulnerable girls. The intersectional evidence that does exist, largely comes from quantitative journal articles measuring mental health challenges.

These articles focusing on mental health are largely targeted at the secondary or postsecondary level (i.e., TVET and tertiary level) or include a focus on adolescents and adults. Evidence largely comes from reports by international development agencies and INGOs (e.g., UNFPA, UN Women, Human Rights Watch, Oxfam, CARE, Plan International, Save the Children, and Population Council), focusing mostly on girls in primary and secondary grades (ages 10-18). Evidence is largely concentrated in **Bangladesh, Indonesia, Philippines,** and **Vietnam**; and includes both quantitative and qualitative survey data from 2020.

KEY MESSAGES:

- **Economic shocks caused by COVID-19 appear to threaten girls' education directly and indirectly,** including through an increase in child marriage or paid/unpaid labour, or simply because families prioritise the costs of their sons' education in comparison to their daughters'. Economic shocks have also affected livelihood opportunities for young people, especially people with disabilities and LGBTQI+ communities. To cope with a loss of livelihoods, some families have reduced food consumption, with girls likely to be more affected than boys, and school closures exacerbating health and nutrition risks due to the temporary pause in school feeding programmes.
- **GBV at the household and community level have generally increased during the pandemic,** although it is difficult to accurately say the extent of this increase, since many cases of abuse often go unreported. Many girls do not know how to report violence experienced during the pandemic or how to seek help, and there is a lack of trust in the police in some contexts (e.g., humanitarian settings and indigenous communities in **Bangladesh**). Young people's increased use of digital technology for home learning has also increased risks of cyber violence/bullying, especially for girls. Violence and tensions at the household level have been exacerbated by economic struggles and tensions during home learning. Likewise, evidence around the long-term impacts of reduced SRHR services (e.g., unintended pregnancies or abortions) amongst adolescent girls is based on modelled estimates.

- **The impact of COVID-19 on child marriage varies vastly by country** – and though some people perceive it to have increased during the pandemic, lockdown measures and the limited number of social gatherings may have mitigated risks for some girls. However, evidence suggests that out-of-school girls, older girls, and girls from poorer households, have been at greater risk of child marriage, as well as girls living in humanitarian settings, where NGOs combatting child marriage have been unable to operate due to COVID-19 restrictions.
- **In many contexts, SRHR services have been curtailed**, restricting access for girls, and disproportionately affecting remote and rural communities, displaced populations, girls with disabilities, ethnic minorities, and LGBTQI+ communities. In addition, schools have deprioritized SRHR curricula during home learning. Several modelled estimations suggest grave medium- to long-term impacts of this, including increased prevalence of adolescent pregnancy, abortions, or mother/infant mortality.
- **Young people are generally experiencing greater mental health challenges due to the pandemic**, and this is related to feelings of isolation/loneliness, fear of contracting the virus or anxiety due to interruptions to one's education and routine. There is some evidence that suggests **Vietnam's** effective response to the pandemic has been better able to mitigate these risks compared to other countries in the region. Nevertheless, there is significant variability across and within countries, and certain minority groups – especially persons with disabilities, rural/remote communities, ethnic minorities including migrants, poorer households, and women and girls from refugee or host communities – are all more susceptible to experiencing negative emotions due to the pandemic.

5.1. LOSS OF LIVELIHOODS AND REDUCED INCOME

The economic shocks caused by the pandemic have largely affected girls' education.

A large-scale (n=24,000) cross-country study drawing on evidence from Bangladesh, Cambodia, and Vietnam, found 42 percent of girls had reported that their household had lost income during the pandemic (Room to Read, 2020). The authors argued that this makes “the financial impact of COVID-19 the most significant risk to a girl's education” (p.2). In the **Philippines**, a Plan International study found that 40 percent of girls reported concerns over parents' loss of income during the pandemic, and 21 percent reported concerns over a loss to their own income ([De Guzman, Torneo & Jaca, 2020](#)).

Various studies refer to pre-existing vulnerabilities to explain why girls' education is likely to be more severely impacted by economic shocks caused by the pandemic, in part due to women and girls having less control over household assets. In the context of **Afghanistan**, Human Rights Watch (2020) described how girls' education is under-valued compared to boys' education, because it is boys who are expected to work and provide for their family. In the context of **Bangladesh**, Chowdhury (2021) described the economic benefits of marrying girls off for dowry, and UN Women and Dan Church Aid (2020) noted the risk that when a girl becomes educated, she may actually “jeopardise her marriage prospects” (p.12). Research in **Cambodia** (CARE & Plan International, 2020) and **Bangladesh** (Alam et al., 2021) described how a loss of livelihoods interferes with families' ability to pay for tuition, school-fees or other school-related costs, including textbooks and learning materials. Qualitative research recounts stories of adolescent girls or young women who expressed concerns related to their future, their opportunities to continue studying, sit for exams, attend university, or reach their professional aspirations (for example in **Bangladesh**, Dutta & Smita, 2020; Siddiqui et al., 2020). In urban Dhaka, GAGE research found that 42 percent of adolescents said financial constraints would interfere with their ability to achieve the career they wanted (although sex-disaggregated data was not provided) (Oakley et al., 2020). In the context of Rohingya refugees in **Bangladesh**, another study by GAGE found that nearly one in three adolescents (32 percent) believed their families' financial constraints would interfere with their job aspirations, and girls were more likely to feel this way

than boys (34 percent of girls compared to 28 percent of boys) (Baird et al., 2020). Another study by GAGE draws on interviews with married adolescent girls and young mothers who voiced concerns about their ability to pay for their child's food, clothing, or household bills (Ria et al., 2020). Because mothers are often responsible for their children's education – but in many cases men control the money they are allocated – they may be limited in the support they can provide their children, as found in the context of Rohingya refugees (ISCG, 2020). However, the authors argue that this is not a situation that has changed during COVID-19. Likewise, a study by GAGE found that only one third of adolescents had money they could use and control in the last year, with higher rates among older adolescents than younger (42 compared to 25 percent respectively), and few differences by gender (Oakley et al., 2021). Results of a survey conducted by Li, Matin and Sharma (2020) in **Bangladesh** suggest 13 percent of children surveyed were expected to face financial difficulties in attending school once they reopen, but sex-disaggregated data was not provided.

Evidence also points to the pandemic's direct impact on young people's livelihoods, with LGBTQI+ groups, young people with disabilities and other marginalised young people among the most affected.

An Oxfam rapid gender assessment in the **Philippines** (n=951) with children and adults aged over 12 years found that one in five (20 percent) of all respondents reported economic challenges, but females (18 percent) were less likely than males (24 percent) to report being economically affected by the pandemic (Kindipan-Dulawan & Cruz, 2020). Moreover, this was the only study to disaggregate data for the LGBTQI+ community, and the evidence suggested these groups were slightly more likely (25 percent) than other respondents to report the economic impacts felt by COVID-19. Nevertheless, the report indicates high levels of overall reported shocks to livelihoods: 96 percent of all respondents identified a loss of income as the top negative impact of COVID-19, and this was most common amongst youth, LGBTQI+ groups, people with disabilities, and people from poor or urban households (Kindipan-Dulawan & Cruz, 2020). In **Timor Leste**, a survey (n=1,724) of youth aged 15 to 29 found that girls with disabilities were more likely than their non-disabled peers to not have jobs during the pandemic (UN Timor Leste, 2020). A large-scale survey in **Cambodia** found people with disabilities were more affected by job loss than their non-disabled peers (12 percent compared to seven percent respectively), and those with ID Poor cards were more affected than non-ID poor card holders (36 percent compared to 29 percent) (Cambodia MOE, UNICEF & Save the Children, 2021).

To cope with a loss of livelihoods, many households have reduced food consumption, and evidence suggests gender disparities in how learners have been

affected by this, but with differences across countries.

A cross-sectional study of adolescents in six Asian countries found adolescents in **Bangladesh** were more likely (60 percent) than those in other countries to express the concern of household income or food security (Wang et al., 2021b). However, significant gender differences were only found in girls' and boys' reported food insecurity in **Vietnam**; and not in **Bangladesh, Indonesia, Myanmar**, or the **Philippines**. This resonates with GAGE research in the Chittagong and Sylhet divisions of **Bangladesh**, which found gender differences were not statistically significant (Baird et al., 2020). Indeed, girls and boys may be affected differently: although girls were slightly more likely than boys to report cutting back on food (35 compared to 31 percent respectively), boys were slightly more likely than girls to report reduced intake of protein (62 compared to 58 percent, respectively). In urban Dhaka, although one quarter (24 percent) of all adolescents reported that hunger had increased as a result of the pandemic, married older adolescent females were nearly twice as likely as their non-married peers to report this (38 compared to 20 percent) (Oakley et al., 2020). In addition, older adolescent girls were more likely than boys their same age to report that their meals were less likely to contain protein since the pandemic began (89 compared to 78 percent).

Reduced food consumption is even more threatening during school closures because students are no longer receiving meals from school feeding programmes.

The World Food Programme developed a live interactive map with up-to-date information on the number of children missing out on meals globally. In countries of focus with available data as of November 2021, the number of children missing out on meals was 1, 841, 228 (33 percent of whom were female) in **Afghanistan**, 353, 144 in **Myanmar**, 281, 385 (50 percent of whom were female) in **Cambodia**; and 100,136 (46 percent female) in **Indonesia**. In **Afghanistan**, Human Rights Watch (2020) have noted how the closure of schools “is depriving school-age girls of access to weekly iron and folic acid supplementation provided in some schools, further jeopardising their health, and potentially increasing already high rates of anaemia” (para. 35). For pregnant women or young mothers, risks of health and nutrition become severe, as expressed by a girl from **Bangladesh**: “I am pregnant, and I need nutritious food that I can't go out and buy. My regular health check-ups have also been disrupted” (Plan International, 2020b: p.3). The evidence suggests that COVID-19 caused a loss of livelihoods, which limited people's access to basic needs, such as food. This is reflected in the words of a parent of a child with disabilities from **South Asia**, who wrote in an online survey conducted by the World Bank (2021), “the financial burden and lack of resources is certainly [a] big barrier and sometimes food could be [a] priority [over] education” (p.28).

5.2. GENDER-BASED VIOLENCE AND VIOLENCE AGAINST CHILDREN

Directly experiencing, witnessing and fearing violence has been shown to hinder girls' learning during the pandemic (for example in Cox's Bazar, Bangladesh, UN Women & Dan Church Aid, 2020).

A global Plan International (2021) report summarised some of the potential impacts of violence on girls' education, during COVID-19, noting, "the experience of online and offline violence can contribute to low self-esteem and depression, anxiety and fear of harm, making it more difficult to join classes, concentrate while learning and may drive adolescent girls to drop out of education completely" (p.20).

Studies conducted early in the pandemic predicted a steep increase in violence and suggest GBV has been a widespread concern. For example, one study by Marquez et al., (2020) conducted modelled estimates in the Philippines and found that there would be approximately 95,000 more cases of intimate partner violence (IPV) as a result of community quarantine measures. For every month of community quarantine, incidence of physical and sexual violence was expected to increase by 10,000 and 4,000, cases respectively, resulting in a total of 706,000 additional cases of physical violence and 296,000 additional cases of sexual violence after more than nine months of quarantine measures. Evidence from an Oxfam gender assessment (n=433) in the Philippines found that GBV was among the most frequently reported concerns for all respondents (women, men, girls, and boys) during the pandemic: 40 percent of all respondents (67 percent women, 26 percent men and seven percent LGBTQI+) reported fears of GBV being directed towards women and children (Kindipan-Dulawan & Cruz, 2020).

Evidence across a number of countries highlights an increase in the perceived prevalence and risk of violence at home and in the community, and an increased sense of feeling unsafe. In a cross-sectional study, Wang et al. (2021b) found female adolescents in the Philippines and Vietnam were 2.22 times more likely than males to report feeling unsafe or insecure during the pandemic, while in Myanmar, female adolescents had lower odds of feeling unsafe, compared to male adolescents, although the authors did not explain how great this difference was. A CARE and Plan International (2020) rapid gender assessment (n=383) in the Northern Provinces of Cambodia found that the majority of

respondents (53 percent, with a roughly even split between males and females) felt that levels of domestic violence in their community had remained the same as before the pandemic and a further 26 percent (again, with a roughly even split between males and females) felt that levels of violence had actually decreased since the onset of COVID-19. However, 12 percent felt there had been an increase in violence in their communities since the start of the pandemic (felt by a slightly higher proportion of females). A World Bank report drawing on survey data (n=866) from rural areas in Indonesia found that 46 percent of women reported feeling less safe in their communities since the start of COVID-19 (Perova et al., 2020). In Afghanistan, more than one third of all respondents (displaced women and girls) reported that risks of violence against women (39 percent) or risks of violence against girls (35 percent) had increased since COVID-19 (Estey, 2021). Very few respondents (just two to three percent) believed the risk of GBV had decreased for women and girls during the pandemic, but no comparable data on boys was provided.

INCREASED PREVALENCE OF GBV AND CHILD ABUSE

Data suggests an increase in child abuse, including among girls and boys who did not experience abuse before the pandemic. A range of evidence across different contexts indicates sharp increases in violence, abuse and harassment. For example, Peterman et al. (2020) reported a 40 percent increase in calls to child helplines in Bangladesh (cited in World Bank, 2021). Analysis of search engine data in South Asian countries found an increase in 'online help-seeking searches' in relation to violence against women and girls during the pandemic in Bangladesh, but not Indonesia (UN Women, 2020; UNFPA, UN Women & Quilt AI, 2021). Various NGOs have also conducted their own assessments of either beneficiaries of their programmes, or the wider communities in which they work. For example, the Manusher Jonno Foundation (MJF) in Bangladesh found that both GBV and child abuse had increased dramatically since the onset of COVID-19 (Government of Canada et al., 2020). Phone surveys conducted before and during the pandemic showed that 48 percent of cases of child abuse involved children who had not experienced this abuse prior to the pandemic: 58 percent of cases involved girls and 42 percent were boys. Although girls were more likely than boys to have experienced violence, there was a sharper increase in the number of child abuse cases against boys (Government of Canada et al., 2020). The number of rape cases had increased by 550 percent (from 18 incidents in May 2020 to 99 in June 2020); of the 99 cases, 87 percent (86 cases) were perpetrated against girls. GAGE research with adolescents in Bangladesh, however, found that nearly nine in 10 adolescents aged 10

to 19 reported higher levels of violence at home, usually between parents and due to financial constraints, but also violence by parents perpetrated against adolescents themselves (Jones et al., 2021a). Older adolescents were 10 percent more likely to report this than their younger peers (82 compared to 92 percent).

Evidence also points to an increase in domestic violence, including intimate partner violence (IPV), although accurate data is hindered by underreporting.

It is widely acknowledged in the literature that the prevalence of violence is difficult to measure, largely because of widespread underreporting (for example in **Indonesia**, UNFPA & WEI, 2020, and Jatmiko et al., 2020; and in **Bangladesh**, Siddiqui et al., 2021). Nevertheless, A survey of women and girls in **Bangladesh** by [Surma et al. \(2021\)](#) found that 20 percent reported having been subject to physical or psychological violence during the pandemic. Similarly, a study by the Population Council in **Bangladesh** found that just under one in five households (18 percent) reported an increase in intra-household disputes since the start of lockdown (Makino et al. (2021). Another study conducted by the Population Council in **Bangladesh** (Gottert et al., 2021) found that nearly a third (32 percent) of community health workers (n=370) reported increased levels of domestic violence in the communities they work in since the onset of COVID-19. IPA and UK Aid (2020) found even higher rates, with nearly 40 percent of mothers in **Bangladesh** reporting that they had faced more violent or abusive behaviour from their husbands since the start of COVID-19. Research conducted by Abdul Latif Jameel Poverty Action Lab (J-PAL) in **Indonesia** found higher rates of violence among both women and men. Survey data showed that 41 percent of male respondents and 43 percent of female respondents reported having experienced an increased frequency in abuse since the start of the pandemic. There were also differences based on adults' education level: in households with lower levels of education (up to secondary level), 57 percent of adults experienced increases in GBV, compared to 38 percent of households where adults had higher than a secondary grade degree ([Sastiono et al., 2020](#)). A World Bank blog drawing on survey data (n=866) from rural areas of **Indonesia** found that although 43 percent of women reported feeling less safe at home since the start of the pandemic, nearly twice that amount (83 percent) reported that IPV in their communities had gotten worse since the start of the pandemic (Perova et al., 2020).

Violence and discrimination against people with disabilities appears to be particularly high, though there is limited sex-disaggregated data. In **Indonesia**, the NGO **Himpunan Wanita Disabilitas Indonesia** (HWDI), conducted a rapid assessment of the needs of women with disabilities during the COVID-19 pandemic and found that 80 percent of respondents were facing some form

of abuse during COVID-19, with 40 percent indicating this abuse was happening daily (cited in UNFPA & WEI, 2020). This abuse was primarily psychological violence, including by close friends, family, and partners, as well as online violence and some physical and sexual abuse, including rape. In **Cambodia**, one in five boys and girls (20 percent) self-reported facing, or being at additional risk of, violence, abuse or exploitation due to school closures. Students with disabilities were more at risk of experiencing violence, abuse or exploitation compared to their non-disabled peers (23 percent compared to 15 percent respectively). This held true for different types of abuse, including emotional (eight percent compared to two percent) and physical abuse (seven percent compared to two percent), but the authors did not disaggregate this evidence by sex.

Further evidence also points to women and girls reporting increases in GBV at the community level during the pandemic. A global UNESCO report (Billah, 2021) found that girls in **South Asia** were four times more likely to report witnessing violence in their communities since the start of the COVID-19 pandemic (rising from three percent to 12 percent in five months). This finding echoes country-level evidence from **Bangladesh**: a longitudinal study by the Population Council found that more than one in 10 adolescent girls (12 percent) reported observing increased incidence of violence in their community in the month of September (compared to just three percent in the month of April) ([Amin et al., 2020](#)). An Oxfam study in **Afghanistan** found that 97 percent of women and girls reported violence in their communities had increased since the start of the pandemic (cited in UNESCO & UNICEF, 2021a). A World Bank blog drawing on survey data (n=866) from rural areas in **Indonesia** found that nearly three quarters of women reported that either harassment in the community had worsened (65 percent), or that violence against children in the community had worsened (68 percent) since the start of the pandemic (Perova et al., 2020).

At the community level there are also several studies that have noted the increase in GBV due to policing or surveillance of COVID-19 restrictions, especially for boys living in humanitarian settings. A Plan International (2021b: p.3) report, *Hear it from the Girls*, notes, "the **Philippines** has seen a string of humiliating and degrading punishments meted out to children and young people for breaking COVID-19 curfews." Likewise, several GAGE studies in **Bangladesh** have reported on the increased police violence experienced by adolescent boys especially (Jones et al., 2021a; Ria et al., 2020; Guglielmi, et al., 2020b). In various countries, parents' have noted concerns related to boys' risks of violence at the hands of police and armed forces (Billah, 2021). In the context of Cox's Bazar, **Bangladesh**, nearly one in 10 adolescents (eight percent) reported observing more violence in their community

during the pandemic, and boys were significantly more likely to report concerns regarding police/military abuse than girls (38 compared to 22 percent) (Guglielmi et al., 2020a). An assessment of indigenous communities in **Bangladesh** also notes reports of intimidation and harassment of indigenous communities by police, security forces, and vigilante groups, especially in Chittagong Hill Tracts (Chakma & Chakma, 2020).

Several publications also noted an increased risk of cyber violence and harassment against girls and young women, particularly as a result of increased online activity during home learning. In various countries both in **South Asia** and globally, parents' have noted concerns of cyber-security for girls, including risks of sexual exploitation or online harassment (Billah, 2021). Two reports by UN Women (2020) and UNFPA, UN Women and Quilt AI (2021) draw on metadata from Internet searches to explore trends of cyber-GBV in the region, before and during the pandemic. The results indicated a rise in physical, sexual, and psychological violence against women and girls and increased online misogyny.

Despite increased violence, evidence suggests that many girls do not know how or where to report violence. For example, a Plan International study in the **Philippines** found that 70 percent of girls knew where to report cases of violence. However, this suggests that as many as one in three did not, and many participants also reported that they felt they needed more information on how to protect themselves from violence and harassment and how to report cases (De Guzman, Torneo, & Jaca, 2020). Evidence from an Oxfam gender assessment (n=433) in the **Philippines** found that 28 percent of all respondents reported concerns over lack of access to information on reporting GBV cases, including available support systems and services. This figure rose to a third (33 percent) among youth (Kindipan-Dulawan & Cruz, 2020).

THE RELATIONSHIP BETWEEN THE PANDEMIC AND INCREASED VIOLENCE

The evidence points to a link between loss of income, increased stress during the pandemic and increased levels of violence, especially in the home. Global and regional evidence from UNESCO suggests that concerns related to loss of livelihoods during the pandemic have been a key cause of tension and violence within the household (Billah, 2021). Qualitative data from **Bangladesh** suggests that most women who reported experiences of IPV cited job losses as a factor, along with their partner now spending more time at home, as well as stress due to financial hardships (Beam et al., 2021). In **Indonesia**, survey data showed that nearly one third (31 percent) of respondents aged 18 to 64 reported that incidence of violence "stemmed from an inability to make ends meet," while 23 percent cited unemployment as

playing a role (Sastiono et al., 2020). Further, unpaid care work, including domestic work or the need to support children's schoolwork were next among the primary cited factors contributing to violence. Likewise, in **Afghanistan**, the majority of survey respondents believed there was a link between increased risks of violence against women and girls and increased rates of male unemployment (Estey, 2021). Additional reasons that were mentioned in FGDs included restrictions to mobility, men staying home more, and rising tensions due to reduced income. Increased sexual violence has also been reported by women in **Bangladesh** who explained that their partners had started demanding sex more often during the pandemic because they were home more with "nothing else to do" (Siddiqui et al., 2021). Some women also explained that because their husbands could not leave the house during lockdowns, they were unable to pursue extra-marital relationships, which meant they expected their wives to engage in sexual activities more than usual, with a wife's refusal to appease her husband at times resulting in further physical and verbal abuse. The authors drew a link between men's increased demand for sex and an attempt to try and reclaim their masculinity that had been threatened due to a loss of livelihoods.

Evidence also points to reduced accountability mechanisms to deter violence during the pandemic, as well as a lack of informal support and services for survivors. For example, GAGE researchers drew on interview data in **Bangladesh** to highlight how many people were no longer looking after each other or taking care of neighbours and friends, due to fear and anxiety caused by the pandemic (Jones et al., 2021a). Siddiqui et al. (2021) drew on in-depth interviews and focus group discussions with women and men in **Bangladesh** to highlight a lack of mechanisms to hold perpetrators to account as police and other authorities were preoccupied with the pandemic. In the **Philippines**, 30 percent of survey participants from poor and urban households, including adults and youth, said that services for victims of abuse have been curtailed since the start of the pandemic. This finding was echoed in relation to people with disabilities in a global report drawing on evidence from **Afghanistan, Bangladesh, and Cambodia** (UNFPA & WEI, 2021).

5.3 CHILD MARRIAGE

INCREASED PREVALENCE OF CHILD MARRIAGE

Estimations that were made during the start of the pandemic suggested that COVID-19 would cause a high increase in child marriage in the region, especially for girls.

A Save the Children (2020b) Girlhood Report predicted that 191,200 girls from across South Asia would be at risk of child marriage one year after the pandemic, and that this figure would likely rise to 956,000 girls after five years, resulting in a total of 23.2 million married girls.

Evidence on the impact of COVID-19 on child marriage varies by country. [Two qualitative reports by Lao PDR Ministry of Planning and Investment \(MPI\) and UNICEF Laos \(2021a/b\)](#) draw on interviews to suggest an increase in child marriage, especially in the northern regions. Likewise, in **Indonesia**, both a Plan International (2021) report and a second CARE (2020b) rapid gender analysis noted increases in child marriage. Key informants flagged child marriage as “one of the biggest concerns for adolescent girls during the COVID-19 pandemic” (p.24) especially for 10- to 14-year-old girls living in remote areas (Plan International, 2021). In **Cambodia**, on the other hand, quantitative evidence around risks of child marriage for girls and boys during the pandemic is mixed. A nationally representative survey of students, parent/ caregivers, and educational stakeholders found that only 10 percent of all respondents perceived girls to be more at risk of child marriage due to COVID-19. A CARE and Plan International (2020) rapid gender analysis in the country found mixed evidence about increases in child marriage: while only 1.6 percent of girls and boys (ages 18 to 20) reported dropping out of school to get married. On the other hand, one school director suggested that there were declines in the number of child marriages, especially in Indigenous communities, due to COVID-19-related restrictions and the limited number of social or community gatherings. The authors noted that while “additional information is needed to see the longer-term impacts of COVID-19 on the issue of early child marriage... disruptions to schooling may lead to children dropping out with [a] higher number of child marriages” (p.37).

The threat of child marriage for girls may increase the longer schools stay shut. A longitudinal study conducted by the Population Council in **Bangladesh** found that girls generally reported an increased risk in marriage for themselves or their peers ([Amin et al., 2020](#)). Phone

surveys were conducted in April, June, and September of 2020, with more girls having reported hearing their parents talk about their arranged marriage as time passed. This is echoed by a UNESCO report (Billah, 2021) that notes an nearly a twofold increase in **Bangladeshi** adolescent girls reporting that either they themselves had gotten married (increased from 12 percent to 23 percent from April to September 2020), or that observed child marriages in their communities had increased as a result of COVID-19 (50 percent to 100 percent from April to September 2020).

Older adolescent girls are often more at risk of child marriage. GAGE research in **Bangladesh** found that older adolescent girls (ages 15-19) were four times more likely than boys the same age to report concerns of child marriage as a result of COVID-19 (16 compared to four percent respectively) ([Jones et al., 2021a](#); [Oakley et al., 2020](#)). The authors did not provide data for younger adolescents (ages 10-14), though they noted that the difference between girls and boys in this age range was not statistically significant. Similarly, in Cox's Bazar, girls were generally more likely than boys to report concerns about marrying earlier (19 compared to 11 percent), but older girls were twice as likely as boys to believe pressures to marry decreased since COVID-19 (though exact figures were not provided). Younger adolescent girls (six percent) and boys (five percent) were much less likely to report concerns around child marriage during the pandemic ([Guglielmi, et al., 2020a](#)). Another GAGE study found that girls above the age of 16 were more at risk of getting married than their younger peers (Raha et al., 2020). These findings were echoed by a study conducted by the Population Council, this time in the context of rural **Bangladesh**, which found older girls (15+ years) were significantly more likely than their younger peers to report hearing their parents discuss their potential marriage (Makino et al., 2021).

Out-of-school girls are also more vulnerable to child marriage than their peers who are studying. A GAGE study in **Bangladesh** also found that those girls who were out-of-school were more at risk of getting married than their peers in school (Raha et al., 2020). Likewise, a report by UNESCO (Billah, 2021) drew on data from **Bangladesh** to suggest out-of-school girls were more vulnerable to child marriage than their peers, especially since school closures resulted in no teachers or school-based authorities being able to intervene.

Nevertheless, in some contexts, more adolescents are reporting feeling decreased pressure to marry as a result of the pandemic. Researchers from three GAGE studies in **Bangladesh** found that adolescents were more likely to report feeling decreased pressure to marry since the start of the pandemic. [Jones et al. \(2021a\) report](#) that the proportion of respondents that believed pressures to marry had decreased were 50 percent of older adolescent girls and 37 percent of younger adolescent

girls (19 percent of older adolescent boys, and there were no younger adolescent boys in the sample). This same finding was echoed in the context of urban Dhaka, where [Oakley et al. \(2020\)](#) found that over a quarter (27 percent) of all adolescents reported decreased pressure to marry, including 50 percent of older girls and 37 percent of younger girls who were not yet married. Likewise, in Cox's Bazar, older girls were twice as likely as boys to believe pressures to marry had decreased since the start of the pandemic ([Guglielmi, et al., 2020a](#)).

THE RELATIONSHIP BETWEEN THE PANDEMIC AND INCREASED CHILD MARRIAGE

The literature suggests that gender norms shape patterns of child marriage, regardless of COVID-19.

Drawing on qualitative data, GAGE authors suggest that pressures around getting married in **Bangladesh** are likely to be based on the same driving forces and social norms, rather than any change resulting from COVID-19 (Jones et al., 2021a). Another study by GAGE in urban informal settlements of Dhaka describes these norms in depth: because girls' purity is seen as important, and premarital sex is stigmatized, marrying girls young is seen as a way of both safeguarding them from sexual assault or violence, and a means of protecting family honour ([Raha et al., 2021](#)).

Child marriage is often described as a consequence of the economic hardships caused by COVID-19.

In three of the four **Afghani** provinces (Kabul, Balkh, Herat) where CARE conducted focus group discussions for a rapid gender assessment, women described increased rates of child marriage in their communities as a coping mechanism in response to the pandemic, confirming fears of local authorities who were also interviewed (Estey, 2021). Quantitative evidence from **Bangladesh** also suggested that job losses were significantly associated with an increase in risk of marriage for adolescent girls during the pandemic (Makino et al., 2021). Also in **Bangladesh**, a small-scale (n=35, 18 female) qualitative study found that interviewees reported increased threats of child marriage for girls (Rohwerder et al., 2021). While the interviewees did not explain why this may be, the authors suggested it was likely due to increased financial pressures caused by COVID-19. Similarly, Kazemi (2020) noted how "marrying off girls reduces the number of mouths to feed" (para. 14) and Chowdury (2021) describes marriage as less expensive than paying for girls' education.

Another factor shaping the increase in child marriage is that important actors, including NGOs, are no longer able to operate normally, thus restricting their ability to take action to stop these practices.

In **Bangladesh**, the NGO, MJF published a report on violence against women and children and found that there was both an increase in the prevalence of child marriage and a decline in the number of marriages that were terminated by

NGO and child rights' activists ([Canadian Government et al., 2020](#)). Quantitative data suggests there was a 272 percent increase in reports of child marriage from May 2020 to June 2020. While the NGO was able to stop 58 percent of child marriages in May (233 out of 403), this success rate declined by nearly half to 31 percent in June (207 out of 669). This suggests the NGO's response efforts have been less effective since the onset of COVID-19. Similarly, [ISCG \(2020\)](#) has reported a temporary halt of gender-transformative programming, including services for female sex workers and child marriage prevention programmes in Cox's Bazar. Qualitative data from GAGE research in Cox's Bazar suggests that a lack of NGO presence in camps may increase risks of child marriage for adolescents ([Guglielmi, et al., 2020a](#)).

5.4. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

COVID-19 has led to the curtailing of SRHR facility operations and a consequent unmet need for SRHR products, services, and information for many women and girls.

In the Philippines, in CARE's rapid gender analysis, women reported a significant curtailing of family planning facility operations, despite their access to basic health services (CARE & Medina, 2020). A Plan International report on the **Philippines** drew on interview data with young adolescents, who reported needing information on where to access hygiene and SRH items and services, including sanitary products, birth control, and contraception (De Guzman, Torneo & Jaca, 2020). A global CARE (2020a) report drew on anecdotal evidence from project data in **Bangladesh** to note that service hours had been reduced, and community visits from frontline health workers curtailed during the pandemic, limiting women's and girls' regular access to SRHR products and services.

Evidence suggests that women and girls living in rural and remote areas or urban informal settlements have less access to SRHR products and services as a result of COVID-19. Evidence from **Bangladesh** also suggests that access to SRHR services and family planning may be more limited in either rural areas or urban informal settlements (Siddiqui et al., 2021). Similarly, a survey in **Cambodia** (CARE & Plan International, 2020) found that, while just over a quarter (28 percent) of all female and male respondents aged 10 to 24 reported being able to safely access SRH products, this figure fell to 15 percent in Mondul Kiri province, a remote area with the largest portion of poor respondents.

Displaced women and girls, ethnic minorities, LGBTQI+ communities, and/or those women and girls with disabilities are often less likely than others to access SRHR products and services during the pandemic.

For vulnerable groups, including refugees and displaced women and girls, access to SRH products may be more limited. For example, the Plan International (2020b) report, *Hear it From the Girls*, highlighted women and girls' limited access to SRHR products and services in Cox's Bazar in **Bangladesh** both for Rohingya refugees and host communities. In **Afghanistan**, a small scale (n=221) CARE study found nearly half (46 percent) of displaced women and adolescent girls reported having less or no access to family planning counselling and general SRH services since the onset of COVID-19; and just over half (51 percent) reported that they had less or no

access to safe maternity care during the pandemic (Estey, 2021). An additional five percent reported that they had no access to maternity care before COVID-19 and were still not able to access maternity care during the pandemic, bringing that figure up to 56 percent of displaced women and adolescents. Qualitative evidence from **Indonesia** suggests reduced access to SRH products, especially for internally displaced and pregnant women, and children of mothers with disabilities (CARE, 2020b). In **Cambodia**, IDPs, LGBTQI+ groups and people with disabilities reported challenges in accessing health facilities due to restrictions to their mobility and the high cost of transportation (Kindipan-Dulawan & Cruz, 2020). Research from **Bangladesh** found that women with disabilities consistently reported SRHR and family planning services being closed (UNFPA & WEI, 2020).

When girls and young women are unable to access adequate SRH products and SRHR services, they face various risks to their health, safety, and wellbeing – but there is little evidence of how reduced access during the pandemic will impact on girls longer term.

In the context of **Bangladesh**, Siddiqui et al. (2021) report reduced access to menstrual health products during COVID-19, but note there is "very little understanding of how the current state of affairs [during the pandemic] will impact future fertility rates, transmission of STDs, and overall [sexual and reproductive] health of especially women" (p.21). This is clearly an area that requires further investigation.

Some studies have estimated the medium to long-term impacts of women and girls' limited access to SRHR services and family planning. The *Save the Children (2020b)* Global Girlhood Report, for example, draws on data from **South Asian** countries (excluding high-income countries) to estimate that 138,000 adolescent girls in the region could become pregnant in the first year following the pandemic, bringing the total number of adolescent pregnancies in South Asia to approximately 8.7 million. A second set of estimations related to SRHR indicators was found in a UNICEF (2021b) report examining the direct and indirect effects of the pandemic in the region. The report drew on data from country health systems to suggest that from the first quarter of 2019 (before the pandemic) to the first quarter of 2020 (during the pandemic), coverage of family planning services had decreased by between three and 31 percent. Further, in the second quarter of the year 2020, family planning services were reduced even further, to more than 50 percent across **South Asia** (compared to the same period in 2019). The authors ran modelled estimations of the long-term impacts and suggest that this reduction in family planning services could cause up to a total of 228,641 additional deaths among children under five years in 2020 alone, with 59 percent of these deaths (134,789) occurring in the neonatal period (first four weeks

of a child's life); an estimated 89,434 additional stillbirths; around 11,000 additional maternal deaths across the five countries in the region; more than 3.5 million additional unintended pregnancies; and a more than 50 percent increase in unsafe abortions. This translates to an estimated 190,000 additional pregnancies in **Bangladesh** alone in 2020 to 2021, due to COVID-19.

Various studies have also examined the impact of COVID-19 on women and girls' (or men and boys') access to SRHR curricula at school. At the level of basic education, girls aged 15-24 who participated in a [Plan International \(2021\)](#) regional study reported that their teachers had stopped teaching comprehensive sexuality education (CSE) during the pandemic, despite it having been an integral subject in the curriculum prior to the onset of COVID-19. Similarly, comprehensive sexuality education – as well as menstrual health and nutrition – were amongst the subjects identified as important by Rohingya refugee women and girls in **Bangladesh** in a study conducted by UN Women and Dan Church Aid (2020). A [CARE \(2020b\)](#) rapid assessment in **Indonesia** noted how girls were no longer able to receive SRHR education and training opportunities through non-formal education providers and NGOs.

5.5. MENTAL HEALTH CHALLENGES

Several cross-country studies highlight mental health challenges for children and youth during the pandemic, though with differences across countries.

A cross-sectional study by Wang et al. (2021a), for example, found that Vietnam had some of the lowest reported scores, compared to the Philippines and several other Asian countries (China, Iran, Malaysia, Pakistan, and Thailand). A second cross-sectional study across six Asian countries (**Bangladesh**, India, **Indonesia**, Myanmar, **Philippines**, and **Vietnam**) found that **Bangladesh** had the largest percentage of male and female adolescents who felt isolated or stressed during the pandemic ([Wang et al., 2021b](#)). In the first half of 2021, however, UNICEF and Gallup conducted a survey of 15- to 24-year-olds and found that while 14 percent of participants in **Bangladesh** reported feeling depressed or having little interest in doing things, this number was far higher in **Indonesia** where nearly one in three adolescents and youth (29 percent) reported feelings of depression. In contrast, the global average was just 19 percent (UNICEF, 2021a).

Girls may experience higher levels of anxiety related to COVID-19, and this may reduce the importance they place on studying during the pandemic. Although other evidence ([Wang et al., 2021b](#); Young Lives, 2020) from **Vietnam** has suggested that girls might be more likely to engage with home learning, another study points to reduced importance placed on studying during the pandemic, particularly among girls facing mental health challenges. A quantitative study (n=652) of students in grades six to eight in **Vietnam** explored three concepts related to students' mental health and attitudes towards learning during school closures. These covered anxiety related to contracting COVID-19, learning exhaustion and 'learning cynicism' during the pandemic, which was defined by students' perception of the importance of learning ([Vu & Bosmans, 2021](#)). While there were no gender differences for learning exhaustion, girls were significantly more likely than boys to report 'COVID-19 anxiety', which was correlated with higher levels of learning cynicism. In other words, girls were more likely than their male peers to consider learning to be less important during COVID-19, and the authors argue that this may be partly caused by high levels of anxiety related to the pandemic. The authors argue that this may be due to the stress of contracting COVID-19 distracting learners from their education and causing them to have a negative perception of learning. Older students were also more likely to report high levels of both learning cynicism and learning exhaustion.

However, there was no correlation between COVID-19 anxiety and learning exhaustion, likely because students are spending less time on education-related activities than before school closures. Likewise, a Child Rights Working Group survey found that girls (at 60 percent) were more likely than boys (at 40 percent) (ages unknown) to report feeling anxious, worried, or pressured during the pandemic, either due to fear of catching COVID-19 or missing out on learning (cited in UNESCO & UNICEF, 2021d).

Differences between girls' and boys' mental health during the pandemic varies by country. When looking at the two cross-sectional studies by Wang et al. (2021a/b), it is evident that gendered differences vary across countries and depending on the type of mental health challenge students face. One study found higher levels of self-reported anxiety by adolescents in the region were associated with being female, younger than 30, and a student (Wang et al., 2021a). The second study, however, examined three types of mental health challenges: (1) worrying about getting sick, (2) missing friends, and (3) concerns about not going to school (Wang et al., 2020b). The authors found no significant gender differences amongst students reporting feeling worried about getting sick and/or missing friends. However, in **Myanmar**, girls were significantly more likely than boys to report concerns about not going to school. Other country-level studies show mixed gender disparities. In the **Philippines**, a large-scale study (n=1,879) by Tee et al. (2020) found that when comparing sociodemographic factors among research participants (ages 12 and over), findings suggested that females, youth aged 12 to 21 and students, all experienced significantly more stress and anxiety. In **Indonesia**, on the other hand, a study of 113 adolescents aged 11 to 17 suggested there were no statistically significant differences based on gender; however, boys were also more likely to report having conduct problems, or peer-relationship problems, while girls were more at risk of facing emotional problems.

Cross-country comparative data may mask high levels of mental health challenges within countries. Evidence from **Vietnam**, for example, suggests students may be facing less mental health challenges compared to other countries, though levels are still high, especially among girls. A Young Lives study found that **Vietnam** was the only one of four countries (including Ethiopia, India, Peru) where adolescents' self-reported wellbeing did not fall significantly as a result of the pandemic (Favara et al., 2021). This echoes the Wang et al. (2020a) cross-sectional study that found **Vietnam** had some of the lowest reported scores of anxiety and depression compared to other Asian countries. However, Wang et al. (2020a) do not provide sex-disaggregated data at the country-level. A [Plan International \(2021a\)](#) study in **Vietnam**, on the other hand, found that over 90 percent of girls and young women reported being 'very' (56 percent) or 'somewhat' (42 percent) anxious during COVID-19, compared to only three percent who reported not being anxious.

Evidence also suggests that the longer schools stayed shut, the more likely it was that students would face challenges to their mental health. Population Council's longitudinal study in **Bangladesh** found that girls' mental health was getting worse as the pandemic continued: while 61 percent of adolescent girls reported "sometimes" or "mostly" feeling depressed in April 2020, this figure increased to 79 percent in September 2020 ([Amin et al., 2020](#)).

Few studies have examined changes in young people's mental health from before the pandemic to that during the pandemic, and the evidence that does exist suggests mixed gender disparities. For example, Malik and Radwan (2021) measure the predictive psychiatric disorders of 522 children and adolescents aged four to 17 in **Bangladesh** before and during the pandemic. The findings suggest that the prevalence of symptoms of psychiatric disorders increased nearly twofold as a result of the pandemic, from 20.5 to 39.7 percent of children and adolescents. Adolescents aged 10 to 17 were also more likely to experience psychiatric disorders when compared to their younger peers aged four to nine. There were no significant differences between family/household demographics or income. Overall, however, the increase in the proportion of boys experiencing some form of mental health challenge was more significant than the increase in the number of girls. A second study in **Bangladesh**, this time at the university level (n=265), examined the effects of COVID-19 on students' academic studies, daily life, and psychological wellbeing. The authors found that COVID-19 had a significant effect on all three of these areas, and the largest negative impact was on students' academic studies and psychological wellbeing. Girls were significantly more likely to report a negative impact on their daily life when compared to boys, which the authors noted could be related to their time use and increased expectations for girls to participate in household chores. However, there were no significant gender differences in the other two areas (academic studies, and psychological wellbeing). Students whose psychological wellbeing was affected were also more likely to experience challenges in their academic studies and daily life. In the context of **Bangladesh**, 16 quantitative studies explore mental health and provide disaggregated data in terms of gender and other variables; and evidence around gender is slightly mixed (see Box 4).



BOX 4: COUNTRY CLOSE-UP: BANGLADESH AND THE PANDEMIC'S IMPACT ON YOUNG PEOPLE'S MENTAL HEALTH

Of the 16 quantitative studies exploring mental health of young people in Bangladesh, eight found that females were significantly more likely than males to report mental health challenges (Ahmed et al., 2020; Banna et al., 2020; Far Abid Hossain et al., 2020; Islam et al., 2020b; Khan et al., 2021a; Sayeed & Begum, 2020), including education-related mental health challenges (Hossain, 2021b; Kabir et al., 2021). However, the opposite is true in two studies, where males were significantly more likely than females to report negative feelings or emotions (Dhar et al., 2020; Islam et al., 2020a). In three studies, there was no statistically significant difference based on gender for any of the emotions assessed (Beam et al., 2021; Hossain et al., 2020; Tahir et al., 2021).

The mixed evidence may be related to the type of emotion that is being measured (for example, anxiety, stress, or depression), as several of the 16 studies from Bangladesh suggest. Three studies indicate that boys and girls may have been reporting higher levels of different types of mental health challenges during the pandemic. Islam et al. (2021) found no significant gender differences in relation to anxiety, but depression was significantly correlated with being male. A second study, this time by Mamun et al. (2021), found that boys were more likely to experience depression, but girls were more likely to have suicidal ideation (see also Mamun, 2021). Lastly, Malik and Radwan (2021) found that, due to the pandemic, emotional disorder rates increased significantly for girls and hyperactivity rates increased significantly for boys – showing the impact that COVID-19 has had on both girls and boys, albeit in different ways.

In terms of household variables leading to mental health challenges for youth in Bangladesh, the evidence seems to be more consistent, pointing to higher levels of mental health challenges for students who are poor or living in urban areas.

Six studies found that urban residents are significantly more likely than rural residents to self-report negative feelings or emotions (whether anxiety, stress, or depression) (Mamun et al., 2021; Islam et al., 2020a; Banna et al., 2020; Islam et al., 2020b; Dhar et al., 2020; Sayeed & Begum, 2020). This is likely due to financial struggles, as well as high rates of COVID-19 cases in these areas: economic challenges, low-income, and/or unemployment have also been found to significantly correlate with mental health challenges in three of these studies (Banna et al., 2020; Dhar et al., 2020; Sayeed & Begum, 2020), and in a fourth study (Khan et al., 2020a) that did not examine rural/urban differences.

In some contexts, gender may not shape mental health issues experienced by young people as much as other individual characteristics, such as disability status, age, or household location (rural/urban).

A global report by the World Bank (2021) identified various challenges for children with disabilities during COVID-19 including a lack of accessible information about COVID-19 and the ensuing school closures, as well as increased social isolation. Similarly, in a nationally representative survey in **Cambodia** – although no gender differences were found among students who reported mental health challenges – students with disabilities were more likely (68 percent) than their non-disabled peers (52 percent) to report at least one stressor of mental health (**Cambodia** MOE, UNICEF & Save the Children, 2021). Several quantitative studies (mostly from **Bangladesh**) have also run statistical analyses to indicate that co-morbidities, chronic health conditions, or disability are significantly associated with higher levels of mental health challenges (Hossain et al., 2020; Mamun et al., 2021; Kabir et al., 2021). Lastly, an Oxfam assessment in the **Philippines**, found that disability status, age, and location all played a role in shaping mental health during the pandemic. While 30 percent of all respondents (women, men and youth) across regions reported experiencing mental health challenges, this was more pronounced (over 50 percent) among males with disabilities who were living in the capital city ([Kindipan-Dulawan & Cruz, 2020](#)).

Ethnic minorities, including immigrants, consistently experience more mental health challenges when compared to their peers. A [CARE \(2020b\)](#) rapid gender analysis of **Indonesia** described the common practice among migrant workers to leave their children with extended family members as they work. This was exacerbated by the pandemic, whereby parents (especially mothers) had to leave their children for long periods of time to seek work in other places and without returning to visit regularly. The authors explained how this could negatively affect children's mental health. A CARE and Plan International (2020) rapid gender assessment of **Cambodia** found similar concerns reported by both girls and boys. However, girls were more likely to report stress about not being able to go to school (38 compared to 31 percent), while boys were more likely to report not having any worries (33 compared to 29 percent). Ethnic minorities were also more likely than their peers to report concerns regarding catching COVID-19 (16 compared to eight percent) and not leaving the house (14 compared to 11 percent) and this may be due to their living conditions, because – as the authors indicated – ethnic minorities were more likely to live in crowded spaces. On the other hand, the Khmer respondents (the country's majority ethnicity) were more concerned about not being able to go to school (41 compared to 31 percent), although they were also more likely than ethnic minorities to report not having any worries (32 compared to 28 percent).

Women and girls from displaced communities face compounding challenges to their mental health.

In the context of **Afghanistan**, for example, International Rescue Committee and UN Women (2020) found that a similar proportion of women (78 percent) and men (77 percent) reported their mental health had declined as a result of COVID-19 (n= 6,532). However, a smaller survey (n=1,289) found differences among females and males who were IDPs, returnees, or members of host communities: female IDPs were most likely to report negative effects on their mental health (96 percent), followed by males from host communities (93 percent), female returnees (81 percent), male IDPs (81 percent), female host communities (80 percent) and men returnees (only 52 percent). In other words, women and girls among IDPs and in host communities were at greatest risk, while men within returnee populations seemed to be more at risk. Similarly, in Cox's Bazar in **Bangladesh**, GAGE researchers found that only a small portion of adolescents (4.4 percent) exhibited signs of moderate to severe depression (Guglielmi, et al., 2020a). However, when comparing across sites, **Rohingya adolescents** (6.2 percent) were significantly more likely than **Bangladeshi** adolescents from **host communities** (3.7 percent) to report this. The authors highlighted that these figures were low compared to global data (10 percent cited by WHO, 2019), and therefore deserved further analysis: "given the qualitative findings [the authors] suspect it reflects under-reporting and/or normalisation of extreme disadvantage" (p.6). The authors also suggested that one reason explaining the difference across sites, was that **Bangladeshi** adolescents in host communities were better able to maintain contact with their friends on mobile phones and social media. Isolation and/or the lack of social networks or peer/familial relationships have been identified as factors contributing to mental health challenges in various studies, especially in the context of **Rohingya refugees in Bangladesh** (for example, BBC Media Action, 2021). Baird et al. (2020) found that there were significant gender differences for both older and younger Rohingya and **Bangladeshi** host adolescents, whereby girls reported seeing their friends less than their male peers. Older adolescent girls were nearly half as likely to have reported interacting with friends in person in the last week (48 compared to 24 percent) and younger adolescent girls – though reporting slightly more social interaction – were still more than 20 percent less likely than their male peers (31 compared to 51 percent).

Various studies point to education-related stressors leading to mental health challenges, though evidence comes largely from Bangladesh, and does not explore gender disparities. For example, GAGE researchers found that education-related uncertainty was the most common source of anxiety for adolescents in **Bangladesh** (Alam et al., 2020). At the university level, a qualitative study in

Bangladesh found stress was the most mentioned mental health problem reported by students (Dutta & Smita, 2020). As the authors explained, students were found to be “under a lot of pressure, not only thinking about COVID-19 situations but also for their academic education. Along with the fear of being infected with COVID-19, most of the participants felt anxiety for the factors like being scattered, less motivated, unable to adapt new academic habits in this situation.” (p.59). Students also described uncertainty regarding the re-opening of schools, the administration of exams or the publication of results,

promotion to a new academic year, and/or ultimately their ability to graduate. Upon returning to school, students were stressed about “the huge pressure on them to complete the course contents quickly” (p.59).

On the other hand, evidence of effective interventions to support students' mental health during COVID-19 was identified in only publication (see Box 5).



BOX 5: SPOTLIGHT ON THE POTENTIAL OF YOUTH RADIO SHOWS TO SUPPORT YOUNG PEOPLE'S MENTAL HEALTH

The HelloCheck! youth radio show in **Bangladesh** has been recognized as an intervention that has effectively supported young people's mental health during the pandemic, though sex-disaggregated data is not available, and evidence is weak. BBC Media Action (2021) noted that the HelloCheck! youth radio programme had, “helped young people cope with some of the stresses related to the pandemic and being out of education” (p.3). Authors drew on findings from a recent evaluation, to report that young people felt the programme “resonated with their lives in the last year, such as looking at how to cope with the pandemic's impact on mental health” (p.3). However, the authors did not provide a title or citation for the evaluation report.



6

CONCLUSIONS AND RECOMMENDATIONS

This review has synthesised the evidence of the impact of the COVID-19 pandemic on girls' education and wellbeing in eight countries in South and Southeast Asia.

The evidence collected points to multiple and diverse intersecting dimensions of marginalisation in the context of COVID-19, not only in relation to gender, but also age, household socioeconomic level, and location (e.g., rural/remote compared to formal urban settlements and/or informal urban settlements), parental education level, ethnicity, refugee/displacement status, and disability.

The economic shocks caused by COVID-19 and the loss – or reduction – of income generating activity at the household level has particularly put girls' education at risk. In SSEA, girls, especially older adolescents, are facing increased risk of child marriage, and adolescent pregnancy, as well as the need to perform paid or unpaid labour to support their families. In addition, the curtailing of health and SRHR services, and the need to reduce food consumption to cope with a loss of livelihoods, is directly impacting girls' health. These stressors – combined with the disruption to schooling and isolation felt by lockdown and COVID-19-related protocols/restrictions – have further exacerbated the anxiety, stress, and sadness felt by young people, girls, and boys alike. These patterns have inevitably shaped girls' ability to participate and access home learning, return to school, and regularly attend when they reopened.

In addition to accessing educational opportunities amidst COVID-19, there is a need to support governments, schools, teachers, and parents in providing *quality* remote or hybrid forms of learning.

This review has pointed to the influence of gender norms in shaping teaching and learning in SSEA. At the household level, boys have often received preferential treatment when the availability of learning devices and materials has been scarce, and attitudes towards girls' privacy and security, have caused many parents to have concerns over online learning modalities. Without proper training in the use of remote pedagogies, ICT, gender-responsive teaching and MHPSS or safeguarding, many teachers (and parents) have been unable to effectively support these girls.

Very few studies have examined the impact that the pandemic has had on student learning outcomes, and those that have generated such evidence show lower levels of learning in both numeracy and literacy, especially for poorer students and those who were already struggling academically before the outbreak of Covid-19. Indeed, the “learning poverty” that existed prior to the pandemic has only been exacerbated, widening gender and wealth gaps in education equity.

GIVEN THE EVIDENCE COLLECTED AND SYNTHESISED, VARIOUS RECOMMENDATIONS ARE MADE:



PRIORITISE LIVELIHOODS THROUGH TARGETED SOCIAL PROTECTION.

Ensure these programmes target the most marginalised girls in each context (including rural/remote girls, girls with disabilities, refugees, or ethnic minorities) and include accountability mechanisms to ensure effective rollout.



PROMOTE THE SAFEGUARDING AND PROTECTION OF CHILDREN AND YOUTH

Especially vulnerable groups including married or pregnant girls and young women, LGBTQI+ communities, learners with disabilities, and children of female-headed households, who may be more prone to child labour or domestic work.



DIVERSIFY REMOTE TEACHING AND LEARNING MODALITIES

Including hybrid forms of digital and non-digital learning, as well as synchronous and asynchronous delivery approaches.



SUPPORT A MULTI-SECTORAL APPROACH AND EXPLORE PUBLIC-PRIVATE PARTNERSHIPS

in order to equip schools and communities with ICT infrastructure, and teaching and learning materials, Water, Sanitation and Hygiene facilities and appropriate health, nutrition or school-feeding programmes.



SUPPORT PARENTS AND FAMILIES

Through fostering social networks and remote communities of practice and providing workshops on MHPSS and learning.



COMMISSION, SUPPORT, AND/OR ADVOCATE FOR MORE RESEARCH

that examines learning loss and ensure that data is disaggregated by both sex and other variables of marginalisation, including age, location, displacement and disability, to highlight intersecting vulnerabilities.



PROMOTE GENDER-SENSITIVE PEDAGOGY, AND TRAIN TEACHERS

in ICT skills, curricular adaptation, and digital content creation, as well as psychosocial support.

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