



COVID-19

Status of rural children's education and well-being in India

National Survey Report

SEPTEMBER 15, 2020
Girls Education Programme, CARE India

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1. INTRODUCTION

In the month of february 2020, traces of the coronavirus disease (COVID-19) cases were first identified which quickly spread across the globe within the next one month. The first case of COVID-19 in India was reported on January 30, 2020, and as of September 5, 2020, confirmed cases stand at 4.11 million with 70,606 deaths in the past 24 hours in the country. The pandemic has previously impacted the global economy as well. The exodus of migrant labours from cities to rural areas in India is a key evidence of the fact that all dimensions of the society and economy have been immensely affected by the pandemic, and the worst impact has been felt by the marginalized sections, women, and children in India. Never before was the economy so badly affected, as by the current COVID crisis and it has resulted in massive psycho-social impact as well. The economic impact of the 2020 coronavirus pandemic in India predictive to be disruptive in nature as India's growth in the fourth quarter of the fiscal year 2020 have went down to 3.1% according to the Ministry of Statistics.

According to a recent report by UNICEF¹, at least 600 million South Asian children have been threatened by the impact of COVID-19 pandemic. In India alone, the COVID-19 pandemic and lockdown have impacted 247 million children enrolled in elementary and secondary school education, besides 28 million children who were undergoing pre-school education in Anganwadi centers. To ensure safety of children as well as to provide some form of educational engagement to children, the central and state governments made efforts to reach children through e-platforms like web portals (Diksha platform, Swayam Prabha TV channel, e-Pathshala and the National Repository of Open Educational Resources.), mobile based messages, educational applications, TV channels, radio and podcasts to reach children,

The secondary impact of the COVID-19 crisis has been on access to health services and nutritious food for children. In India, around 20 million children under five years of age are suffering from wasting, over 40 million children are chronically malnourished, and more than half of Indian women aged 15-49 years are anaemic. A recently published study² indicates that due to reductions in routine health service, disruption in life-saving immunization activities and an increase in child wasting can impact India badly, affecting lives of about 3,00,000 children in the next six months.

The third impact has been on emotional well-being of children as their normal routine has been disrupted with safety protocols and school closures. Signs of anxiety and stress, having gender dimensions, are visible amongst different age group of children due to predominance of online classes, limited access to mobile phone and internet connectivity, lack of physical mobility, peer pressure and family situations. This impact is seen differently amongst marginalised children and girls.

NEED FOR THE SURVEY

In this context, CARE India decided to undertake a Rapid Survey that aimed to understand the impact of COVID-19 on the marginalized community, their children's education and well-being, especially of girls in the rural areas. It particularly aimed at gathering insights on issues faced by rural children, parents, and

¹<https://www.edexlive.com/news/2020/jun/24/covid-19-lockdown-in-india-has-impacted-education-of-over-247-million-school-children-unicef-report-12864.html>

²Johns Hopkins Bloomberg School of Public Health in the Lancet Global Health Journal

teachers that have affected their life and education in particular. The information gathered will play an instrumental role in generating evidence on the immediate and long term impact of COVID-19 on children's education and well-being. It will further help design appropriate strategies that can be advocated with the government. It will also help in finetuning CARE India's education project strategies, engagement with SSA/ key stakeholders, and advocacy agenda. The survey was conducted between May-June, 2020 while findings were finalised in the month of July.

KEY OBJECTIVES

The survey was conducted with following objectives:

- 1) To find out the level of awareness on COVID-19 amongst children, teachers, and parents
- 2) To understand the impact of COVID-19 (and the lockdown) on children well-being and their education
- 3) To identify the potential approach to ensure the continuation of children education (through online mechanisms) and the preparedness required
- 4) To identify issues related to Gender-based Violence and safety in the family
- 5) To understand the approach or strategies that a school should adopt after re-opening

2. METHODOLOGY

SAMPLE SIZE

The study covered a total sample size of 1090 children, 1100 parents, and 313 teachers across five states in India.

State wise sample size covered:

S.No.	Name of State	No. of interviews		
		Children	Parents	Teachers
1.	Bihar	229	228	51
2.	Haryana	237	228	87
3.	Jharkhand	222	215	55
4.	TamilNadu	205	200	70
5.	Uttar Pradesh	197	229	50
6.	Total	1090	1100	313

All the respondents were randomly selected from CARE's intervention villages, using the snowball method and those who could be reached through phone. It was decided to create a list of contacts with their phone numbers for conducting the interviews and to initiate the survey. It was ensured that the spread of the sample related to children and parents was from different villages/blocks and districts. The survey deployed a detailed telephonic interview with children, parents, and teachers. The interviews were conducted by project staff from each location during the lockdown period. Protocols of lockdown were not broken during the process. Consent from each participant was sought for their participation in the survey and confidentiality of each individual who participated in the telephonic interview was ensured.

TARGET POPULATION

The survey was conducted in 5 Indian states where CARE India's children education programs are in progress. These states are Bihar, Haryana, Jharkhand, Uttar Pradesh, and Tamilnadu. The survey was primarily done in marginalized rural villages having telephonic interviews with children (10-16 years old with a sizable population of girls and boys), parents, and teachers.

SURVEY TOOLS AND ADMINISTRATION

Three sets of tools were prepared for the Rapid Survey conducted by CARE India and administered on three different sets of respondents respectively i.e., children, parents, and teachers. The objective was to understand their views on COVID-19, symptoms, prevention mechanisms, effect of COVID-19 on the family especially on children education, well being and violence. Participants were also probed to suggest

the future direction to ensure children education. Closed-ended questionnaires were used to quantify the information gathered. All the tools were bi-lingual and were tested in the field before administration.

LIMITATIONS

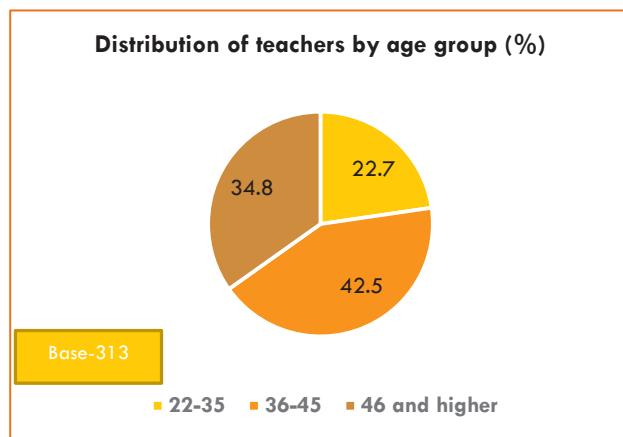
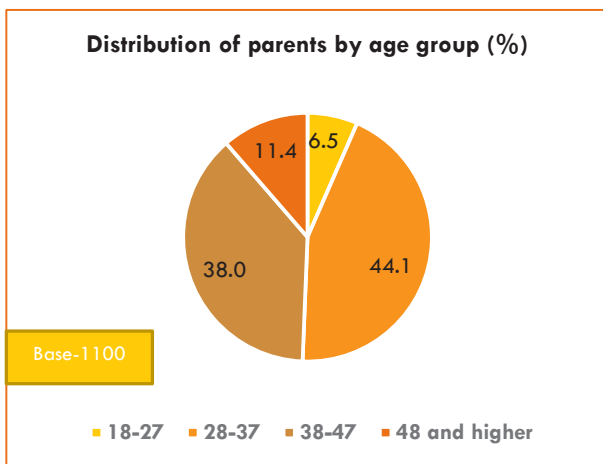
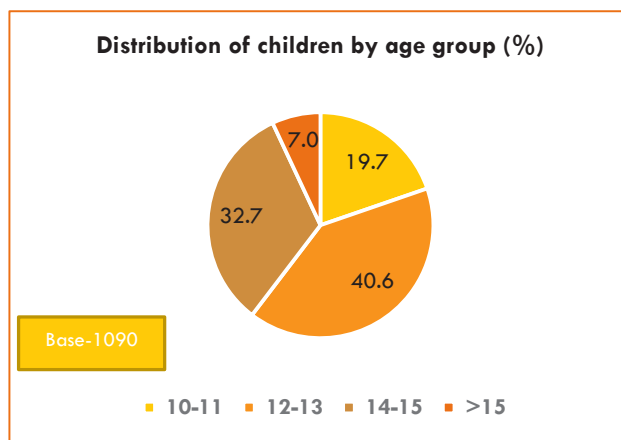
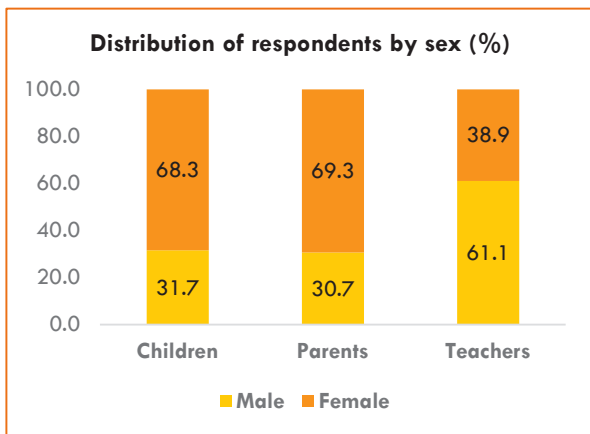
As the survey was conducted during the lockdown period, face to face interviews could not be conducted that limited the scope of gathering in-depth information and probing on many areas. All the respondents were reached telephonically and hence the scope of gathering qualitative information related to personal and sensitive issues was limited. Another limitation was that due to internet connectivity issues, respondents had to be reached several times which may have hampered the quality of data collection.

3. RESPONDENTS' CHARACTERISTICS

As indicated below, overall , more than 2/3 of interviewed children (68.3%) and parents(69.3%) and close to 40 percent of teachers were female. Regarding the age-wise distribution, 40.6%of children from the age group 12-13 years, 44.1% of parents from the age group 28-37 years and 42.5%of teachers from the age group 36-45 years participated in the survey.

FIGURE-1

Distribution of respondents by gender and age (expressed in %)



4. KEY FINDINGS

4.1 AWARENESS ABOUT COVID-19 AMONG CHILDREN AND PARENTS

Due to the ongoing situation, a gap in awareness about the COVID-19 can cause chaos and panic amongst the community. Correct information will not only guide the community during such events but also enhance epidemic preparedness. Also, negative **practices** towards COVID-19 can also be addressed in a timely manner.

This section presents findings related to awareness about symptoms, key preventive mechanisms, and adherence to preventive measures against COVID-19.

4.1.1 AWARENESS ABOUT COVID-19 SYMPTOMS

Children and parents were asked to report the symptoms of COVID-19. Overall, it was found that a high level of awareness about symptoms of COVID-19 exists among both children and parents. Additionally, parents were found to have a higher level of awareness about COVID-19 symptoms as compared to children. A similar pattern was observed across all the five states.

Dry cough (82.0% children and 83.1% parents), **high fever** (69.3% children and 73.2% parents), and **sneezing** (68.3% children and 62.4% parents) were ranked as top three symptoms by both children and parents. The disaggregated data analysis indicated that a higher proportion of female children and children between 14-15 years old were aware of the top three symptoms than their counterparts. However, amongst parents, more male parents were aware of the top three symptoms.

Further, an analysis was conducted to explore awareness about at least three symptoms of COVID-19 amongst children. At an overall level, more than 2/3 (68.5%) of children were aware of at least three symptoms of COVID-19. Moreover, variations between states were observed. 80.0% of children in Tamil Nadu were aware of at least three symptoms of COVID-19 as compared to Jharkhand (49.5%).

FIGURE-2

Percentage of children and parents aware of COVID-19 symptoms

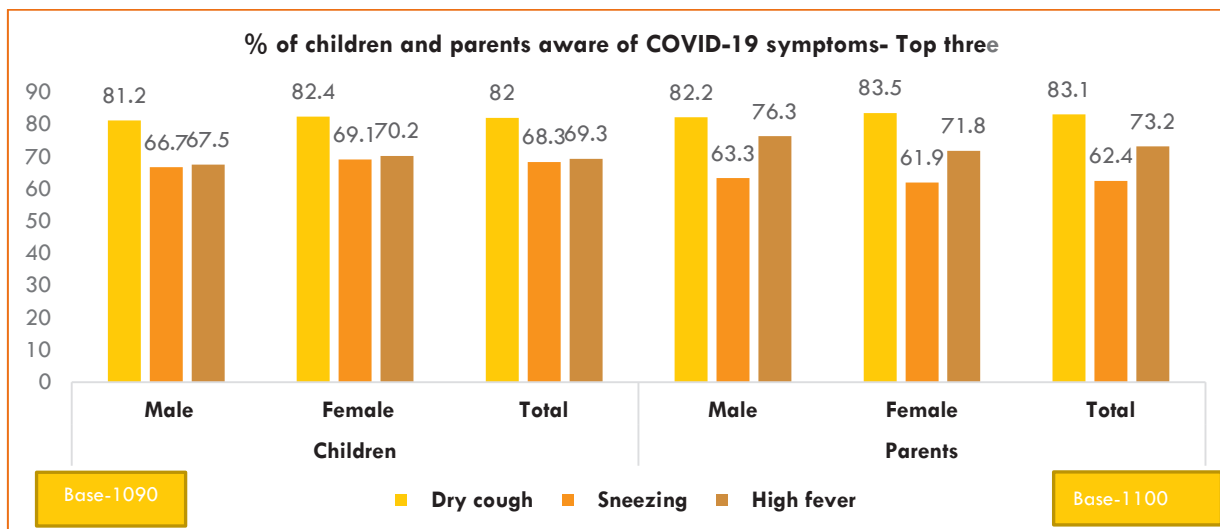
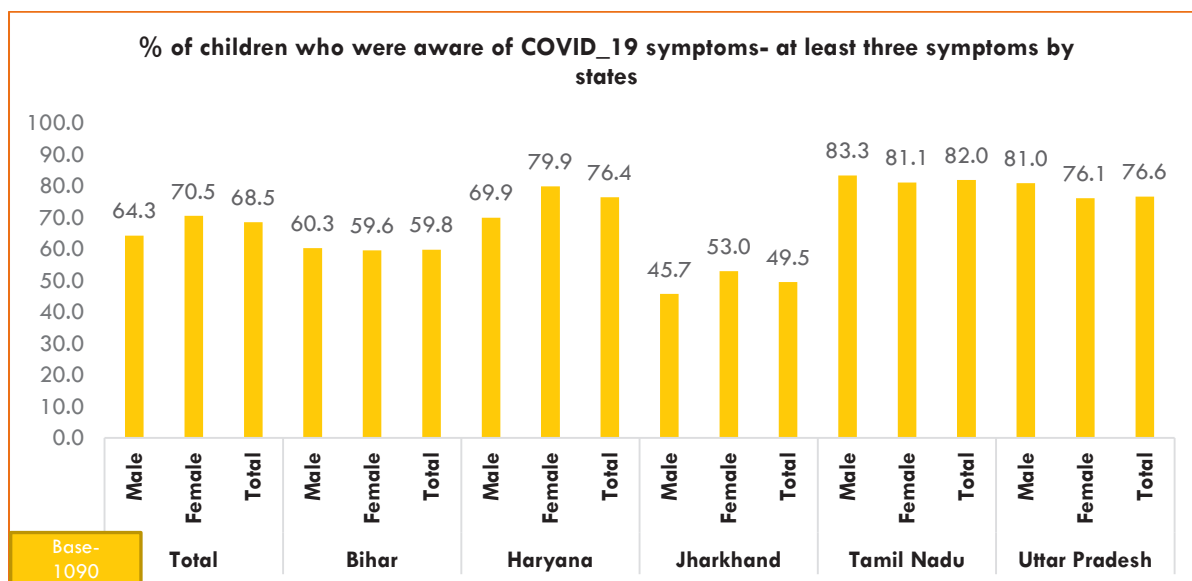


FIGURE-3

Percentage of children aware of at least three symptoms of COVID -19 (state-wise distribution)



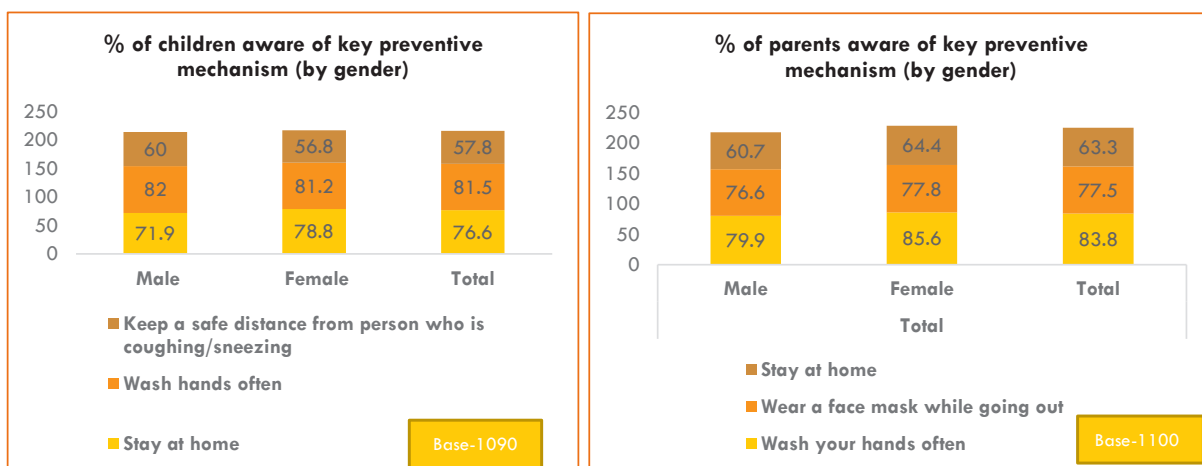
4.1.2 AWARENESS ABOUT COVID-19 PREVENTIVE MECHANISMS

Awareness of key preventive mechanisms against COVID-19 was found to be high among both the children and parents. 81.5 % of children (82.0 % male and 81.2% female) reported **washing hands often** as a key preventive mechanism against COVID-19 followed by **stay at home** (76.6%, 71.9% male and 78.8% female) while knowledge about **keeping a safe distance from the person who is coughing/sneezing** was not observed to be relatively high (57.8%- 60.0% male and 56.8% female) .

As for parents,, a slightly higher proportion of female parents were aware of key preventive mechanisms than male parents. More than 80% of parents stated that **washing hands often** (83.8%, 79.9% male and 85.6% female) is a key preventive mechanism against COVID-19, followed by **wearing a face mask while going out** (77.5%, 76.6% male and 77.8% female) and stay at home respectively (63.3%, 60.7% male and 64.4% female).

FIGURE-4

Percentage of children and parents aware of key preventive mechanisms against COVID-19

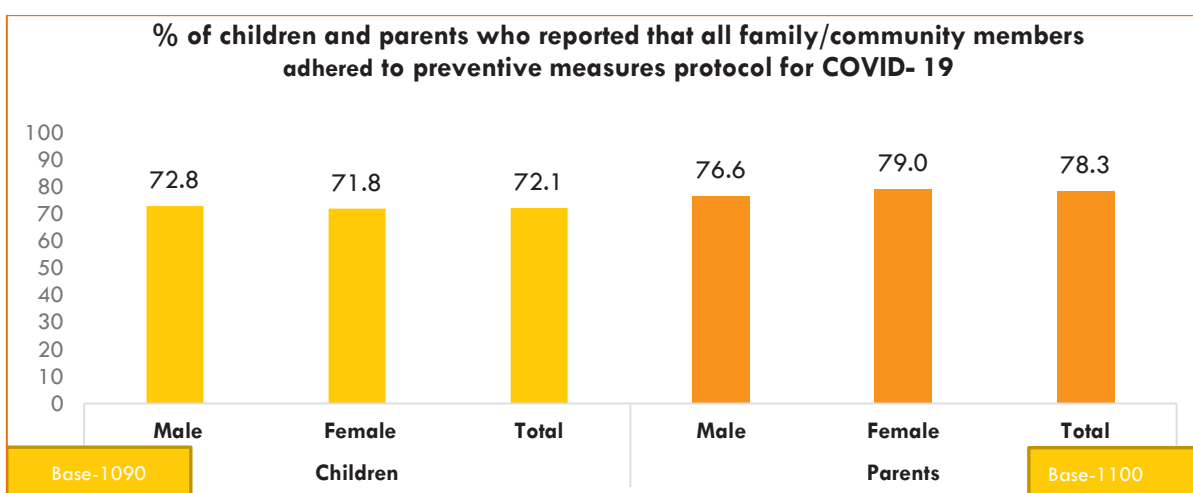


Children were explored to understand if their family members adhere to preventive measures for COVID-19. As per the findings, close to 3 out of 4 children (72.1%) mentioned that all their family members adhered to the preventive measures protocol. Furthermore, a slightly higher proportion of male children (72.8%) reported that all their family members adhered to the preventive measures protocol than female children (71.8%).

When parents were asked a similar question with regard to the awareness level of community members, a higher proportion of parents (78.3%) mentioned that all the community members adhered to preventive measures protocol for COVID-19 in their village. Additionally, more female parents (76.6%) reported that all the community members adhered to preventive measures protocol in their village as compared to the male parents (76.6%).

FIGURE-5

Percentage of children and parents who reported that all family/community members adhered to preventive measures protocol for COVID-19



4.2 IMPACT OF COVID-19 ON FOOD SUPPLY AND OTHER ESSENTIAL ITEMS

4.2.1 IMPACT OF COVID-19 ON FOOD SUPPLY (MID-DAY MEAL AND TAKE HOME RATIONS)

In India, since 2020, schools were suspended to arrest the spread of this highly communicable disease. With no clarity on the resumption of in-premises schooling, India's Mid-day Meal scheme (MDM) faces one of its toughest implementation phases since its launch. Drawing its sanctity from the National Food Security Act 2013 (NFSA 2013), the MDM scheme must assure one Mid-day Meal, free of charge, every day, except on school holidays to meet codified nutritional standards. The Act specifically mentions a "Hot Cooked Meal" with a calorie count of 450 and 700 Kcal as an entitlement for primary and upper primary students, respectively.

In the survey, children and parents were asked about availability of Mid-day Meal for themselves or their children from school/Anganwadi Centre (AWC) during the lockdown. Finding indicates that only (29.0%) of children were receiving Mid-day Meal from their school regularly. A quite similar proportion (33.5%) was also reported by the parents. Further, the disaggregated analysis highlighted that a higher proportion of male children (31.9%) were receiving Mid-day Meal than female children (27.7%).

Surprisingly, striking variations between states were observed. More than 1/3 of children (67.1%) and parents (73.2%) in Haryana were receiving Mid-day Meal from their/children's school during the lockdown as compared to Uttar Pradesh which is relatively very low (2.0% children and 1.3% parents).

In terms of Take Home Rations (THR), only 12.8% of parents reported that they have received THR for their children from Anganwadi Centre during the lockdown. A higher proportion of female parents (13.5%) mentioned that they have received THR for their children from Anganwadi Centre as compared to male parents (11.3%).

It was important to highlight that less than ten percent of parents across the three states (Uttar Pradesh-3.1%, Tamil Nadu-4.5%, and Bihar-8.3%) mentioned that they had received THR for their children from Anganwadi Center during the lockdown period.

TABLE-1

Percentage of children who reported that they were receiving Mid-day Meal from their school during lockdown (by gender)

Receiving Mid-day Meal	Boys	Girls	Total
Yes	31.9	27.7	29.0
No	65.5	69.4	68.2
Not regularly	2.6	3.0	2.8
Total (N)	345	745	1090

TABLE-2

Percentage of parents who reported that they had received Mid-day Meal for their children from school during lockdown (by gender)

Received Mid-Day Meal	Male	Female	Total
Yes	38.6	31.3	33.5
No	57.3	66.1	63.4
Not applicable	4.2	2.6	3.1
Total (N)	338	762	1100

FIGURE-6

State-wise distribution of children and parents (for their children) who reported that they were receiving Mid-day Meal from their school during lockdown

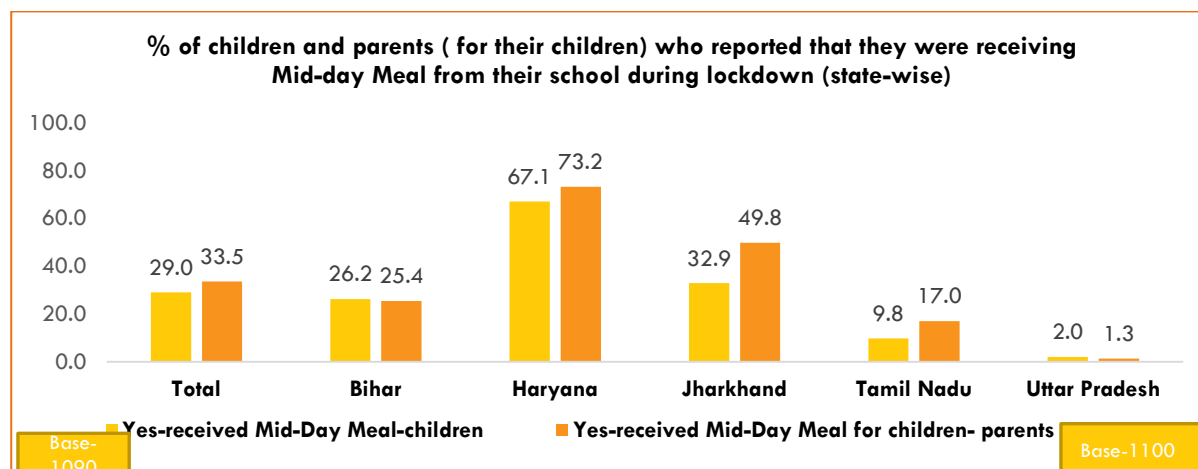


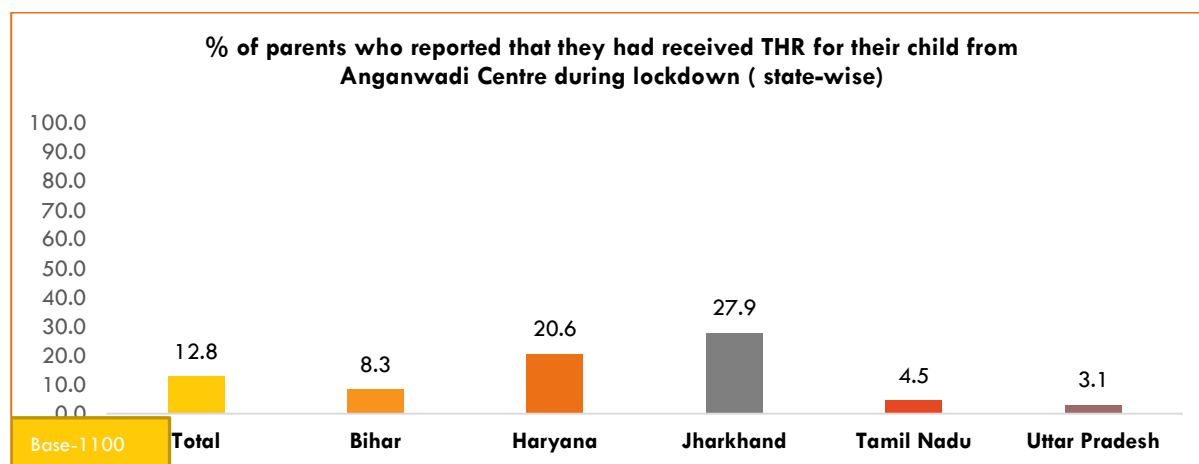
TABLE-3

Percentage of parents who reported that they have received THR for their children from Anganwadi Centre during lockdown (by gender of parents)

Received Take Home Rations	Male	Female	Total
Yes	11.3	13.5	12.8
No	54.6	60.3	58.6
Not applicable	34.0	26.3	28.6
Total (N)	338	762	1100

FIGURE-7

Percentage of parents who reported that they had received THR for their child from Anganwadi Centre during lockdown (state-wise)



4.2.2 IMPACT OF COVID-19 ON OTHER ESSENTIAL ITEMS (SANITARY NAPKINS OR IFA TABLETS)

The supply of other essential items (sanitary napkins or IFA tablets) from AWC/schools was hugely disrupted during the lockdown period as was reported by a significant majority of girls. Only ten percent (10.3%) of girls highlighted that they had received a complete supply of sanitary napkins from AWC/school in the last month. Similarly, only 14.1% of girls mentioned that they had received a complete supply of IFA tablets from AWC/school in the last month.

It was found that the supply of other essential items varied significantly between states. The supply of both sanitary napkins (29.9%) and IFA tablets (31.5%) was higher in Tamilnadu as compared to Uttar Pradesh (1.7%- supply of sanitary napkins) and Bihar (9.3%-supply of IFA tablets).

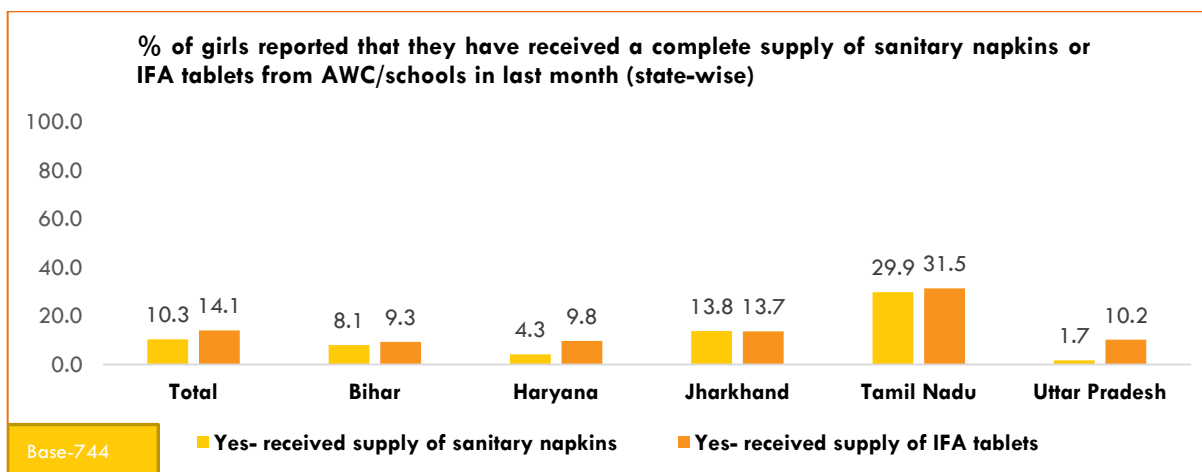
TABLE- 4

% of girls reported that they had received a complete supply of sanitary napkins or IFA tablets from AWC/ schools last month by sex of children

	Received complete supply of sanitary napkins	Received complete supply of IFA tablets
Yes	10.3	14.1
No	89.7	85.6
No response		0.3
Total (N)	744	

FIGURE-8

Percentage of girls who reported that they have received a complete supply of sanitary napkins or IFA tablets from AWC/schools last month (state-wise)



4.3 EFFECT OF COVID 19 ON CHILDREN'S WELL-BEING AND EDUCATION

4.3.1 EFFECT OF COVID-19 ON CHILDREN'S WELL-BEING

The global pandemic of COVID-19 has aggravated violence against women in all sectors of society. According to UN agencies, ever since the outbreak of COVID-19, violence (sexual and physical) against women/girls has intensified. Globally, in the last one year, 243 million women and girls have been subjected to sexual and physical violence. This number is most likely to increase due to heightened security, health and money constraints. Within the first week of national lockdown in India, National Commission for Women (NCW) has reported a steep rise in complaints of women from 116 to 257 in the last week of March 2020.

As per the survey results, an almost similar proportion of children (8.6%) and parents (8.3%) reported that girls are facing more violence³ in their village. As expected, a higher proportion of older age group children (14-15 years- 11.0% and > 15 years- 21.1%) mentioned that girls are facing more violence in their village than the younger age group children (12-13 years-5.9% and 10-11 years – 6.0%). Across all states except Haryana and Uttar Pradesh, there was no variation in the proportion of parents versus children who resported that girls are facing more violence in their village. In Haryana, a double proportion of parents (9.2%) than children (4.6%) while in Uttar Pradesh almost a double proportion of children (14.8%) than parents (8.7%) mentioned that girls are facing more violence in their village.

Parents further shared about the kind of abuse/violence girls are facing in their village. Verbal abuse/Gali (4.0%), beating/hitting (3.9%) and depriving them food (1.7%) were ranked as top three abuse/violence that girls are facing in their village.

³It is based on self reported data from both children and partens collected through the following questions

Children:Have you noticed increased violence against women in your village/neighborhood/ friend's family in last month?

Parents: Are girls facing more violence, abuse/ harassment in your community /neighborhood now- a days?"

TABLE-5

Percentage of children who reported that girls are facing more violence in their village (by gender)

Girls are facing more violence	Boys	Girls	Total
Yes	8.4	8.7	8.6
No	91.6	91.3	91.4
Total (N)	345	745	1090

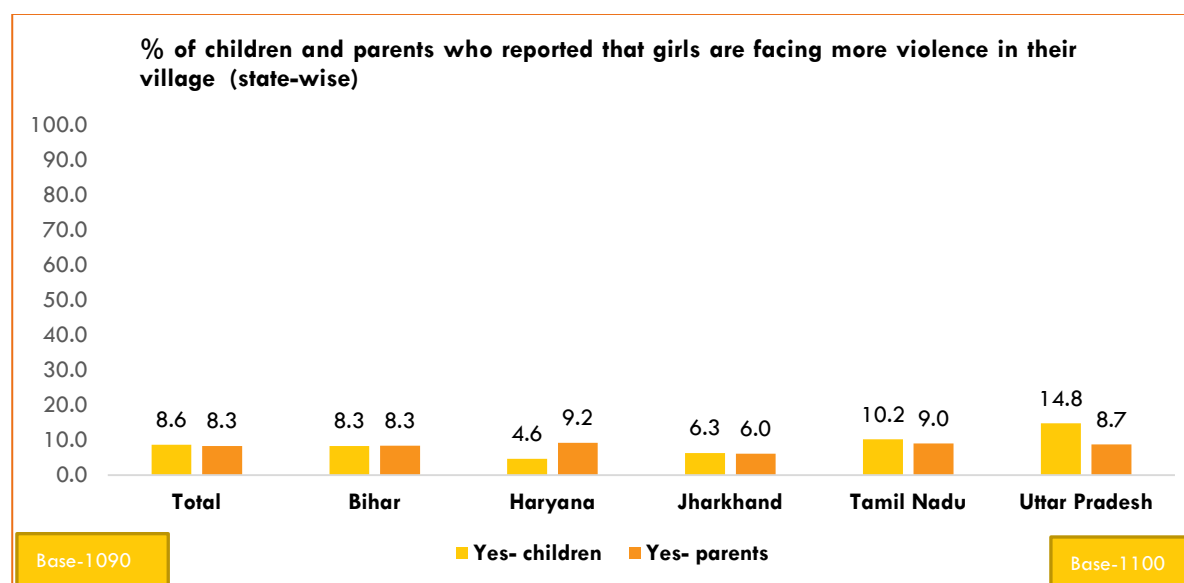
TABLE-6

Percentage of parents who reported that girls are facing more violence in their village

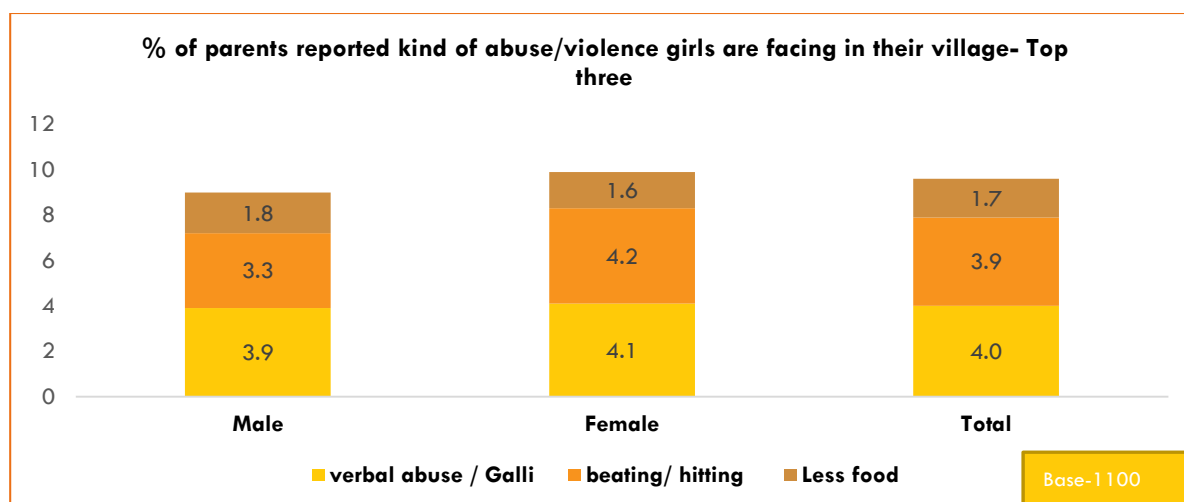
Girls are facing more violence	Male	Female	Total
Yes	8.6	8.1	8.3
No	91.4	91.9	91.7
Total (N)	338	762	1100

FIGURE-9

Percentage of children and parents who reported that girls are facing more violence in their village (state-wise)

**FIGURE-10**

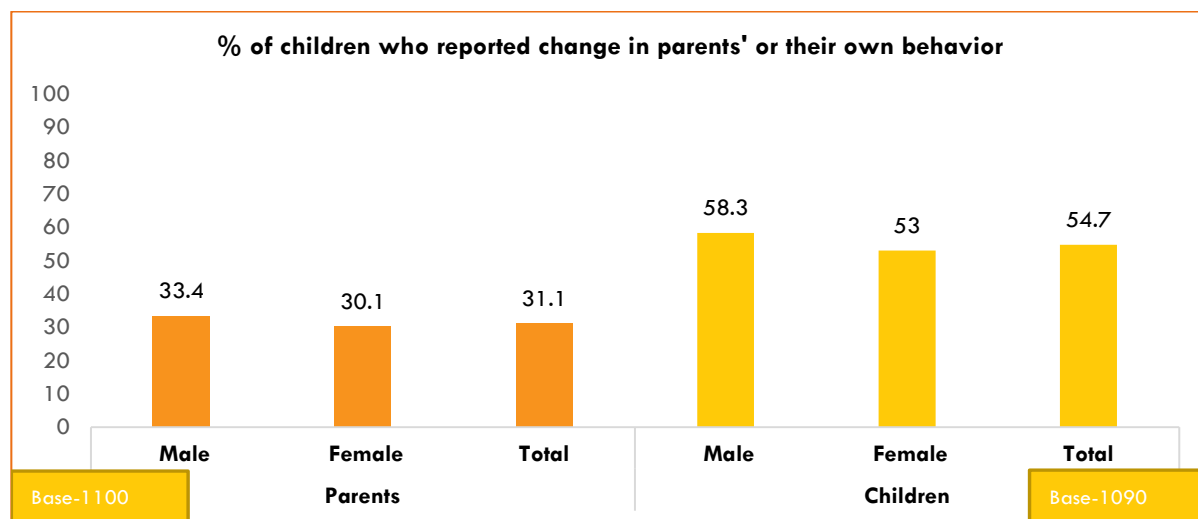
Percentage of parents who reported on the kind of abuse/violence girls are facing in their village



The survey also probed on the emotional health of children where two questions were asked. Responses indicated that , close to one third (31.1%) of children mentioned a change in parents’ behavior (scolded more often) during the lockdown period. Further, more than half of the children (54.7%) reported a change in their own behavior (feel anxious/uncertain/threatened nowadays). A higher proportion of male children (33.4% and 58.3%) reported a change in parents’ and their behavior as compared to female children (30.1% and 53.0%).

FIGURE-11

Percentage of children who reported a change in parents’ or their own behavior



As far as changes in daily work schedule/routine during the lockdown is concerned, an overwhelming proportion of children (83.2%) stated changes in daily work schedule/routine. Household chores (62.9%), study (50.5%), and fun (40.6%) were mentioned as key activities on which children spent most of their day’s time during the lockdown period. Also, interesting to note that (12.5%) of children reported that they spent most of their time during the day on learning new things.

Further, as expected, it was found that except household chores, a higher proportion of male children stated study (53.0%), fun (48.7%) and learning new things (15.1%) as key activities on which they spent most of the time as compared to female children (study-49.2%, fun-36.7% and learning new things (11.2%).

Children were further investigated to understand the effect of COVID-19 with respect to early marriage. About seven percent (6.9%) of children felt that they might be pushed for early marriage due to COVID-19. As anticipated, a higher proportion of female children (7.8%) felt this as compared to their counterpart (4.9%).

TABLE-7

Percentage of children who reported changes in daily work schedule/routine during lockdown (by gender)

Changed in daily work schedule/routine	Male	Female	Total
Yes	80.6	84.4	83.2
No	19.4	15.6	16.8
Total (N)	345	745	1090

TABLE-8

Percentage of children who reported on the list of key activities on which they spent most of their day's time during the lockdown (by gender)

Key activities	Boys	Girls	Total
household chore	47.2	70.2	62.9
Study	53.0	49.2	50.5
Fun	48.7	36.7	40.6
Learning new things	15.1	11.2	12.5
Total (N)	345	745	1090

TABLE 9

Percentage of children who reported that they might be pushed for early marriage due to COVID-19 (by gender)

Early marriage	Boys	Girls	Total
Yes	4.9	7.8	6.9
No	95.1	92.2	93.1
Total (N)	345	745	1090

Data pertaining to the long term impact of COVID-19 on children were collected from the children by asking different set of questions. More than two-thirds (67.7%) of children reported of having a long-term impact of COVID-19 on their life style. Not meeting friends (36.8%), loss of family livelihood (36.3%), and more work at home (33.9%) were mentioned as the top three types of long-term impact by children. Further, a higher proportion of female children stated that more work at home (38.6%), drop out from schools (20.8%) and early marriage (7.0%) to have a long-term impact than their counterparts.

TABLE-10

Percentage of children who reported on the nature of long-term impact on children (by gender)

Nature of long-term impact	Boys	Girls	Total
Violence	2.6	3.4	3.1
Early marriage	5.2	7.0	6.4
Drop out from schools	19.1	20.8	20.2
Food shortage at home	23.2	22.3	22.6
More work at home	23.8	38.6	33.9
Freedom from school studies	27.2	19.1	21.8
Loss of family livelihood	36.2	36.4	36.3
Not meeting with friends	37.4	36.5	36.8
Total (N)	345	745	1090

4.3.2 EFFECT OF COVID-19 ON CHILDREN'S EDUCATION

As regards the effect of COVID-19 on children's education, both children as well as parents expressed that learning/education has been affected due to the lockdown across the states. A whopping proportion of children (86.8%) mentioned that their learning/education has been affected while more than 2/3 (70.2%) of parents felt that children's education was a challenge during the lockdown. Additionally, (82.8%) of parents stated that they were worried about the loss of learning this year for their children due to school closure.

FIGURE-12

Percentage of children and parents who expressed the effect of COVID-19 on children's education (by gender)

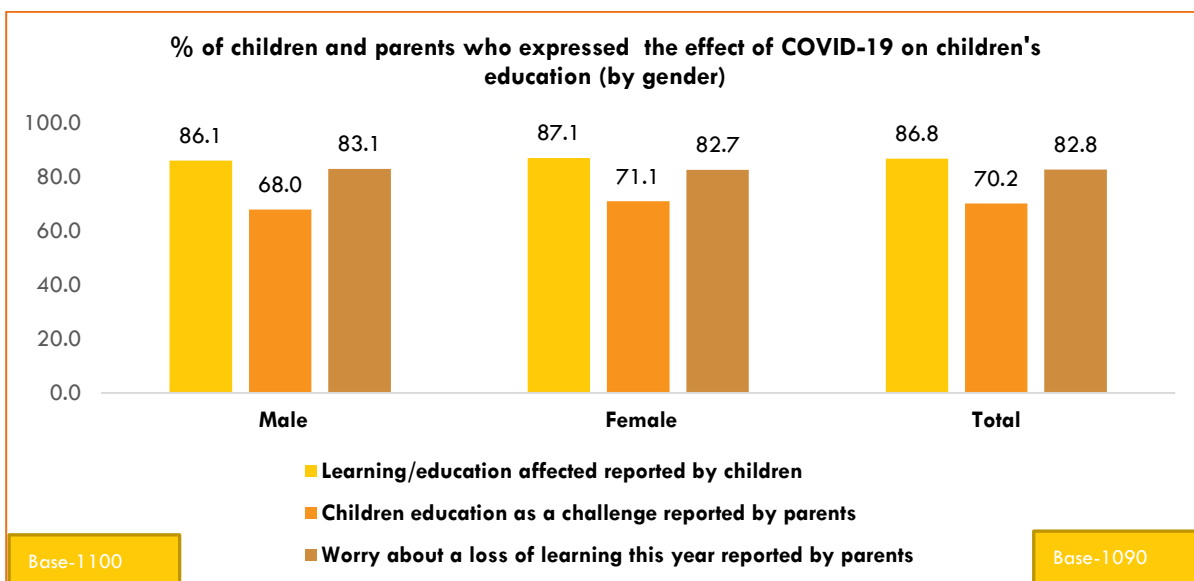
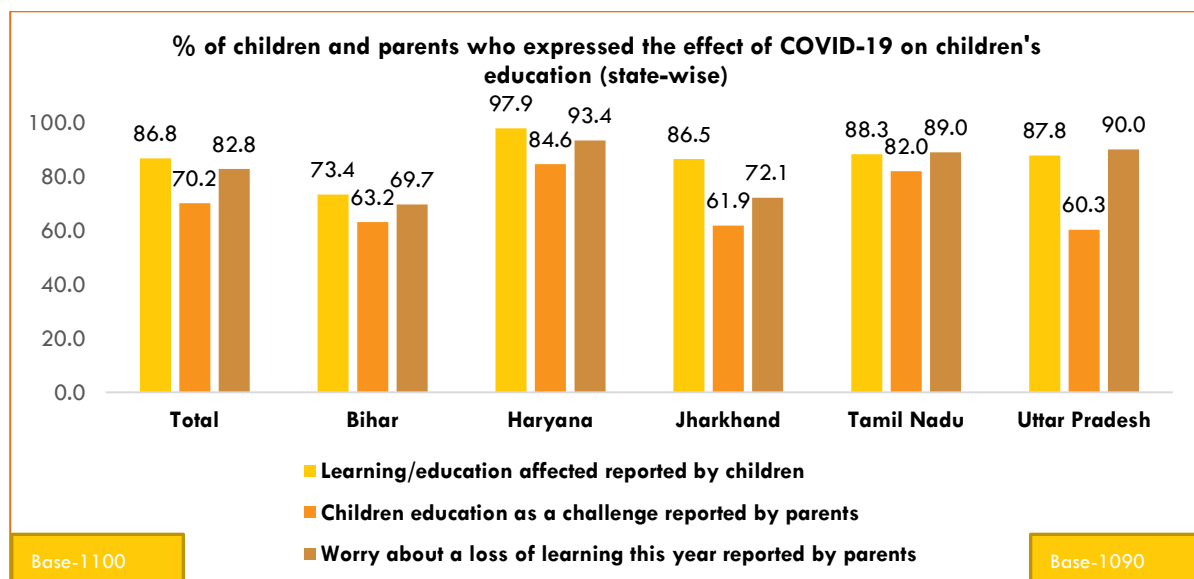


FIGURE-13

Percentage of children and parents who expressed the effect of COVID-19 on children's education (state-wise)



To reach out to children for their education through different modes of delivery, it was important to understand the nature of assets owned by the children's family which could be utilized for their education. On an average, close to 90 percent of children stated that their family has a normal mobile, mobile phone with internet, TV with dish and radio.

In terms of access and use of the mobile phone for education, more than forty percent (43.5%) of children stated that they have access to parent's mobile phones, and 31.1% of children were using mobile phones for their education. As anticipated, a higher proportion of boys have access (48.8%) to mobile phone and its use for their education (36.9%) as compared to girls (41.0% and 28.4%).

Access to parent’s mobile phones and the use of the mobile phone for education varied significantly amongst states. Access to parent’s mobile phones (65.4%) and use of the mobile phone (62.4%) was higher in Haryana as compared to Bihar (28.4% and 8.7%) and Uttar Pradesh (19.8% and 20.3%).

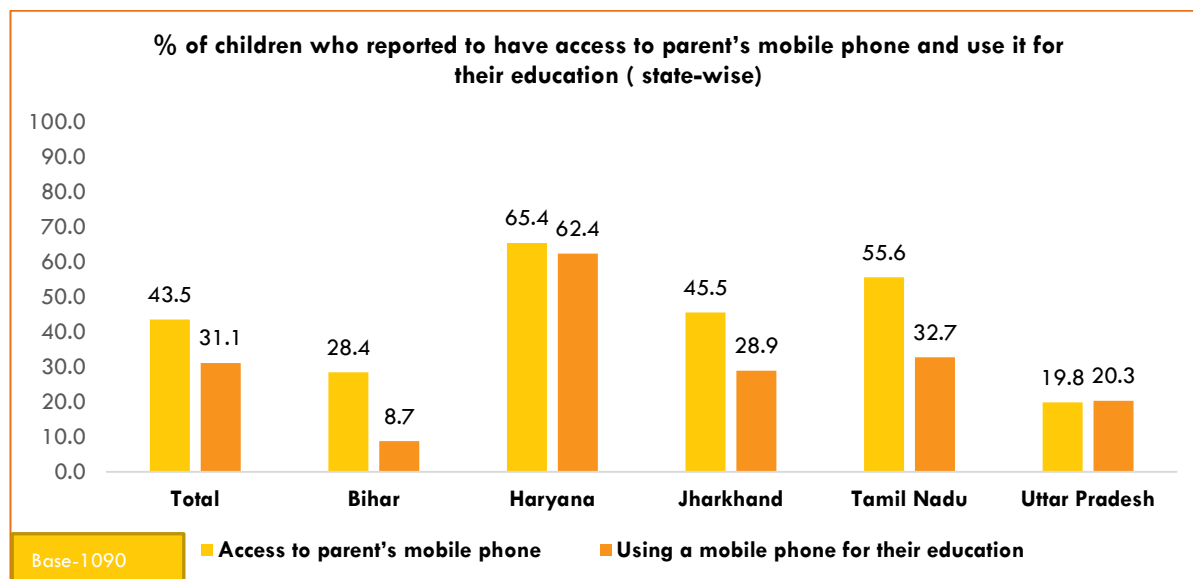
TABLE-11

Percentage of children who reported to have access to parent’s mobile phone and use it for their education (by gender)

	Boys	Girls	Total
Access to parent’s mobile phone	48.8	41.0	43.5
Using a mobile phone for their education	51.2	59.0	56.5
Total (N)	344	744	1090

FIGURE-14

Percentage of children who reported to have access to parent’s mobile phone and use it for their education (state-wise)



4.3.3 STATUS OF STEPS AND EDUCATIONAL INITIATIVES TAKEN BY SCHOOLS

In India, schools have been closed since March 2020 due to COVID-19. With no clarity on the resumption of in-premises schooling, state governments have taken various educational initiatives to support children in the context of COVID-19. Data were collected through the survey, from teachers, parents, and children to understand the steps and initiatives taken by schools during the closure. Key findings are as follows:

A higher proportion of teachers i.e., 70.5% (73.7% male, and 65.6% female) reported that their school has taken initiatives to support children in the context of COVID-19. A significant variation between states was observed. Only 1/3 (34.6%) of teachers in Bihar mentioned that their school has taken initiatives to support children as compared to (94.0%) of teachers in Uttar Pradesh. Creating awareness on COVID-19 (62.7%), sending messages and materials to children through phone (40.8%), and supplying MDM to children (27.1%) were stated as the top three initiatives by the teachers. Further, it was important to note that only **10.4% of teachers mentioned that textbooks and stationery** were supplied by their school to support children’s education in the context of COVID-19.

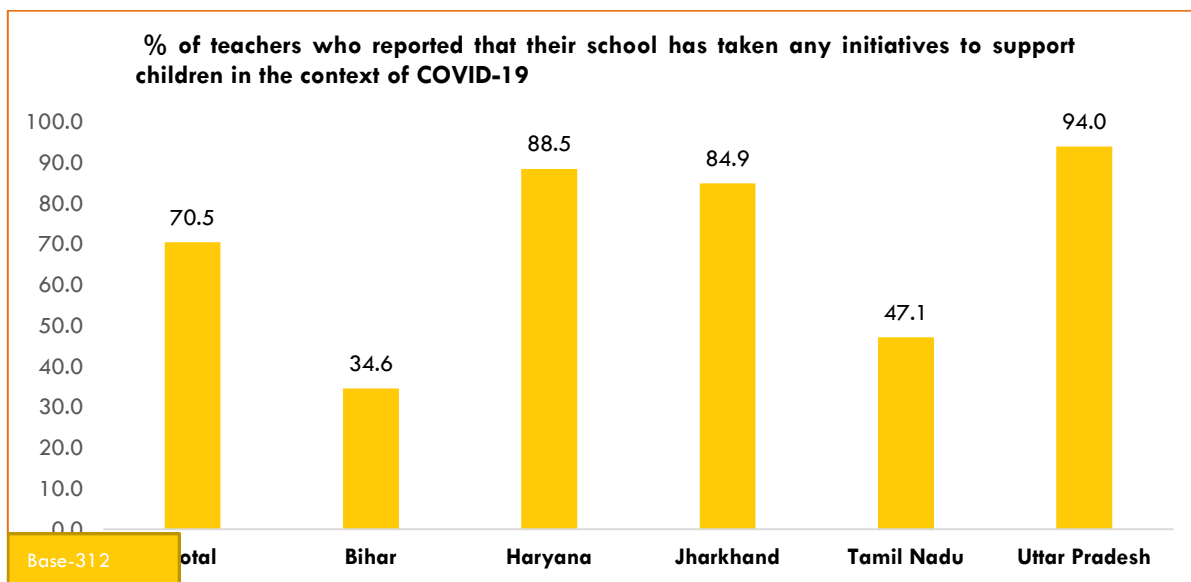
TABLE-12

Percentage of teachers reported that their school has taken any initiatives to support children in the context of COVID-19 (by gender of teachers)

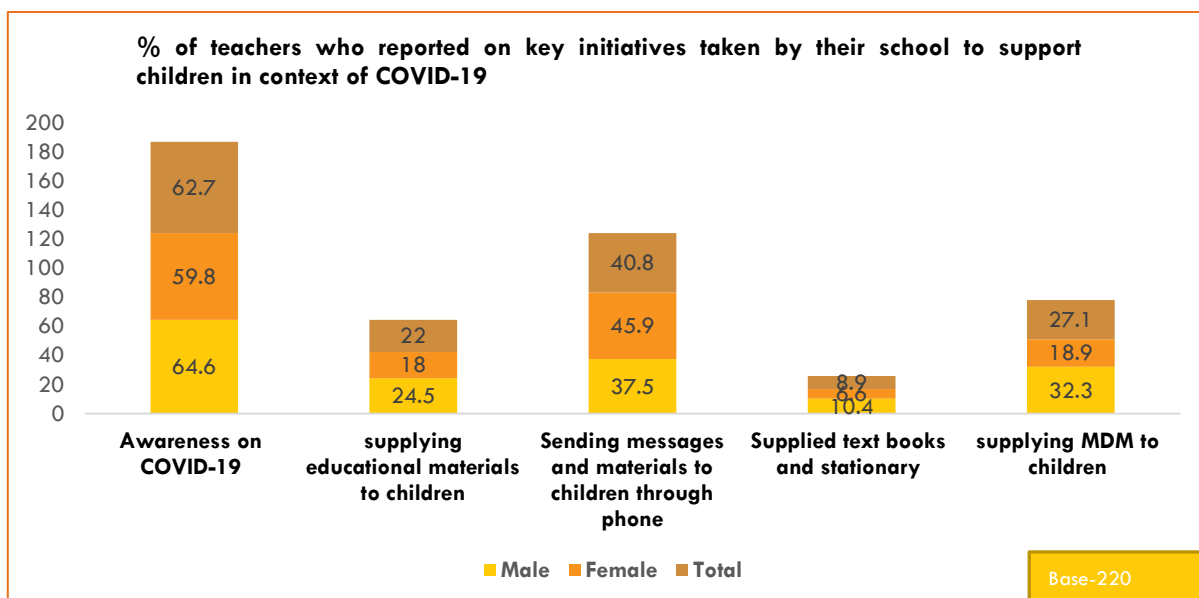
Any initiatives are taken by the school	Male	Female	Total
Yes	73.7	65.6	70.5
No	26.3	34.4	29.5
Total (N)	190	122	312

FIGURE-15

Percentage of teachers who reported that their school has taken any initiatives to support children in the context of COVID-19

**FIGURE-16**

Percentage of teachers who reported on key initiatives taken by their school to support children in the context of COVID-19 (by gender of teachers)



Parents were asked about the key mode of delivery that was used by the government school/government to support the education of children during the lockdown. Parents (24.6%) informed about materials i.e., video and homework shared through WhatsApp as a key approach used by schools followed by educational materials/messages shared through text message (18.6%) and running of education programs on TV (6.5%). Very few parents informed about radio programming, indicating that programs run on radio have not reached to parents.

TABLE-13

Percentage of parents who reported on key modes of delivery used by school/ government to support the education of children during lockdown (by gender of parents)

Key mode of delivery	Male	Female	Total
Materials (video and homework) shared through WhatsApp	31.4	21.7	24.6
Materials shared through Text message	24.1	15.3	18.0
Education programs on TV	6.8	6.4	6.5
Education programs on Radio	1.8	1.9	1.9
Total (N)	338	762	1100

Regarding the support received from school and teachers during the last few months, only **1/3 (34.6%) of children mentioned that they have received support from school and teachers.** It was interesting to note that a higher proportion of female children (36.1%) have received support from school and teachers than male children (31.3%).

In terms of the kind of support received from school and teachers, sharing of information on COVID-19 was reported to be 61.0% (56.7%- Male and 62.6% Female), sharing materials and worksheet for the new grade 51.8% (48.3%-Male and 62.6%- Female) and collecting information/data (15.5%, 19.2%-Male and 14.2%-Female) were stated as kind of support provided by school and teachers.

TABLE-14

Percentage of children who reported on the kind of support provided by school and teachers (by gender)

	Boys	Girls	Total
Sharing information on COVID-19	56.7	62.6	61.0
Sharing materials and worksheet for new grade	48.3	53.1	51.8
Check on your health- how children feel	15.8	8.5	10.5
Check on gender related violence in the family and provide support	5.8	2.5	3.4
Collecting information/data	19.2	14.2	15.5
Total (N)	345	745	1090

Alternate mechanisms to support children’s education: It was explored to identify the most appropriate mechanism/s that children could reach out to support their education until the schools reopen. WhatsApp (32.8%), Community library/tuition (27.9%), and online classes (26.4%) were mentioned as the top three most appropriate mechanisms that children could reach out for their education.

Further, 2/3 (66.9%) of children expressed that they liked to learn through TV/radio/messages received through WhatsApp and phone. A slightly higher proportion of male children (73.0%) reported that they liked to learn through TV/radio, messages received through WhatsApp and phone than their counterparts (74.0%).

Notably, variation between states was reported. (81.0%) of children in Tamilnadu stated that they liked to learn through TV/radio, messages received through WhatsApp and phone as compared to (46.3%) in Bihar.

TABLE-15

Percentage of children who reported on the most appropriate mechanisms for education until schools reopen (by gender of children).

Most appropriate mechanism	Boys	Girls	Total
Online classes	32.2	23.8	26.4
WhatsApp	39.4	29.7	32.8
Text message	19.1	17.0	17.7
TV	22.9	21.3	21.8
Radio	6.7	5.1	5.6
Community library/tuition	30.7	26.6	27.9
Home visits by teacher	12.5	16.0	14.9
Small learning groups at community level with friends	13.0	11.9	12.3
Total (N)	345	745	1090

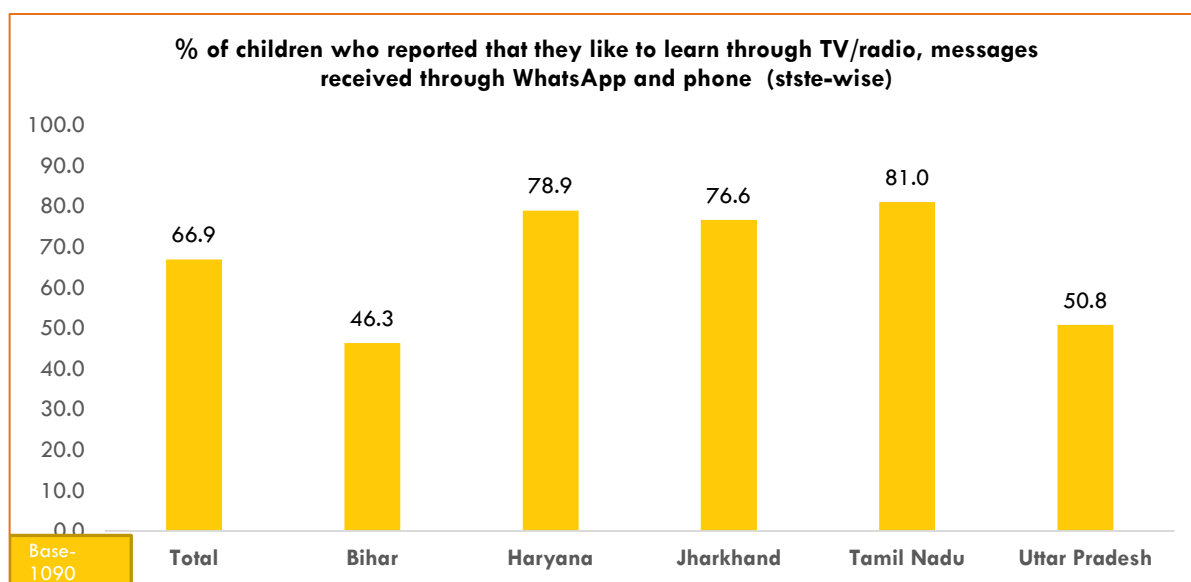
TABLE-16

Percentage of children who reported that they liked to learn through TV/radio/ and messages received through WhatsApp and phone (by gender)

Liked to learn	Boys	Girls	Total
Yes	73.0	64.0	66.9
No	27.0	31.8	30.3
No response	0.0	4.2	2.8
Total (N)	345	745	1090

FIGURE-17

Percentage of children who reported that they liked to learn through TV/radio, messages received through WhatsApp and phone (state-wise)



4.4 PREPAREDNESS REQUIRED BY DIFFERENT STAKEHOLDERS WHEN SCHOOL REOPENS TO SUPPORT CHILDREN'S EDUCATION AND SAFETY

4.4.1 PREPAREDNESS REQUIRED TO SUPPORT CHILDREN'S EDUCATION AND SAFETY REPORTED BY CHILDREN, PARENTS, AND TEACHERS

As the COVID-19 virus will not be wiped out completely so soon and the threat of getting infected may still prevail, preparedness at various levels is required when the schools reopen and hence this issue was explored with children, parents, and teachers.

Maintaining sitting arrangement in class for physical distancing (69.1%), ensuring WASH facilities in schools (65.1%) and frequently washing hands during school hours (64.4%) were stated as the key changes which a majority of children expect that the school must ensure for their their education and safety.

TABLE-17

Percentage of children who reported on the preparedness that school must ensure to support their education and safety (by gender)

Changes children think school should make	Boys	Girls	Total
Maintaining first aid kit	16.8	15.6	16.0
Mandatory daily checking of children	23.2	18.0	19.7
Spreading information on COVID_ 19	30.4	32.9	32.1
Maintain physical distancing during playground, during MDM	41.4	43.3	42.7
Ensure WASH facilities in schools	66.4	64.5	65.1
Frequently hand washing during school hours	66.7	63.4	64.4
Maintain sitting arrangement in class for physical distancing	69.6	68.9	69.1
Total (N)	345	745	1090

TABLE-18

Percentage of children who reported on the preparedness that school must ensure to support their education and safety (state-wise)

Changes children think school should make	Total	Bihar	Haryana	Jharkhand	Tamil Nadu	Uttar Pradesh
Maintaining first aid kit	16.0	10.5	19.4	17.1	22.4	9.1
Mandatory daily checking of children	19.7	7.9	29.5	21.6	29.8	6.7
Spreading information on COVID_ 19	32.1	21.0	42.6	28.8	31.2	37.7
Maintain physical distancing during playground, during MDM	42.7	35.8	41.8	40.5	42.9	54.8
Frequently hand washing during school hours	64.4	46.3	71.3	63.5	78.5	63.4
Ensure WASH facilities in schools	65.1	55.5	67.9	59.5	82.4	60.9
Maintain sitting arrangement in class for physical distancing	69.1	56.3	69.6	75.7	72.2	73.1
Total (N)	1090	229	237	222	205	197

With regard to the question on who the children think as most reliable from the community, to help the school in dealing with COVID- 19 and children’s education , close to 2/3 (64.8%) of children expressed that they think parents as the most reliable members of the community who can help the school, followed by SMC members (21.3%) and PRI members (18.9 %).

TABLE-19

Percentage of children reported on the role of community member who can support the school most in dealing with COVID- 19 and children’s education (by gender)

Member/sFrom the community who can help and support the school most	Boys	Girls	Total
Parents	64.1	65.2	64.8
SMC members	24.1	20.0	21.3
PRI members	17.7	19.5	18.9
ASHA/Anganwadi worker	11.6	14.8	13.7
Influential people	17.1	16.2	16.5
Total (N)	345	745	1090

TABLE-20

Percentage of children reported on the role of community member who can support the school most in dealing with COVID- 19 and children’s education (state-wise)

Community who can help to support the school	Total	Bihar	Haryana	Jharkhand	Tamil Nadu	Uttar Pradesh
Parents	64.8	41.0	75.9	82.0	63.4	60.6
SMC members	21.3	10.9	15.6	14.9	60.5	3.7
PRI members	18.9	14.0	23.6	5.9	24.9	28.3
ASHA/Anganwadi worker	13.7	3.1	28.3	5.9	15.6	15.9
Influential people	16.5	11.4	12.7	14.9	39.0	3.0
Total (N)	1090	229	237	222	205	197

It was further probed if parents will be willing to send their children to school regularly once it reopens. It was encouraging to note that a majority of parents (88.0%) expressed that they will be willing to send their children to school regularly.

In terms of the kind of precautions that the parents will take to ensure safety and health of their children, giving a mask to children for covering their face during school hours (80.4%), maintaining physical distancing on way and inside the school (65.3%) and teaching children to hand wash regularly in school (62.4%) were cited as the top three precautions which parents would like to ensure. WASH facility – sanitization, water, and soap facility (70.0%), regular sanitization of the school (54.2%) and change in the classroom sitting to maintain physical (50.6%) were stated as the key changes which parents expect school should make when school reopens to support their education and safety.

TABLE-21

Percentage of parents reporting on the kind of precautions they will be taking to ensure the safety and health of their children when the schools reopen (by gender of parents)

Kind of precautions	Male	Female	Total
Contact teacher in case of any problem	14.8	16.2	15.8
Ensuring that the children do not go out of home	18.1	19.7	19.2
Ensuring that children do not play in groups	30.9	30.3	30.5
Check school facilities – handwashing, cleaning, etc	32.6	25.6	27.8
Teaching children to hand wash regularly in school	57.7	64.4	62.4
Maintaining physical distancing on way and in school	65.7	65.2	65.3
Give mask to children to cover while in school	80.2	80.4	80.4
Total (N)	338	762	1100

TABLE-22

Percentage of parents reporting on the kind of precautions they will be taking to ensure the safety and health of their children (state-wise)

Kind of Precautions	Total	Bihar	Haryana	Jharkhand	Tamil Nadu	Uttar Pradesh
Contact teacher in case of any problem	15.8	2.6	20.2	15.3	24.0	18.0
Ensuring children to not go out of home	19.2	3.1	23.7	20.0	37.0	14.1
Check school facilities – handwashing, cleaning, etc	27.8	11.0	36.0	35.8	45.0	12.6
Ensuring that children do not play in groups	30.5	15.4	27.2	29.8	54.0	29.0
Teaching children to hand wash regularly in school	62.4	46.1	65.8	57.7	89.0	56.3
Maintaining physical distancing on way and in school	65.3	60.4	55.7	56.3	81.5	74.2
Give mask to children to cover while in school	80.4	77.2	78.5	76.7	94.5	76.4
Total (N)	1100	228	228	215	200	229

TABLE-23

Percentage of parents reporting on the key steps a school should take when it reopens to ensure safety and quality education for children (by gender)

Key steps school should take	Male	Female	Total
WASH facility – sanitization, water and soap facility	69.5	70.2	70.0
Regular sanitization of school	49.4	56.4	54.2
Conduct daily check-up of children at the time of entry – fever and cough etc)	32.6	37.7	36.1
Teachers have enough training to check children's health	23.1	32.9	29.9
Change in classroom sitting to maintain physical distancing	49.9	51.0	50.6
Organise activities to ensure that children are happy in school	13.1	13.2	13.2
Total (N)	338	762	1100

TABLE-24

Percentage of parents reporting on the key steps a school should take when it reopens to ensure safety and quality education for children (state-wise)

Key steps school should take	Total	Bihar	Haryana	Jharkhand	Tamil Nadu	Uttar Pradesh
WASH facility – sanitization, water and soap facility	70.0	59.6	77.2	54.4	93.5	67.2
Regular sanitization of school	54.2	31.1	58.8	44.4	88.0	52.4
Conduct daily check up of children at the time of entry – fever and cough etc	36.1	13.6	44.3	34.0	66.5	25.0
Teachers have enough training to check children’s health	29.9	5.7	24.1	27.4	60.5	35.4
Change in classroom sitting to maintain physical distancing	50.6	41.2	53.5	49.3	55.5	54.5
Organise activities to ensure that children are happy in school	13.2	2.6	12.3	18.1	19.5	14.6
Total (N)	1100	228	228	215	200	229

Regarding the kind of precautions teachers will take to ensure safety and health of children, ensuring that the children maintain physical distance (85.3%), ensuring that classrooms are clean and hygienic (80.2%) and ensuring that children come clean to schools (72.5%) were stated as top three precautions which teachers will undertake.

Teachers expressed that having WASH facilities in schools (85.0%), ensuring physical distancing in class, playground and during MDM (79.9%) and ensuring that children do handwashing while in schools (78.3%) were mentioned as the key changes which teachers expect schools to undertake in order to support children’s education and safety.

TABLE-25

Percentage of teachers reporting on the kind of precautions that will be taken by schools to ensure the safety and health of children (by gender)

Kind of precautions (reported by teachers)	Male	Female	Total
Checking children’s health and sign of sickness daily	44.0	56.2	48.7
ensuring that classrooms are clean and hygienic	82.8	76.0	80.2
ensuring that children come clean to schools	72.9	71.9	72.5
ensuring that children maintain physical distance	85.4	85.1	85.3
providing materials to children for home support	18.8	21.5	19.9
engaging with parents to check on children	45.3	44.6	45.0
Total (N)	192	121	313

TABLE-26

Percentage of teachers reporting on the kind of precautions that will be taken by them to ensure the safety and health of children in schools (state-wise)

Kind of precautions	Total	Bihar	Haryana	Jharkhand	Tamil Nadu	Uttar Pradesh
Checking children's health and sign of sickness daily	48.7	29.4	69.0	16.4	84.3	18.4
ensuring that classrooms are clean and hygienic	80.2	84.3	85.1	78.2	75.7	76.0
Ensuring that children come clean to schools	72.5	70.6	70.1	69.1	88.6	60.0
Ensuring that children maintain physical distance	85.3	86.3	85.1	90.9	85.7	78.0
providing materials to children for home support	19.9	5.9	28.7	0.0	44.3	6.1
engaging with parents to check on children	45.0	47.1	58.6	52.7	32.9	28.0
Total (N)	313	51	87	55	70	50

TABLE-27

Percentage of teachers suggesting on type of steps that school should take when it reopens to ensure safety and quality education for children (by gender of teachers)

Different type of steps that school should take (reported by teachers)	Male	Female	Total
Having WASH facilities in schools	88.0	80.2	85.0
Ensuring that children do hand washing while in school	77.1	80.2	78.3
Ensuring that children maintain physical distancing in class, playground and during MDM	83.3	74.4	79.9
Making modification in the school calendar	29.8	23.1	27.2
Ensuring regular check-up of students	36.5	38.8	37.4
Maintaining a proper first aid kit in school	39.1	36.4	38.0
Total (N)	192	121	313

4.4.2 KEY AREAS FOR CAPACITY BUILDING OF TEACHERS

The survey also explored two important aspects among teachers (1) the kind of hand-holding and support that teachers required to contribute in school and children's education and (2) kind of capacity building program that should be organized by Samagra Shiksha Abhiyan to support teachers for handling unexpected crisis situations like the COVID-19.

Orientation on checking children's wellbeing (48.4%), access to educational materials for children (47.6%) and digital skills to participate in training and capacity building programs (45.2%) were reported as top three support activities that are required by teachers to contribute in school and children's education. In terms of the capacity building program, skills to use online platform for teaching (54.2%), strategies to engage with St (51.4%) and tools and materials to ensure safety measures for school (49.2%) were mentioned as top three capacity building program activities by teachers which should be organized by Samagra Shiksha Abhiyan to support teachers for handling situations like COVID-19.

TABLE-30

Percentage of teachers reporting on the kind of support they required as a teacher to support school and children education (by gender of teachers)

Kind of support required by teachers	Male	Female	Total
Orientation on checking children's well being	49.7	46.3	48.4
Creating materials for children	43.8	43.8	43.8
Digital skills to participate in training and capacity building program	40.8	52.1	45.2
Access to educational materials for children	47.4	47.9	47.6
Total (N)	192	121	313

TABLE-31

Percentage of teachers reporting on the kind of capacity building programs that should be organized by Samagra Shiksha Abhiyan to support teachers for handling situations like COVID-19 (by gender of teachers)

Kind of capacity building programs that should be organized	Male	Female	Total
Skills to use online platforms for teaching	57.1	49.6	54.2
Assessing the learning of children during lockdown	39.6	38.8	39.3
Knowledge and skills on socio-emotional support to children	39.8	44.6	41.7
Tools and materials to ensure safety measures for school	52.6	43.8	49.2
Strategies with engage with community and parents	52.6	49.6	51.4
Total (N)	192	121	313

4.4.3 EDUCATION OF MIGRANT CHILDREN

With regard to the responses taken on different measures that the Education Department/SSA must take for ensuring the continuation of education of children from migrant families, 76.0% of teachers highlighted that enrolment of all children in schools was a key measure which the Education Department /SSA must take. This was followed by a suggestion about providing educational materials to migrant children (59.3%) and opening up of special training centres for out of school children (51.9%).

TABLE-29

Percentage of teachers reporting on the different measures that the Education Department/SSA must take for ensuring the continuation of education of children from migrant families

Different measures that Education Department/SSA must take	Male	Female	Total
Enrolment of all children in schools	77.6	73.6	76.0
Opening up of special training centres for out of school children	52.9	50.4	51.9
Providing educational materials to migrant children	62.3	54.5	59.3
Regularly maintaining data/record of children who are at risk	32.8	35.5	33.9
Total (N)	192	121	313

5. KEY ISSUES AND RECOMMENDATIONS

5.1 CONTINUED FOCUS ON COVID AWARENESS AND ASSOCIATED ISSUES REQUIRED

- 5.1.1 **Reinforcement of messages on COVID-19 symptoms and preventive mechanisms** must continue with vigour and force and the communication strategies must be designed to generate larger awareness about the subject as almost 70 % or more children and community members were not aware of all symptoms and necessary protocols, despite aggressive IEC by the government. Moreover, variations between states were observed. While 80.0% of children in Tamilnadu were aware of at least three symptoms of COVID-19, in Jharkhand it was relatively quite low (49.5%). The need for reinforcement of messages on COVID-18 symptoms and preventive mechanisms has emerged across all age groups and all the states.
- 5.1.2 **Ensure the immediate supply of IFA, Sanitary Napkins to adolescent girls especially in remote areas** as the supply of essential items (sanitary napkins and IFA tablets) from AWC/schools was hugely disrupted during the lockdown period, as was reported by a majority of girls. Only ten percent (10.3%) of girls highlighted that they received a complete supply of sanitary napkins from AWC/school in the last month. Only 14.1% of girls mentioned that they received a complete supply of IFA tablets from AWC/school
- 5.1.3 **Ensure regular and smooth supply of Mid-day Meal and Take-Home Ration** as only 29.0% of children were receiving Mid-day Meal from their school regularly. Therefore, it needs to be prioritized to address firstly- the gender gap and secondly- reaching out to all locations, especially remote villages to ensure that no child remains hungry and undernourished.

5.2 CHILDREN'S MENTAL HEALTH, WELL-BEING AND VIOLENCE AGAINST GIRLS TO BE ADDRESSED

- 5.2.1 **Recognize and address children's socio-emotional needs** in a timely manner: School closure during the lock down period has not only disrupted the normal routine of school going children but it has also disturbed their psychological well-being and social needs to a great extent. It is substantiated by the fact that, close to one third (31.1%) of children mentioned a change in parents' behavior (scolded more often) during the lockdown. A higher proportion of boys reported a change in parents' behaviour as compared to girls. In fact more than half of the children (54.7%) reported a change in their own behavior (feel anxious/uncertain/threatened). Results obtained from the survey point to the fact that children's mental health and well being must be taken seriously and in a comprehensive manner by the system, as a significant proportion of children were found to be anxious in general, and about their education and future, in particular. Children in general, have noticed more violence and disturbance in their family life as never before and a large number of girls also reported to experienced gender based violence during the school closure period.
- 5.2.2 **Develop a village-based mechanism to track and address gender-based violence in a timely manner.** Survey results have indicated that about 9 percent of children and parents (8.3%) reported that girls were facing more violence⁴ in their village. Parents further shared about the nature of

⁴It is based on self reported data from both children and parents collected through the following questions

Children: Have you noticed increased violence against women in your village/neighborhood/ friend's family in last month?

Parents: Are girls facing more violence, abuse/ harassment in your community /neighborhood now- a days?"

abuse/violence that girls encountered in their village where verbal abuse/gali (4.0%), beating/hitting (3.9%), and lack of proper meal (1.7%) were top three abusive situations and violence that girls were facing in their villages. It shows that there could be more cases of gender based violence hence a mechanism needs to be set through AWC or schools to reach out to girls in this respect.

5.3 DISRUPTION IN CHILDREN'S LEARNING AND SCHOOLING PROCESS A KY CHALLENGE- TAKE ACTIONS

- 5.3.1 **Ensure the supply of textbooks and stationery** to all children as only a limited number of children (12%) could receive this kind of a support from the school/ education department. While Only 10.4% of teachers mentioned that textbooks and stationery were supplied to children. This is basic requirement for any learning opportunity whether provided through digital platform or face to face interaction, since parents have not been able to buy text books or any other learning tool for their children due income issues. In some states, money was transferred to the bank account of the children, but books were not brought for the child as money was utilised for daily needs of the family.
- 5.3.2 **Develop community outreach education program to address parental concerns about children's education:** Regarding the effect of COVID-19 on children's education, both the children and parents expressed that learning/education has been compromised due to the lockdown across their states. A whopping proportion of children (86.8%) mentioned that their learning/education has been affected. Even more than 2/3 (70.2%) of parents felt that children's education has become a grave challenge during the lockdown and COVID-19 crisis. Additionally, 82.8% of parents stated that they were worried about the loss of their child's learning this year as it would have future implications.
- 5.3.3 **A systematic blended education approach is required effective education to every child-** Though a variety of digital tools have been introduced to support children's education during the school closure, yet these could not be availed with maximum benefit by every child. As per the survey results, videos and home work through Whatsapp was a key approach adopted by most schools, followed by text messages and education programmes through TV and radio. Infact, only 31.1% of children could access or use phones for their education due to unavailability of phones at home. Hence, affecting millions of children who do not have access to effective mobile. The approach for digital mode appeared more suitable to older children since they could navigate the platform with ease. Therefore, there is a need to re-imagine the use of digital mode of education for children, especially in rural and marginalized areas. In order to ensure quality education to every child, systems and processes must reach out to children regularly where they are guided and mentored to navigate the educational material and other educational needs. Alternate measures to complement educational support for older children as well as strategy for younger children need to be designed and implemented.
- 5.3.4 **Design a blended learning approach to reach every child, digital tools are not complete solution:** In the survey, parents reported that educational materials (video and homework) shared through WhatsApp was a key strategy that was adopted by schools. It was followed by educational materials/messages received through Text message (18.6%) and telecast of education programs on TV (6.5%). A very few parents stated about radio programming which informed that programs run on radio were not reached to parents. Infact, most of the efforts by education department to reach out to children were around creating awareness on COVID-19 (62.7%), sending educational messages and materials/worksheets to children through phone (40.8%), and supplying MDM to children (27.1%) as reported by the teachers.

Though department of education tried to reach to children through digital mode, however only 31.1 % of children could access or use phones for their education due to unavailability of phones at home. It underscore that digital mode to ensure education for each child must be replanned. To address digital divide, children could regularly be contacted and provided guidance to navigate the educational text shared physically or through mobile texts. Further, the approach to reach children for digital mode appeared more suitable to older children as they have aptitude and skills to navigate the platform with ease, without much hand-holding support. Hence, measures to complement educational support to older children and different strategy to reach younger children must be re-planned. It is important to note that millions of children do not have access to effective mobile and internet connection hence over dependence on digital tool will force millions of children to drop schools.

5.4 SCHOOL AND TEACHERS PREPAREDNESS TO DEAL WITH THE NEW SCENARIO NEED URGENT INVESTMENT

- 5.4.1 **Augment teachers with new skill sets to respond to digital mode of education and children's emotional well-being in a comprehensive manner:** It was found that teachers need skill enhancement and capacity building strategies to handle the challenges of teaching during the COVID scenario and to support the school and children. Teachers articulated following capacity building and skills needs- checking the children's wellbeing regularly(48.4%), access to relevant educational materials for children (47.6%) and augmenting their digital skills to participate in training and capacity building programs (45.2%). In terms of the capacity building program, skills to use online platform for teaching (54.2%), strategies to engage with community and parents (51.4%) and tools and materials to ensure safety measures within school (49.2%) were mentioned by teachers as the top three capacity building. They mentioned that these initiatives to be integrated within the teachers' training by Samagra Shiksha Abhiyan to support teachers for handling situations like COVID-19.
- 5.4.2 **Design a parental and SMC engagement strategy to address children's need** as soon as the process of school reopening starts. As per survey, it is encouraging to note that a higher proportion of parents (88.0%) expressed that they would be willing to send their children to school regularly, once the schools reopen. More parents were willing to send their children to schools if schools followed safety and health standards and protocols. Therefore, there is a need to find ways to work with SMCs and teachers who could work with the schools on this aspect as well build parents' and children's confidence.
- 5.4.3 **Ensure unlocking of schools with safety protocols and guidelines (WASH facilities, sitting arrangement, clean school and classroom, screening of children):** In the survey, safety needs were clearly highlighted where ensuring safety in sitting arrangement in class (69.1%), maintaining physical distance, providing WASH facilities in schools (65.1%) and following regular hand washing practices during school hours (64.4%) were cited across the board, as key concerns that must be seriously considered when the schools reopen. Similar observations were made by community people and teachers on requirement to prepare schools during unlocking, thus ensuring a secure and healthy environment for children's education and well being. .

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