Knowledge, attitudes and impact of COVID-19 on children in non-formal schools in Dadaab

Save the Children

Results from a rapid assessment

May 2020

KEY FINDINGS

1. 98 percent of children interviewed had heard of COVID-19
2. 88 percent knew fever above 38 as a symptom of COVID 19
3. Most children mentioned washing hands with soap and running water (81.6%) as a prevention method for Covid 19.
4. Most children received information on COVID through their friends (85%) and radio programs/shows (81%) as well as their parents/caregivers (51%)
5. Seven percent of children did not know the symptoms of COVID-19 even if they had heard of the disease
6. 56 percent of children preferred radio as a source of information on COVID-19 and their caregivers/ parents (18%)
7. 82.2 percent of children interviewed are worried about dying of coronavirus
8. 51.2 percent are worried about being out of school
9. 83 percent (49% girls and 34% girls) of children interviewed in non-formal schools have found time to learn at home; yet only 16% of children listen to radio lessons run by Save the Children.
10. 76percent of children learn on their own most of the time
11. 45 percent of children currently need additional learning materials whilst out of school
12. 83 percent (43% boys and 40% girls) of children are now engaging in additional domestic work whilst out of school.

RECOMMENDATIONS

1. Increase use of child friendly radio programs as an effective way to communicate messages about COVID 19 to children.
2. Continuous communication with caregivers on COVID-19 so they can communicate the messages to their children, given children trust their caregivers as sources of information
3. Increased sensitization amongst caregivers, children, community members of importance of radio lessons for children both boys and girls, given only a small proportion of children interviewed are accessing the lessons.
4. Increased sensitization amongst caregivers, children, community members on importance of continuous learning during COVID-19, given the majority of children are now engaged in additional domestic work.
5. Provide children with learning materials such as textbooks and solar lights so that they can continue learning at home before schools reopen.
6. Consider conducting an extensive assessment of the impact of the pandemic on access to necessities because children demand necessities like food, medical care including hygiene kits, clothing, beddings etc.
7. Consider conducting consultations with children, parents, teachers, and communities to understand their concerns about children staying home so that policy decisions on schools reopening are informed.
8. There is need for reaching out to the most vulnerable children during needs assessments because phone surveys do not reach children whose caregivers do not have phones, and those living with speech and mental impairments. These are some of the most marginalized groups of people, yet their needs are not being assessed.
9. Some children may be able to support their caregivers and friends with information so there is a need to ensure that communication is tailored to children so that they can understand and share correct content.

CONTENTS

INTRODUCTION AND BACKGROUND

"The Coronavirus pandemic is the greatest struggle the world has seen in generations." those were the words of a UNICEF Country Representative[1]. Children and young people are among the most severely impacted by the virus especially those living in refugee settlements and other crowded conditions because of lack of or inadequate/improper hygiene facilities, therefore, efforts to support them are pertinent. Although children are not the direct face of the pandemic, the effects of the virus on their lives are far reaching and that is why it is important to understand their level of knowledge and how household behaviours can change so that they are not direct victims.

The Corona virus was first detected in Wuhan in China at the end of 2019, although it quickly spread to other parts of the world first to Europe and later to Africa. The speed with which the virus spread is alarming, and this made many governments to take drastic measures to curb the spread including restrictions/ban on international travel, total lock downs, countries closing borders, closing of education institutions among others. According to Africa Centres for Disease Control, there were 91,598 cases of Coronavirus in 53 African countries, with 2,912 deaths and 35,808 recoveries by May 20th, 2020; this translates to 4% case fatality rate and 33% recovery rate[2]. Africa is host to at least four of the world's largest refugee camps and some of them are in Kenya (Dadaab and Kakuma)[3] and due to the overcrowding and lack of enough space, these could be ideal for transmitting the virus.

Kenya reported the first coronavirus case March 13th and since then the numbers have continued to increase mainly in the capital and the coastal towns of Mombasa and Kilifi but also in other parts of the country. The effects of the virus on every sector of the economy are dire and a World Bank report projects Kenya's economic growth in 2020 at an estimated 1.5% compared to the 2019 estimate of 5.6%, because of the COVID-19[4]. Women and youth bear the largest impact especially because most of them are in vulnerable employment in the informal sectors, which has been hardest hit by the measures that government has proposed to try to curb the spread of the virus, and in turn, children are affected. This means that child poverty is likely to be compounded and this as well affects learning especially of the poorest children.

A Kenyan Ministry of Health report update indicated that the incident rate of COVID-19 among the 0-19 years age group was 11% and this was higher for those in the 10-19 age group at 7%, than the younger 0-9 age group, which was at 4%[5]. This is consistent with data from US and China that shows that data so far suggests that outcomes of the virus for children have been reassuring and that the direct impact of COVID-19 infection on children has, until now been quite mild than for the elderly or middle aged. Hospitalization rates for children who are symptomatic are at least up to 20 times lower than for the middle aged and in some cases up to even 100 times lower than for the elderly and that most of the ill children recover within in one to two weeks with good supportive care and prognosis[6]. However, According to UNICEF, although children may not be directly severely affected by this pandemic compared to the adults, the impacts on their lives will be far reaching including ***through the impacts of the socio economic measures*** that have been taken by various government to try and curb the spread of the pandemic or through the longer term effects of ***not implementing the sustainable development goals***[7] as planned. Globally, at least more than 100 countries have closed educational institutions including Kenya and concerns have already been raised about the impact that this will have on the gains that have already been made towards education for the marginalized.

[1] https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf
[2] https://africacdc.org/covid-19/
[3] https://reliefweb.int/report/world/covid-19-responses-africa-must-include-migrants-and-refugees
[4] World Bank 2020: Kenya's economic update April 2020 edition no. 21 Turbulent times for growth in kenya. Policy options during the COVID 19 pandemic
[5] Ministry of Health 2020: COVID 19 outbreak in Kenya. Daily situation report 050 07 May 2020
[6] https://jamanetwork.com/journals/jamapediatrics/fullarticle/2765169?resultClick=1)
[7] https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf
[8] UNHCR 2020: Kenya statistics package March 2020
[9] UNICEF EMIS 2020

This study therefore seeks to understand if and how children in Dadaab continue to learn; and their level of knowledge and awareness towards COVID-19 so that appropriate measures can be taken to support them.

Dadaab Sub County in Garissa County had more than 217,511 registered refugees and asylum seekers at the end of March 20204; it is one of the largest refugees' camps in Africa. Out of the total population, 209,305 are Somali refugees, others being from South Sudan, DRC, Ethiopia among others. Children contributed 57% to the total population and school-going children aged 3-17 years were 106,089 as at the end of February 20205.

Population of Dadaab Refugee camps as at March 2020

Age group	Gender				Total	
	Female	%	Male	%		%
0 -4	15,806	7.3%	16,678	7.7%	32,484	14.9%
5 -11	25,536	11.7%	26,497	12.2%	52,033	23.9%
12-17	18,593	8.5%	19,971	9.2%	38,564	17.7%
18-59	46,709	21.5%	38,970	17.9%	85,679	39.4%
60+	4,426	2.0%	4,325	2.0%	8,751	4.0%
Total	111,070	51.1%	106,441	48.9%	217,511	

PURPOSE OF ASSESSMENT

On 15 March 2020, the Government of Kenya announced special measures to prevent further spread of Coronavirus (COVID-19) and although there was then no reported case in Dadaab, on 29th April the government announced a ban on all movements in and out of Dadaab and Kakuma refugee camps all in a bid to prevent the spread of the virus, which was first reported in Kenya on March 15th 2020. Following this, many assessments have been conducted to try to understand how the public health and policy measures to curb the growing spread of the infection have been affecting people; however, none has specifically focused on effect on children therefore this study seeks to understand the effects of the measures taken on children.

OBJECTIVES

1. To explore the knowledge and perceptions of children in non-formal education centres run by SC and NRC about COVID-19
2. To determine what children are worried about
3. To understand the impact of COVID-19 on children's education and how children are coping
4. To have children make recommendations about how to support them to cope with COVID-19

METHODOLOGY AND SAMPLE SIZE

We explore the level of knowledge and awareness COVID-19 among children in Dadaab refugee camps, as well as the effect that the pandemic has had on their learning and gender roles. The interviews were conducted with 250 children aged between 3 and 17 years who attended alternative basic education and alternative education program run by Save the Children and NRC in collaboration with Humanity and

Inclusion supporting inclusion; and funded by ECHO. In addition, we interviewed children who were below six years because we wanted to know if they had knowledge of the pandemic, however our focus was on the older children. The purpose was to understand the children's knowledge and perceptions about COVID-19, their worries, how the pandemic has affected learning and how children are coping with learning at home, how their roles have changed in light of the pandemic and their recommendations on how they need to be supported. The findings of this assessment will be used to design/adapt programs aimed at supporting children to cope with the pandemic and target messages that address children's needs. Findings will also be used as an advocacy tool for the most vulnerable refugees in Dadaab.

A list of names and contacts of caregivers/parents from the three camps (Dagahaley, IFO and Hagadera) was obtained from the class enrolment registers that were provided by teachers. During enrolment, the contact details of the caregivers of children are taken (for those who have telephone contacts) so we randomly sampled those who provided a telephone contacts because it was necessary to maintain social distancing hence data collectors would not interview the children in their homes but rather would call their caregivers' phones. We selected 250 children; this number was determined by those whose contact details were available. We included the very young children below 6 years (between 3 and 6) in our sample because we wanted explore what they know about COVID-19. The interviews took a maximum of 10-15 minutes and a child was not required to complete all the questions. We intentionally designed a short questionnaire because we are aware of phone monotony yet we wanted to have 100% response from the older children. All the questions were closed ended apart from one question at the end, which sought to find out what the child's immediate needs were.

Before the interview process, teachers were engaged to mobilize parents/caregivers. They were given airtime and they called all the caregivers of the children that had been included in the sample. They explained to them the purpose of the interviews, the dates when they would be contacted by Save the Children staff and were asked to inform the children so that they can be available when they are invited for the interviews; they also asked the parents to consent on behalf of the children. The table below provides a detailed description of the sample characteristics;

Five enumerators from our database (four males and one female) who are part of the pool that have been previously trained in data collection and are well versed with digital data collection were engaged. The MEAL officers conducted a two days training for enumerators through Microsoft teams. The training aspects included; ethics of conducting phone surveys (we developed a phone survey protocol to guide the process and this is attached in the annex at the end of this report), and review of the tool. Since enumerators were part of our database, they had undergone a child safeguarding training and they had signed a child safeguarding policy hence they understood the Save the Children policy. They were given a list of names of children and their caregivers contact; the list included the dates when they would call the respondents. The training and data collection was conducted over 5 days (29th April to 3rd May).

STUDY LIMITATIONS

1. The study was not entirely representative because we did not do a random sample, we simply sampled purposively from a list of names of children that had a registered phone number therefore findings may not be generalized to all children in Dadaab.
2. Phone surveys are limited in reaching some most vulnerable groups of children like those living with disability. Children who could not speak due to mental or speech impairment were excluded from this study only those with a physical disability were included.

Lessons learnt during data collection

This was a first-time experience of phone data collection and therefore there were numerous lessons learnt from this process, we documented some of these and we shall update our phone survey protocol for learning purposes.

1. Some parents/caregivers are businessmen/women and are not at home from 8:00am to 5:00pm; the enumerators had to call them at least 3 times before they could complete an interview. However, because they had already been informed about the interviews, they rescheduled and finally the children were interviewed.
2. Some of the calls dropped in the middle of the survey due to charge or network problem; when we noted this problem during piloting, we asked the teachers/mobilizers to communicate with parents to ensure that they charged their phones before the interview. Where calls dropped due to network challenge, our enumerators called again until the questionnaire was completed before it was submitted.
3. During piloting, it was noted that a few learners spoke other languages, apart from Somali while all enumerators spoke Somali. The team was able to engage teachers who also doubled as mobilizers to translate for the children. This made the process longer for such children hence phone monotony. It is important to check the language requirements especially when we have the contact details of all the respondents so that enumerators who can speak those languages are engaged during the training.
4. Children's span of concentration on phone is very limited and therefore the questionnaire needs to be very short and they need to be given breaks so that they can engage in other things to distract them.
5. Learners with impairments- We intentionally excluded the learners with difficulty such as those with hearing and mental impairments in the interview process, because we had no way of reaching them. This does not ensure to hear from all learners equally; hence, the most vulnerable may be left out.
6. In phone interviews, short questionnaires yield a higher response and completion rate. It is therefore key to maintain few questions as much as possible.

FINDINGS OF THE ASSESSMENT

Demographics

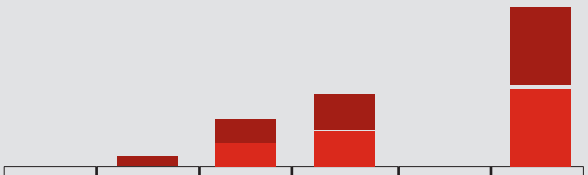
Children interviewed were residents in Dagahaley, IFO and Hagadera camps; they were until the time of COVID-19 outbreak in Kenya and closure of all schools on March 18th attending non-formal education classes run by Save the Children and NRC; 50 percent were attending ABE centres and the other half in AEP centres. Both boys and girls including children living with disability were included in this assessment. 57.6 percent were boys while 42.4 percent were girls. The mean age of children was 11.8 and 12.1 years for boys and girls respectively, with a range of 3-17 years. 30percent (15% girls and 15% boys) lived with a disability; about 88 percent were living with their parents and those who did not live with their parents lived with another relative, being either elder sibling, maternal/paternal aunt, uncle, grandmother etc.

Table 1: Number of children interviewed by age group

Age group	No of children	Percent
3-6	10	4.0
7-10	72	28.8
11-14	109	43.6
15+	59	23.6
Camp		
Dagahaley	67	26.8
Hagadera	95	38.0
Ifo	88	35.2

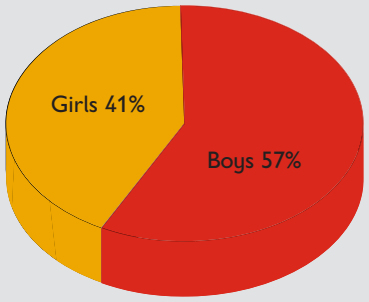
Knowledge of COVID-19 infection, symptoms and prevention

HAVE YOU EVER HEARD OF COVID-19 BY AGE GROUP



	<6 years	7 to 10	11 to 14	15+	Total
Total	4%	29%	44%	24%	100%
No	0%	1%	1%	0%	2%
Yes	4%	28%	42%	24%	98%

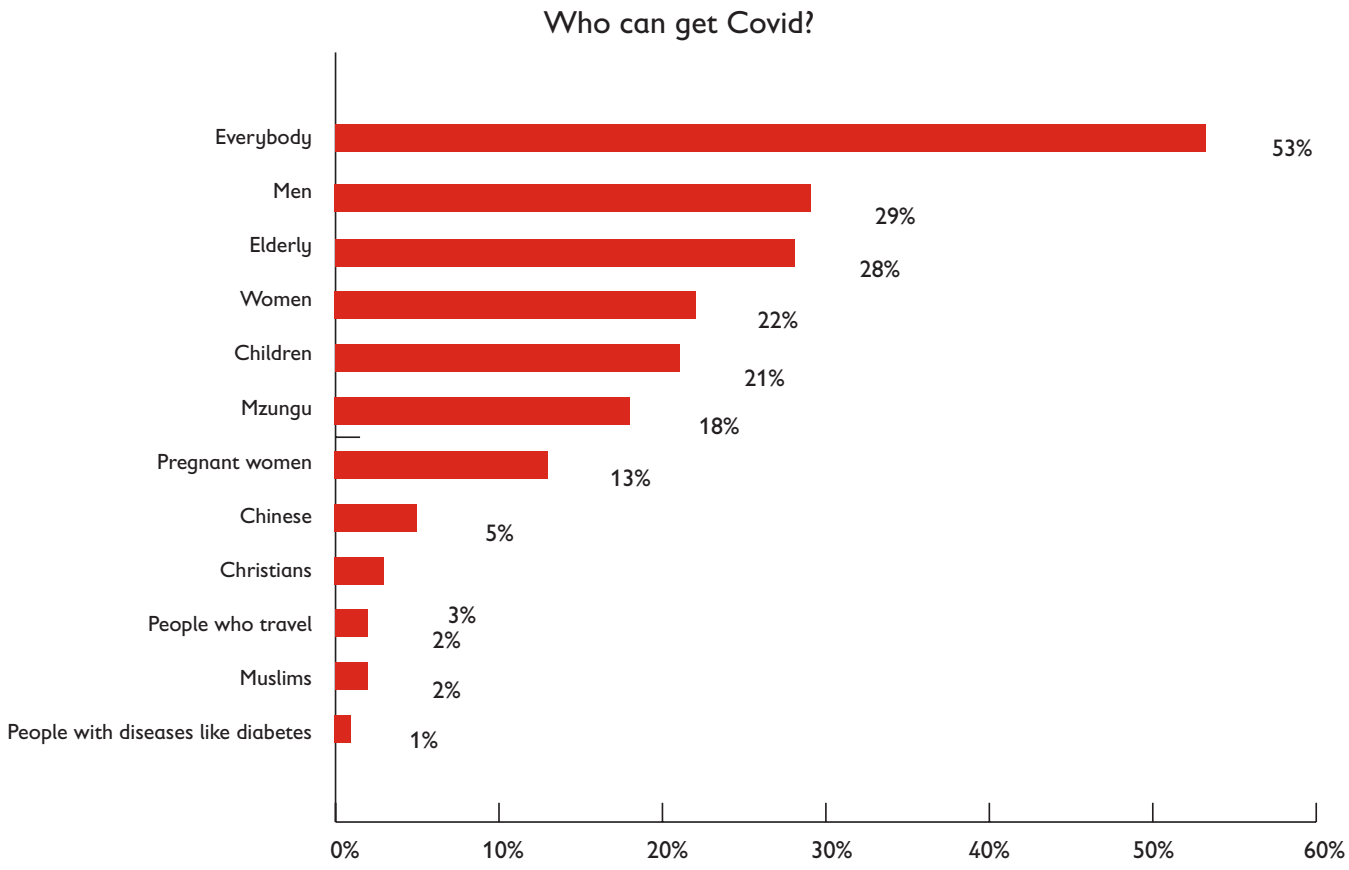
HAVE YOU EVER HEARD OF COVID-19 BY GENDER



We explored knowledge by simply asking children if they had ever heard of a disease called COVID-19 or Corona or Corona virus. About 98 percent of them had ever heard about Covid-19 (57.2% boys and 40.8% girls); all the children who were below 6 years had heard about COVID 19 and the 2%; who had never heard of COVID-19 were aged between 7 and 14 years.

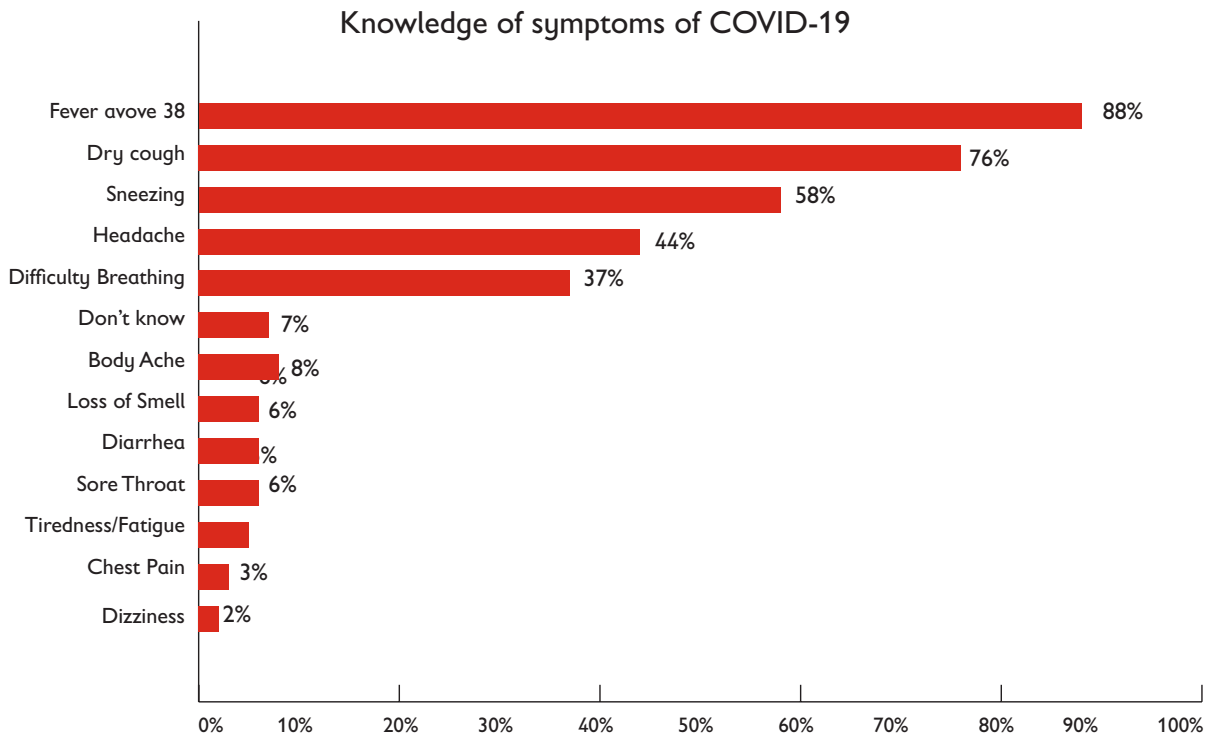
Who can get COVID -19

Knowledge of high-risk groups or people who can get COVID-19 was not as high. Children were asked who they think can get corona and this elicited mixed responses, with just over half of them mentioning everybody (53%) this was the highest; others thought its men who are most at risk (29%); the elderly (28%) and others women (22%).



Knowledge of symptoms of COVID-19

Most children knew high fever as the most common symptom of coronavirus (88%) and dry cough (76%), others mentioned sneezing (58%) and headache (44%). Other symptoms known were difficulty breathing (37%). Some children mentioned they did not know the symptoms of COVID-19. Although mixed, there is generally some level of knowledge of symptoms of COVID-19 and this need to strengthen further by providing continuous information through trusted channels like radio that children prefer. Some 7% children did not know any symptoms of Corona Virus.



Key message:

Knowledge of who is at risk of getting COVID-19 needs to be effectively communicated through effective channels to increase awareness of high-risk groups of people.

Messages should be equally targeted at both girls and boys

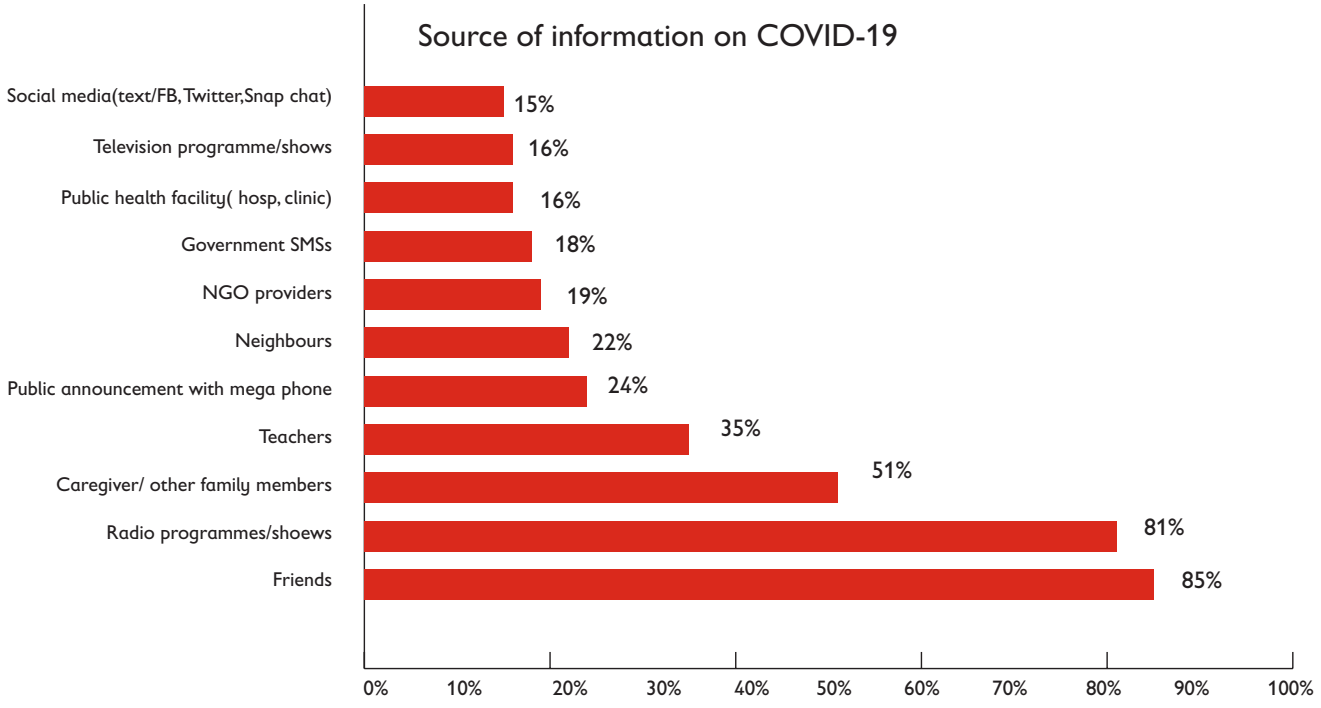
Knowledge of prevention of COVID-19

Most children mentioned washing hands with soap and running water (81.6%) as a prevention method for Covid 19. Our secondary analysis reveals that women and girls have lower access than men to radio, newspapers, mobile phones, and the internet which are the sole channels of messages on COVID-19 during this time, hence they are at a disadvantage in their inability to access information and this could limit their ability to stay updated on COVID-19 advice, participate in prevention and response strategies, and accessibility to services during the pandemic. Therefore, programs need to innovatively target women and girls for dissemination of information on COVID-19 so that they are not exposed to further vulnerability.

Knowledge of COVID-19 prevention among children, by gender

Source of information on COVID-19

Most of the interviewed children mentioned friends (85%) and radio (81%) as the main sources of information on COVID-19. Others are caregiver or other family member (51%), teachers (35%), public announcements with megaphone (24%), neighbor (22%) and NGOs (19%) among others. It is important to note that not many children have received information on COVID-19 from NGOs, however, it is understood that in Dadaab there are several radio programs that are supported by NGOs for instance Save the Children child protection program on Radio Gargar through which COVID-19 messages are also shared. Therefore, what may not be clear to children is that the messages/programs that they hear on radio may be run by NGOs. What is important is that the right child friendly messages do reach the children through local radio. Those who received information through government sources referred to messages sent through their caregivers' phone numbers and the older age groups mentioned social media (15%).

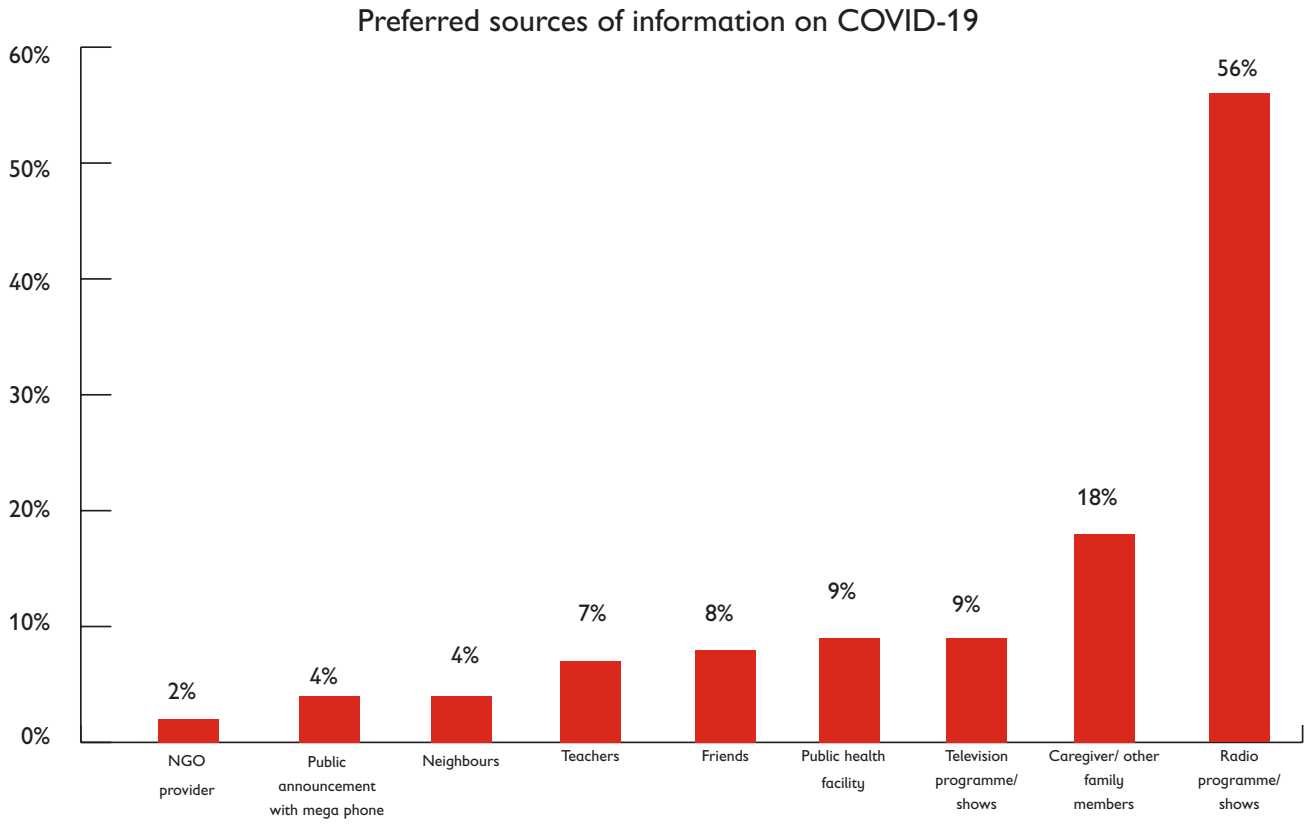


Preferred source of information

Children were asked how they prefer to continue receiving information on COVID-19. Most children (56%) preferred to receive this information through radio and 18% through their caregivers or other family members. It is important that NGOs will continue to work with the radio stations to disseminate messages on COVID-19 through the different radio programs; such programs also need to be child friendly. Children had mentioned that they received information from their friends, however not many of them mentioned friends as a continued way of receiving such information; in fact, they suggested their caregivers as a continued source of receiving information. Therefore, programs need to ensure that ***caregivers of children especially the women are reached with the correct messages on COVID-19 that they can pass on to the children.***

Our secondary analysis reveals findings that are similar to those of this study; local radio stations and social media are the most popular communication channels for adults and youth. In Dadaab refugee camps, the most popular radio station is Gargar FM although those with access to TV preferred BBC, CNN and Al Jazeera. Youth programs and those with COVID-19 messages are aired at times such as 8:00-9:00 am in the morning, 13:30-14:00pm in the afternoon and at night 8:30-9:30 pm; these are times when women and children are usually at home. Social media channels, especially Facebook and WhatsApp are the most popular form of communication among the youth and the findings of this assessment revealed that the older children got information from social media including WhatsApp, Facebook and others.

A study conducted by Transparency International in Garissa County indicates 23% of respondents identified radio as their main source of information followed by Barraza's 15% and mobile phones 13%. For women and children, because they rarely go to public places, their main source of information was radio, social media, and one-on-one meetings in homes; they normally listened to music and talk shows. On the other hand, males were found to be more likely to listen to news broadcast on BBC Somalia. The popularity of the radio could be attributed to the fact that vernacular radio stations are largely available, and the target populations identifies them, hence continue using radio.



Key messages

1. It is important that children have the correct information regarding COVID 19 because most of them receive information from their friends

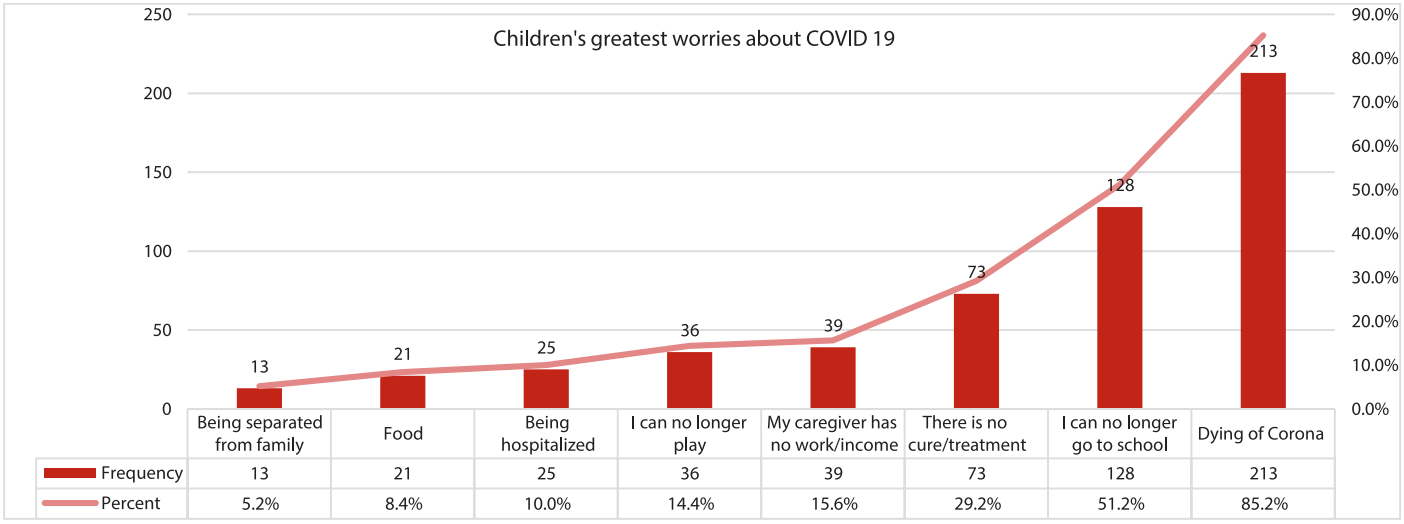
2. Programs should target caregivers as potential information channel on COVID 19 for children, especially women need to have the right information

3. Radio programs are effective in reaching both boys and girls with messages/information on COVID 19 in Dadaab and so NGOs may take advantage of this.

4. Information on COVID 19 should be accessible to all children and should be in different languages, age appropriate and mediums that are appropriate for children who have audio and visual impairments.

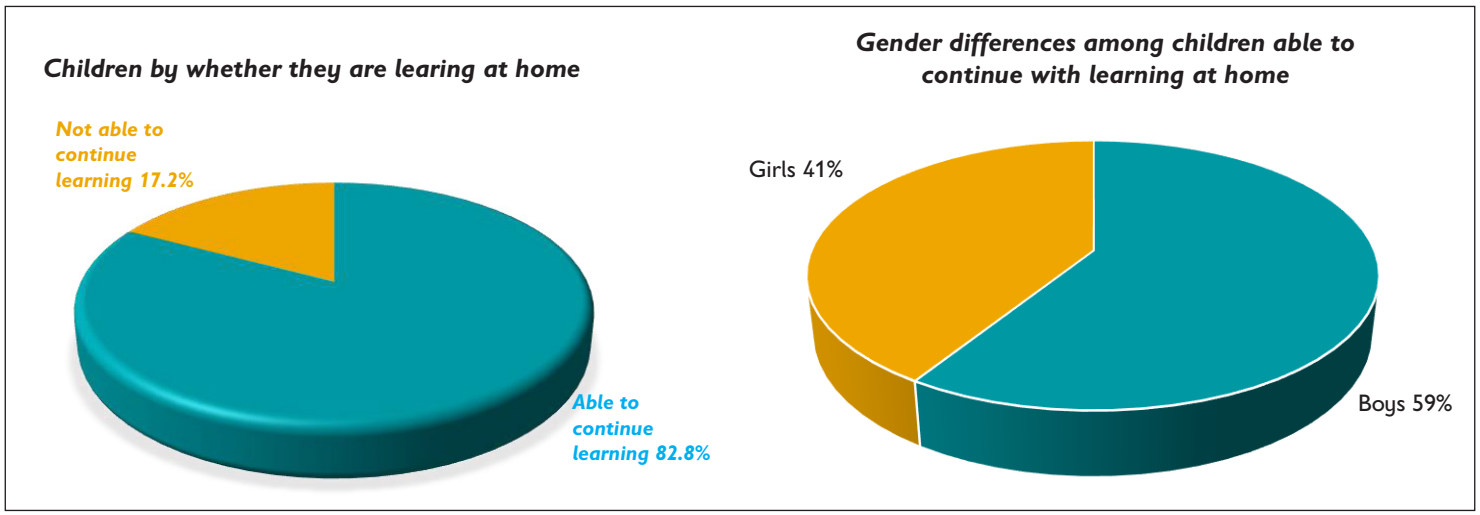
5. Messages/information on COVID 19 should be targeted at all age groups equally, especially the 15+

Top 3 worries of children about Corona Virus



	Being separated from family	Food	Being hospitalized	I can no longer play	My caregiver has no work/income	There is no cure/treatment	I can no longer go to school	Dying of Corona
Frequency	13	21	25	36	39	73	128	213
Percent	5.2%	8.4%	10.0%	14.4%	15.6%	29.2%	51.2%	85.2%

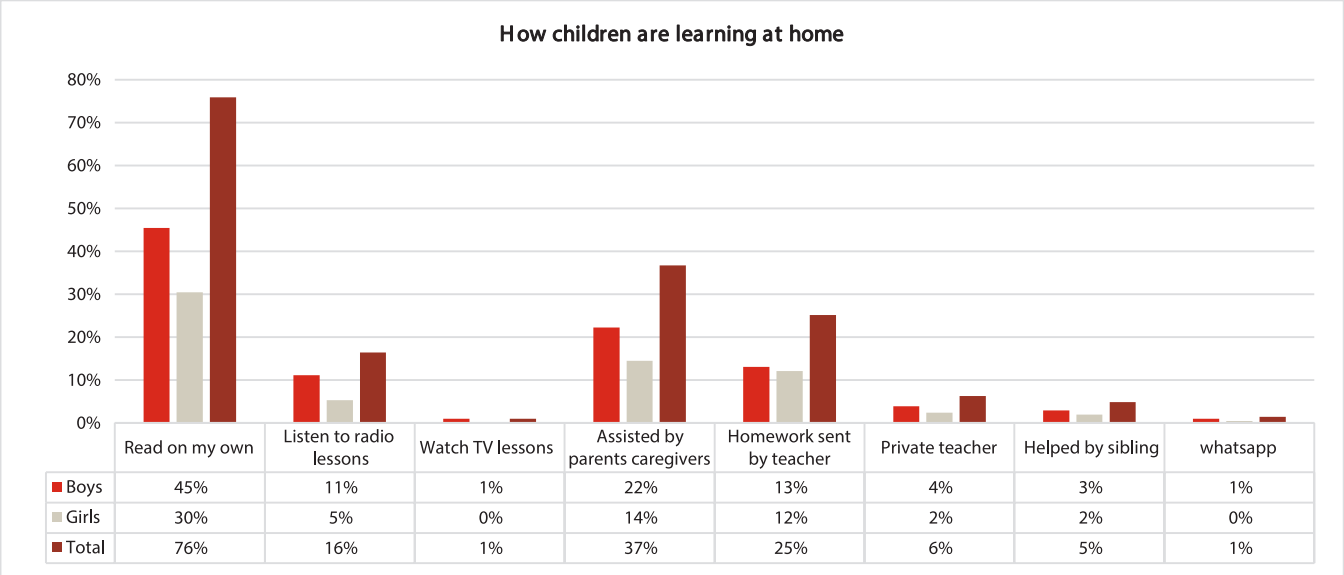
Top 3 worries caused by Corona Virus among children are; dying of corona (85.2%), not being in school (51.2percent; 29% boys and 21.2% girls) and no treatment for corona (29.2%). Other worries were caregivers have no income (15.6%). It is critical to note that, although studies have revealed that children are at a lower risk of suffering the direct devastating effects of the pandemic, they are indirectly affected through the larger impacts of the virus such as dropping out of school and loss of interest in school.



82.8 percent of children interviewed said they continue to learn at home even during this period when schools are closed; however only 41% of all the children who continue to learn from home are girls. This reveals the gender divide, which continues to widen the gap between the outcomes for girls and boys of learning. According to a UNESCO article[11], the longer it will take schools to reopen the more the loss of learning opportunities especially for girls. Therefore, the earlier schools can re-open the better for the well-being of many children who risk losing their future. It is clear from other crises like the Ebola that there are increased risks especially for the girls if they are out of school because schools provide the safe spaces for children. Therefore the longer the schools stay closed, the bigger the risk of losing the future of such marginalized children. In addition, most girls may never return to school after the pandemic because they either lose focus on education or drop out of school but of course re opening schools requires wider consultations with parents, teachers, and the larger communities because the impact can be greater if not enough thought is put into it.[12]

In terms of how children are supported to learn at home; over three quarters of the children interviewed (76%) said they learn on their own without the support of caregiver/parent or anyone else, while 37% are assisted by parents/caregivers. Another 16% listen to radio lessons and this was triangulated with our own monitoring data that shows 43 learners (31 Male and 12 Females) from ABE centers were able to call in during two radio lessons that were conducted within the week when this assessment was done. The gender difference needs to be taken into consideration, that of the learners who called in 72% of them were males and only 18% females. It is therefore necessary to have all children girls and boys equally involved in the radio learning hence programs need to think creatively how all children will participate in radio learning so that no child is left behind. 25percent of children mentioned that they do homework that is sent by the teacher meanwhile 6% engaged a private teacher so that they could continue to learn. Generally, it is clear that many children are learning on their own without the support of teachers; there is need for creative ways of engaging children in learning at home, especially for the girls.

[10]Joe Hallgarten Education Development Trust March 2020: Evidence on the efforts to mitigate the negative educational impacts of past disease outbreaks
[11]15th May 2020: Reopening schools: when where and how https://en.unesco.org/news/reopening-schools-when-where-and-how
[12]Ngegba Mohammed and Mansaray, David; 2016: Perception of students on the impact of Ebola virus disease on the education system of Sierra Leone



	Read on my own	Listen to radio lessons	Watch TV lessons	Assisted by parents caregivers	Homework sent by teacher	Private teacher	Helped by sibling	whatsapp
Boys	45%	11%	1%	22%	13%	4%	3%	1%
Girls	30%	5%	0%	14%	12%	2%	2%	0%
Total	76%	16%	1%	37%	25%	6%	5%	1%

Key messages

1. Consider creative ways of engaging all children to learn at home because fewer girls than boys are learning at home.

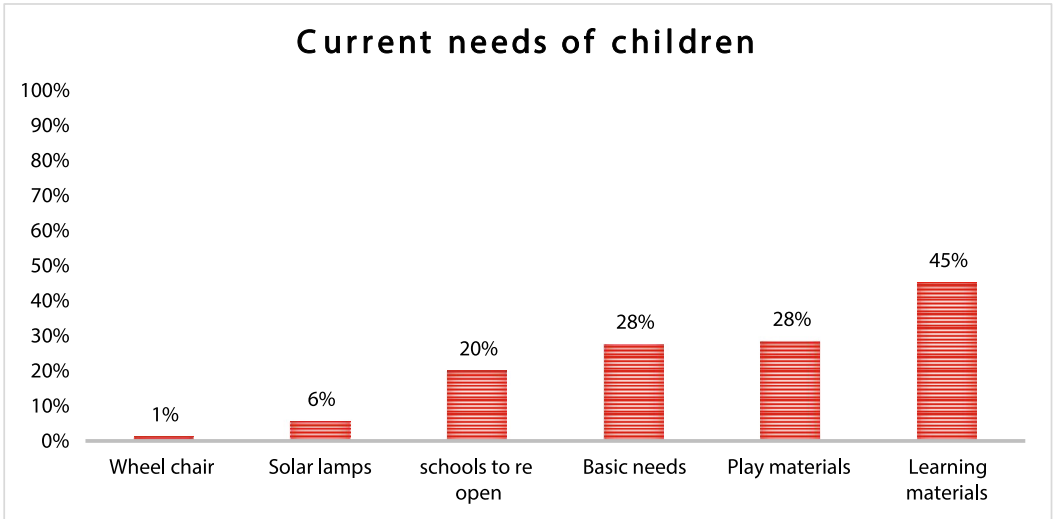
2. Radio learning is happening although not all children are able to listen to such programs, girls specifically are left behind.

3. Most children learning on their own need to be supported with textbooks so that their learning can be meaningful

4.Consider consultations with children, teachers and parents about reopening of schools so that such decisions are widely informed by the stakeholders.

Childrens current needs

Children's current needs range from learning materials (45%); play materials (28%) and basic needs including medical care, beddings, and food (28%). Another 20% of children asked that schools be re-opened, meanwhile 6% asked for solar lamps to support them while reading at home. Hygiene kits and radio as well as wheelchair were also requested. From the analysis above, children's needs are centered mainly on learning, play and basic needs, programs should put these into consideration.



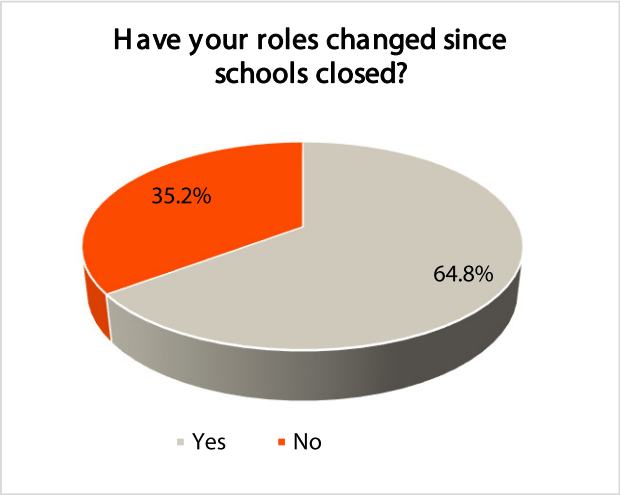
Message:

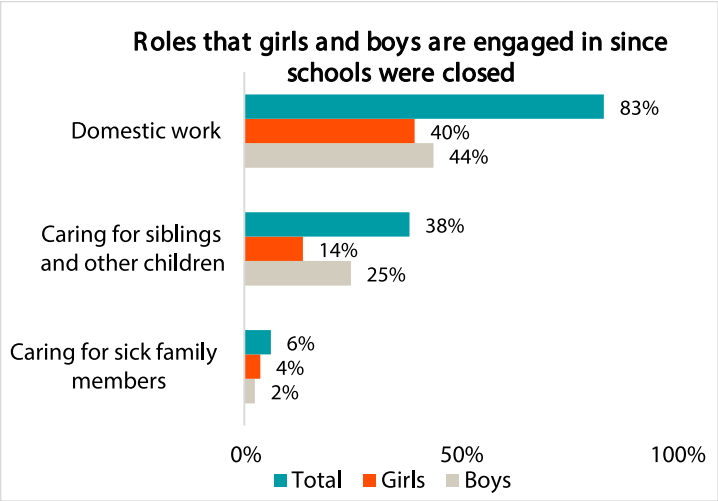
1. Children who are learning at home need to be supported with learning materials and solar lamps as long as schools are still closed.

2. Children are demanding that schools be reopened

Gender roles and COVID-19

65% of children said their roles have changed since they stopped going to school and more boys (36.4%) than girls (28.4%) expressed that their roles have changed since schools were officially closed due to the outbreak. Most boys (44%) now get involved in domestic work including cleaning up of the utensils, cleaning of the house among others. Another 38% are involved in caring for their younger siblings 25% boys and 14% girls. Other roles that children ar involved in are; agricultural work, helping their caregivers with their small businesses; others mentioned they have a lot of time now to play.





RECOMMENDATIONS

1. Increase use of child friendly radio programs as an effective way to communicate messages about COVID-19 to children.
2. Continuous communication with caregivers on COVID-19 so they can communicate the messages to their children, given children trust their caregivers as sources of information
3. Increased sensitization amongst caregivers, children, and community members of importance of radio lessons for children both boys and girls, given only a small proportion of children interviewed are accessing the lessons.
4. Increased sensitization amongst caregivers, children, community members on importance of continuous learning during COVID-19, given the majority of children are now engaged in additional domestic work.
5. Provide children with learning materials such as textbooks and solar lights so that they can continue learning at home before schools reopen.
6. Consider conducting an extensive assessment of the impact of the pandemic on access to necessities because children demand necessities like food, medical care including hygiene kits, clothing, beddings etc.
7. Consider conducting consultations with children, parents, teachers, and communities to understand their concerns about children staying home so that policy decisions on schools re opening are informed.
8. There is need for reaching out to the most vulnerable children during needs assessments because phone surveys do not reach children whose caregivers do not have phones, and those living with speech and mental impairments. These are some of the most marginalized groups of people, yet their needs are not being assessed.
9. Some children may be able to support their caregivers and friends with information so there is a need to ensure that communication is tailored to children so that they can understand and share correct content.

Knowledge, attitudes and impact of COVID-19 on children in non-formal schools in Dadaab

Save the Children

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