

CHILDREN AND COVID-19

ADVOCACY BRIEF

Using schools as nodes of care and support

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The opening and closing of schools during the COVID-19 pandemic has been a highly contested issue. Responses call for a balancing act between minimizing the disruption to children's education while also keeping children, educators and the broader school community as safe as possible. While schools have the education of learners as their primary mandates, they also have the potential to play a pivotal role as nodes of care and support during crises such as the COVID-19 pandemic, and to be the settings through which the necessary preventive and support measures can be provided.

This advocacy brief focuses on some of the key health-specific challenges brought about by the COVID-19 pandemic in schools and draws on the case of the Western Cape province as one of the early epicentres of the South African pandemic. It presents examples of how some of these challenges were addressed, with the aim of sharing lessons learnt and identifying opportunities to better use schools as nodes of care and support during this and future crises.

Introduction

The COVID-19 pandemic has brought into focus the integral relationship between the health and education of children, and the deep inequities in both. The health of a child influences the extent to which they can fully attain their education potential, and the level and quality of education impact on their longer-term health. In particular, education of women has been shown to improve child health outcomes. The threats posed by the COVID-19 pandemic to both the health and education of school-going youth are therefore likely to have devastating immediate and long-term impacts on children and our broader society.

Schooling during the pandemic has posed many challenges. The dilemma of when and how to keep schools open, while keeping children, educators and the broader school community safe from COVID-19 exposure in the schooling system, continues to evoke emotionally charged debates. Similar debates pertain to mask-wearing at school, especially for younger children, and the restriction of school sport, all of this against a backdrop of constantly changing information, shifting guidelines and revised regulations.

In South Africa, schools closed nationally for the first three months of lockdown, with a gradual phased return, coupled with online learning. Schools are only due to fully re-open in the second half of 2021. Most children have spent considerable amounts of time out of school since March

2020 when the South African COVID-19 pandemic started, with an estimated 750 000 children dropping out of school since the pandemic began.

To comply with 'COVID-safety' regulations, schools had to quickly adapt by putting in place a number of new measures such as handwashing and sanitizing facilities, mask wearing and creating well-ventilated classrooms, whilst at the same time finding innovative ways of ensuring ongoing learning across all grades.

Simultaneously, as community infection rates increased and South Africa experienced its first wave peak, infections escalated amongst educators and some learners, fuelling fears of transmission within the school context. The first educator deaths, even before schools properly re-opened, exacerbated anti-school opening sentiments.

Many direct and indirect health effects for school children occurred during the pandemic: some aspects were managed well while others have presented ongoing challenges. Some of the health-specific aspects that required attention include:

- Putting COVID-19 safety measures in place to minimise its spread in schools
- Supporting children and staff who contracted COVID-19

- Maintaining essential interventions to avoid undue negative health impacts, specifically maintaining the National School Nutrition programme (NSNP)
- Providing psychosocial support to mitigate the mental health impact of the pandemic
- Considering the 'as yet unknown' impact of long-covid on school children and educators
- Providing ongoing health education on COVID-safety
- Continuing the provision of health promotion and preventative school health services, including routine vaccinations

These aspects signal the multiple, basic and inter-linked rights which children should be able to access through schools, and which have been eroded by pre-existing inequalities and compounded by inadequate responses to the COVID crisis.

What was the context in which schools operated during the pandemic?

From the outset of the COVID-19 pandemic, epidemiologists declared children to be at a much lower risk than adults of contracting, spreading, or developing serious complications from COVID-19. The risk of educators and other school staff contracting COVID-19 infection in their communities was deemed greater than in schools.

The National Institute of Communicable diseases (NICD), based on monthly analyses, states that,

"The rise and decreases in numbers of cases in children do not appear to be directly related to the timing of opening or closing of schools, suggesting that schools are not the main drivers of infection in children".¹

In contrast, some United Kingdom (UK)-based studies and commentaries provided a range of viewpoints, with some recent suggestions that older children in secondary school may be a greater source of transmission than originally thought² as increased cases in UK secondary schools emerge.

Alternative views are that insufficient information is available about the behaviour of the COVID-19 virus and the information available in the early stages of the pandemic was insufficient to guide decision-making on school opening, thus requiring greater caution.

These divergent views created two camps:

- The first, positing that the many benefits of schooling far outweigh the risk of school transmission, and that schools should fully reopen, especially for younger children amongst whom the risk of contracting and spreading the infection is believed to be very low. This view is supported by the South African Paediatric Association,³ amongst others.
- The second view, supported by some teacher unions, calls for a more cautious phasing in of schooling,

as guided by the extent of viral infection in the community, and for total or partial school closures when community infection rates are high, such as during the peaks of the different infection waves.

Between March 2020 and February 2021, almost 1 700 educators had succumbed to COVID-19, their deaths strongly coinciding with the peak of Waves 1 and 2.⁴ This mirrors the pattern of deaths for the general population and shows no relationship to the opening and closing of schools. Secondary and primary school educators were affected equally.

Of note is that serious complications and deaths in children, whilst small in number, are over-represented in children with serious co-morbidities, suggesting that this cohort of school children are at higher risk and required special consideration. An estimated 50% of hospitalised children reported one or more co-morbidity.¹ School staff over 60 years of age and those with co-morbidities are accepted globally to be at greater risk of COVID-19 complications.

Furthermore, studies from high income countries, the UK in particular, now suggest a worrying phenomenon of long-COVID in children, where significant numbers of children, regardless of the severity of their COVID-19 infection, could suffer one or more long-term symptoms that may last for several months, thus impacting on their schooling.⁵ Similarly, long-COVID in adults places educators at risk of longer-term health effects.

In the WC, an initial 5 900 educators and other higher risk education workers have been identified for vaccination during South Africa's second phase of vaccine rollout⁶ and a subsequent vaccination drive offered the vaccine to all education sector staff, with reportedly good uptake.⁷ By 14 July 2021, the WC had reached 84% of its target (46 000 had been vaccinated) and by 7 July 2021, 400 000 teachers were vaccinated nationally.⁸

What is the situation of schools in South Africa?

South Africa has roughly 13 million children formally attending schools, as well as 410 000 educators.⁹ Schools are not just sites of education, they also provide access to health care through the Integrated School Health Programme (ISHP), food through the NSNP, and physical activity through informal and formal school sports. The latter is particularly important in the prevention of overweight and obesity, which increase the risk of COVID-19 complications. In addition, schools are important hubs of social interaction and play.

However, there are differences in the quality of education both within and between provinces.ⁱ Infrastructural inequalities directly affect the capacity of schools to put the necessary COVID-19 safety measures in place. Some schools benefit from state-of-the-art infrastructure, whilst many schools have no running water nor adequate sanitation, making good hand hygiene extremely challenging.

For example, Qaqamba (aged 20, RX radio reporter) had to move out of home to access online learning:

“So now I’m not at home, I’m at someone’s place and we are practicing social distancing... so because of the lockdown, we didn’t open and now we are doing things online and I cannot imagine how will I, how will I have done this if I was at home since we don’t have WiFi at home ... and my aunt is only a cleaner, we don’t have such income to buy WiFi and I will not have time to study since we are a lot of people, so here I can at least do my school work because there’s WiFi.”

Small class sizes with well-ventilated rooms, which make it easy to implement social distancing stand in stark contrast to overcrowded, poorly ventilated classrooms. While some children and educators travel to school in privately-owned vehicles, those who are reliant on over-crowded public transport have an increased risk of contracting COVID-19 as they commute to and from school.

Children with special needs and serious co-morbidities suffer added disadvantage, as Luzuko (aged 19, RX radio reporter) recounts:

“Coronavirus and my illness, if they can click together, they can basically kill me. My mental is that, I have a fear of that and I’m scared, you know. And physical, my body changes so Coronavirus could change too. It can affect my lungs and affect my breathing issues. Luckily I have the ventilator now.”

Learner-educator ratios and learning outcomes also differ widely between schools, with the matric pass rate in 2020

fluctuating between 68% and 85% across provinces.

These inequities were brought into sharp focus as the COVID-19 pandemic unfolded with some children being able to continue with high quality education whilst living in safe and supportive environments, whereas the vast majority had their schooling severely interrupted due to multiple deprivations including hunger, unsafe living conditions, and a lack of data.

Nationally, schools had to operate through two successive COVID-19 waves of infection in 2020/21, bracing for a third wave in mid-2021, and find ways to put the necessary measures in place to ensure safety for learners and staff.

In the 16-months since the first COVID-19 case was confirmed in South Africa, several government-regulated alert levels were promulgated, which in turn affected the opening and closing of schools. This led to a significant loss of teaching and learning time, especially for those children from low-income settings who did not have access to online learning. The negative effects of learning losses are predicted to continue long after the pandemic has passed. Latest projections suggest that between March 2020 and June 2021, most primary school learners lost 70% to 100% of schooling. This translates into the loss of a full year of learning that will have major implications far into the future. According to the Department of Basic Education, apart from the learning time lost, two decades of learning gains have been compromised, and the only strategy to remedy the impact of the pandemic on learning losses is to get all learners “back in school”.¹⁰

These losses are keenly felt by learners as Rethabile (aged 15, RX radio correspondent) expressed:

“I’m suffering a lot with my schoolwork because I no longer go to school every day. I go only three days a week and it is hard to study at home because there’s a lot of noise.”

In addition to the loss in learning, there was a three-fold increase in school dropout, with an estimated 750 000 children dropping out of school since the pandemic began, mostly from families already affected by poverty and economic hardships.⁴

While schools have the education of learners as their primary mandates, they also have the potential to play a pivotal role as nodes of care and support during crises such as the COVID-19 pandemic, and as settings through which preventive and support measures can be provided.

ⁱ Inequality differentials between urban, peri-urban and rural areas in the same province, between rich and poor areas, schools in the public and private sector, and mainstream and special needs schools.

What is the situation with COVID-19 and schools in the Western Cape?

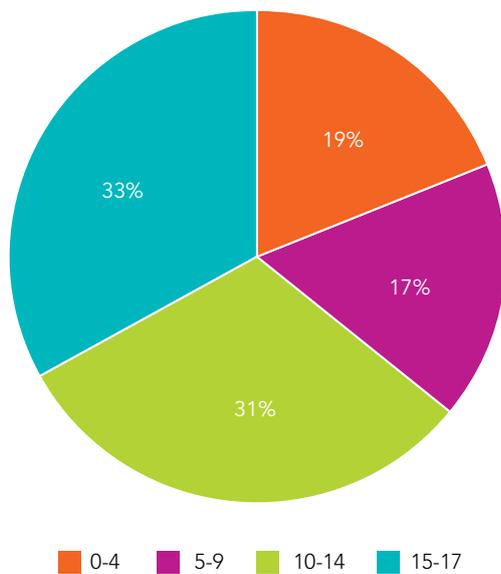
In the WC, just over 1.1 million children attend 1 514ⁱⁱ public sector ordinary and special needs schools.¹¹ An estimated 490 000 children are eligible for the daily NSNP, meaning almost one in two learners come from food insecure homes. Prior to the pandemic, school health services, whilst facing challenges, were in most cases operational and provided a critical link between schools and health services.

Direct health impact of COVID-19

From March – December 2020, almost a third of schools in the WC (447) experienced COVID-19 infections amongst educators and learners.

- 1 200 learners contracted COVID-19 (less than 1%)
- 3 900 learners required quarantine (mainly from community-acquired infections rather than school outbreaks), and
- 100 COVID-19-related deaths occurred (99 educators and 1 learner), directly affecting 96 schools.

Figure 1: Laboratory-confirmed COVID-19, under 18 years, (March 2020 - March 2021)



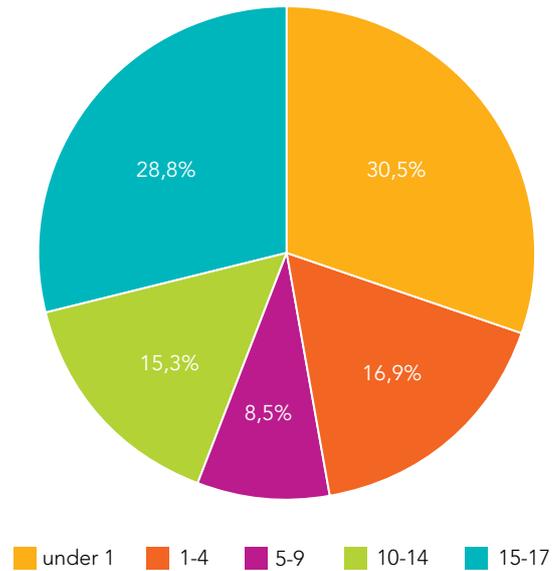
Source: Western Cape Provincial health data centre

Despite a relatively small numbers of deaths, widespread fears prevail about learner and educator safety, and concerns regarding learning losses and educational futures continue to be raised in the context of repeated cycles of closure.

Figure 1 shows that of all the laboratory-confirmed COVID-19 cases in children in the WC, the majority (81%) pertain to the school-aged group.

Of the 59 children who died in the period March 2020 - March 2021, almost a third were older adolescents (15-17),

Figure 2: COVID-19 deaths, under 18 years, (March 2020 - March 2021)



Source: Western Cape Provincial health data centre

signalling the possible presence of co-morbidities.¹ This presented a real fear, as suggested by Luzanne (aged 18, RX radio correspondent).

“Coronavirus is a major concern for me, mainly because I have a younger brother who is disabled. He cannot walk or talk, and I fear if he is feeling sick, he won’t be able to say he’s not feeling well. That scares me. We generally practise good hygiene and this is to keep ourselves clean and healthy but mainly to keep my brother healthy.”

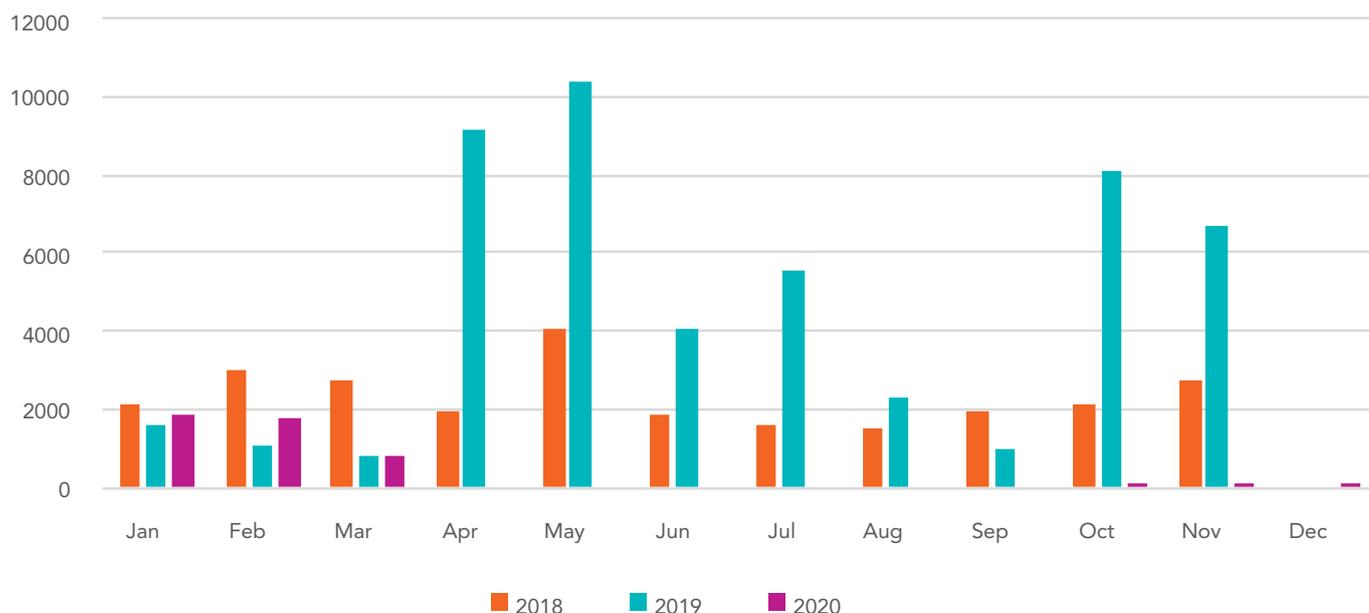
Loss of important school-linked interventions

The Integrated School Health Programme

The ISHP performs the valuable link between schools and health services, and is purposed to provide learners with the necessary health education and health promotion information, which complements the Life Orientation curriculum in schools. The programme makes possible screening for health barriers to learning, for example, and identifying learners in need of health care and support, such as learners with mental health and long-term (chronic) health conditions. It also provides aspects of sexual and reproductive health services to adolescents. However, the ISHP ceased to function during the pandemic: initially because schools were completely closed and school health teams previously assigned to schools were also reallocated to assist in health facilities (Figure 3). This meant that the

ii These include four hospital-based schools at Red Cross, Groote Schuur, Tygerberg and Maitland Cottage hospitals.

Figure 3: Grade R and Grade 1 learners screened



invaluable support that school health teams could be providing at this time was lost, and that the 2019 gains made in increasing the coverage of the ISHP were compromised in 2020 and 2021. School health teams have not yet returned to their previous functioning.

The National School Nutrition Programme

COVID-19 has resulted in widespread food insecurity and hunger. Most South African school children already faced a double nutrition burden prior to the pandemic (as illustrated by the nutrition brief), making the NSNP upon which thousands of children rely as their only daily meal, all the more critical. In the WC, close to 490 000 children lost this important source of nutrition during the initial period of lockdown. An additional concern is that unhealthy obesogenic diets and reduced physical activity during lockdown may exacerbate already rising childhood obesity levels.ⁱⁱⁱ

The critical need for children to access a daily meal resulted in a court order directing the national and provincial departments of Education to resume the NSNP in July with the exception of the Western Cape province that had already put plans in place to continue school feeding (see Case 1).

Psychosocial well-being

Many learners live in homes where caregivers and relatives became seriously ill or died due to COVID-19, adding grief and emotional trauma to an already stressful situation. In the WC, as of July 2021, just over 365 000 people were diagnosed with COVID-19, 65 000 were hospitalised for serious illness, and just over 14 000 deaths occurred (with global estimates indicating that more than 1.5 million children have lost a primary or secondary caregiver to COVID-19)¹³.

This trend is expected to continue during successive waves of the virus. For many children, family illnesses and deaths

Case 1: Court ruling on the National School Nutrition Programme

On 17 July 2020, the North Gauteng High Court handed down judgement in *Equal Education and Others v Minister of Basic Education and Others*, in which eight provincial Departments of Basic Education (DBE) were ordered to resume the NSNP for all qualifying learners, regardless of whether they had resumed classes.

The court also recognised that children's rights to basic nutrition and education are interdependent, and that government has a constitutional obligation to provide

learners with nutritional support through the NSNP to uphold learners' rights to basic nutrition and basic education.

The court drew on General Comment 19 of the UN Convention on the Rights of the Child, to confirm that even in times of economic crisis, the state may only consider introducing regressive measures after assessing all other options and ensuring that children are the last to be affected, especially those in vulnerable situations.¹²

iii A diet consisting of nutrition-poor, carbohydrate rich food, which is often cheaper and lasts longer and to which families living in poverty turn to in order to stretch their meagre household monetary resources.

have completely disrupted their emotional and physical stability, as family and community members were not always willing or able to step in to help as they might have done pre-COVID, out of fear of infection. Health and social care systems were inadequately prepared for identifying and

supporting children at risk, and the closure of schools further eroded available support systems.

Children were fearful of going back to school and some expressed concern that they might pass on the virus to elderly relatives.

What were the responses?

Psychosocial response

In response to psychosocial needs of learners and education staff, the WCED's Directorate: Inclusive and Specialised Education Support developed a psychosocial support pathway, intended to support learners and educators (See figure 3). The support pathway is divided into low, medium and high-level support, each with different measures and degrees of support. Support ranges from preventative interventions provided by teachers via Life Skills or Life Orientation lessons, to more intensive support of face-to-face or online individual or group counselling or therapy. Where required, learners would be referred to the available psychiatric services or to child protection services. Grade 12 learners were earmarked for specific support in their final school year.

Staff were encouraged to use the Employee Wellness Programme, available to all employees of the WCED, and

further guidance for learners, teachers and parents was made available through the WCED's website.

While the extent to which these psychosocial services were available, accessible and utilised in practice is not fully known, the programme nonetheless provides a useful approach for structuring psychosocial support services.

Beyond this formal response, NGOs, civil society groupings such as the Community Action Networks (CANS) and universities offered practical assistance (in the form of food parcels, books and stationery) and psychosocial support to children diagnosed with COVID-19 and to their families – including workbooks to help children cope with trauma and loss (see Case 2). Both these examples represent models that could be taken to scale for wider impact. Social workers throughout the system struggled to provide the necessary support, due to lack of capacity even during the pre-COVID period.

Case 2: "My South African Pandemic Story": Breaking the silence

In response to children's growing need for psychosocial support, the Schools Improvement Initiative in the Schools Development Unit (University of Cape Town) worked with Dr Gilbert Kliman (USA) and Jennifer Davids (UK)^v to develop three interactive, age-appropriate workbooks for children and adolescents to cope with trauma and loss as a result of the pandemic by 'telling their story'.

UCT Social work students helped pilot the programme at five schools in Khayelitsha, reaching over 600 learners in Grades 4 and 8 to date. This was part of a collaborative initiative involving the Hilltop Khayelitsha Spar and Metropole East Education District. Feedback from learners and students suggest that the workbooks have been valuable in encouraging discussion and self-expression: "One learner said [the book] helped her realise things about herself she didn't know and most

of the learners agreed. We talked a bit more about Corona and the effects. We spoke about people losing their jobs, staying at home the whole day with their siblings and parents, and how they're glad they're back at school. You know, it's made learning better for them. So it was quite positive and they were very open, some even shared their own personal struggles. So I think the book is helping them in that way ..." (4th year social work student).

While it is too soon to directly link the intervention with improved learner wellbeing, we believe that the workbooks have created a space for learners to engage honestly about issues related to the pandemic and have helped normalise their feelings and experiences. Going forward, the workbooks will be adapted to a 'non-COVID' context, so that learners can continue to use their voices to develop agency, understanding and self-worth.

Source: Schools Improvement Initiative (SII), Schools Development Unit (SDU), School of Education, UCT.

^v Dr Kliman, a world expert on the emotional and psychological effects of large-scale situational crises, is a child and adolescent psychiatrist and psychoanalyst. He is Medical Director of the Children's Psychological Health Center (CPHC), San Francisco. Jennifer Davids is a child and adolescent psychoanalyst in London and Director of the Africa Projects of the CPHC.

Case 3: Innovations at Jurie Primary School

The principal explained that the school pro-actively planned for re-opening, rather than adopting a 'wait and see' approach. One of the innovations introduced by the school caretaker was the construction of a handwashing station which enabled 14 socially-distanced learners to wash their hands simultaneously from a single tap, with the wastewater channelled into the school garden.

Following social distancing concerns around learner transport, teachers stepped in to supervise pick-up points and then parents took over this role. The evaluation report stated that the 'effectiveness of the school's safety measures is clear – as it has not had to close for a single day due to COVID-19 infections (apart from compulsory school closures during Lockdown Level 5)'.¹⁵

Source: Western Cape Education Department. Outstanding COVID-19 response Juries Hayes Primary School recognised. [press release] <https://wcedonline.westerncape.gov.za/news/outstanding-covid-19-response-jurie-hayes-ps-recognized>. Sourced on 9 June 2021.

Maintaining the NSNP

The WCED used three mechanisms to try and maintain the NSNP during lockdown:

- Allowing eligible learners to collect meals from schools
- Allowing learners who lived far from school to collect food at a school close to home
- Providing food parcels in rural areas

Despite the efforts to maintain the NSNP during the first two months of lockdown (April-May 2020), only 1 million meals were distributed to about 65 000 learners, twice a week. This represented only 15% of eligible learners, and it also meant that they were not covered for the other three weekdays, and possibly weekends. In parallel, although not documented fully, numerous civil society and NGO efforts were put in place to feed children and families.

In January 2021 when schools re-opened for all grades on a part-time basis, meal provision improved, but still only 32% of eligible learners received the NSNP meals. This increased to 50% as school days steadily increased.

Making schools safe

The DBE required all provinces to make schools COVID-19 ready for re-opening and, in response, the WCED attempted to put the required measures in place. Following initial efforts, the WCED conducted a Schools Evaluation Audit to identify the extent to which schools were able to implement COVID-safe teaching and learning. Scoring ranged from 1 (inadequate) to 4 (outstanding), with scores of 1 and 2 meaning that improvement was needed.¹⁴

In general, schools made an effort to implement the necessary COVID-19 safety measures and maintain teaching

and learning. None of the WC schools lacked basic water and sanitation infrastructure. An estimated 61 500 learners required daily transport, making the provision of safe transport options a mammoth task.¹⁵ However, even in this relatively well-resourced province, a number of schools did not perform well with regard to having basic measures in place, signalling concern for parts of the country where school infrastructure and capacity is known to be poor, even under non-pandemic circumstances. Some of the aspects that schools were asked to improve included: helping more learners access the NSNP; reminding learners to observe the safety measures, particularly outside of school premises; and finding ways to boost the morale of educators and learners and enabling them to access to psychosocial support.

Encouragingly, the audit identified a number of innovative school responses (as illustrated in Case 3). Other innovations included food gardens to supplement school meals and multi-stakeholder partnerships to supplement safety measures such as masks.

Forging collaboration with health

Crucial to the pandemic response is effective collaboration between health and education. An important initiative in the WC was the establishment of a regular forum between the Department of Health and Education, that allowed Health to keep Education abreast of progress related to the pandemic, respond to queries, and provide much-needed input and advice on how schools could manage and improve their pandemic response. This inter-sectoral forum, comprising educators in key management positions across the province as well as key experts from health, remains active.

The two departments also collaborated to get educators vaccinated, with commendable results.

What are the recommendations?

South African schools have faced many challenges throughout the pandemic which also exposed deep inequities in the quality of schooling and school

environments. In the process, many lessons have been learnt which can help schools better support learners and educators during similar crises.

Safety of schools

- Actively monitor and address infrastructure backlogs in water, sanitation, classroom safety
- Monitor school transport as a potential 'hotspot' and liaise with transport-providers accordingly
- Monitor social clustering around school events, such as sporting events

Ensure that schools become nodes of care and support

- Ensure the NSNP is fully operational at all times, with the capacity to deliver the required services
- Strengthen psychosocial support services as schools are often the only source of support for many learners
- Build the capacity of teachers to support learners who are struggling with psychological distress
- Provide psychosocial support for teachers who are experiencing emotional and psychological distress

School governance

- Develop intersectoral teams in every school district to address learner and educator needs and draw in community-based, business and higher education academic institution partners
- Provide clear and ongoing communication to keep stakeholders informed, using social media and other communication platforms such as community radio.

Close collaboration with the health departments

- Establish a regular education/health forum
- Promote ongoing collaboration between school-based support teams and school health teams to educate staff and learners about COVID-19, and identify and support those with serious co-morbidities and those at risk for hunger and obesity.
- Pay extra attention to special needs schools and learners, as they are more likely to have difficulties in learning and associated health conditions

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This is one of a series of advocacy briefs that trace the impact of COVID-19 on children in order to identify opportunities to better support children during the COVID-19 pandemic and future crises.

Suggested citation: Shung-King M, Silbert P, Silwana P, Daniels B, Mzozoyana T, Morden E, Lake L & Delany A. Education and schools as nodes of care and support. In: Lake L, Shung-King M, Delany A & Hendricks M (eds) *Children and COVID-19 advocacy brief series*. Cape Town: Children's Institute, University of Cape Town. 2021.

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The series is published by the Children's Institute in partnership with the Children's Hospital Trust and Michael & Susan Dell Foundation.

Design: Mandy Lake-Digby

