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Assessment of the Psychosocial Impact of COVID-19

on Teachers, Teacher Educators and Learners and Psychosocial Support Needs in Selected Sub-Saharan African Countries

May 2023

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UNESCO IICBA STUDY 2023-1

ASSESSMENT OF THE PSYCHOSOCIAL IMPACT OF COVID-19 ON TEACHERS, TEACHER EDUCATORS AND LEARNERS AND PSYCHOSOCIAL SUPPORT NEEDS IN SELECTED SUB-SAHARAN AFRICAN COUNTRIES

Collective under the direction of Prof. Therese Mungah Shalo Tchombe

May 2023 (*)

Abstract:

Mental health and well-being have received increasing recognition following COVID-19; however, persistent challenges continue to exist within the education sector. A growing body of evidence focuses on the interconnectedness of education, health, and well-being. Education can play an important role in promoting and protecting the mental health and psychosocial well-being of teachers and learners. This study was conducted with the following objectives: (i) Assess psychosocial impact of the COVID-19 pandemic on in-service teachers, teacher educators and learners; (ii) Identify and rank the causes of negative impact of COVID-19 on in-service teachers, teacher educators and learners by their severity; (iii) Identify innovative strategies governments are employing to address these challenges; (iv) Identify challenges school leaders, teachers and teacher educators may face while providing health and psychosocial support (PSS) to teachers and learners; (v) Assess the PSS needs of in-service teachers, teacher educators and learners; (vi) Provide recommendations for resilience development, infection control and provision of PSS to teachers, teacher educators and learners during and after the COVID-19 pandemic; and (vii) Develop high-level advocacy and Policy Briefs for member states, Regional Economic Commissions (RECs) and other partners based on the key findings of the study.

Keywords: Teachers, Teacher Educators, Mental Health, Psychosocial support, Africa.

EXECUTIVE SUMMARY

The outbreak of COVID-19, has negatively impacted teachers, teacher educators and learners. Fear of contracting the disease led to psychological problems like depression, anxiety, frustration and stress. Recent studies have shown that during lockdowns, teachers and learners have suffered depression, anxiety and stress from having to adapt (in record time) in order to teach and learn online (Besser et al., 2020). The factors contributing to the negative impacts of COVID-19 on learners, teachers and teacher educators have closely been associated with closure or disruption of schools. The closure of schools and universities affected more than 1.5 billion children and youth worldwide and has significantly changed how youths and children live and learn during the pandemic (United Nation, 2020). The preventive measures and yet prolonged closure of schools, lockdown measures, and therefore lack of access to key protective social services, including schools which for many constitute places of refuge have led to sudden interruptions of learners' daily routines, relationships and close ties within social groups. Leaners, particularly girls and young women, assumed a greater burden of care and domestic chores in households where economic security has been lost; which may have increased psycho-emotional duress and stress, sexual harassment, exploitation on children, and sexual related violence from partners or family members, or even rape in many instances. It is based on these effects that this study was specifically conducted to achieve the following objectives:

1. Assess psychosocial impact of the COVID-19 pandemic on in-service teachers, teacher educators and learners;

2. Identify and rank the causes of negative impact of COVID-19 on in-service teachers, teacher educators and learners by their severity;

3. Identify innovative strategies governments are employing to address these challenges;

4. Identify challenges school leaders, teachers and teacher educators may face while providing health and psychosocial support (PSS) to teachers and learners;

5. Assess the PSS needs of in-service teachers, teacher educators and learners

6. Provide recommendations for resilience development, infection control and provision of PSS to teachers, teacher educators and learners during and after the COVID-19 pandemic;

7. Develop high-level advocacy and Policy Briefs for member states, Regional Economic Commissions (RECs) and other partners based on the key findings of the study.

This study was guided by three theories. Firstly, the *physiopsychosocial model of education in times of emergencies* (Tchombe et al., 2020). This theory outlines the impact of emergencies like health hazards on the physiological, psychological and social development of human beings. Secondly, the *Maslow's (1943) hierarchy of needs* which suggests that people are motivated to fulfil basic needs before moving on to other, more advanced psychological needs, was relevant to this study. Finally, *Latiné's (1981) Social Impact Theory (SIT)* also informed this study not least because this study relies on the presumption of the existence of social and educational impacts from precautionary and preventive measures to contain the COVID-19 outbreak.

The study adopted the sequential explanatory design, with the collection and analysis of quantitative data as the first phase of the study. This was accomplished using an online survey

questionnaire transformed into a google form. The second phase constituted the collection and analysis of qualitative data guided by information drawn from the quantitative findings. Qualitative data were collected with the aid of focus group discussions conducted via Microsoft Team meetings. The validation of data collection instruments was based on content validity which focused upon the extent to which the content of the instruments corresponded to the content of the theoretical concepts they were designed to measure. Further consistency was done by UNESCO in collaboration with the consulting team.

The target population of the study included teachers, teacher educators, learners, school leaders, education inspectors/government officials, psychosocial support experts and parents from 22 countries. These were Botswana, Cameroon, Cote D'Ivoire, Democratic Republic of Congo, Eswatini, Ethiopia, Gambia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mali, Mozambique, Nigeria, Rwanda, Senegal, South Sudan, Uganda, Zambia and Zimbabwe. Out of the 22 countries initially projected for the study, only 14 actually participated. Out of the 14 countries that participated in the study, only 6 actually participated in a significant way with 8 of the countries providing only 1 or 2 responses. Accordingly, a sample size of 1,072 teachers, 141 teacher educators, 1,182 school leaders and 150 inspectors/government officials made a total of 2,545 respondents who participated in quantitative data collection. As concerns qualitative data, a total of 15 Focus Group Discussions (FGDs) were conducted in 4 countries out of the 6 invited to participate: Cote D'Ivoire, Eswatini, Lesotho, and Rwanda. All the stake holders of the study participated in the FGDs: teacher educators (2 FGDs), teachers (2 FGDs), school leaders (2 FGDs), inspectors & government officials (3 FGDs), learners (2 FGDs), parents (2 FGDs) and experts (1 FGD).

Regarding data analysis, quantitative data, the Google Form resume section and a pre-designed EpiData Version 3.1 database, which has built-in consistency and validation checks, was used to enter the data. Further to consistency, data range and validation checks were also performed using SPSS version 25.0 to identify invalid codes. Frequencies, percentages and ranks were used for descriptive statistics. The analysis of qualitative data was done following the systematic process of thematic and content analysis and narrative analysis. The following were established as findings of the study according to objectives of the study.

As concerns psychological impact of COVID-19, depression was the most felt psychological impact affecting 31.0% of teachers and 33.0% of teacher educators. This was followed by anxiety affecting 24.6% of teachers and 25.5% of teacher educators. The least reported psychological impact was stress, affecting 20.8% of teachers and 19.9% of teacher educators. More males than females were affected by psychological impacts in terms of depression, anxiety and stress. Psychological impacts were mostly faced by teachers and teacher educators working in rural areas than those working in urban areas and mostly by secondary school teachers and teacher educators than primary school teachers and teacher educators. There were fewer or no gender, living area and school level differences in terms of social impacts. In relation to social impact of COVID-19, teachers and teacher educators faced a social impact on each category at various degrees of impact. However, society related impacts such as many deaths and restricted movements were the highest (2.2%) felt by teachers, while society and family related impacts (2.8%) were the most frequent impact felt by teacher educators. Domestic violence was the least frequent impact faced by both teachers (1.1%) and teacher educators (1.4%).

Despite the negative impact of COVID-19, as depicted in quantitative data, qualitative information brought out some positive outcomes of the pandemic. Prominent amongst these were development of resilience, improved communalism and communication skills, increase in ICT skills for teaching and learning, the introduction of blended learning in most educational systems and institution of healthier and safer environments in schools.

Factors contributing to negative impact of COVID-19 varied across categories of participants. Teachers and school leaders reported "many deaths" as a result of COVID-19 as the biggest contributor to negative impact of COVID-19, with overall scores of 1,718 and 1,979 respectively. As for teacher educators, they found "restricted movements", with an overall score of 206, as the biggest contributor to negative impact of COVID-19.

Challenges faced in the provision of psychosocial support also varied depending on the category of participants. Teachers and teacher educators reported the "lack of financial resources" to be the biggest challenge in provision of psychosocial support, with an overall score of 1,924 and 195 respectively. For teacher educators, however, the "lack of financial resources" tied with "inadequate personal protective effects" and "ineffective online/distance education system", all with an overall score of 195. As for school leaders, they found "poor Internet connection" as the biggest challenge with an overall score of 2,305.

Innovative strategies governments are employing to address the challenges were dominated by "communication tools" with an overall score of 279. This was followed by "joint task force" with an overall score of 229 and "hybrid learning modalities" with an overall score of 208.

When it comes to psychosocial support needs, "more funding", "capacity development seminars", "special remedial programmes" and "referral centres" were the most frequently highlighted needs. As far as social needs are concerned, "increase incentives", "capacity development and training", "hand washing stations" and "provision of online/distance education support" were the most frequently reported social needs according to teachers, teacher educators and school leaders.

Recommendations made by participants revolve around "well-equipped counselling units", "academic counselling sessions, workshops and specialised therapies", "adjustment of the curriculum and academic calendar", "diverse learning platforms" and "provision of personal protective tools and vaccination". More specifically, these recommendations were made by teachers, teacher educators, school leaders and inspectors/government officials. Based on the findings of the study, policy recommendations (please see Policy Briefs) were made in relation to building resilience; revising curricular for teacher education; increasing education budgets; sdeveloping an inclusive recovery policy; and partnerships for community involvement in education. Subsequent interventions and rehabilitations may need to focus on availing learning platforms and creating multiple learning pathways that accommodate learners who experience diverse challenges.

This study, therefore, identifies capacity and resilience development amongst teachers, learners and education institutions essential to be better prepared to future pandemics and similar crises. This brings to light The International Institute for Capacity Building in Africa (IICBA)'s effort to support government and other partners to strengthen national and international educational systems, including social services, to be risk-informed in order to reduce negative impact of such pandemics and crises and foster psychosocial support.

ACKNOWLEDGEMENTS

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ABBREVIATIONS / ACRONYMS

ADEA	Association for the Development of Education in Africa
APHRC	African Population and Health Research Center
AU	African Union
CES	Continental Education Strategy
CIEFFA	African Union International Centre for Girls' and Women's Education in Africa
CRCFDE	Centre for Research on Child and Family Development and Education
CVI	Inter-Judge Coefficient of Validity
EAC	East African Community
ECCAS	Economic Community of Central African States
ECOWAS	Economic Community of West African States
EiE	Education in Emergencies course
FC	Factors Contributing
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
IASC	Inter Agency Standing Committee
ICT	Information and Communication Technologies
IFRC	International Federation of Red Cross
IICBA	The International Institute for Capacity Building in Africa
IS	Item Serial Numbers
MPL	Minimum Proficiency Level
NGO	Non-Governmental Organisation
NPOs	National Project Officers
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODL	Open and Distance Learning
PC	Potential Challenges
PHEIC	Public Health Emergency of International Concern
PSS	Psychosocial Support
PTA	Parent Teacher Association

RECs   Regional Economic Commissions

REC   Recommendation

SADEC   Southern African Development Community

SDG   Sustainable Development Goals

SIT   Social Impact Theory

SPSS   Statistical Package for Social Sciences

TVET   Technical and Vocational Education

UNESCO   United Nations Education Scientific and Cultural Organisations

UNESCO-UIS   United Nations Education Scientific and Cultural Organisations Institute of Statistics

UNHCR   United Nations High Commission for Refugees

UNICEF   United Nations Children's Fund

UN   United Nations

VAWG   Violence Against Women and Girls

WHO   World Health Organisation

CHAPTER ONE
GENERAL INTRODUCTION

Introduction

The outbreak of coronavirus disease (COVID-19) has been declared a Public Health Emergency of International Concern (PHEIC) (WHO, 2020). The protection of teachers, teacher educators, learners, other education stakeholders and education facilities are particularly important. Precaution is necessary to prevent the potential spread of COVID-19 in school settings. However, care must also be taken to avoid stigmatising learners and teachers who may have been exposed to the virus. Educational settings need to continue to be welcoming, respectful, inclusive, safe and supportive environments to all. Measures taken by schools can prevent the entry and spread of COVID-19 by learners and staff that may have been exposed to the virus, while minimising disruption and protecting them from negative psychosocial impact through provision of adequate psychosocial support (UNESCO, 2020). The United Nations Educational, Scientific and Cultural Organisation (UNESCO) estimated that 191 countries had implemented some form of national school closures related to COVID-19, affecting more than 90% of all enrolled learners worldwide by April 2020 (UNESCO, 2020).

UNESCO (2021) also stated that in 2020, it was estimated that 24 million children, adolescents and youths from pre-primary to tertiary education globally will be at risk of not returning to learning due to economic impact of the crisis, among which 11 million are primary and secondary education students. They are predominantly found in South and West Asia (5.9 million) and sub-Saharan Africa (5.3 million), representing 47% of the total number of at-risk students. Also in 2020, schools were completely closed for an average of 15 weeks (4 months) worldwide. If partial closures are also included, the average duration represents 26 weeks (6.5 months) worldwide, or almost two thirds of a school year. As part of their fiscal responses, 46% of the countries surveyed by UNESCO prioritised funding in remote learning to ensure continuity of learning amid school closures. Yet one year into the pandemic, more than two-thirds of the student population (70%), an equivalent of 1 billion students still faces disruptions to schooling. An alarming increase in the absolute number of children below the minimum proficiency level (MPL) is directly linked to the duration of school closures and the percentage of children close to the MPL (UNESCO, 2021). In order to mitigate the negative impact of COVID-19 on the psychosocial wellbeing of teachers and learners, key policy issues to address could include:

- Deploying diverse learning platforms and hybrid learning to mitigate learning disruptions;
- Supporting teachers and their professional development;
- Attending to the wellbeing of teachers and learners;
- Readjusting academic calendars and providing catch-up and remedial programmes;
- Addressing marginalisation and inequalities and focusing on equity;
- Building resilience and trust in education through system-wide planning (UNESCO, 2021).

Teachers and teacher educators are at the forefront of providing psychosocial support (PSS) not only to such students, but also other students who may have been psychologically affected by the rise of COVID-19. Hence there is need for new learning modalities and approaches that respond to crises such as COVID-19. For teachers and teacher educators to

be able to provide psychosocial support, their own psychosocial needs must first be met. This entails that teachers' capacities need to be developed to enable them enhance their skills to provide PSS and maintain effective learning. This is the case in Cameroon, where UNESCO (2020) organised a 3-day seminar, in which school administrators from the 10 regions of the country were trained on the provision of psychosocial support during emergencies with focus on COVID-19. Such capacity development will enable the provision of PSS that can nurture supportive relationships and enhance the adaptive coping skills and sense of control, which in turn reduces stress for all those affected.

According to the Inter Agency Standing Committee (IASC)'s Guidelines on Mental Health and Psychosocial Support in Emergency Settings, psychosocial support refers to the dynamic relationship between the psychological and social dimensions of a person (IASC, 2007). The psychological dimension includes internal, emotional and thought processes, feelings and reactions, whereas the social dimension includes relationships, family and community network, social values and cultural practices (IASC, 2007). Psychosocial support therefore, refers to the actions that address both psychological and social needs of individuals, families and communities (IASC, 2007). Psychosocial support helps sustain resilience skills and strengthens growth mindsets in these critical times as COVID-19 threatens development at all levels.

Justification for needs assessment study

According to the International Federation of Red Cross (IFRC) and Red Crescent Societies (2021), psychosocial support helps individuals and communities to heal the psychological wounds and rebuild social structures after an emergency or a critical event, like the current COVID-19 pandemic. It can help change people into active survivors (resilience) rather than passive victims. Early and adequate psychosocial support can:

- prevent distress and suffering developing into something more severe;
- help people cope better and become reconciled to everyday life;
- help beneficiaries to resume their normal lives;
- meet community-identified needs (IFRC, 2021);

Disasters, conflicts and health problems have severe psychosocial consequences. The emotional wounds may be less visible than the destruction of homes, but it often takes far longer to recover from an emotional impact than to overcome material losses. Early support and adaptation processes which respect local customs in mental health or psychosocial healing allow an affected population to cope better with a difficult situation. Social effects are the shared experiences caused by disruptive events and consequent death, separation, sense of loss and feeling of helplessness (IFRC, 2021).

It is against this background that the assessment of the psychosocial impact of COVID-19 on teachers, teacher educators and learners and PSS needs was conducted by IICBA, in partnership with UNESCO Headquarters as well as reginal offices in Harare, Dakar and Nairobi.

Objectives of the study

The assessment of psychosocial impact of COVID-19 on teachers, teacher educators and learners and PSS needs aims at achieving seven objectives, namely, to:

1. Assess psychosocial impact of the COVID-19 pandemic on in-service teachers, teacher educators and learners;

2. Identify and rank the causes of negative impact of COVID-19 on in-service teachers, teacher educators and learners by their severity;

3. Identify innovative strategies governments are employing to adDr.ess these challenges;

4. Identify potential challenges school leaders, teachers and teacher educators are facing with providing health and PSS to teachers and learners;

5. Assess the PSS needs of in-service teachers, teacher educators and learners;

6. Provide recommendations for resilience development, infection control and provision of PSS to teachers, teacher educators and learners during and after the COVID-19 pandemic;

7. Develop high-level advocacy and Policy Briefs for member states, Regional Economic Commissions (RECs) and other partners based on the key findings of the study.

CHAPTER TWO
LITERATURE REVIEW

Conceptual review

The conceptual review of this study consists of the major concepts that constituted the objectives of the study. These include psychosocial impact and factors contributing to the negative impact of COVID-19, challenges faced by teachers, teacher educators and learners, innovative strategies and psychosocial needs.

a) Psychosocial impact of COVID-19

According to UNESCO (2020), the effects the long-term school closure have had on teachers, teacher educators and learners due to the pandemic have caused great concern. Many teachers had their salaries reduced to 50% while others have completely lost their contracts due to the COVID-19 crisis. Fear of contracting the disease has led to psychological problems like depression, anxiety, frustration and stress. Teachers have insufficient opportunities to build their pedagogical and content knowledge. There is lack of a continuous and structured teacher training on the use of ICT in Sub Saharan Africa. According to UNESCO-UIS (2020), only 64% of primary teachers and 50% of secondary teachers have received minimum training on the use of ICT in sub-Saharan Africa. School closure, lack of outdoor activities, aberrant dietary and sleeping habits are likely to disrupt learners' usual lifestyle and can potentially promote monotony, distress, impatience, annoyance and varied neuropsychiatric manifestations. Incidents of domestic violence, child abuse and adulterated online contents are on the rise. The children from marginalised communities are particularly susceptible to COVID-19 infection and may suffer from extended depriving consequences of the pandemic, such as child labour, child trafficking, child marriage, sexual exploitation and death. The rise in domestic violence and unplanned early pregnancies during the school closure and lockdown period among primary and secondary school students aged between 14 and 18 were also reported (UNESCO, 2020).

UN Women (2021) postulated that the risk of violence against women and girls (VAWG) increases during crises and the COVID-19 pandemic is no exception. Disruptions of support services for victims, living under mobility restrictions, increased unemployment rates, and economic insecurity resulting from the pandemic, all create heightened risks, especially if victims are confined at home with perpetrators. This leads to domestic violence in relation to emotional abuse, mental abuse, sexual assault, rape, verbal abuse, spouse beating/physical abuse, early marriages, unintended pregnancies and financial abuse (UN Women, 2021). Rosalijn, Sarah, and Bernadette (2021) posited that early research indicates that the COVID-19 crisis and its prevention measures may be having a significant impact on young people's psychological wellbeing. Long-term quarantine policies result in increased risky behaviours such as smoking and drinking, as well as feelings of isolation and a lack of control. School closures due to COVID-19 have affected more than a billion students worldwide. Using data on 157 countries, a World Bank simulation found that COVID-19 decreased the years of basic schooling that students will achieve during their lifetime from 7.9 years to between 7.0 and 7.6 years. Close to 7 million students from primary up to secondary education could drop out due to the income shock of the pandemic alone (Rosalijn, Sarah, and Bernadette, 2021).

Recent studies have pointed out that during lockdown, teachers and learners have suffered depression, anxiety and stress from having to adapt (in record time) to online teaching and

learning modalities (Besser et al., 2020). Depression is used to describe a range of moods – from low spirits to a severe problem that interferes with everyday life. The experience of depression is an overwhelming feeling which can make you feel quite unable to cope, and hopeless about the future. If you are depressed, your appetite may change and you may have difficulty sleeping or getting up. You may feel overwhelmed by guilt, and may even find yourself thinking about death or suicide. There is often an overlap between anxiety and depression, in that if you are depressed you may also become anxious or agitated (Borrill, 2000). Anxiety is the total response of a human being to threat or danger. Each experience of anxiety involves a perception of danger, thoughts about harm, and a process of physiological alarm and activation. The accompanying behaviours display an emergency effort toward "fight or flight." (Moss, 2002). Stress is any type of change that causes physical, emotional, or psychological strain. Stress arises when individuals perceive that they cannot adequately cope with the demands being made on them or with threats to their well-being (Lazarus, 1966)

b) Factors contributing to the negative impact of COVID-19

The factors contributing to the negative impacts of COVID-19 on learners, teachers and teacher educators can closely be associated with closure or disruption of schools. The closure of schools and universities has affected more than 1.5 billion chilDr.en and youth worldwide and has significantly changed how youth and children live and learn during the pandemic (United Nation, 2020). Some of the innovative teaching and learning tools and delivery systems schools and teachers experimented with in response to the crisis may have a long-lasting impact on education systems. Learners had to adapt to individualised learning through online platforms, acquire technological devices like smart phones to meet up with their online lessons and battle with issues of digital divide as well as poor or inadequate power supply as is the case in most developing economies. Teachers and teacher educators had to device means of managing virtual classrooms, delivering lessons online and evaluating their learners online.

It is understood that the resulting preventive and yet prolonged closure of schools, lockdown measures, and therefore lack of access to key protective social services, including schools which for many constitutes a place of refugehave led to sudden interruptions of learners' daily routines, relationships and close ties within social groups. Leaners, particularly girls and young women, assumed a greater burden of care and domestic chores in households where economic security has been lost; with increased psychoemotional duress and stress, sexual harassment, exploitation on children, and sexual related violence from partners or family members, or even rape in many instances. Due to harmful traditional practices in more marginalised and remote areas and communities, learners were likely to suffer from a higher incidence of other negative impacts, such as female genital mutilation/cutting (FGM/C), teenage pregnancy, and child marriage, putting many of them at risk of never returning to school (Plan International, 2020).

c) Potential challenges faced by teachers, teacher educators and learners

During this period of COVID-19, teachers, teacher educators and learners have faced a number of challenges. Millions across Africa neither have access to, nor the skills to use, ICT equipment needed to deliver quality remote education to learners. This affected teachers' capacity to maintain education quality. Nonetheless, 63 million primary and secondary school teachers displaced globally by COVID-19-related school closures have managed to reach students with their existing set of skills and equipment, many have not received basic teacher training (UNESCO-UIS, 2020).

There has been a lack of a continuous and structured teacher training on the use of ICT in Sub-Saharan Africa. According to UNESCO-UIS, only 64% of primary and 50% of secondary teachers have received minimum training on the use of ICT in Sub-Saharan Africa. Furthermore, there is a drop in teacher morale, motivation and livelihoods, which impacts teachers' health and well-being (UNESCO-UIS. 2020).

According to UN Women East and Southern Africa policy brief, it is reported that in the wake of COVID-19 with the closure of schools reported in Kenya, Rwanda, Tanzania, Uganda, South Africa and other countries in the East & Southern Africa region, girls out of schools are now exposed to early/forced marriage, female genital mutilation, unwanted pregnancies, HIV and gender-based violence.

d) Innovative strategies for learning during COVID-19

African Union (AU) Member States provided learners with remote learning, mainly educational radio and television channels. Some countries such as Mauritania have also used take-home packages for learners as only 37% of the poorest households have access to a radio (UNESCO-UIS, 2020).

The COVID-19 crisis and the sudden closure of schools resulted in rapid national shifts to replace in-person teaching with various forms of ICT-based, remote and distance education. Both at the peak of the pandemic and in September 2020, online learning was provided as an effective solution for all the countries globally (84-86%) (UNESCO-UIS, 2020). Several countries are using various simple tools (e.g., SMS, U-Report, messaging apps) to gather quick feedback from parents and caregivers to improve remote learning.

e) Psychosocial needs of teachers, teacher educators and learners

According to ADEA, AU/CIEFFA, & APHRC (2021), the following are basic psychosocial needs for effective school functioning.

- Public health-related measures such as temperature screening at the points of entry for learners, staff, and visitors;
- WASH facilities such as adequate water access points, hand washing stations, and toilets and measures such as frequent disinfection of shared spaces;

- School management protocols such as discouraging unnecessary or unauthorised visitors to schools, and cancelling assemblies and sports events;
- Expansion or adaptation of physical infrastructure to permit physical distancing, including by building more classrooms, and using other school facilities such as dining halls or open ground to conduct lessons;
- Having a well-defined school counselling and referral system;
- Training teachers in how to observe health protocols, provide psychosocial support, and guide students in taking precautions to reduce the risk of infection.

Figure 1 illustrates a conceptual model for structuring the psychosocial impact of COVID-19 and psychosocial support for teachers, teacher educators and learners.
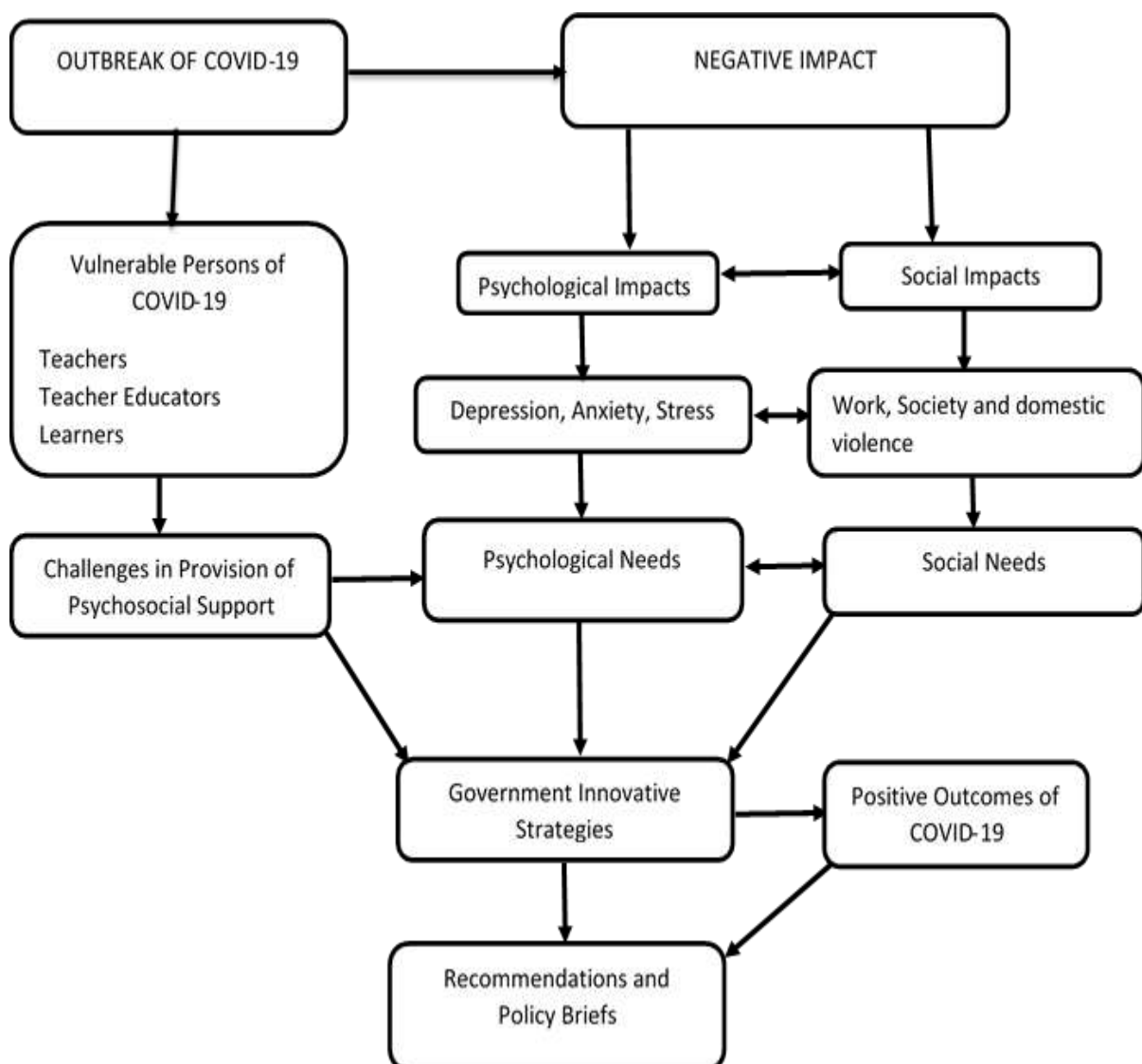
Figure 1: Conceptual model for structuring psychosocial impact and needs

The conceptual model outlines the outbreak of COVID-19, leaving teachers, teacher educators and learners to be vulnerable persons. This outbreak has a psychosocial negative

impact in terms of depression, anxiety, stress as well as work, societal and domestic violence. As vulnerable persons, teachers, teacher educators and learners face challenges in the provision of psychosocial supports. Hence, they posit psychosocial needs that require government innovative strategies to combat the illness. In the process of providing psychosocial support, there is experience of some positive outcomes as a result of the pandemic. Conclusively, there is need for recommendations and strong policy briefs.

Theoretical review

a) Physiopsychosocial model of education in times of emergencies (2020)

The Physiopsychosocial model of education in times of emergencies (Tchombe, Wirdze, Muki, Melem and Ndzetar, 2020), as the basis of this study outlines the impact of emergencies like health hazards on the physiological, psychological and social development of human beings. This theory holds that emergency settings are often sites of intense adversity and stress particularly on school children and teachers. As the impacts of such stressful experiences accumulate, they hinder an individual's ability to engage in education, economic and social life. On the collective level, chronic stress, anxiety and depression make it hard for people, families, and communities to trust one another and come together to realise common goals.

Many of the emergency-hit population/vulnerable persons (mostly learners) are suffering from severe physical, physiological, emotional and psychosocial stress, depression and anxiety. Accordingly, vulnerable persons during times of crisis need urgent assistance and physiopsycho-social care in terms of needs such as good nutrition, education, shelter, clothing, healthcare, portable water, sanitation/hygiene, capacity building counselling and rehabilitation services. The increasing psychosocial needs require intervention especially with the grave problems of insecurity and inaccessibility of certain areas.

b) Maslow's Hierarchy of Needs (1943)

Maslow's (1943) *Hierarchy of Needs* suggests that people are motivated to fulfil basic needs before moving on to other, more advanced psychological needs. Definitely, insecurity caused by the outbreak of COVID-19, will affect the psychosocial wellbeing of teachers and learners. Safety, or security needs, relate to a person's need to feel safe and secure in their life and surroundings, reducing the risk of mental health or wellness issues that could be detrimental to balanced psychological functioning. Accordingly, motivation comes from the need for protection against unpredictable and dangerous conditions. To find stability and security, a person must consider their physical safety. This means seeking protection from violent conditions, or health threatening circumstances. Additionally, an individual needs economic safety to live and thrive in modern societies. This refers to the need for job security, stable income, and savings. COVID-19 is detrimental to sustainable development, better life style and healthy living.

c) Social Impact Theory (SIT) (1981)

(1981) SIT framework indicates that this study relies on the presumption of the existence of social and educational impacts from launching a package of precautionary and preventive measures to contain the COVID-19 outbreak. From a SIT perspective, there is the potential

for changes in the social and educational aspects in the lives of teachers, teacher educators and leaners due to the impact of approved measures throughout the COVID-19 outbreak in various countries.

Social impact can be defined as any influence on feelings, motives, behavior, or thoughts of individuals from receiving real, implied, or imagined presence or actions of others (Latané, 1981) Taking this definition into account, SIT aims to explain the way in which impact is reciprocal by either a majority or a minority. This is based on two principal causes of psychosocial impact. 1) Strength indicates the pervasive power from the social presence of impact sources, which differs according to authorities and positions of one impact source. The greater the strength of the source, the greater the social impact. 2) Immediacy and sources refer to closeness between the source sending information or taking action and the recipients of that information or action. More immediate sources deliver a larger social impact. The number of sources includes the number of sources that influence individually. The higher the number of sources, the greater the consequent social impact (Latané, 1981).

In relation to COVID-19 these can be explained as follows:

Strength is derived from the increasing number of COVID-19 cases being identified and number of deaths in various countries.

Immediacy includes precautionary and preventive measures taken, including imposing a curfew and closing schools. The immediacy is apparent from the closeness and connection of these measures to the aspects of community life, including the lives of teachers, teacher educators and learners to protect them and prevent the outbreak of the pandemic. The COVID-19 outbreak is contained through various sources (precautionary and preventive measures) surrounding the lives of teachers, teacher educators and learners. These include, restriction of movements within particular hours, complete lockdowns, closure of schools, closure of other social and entertainment facilities, putting on of face masks, maintaining physical distancing, restriction of social gatherings, controversies over cures of the disease, controversies over vaccines, etc.

The SIT framework of Latané (1981) postulated that social impact varies depending on whether the underlying motive for compliance is due to an external impression or an internal motive, such as self-perception. Therefore, in the current study, the framework of SIT is used as the lens to describe the strength, precautionary and preventive measures that cause psychosocial problems in the lives of teachers, teacher educators and learners.

In this light, the above theory provides the basis for developing modules for capacity building for educational stakeholders such as school leaders, inspectors, teachers, teacher educators to help them collaborate with those providing alternative education for learners in different communities in times of crisis. It is hoped that this theory will also inform the development of high-level advocacy and policy briefs for member states, Regional Economic Commissions (RECs) and other partners based on the key findings of the study.

CHAPTER THREE
METHODOLOGY

Research design

The sequential explanatory design was used for this study. This is a two-phase mixed methods design (see Figure 2 below). This design starts with the collection and analysis of quantitative data and later the collection and analysis of qualitative data.
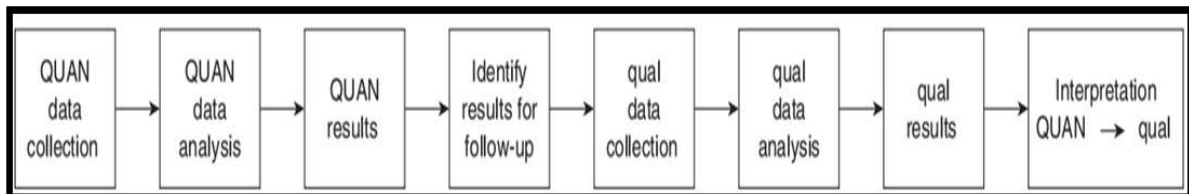
Figure 2: Sequential Explanatory Design: Follow-up Explanatory Model

Source: Creswell, et al. 2003

In this model, identification was made of the specific quantitative data that need additional explanation, such as statistical differences among groups, individuals who score at extreme levels, or unexpected results. Qualitative data were then collected from participants who could best help explain these quantitative findings (Creswell, et al. 2003).

Instrumentation started with informal informal interviews, observations and desk reviews. The information obtained guided the construction of the quantitative questionnaires that were used to collect data in all 14 countries chosen for the study. Based on the results obtained from quantitative analysis, qualitative data collection tools were constructed and used to conducted focus group discussions in 4 countries that were invited to participate in follow-up focus-group discussions. In total, six countries were invited on the grounds that they were found to be the most responsive to the critical issues raised in quantitative data.

The target population for this study included teachers, teacher educators, learners, school leaders, education inspectors/government officials, psychosocial support experts and parents. These formed the respondents that were required to achieve the seven objectives of the study.

Sample, sampling procedures and sample stratification

a) Quantitative Sample

Table 1: Projected sample for quantitative data collection

Representative Sampling for Teachers and Teacher Educators as Primary Targets of the Study. Based on UNESCO Institute of Statistics 2020 for Teachers the sample is calculated at 95% confidence level and 5.0 confidence interval (Krejcie & Morgan, 1970, and The Research Advisors, 2006)						Convenience Sampling for School Leaders and Government Officials as Secondary Targets of the Study	
S/N	Countries	Total population of teachers/ teacher educators	Total Sample for teachers/ teacher educators	Sample for teachers	Sample for teacher educators	Sample for school leaders	Sample for government officials/education inspectors
1	South Africa	432,085	420	382	38	40	20
2	Cote D'Ivoire	173,433	420	382	38	40	20
3	Senegal	120,363	420	382	38	40	20
4	Botswana	27,435	415	377	38	40	20
5	Eswatini	15,972	413	375	38	40	20
6	Ethiopia	381,783	420	382	38	40	20
7	Gambia	18,210	413	375	38	40	20
8	Ghana	356,460	420	382	38	40	20
9	Lesotho	16,553	413	375	38	40	20
10	Kenya	465,263	420	382	38	40	20
11	South Sudan	33,222	417	379	38	40	20
12	Malawi	97,959	420	382	38	40	20
13	Mozambique	154,769	420	382	38	40	20
14	Nigeria	964,505	420	382	38	40	20
15	Rwanda	74,293	419	381	38	40	20
16	Cameroon	211,147	420	382	38	40	20
17	D.R.C	868,363	420	382	38	40	20
18	Liberia	45,980	418	380	38	40	20
19	Mali	123,849	420	382	38	40	20
20	Uganda	271,195	420	382	38	40	20
21	Zambia	84,802	420	382	38	40	20
22	Zimbabwe	115,733	420	382	38	40	20
Totals		5,053,374	9,208	8,372	836		440

From Table 1, it can be deduced that a representative sampling technique was used for teachers and teacher educators. This is because these are the primary targets of the study. In this regard, the total population of teachers and teacher educators for each country were gotten based on UNESCO Institute of Statistics (2020) data. The sample for each country was derived by computing the minimum sample size required for accuracy in estimating proportions by considering the standard normal deviation set at 95% confidence level, 50% percentage of picking a choice or response and the confidence interval of 5.0. (Krejcie & Morgan, 1970, and The Research Advisors, 2006).

Table 2: Actual sample of respondents obtained for quantitative data collection

Total responses		Teachers	Teacher educators	School leaders	Inspectors and Government officials	Total	
		1,072	**141**	**1,182**	**150**	**2,545**	
Disaggregation	**Indicators**	**Teachers**	**Teacher educators**	**School leaders**	**Inspectors and Government officials**	**Total disaggregates**	**Percentage**
Gender	Male	639	96	777	98	1610	63.3
	Female	433	45	405	52	935	36.7
Living area	Urban	246	79	223	98	646	25.4
	Rural	826	62	959	52	1899	74.6
School level	Primary	700	37	1004	31	1772	69.6
	Secondary	372	104	178	119	773	30.4
School type	Public	962	122	1098	145	2327	91.4
	Lay private	42	7	22	2	73	2.9
	Denominational	68	12	62	3	145	5.7
Age	20 – 40	470	43	105	16	634	24.9
	41 – 60	594	96	1063	130	1883	74.0
	61+	8	2	14	4	28	1.1
Years of professional experience	1-10	345	30	50	7	432	17.0
	11-20	365	46	269	47	727	28.6
	21+	362	65	863	96	1386	54.5

From table 2, it can be seen that on the overall, 2,545 respondents participated in the online survey. This was made up 1,072 teachers, 141 teacher educators, 1,182 school leaders and 150 inspectors/government officials.

In relation to disaggregation of data it can be seen that of the total 2,545 respondents 63.3% were male and 36.7% female. This gender imbalance confirms the fact that countries are still not meeting up with the gender equality. Sustainable Development Goal 5.5 aims at ensuring women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life. A disparity of 63.3% for males and 36.7% for females shows that SDG 5 is still not being met in countries. Hence, this requires for more intensive studies based on the two important articles on an increase in: 1) proportion

of seats held by women in national parliaments and local governments (SDG 5.5.1) and 2) proportion of women in managerial positions (SDG 5.5.2).

In elation to living area, 25.4% were urban and 74.6% rural. In terms of school level, 69.6% were of the primary level and 30.4% of the secondary level. Concerning school type, 91.4% were of public schools, 2.9% from lay private schools and 5.7% of denominational schools. In terms of age, 24.9% were of ages between 20-40, 74.0% of ages between 41-60 and 1.1% of ages 60 and above. Lastly in relation to years of professional experience, 17.0% had between 1-10 years, 28.6% between 11-20 years and 54.5% had 21 and above years of professional experience.

Table 3: Actual country rate of participation for quantitative data collection

Total responses		Teachers	Teacher educators	School leaders	Inspectors and Government officials	Total
		1,072	**141**	**1,182**	**150**	**2,545**
1	Kenya	514	17	881	31	1,443
2	Eswatini	94	12	197	27	330
3	Zambia	221	32	42	33	328
4	Lesotho	127	5	47	10	189
5	Rwanda	96	42	9	4	151
6	Côte D'Ivoire	19	30	3	42	94
7	Gambia	1	0	1	0	2
8	South Africa	0	1	1	0	2
9	Botswana	0	1	0	0	1
10	Liberia	0	1	0	0	1
11	Nigeria	0	0	1	0	1
12	Senegal	0	0	0	1	1
13	Malawi	0	0	0	1	1
14	Mali	0	0	0	1	1

From table 3 above it can be inferred that out of the 22 countries earmarked for the survey, 14 countries participated in completing at least one of the online survey tools. In this regard Kenya had the highest participatory rate with 1,443 participants, followed by Eswatini with 330 participants, then Zambia with 328 participants, Lesotho with 189 participants, Rwanda with 151 participants and Côte D'Ivoire with 94 participants. Gambia and South Africa had 2 participants each, while Botswana, Liberia, Nigeria, Senegal, Malawi and Mali had 1 participant. Hence, countries that were initially selected and invited to complete the online survey that did not participated in the study include Ethiopia, Ghana, South Sudan, Mozambique, Cameroon, DR.C, Uganda and Zimbabwe.

When we see the actual sample realised in Table 3 and Table 4, we see that it fell short of the projected sample size of the study in Table 2. This can be attributed to the fact that:
- Out of the 22 countries initially projected for the study, only 14 actually participated in the study.
- Out of the 14 countries that participated in the study, only 6 were significant in participation with 8 of the countries providing only 1 or 2 responses.

Nonetheless, a realised sample size of 1,072 teachers, 141 teacher educators, 1,182 school leaders and 150 inspectors/government officials to make a total sample size of 2,545 respondents, was considered statistically justified and significant for analysis (Krejcie & Morgan, 1970, and The Research Advisors, 2006)
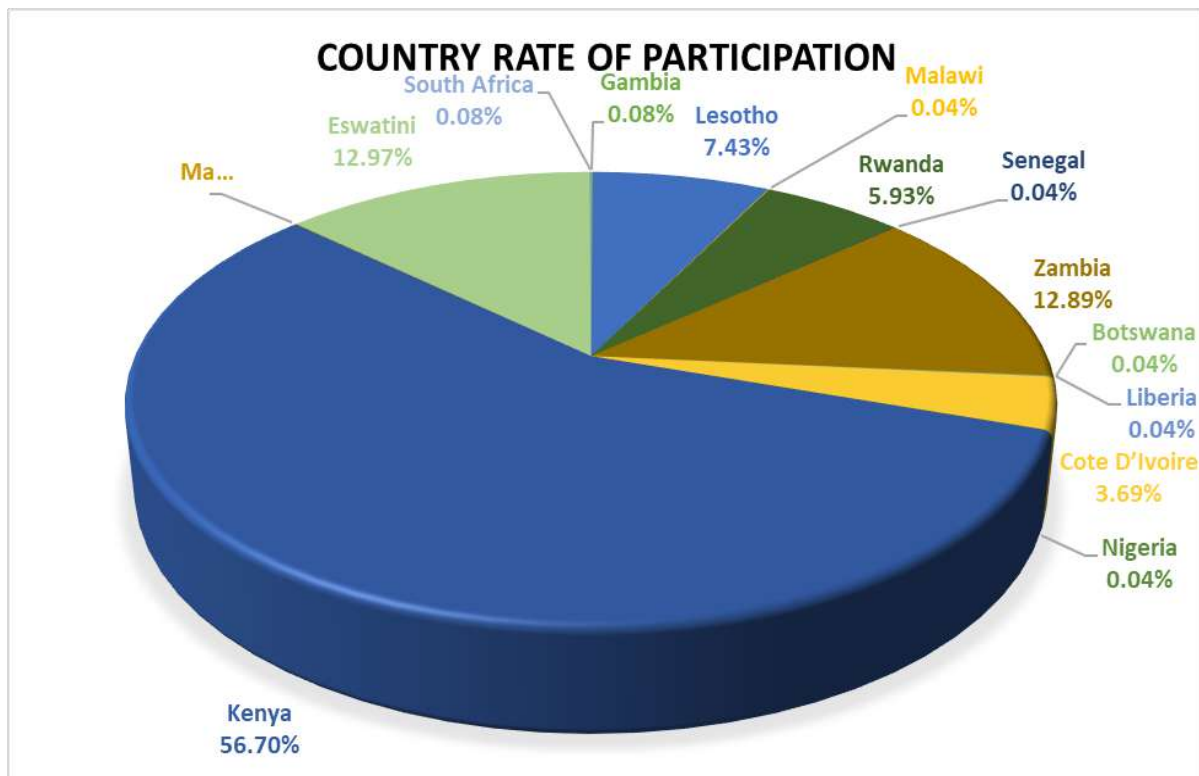
Figure 3: Percentage of country participation

From Figure 3 above, it can be inferred that Kenya had the highest participation percentage with 56.7%, followed by Eswatini with 12.9%, then Zambia with 12.8%, Lesotho with 7.4%, Rwanda with 5.9% and Cote D'Ivoire with 3.6%.

b) Qualitative sample

Table 4: Projected sample for qualitative data collection

Gender	Area	School Level	Teacher Educators	Teachers	School Leaders	Inspectors /Government Officials	Learners	Parents	Experts
Male	Urban	Primary	1	1	1	1	1	1	
	Rural	Primary	1	1	1	1	1	1	
		Secondary	1	1	1	1	1	1	4
Female	Urban	Secondary	1	1	1	1	1	1	
	Rural	Primary	1	1	1	1	1	1	
		Secondary	1	1	1	1	1	1	
Total sample for each country			**6**	**6**	**6**	**6**	**6**	**6**	**4**
Total number of focus groups for each country			**1**	**1**	**1**	**1**	**1**	**1**	**1**

From Table 4, it can be deduced that 7 focus group discussions were planned in each country as summarised below:

1. Teachers: 1 focus group discussion with 6 participants for each country

2. Teacher educators: 1 focus group discussion with 6 participants for each country

3. School leaders: 1 focus group discussion with 6 participants for each country

4. Inspectors and government officials: 1 focus group discussion with 6 participants for each country

5. Learners: 1 focus group discussion with 6 participants for each country

6. Parents: 1 focus group discussion with 6 participants for each country

7. Experts: 1 focus group discussion with 6 participants for each country

This means that an overall total of 42 focus group discussions and 240 participants were projected for the qualitative study.

Table 5: Actual sample of FGDs registered for qualitative data collection

	NUMBER OF FOCUS GROUPS							
Country	Teacher Educators	Teachers	School Leaders	Inspectors & Government Officials	Learners	Parents	Experts	Overall Total
Cote D'Ivoire	0	0	1	1	1	1	1	5
Eswatini	1	1	0	1	1	0	0	4
Lesotho	0	0	0	1	1	0	0	2
Rwanda	1	1	1	0	0	1	0	4
Total	2	2	2	3	3	2	1	15

From Table 5, a total of 15 FGDs were conducted for the study in four countries, namely, Cote D'Ivoire (5 FGDs), Eswatini (4 FGDs), Lesotho (2 FGD) and Rwanda (4 FGDs). It can be seen that each of the stakeholders of the study were represented in the FGDs, Teacher Educators (2), Teachers (2), School Leaders (2), Inspectors & Government Officials (3), Learners (2), Parents (2) and Experts (1). Nonetheless, no country reached the target of 7 FGDs initially programmed for each.

From Table 5, it can be seen that only a total of 15 FGDs were carried out of the 42 initially projected. This is due to the fact that:
- Just 4 of the 6 countries initially selected and invited to participate in FGDs actually participated in the study.

Nonetheless, the 15 FGDs conducted generated a lot data and was representative of all categories of respondents for of the study and thus, based on the research principle of qualitative data saturation that was observed, analysis of the data was justified (Creswell, 1998).

Identification of respondents for online survey

A total of 7 groups of respondents were targeted in the study. These include teachers, teacher educators, learners, school leaders, education inspectors/government officials, psychosocial support experts and parents. The identification process was purposive based on respondents who had access to the internet and could easily fill the online questionnaires. After the sample for each country was determined, the ministries of education in collaboration with UNESCO National Project Officers (NPOs) and UNESCO national commissions focal points identified the various respondents for the online survey and collected their contact information (email addresses and social media accounts). The identification process took into consideration gender, age, school level, school type, so as to allow for disaggregated collection and analysis of data.

Data collection tools and validation process

a) **Quantitative data collection tools**

Four questionnaires were designed to collect data.

- **Questionnaire for teachers**

This questionnaire consisted of background information about the teacher in relation to country of origin, gender, level of school, school type and years of teaching experience. Section A of the questionnaire consists of items in relation to psychosocial impact of COVID-19 on teachers. The psychological impact of COVID-19 was measured using depression (14 items); anxiety (12 items); and stress (13 items). The social impact of COVID-19 was measured using 24 items. Section B of the questionnaire delt with the factors contributing to the negative impact of COVID-19, which were measured using 14 items. Section C of the questionnaire examined the challenges teachers face in providing psychosocial support to learners, which was composed of 14 items. Section D delt with psychosocial needs composed of 9 items for psychological needs and 12 items for social

needs. Section E focused on recommendations and was made up of 6 items. (See Appendix 1, for details).

- **Questionnaire for teacher educators**

This questionnaire was composed of background information about the teacher educator in relation to country of origin, gender, level of school, school type and years of teaching experience. Section A of the questionnaire consisted of items in relation to psychosocial impact of COVID-19 on teachers. The psychological impact of COVID-19 was measured using depression (14 items); anxiety (12 items); and stress (13 items). The social impact of COVID-19 was measured using 24 items. Section B of the questionnaire delt with the factors contributing to the negative impact of COVID-19, which was measured using 14 items. Section C of the questionnaire examined the challenges teacher educators face in providing psychosocial support to teacher-trainees, which was composed of 14 items. Section D delt with psychosocial needs composed of 9 items for psychological needs and 12 items for social needs. Section E focused on recommendations and was made up of 6 items. (See Appendix 2, for details).

- **Questionnaire for school leaders**

This questionnaire was composed of background information about the school leader in relation to the country of origin, gender, level of school, school type and years of experience as a school leader. Section A of the questionnaire consisted of items in relation to psychosocial impact of COVID-19 on teachers and learners. The psychological impact of COVID-19 was measured using depression, anxiety and stress (3 items each for both teachers and learners). The social impact of COVID-19 was measured using 18 items for impact on teachers and 16 items for impact on learners. Section B of the questionnaire delt with the factors contributing to the negative impact of COVID-19, which was measured using 15 items. Section C of the questionnaire examines the challenges teachers face in providing psychosocial support to learners, which was composed of 15 items. Section D delt with psychosocial needs composed of 9 items for psychological needs and 12 items for social needs. Section E focused on recommendations and was made up of 6 items. (See Appendix 3, for details).

- **Questionnaire for education inspectors and government officials**

This questionnaire was composed of background information about the education inspector/government official in relation to their country of origin, gender, level of school, school type and years of experience as an inspector/government official. Section A of the questionnaire consisted of items in relation to innovative strategies to mitigate challenges of COVID-19 in schools, made of 14 items. Section B of the questionnaire delt with the suggestions for interventions at country level made of 9 items. Section C focuses on recommendations and was made up of 6 items. (See Appendix 4, for details).

b) **Qualitative data collection tools**

In this regard 6 focus group discussion guides were constructed for the study. These included

- **Focus group discussion guide for teachers and teacher educators:** Made up of 6 items dealing with strategies for teaching/learning, challenges, positive outcomes of COVID-19, psychosocial needs and recommendation for resilience and infection control in relation to COVID-19;

- **Focus group discussion guide for learners:** Made up of 4 items dealing with the negative impact of COVID-19, causes of the negative impact, psychosocial needs and benefits of COVID-19;

- **Focus group discussion guide for parents:** Made up of 5 items dealing with the negative impact of COVID-19, causes of the negative impact, psychosocial needs and benefits of COVID-19, activities that children engage in at home and skills acquired from those activities;

- **Focus group discussion guide for inspectors/government officials:** Made up of 4 items dealing with strategies for teaching/learning, challenges, proposals for resilience and policy recommendations;

- **Focus group discussion guide for school leaders:** Made up of strategies used by schools to combat COVID-19, challenges faced in implementation, psychosocial needs of schools, recommendation for teacher resilience and positive outcomes of COVID-19; and

- **Focus group discussion guide for experts:** Made up of 5 items dealing with negative impact of COVID-19, factors causing the negative impact, strategies and challenges faced in providing psychosocial support and recommendations to enhance the wellbeing of teachers, teacher educators and learners.

Validation of the instruments

The validation of data collection instruments in this study was based on content validity which focused upon the extent to which the content of the instruments corresponded to the content of the theoretical concepts they were designed to measure. The six theoretical concepts included:

- Psychosocial impact of the COVID-19 pandemic on teachers, teacher educators and learners;
- Factors contributing to the negative impact of COVID-19;
- Innovative strategies governments are employing to address these challenges;
- Potential challenges school leaders, teachers and teacher educators are facing with providing health and Psychosocial support;
- Psychosocial needs of teachers, teacher educators and learners; and
- Recommendations for resilience development, infection control and provision of PSS to teachers, teacher educators and learners during and after the COVID-19 pandemic.

Content validity was therefore mathematically appreciated using the Content Validity Index (CVI) whereby the instruments for data collection were checked by four professors of education, different from those who initially constructed the instruments. Each of the four professors were required to examine the instruments with at least 5 selected teachers, 5

teacher educators, 3 school leaders and 3 education inspectors/government officials. To judge an item valid, the inter-judge coefficient of validity was computed using the following formula:

CVI = No of judges declared item valid / total No of judges

The CVI of 0.84, was obtained for this study whereby in each of the items, all four judges validated that the items in the instruments corresponded to the theoretical concepts they were designed to measure. In this regard the instruments were judged valid with slight modifications proposed by the judges.

Further consistency was done by UNESCO in collaboration with the consulting team. In this regard some instruments were adjusted and the instruments were deemed valid.

Survey tools for data collection

a) Tool for quantitative data collection

The online survey was conducted using a Google Forms for quantitative data collection. Google Forms is a Google application that allows a quickly creation and distribution of a form to gather information through personalised polls, quizzes, contact us, reservation, job application and survey form in a second. Once a Google form is created, a link that can be shared via email or social media to get answers quickly, is generated. The progress of responses collected could be monitored by all those added as collaborators. The survey data is available in simple bar graphs, pie charts, and text displays. Users can not filter results, but data is automatically exported into a Google Spreadsheet. Unlike other survey tools that limit the number of items to 10 and a maximum of 40 responses, with Google form there are unlimited number of items and responses. The contacts of the respondents were provided by UNESCO NPOs in collaboration with the ministries of education and national commissions for UNESCO focal points. The survey questionnaires were converted into Google form. The online instrument opened with a branching question where the various respondents selected the sets of questions designed for them. Delivery was done via emails and social media (WhatsApp). After the instruments were computed into the Google Form, a total of 34 respondents were selected to complete the Form online. After this process, some corrections were made on the form and finally the form was validated by a joint online meeting between the consultants and UNESCO teams.

b) Tools for qualitative data collection

Microsoft Teams meeting was used for qualitative data collection. Furthermore, emails were used to collect more qualitative data that could not be collected during the Microsoft Teams meeting sessions. Information was registered by the use of recording and note taking techniques.

Data analysis

The Google Form resume section and a pre-designed EpiData Version 3.1 database which has in-built consistency and validation checks were used to enter the data. Further to consistency, data range and validation checks were also performed in SPSS version 25.0 to identify

invalid codes. Frequencies, percentages and ranks were used for descriptive statistics. Results tables and charts were used where applicable.

The analysis of qualitative data was done following the systematic process of thematic and content analysis and narrative analysis. The first stage involved making a decision on the level of analysis. At this level, single words, clauses and sets of words or phrases were coded. A decision was made on how many different concepts to code. This involves developing pre-defined or interactive sets of concept categories. A code list was made based on the major indicators of the study. The primary documents of textual data were coded for existence and for frequency of concepts by coding for every single positive or negative word or phrase that appears. Relevant categories not included in the initial code list were added during the coding process (in vivo coding). Introducing this coding flexibility allows for new, important material to be incorporated into the coding process that can have significant bearings on findings. For instance, it could be important to find out if the innovations adopted by various ministries of education could produce some positive outcomes of COVID-19.

During coding, it was assumed that any idea that emerges at least once is relevant. The ideas were therefore considered more important than frequency. Ideas were coded relating to a concept in comments discriminatively for neutral, positive, or negative sense. After taking the generalisation of concepts into consideration, translation rules were created, which allow the streamlining and organisation of the coding process so that what was being coded for was what was intended to be coded. This stage enabled the determination of the meaning of words and what they stand for so as to know where to code each statement. Qualitative analysis was represented using thematic tables.

Ethical considerations

The project was carried out within the context of cooperation between UNESCO and member states. The informed consent of respondents was solicited and their anonymity guaranteed on the questionnaires. During FGDs, the consent of each respondent was solicited and they all approved before recording and note taking were conducted.

This needs assessment was conducted under humanitarian principles, derived from the core principles which have long guided the work of the International Committee of the Red Cross and the national Red Cross/Red Crescent Societies (Red Cross, 1965). They are:

- Humanity: Suffering must be addressed wherever it is found. The purpose of the needs assessment action is to protect life and health and ensure respect for human beings.
- Neutrality: All actors must not take sides in controversies of a political, racial, religious or ideological nature.
- Impartiality: The needs assessment action was carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.
- Independence: The needs assessment was autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where needs assessment action was being implemented. (OCHA, 2012).

CHAPTER FOUR
FINDINGS AND DISCUSSIONS

Section A: Findings

Analysis by objectives

In this section, findings of the study shall be presented according to the objectives of the study. For each objective, overall results for all countries shall be presented, followed by country specifics. The 6 countries that submitted enough responses and were henced focused on in specific analysis are Cote 'Ivoire, Eswatini, Lesotho, Kenya, Rwanda and Zambia because of their significant rate of participation in the study.

Objective 1: Psychosocial impact of the COVID-19 pandemic

a) Quantitative findings

The psychosocial impact of COVID-19 was assessed based on the following indicators:

- Psychological impact in relation to depression, anxiety and stress
- Social impact in terms of impact on work, society, family and domestic violence.

Psychological impact of COVID-19 on teachers and teacher educators for all countries

Figure 4, shows the psychological impact of COVID-19 on teachers and teacher educators in terms of depression, anxiety and stress. The modalities for measurement are:

Normal = Asymptomatic to depression, anxiety and stress.

Mild, Moderate, Severe and Extremely severe = Symptoms of depression, anxiety and stress.
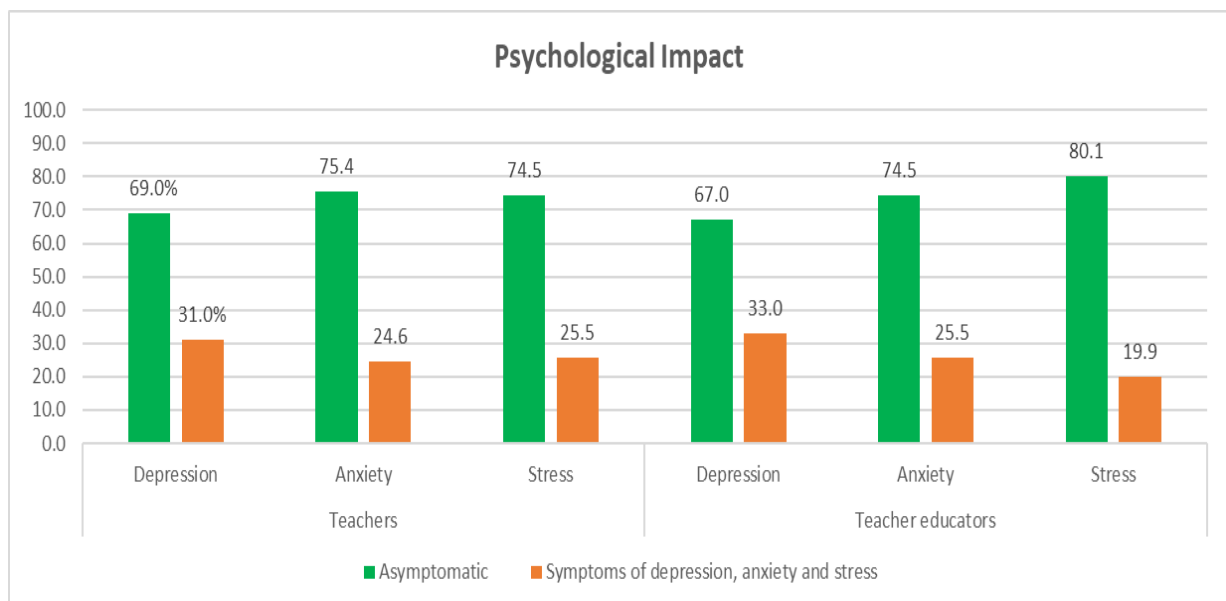
Figure 4: Psychological impact of COVID-19 for all countries

In general, depression was the most felt psychological impact affecting 31.0% of teachers and 33.0% of teacher educators. This was followed by Anxiety affecting 24.6% of teachers and 25.5% of teacher educators. The least psychological impact was stress, affecting 20.8% of teachers and 19.9% of teacher educators.

Social impact of COVID-19 on teachers and teacher educators for all countries

Figure 5, shows the social impact of COVID-19 on teachers and teacher educators in terms of work, society, family and domestic violence. The modalities for measurement are: *Very low, Low, Moderate, High* and *Very high.*
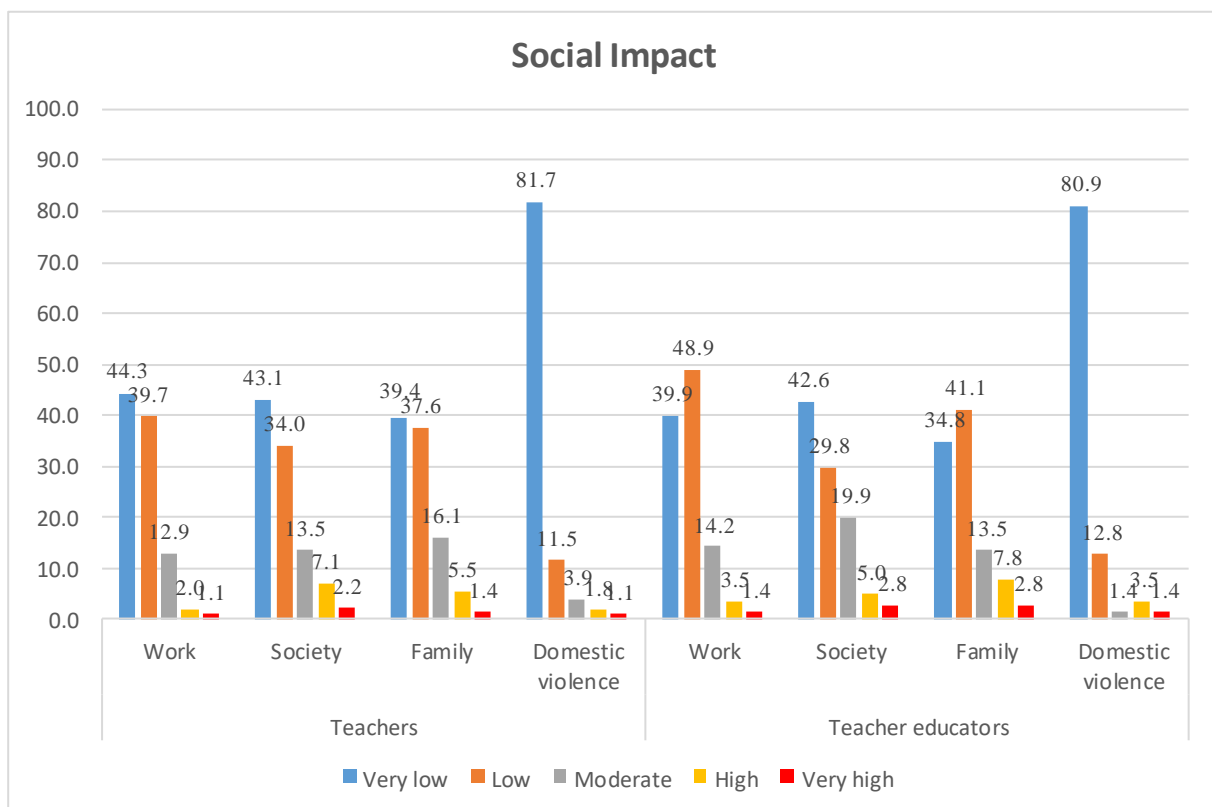
Figure 5: Social impact of COVID-19 for all countries

In general, teachers and teacher educators faced a social impact on each category at various degrees of impact. However, society related impacts such as many deaths and restricted movements were the highest (2.2%) felt by teachers, while society and family related impacts (2.8%) were mostly felt by teacher educators. Domestic violence was the least impact faced by both teachers (1.1%) and teacher educators (1.4%).

Table 6: Psychological impact per country

Country		Teachers			Teacher Educators	
		Asymptomatic	Symptoms of depression, anxiety and stress		Asymptomatic	Symptoms of depression, anxiety and stress
Cote D'Ivoire	Depression	78.9	21.1	Depression	90.0	10.0
	Anxiety	73.7	26.3	Anxiety	96.7	3.3
	Stress	89.5	10.5	Stress	96.7	3.3
Eswatini	Depression	40.4	59.6	Depression	41.7	58.3
	Anxiety	60.6	39.4	Anxiety	66.7	33.3
	Stress	57.4	42.6	Stress	33.3	66.7
Lesotho	Depression	73.2	26.8	Depression	40.0	60.0
	Anxiety	75.6	24.4	Anxiety	40.0	60.0
	Stress	74.8	25.2	Stress	80.0	20.0
Kenya	Depression	77.0	23.0	Depression	82.4	17.6
	Anxiety	84.0	16.0	Anxiety	94.1	5.9
	Stress	86.8	13.2	Stress	94.1	5.9
Rwanda	Depression	33.3	66.7	Depression	54.8	45.2
	Anxiety	38.5	61.5	Anxiety	57.1	42.9
	Stress	58.3	41.7	Stress	71.4	28.6
Zambia	Depression	74.7	25.3	Depression	71.9	28.1
	Anxiety	77.8	22.2	Anxiety	71.9	28.1
	Stress	81.4	18.6	Stress	87.5	12.5

In relation to teachers, it can be inferred from Table 6 that Rwanda was the country with the highest percentage of teachers showing symptoms of depression (66.7) and anxiety (61.5%). While Eswatini had the highest percentage (42.6%) teachers showing symptoms of stress.

In terms of teacher educators, it was seen that Lesotho was the country with the highest percentage (60.0%) of teacher educators showing symptoms of depression and anxiety. While Eswatini had the highest percentage (66.7%) teachers showing symptoms of stress.

From Table 7, it can be seen that Rwanda registered the highest percentage of male teachers in terms of depression (68.3%) and anxiety (62.2%). While Eswatini had the highest percentage (41.5%) of male teachers showing symptoms of stress. Eswatini registered the highest percentage of female teachers in terms of depression (58.5%) and Rwanda registered the highest percentage of female teachers showing symptoms of anxiety (57.1%) and stress (50.0%)

In relation to teacher educators, Eswatini (100.0%) and Lesotho (100.0%) registered the highest percentage of male teachers in terms of depression. While Lesotho had the highest percentage of male teacher educators with anxiety symptoms (100.0%), Eswatini had the highest percentage (100.0%) of male teachers showing symptoms of stress. Eswatini registered the highest percentage of female teacher educators in terms of depression (54.5%) and stress (63.6%). Lesotho registered the highest percentage of female teacher educators showing symptoms of anxiety (50.0%).

Table 7: Gender variations in psychological impact per country

A = Asymptomatic to depression, anxiety and stress

S = Symptoms of depression, anxiety and stress

Country		Teachers				Teacher Educators			
		Male		Female		Male		Female	
		A	S	A	S	A	S	A	S
Cote D'Ivoire	Depression	75.0	25.0	80.0	20.0	88.9	11.1	100.0	0.0
	Anxiety	50.0	50.0	80.0	20.0	96.3	3.7	100.0	0.0
	Stress	75.0	25.0	93.3	6.7	96.3	3.7	100.0	0.0
Eswatini	Depression	39.0	61.0	41.5	58.5	0.0	100.0	45.5	54.5
	Anxiety	63.4	36.6	58.5	41.5	100.0	0.0	63.6	36.4
	Stress	58.5	41.5	56.6	43.4	0.0	100.0	36.4	63.6
Lesotho	Depression	75.0	25.0	72.0	28.0	0.0	100.0	50.0	50.0
	Anxiety	76.9	23.1	74.7	25.3	0.0	100.0	50.0	50.0
	Stress	80.8	19.2	70.7	29.3	100.0	0.0	75.0	25.0
Kenya	Depression	77.7	22.3	75.7	24.3	76.9	23.1	100.0	0.0
	Anxiety	84.3	15.7	83.4	16.6	92.3	7.7	100.0	0.0
	Stress	87.2	12.8	85.8	14.2	92.3	7.7	100.0	0.0
Rwanda	Depression	31.7	68.3	42.9	57.1	50.0	50.0	100.0	0.0
	Anxiety	37.8	62.2	42.9	57.1	52.6	47.4	100.0	0.0
	Stress	59.8	40.2	50.0	50.0	68.4	31.6	100.0	0.0
Zambia	Depression	75.7	24.3	73.6	26.4	81.3	18.8	62.5	37.5
	Anxiety	76.5	23.5	79.2	20.8	68.8	31.3	75.0	25.0
	Stress	79.1	20.9	84.0	16.0	81.3	18.8	93.8	6.3

Table 8: School level variations in psychological impact per country

A = Asymptomatic to depression, anxiety and stress

S = Symptoms of depression, anxiety and stress

Country		Teachers				Teacher Educators			
		Primary		Secondary		Primary		Secondary	
		A	S	A	S	A	S	A	S
Cote D'Ivoire	Depression	69.2	30.8	100.0	0.0	100.0	0.0	88.9	11.1
	Anxiety	69.2	30.8	83.3	16.7	100.0	0.0	96.3	3.7
	Stress	92.3	7.7	83.3	16.7	100.0	0.0	96.3	3.7
Eswatini	Depression	36.8	63.2	42.9	57.1	50.0	50.0	40.0	60.0
	Anxiety	65.8	34.2	57.1	42.9	50.0	50.0	70.0	30.0
	Stress	63.2	36.8	53.6	46.4	50.0	50.0	30.0	70.0
Lesotho	Depression	72.5	27.5	74.1	25.9	100.0	0.0	25.0	75.0
	Anxiety	76.8	23.2	74.1	25.9	100.0	0.0	25.0	75.0
	Stress	75.4	24.6	74.1	25.9	100.0	0.0	75.0	25.0
Kenya	Depression	76.3	23.7	87.9	12.1	81.3	18.8	100.0	0.0
	Anxiety	84.0	16.0	84.8	15.2	93.8	6.3	100.0	0.0
	Stress	86.5	13.5	90.9	9.1	93.8	6.3	100.0	0.0
Rwanda	Depression	50.0	50.0	30.5	69.5	50.0	50.0	55.6	44.4
	Anxiety	57.1	42.9	35.4	64.6	66.7	33.3	55.6	44.4
	Stress	85.7	14.3	53.7	46.3	66.7	33.3	72.2	27.8
Zambia	Depression	75.0	25.0	74.5	25.5	88.9	11.1	65.2	34.8
	Anxiety	79.8	20.2	76.6	23.4	88.9	11.1	65.2	34.8
	Stress	81.0	19.0	81.8	18.2	100.0	0.0	82.6	17.4

From Table 8, it can be seen that Eswatini registered the highest percentage of primary school teachers in terms of depression (63.2%) and stress (36.8%) while Rwanda was the highest for anxiety (42.9%). Rwanda registered the highest percentage of secondary school teachers in terms of depression (69.5%) and anxiety (64.6%) and Eswatini registered the highest percentage of secondary school teachers showing symptoms of stress (46.4%).

In relation to teacher educators, Eswatini (50.0%) and Rwanda (50.0%) registered the highest percentage of primary school teacher educators in terms of depression. While Eswatini had the highest percentage of male teacher educators with anxiety symptoms (50.0%) and stress symptoms (50.0%), Lesotho registered the highest percentage of secondary school teacher educators in terms of depression (75.0%) and anxiety (75.0%). Eswatini registered the highest percentage of secondary school teacher educators showing symptoms of stress (70.0%).

Table 9: Living area variations in psychological impact per country

A = Asymptomatic to depression, anxiety and stress

S = Symptoms of depression, anxiety and stress

Country		Teachers				Teacher Educators			
		Urban		Rural		Urban		Rural	
		A	S	A	S	A	S	A	S
Cote D'Ivoire	Depression	81.3	18.8	66.7	33.3	90.0	10.0	0.0	0.0
	Anxiety	81.3	18.8	33.3	66.7	96.7	3.3	0.0	0.0
	Stress	93.8	6.3	66.7	33.3	96.7	3.3	0.0	0.0
Eswatini	Depression	44.4	55.6	39.5	60.5	42.9	57.1	40.0	60.0
	Anxiety	66.7	33.3	59.2	40.8	85.7	14.3	40.0	60.0
	Stress	61.1	38.9	56.6	43.4	42.9	57.1	20.0	80.0
Lesotho	Depression	76.4	23.6	69.1	30.9	40.0	60.0	0.0	0.0
	Anxiety	83.3	16.7	65.5	34.5	40.0	60.0	0.0	0.0
	Stress	75.0	25.0	74.5	25.5	80.0	20.0	0.0	0.0
Kenya	Depression	76.3	23.7	87.9	12.1	100.0	0.0	80.0	20.0
	Anxiety	84.0	16.0	84.8	15.2	100.0	0.0	93.3	6.7
	Stress	86.5	13.5	90.9	9.1	100.0	0.0	93.3	6.7
Rwanda	Depression	50.0	50.0	30.5	69.5	75.0	25.0	46.7	53.3
	Anxiety	57.1	42.9	35.4	64.6	75.0	25.0	50.0	50.0
	Stress	85.7	14.3	53.7	46.3	66.7	33.3	73.3	26.7
Zambia	Depression	75.0	25.0	74.5	25.5	85.0	15.0	50.0	50.0
	Anxiety	79.8	20.2	76.6	23.4	75.0	25.0	66.7	33.3
	Stress	81.0	19.0	81.8	18.2	90.0	10.0	83.3	16.7

From Table 9, it can be seen that Eswatini registered the highest percentage of teachers working in urban areas in terms of depression (55.6%) and stress (38.9%). Rwanda registered the highest percentage of teachers working in urban areas in terms of anxiety (42.9%). Equally, Rwanda registered the highest percentage of teachers working in rural areas in terms of depression (69.5%) and stress (46.3%). Cote D'Ivoire registered the highest percentage of teachers living in rural areas showing symptoms of anxiety (57.1%).

In relation to teacher educators, Lesotho registered the highest percentage of teacher educators working in urban areas in terms of depression (60.0%) and anxiety (60.0%).

Eswatini registered the highest percentage of teacher educators working in urban areas in terms of stress (57.1%). Similarly, Eswatinit registered the highest percentage of teacher educators working in rural areas in terms of depression (60.0%), stress (80.0%) and anxiety (60.0%).

Table 10: Social impact per country

Country		Teachers					Teacher Educators				
		Very low	Low	Moderate	High	Very high	Very low	Low	Moderate	High	Very high
Cote D'Ivoire	Work	82.4	17.6	11.8	0.0	0.0	73.3	23.3	3.3	0.0	0.0
	Society	83.3	16.7	0.0	5.6	0.0	83.3	16.7	0.0	0.0	0.0
	Family	61.5	38.5	38.5	0.0	7.7	60.0	33.3	6.7	0.0	0.0
	Domestic violence	94.7	5.3	0.0	0.0	0.0	96.7	3.3	0.0	0.0	0.0
Eswatini	Work	51.4	48.6	31.4	2.9	0.0	0.0	50.0	33.3	16.7	0.0
	Society	34.6	65.4	36.5	36.5	7.7	16.7	16.7	41.7	16.7	8.3
	Family	33.3	66.7	43.9	15.8	5.3	33.3	25.0	16.7	16.7	8.3
	Domestic violence	83.7	16.3	3.5	3.5	2.3	83.3	0.0	0.0	16.7	0.0
Lesotho	Work	46.0	54.0	25.0	1.0	1.0	20.0	80.0	0.0	0.0	0.0
	Society	43.8	56.2	28.1	13.5	1.1	0.0	80.0	20.0	0.0	0.0
	Family	51.7	48.3	33.3	11.5	1.1	0.0	80.0	20.0	0.0	0.0
	Domestic violence	89.9	10.1	5.0	0.8	0.8	40.0	60.0	0.0	0.0	0.0
Kenya	Work	54.1	45.9	9.2	1.7	1.3	52.9	41.2	5.9	0.0	0.0
	Society	66.9	33.1	8.8	2.4	1.5	76.5	11.8	11.8	0.0	0.0
	Family	58.4	41.6	11.4	4.1	1.4	47.1	35.3	11.8	5.9	0.0
	Domestic violence	89.2	10.8	4.2	1.5	1.5	100.0	0.0	0.0	0.0	0.0
Rwanda	Work	32.2	67.8	44.1	10.2	8.5	14.3	54.8	23.8	4.8	2.4
	Society	41.9	58.1	25.8	19.4	9.7	26.2	35.7	28.6	7.1	2.4
	Family	43.3	56.7	31.7	21.7	6.7	21.4	40.5	16.7	19.0	2.4
	Domestic violence	76.9	23.1	12.8	7.7	2.6	64.3	21.4	4.8	7.1	2.4
Zambia	Work	56.6	43.4	10.7	2.0	0.0	15.6	68.8	9.4	3.1	3.1
	Society	38.9	61.1	30.2	14.1	4.0	28.1	40.6	21.9	3.1	6.3
	Family	39.5	60.5	26.9	5.4	0.0	28.1	53.1	12.5	0.0	6.3
	Domestic violence	88.0	12.0	1.4	0.9	0.0	81.3	15.6	0.0	0.0	3.1

In relation to teachers, it can be inferred from table 10 that Rwanda was the country with the highest percentage of teachers showing a very high social impact in terms of work (8.5%), society (9.7%) and domestic violence (7.7%). While Cote D'Ivoire and Eswatini had the highest percentage (7.7%) in terms of family.

In relation to teacher educators, it was seen that Eswatini was the country with the highest percentage of teacher educators showing a very high social impact in terms of society (8.3%)

and family (83%). While Rwanda and Zambia had the highest percentage of teachers showing very high social impact in terms of work (3.1%), Zambia indicated the highest percentage in terms of domestic violence (3.1%).

a) Qualitative Findings

Despite the negative impact of COVID-19 pandemic on in-service teachers, teacher educators and learners as evident from quantitative data analysis, qualitative information from various respondents of the study revealed that there was equally a positive impact or outcomes on teachers, teacher educators and learners brought by COVID-19. This positive impact is illustrated in tables 11.

Table 11: Positive impact of COVID-19

THEME	INDICATORS/DESCRIPTION	SAMPLE QUOTATION OF RESPONDENTS	IMPACT ON
Resilience	Ability to forge on with the learning process and capacity to emerge stronger despite the negative impact of COVID-19	*"I have seen increased awareness amongst teachers and teacher educators of what may happen in our changing world. This has made us to be more prepared for the future". "We have at least received training on skills in supporting learners, real life skills to cope with this pandemic and future emergencies"* By teachers and teacher Educators	Teachers Teacher educators
Communalism and communication skills	Increased communication amongst educational stake holders and ability to live together, work together and collective judgements for good of humankind	*"There have been increase solidarity amongst staff and learners. We are able to shared material and knowledge to teach within this period"; "we notice that there is improvement in communication between teachers and learners"; "Some of the parents with smart phones were encouraged to share their phones with the learners which they did very well"; "Some parents took the initiative to visit the school to talk about issues with the female children"; I equally noticed that there is a lot of community collaboration and involvement within this period of the pandemic. I pray this collaboration continues". "COVID-19 has taught us that we are living in one world or the world is around us now I'm talking to different people from different countries because we were used to physical meetings and stuffs, with the coming of COVID-19 we are able to communicate or connect with different people and those people have contributed immensely in personal development and also professional development and academic development".* By teachers and teacher Educators	Teachers Teacher Educators Learners
ICT skills	Teachers, teacher educators and learners acquired new skills especially in the use of ICT tools for learning	*"Within this period I have notice that students and teachers are able to use ICT tools for teaching and learning purposes". "There has been the use of Microsoft Teams and E-learning Platform to avoid the interruption of classes"; "Rwandan Education board provided courses on national television and radio, Teachers created awareness to parents and learners to have access to this resource online"; "Parents assisted learners and feedbacks were gotten through WhatsApp for the various classes"* By teachers and teacher Educators	Teachers Teacher Educators Learners
Blended learning	Introduction of blended learning (combination of face to face as well as online/distance education) in school systems to foster effective and efficient learning	*"All the teachers in Rwanda are invited; they implemented the Programme "One laptop per teacher" is equally very helpful as it enables teacher to use the technology for the purpose. This has enabled us to blend the face-to-face as well as distance education"*	Teachers Teacher educators

| | | By teachers and teacher Educators | |
| | | | |

Positive impact of COVID-19. Continues			
THEME	INDICATORS/DESCRIPTION	*SAMPLE QUOTATION OF RESPONDENTS*	IMPACT ON
Healthier environment	Improvement in health and living conditions in relation to sanitary state of schools with installation of hand washing stations.	*"I have notice that there is increased health care in schools"; "In our school, we now have a lot of hand washing stations, which was not the case in the past"; "there is increase in medical checks for teachers and learners, some other illnesses that are not related to COVID-19 have been identified and cured".* *By teachers and teacher educators*	Schools
Indigenous technologies	Learners are able to use indigenous technologies found at home that are found in school environment	*"When it comes to the academic sphere, when we are looking currently at our curriculum, these movements of this curricula goes from decolonising the curriculum into inclusive. We want to teach our students, or our learners education that is relevant to them, education that is meaningful to them".* *"We find that learners while learning online, there are these things that are around her that he or she can use, for instance, while learning mathematics s/he can even go outside and collect stones to calculate using it as an opportunity. When learners learn in their own environment, education becomes sustainable".* *By teachers and teacher Educators*	Learners
Problem solving skills	Children have been able to develop more skills in problem solving. They are alert, observant and watchful.	*"They asked questions related to the pandemic. They developed problem-solving skills as they kept asking questions and wanted to come up with suggestions to resolve it. They insisted on people to adhere to the Covid 19 instructions as a means to solving the problem."* *By parents*	Learners
Basic research skills	Careful, diligent search, ability to collect information, investigate exhaustively.	*"They developed some basic research skills working on their own, asking questions reflecting and drawing conclusions"* *By parents*	Learners
Independent learning ability	Not affiliated with a larger controlling unit, not relying on someone. Not looking to others for other's opinion	*"They learned that they do not only need teachers to learn face to face."* *By parents*	Learners
Non-formal skills	Skills other than those acquired from academic subjects	*. I have benefitted in doing best family chores as we now have fulltime at home than school. We have learned to analayse data by ourselves without being assisted by our lecturers. We have benefitted in learning other skills like crafting as we spend most of our time home.* *By learners*	Learners

According to the various respondents of the study (as seen in Table 11), it can be inferred that there are some positive outcomes as a result of the COVID-19 pandemic. According to teachers and teacher educators there have been development of resilience, improved communalism and communication skills, increase in ICT skills for teaching and learning, the introduction of blended learning in most educational systems and institution of healthier and safe environments in schools. Parents, on their part, established the fact that children have been able to develop, problem solving skills, basic research skills and independent learning abilities. Learners indicated they have been able to develop other non-formal skills different from traditional academic skills. They have spent more time being able to do house chores, learned to analysis data by themselves and being able to do crafting.

Summary and discussions of findings for psychosocial impact of COVID-19

The findings on Objective 1 indicated the following:

- Depression was the most felt psychological impact affecting teachers and teacher educators.
- Teachers and teacher educators faced a social impact on each category at various degrees of impact. However, society related impacts were the highest felt by teachers, while society and family related impacts were mostly felt by teacher educators.
- Psychological impacts in terms of depression, anxiety and stress were mostly felt by teachers and teacher educators in Eswatini, Rwanda and Lesotho.
- More males than females were affected by psychological impacts in terms of depression, anxiety and stress.
- Psychological impacts were mostly faced by teachers and teacher educators working in rural areas than those working in urban areas
- Psychological impacts were mostly faced by secondary school teachers and teacher educators than primary school teachers and teacher educators
- There were fewer or no gender, living area and school level differences in terms of social impacts
- Despite the negative impact of COVID-19, as depicted in quantitative data, qualitative information brought out some positive outcomes of the pandemic. Prominent amongst these were development of resilience, improved communalism and communication skills, increase in ICT skills for teaching and learning, the introduction of blended learning in most educational systems and institution of healthier and safe environments in schools.

The implications of these findings fall in line with the physiopsychosocial theory of education in emergencies (Tchombe, et al., 2020) which outlines the impact of emergencies like health hazards on the physiological, psychological and social development of human beings. This theory holds that emergency settings are often sites of intense adversity and stress particularly on school children and teachers, which ties with the findings of the present study. As the impacts of such stressful experiences accumulate, they hinder an individual's ability to engage in education, economic and social life. Hence, there is need for well-equipped professional counselling units in schools, not only for learners but for teachers and teacher educators as well. Furthermore, institutions should build on positive outcomes of the pandemic and foster more resilient skills to combat future emergencies that may impact education.

Objective 2: Factors contributing to the negative impact of COVID-19

a) Quantitative findings

This objective was measured using 14 factors as coded in Table 12. FC stands for Factors Challenging.

Table 12: Item serial numbers and themes for factors contributing to negative impact of COVID-19

Item serial numbers in questionnaire	Item Themes
FC1	Tested positive
FC2	Personally sick and suffering
FC3	Sick friend or relative
FC4	No access to vaccination
FC5	Personally quarantined
FC6	Quarantined friend or relative
FC7	Increase in identified cases
FC8	Many deaths
FC9	Restricted movements
FC10	Putting on face masks
FC11	Physical distancing
FC12	Restriction on social gatherings
FC13	Lack of trust in various cures
FC14	Lack of trust in vaccines

The modalities for analysis of this objective was based on ranking the total number of scores registered by various respondents on a scale of 0 – 3 for each factor listed. The factor with the highest score is ranked first.

Table 13: Factors contributing to the negative impact of COVID-19 for all countries

TEACHERS (N=1,072)			TEACHERS' EDUCATOR (N=141)			SCHOOL LEADERS (N=1,182)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Many deaths	1,718	1st	Restricted movements	206	1st	Many deaths	1,979	1st
Restricted movements	1,632	2nd	Many deaths	195	2nd	Physical distancing	1,888	2nd
Increase in identified cases	1,445	3rd	Increase in identified cases	169	3rd	Increase in identified cases	1,815	3rd
Putting on face masks	1,266	4th	Sick friend or relative	153	4th	Putting on face masks	1,730	4th
Sick friend or relative	1,206	5th	Putting on face masks	146	5th	Restricted movements	1,699	5th
Quarantined friend or relative	1,060	6th	Quarantined friend or relative	134	6th	Restriction on social gatherings	1,611	6th
Lack of trust in vaccines	1,042	7th	Restriction on social gatherings	119	7th	No access to vaccination	1,458	7th
Restriction on social gatherings	1,039	8th	Lack of trust in various cures	115	8th	Lack of trust in vaccines	1,378	8th
Lack of trust in various cures	1,029	9th	Lack of trust in vaccines	110	9th	Lack of trust in various cures	1,275	9th
Physical distancing	985	10th	Physical distancing	96	10th	Personally quarantined	863	10th
No access to vaccination	344	11th	Personally quarantined	56	11th	Tested positive	573	11th
Tested positive	298	12th	Tested positive	50	12th	Quarantined friend or relative	524	12th
Personally quarantined	270	13th	No access to vaccination	35	13th	Personally sick and suffering	396	13th
Personally sick and suffering	147	14th	Personally sick and suffering	27	14th	Sick friend or relative	46	14th

In relation to teachers that participated in the study, Table 13 revealed that "many deaths" as a result of COVID-19, with an overall score of 1,718 was seen to be the most contributing factor to the negative impact of COVID-19. This was followed by "restricted movements" with an overall score of 1,632 and "increase in identified cases' with an overall score of 1,445. On the other hand, the least contributing factors included "personally sick and suffering" with the least score of 147, followed by "personally quarantined" with a score of 270 and "tested positive" with a score of 298.

Teacher educators considered "restricted movements" as the most contributing factor, with an overall score of 206. This was followed by "many deaths", with an overall score of 195 and "increase in identified cases" with an overall score of 169. On the other hand, "personally sick and suffering" was considered as the least contributing factor with a score of 27. Followed by "no access to vaccination" with a score of 35 and "tested positive" with a score of 50.

School leaders equally identified "many deaths" (1st with overall score of 1,979) and "restricted movements" (3rd with overall score of 1,888) as two of top contributing factors to the negative impact of COVID-19. Nonetheless, school leaders considered "physical

distancing" as the 2nd top contributing factor, with an overall score of 1,815. On the other hand, the least contributing factors included "sick friend or relative" with a score of 46 followed by "personally sick and suffering" with a score of 396 and "quarantined friend or relative" with a score of 524.

Summarily, it can therefore be inferred that "many deaths", "restricted movements", "increase in identified cases" and "physical distancing" were the most contributing factors to the negative impact of COVID-19 according to teachers, teacher educators and school leaders. On the other hand, the least contributing factors included "personally sick and suffering", "personally quarantined", "tested positive", "no access to vaccination" and "quarantined friend or relative".

Table 14: Factors contributing to the negative impact of COVID-19 for Cote D'Ivoire

TEACHERS (N=19)			TEACHERS' EDUCATOR (N=30)			SCHOOL LEADERS (N=3)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Restricted movements	21	1st	Physical distancing	26	1st	Physical distancing	6	1st
Lack of trust in vaccines	21	1st	Many deaths	23	2nd	Putting on face masks	5	2nd
Increase in identified cases	20	3rd	Increase in identified cases	22	3rd	Restriction on social gatherings	5	2nd
Many deaths	19	4th	Restricted movements	22	3rd	Restricted movements	3	4th
Restriction on social gatherings	19	5th	Putting on face masks	19	5th	Lack of trust in various cures	3	4th
Lack of trust in various cures	18	6th	Restriction on social gatherings	17	6th	Increase in identified cases	2	6th
Putting on face masks	17	7th	Lack of trust in vaccines	15	7th	Many deaths	2	7th
Physical distancing	17	7th	Lack of trust in various cures	14	8th	Personally quarantined	1	8th
Sick friend or relative	12	9th	Sick friend or relative	6	9th	Tested positive	0	9th
Quarantined friend or relative	8	10th	No access to vaccination	5	10th	Personally sick and suffering	0	9th
No access to vaccination	3	11th	Quarantined friend or relative	2	11th	Sick friend or relative	0	9th
Tested positive	0	12th	Tested positive	0	12th	No access to vaccination	0	9th
Personally sick and suffering	0	12th	Personally sick and suffering	0	12th	Quarantined friend or relative	0	9th
Personally quarantined	0	12th	Personally quarantined	0	12th	Lack of trust in vaccines	0	9th

In relation to teachers that participated in the study in Cote D'Ivoire, Table 14 revealed that "restricted movements" and "lack of trust in vaccines" as a result of COVID-19, with an overall score of 21 were seen to be the most contributing factor to the negative impact of COVID-19. This was followed by "increase in identified cases" with an overall score of 20.

As concerns teacher educators, "physical distancing" was seen to be the most contributing factor with an overall score of 26. This was followed by "many deaths" with an overall score

of 23, and then "increase in identified cases" and "restricted movements" with an overall score of 22.

In relation to school leaders, "physical distancing" with an overall score of 6 was the most contributing factor to the negative impact of COVID-19. This was followed by "putting on of face masks" and "restriction on social gathering" that were rated with an overall score of 5 for both.

Summarily, it can therefore be inferred that "increase in identified cases", "lack of trust in vaccines", "restricted movements", physical distancing", "many deaths", "putting on face masks" and "restriction on social gatherings" were the most contributing factors to the negative impact of COVID-19 according to teachers, teacher educators and school leaders.

Table 15: Factors contributing to the negative impact of COVID-19 for Eswatini

TEACHERS (N=94)			TEACHER EDUCATORS (N=12)			SCHOOL LEADERS (N=197)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Many deaths	199	1st	Restricted movements	30	1st	Many deaths	421	1st
Restricted movements	199	1st	Many deaths	29	2nd	Increase in identified cases	409	2nd
Increase in identified cases	184	3rd	Increase in identified cases	27	3rd	No access to vaccination	372	3rd
Putting on face masks	162	4th	Sick friend or relative	24	4th	Restricted movements	363	4th
Sick friend or relative	146	5th	Quarantined friend or relative	18	5th	Putting on face masks	310	5th
Lack of trust in various cures	144	6th	Putting on face masks	18	6th	Restriction on social gatherings	288	6th
Lack of trust in vaccines	140	7th	Lack of trust in various cures	13	7th	Lack of trust in vaccines	261	7th
Quarantined friend or relative	126	8th	Restriction on social gatherings	11	8th	Physical distancing	260	8th
Restriction on social gatherings	115	9th	Lack of trust in vaccines	11	8th	Lack of trust in various cures	244	9th
Physical distancing	93	10th	Tested positive	10	10th	Tested positive	240	10th
Tested positive	47	11th	Physical distancing	9	11th	Quarantined friend or relative	233	11th
Personally quarantined	46	12th	Personally quarantined	7	12th	Personally sick and suffering	180	12th
Personally sick and suffering	28	13th	Personally sick and suffering	5	13th	Personally quarantined	92	13th
No access to vaccination	15	14th	No access to vaccination	1	14th	Sick friend or relative	14	14th

In relation to teachers that participated in the study in Eswatini, table 15 indicates that "many deaths" and "restricted movements" as a result of COVID-19, with an overall score of 199, were seen to be the most contributing factor to the negative impact of COVID-19. This was followed by "increase in identified cases" with an overall score of 184.

As concerns teacher educators, "restricted movements" was seen to be the most contributing factor with an overall score of 30. This was followed by "many deaths" with an overall score of 29 and then "increase in identified cases", with an overall score of 29.

In relation to school leaders, "many deaths" with an overall score of 421 was the most contributing factor to the negative impact of COVID-19. This was followed by "increase in identified cases" with an overall score of 409 and "no access to vaccination" was next with an overall score of 372.

Summarily, it can therefore be inferred that "many deaths", "restricted movements", "increase in identified cases" and "no access to vaccination", were the most contributing factors to the negative impact of COVID-19 according to teachers, teacher educators and school leaders in Eswatini.

Table 16: Factors contributing to the negative impact of COVID-19 for Lesotho

TEACHERS (N=127)			TEACHERS' EDUCATORS (N=5)			SCHOOL LEADERS (N=47)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Restricted movements	269	1st	Many deaths	10	1st	Many deaths	92	1st
Many deaths	257	2nd	Restricted movements	10	1st	Restricted movements	88	2nd
Increase in identified cases	207	3rd	Lack of trust in various cures	7	3rd	Increase in identified cases	82	3rd
Sick friend or relative	148	4th	Putting on face masks	6	4th	Putting on face masks	71	4th
Quarantined friend or relative	136	5th	Restriction on social gatherings	6	4th	Physical distancing	69	5th
Putting on face masks	128	6th	Increase in identified cases	5	6th	No access to vaccination	68	6th
Lack of trust in various cures	123	7th	Physical distancing	5	6th	Restriction on social gatherings	67	7th
Lack of trust in vaccines	109	8th	Lack of trust in vaccines	5	6th	Lack of trust in vaccines	55	8th
Restriction on social gatherings	100	9th	Quarantined friend or relative	4	9th	Lack of trust in various cures	52	9th
Physical distancing	98	10th	Sick friend or relative	3	10th	Quarantined friend or relative	32	10th
No access to vaccination	44	11th	No access to vaccination	2	11th	Tested positive	31	11th
Personally quarantined	16	12th	Tested positive	1	12th	Personally quarantined	27	12th
Tested positive	15	13th	Personally sick and suffering	1	12th	Personally sick and suffering	20	13th
Personally sick and suffering	11	14th	Personally quarantined	1	12th	Sick friend or relative	0	14th

In relation to teachers that participated in the study in Lesotho, Table 16 reveals that "restricted movements", with an overall score of 269, was seen to be the most contributing factor to the negative impact of COVID-19. This was followed by "many deaths" with an overall score of 257 and "increase in identified cases", with an overall score 207.

As concerns teacher educators, "many deaths" and "restricted movement" were seen to be the most contributing factors with an overall score of 10. This was followed by "lack of trust in various cures" with an overall score of 7.

In relation to school leaders, "many deaths" with an overall score of 92 was the most contributing factor to the negative impact of COVID-19. This was followed by "restricted

movements" with an overall score of 88 and "increase in identified cases" was next with an overall score of 82.

Summarily, it can therefore be inferred that "many deaths", "restricted movements", "increase in identified cases" and "lack of trust in various cures", were the most contributing factors to the negative impact of COVID-19 according to teachers, teacher educators and school leaders in Lesotho.

Table 17: Factors contributing to the negative impact of COVID-19 for Kenya

TEACHERS (N=514)			TEACHERS' EDUCATOR (N=17)			SCHOOL LEADERS (N=881)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Many deaths	692	1st	Many deaths	20	1st	Physical distancing	1,499	1st
Restricted movements	618	2nd	Restricted movements	20	1st	Many deaths	1,370	2nd
Increase in identified cases	555	3rd	Putting on face masks	19	3rd	Putting on face masks	1,277	3rd
Putting on face masks	531	4th	Increase in identified cases	18	4th	Increase in identified cases	1,228	4th
Physical distancing	508	5th	Lack of trust in vaccines	17	5th	Restriction on social gatherings	1,179	5th
Restriction on social gatherings	468	6th	Lack of trust in various cures	16	6th	Restricted movements	1,163	6th
Lack of trust in vaccines	428	7th	Sick friend or relative	15	7th	Lack of trust in vaccines	998	7th
Sick friend or relative	418	8th	Physical distancing	13	8th	No access to vaccination	938	8th
Lack of trust in various cures	413	9th	Restriction on social gatherings	10	9th	Lack of trust in various cures	912	9th
Quarantined friend or relative	330	10th	Quarantined friend or relative	7	10th	Personally quarantined	702	10th
No access to vaccination	156	11th	No access to vaccination	4	11th	Tested positive	259	11th
Tested positive	70	12th	Tested positive	0	12th	Quarantined friend or relative	211	12th
Personally quarantined	35	13th	Personally sick and suffering	0	12th	Personally sick and suffering	168	13th
Personally sick and suffering	31	14th	Personally quarantined	0	12th	Sick friend or relative	29	14th

In relation to teachers that participated in the study in Kenya, Table 17 reveals that "many deaths", with an overall score of 692, was seen to be the most contributing factor to the negative impact of COVID-19. This was followed by "restricted movements" with an overall score of 618 and "increase in identified cases", with an overall score 555.

As concerns teacher educators, "many deaths" and "restricted movement" were seen to be the most contributing factors with an overall score of 20 each. This was followed by "putting on face masks" with an overall score of 19.

In relation to school leaders, "physical distancing" with an overall score of 1,499 was perceived as the most contributing factor to the negative impact of COVID-19. This was followed by "many deaths" with an overall score of 1,370 and "putting on face masks" was next with an overall score of 1,277.

Summarily, it can therefore be inferred that "many deaths", "restricted movements", "increase in identified cases", "putting on face masks" and "physical distancing" were the most contributing factors to the negative impact of COVID-19 according to teachers, teacher educators and school leaders in Kenya.

Table 18: Factors contributing to the negative impact of COVID-19 for Rwanda

TEACHERS (N=96)			TEACHERS' EDUCATOR (N=42)			SCHOOL LEADERS (N=9)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Restricted movements	172	1st	Restricted movements	58	1st	Restricted movements	15	1st
Many deaths	152	2nd	Many deaths	49	2nd	Putting on face masks	15	1sr
Increase in identified cases	139	3rd	Quarantined friend or relative	46	3rd	Restriction on social gatherings	15	1st
Quarantined friend or relative	128	4th	Sick friend or relative	45	4th	No access to vaccination	14	4th
Sick friend or relative	127	5th	Increase in identified cases	41	5th	Physical distancing	12	5th
Putting on face masks	121	6th	Putting on face masks	39	6th	Lack of trust in various cures	11	6th
Restriction on social gatherings	105	7th	Restriction on social gatherings	32	7th	Increase in identified cases	10	7th
Lack of trust in various cures	97	8th	Lack of trust in vaccines	30	8th	Many deaths	10	7th
Physical distancing	91	9th	Personally quarantined	28	9th	Personally quarantined	8	9th
Lack of trust in vaccines	90	10th	Physical distancing	27	10th	Tested positive	7	10th
Personally quarantined	73	11th	Lack of trust in various cures	26	11th	Quarantined friend or relative	6	11th
No access to vaccination	64	12th	Tested positive	20	12th	Lack of trust in vaccines	6	11th
Tested positive	63	13th	No access to vaccination	19	13th	Personally sick and suffering	4	13th
Personally sick and suffering	35	14th	Personally sick and suffering	9	14th	Sick friend or relative	1	14th

In relation to teachers that participated in the study in Rwanda, table 18 illustrates that "restricted movements", with an overall score of 172, was seen to be the most contributing factor to the negative impact of COVID-19. This was followed by "many deaths" with an overall score of 152 and "increase in identified cases", with an overall score 139.

As concerns teacher educators, "restricted movements", with an overall score of 58 was seen to be the most contributing factor to the negative impact of COVID-19. This was followed by "many deaths" with an overall score of 49 and "quarantined friend or relative", with an overall score 46.

In relation to school leaders "restricted movements", "putting on face masks" and "restriction on social gatherings" with overall scores of 15 each were seen as the most contributing factors to the negative impact of COVID-19.

Summarily, it can therefore be inferred that "many deaths", "restricted movements", "increase in identified cases", "putting on face masks" and "quarantined friend or relative"

and "restriction on social gathering" were the most contributing factors to the negative impact of COVID-19 according to teachers, teacher educators and school leaders in Rwanda.

Table 19: Factors contributing to the negative impact of COVID-19 for Zambia

TEACHERS (N=221)			TEACHERS' EDUCATOR (N=32)			SCHOOL LEADERS (N=42)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Many deaths	399	1st	Restricted movements	63	1st	Many deaths	76	1st
Sick friend or relative	355	2nd	Sick friend or relative	60	2nd	Increase in identified cases	75	2nd
Restricted movements	353	3rd	Many deaths	60	2nd	Restricted movements	63	3rd
Increase in identified cases	340	4th	Quarantined friend or relative	57	4th	No access to vaccination	62	4th
Quarantined friend or relative	332	5th	Increase in identified cases	53	5th	Restriction on social gatherings	54	5th
Putting on face masks	304	6th	Putting on face masks	45	6th	Lack of trust in vaccines	52	6th
Lack of trust in vaccines	251	7th	Restriction on social gatherings	38	7th	Lack of trust in various cures	48	7th
Restriction on social gatherings	232	8th	Lack of trust in various cures	34	8th	Putting on face masks	46	8th
Lack of trust in various cures	231	9th	Lack of trust in vaccines	29	9th	Quarantined friend or relative	40	9th
Physical distancing	175	10th	Tested positive	19	10th	Physical distancing	39	10th
Tested positive	103	11th	Personally quarantined	18	11th	Tested positive	36	11th
Personally quarantined	100	12th	Physical distancing	15	12th	Personally quarantined	30	12th
No access to vaccination	62	13th	Personally sick and suffering	12	13th	Personally sick and suffering	24	13th
Personally sick and suffering	42	14th	No access to vaccination	2	14th	Sick friend or relative	2	14th

In relation to teachers that participated in the study in Zambia, Table 19 reveals that "many deaths", with an overall score of 399, was seen to be the most contributing factor to the negative impact of COVID-19. This was followed by "sick friend or relative" with an overall score of 355 and "restricted movements", with an overall score 353.

As concerns teacher educators, "restricted movements", with an overall score of 63 was seen to be the most contributing factor to the negative impact of COVID-19. This was followed by "sick friend or relative" and "many deaths" with an overall score of 60 each.

In relation to school leaders, "many deaths", with an overall score of 76, was seen to be the most contributing factor to the negative impact of COVID-19. This was followed by "increase in identified cases" with an overall score of 75 and "restricted movements", with an overall score 63.

Summarily, it can therefore be inferred that "many deaths", "restricted movements", "increase in identified cases", "sick friend or relative", were the most contributing factors to the negative impact of COVID-19 according to teachers, teacher educators and school leaders.

b) **Qualitative findings**

Table 20: Factors that exacerbated negative changes in learners as a result of COVD-19

CATEGORY	THEME	INDICATORS/DESCRIPTION	SAMPLE QUOTATION OF RESPONDENTS
Factors that exacerbated negative changes in children	Duration of the lock down	Time during which the lockdown lasted,	*"The biggest factor is the lockdown was too long"*
	No change in environment	No movement from one milieu to the other, no change in surrounding	*"The learners had no change of environment." "They stayed in the same environment for too long."*
	Loss of hope	No anticipation, lack of expectation	*"They lost the hope of going back to school since they did not know when schools would resume."*
	Boredom	Being weary and restless through lack of interest	*"They had no task to do at home."*

Qualitative findings from parents indicated that there are factors that exacerbate negative changes in learners as a result of COVID-19. These include duration of the lock down, no change in environment, loss of hope and boredom

Summary and discussions of findings for factors contributing to the negative impact of COVID-19

Table 21, shows the summary for factors that contributed most to the negative impact of COVID-19. The first column shows the most contributing factors when all countries are taken together. The rest of the columns show the most contributing factors for each of the representative country.

Table 21: Summary of factors contributing most to the negative impact of COVID-19

SUMMARY FINDINGS FOR MOST CONTRIBUTING FACTORS TO THE NEGATIVE IMPACT OF COVID-19						
ALL COUNTRIES	COTE D'IVOIRE	ESWATINI	LESOTHO	KENYA	RWANDA	ZAMBIA
Many deaths	Increase in identified cases	Many deaths	Many deaths	Many deaths	Many deaths	Many deaths
Restricted movements	Lack of trust in vaccines	Restricted movements	Restricted movements	Restricted movements	Restricted movements	Restricted movements
Increase in identified cases	Restricted movements	Increase in identified cases	Increase in identified cases	Increase in identified cases	Increase in identified cases	Increase in identified cases
Physical distancing	Physical distancing	No access to vaccination	Lack of trust in various cures	Putting on face masks	Putting on face masks	Sick friend or relative
	Many deaths			Physical distancing	Quarantined friend or relative	
	Putting on face masks				Restriction on social gathering	
	Restriction on social gatherings					

Based on these findings, it can be seen that many deaths, restricted movements and increase in identified cases were the most factors responsible for the negative impact of COVID-19. This falls in line with the social impact theory (Latané, 1981) that highlights the impact of strength and sources in causing psychosocial disorders in humans. In this case, the strength arises from the number of deaths from COVID-19 that are identified every day. The sources indicate the number of positive cases that are identified daily. It is seen that the strength and sources of COVID-19 are major factors contributing to psychosocial impact on teachers, teacher educators and learners. This begs the question of whether identified cases and number of deaths should be reported as such. Nonetheless, the negative psychosocial impact can be reduced by laying more emphasis on those that have recovered from the illness and measure that can be taken to recover from the illness. Hence, psychosocial support should focus on the fact that 'when you contract the illness, it does not mean you will definitely die'.

Restricted movements account for the reason why more males are psychosocially affected by COVID-19 than females. This is due to the fact that most males are not used to staying at home. Hence restricted movements definitely pose greater dissonance in men than women, as reported in qualitative findings. Nonetheless, restricted movements can be equally seen from a positive perspective as it led to more communication between spouses as well as their children.

Objective 3: Challenges faced in provision of psychosocial support

a) Quantitative findings

This objective was measured using 14 factors as coded in table 22.

Table 22: Item serial numbers and themes for challenges

Item serial numbers in questionnaire	Item themes
Challenge 1	Lack of emergency education programme
Challenge 2	Lack of skills
Challenge 3	Lack of financial resources
Challenge 4	Lack of referral services
Challenge 5	Communication breakdown
Challenge 6	Poor access to psychosocial support materials
Challenge 7	Lack of cooperation from learners
Challenge 8	Inadequate government support
Challenge 9	Inadequate hotlines
Challenge 10	No school wellbeing policy
Challenge 11	Inadequate personal protective effects
Challenge 12	Ineffective online/distance education system
Challenge 13	Poor internet connection
Challenge 14	No distance education devices

The modalities for analysis of this objective was based on ranking the total number of scores registered by various respondents on a scale of 0 – 3 for each factor listed. The factor with the highest score was ranked first.

Table 23: Challenges for all countries

TEACHERS (N=1,072)			TEACHER EDUCATORS (N=141)			SCHOOL LEADERS (N=1,182)		
Challenges	Overall score	Rank	Challenges	Overall score	Rank	Challenges	Overall score	Rank
Lack of financial resources	1,924	1st	Lack of financial resources	195	1st	Poor internet connection	2,305	1st
Ineffective online/distance education system	1,917	2nd	Inadequate personal protective effects	195	1st	Ineffective online/distance education system	2,230	1st
Inadequate personal protective effects	1,856	3rd	Ineffective online/distance education system	195	1st	Lack of financial resources	2,211	1st
Lack of referral services	1,784	4th	Inadequate hotlines	191	4th	Inadequate personal protective effects	2,061	4th
Poor internet connection	1,704	5th	Inadequate government support	186	5th	No distance education devices	1,988	5th
Poor access to psychosocial support materials	1,694	6th	No school wellbeing policy	186	5th	Lack of referral services	1,983	6th
Inadequate government support	1,668	7th	Lack of referral services	169	7th	Poor access to psychosocial support materials	1,773	7th
Inadequate hotlines	1,622	8th	Poor internet connection	169	7th	Inadequate hotlines	1,744	8th
No school wellbeing policy	1,460	9th	Poor access to psychosocial support materials	166	9th	Inadequate government support	1,695	9th
No distance education devices	1,231	10th	No distance education devices	139	10th	Lack of skills	1,412	10th
Lack of cooperation from learners	1,225	11th	Lack of skills	127	11th	No school wellbeing policy	1,411	11th
Lack of skills	1,211	12th	Lack of emergency education programme	126	12th	Lack of emergency education programme	961	12th
Lack of emergency education programme	1,100	13th	Lack of cooperation from learners	122	13th	Lack of cooperation from learners	947	13th
Communication breakdown	1,055	14th	Communication breakdown	113	14th	Communication breakdown	812	14th

In relation to teachers that participated in the study, Table 23 reveals that "lack of financial resources", with an overall score of 1,924, was seen to be the highest challenge faced in the provision of psychosocial support. This was followed by "ineffective online/distance education system" with an overall score of 1,917 and "inadequate personal protective effects" with an overall score of 1,856. On the other hand, the least frequent challenges faced were "communication breakdown" with the lowest score of 1,055. This was followed by "lack of emergency education programme" with a score of 1,100 and "lack of skills" with a score of 1,211.

In relation to teacher educators that participated in the study, Table 23 indicates that "lack of financial resources", "inadequate personal protective effects" and "ineffective online/distance education system", with an overall score of 195, were the highest challenges faced in the provision of psychosocial support. On the other hand, the least frequent challenges faced were "communication breakdown" with the lowest score of 113. This was followed by "lack of cooperation from learners" with a score of 122 and "lack of emergency education programme" with a score of 126.

School leaders equally identified "Poor internet connection" as the most frequent challenge with an overall score of 2,305. This was followed by "ineffective online/distance education system" with an overall score of 2,230 and "Lack of financial resources" with an overall score of 2,211. On the other hand, the least frequent challenges faced were "communication breakdown" with the lowest score of 812. This was followed by "lack of cooperation from learners" with a score of 947 and "lack of emergency education programme" with a score of 961.

Summarily, it can therefore be inferred that "lack of financial resources", "ineffective online/distance education system", "inadequate personal protective effects" and "Poor internet connection" were the top challenges faced in the provision of psychosocial support, according to school leaders. Nonetheless, the least frequent challenges included "communication breakdown", "lack of emergency education programme", "lack of skills" and "lack of cooperation from learners".

Table 24: Challenges for Cote D'Ivoire

TEACHERS (N=19)			TEACHER EDUCATORS (N=30)			SCHOOL LEADERS (N=3)		
Challenges	Overall score	Rank	Challenges	Overall score	Rank	Challenges	Overall score	Rank
Inadequate government support	42	1st	No school wellbeing policy	28	1st	No distance education devices	9	1st
No school wellbeing policy	40	2nd	Inadequate government support	27	2nd	Inadequate government support	8	2nd
Inadequate hotlines	39	3rd	Lack of skills	26	3rd	Inadequate hotlines	8	2nd
Ineffective online/distance education system	39	3th	Inadequate personal protective effects	25	4th	Inadequate personal protective effects	8	2nd
Inadequate personal protective effects	37	5th	Lack of emergency education programme	24	5th	Communication breakdown	8	2nd
Poor access to psychosocial support materials	35	6th	Lack of financial resources	20	6th	Ineffective online/distance education system	7	6th
Lack of emergency education programme	34	7th	Lack of referral services	20	6th	Lack of referral services	7	6th
Lack of financial resources	32	8th	Inadequate hotlines	19	8th	Poor access to psychosocial support materials	7	6th

No distance education devices	31	9th	Ineffective online/distance education system	19	9th	No school wellbeing policy	6	9th
Lack of referral services	29	10th	Poor internet connection	19	9th	Lack of financial resources	6	9th
Lack of cooperation from learners	28	11th	Poor access to psychosocial support materials	18	11th	Poor internet connection	4	11th
Poor internet connection	25	12th	No distance education devices	16	12th	Lack of skills	3	12th
Lack of skills	24	13th	Lack of cooperation from learners	13	13th	Lack of emergency education programme	2	13th
Communication breakdown	15	14th	Communication breakdown	7	14th	Lack of cooperation from learners	1	14th

In relation to teachers who participated in the study in Cote D'Ivoire, Table 24 reveals that "inadequate government support" was the most frequent challenge faced with an overall score of 42. This was followed by "no school wellbeing policy" with an overall score of 40; and by "inadequate hotlines" and "ineffective online/distance education system" with an overall score of 39.

As concerns teacher educators, "no school wellbeing policy" was seen as the most frequent challenge faced with an overall score of 28. This was followed by "inadequate government support" with an overall score of 27 and then "lack of skills" with an overall score of 26.

In relation to school leaders "no distance education devices", with an overall score of 9, was seen as the most frequent challenge faced. This was followed by "inadequate government support", "inadequate hotlines", "inadequate personal protective effects" and "communication breakdown" which were rated with an overall score of 8.

Summarily, it can therefore be inferred that "inadequate government support", "no school wellbeing policy", "inadequate hotline", "ineffective online/distance education system", "lack of skills", "no distance education devices" and "communication breakdown" were the challenges most frequently cited by teachers.

Table 25: Challenges for Eswatini

TEACHERS (N=94)			TEACHER EDUCATORS (N=12)			SCHOOL LEADERS (N=197)		
Challenges	Overall score	Rank	Challenges	Overall score	Rank	Challenges	Overall score	Rank
Inadequate government support	244	1st	No school wellbeing policy	28	1st	Ineffective online/distance education system	419	1st
Inadequate personal protective effects	229	2nd	Inadequate hotlines	27	2nd	Poor internet connection	408	2nd
No school wellbeing policy	222	3rd	Inadequate personal protective effects	26	3rd	No distance education devices	391	3rd
Lack of financial resources	219	4th	Lack of financial resources	25	4th	Lack of financial resources	381	4th
Lack of referral services	218	5th	Lack of referral services	25	4th	Inadequate government	366	5th

Challenges	Overall score	Rank	Challenges	Overall score	Rank	Challenges	Overall score	Rank
						support		
Ineffective online/distance education system	218	5th	Poor access to psychosocial support materials	25	4th	Inadequate personal protective effects	355	6th
Inadequate hotlines	215	7th	Communication breakdown	24	7th	Lack of referral services	340	7th
Poor access to psychosocial support materials	212	8th	Inadequate government support	23	8th	Inadequate hotlines	320	8th
Poor internet connection	207	9th	Ineffective online/distance education system	23	8th	Poor access to psychosocial support materials	311	9th
Lack of cooperation from learners	202	10th	Lack of cooperation from learners	22	10th	No school wellbeing policy	297	10th
Lack of skills	172	11th	Poor internet connection	20	11th	Lack of cooperation from learners	286	11th
No distance education devices	171	12th	Lack of emergency education programme	13	12th	Lack of skills	242	12th
Communication breakdown	165	13th	No distance education devices	13	12th	Communication breakdown	197	13th
Lack of emergency education programme	147	14th	Lack of skills	12	14th	Lack of emergency education programme	186	14th

In relation to teachers who participated in the study in Eswatini, Table 25 reveals that "inadequate government support" was the most frequent challenge faced with an overall score of 224. This was followed by "inadequate personal protective effects" with an overall score of 229. This was followed by "no school wellbeing policy" with an overall score of 222.

As concerns teacher educators, "no school wellbeing policy" was seen as the most frequent challenge faced with an overall score of 28. This was followed by "inadequate hotlines" with an overall score of 27 and then "inadequate personal protective effects", with an overall score of 26.

In relation to school leaders "ineffective online/distance education system", with an overall score of 419, was seen as the most frequent challenge faced. This was followed by "poor internet connection" with an overall score of 408. The third most frequently faced challenge was "no distance education devices" with an overall score of 391.

Summarily, it can therefore be inferred that "inadequate government support", "inadequate personal protective effects", "no school wellbeing policy", "inadequate hotlines", "ineffective online/distance education system", "poor internet connection" and "no distance education devices" were the top challenges most frequently cited by teacher educators.

Table 26: Challenges for Lesotho

TEACHERS (N=127)			TEACHER EDUCATORS (N=5)			SCHOOL LEADERS (N=47)		
Challenges	Overall score	Rank	Challenges	Overall score	Rank	Challenges	Overall score	Rank
Inadequate hotlines	265	1st	Communication breakdown	8	1st	Inadequate hotlines	109	1st
Ineffective online/distance education system	261	2nd	Lack of emergency education programme	7	2nd	Lack of financial resources	103	2nd
Inadequate	233	3rd	Lack of skills	7	2nd	Ineffective	98	3rd

						online/distance education system		
government support								
Inadequate personal protective effects	230	4th	Lack of financial resources	7	2nd	Poor internet connection	98	3rd
Poor access to psychosocial support materials	229	5th	Lack of referral services	7	2nd	Poor access to psychosocial support materials	86	5th
Poor internet connection	204	6th	Poor access to psychosocial support materials	7	2nd	No distance education devices	82	6th
Lack of financial resources	202	7th	Lack of cooperation from learners	7	2nd	Inadequate government support	77	7th
No school wellbeing policy	196	8th	Inadequate hotlines	7	2nd	Inadequate personal protective effects	77	7th
Lack of referral services	187	9th	No school wellbeing policy	7	2nd	Lack of referral services	75	9th
Lack of cooperation from learners	172	10th	Inadequate government support	6	10rd	No school wellbeing policy	65	10th
No distance education devices	150	11th	Inadequate personal protective effects	6	10rd	Lack of skills	58	11th
Lack of skills	147	12th	Ineffective online/distance education system	6	10rd	Communication breakdown	51	12th
Lack of emergency education programme	144	13th	Poor internet connection	6	10rd	Lack of emergency education programme	47	13th
Communication breakdown	140	14th	No distance education devices	5	14th	Lack of cooperation from learners	43	14th

In relation to teachers who participated in the study in Lesotho, Table 26 reveals that "inadequate hotlines" was the most frequently cited challenge faced with an overall score of 265. This was followed by "ineffective online/distance education system" with an overall score of 261; by "inadequate government support" with an overall score of 233.

As concerns teacher educators, "communication breakdown" was the most frequently cited challenge faced with an overall score of 8. This was followed by "lack of emergency education programme", "lack of skills", "lack of financial resources", "lack of referral services", "poor access to psychosocial support materials", "lack of cooperation from learners" and "inadequate hotlines" with an overall score of 7.

In relation to school leaders "inadequate hotlines", with an overall score of 109, was the most frequently cited challenged faced. This was followed by "lack of financial resources" with an overall score of 103. The third most frequently faced challenges were "ineffective online/distance education system" and "poor internet connection" with an overall score of 98.

Summarily, it can therefore be inferred that "inadequate hotlines", "ineffective online/distance education system", "inadequate government support", "communication breakdown", "lack of emergency education programme", "lack of skills", "lack of financial resources", "lack of referral services", "poor access to psychosocial support materials", "lack of cooperation from learners" and "inadequate hotlines" were the most frequently cited challenges in Lesotho.

Table 27: Challenges for Kenya

TEACHERS (N=514)			TEACHER EDUCATORS (N=17)			SCHOOL LEADERS (N=881)		
Challenges	Overall score	Rank	Challenges	Overall score	Rank	Challenges	Overall score	Rank
Lack of financial resources	938	1st	Inadequate personal protective effects	21	1st	Poor internet connection	1,720	1st
Lack of referral services	923	2nd	Poor internet connection	20	2nd	Lack of financial resources	1,640	2nd
Inadequate personal protective effects	888	3rd	Ineffective online/distance education system	19	3rd	Ineffective online/distance education system	1,622	3rd
Ineffective online/distance education system	871	4th	Lack of financial resources	18	4th	Inadequate personal protective effects	1,537	4th
Poor internet connection	855	5th	Lack of referral services	18	4th	Lack of referral services	1,491	5th
Poor access to psychosocial support materials	747	6th	Inadequate government support	16	6th	No distance education devices	1,434	6th
Inadequate government support	721	7th	Inadequate hotlines	16	6th	Poor access to psychosocial support materials	1,295	7th
Inadequate hotlines	672	8th	No distance education devices	15	8th	Inadequate hotlines	1,231	8th
No school wellbeing policy	623	9th	Poor access to psychosocial support materials	12	9th	Inadequate government support	1,183	9th
Lack of skills	543	10th	Lack of cooperation from learners	11	10th	Lack of skills	1,052	10th
No distance education devices	542	11th	No school wellbeing policy	11	10th	No school wellbeing policy	998	11th
Lack of cooperation from learners	482	12th	Lack of emergency education programme	10	12th	Lack of emergency education programme	680	12th
Lack of emergency education programme	447	13th	Lack of skills	9	13th	Lack of cooperation from learners	583	13th
Communication breakdown	359	14th	Communication breakdown	5	14th	Communication breakdown	518	14th

In relation to teachers who participated in the study in Kenya, Table 26 reveals that "lack of financial resources" was the most frequently cited challenge faced with an overall score of 938. This was followed by "lack of referral services" with an overall score of 928; and "inadequate personal protective effects" with an overall score of 888.

As concerns teacher educators, "inadequate personal protective effects" was the most frequently cited challenge faced with an overall score of 21. This was followed by "poor

internet connection" with an overall score of 20 and then "ineffective online/distance education system", with an overall score of 19.

In relation to school leaders "poor internet connection" with an overall score of 1,720 was the most frequently cited challenge faced. This was followed by "lack of financial resources", with an overall score of 1,640. Thirdly, there was "ineffective online/distance education system" which was rated with an overall score of 1.622.

Summarily, it can therefore be inferred that "lack of financial resources", "lack of referral services", "inadequate personal protective effects", "poor internet connection" and "ineffective online/distance education system" were the most frequently cited challenges in Kenya.

Table 28: Challenges for Rwanda

TEACHERS (N=94)			TEACHER EDUCATORS (N=42)			SCHOOL LEADERS (N=9)		
Challenges	Overall score	Rank	Challenges	Overall score	Rank	Challenges	Overall score	Rank
Poor access to psychosocial support materials	148	1st	Lack of financial resources	71	1st	Ineffective online/distance education system	16	1st
Lack of financial resources	139	2nd	Ineffective online/distance education system	63	2nd	Inadequate personal protective effects	14	2nd
Ineffective online/distance education system	137	3rd	Lack of referral services	59	3rd	Poor access to psychosocial support materials	12	3rd
Poor internet connection	134	4th	No school wellbeing policy	57	4th	Inadequate government support	11	4th
Communication breakdown	130	5th	Inadequate hotlines	54	5th	Inadequate hotlines	11	5th
Lack of referral services	129	6th	Inadequate personal protective effects	54	6th	Lack of skills	10	6th
Lack of cooperation from learners	127	7th	Communication breakdown	51	7th	Communication breakdown	10	6th
Inadequate government support	122	8th	Poor access to psychosocial support materials	50	8th	No school wellbeing policy	10	6th
Inadequate hotlines	120	9th	Lack of cooperation from learners	49	9th	Lack of cooperation from learners	8	9th
No school wellbeing policy	117	10th	No distance education devices	49	9th	Lack of emergency education programme	7	10th
Lack of skills	115	11th	Lack of skills	48	11th	Lack of referral services	7	10th
Inadequate personal protective effects	112	12th	Inadequate government support	45	12th	Lack of financial resources	6	12th
No distance education devices	112	12th	Poor internet connection	45	12th	Poor internet connection	6	12th
Lack of emergency education programme	98	14th	Lack of emergency education programme	32	14th	No distance education devices	5	14th

In relation to teachers who participated in the study in Rwanda, Table 28 revealed that "poor access to psychosocial support materials" was the most perceived challenge faced with an overall score of 148. This was followed by "lack of financial resources" with an overall score of 139; and by "ineffective online/distance education system" with an overall score of 137.

As concerns teacher educators, "lack of financial resources" was the most frequently cited challenge faced with an overall score of 71. This was followed by "ineffective online/distance education system" with an overall score of 63 and then "lack of referral services", with an overall score of 59.

In relation to school leaders, "ineffective online/distance education system", with an overall score of 16, emerged as the most frequently cited challenge faced. This was followed by "inadequate personal protective effects", with an overall score of 14. Thirdly, there was "poor access to psychosocial support materials" which was rated with an overall score of 14.

Summarily, it can be inferred that "poor access to psychosocial support materials", "lack of financial resources", "ineffective online/distance education system", "lack of referral services" and "inadequate personal protective effects" were the most frequently cited challenges in Rwanda.

Table 29: Challenges for Zambia

TEACHERS (N=221)			TEACHER EDUCATORS (N=32)			SCHOOL LEADERS (N=42)		
Challenges	Overall score	Rank	Challenges	Overall score	Rank	Challenges	Overall score	Rank
Lack of financial resources	394	1st	Ineffective online/distance education system	54	1st	Lack of financial resources	69	1st
Ineffective online/distance education system	391	2nd	Lack of financial resources	46	2nd	Inadequate personal protective effects	64	2nd
Inadequate personal protective effects	360	3rd	Inadequate personal protective effects	45	3rd	Ineffective online/distance education system	61	3rd
Poor access to psychosocial support materials	323	4th	Inadequate hotlines	43	4th	Poor internet connection	60	4th
Inadequate hotlines	311	5th	No school wellbeing policy	42	5th	No distance education devices	60	4th
Inadequate government support	306	6th	Lack of referral services	40	6th	Inadequate hotlines	59	6th
Lack of referral services	298	7th	Inadequate government support	38	7th	Lack of referral services	57	7th
Poor internet connection	279	8th	Poor internet connection	37	8th	Poor access to psychosocial support materials	54	8th
No school wellbeing policy	262	9th	Poor access to psychosocial support materials	36	9th	Inadequate government support	46	9th
Communication breakdown	246	10th	Lack of emergency education programme	34	10th	Lack of skills	40	10th
Lack of emergency education programme	230	11th	No distance education devices	25	11th	Lack of emergency education programme	37	11th
No distance education devices	225	12th	Communication breakdown	21	12th	No school wellbeing policy	32	12th
Lack of cooperation from learners	214	13th	Lack of skills	20	13th	Communication breakdown	31	13th
Lack of skills	210	14th	Lack of cooperation from learners	16	14th	Lack of cooperation from learners	23	14th

In relation to teachers who participated in the study in Zambia, Table 29 reveals that "lack of financial resources" was the most frequently cited challenge faced with an overall score of 394. This was followed by "ineffective online/distance education system" with an overall score of 391; and "inadequate personal protective effects" with an overall score of 360.

As concerns teacher educators, "ineffective online/distance education system" was the most frequently cited challenge faced with an overall score of 54. This was followed by "lack of financial resources" with an overall score of 46 and "inadequate personal protective effects", with an overall score of 45.

In relation to school leaders, "lack of financial resources", with overall score of 69, was the most frequently cited challenge faced. This was followed by "inadequate personal protective effects", with an overall score of 64. Thirdly, there was "ineffective online/distance education system" that was rated with an overall score of 61.

Summarily, it can be inferred that "lack of financial resources", "ineffective online/distance education system" and "inadequate personal protective effects" were the most frequently cited challenges in Zambia.

b) Qualitative Findings

Table 30: Psychological challenges faced by teachers, teacher educators and learners

THEME	INDICATORS/DESCRIPTION	SAMPLE QUOTATION OF RESPONDENTS
Psychological challenges	Loss of hope from learners due to cancelation of academic year	*"Most students did not take the online learning seriously again as they knew the academic year has been cancelled. They did not see reason to learn when they will come back to repeat the same class"* By Teachers
	Traumatic experience in learners as a result of death of a parents and those sick	*"There was uncertainty on the part of the teachers and also the learners and parents and trauma was overwhelming". "the curriculum was compressed and this load was so heavy on teachers"* *"It was indeed a challenge, this mentally to switch. Find us in terms of moving around the corridors and stuff. And they have that idea possibly, have you ever seen a child that has just loss a parent? The child will be roaming around where the parents use the word sleep to say the same thing. So the psychological aspect that is a challenge in supporting these learners to be able to cope in such trying times of COVID-19".* By teachers and teacher educators
	Frustration as a result of lock downs	*"So yes, those are the kind of challenges we are currently experiencing. Experiencing and just to add on that one thing that I've personally observed was that there is a lot of burn out. By burn out, I mean learners even the students, they can get rusted, you know, sometimes I'm leaving somehow right now I cannot even express myself clearly because I'm not used to sit at home for such a long period of time without expressing myself. So, is the very situation that is happening with the learners, there is need of some kind of motivation or organising this kind of platforms where we can communicate, we can elaborate issues on psychosocial support of the learners".* By Teachers
	Limited skills by teachers and teachers educators in provision of psychological support	*"Lack of psychological preparedness of the learners because when we migrated from way of teaching; that is from the indigenous or traditional mainstream teaching of face to face learning session to remote. So, even from the psychological perspective of the learners"* By Teachers
	Lack of professional counseling services and well equipped units in schools	*"Schools do not have professional counsellors. What we manage in our schools are just non-formal counselling sessions done by some religious persons. There is need for professional counseling and well equipped units in schools"* By Teachers

Table 31: Social challenges faced by teachers, teacher educators and learners

THEME	INDICATORS/DESCRIPTION	SAMPLE QUOTATION OF RESPONDENTS
Social challenges	Inadequate finances as a result of loss of jobs by parents	*"Some of my colleagues have dropped out of school due to lack of funds, this is because COVID has struck so hard on businesses leading to some parents being retrenched and some not making enough money to cater for their children academic needs".* By learners
	Inadequate finances to pay salaries of teachers and teacher educators	*"Due to poor turnout in schools, we lost a lot of money because school fees were not paid. Hence it has been difficult to pay teachers"* By School leaders
	Sexual promiscuity due to learners using ICT tools for pornographic purposes	*The children are unattended at home, most especially those of the working parents because their parents go to work in the morning leave them alone and some actually watch a lot of stuffs that is socially not acceptable and that is dangerous to their life also".* By teachers and parents
	Pregnancies from female students	*"We are also experiencing a lot of teenage pregnancy due to the shut because the children usually leave home and they end up in Hostels which are not monitored by any adult, meaning the student stay in the hostel on their own, that is where may be a girl will go and stay with her boyfriend the whole day in a hostel and go back and the parents will actually think that that child is from school when she didn't go at all".* By teachers, school leaders and parents
	Inadequate access to ICT devices	*"As a country, we don't have a policy that allows students to carry their cell phones to school and classrooms. The challenge here is that, since many leaners haven't been using phones, only a few proportion of learners probably from high socio-economic background were able to access learning resources online. The majority of them from lower socio-economic background had no access to phones and as such could not be easily introduced to online learning platforms"* By a Teachers
	Poor Internet connection	*"Most areas of our country we want students to learn not only at school but also when they are at home but we find out that where they are residing there is problem of Internet and even when there is Internet there is not money to buy Internet data." "One has to highlight that there was inequity in access to remote learning due to barriers such as social class, geographical location, that is, in relation to online learning resources and also the digital divide"* By inspectors

In relation to social challenges, issues highlighted included, inadequate finances as a result of loss of jobs by parents; sexual promiscuity due to learners using ICT tools for pornographic purposes; pregnancies from female students; poorly equip computer laboratories; inadequate ICT devices; poor internet connection and poorly equip computer laboratories (see Table 32).

Table 32: Educational challenges faced by teachers, teacher educators and learners

THEME	INDICATORS/DESCRIPTION	SAMPLE QUOTATION OF RESPONDENTS
Educational challenges	Inability to teach TVET subjects online	*"Despite the implementation of online learning, there are subjects at TVET that cannot be taught online. These require face-to-face, and hence these subject could not be taught to students"* By teachers
	Teachers overloading students with work	*"We find that some of the learners cannot do the work if there is no monitoring". "Approximately 93% of learners learn under academic frustrations which comes from heavy workload which exert pressure on them and also the stop and go method of learning affects the mobility of the learning process. Academic frustrations have resulted to so many learners attaining results that does not reflect their potential".* By teachers and learners
	Lack of skills in the use of software and hardware for learning purposes	*"Teachers are not trained on how to teach using the online platform. Learners need to be given materials to facilitate the online learning."* By teachers
	Limited time for teaching as a result of split in classes	*"In schools that implemented the methods so that learners don't go to school every day, we found out that some learners do not go to school at all when they are supposed to. This happens when parents go to work with the expectations that their children will go to school"* By teachers and school leaders
	Inability of some learners to access remote educational services	*"inaccessibility to learning material in places where there are no Radio or TV signals for students to follow lessons at home this is also a problem"* By teachers and parents
	Inclusive education services	*"Actually for quite a long time our country was not so much considering how these learners with disabilities could be helped when they are in school, but we are trying. I want to talk about infrastructure; we are getting to where we have building and even our teaching styles which could accommodate such learners. But nevertheless, our learners with disabilities use of mask was modified with face shields and we also make use of sign language interpreters in schools where there are cases of need"* By teachers
	Shortage of teachers	*"Some schools are facing problems because of shortage of teachers, so students are left unattended to in such cases".* By school leaders and inspectors
	No internal assessment	*"Assessments were not carried out for internal examinations. Only external examinations were written to enable learners to move for instance into form one of the secondary schools. Internally they were not able to take any examinations, but every learner was promoted to the next level, including those in remote areas who didn't have access to e-learning platforms. Hence, every learner kept progressing together but all might not have probably learnt something. Also, regardless of their social class, learners with special needs were the most affected or disadvantaged group as far as assessments were concerned".* By teachers

Educational challenges include issues like inability to teach TVET subjects online; lack of skills in the use of software and hardware for learning purposes; limited time for teaching as a

result of splitting classes and inability of some learners to access online educational services (see Table 32).

Summary and discussions of findings for challenges faced in provision of psychosocial support

Table 33, shows the summary for factors of most frequent challenges faced by teachers and teacher educators. The first column shows the most frequently faced challenges when all countries are taken together. The rest of the columns show the most frequently faced challenges for each of the representative country.

Table 33: Summary of most frequently faced challenges faced

SUMMARY FINDINGS OF MOST FREQUENT CHALLENGES						
ALL COUNTRIES	**COTE D'IVOIRE**	**ESWATINI**	**LESOTHO**	**KENYA**	**RWANDA**	**ZAMBIA**
Lack of financial resources	Inadequate government support	Inadequate government support	Inadequate hotlines	Lack of financial resources	Poor access to psychosocial support materials	Lack of financial resources
Ineffective online/distance education system	No school wellbeing policy	Inadequate personal protective effects	Ineffective online/distance education system	Lack of referral services	Lack of financial resources	Ineffective online/ distance education system
Inadequate personal protective effects	Inadequate hotline	No school wellbeing policy	Inadequate government support	Inadequate personal protective effects	Ineffective online/ distance education system	Inadequate personal protective effects
Poor internet connection	Ineffective online/ distance education system	Inadequate hotlines	Communication breakdown	Poor Internet connection	Lack of referral services	
	Lack of skills	Ineffective online/ distance education system	Lack of emergency education programme	Ineffective online/ distance education system	Inadequate personal protective effects	
	No distance education devices	Poor Internet connection	Lack of skills			
	Communication breakdown	No distance education devices	Lack of financial resources			
			Lack of referral services			
			Poor access to psychosocial support materials			
			Lack of cooperation from learners			
			Inadequate hotlines			

It can therefore be inferred that lack of financial resources and ineffective online/distance education systems were key challenges faced by teachers and teacher educators during this

period of COVID-19. As schools were forced to close down face-to-face teaching, most, if not all countries resorted to online and distance education. From qualitative findings, it is evident that respondents highlighted the fact that most teachers, teacher educators, parents and learners were not financially and materially prepared for online, distance and blended education modalities. The digital divide equally contributed to the negative psychosocial impact of COVID-19 as it was evident that teachers, teacher educators and learners living in rural areas were more affected.

Except Rwanda that has invested heavily on digital infrastructure (90% of the territory has access to broadband and 75% of the population has a cell phone), digital is not very widespread in Africa. Only 28% of Africans use the internet, a digital divide that prevents the continent from taking full advantage of the capacities of digital technologies to mitigate some of the most serious effects of the pandemic. It is not only Internet connectivity that is lacking. Other fundamentals such as electricity, literacy, financial inclusion and regulation are also lacking. As a result, individuals are unable to use the digital solutions available. In addition, much of Africa's population still grapples with life-threatening pressures like conflict and food insecurity, so that the day-to-day survival is the sole goal of these individuals. COVID-19 has heightened their distress because due to lockdowns and physical distancing, many public services are only accessible online. Therefore, the overwhelming majority of people have been left behind, particularly those of the rural areas and those of low socioeconomic status resulting in the loss of hope, despair, depression and an increase sense of failure.

The same scenario holds for teachers, teacher educators and learners of the primary sector that were most affected since learning via online and distance learning modalities could be more challenging at the primary level due to many factors including the lack of necessary devices and multiple literacies (e.g. digital literacy, reading literacy and numerical literacy, etc.). Hence government spending on education should increase and countries should continue to develop alternative means of providing education so as to remain resilient in times of emergencies. This calls for pre-service and in-service teachers', teacher educators' and learners' capacity development in the use of ICT tools, exploration of multiple modalities of education provision and provision of psychosocial support.

Objective 4: Innovative strategies governments are employing to address challenges

  a) **Quantitative Findings**

This objective was measured using 14 factors as coded in table 34. IS stands for Innovative Strategies

Table 34: Item serial numbers and themes for innovative strategies

Item serial numbers in questionnaire	Item themes
IS1	Communication tools
IS2	Distance education systems
IS3	Hybrid model.
IS4	Joint Task Force
IS5	Psychosocial/health support services
IS6	Increased funding
IS7	Remote services for teachers
IS8	Monitoring systems
IS9	Crisis hotlines
IS10	Tele-consultations
IS11	Digital self-help platforms
IS12	Increased investments
IS13	Community-based volunteers
IS14	Counseling units

The modalities for analysis of this objective was based on ranking the total number of scores registered by various respondents on a scale of 0 – 3 for each innovative strategy listed. The strategy with the highest score was ranked first.

Table 35: Innovative strategies for all countries

INSPECTORS AND GOVERNMENT OFFICIALS (N=150)		
Innovative strategies	**Overall score obtained**	**Rank**
Communication tools	279	1st
Joint Task Force	229	2nd
Hybrid learning modalities	208	3rd
Distance education systems	199	4th
Monitoring systems	197	5th
Psychosocial/health support services	177	6th
Crisis hotlines	168	7th
Counseling units	146	8th
Tele-consultations	128	9th
Digital self-help platforms	120	10th
Remote services for teachers	117	11th
Increased investments	101	12th
Increased funding	91	13th
Community-based volunteers	81	14th

Based on responses from inspectors and government officials who participated in the study, Table 35 reveals that "communication tools" with an overall score of 279 was seen to be the most innovative strategy governments were employing to address challenges. This was followed by "joint task force" with an overall score of 229 and "hybrid learning modalities' with an overall score of 208.

Table 36: Innovative strategies for Cote D'Ivoire

INSPECTORS AND GOVERNMENT OFFICIALS (N=42)		
Innovative strategies	**Overall score obtained**	**Rank**
Communication tools	84	1st
Distance education systems	60	2nd
Hybrid learning modalities	58	3rd
Joint Task Force	42	4th
Monitoring systems	35	5th
Psychosocial/health support services	31	6th
Crisis hotlines	30	7th
Counseling units	28	8th
Remote services for teachers	20	9th
Digital self-help platforms	17	10th
Increased investments	17	10th
Increased funding	15	12th
Tele-consultations	13	13th
Community-based volunteers	9	14th

Based on responses from inspectors and government officials from Cote D'Ivoire, Table 36 reveals that "communication tools", with an overall score of 84, was seen to be the most innovative strategy the Government of Cote D'Ivoire was employing to address challenges. This was followed by "distance education systems" with an overall score of 60 and "hybrid learning modalities' with an overall score of 58.

Table 37: Innovative strategies for Eswatini

INSPECTORS AND GOVERNMENT OFFICIALS (N=27)		
Innovative strategies	**Overall score obtained**	**Rank**
Joint Task Force	43	1st
Psychosocial/health support services	43	1st
Communication tools	42	3rd
Monitoring systems	37	4th
Crisis hotlines	34	5th
Hybridlearning modalities	29	6th
Tele-consultations	29	6th
Distance education systems	24	8th
Counseling units	24	8th
Increased investments	22	10th
Remote services for teachers	19	11th
Increased funding	18	12th
Digital self-help platforms	15	13th
Community-based volunteers	12	14th

Based on responses from inspectors and government officials from Eswatini, Table 37 revealed that "joint task force" and "psychosocial/health support systems", with an overall score of 43, were reported to be the most innovative strategy the Government of Eswatini was employing to address challenges. This was followed by "communication tools" with an overall score of 42.

Table 38: Innovative strategies for Lesotho

INSPECTORS AND GOVERNMENT OFFICIALS (N=10)		
Innovative strategies	**Overall score obtained**	**Rank**
Communication tools	12	1st
Hybrid learning modalities	9	2nd
Joint Task Force	9	2nd
Psychosocial/health support services	8	4th
Monitoring systems	8	4th
Distance education systems	7	6th
Community-based volunteers	6	7th
Increased funding	5	8th
Tele-consultations	5	8th
Digital self-help platforms	5	8th
Increased investments	5	8th
Remote services for teachers	4	12th
Crisis hotlines	4	12th
Counseling units	4	12th

Based on responses from inspectors and government officials from Lesotho, Table 38 reveals that "communication tools", with an overall score of 12, was found to be the most innovative strategy the Government of Lesotho was employing to address challenges. This was followed by "hybrid learning modalities" and "joint task force" with an overall score of 9.

Table 39: Innovative strategies for Kenya

INSPECTORS AND GOVERNMENT OFFICIALS (N=31)		
Innovative strategies	**Overall score obtained**	**Rank**
Communication tools	73	1st
Distance education systems	49	2nd
Hybrid learning modalities	46	3rd
Joint Task Force	46	3rd
Digital self-help platforms	44	5th
Remote services for teachers	43	6th
Monitoring systems	43	6th
Crisis hotlines	42	8th
Psychosocial/health support services	41	9th
Tele-consultations	35	10th
Counseling units	30	11th
Increased investments	28	12th
Community-based volunteers	23	13th
Increased funding	20	14th

Based on responses from inspectors and government officials from Kenya, Table 39 reveals that "communication tools", with an overall score of 73, was seen to be the most innovative strategy the Government of Kenya was employing to address challenges. This was followed by "distance education systems" with an overall score of 46, then "hybrid learning modalities and "joint task force" with an overall score of 46.

Table 40: Innovative strategies for Rwanda

INSPECTORS AND GOVERNMENT OFFICIALS (N=4)		
Innovative strategies	**Overall score obtained**	**Rank**
Joint Task Force	11	1st
Communication tools	8	2nd
Distance education systems	8	2nd
Crisis hotlines	8	2nd
Hybrid learning modalities	7	5th
Monitoring systems	7	5th
Tele-consultations	7	5th
Digital self-help platforms	7	5th
Community-based volunteers	7	5th
Counseling units	7	5th
Psychosocial/health support services	6	11th
Increased funding	6	11th
Increased investments	6	11th
Remote services for teachers	5	14th

Based on responses from inspectors and government officials from Rwanda, Table 40 reveals that "joint task force", with an overall score of 11, was found to be the most innovative strategy the Government of Rwanda employed to address challenges. This was followed by

"communication tools", "distance education systems" and "crises hotlines" with an overall score of 8

Table 41: Innovative strategies for Zambia

INSPECTORS AND GOVERNMENT OFFICIALS (N=21)		
Innovative strategies	**Overall score obtained**	**Rank**
Joint Task Force	73	1st
Monitoring systems	63	2nd
Communication tools	54	3rd
Hybrid learning modalities	54	3rd
Counseling units	49	5th
Distance education systems	47	6th
Crisis hotlines	47	6th
Psychosocial/health support services	45	8th
Tele-consultations	37	9th
Digital self-help platforms	30	10th
Increased funding	24	11th
Remote services for teachers	24	11th
Community-based volunteers	22	13th
Increased investments	21	14th

Based on responses from inspectors and government officials from Zambia, Table 41 reveals that "joint task force", with an overall score of 73, was seen to be the most innovative strategy the Government of Zambia was employing to address challenges. This was followed by "monitoring systems" with an overall score of 63 and "communication tools' with an overall score of 54.

b) Qualitative Findings

Quantitative data analysis revealed that the use of communication tools, joint task force and hybrid (blended) learning modalities were the most prevalent strategies being used to addresschallenges as a result of COVID-19. These strategies were equally reiterated during the qualitative phase of the study and more strategies were identified as seen in Table 42.

Table 42: Innovative strategies emerging from qualitative findings

THEME	INDICATORS/DESCRIPTION	SAMPLE QUOTATION OF RESPONDENTS
Reduction of class sizes	The reduction of class sizes to respect physical distancing	*"In our school, we reduced the class size for instance a class of 40 is reduce to 20 students per group and the time for teaching divided into two. This enabled the respect for physical distancing" "Teachers have to prepare a lessons such that, may be a lesson that was normally 40 minutes is now taught in 20 minutes, so there is increase in their work".* By teachers, teacher educators, school leaders and inspectors
Community and parent engagement	Involvement of parents and community in the learning process and psychosocial support	*"Some of the parents with smart phones were encouraged to share their phones with the learners which they did very well"; "we notice that parents were engaged in psychosocial support. Some came to our schools to seek psychosocial support for theirchildren". "Parents assisted learners and feedbacks were gotten through WhatsApp for the various classes"* By school leaders and inspectors
Use of ICT tools	The use of ICT tools for learning	*"Sharing of links for books for reading to those who had access to computers, specifically Computer Science contents which I taught". "Equally resources were made available on the E-learning platform module". "'Bring your own device' was used to increase the number of devices that could be used by students. To prepare for the future unknown"* By teachers, teacher educators, school leaders and inspectors
Blended learning	Introduction of blended learning (combination of face to face as well as online/distance education in school systems to foster effective and efficient learning	*"Blended learning was introduced in our school after the lock down period"; "In our school there is the used of blended learning, which is a combination of WhatsApp and Face-to-face learning"* By teachers, teacher educators, school leaders and inspectors
Online assessment	Use of online assessment strategy that counts as part of academic year assessment of learners	*"In order to maintain learners' engagement, we used online assessment which counted as part of the assessment for the academic year"; "Student were assessed online which counted as part of school assessment".* By teachers, teacher educators and school leaders
Learner centered learning	Independent and take-home – tests	*"Students are given more work, most of the learning is done on their own, so autonomy is enhanced on the side of students". "Teachers give students take home test, but this depends on the teachers and not something that is practiced nationwide because of short time that we have to train teachers"* By teachers, teacher educators, school leaders and inspectors
Accelerated teaching and learning	Introduction of accelerated teaching and learning in school systems	*"We use accelerated teaching and learning to cover the gab, the curriculum is compressed since students were promoted from one level to another when the programme wasn't covered". "Training of teachers on accelerated teaching and on prevention measures, teachers were trained on accelerated teaching and learning as well as prevention methods in regards to COVID-19, so I think now that they know how to protect themselves against COVID-19, their fears are reduced".* By teachers and teacher educators
Formative Assessment	Use of continuous assessment and not relying on end of year examinations	*"Our curriculum is not assessment based or assessment drive or not examination driven. We assess to ensure that they understand what they are learning. Our curriculum strictly is more formative assessment than summative assessment. We encourage teachers to practice more of formative assessment such that they assess students learning on the process. If there is need to change may be their teaching methods they can do that on time, so students learn the concepts they want them to understand".* By teachers, teacher educators, school leaders and inspectors

Besides the used of ICT tools and blended learning, qualitative findings from teachers, teacher educators, school leaders and inspectors revealed the used of additional strategies like reduction of class sizes, community and parent engagement and online assessment. Other innovative strategies included learner-centered learning, accelerated teaching and learning and formative assessment.

Summary and discussions of findings for innovative strategies

Table 44 shows the summary for innovative strategies used by governments. The first column shows the most innovative strategies when all countries are taken together. The rest of the columns show the most innovative strategies for each of the representative country.

Table 43: Summary table for innovative strategies

SUMMARY FINDINGS OF INNOVATIVE STRATEGIES						
ALL COUNTRIES	**COTE D'IVOIRE**	**ESWATINI**	**LESOTHO**	**KENYA**	**RWANDA**	**ZAMBIA**
Communication tools	Communication tools	Joint task force	Communication tools	Communication tools	Joint task force.	Joint task force
Joint task force	Distance education systems	Psychosocial/ health support systems	Hybrid learning modalities	Distance education systems	Communication tools	Monitoring systems
Hybrid learning modalities	Hybrid learning modalities	Communication tools	Joint task force	Hybrid learning modalities	Crises hotlines	Communication tools
				Joint task force.		

It can therefore be inferred that most countries resorted to the used of communication tools and joint task force to combat COVID-19 and ensure continuous learning. Based on qualitative findings, there was more community and parent engagement in the teaching and learning process. These innovative strategies can be seen from both a positive and negative perspective. On a positive note, it can be seen that most countries have been able to develop online and distance education programmes with the use of communication tools. Hence, this is an addition to learning spaces other than just traditional face-to-face learning. Engagement of the community and parents gives parents the opportunity to be involved in the learning process of the children. Nonetheless, the above strategies pose challenges in relation to access to the Internet and devices for learning. Hence, negatively, the strategies could increase the negative psychosocial impact for those who do not have these communication tools and access to the Internet. The issue of parental involvement is controversial as some parents even lost their jobs and were unable to provide for basic needs of their family, talk less of educational needs. This, therefore, calls for educational stakeholders to examine the psychosocial needs of teachers, teacher educators and learners to ensure effective implementation of innovative strategies for efficient learning to take place.

Objective 5: Psychosocial needs of in-service teachers, teacher educators and learners

a) **Quantitative findings**

This objective was measured using 9 items for psychological needs and 12 items for social needs as coded in Table 44. PS stands for Psychological Needs and SN stands for Social Needs.

Table 44: Item serial numbers and themes for psychosocial needs

Item serial numbers in questionnaire	Item themes
Psychological needs	
PN1	Counselling services
PN2	Mental health services
PN3	Capacity development seminars
PN4	Incorporation of psychosocial/health support
PN5	More funding
PN6	Access to services like helplines
PN7	Partnerships with communities
PN8	Referral centres
PN9	Special remedial programmes
Social needs	
SN1	Physical distancing
SN2	Hand washing stations
SN3	Mask wearing
SN4	Face shields
SN5	Regular testing
SN6	Prioritised vaccination drives
SN7	Decentralised decision making
SN8	Provision of online/distance education support
SN9	Increase incentives
SN10	Capacity development and training
SN11	Emergency education
SN12	Creation of crisis hotlines

The modalities for analysis of this objective was based on ranking the total number of scores registered by various respondents on a scale of 0 – 3 for each need listed. The need with the highest score was ranked first.

Table 45: Psychological needs for all countries

TEACHERS (N=1,072)			TEACHERS' EDUCATOR (N=141)			SCHOOL LEADERS (N=1,182)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
More funding	2,879	1st	More funding	317	1st	More funding	3,303	1st
Capacity development seminars	2,758	2nd	Capacity development seminars	303	2nd	Referral centres	3,191	2nd
Special remedial programmes	2,758	2nd	Access to services like helplines	298	3rd	Special remedial programmes	3,140	3rd
Access to services like helplines	2,751	4th	Partnerships with communities	297	4th	Capacity development seminars	3,124	4th
Counselling services	2,727	5th	Special remedial programmes	295	5th	Access to services like helplines	3,107	5th
Incorporation of psychosocial/ health support	2,685	6th	Referral centres	293	6th	Incorporation of psychosocial/ health support	3,089	6th
Partnerships with communities	2,584	7th	Incorporation of psychosocial/h	292	7th	Counselling services	3,017	7th

			eath support					
Referral centres	2,580	8th	Counselling services	279	8th	Partnerships with communities	3,012	8th
Mental health services	2,493	9th	Mental health services	254	9th	Mental health services	2,777	9th

In relation to teachers that participated in the study, Table 45 reveals that "more funding", with an overall score of 2,879, was perceived as the highest need for provision of psychosocial support. This was followed by "capacity development seminars" and "special remedial programmes' with an overall score of 2,758.

Teacher educators considered "more funding" as the most important need, with an overall score of 317. This was followed by "capacity development seminars", with an overall score of 303, and "access to services like helplines", with an overall score of 298.

School leaders equally identified "more funding", with an overall score of 3,303, to be the highest need. This was followed by "referral centres", with an overall score of 3,191, and thirdly, "special remedial programmes", with an overall score of 3,140.

Summarily, it can therefore be inferred that "more funding", "capacity development seminars", "special remedial programmes", "referral centres" were the most important needs.

Table 46: Psychological needs for Cote D'Ivoire

TEACHERS (N=19)			TEACHERS' EDUCATOR (30)			SCHOOL LEADERS (N=3)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Capacity development seminars	48	1st	Counselling services	34	1st	Capacity development seminars	8	1st
More funding	48	1st	More funding	31	2nd	Referral centres	7	2nd
Access to services like helplines	44	3rd	Capacity development seminars	30	3rd	Counselling services	6	3rd
Mental health services	43	4th	Incorporation of psychosocial/health support	30	3th	Mental health services	6	3th
Incorporation of psychosocial/ health support	42	5th	Access to services like helplines	28	5th	More funding	6	3th
Counselling services	41	6th	Partnerships with communities	28	5th	Incorporation of psychosocial/ health support	5	6th
Special remedial programmes	40	7th	Special remedial programmes	27	7th	Special remedial programmes	5	6th
Referral centres	38	8th	Referral centres	26	8th	Access to services like helplines	4	8th
Partnerships with communities	33	9th	Mental health services	21	9th	Partnerships with communities	4	8th

In relation to teachers who participated in the study in Cote D'Ivoire, Table 46 reveals that "capacity development seminars" and "more funding" with an overall score of 48 were seen to be the most important needs for provision of psychosocial support. This was followed by "access to services like helplines" with an overall score of 44.

Teacher educators considered "couselling services" as the most important need, with an overall score of 34. This was followed by "more funding", with an overall score of 31. The third top needs were "capacity development seminars" and "incorporation of psychosocial/health support" with an overall score of 30.

School leaders equally identified "capacity development seminars" with an overall score of 8 to be the highest need. This was followed by "referral centres" with an overall score of 7 and thirdly "counselling services", "mental health services" and "more funding" with an overall score of 6.

Summarily, it can therefore be inferred that "capacity development seminars", "more funding", "access to services like helplines", "couselling services", "incorporation of psychosocial/health support", "referral centres" and "mental health services" were the most important needs among teachers, teacher educators and school leaders in Cote D'Ivoire.

Table 47: Psychological needs for Eswatini

TEACHERS (N=94)			TEACHERS' EDUCATOR (12)			SCHOOL LEADERS (N=197)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
More funding	273	1st	Capacity development seminars	32	1st	More funding	558	1st
Access to services like helplines	271	2nd	Incorporation of psychosocial/health support	32	1st	Special remedial programmes	546	2nd
Counselling services	269	3rd	More funding	32	1st	Capacity development seminars	545	3rd
Capacity development seminars	268	4th	Mental health services	31	4th	Referral centres	545	3rd
Mental health services	265	5th	Access to services like helplines	31	4th	Incorporation of psychosocial/ health support	542	5th
Incorporation of psychosocial/ health support	263	6th	Partnerships with communities	31	4th	Access to services like helplines	534	6th
Special remedial programmes	260	7th	Referral centres	31	7th	Counselling services	533	7th
Referral centres	254	8th	Special remedial programmes	31	7th	Mental health services	526	8th
Partnerships with communities	249	9th	Counselling services	30	9th	Partnerships with communities	514	9th

In relation to teachers who participated in the study in Eswatini, Table 47 reveals that "more funding", with an overall score of 273, was the most important need for provision of psychosocial support. This was followed by "access to services like helplines" with an overall score of 271 and "counselling services" with an overall score of 269

Teacher educators considered "capacity development seminars" and "incorporation of psychosocial/health support" as the most important needs, with an overall score of 32. This was followed by "more funding", with an overall score of 32.

School leaders equally identified "more funding", with an overall score of 558, to be the highest need. This was followed by "special remedial programmes" with an overall score of 546 and thirdly "capacity development seminars" and "referral centres" with an overall score of 545.

Summarily, it can therefore be inferred that "more funding", "Access to services like helplines", "counselling services", "capacity development seminars", "incorporation of psychosocial/health support", "special remedial programmes" and "referral centres" were the most important needs according to teachers, teacher educators and school leaders in Eswatini.

Table 48: Psychological needs for Lesotho

TEACHERS (N=127)			TEACHER EDUCATORS (N=5)			SCHOOL LEADERS (N=47)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Special remedial programmes	352	1st	Partnerships with communities	15	1st	Referral centres	137	1st
More funding	351	2nd	Referral centres	15	1st	Special remedial programmes	136	2nd
Incorporation of psychosocial/ health support	350	3rd	Special remedial programmes	15	1st	More funding	133	3rd
Access to services like helplines	350	4th	Counselling services	13	4th	Partnerships with communities	132	4th
Referral centres	345	5th	Capacity development seminars	13	4th	Capacity development seminars	130	5th
Capacity development seminars	344	6th	Incorporation of psychosocial/h ealth support	13	4th	Incorporation of psychosocial/ health support	130	5th
Counselling services	341	7th	More funding	13	4th	Counselling services	129	7th
Mental health services	329	8th	Access to services like helplines	13	4th	Access to services like helplines	129	7th
Partnerships with communities	329	8th	Mental health services	11	9th	Mental health services	121	9th

In relation to teachers who participated in the study in Lesotho, Table 48 reveals that "special remedial programmes" with an overall score of 352 was the most important need for provision of psychosocial support. This was followed by "more funding" with an overall score of 351 and "Incorporation of psychosocial/health support" with an overall score of 350.

Teacher educators considered "partnerships with communities", "referral centres" and "special remedial programmes" as the top psychological needs, with an overall score of 15.

On their part, school leaders identified "referral centres" with an overall score of 137 to be the highest need. This was followed by "special remedial programmes" with an overall score of 136 and thirdly "more funding" with an overall score of 133.

Summarily, it can therefore be inferred that "special remedial programmes", "more funding", "partnerships with communities" and "referral centres" were the most important needs according to teachers, teacher educators and school leaders in Lesotho.

Table 49: Psychological needs for Kenya

TEACHERS (N=514)			TEACHER EDUCATORS (N=17)			SCHOOL LEADERS (N=881)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Counselling services	1,373	1st	More funding	42	1st	More funding	2,456	1st
More funding	1,309	2nd	Incorporation of psychosocial/health support	39	2nd	Referral centres	2,370	2nd
Access to services like helplines	1,294	3rd	Access to services like helplines	39	2nd	Special remedial programmes	2,312	3rd
Capacity development seminars	1,289	4th	Referral centres	39	2nd	Access to services like helplines	2,305	4th
Incorporation of psychosocial/ health support	1,274	5th	Mental health services	38	5th	Capacity development seminars	2,299	5th
Partnerships with communities	1,265	6th	Partnerships with communities	38	5th	Incorporation of psychosocial/ health support	2,274	6th
Referral centres	1,239	7th	Special remedial programmes	38	5th	Partnerships with communities	2,230	7th
Mental health services	1,200	8th	Counselling services	37	8th	Counselling services	2,210	8th
Special remedial programmes	1,146	9th	Capacity development seminars	36	9th	Mental health services	2,011	9th

In relation to teachers who participated in the study in Kenya, Table 49 reveals that "counselling services" with an overall score of 1,373 was perceived as the most important need for provision of psychosocial support. This was followed by "more funding" with an overall score of 1,309 and "access to services like helplines" with an overall score of 1,294

Teacher educators considered "more funding" with an overall score of 42 to be the highest need. This was followed by "incorporation of psychosocial/health support", "access to services like helplines" and "referral centres" with an overall score of 39.

School leaders equally identified "more funding" with an overall score of 2,456 to be the highest need. This was followed by "referral centres", with an overall score of 2,370 and "special remedial programmes" with an overall score of 2,312.

Summarily, it can therefore be inferred that "counselling services", "more funding", "access to services like helplines", "incorporation of psychosocial/health support", "referral centres" and "special remedial programmes" were the most important need according to teachers, teacher educators and school leaders in Kenya.

Table 50: Psychological needs for Rwanda

TEACHERS (N=96)			TEACHER EDUCATORS (N=42)			SCHOOL LEADERS (N=9)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Special remedial programmes	223	1st	Partnerships with communities	99	1st	Counselling services	23	1st
Capacity development seminars	220	2nd	Capacity development seminars	92	2nd	Capacity development seminars	23	1sr
Partnerships with communities	218	3rd	Access to services like helplines	92	2rd	Special remedial programmes	23	1st
More funding	217	4th	More funding	91	4th	Incorporation of psychosocial/ health support	22	4th
Access to services like helplines	217	4th	Referral centres	91	4th	More funding	22	4th
Referral centres	209	6th	Special remedial programmes	88	6th	Access to services like helplines	22	4th
Counselling services	208	7th	Counselling services	86	7th	Partnerships with communities	22	4th
Incorporation of psychosocial/ health support	208	7th	Incorporation of psychosocial/h ealth support	83	8th	Referral centres	22	4th
Mental health services	203	9th	Mental health services	80	9th	Mental health services	20	9th

In relation to teachers who participated in the study in Rwanda, Table 50 reveals that "special remedial programmes", with an overall score of 223, was the most important need for provision of psychosocial support. This was followed by "capacity development seminars" with an overall score of 220 and "partnerships with communities" with an overall score of 218.

Teacher educators considered "partnerships with communities", with an overall score of 99, to be the highest need. This was followed by "capacity development seminars" and "access to services like helplines" with an overall score of 92.

As for school leaders, they identified "counselling services", "capacity development seminars" and "special remedial programmes" with an overall score of 23 as the highest needs.

Summarily, it can, therefore, be inferred that "special remedial programmes", "capacity development seminars", "partnerships with communities", "access to services like helplines" and "counselling services" were the most important needs according to teachers, teacher educators and school leaders in Rwanda.

Table 51: Psychological needs for Zambia

TEACHERS (N=221)			TEACHER EDUCATORS (N=32)			SCHOOL LEADERS (N=42)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
More funding	616	1st	More funding	92	1st	More funding	119	1st
Counselling services	593	2nd	Incorporation of psychosocial/health support	88	2nd	Capacity development seminars	111	2nd
Special remedial programmes	593	2nd	Capacity development seminars	87	3rd	Special remedial programmes	110	3rd
Capacity development seminars	583	4th	Special remedial programmes	86	4th	Incorporation of psychosocial/ health support	109	4th
Access to services like helplines	559	5th	Referral centres	85	5th	Counselling services	107	5th
Incorporation of psychosocial/ health support	556	6th	Access to services like helplines	84	6th	Access to services like helplines	104	6th
Referral centres	533	7th	Counselling services	80	7th	Partnerships with communities	102	7th
Partnerships with communities	516	8th	Mental health services	76	8th	Referral centres	101	8th
Mental health services	506	9th	Partnerships with communities	76	8th	Mental health services	85	9th

In relation to teachers who participated in the study in Zambia, Table 51 revealed that "more funding", with an overall score of 616, was the highest need for provision of psychosocial support. This was followed by "counselling services" and "special remedial programmes" with an overall score of 593.

Teacher educators considered "more funding" as the number one need, with an overall score of 92. This was followed by "incorporation of psychosocial/health support", with an overall score of 88 and "capacity development seminars" with an overall score of 87.

School leaders equally identified "more funding", with an overall score of 119, to be the highest need. This was followed by "capacity development seminars" with an overall score of 111 and, thirdly, "special remedial programmes", with an overall score of 110.

Summarily, it can, therefore, be inferred that "more funding", "counselling services", "special remedial programmes", "incorporation of psychosocial/health support" and "capacity development seminars" were the most important needs according to teachers, teacher educators and school leaders in Zambia.

Table 52: Social needs for all countries

TEACHERS (N=1,072)			TEACHERS' EDUCATOR (N=141)			SCHOOL LEADERS (N=1,182)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Increase	2,896	1st	Hand washing	331	1st	Capacity	3,262	1st

incentives			stations			development and training		
Capacity development and training	2,896	1st	Provision of online/distance education support	327	2nd	Increase incentives	3,251	2nd
Hand washing stations	2,877	3rd	Mask wearing	326	3rd	Mask wearing	3,228	3rd
Mask wearing	2,845	4th	Increase incentives	323	4th	Hand washing stations	3,207	4th
Provision of online/ distance education support	2,838	5th	Capacity development and training	322	5th	Provision of online/ distance education support	3,190	5th
Emergency education	2,777	6th	Regular testing	309	6th	Emergency education	3,187	6th
Creation of crisis hotlines	2,646	7th	Emergency education	305	7th	Prioritised in vaccination drives	3,053	7th
Decentralised decision making	2,626	8th	Creation of crisis hotlines	298	8th	Regular testing	2,994	8th
Regular testing	2,619	9th	Physical distancing	292	9th	Decentralised decision making	2,985	9th
Physical distancing	2,565	10th	Prioritised in vaccination drives	284	10th	Creation of crisis hotlines	2,980	10th
Prioritised in vaccination drives	2,556	11th	Decentralised decision making	283	11th	Physical distancing	2,918	11th
Face shields	2,435	12th	Face shields	278	12th	Face shields	2,868	12th

In relation to teachers who participated in the study, Table 52 revealed that "increase incentives" and "capacity development and training", with an overall score of 2,896, were the most important needs for provision of social support. This was followed by "hand washing stations" with an overall score of 2,877.

Teacher educators considered "hand washing stations" as most important need, with an overall score of 331. This was followed by "provision of online/distance education support", with an overall score of 327 and "mask wearing" with an overall score of 326.

School leaders equally identified "capacity development and training", with an overall score of 3,262, to be the highest need. This was followed by "increase of incentives" with an overall score of 3,251 and, thirdly, "mask wearing", with an overall score of 3,228.

Summarily, it can, therefore, be inferred that "increase of incentives", "capacity development and training", "hand washing stations" and "provision of online/distance education support" were the top social needs according to teachers, teacher educators and school leaders.

Table 53: Social needs for Cote D'Ivoire

TEACHERS (N=19)			TEACHERS' EDUCATOR (N=30)			SCHOOL LEADERS (N=3)		
Factors	**Overall score**	**Rank**	**Factors**	**Overall score**	**Rank**	**Factors**	**Overall score**	**Rank**
Hand washing stations	54	1st	Hand washing stations	40	1st	Hand washing stations	8	1st
Provision of online/distance	53	2nd	Increase incentives	39	2nd	Capacity development	8	1st

Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
education support						and training		
Increase incentives	51	3rd	Regular testing	36	3rd	Mask wearing	7	3rd
Emergency education	50	4th	Mask wearing	35	4th	Increase incentives	7	3rd
Capacity development and training	48	5th	Provision of online/distance education support	35	4th	Emergency education	7	3rd
Mask wearing	46	6th	Capacity development and training	35	4th	Physical distancing	5	6th
Regular testing	45	7th	Emergency education	31	7th	Regular testing	5	6th
Creation of crisis hotlines	41	8th	Physical distancing	30	8th	Prioritised in vaccination drives	5	6th
Face shields	39	9th	Face shields	29	9th	Decentralised decision making	5	6th
Decentralised decision making	36	10th	Prioritised in vaccination drives	29	9th	Provision of online/distance education support	5	6th
Physical distancing	34	11th	Decentralised decision making	27	11th	Face shields	4	11th
Prioritised in vaccination drives	32	12th	Creation of crisis hotlines	27	11th	Creation of crisis hotlines	3	12th

According to participants from Cote D'Ivoire, teachers indicated that "hand washing stations", with an overall score of 54, was the highest social need for provision of psychosocial support (see Table 53). This was followed by "provision of online/distance education support" with an overall score of 53 and "increase incentives" with an overall score of 51.

Teacher educators considered "hand washing stations" as the first need, with an overall score of 40. This was followed by "increase of incentives", with an overall score of 39 and "regular testing" with an overall score of 36.

School leaders equally identified "hand washing stations" and "capacity development and training", with an overall score of 8, to be the highest needs. This was followed by "mask wearing", "increase incentives" and "emergency education" with an overall score of 7.

Summarily, it can, therefore, be inferred that "hand washing stations", "provision of online/distance education support", "increase of incentives", "regular testing", "capacity development and training", "mask wearing" and "emergency education" were the top social needs according to teachers, teacher educators and school leaders in Cote D'Ivoire.

Table 54: Social needs for Eswatini

TEACHERS (N=19)			TEACHERS' EDUCATOR (N=30)			SCHOOL LEADERS (N=197)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Provision of online/distance education support	274	1st	Provision of online/distance education support	35	1st	Capacity development and training	561	1st

Increase incentives	271	2nd	Physical distancing	34	2nd	Provision of online/distance education support	557	2nd
Capacity development and training	271	2nd	Mask wearing	34	2nd	Increase incentives	555	3rd
Mask wearing	265	4th	Regular testing	34	2nd	Emergency education	553	4th
Emergency education	262	5th	Prioritised in vaccination drives	34	2nd	Mask wearing	536	5th
Regular testing	258	6th	Decentralised decision making	34	2nd	Prioritised in vaccination drives	531	6th
Creation of crisis hotlines	258	6th	Increase incentives	34	2nd	Creation of crisis hotlines	528	7th
Decentralised decision making	252	8th	Hand washing stations	33	8th	Regular testing	525	8th
Prioritised in vaccination drives	250	9th	Capacity development and training	33	8th	Hand washing stations	508	9th
Physical distancing	247	10th	Creation of crisis hotlines	33	8th	Decentralised decision making	502	10th
Hand washing stations	245	11th	Face shields	32	11th	Physical distancing	501	11th
Face shields	233	12th	Emergency education	32	11th	Face shields	477	12th

According to participants from Eswatini, teachers indicated that "provision of online/distance education support", with an overall score of 274, was the highest social need for provision of psychosocial support. This was followed by "increase of incentives" and "capacity development and training" with an overall score of 271.

Teacher educators considered "provision of online/distance education support" as the first need, with an overall score of 35. This was followed by "physical distancing", "mask wearing", "regular testing", "prioritised in vaccination drives", "decentralised decision making" and "increase of incentives" with an overall score of 34

As for school leaders, they identified "capacity development and training", with an overall score of 561, to be the highest needs. This was followed by "provision of online/distance education support" with an overall score of 557 and "increase of incentives" with an overall score of 555.

Summarily, it can therefore be inferred that "provision of online/distance education support", "increase of incentives", "capacity development and training", "physical distancing", "mask wearing", "regular testing", "prioritised in vaccination drives" and "decentralised decision making" were the most important needs according to teachers, teacher educators and school leaders in Eswatini.

Table 55: Social needs for Lesotho

TEACHERS (N=127)			TEACHERS' EDUCATOR (N=5)			SCHOOL LEADERS (N=47)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Provision of online/distance education support	360	1st	Physical distancing	15	1st	Hand washing stations	137	1st
Hand washing stations	359	2nd	Hand washing stations	15	1st	Provision of online/distance education support	137	1st
Increase incentives	359	2nd	Mask wearing	15	1st	Capacity development and training	137	1st
Capacity development and training	358	4th	Provision of online/distance education support	15	1st	Increase incentives	134	4th
Mask wearing	353	5th	Regular testing	14	5th	Emergency education	134	4th
Creation of crisis hotlines	350	6th	Face shields	13	6th	Mask wearing	133	6th
Emergency education	349	7th	Decentralised decision making	13	6th	Creation of crisis hotlines	128	7th
Prioritised in vaccination drives	336	8th	Capacity development and training	13	6th	Regular testing	127	8th
Decentralised decision making	336	8th	Emergency education	13	6th	Prioritised in vaccination drives	126	9th
Physical distancing	334	10th	Prioritised in vaccination drives	12	10th	Decentralised decision making	123	10th
Regular testing	333	11th	Creation of crisis hotlines	12	10th	Physical distancing	118	11th
Face shields	294	12th	Increase incentives	11	12th	Face shields	117	12th

According to participants from Lesotho, teachers indicated that "provision of online/distance education support", with an overall score of 360, was the first need for provision of psychosocial support. This was followed by "hand washing stations" and "increase of incentives" with an overall score of 359.

Teacher educators considered "physical distancing", "hand washing stations", "mask wearing" and "provision of online/distance education support" as the priority needs, with an overall score of 15.

As for teacher educators, they considered "hand washing stations", "provision of online/distance education support" and "capacity development and training" as the most important needs, with an overall score of 137.

Summarily, it can therefore be inferred that "provision of online/distance education support", "hand washing stations", "increase incentives", "physical distancing", "mask wearing" and "capacity development and training" were the most important needs according to teachers, teacher educators and school leaders in Lesotho.

Table 56: Social needs for Kenya

TEACHERS (N=514)			TEACHERS' EDUCATOR (N=17)			SCHOOL LEADERS (N=881)		
Factors	**Overall score**	**Rank**	**Factors**	**Overall score**	**Rank**	**Factors**	**Overall score**	**Rank**
Hand washing stations	1,379	1st	Mask wearing	44	1st	Capacity development and training	2,411	1st
Capacity development and training	1,368	2nd	Hand washing stations	40	2nd	Hand washing stations	2,409	2nd
Mask wearing	1,366	3rd	Prioritised in vaccination drives	40	2nd	Increase incentives	2,407	3rd
Increase incentives	1,352	4th	Face shields	38	4th	Mask wearing	2,402	4th
Emergency education	1,323	5th	Increase incentives	38	4th	Provision of online/distance education support	2,355	5th
Provision of online/distance education support	1,320	6th	Provision of online/distance education support	37	6th	Emergency education	2,351	6th
Prioritised in vaccination drives	1,257	7th	Emergency education	37	6th	Prioritised in vaccination drives	2,264	7th
Creation of crisis hotlines	1,246	8th	Creation of crisis hotlines	37	8th	Decentralised decision making	2,220	8th
Decentralised decision making	1,241	9th	Regular testing	36	9th	Regular testing	2,209	9th
Regular testing	1,223	10th	Capacity development and training	36	9th	Creation of crisis hotlines	2,192	10th
Physical distancing	1,182	11th	Physical distancing	35	11th	Physical distancing	2,172	11th
Face shields	1,179	12th	Decentralised decision making	34	12th	Face shields	2,136	12th

According to participants from Kenya, teachers indicated that "hand washing stations", with an overall score of 1,379, was the priority need for provision of psychosocial support. This was followed by "capacity development and training" with an overall score of 1,368 and "mask wearing" with an overall score of 1,366.

Teacher educators considered "mask wearing", with an overall score of 44, to be the first need for provision of psychosocial support. This was followed by "hand washing stations" and "prioritised in vaccination drives" with an overall score of 40.

As for school leaders, they indicated that "capacity development and training", with an overall score of 2,409, was the highest need for provision of psychosocial support. This was followed by "hand washing stations" with an overall score of 1,368 and "increase of incentives" with an overall score of 2,407.

Summarily, it can, therefore, be inferred that "hand washing stations", "capacity development and training", "mask wearing", "prioritised in vaccination drives" and "increase of incentives" were the most important needs according to teachers, teacher educators and school leaders in Kenya.

Table 57: Social needs for Rwanda

TEACHERS (N=96)			TEACHERS' EDUCATOR (N=42)			SCHOOL LEADERS (N=9)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Increase incentives	233	1st	Hand washing stations	107	1st	Increase incentives	24	1st
Hand washing stations	230	2nd	Capacity development and training	104	2nd	Capacity development and training	23	2nd
Capacity development and training	230	2nd	Provision of online/distance education support	96	3rd	Mask wearing	22	3rd
Provision of online/distance education support	227	4th	Increase incentives	96	3rd	Regular testing	22	3rd
Physical distancing	215	5th	Emergency education	96	3rd	Prioritised in vaccination drives	22	3rd
Emergency education	215	5th	Prioritised in vaccination drives	93	6th	Emergency education	22	3rd
Prioritised in vaccination drives	214	7th	Creation of crisis hotlines	92	7th	Creation of crisis hotlines	22	7th
Decentralised decision making	213	8th	Physical distancing	91	8th	Physical distancing	21	8th
Regular testing	208	9th	Mask wearing	90	9th	Hand washing stations	21	8th
Mask wearing	206	10th	Decentralised decision making	90	9th	Face shields	21	8th
Creation of crisis hotlines	206	10th	Regular testing	87	11th	Decentralised decision making	21	8th
Face shields	179	12th	Face shields	67	12th	Provision of online/distance education support	20	12th

According to participants from Rwanda, teachers indicated that "increase incentives", with an overall score of 233, was the highest need for provision of psychosocial support. This was followed by "hand washing stations" and "capacity development and training" with an overall score of 230.

Teacher educators considered "hand washing stations", with an overall score of 107, to be the priority need for provision of psychosocial support. This was followed by "capacity development and training" with an overall score of 104. Thirdly there were "provision of online/distance education support", "increase of incentives" and "emergency education" with an overall score of 96.

School leaders, on their part, indicated that "increase of incentives", with an overall score of 24, was the most important need for provision of psychosocial support. This was followed by "capacity development and training" with an overall score of 23. Then followed "mask wearing" and "regular testing" with an overall score of 23.

Summarily, it can, therefore, be inferred that "increase of incentives", "hand washing stations", "capacity development and training", "provision of online/distance education

support", "emergency education", "mask wearing" and "regular testing" were the most important needs according to teachers, teacher educators and school leaders in Rwanda.

Table 58: Social needs for Zambia

TEACHERS (N=221)			TEACHERS' EDUCATOR (N=32)			SCHOOL LEADERS (N=42)		
Factors	Overall score	Rank	Factors	Overall score	Rank	Factors	Overall score	Rank
Increase incentives	629	1st	Provision of online/distance education support	92	1st	Mask wearing	119	1st
Capacity development and training	620	2nd	Increase incentives	92	1st	Hand washing stations	115	2nd
Hand washing stations	609	3rd	Mask wearing	89	3rd	Increase incentives	115	2nd
Mask wearing	609	3rd	Capacity development and training	89	3rd	Capacity development and training	113	4th
Provision of online/distance education support	603	5th	Hand washing stations	86	5th	Emergency education	111	5th
Emergency education	577	6th	Creation of crisis hotlines	86	5th	Provision of online/distance education support	109	6th
Physical distancing	552	7th	Emergency education	81	7th	Decentralised decision making	106	7th
Regular testing	551	8th	Face shields	80	8th	Face shields	105	8th
Decentralised decision making	547	9th	Regular testing	80	8th	Regular testing	99	9th
Creation of crisis hotlines	544	10th	Decentralised decision making	79	10th	Creation of crisis hotlines	98	10th
Face shields	510	11th	Physical distancing	73	11th	Prioritised in vaccination drives	96	11th
Prioritised in vaccination drives	467	12th	Prioritised in vaccination drives	72	12th	Physical distancing	93	12th

According to participants from Zambia, teachers indicated that "increase incentives", with an overall score of 629 was the first need for provision of psychosocial support. This was followed by "capacity development and training" with an overall score of 620. Third in place were "hand washing stations" and "mask wearing" with an overall score of 609.

Teacher educators considered "provision of online/distance education support" and "increase of incentives", with an overall score of 92, to be priority needs for provision of psychosocial support. They were followed by "mask wearing" and "capacity development and training" with an overall score of 89.

School leaders indicated that "mask wearing", with an overall score of 119, was the first need for provision of psychosocial support. This was followed by "hand washing stations" and "increase of incentives" with an overall score of 115.

Summarily, it can, therefore, be inferred that "increase of incentives", "capacity development and training", "hand washing stations", "mask wearing" and "provision of online/distance education support" were the most important needs according to teachers, teacher educators and school leaders in Zambia.

b) Qualitative findings

Table 59: Psychological needs

THEME	INDICATORS/ DESCRIPTION	SAMPLE QUOTATION	NEEDED BY
Psychological needs	Provision of counseling services and well equipped units in schools	*"Children need proper and direct counselling with well trained counsellors"* By parents and teachers	Teachers, teacher educators and learners
	Provision of counseling services for pregnant girls who must be encouraged to stay in school	*"Teachers need to understand the learners based on their situation. Some learners have lost their focus and others are desperate so teachers should understand and help them to bring them back to where they were before the pandemic."* By parents and teachers	Learners
	Provision of capacity development seminars for teachers and teacher educators	*"That's my take, the kind of support is the communication gadget and also when you are having a face-to-face meeting, it can be this protective gear and also organising workshops where we can talk about these issues and also try to prepare each and every one's wellbeing psychologically to be ready for this situation because it takes time to change".* By teachers and teacher educators	Teachers and teacher educators
	Engagement of parents in the provision of psychological support to learners with deviant behaviours	*"Firstly, there should be awareness campaigns that visits homes to try and educate parents in terms of dealing with school going children in these COVID times in order to bring balance between home activities and academic activities. E.g. most parents have the idea that a child is lazy or thinks that he/she is better than the others when a child spends most of the time on books at home"., Parents should have an understanding on the demand of gadgets on their children in order to make learning effective, moreover they should also provide study bundles to their children".* By teachers and learners	Learners

From the analysis in Table 59, it can be seen that two themes emerged from qualitative information. These include psychological and social needs. In relation to psychological needs, indicators highlighted included provision of counseling services and well equipped units in schools; provision of counseling services for pregnant girls who must be encouraged to stay in school; provision of capacity development seminars for teachers and teacher educators and engagement of parents in the provision of psychological support to learners with deviant behviours.

Table 60: Social needs

THEME	INDICATORS/ DESCRIPTION	SAMPLE QUOTATION	NEEDED BY
Social needs	Support teachers and teacher educators who have ability to teach to get ICT tools	*"Teachers were to be trained on how to teach using the online platform. Children were to be given materials to facilitate the online learning." "Children preparation for online learning was necessary"* By parents and teachers	Teachers and teacher educators
	Provision of smart phones and computers to get access to online resources	*"Basically, like I said, that currently teaching and learning now is online, everything revolving around the online teaching. I think we need to be supported with resources for having gadgets, effective gadgets which can enable us to reach even those in the deepest, deepest areas can be appreciated"* By teachers	Teachers, teacher educators and learners
	Curriculum adaptation	*"There is need for the school curriculum to be adapted. This is because the curriculum was not designed to be delivered online, but face-to-face situation therefore delivering it online it should have been modified."* By parents and teachers	Teachers, teacher educators and learners
	Provision of mask and other protective effects	*"But with strict adherence to the COVID-19 regulations, we have been given in that position, we can appreciate because one of the things that we have shortage of is those protective gears sometimes gets scaring when you find out that some learners will come to us without even wearing masks. Because the mask costs may be 3 Lilangeni or 0.2USD (1USD=14.9 SZL) that is a lot of money. Too expensive to think that they can be able to buy 3 masks for that price, I cannot even discuss primarily level. If you can be able to have provision of mask, and also those sanitizers".* By teachers	Teachers, teacher educators and learners

As far as social needs were concern, indicators included support parents to get the required education about COVID-19; support teachers who have ability to teach to get ICT tools; provision of smart phones and computers to get access to online resources; more financial funding to take care of needs of teachers, teacher educators and learners and provision of more beds and bigger dormitories for boarding schools so as to increase the distance between students.

Summary and discussion of findings for psychosocial needs

Table 61 shows the summary for psychosocial needs. The first column shows the most psychosocial needs when all countries are taken together. The rest of the columns show the most psychosocial needs for each of the representative country.

Table 61: Summary table for psychosocial needs

SUMMARY FINDINGS OF PSYCHOLOGICAL NEEDS						
ALL COUNTRIES	**COTE D'IVOIRE**	**ESWATINI**	**LESOTHO**	**KENYA**	**RWANDA**	**ZAMBIA**
More funding	Capacity development seminars	More funding	Special remedial programmes	Counselling services	Special remedial programmes	More funding
Capacity development seminars	More funding	Access to services like helplines	More funding	More funding	Capacity development seminars	Counselling services
Special remedial programmes	Access to services like helplines	Counselling services	Partnerships with communities	Access to services like helplines	Partnerships with communities	Special remedial programmes
Referral centres	Counselling services	Capacity development seminars	Referral centres	Incorporation of psychosocial/ health support	Access to services like helplines	Incorporation of psychosocial/ health support
	Incorporation of psychosocial/ health support	Incorporation of psychosocial/ health support	Referral centres	Referral centres	Counselling services	Capacity development seminars
	Referral centres	Special remedial programmes		Special remedial programmes		
	Mental health services	Referral centres				
SUMMARY FINDINGS OF SOCIAL NEEDS						
Increase of incentives	Hand washing stations	Provision of online/distance education support	Provision of online/distance education support	Hand washing stations	Increase of incentives	Increase of incentives
Capacity development and training	Provision of online/distance education support	Increase of incentives	Hand washing stations	Capacity development and training	Hand washing stations	Capacity development and training
Hand washing stations	Increase incentives	Capacity development and training	Increase of incentives	Mask wearing	Capacity development and training	Hand washing stations
Provision of online/distance education support	Regular testing	Physical distancing	Physical distancing	Prioritised in vaccination drives	Provision of online/distance education support	Mask wearing
	Capacity development and training	Mask wearing	Mask wearing	Increase of incentives	Emergency education	Provision of online/ distance education support
	Mask wearing	Regular testing	Capacity development and training		Mask wearing	
	Emergency education	Prioritised in vaccination drives			Regular testing	
		Decentralised decision making				

The findings of the study therefore tie with Maslow's (1943) hierarchy of needs theory which suggests that people are motivated to fulfil basic needs before moving on to other, more advanced psychological needs. Definitely, insecurity caused by the outbreak of COVID-19, will affect the psychosocial wellbeing of teachers, teacher educators and learners. Hence, provision of needs should both be social and psychological. The findings of the study have permitted the necessity to establish a relationship between social and psychological needs. This provides opportunities to look at policy issues in relation to the development of school curriculum, research and teacher education that takes into consideration the psychosocial needs of teachers, teacher educators and learners. It also opens new windows to expand inter-partner discussion on how to address this crisis situation as it designs programmes for capacity building for all stakeholders and beneficiaries. Learners and teachers encountering

psychosocial challenges in schools and homes face problems and if the problems are not addressed, effective learning cannot take place. The key implication of the findings of this study lies in the fact that social and psychological needs should be co-satisfied.

The findings are equally supported in accordance with the physiopsychosocial theory of education in times of emergencies (Tchombe, Wirdze, Muki, Melem and Ndzetar, 2020) Accordingly, vulnerable persons during times of crisis need urgent assistance and physiopsychosocial care in terms of needs such as good nutrition, education, shelter, clothing, healthcare, portable water, sanitation/hygiene, capacity building counselling and rehabilitation services. The increasing psychosocial needs require intervention. These interventions should address the psychosocial process of mourning in which children who lost caregivers and teachers who lost their loved ones and were not able to mourn will be given the opportunity to do so and this will help them come to terms with their loss and will enable them work a way through the loss. This is one important component of hope for a better future whereby through the process of social connection with peers and colleagues, chidrens' and teachers' grief will be suited.

Objective 6: Recommendations for resilience development, infection control and provision of PSS

a) **Quantitative Findings**

This objective was measured using 6 items as coded in Table 62. REC stands for Recommendations.

Table 62: Item serial numbers and themes for recommendations

Item serial numbers in questionnaire	Item themes
REC1	Introduction of micro-planning in schools
REC2	Provision of personal protective tools and vaccination
REC3	Diverse learning platforms
REC4	Adjustment of the curriculum and academic calendar
REC5	Academic counselling sessions, workshops and specialised therapies
REC6	Well-equipped counselling units

The modalities for analysis of this objective were based on ranking the total number of scores registered by various respondents on a scale of $0 - 3$ for each recommendation listed. The recommendation with the highest score was ranked first.

Table 63: Recommendations from teachers and teacher educators for all countries

TEACHERS (N=1,072)			TEACHER EDUCATORS (N=141)		
Recommendations	Overall score obtained	Rank	Recommendations	Overall score obtained	Rank
Well-equipped counselling units	2,899	1st	Diverse learning platforms	318	1st
Academic counselling sessions,	2,850	2nd	Well-equipped counselling	310	2nd

workshops and specialised therapies			units		
Adjustment of the curriculum and academic calendar	2,836	3rd	Adjustment of the curriculum and academic calendar	308	3rd
Provision of personal protective tools and vaccination	2,760	4th	Provision of personal protective tools and vaccination	306	4th
Diverse learning platforms	2,726	5th	Academic counselling sessions, workshops and specialised therapies	306	4th
Introduction of micro-planning in schools	2,593	6th	Introduction of micro-planning in schools	296	6th

Accordingly, "well-equipped counselling units" with an overall score of 2,899 was number one recommendation mostly chosen by teachers. This was followed by "academic counselling sessions, workshops and specialised therapies" with an overall score of 2,850. Third in place was "adjustment of the curriculum and academic calendar" with an overall score of 2,850.

According to teacher educators, "diverse learning platforms" with an overall score of 318 was number one recommendation mostly chosen by teacher educators. This was followed by "well-equipped counselling units" with an overall score of 310. Third in place was "adjustment of the curriculum and academic calendar" with an overall score of 308.

Table 64: Recommendations from school leaders and inspectors/government officials for all countries

SCHOOL LEADERS (N=1,182)			INSPECTORS/GOVERNMENTS OFFICIALS (N=150)		
Recommendations	Overall score obtained	Rank	Recommendations	Overall score obtained	Rank
Well-equipped counselling units	3,245	1st	Diverse learning platforms	401	1st
Academic counselling sessions, workshops and specialised therapies	3,186	2nd	Provision of personal protective tools and vaccination	396	2nd
Provision of personal protective tools and vaccination	3,170	3rd	Academic counselling sessions, workshops and specialised therapies	392	3rd
Adjustment of the curriculum and academic calendar	3,166	4th	Adjustment of the curriculum and academic calendar	387	4th
Diverse learning platforms	3,108	5th	Introduction of micro-planning in schools	379	5th
Introduction of micro-planning in schools	2,967	6th	Well-equipped counselling units	304	6th

According to school leaders, "well-equipped counselling units" with an overall score of 3,245 was number one recommendation mostly chosen by school leaders. This was followed by "academic counselling sessions, workshops and specialised therapies" with an overall score of 3,186. Third in place was "provision of personal protective tools and vaccination" with an overall score of 3,170.

According to inspectors/government officials, "diverse learning platforms" with an overall score of 401 was number one recommendation mostly chosen by inspectors/government officials. This was followed by "provision of personal protective tools and vaccination" with an overall score of 396. Third in place was "academic counselling sessions, workshops and specialised therapies" with an overall score of 392.

Summarily, it can, therefore, be inferred that "well-equipped counselling units", "academic counselling sessions, workshops and specialised therapies", "adjustment of the curriculum and academic calendar", "diverse learning platforms" and "provision of personal protective tools and vaccination" were the top recommendations according to teachers, teacher educators, school leaders and inspectors/government officials.

Table 65: Recommendations from teachers and teacher educators of Cote D'Ivoire

TEACHERS (N=19)			TEACHER EDUCATORS (N=30)		
Recommendations	Overall score obtained	Rank	Recommendations	Overall score obtained	Rank
Well-equipped counselling units	46	1st	Diverse learning platforms	31	1st
Academic counselling sessions, workshops and specialised therapies	44	2nd	Adjustment of the curriculum and academic calendar	31	1st
Adjustment of the curriculum and academic calendar	44	2nd	Well-equipped counselling units	31	1st
Diverse learning platforms	44	2nd	Introduction of micro-planning in schools	30	4th
Provision of personal protective tools and vaccination	44	2nd	Provision of personal protective tools and vaccination	30	4th
Introduction of micro-planning in schools	39	6th	Academic counselling sessions, workshops and specialised therapies	27	6th

According to Table 65, "well-equipped counselling units", with an overall score of 46, was number one recommendation mostly chosen by teachers in Cote D'Ivoire. This was followed by "academic counselling sessions, workshops and specialised therapies", "adjustment of the curriculum and academic calendar", "diverse learning platforms" and "provision of personal protective tools and vaccination" with an overall score of 44.

According to teacher educators, "diverse learning platforms", "adjustment of the curriculum and academic calendar" and "well-equipped counselling units" with an overall score of 31 were the number one recommendation mostly chosen by teacher educators.

According to Table 66, "diverse learning platforms", with an overall score of 7, was number one recommendation mostly chosen by school leaders. This was followed by "provision of personal protective tools and vaccination" with an overall score of 4. Third in place were "introduction of micro-planning in schools", "adjustment of the curriculum and academic calendar" and "academic counselling sessions, workshops and specialised therapies" with an overall score of 3.

Table 66: Recommendations from school leaders and inspectors/government officials of Cote D'Ivoire

SCHOOL LEADERS (N=3)			INSPECTORS/GOVERNMENTS OFFICIALS (N=150)		
Recommendations	Overall score obtained	Rank	Recommendations	Overall score obtained	Rank
Diverse learning platforms	7	1st	Diverse learning platforms	108	1st
Provision of personal protective tools and vaccination	4	2nd	Provision of personal protective tools and vaccination	103	2nd
Introduction of micro-planning in schools	3	3rd	Introduction of micro-planning in schools	95	3rd
Adjustment of the curriculum and academic calendar	3	3rd	Adjustment of the curriculum and academic calendar	94	4th
Academic counselling sessions, workshops and specialised therapies	3	3rd	Academic counselling sessions, workshops and specialised therapies	94	4th
Well-equipped counselling units	0	6th	Well-equipped counselling units	0	6th

According to inspectors/government officials, "diverse learning platforms", with an overall score of 108, was number one recommendation (see Table 66). This was followed by "provision of personal protective tools and vaccination" with an overall score of 103. Third in place was "introduction of micro-planning in schools" with an overall score of 95.

Summarily, it can, therefore, be inferred that "well-equipped counselling units", "academic counselling sessions, workshops and specialised therapies", "adjustment of the curriculum and academic calendar", "diverse learning platforms", "provision of personal protective tools and vaccination" and "introduction of micro-planning in schools" were the top recommendations according to teachers, teacher educators, school leaders and inspectors/government officials in Cote D'Ivoire

Table 67: Recommendations from teachers and teacher educators of Eswatini

TEACHERS (N=94)			TEACHER EDUCATORS (N=12)		
Recommendations	Overall score obtained	Rank	Recommendations	Overall score obtained	Rank
Adjustment of the curriculum and academic calendar	275	1st	Provision of personal protective tools and vaccination	34	1st
Well-equipped counselling units	275	1st	Diverse learning platforms	34	1st
Academic counselling sessions, workshops and specialised therapies	273	3rd	Adjustment of the curriculum and academic calendar	34	1st
Diverse learning platforms	271	4th	Academic counselling sessions, workshops and specialised therapies	34	1st
Provision of personal protective tools and vaccination	270	5th	Well-equipped counselling units	34	1st
Introduction of micro-planning in schools	252	6th	Introduction of micro-planning in schools	32	6th

According to Table 67, "adjustment of the curriculum and academic calendar" and "well-equipped counselling units", with an overall score of 275, were number one recommendation mostly chosen by teachers in Eswatini. This was followed by "academic counselling sessions, workshops and specialised therapies" with an overall score of 271.

According to teacher educators, "provision of personal protective tools and vaccination", "diverse learning platforms", "adjustment of the curriculum and academic calendar", "academic counselling sessions, workshops and specialised therapies" and "well-equipped counselling units", with an overall score of 34, were listed by teacher educators as to top recommendations.

Table 68: Recommendations from school leaders and inspectors/government officials of Eswatini

SCHOOL LEADERS (N=197)			INSPECTORS/GOVERNMENTS OFFICIALS (N=150)		
Recommendations	Overall score obtained	Rank	Recommendations	Overall score obtained	Rank
Well-equipped counselling units	561	1st	Well-equipped counselling units	79	1st
Adjustment of the curriculum and academic calendar	554	2nd	Diverse learning platforms	77	2nd
Academic counselling sessions, workshops and specialised therapies	551	3rd	Adjustment of the curriculum and academic calendar	77	2nd
Provision of personal protective tools and vaccination	547	4th	Academic counselling sessions, workshops and specialised therapies	77	2nd
Diverse learning platforms	537	5th	Provision of personal protective tools and vaccination	75	5th
Introduction of micro-planning in schools	512	6th	Introduction of micro-planning in schools	74	6th

According to Table 68, school leaders in Eswatini find "well-equipped counselling units", with an overall score of 561, number one recommendation. This was followed by "adjustment of the curriculum and academic calendar" with an overall score of 554. Third in place was "academic counselling sessions, workshops and specialised therapies" with an overall score of 551.

According to inspectors/government officials, "well-equipped counselling units" with an overall score of 79 was number one recommendation (see Table 69). This was followed by "diverse learning platforms", "adjustment of the curriculum and academic calendar" and "academic counselling sessions, workshops and specialised therapies" with an overall score of 77.

Summarily, it can, therefore, be inferred that "adjustment of the curriculum and academic calendar", "well-equipped counselling units", "academic counselling sessions, workshops and specialised therapies", "provision of personal protective tools and vaccination" and "diverse learning platforms" were the top recommendations according to teachers, teacher educators, school leaders and inspectors/government officials in Eswatini.

Table 69: Recommendations from teachers and teacher educators of Lesotho

TEACHERS (N=127)			TEACHER EDUCATORS (N=5)		
Recommendations	Overall score obtained	Rank	Recommendations	Overall score obtained	Rank
Well-equipped counselling units	362	1st	Provision of personal protective tools and	15	1st

Recommendations	Overall score	Rank	Recommendations	Overall score	Rank
			vaccination		
Adjustment of the curriculum and academic calendar	360	2nd	Adjustment of the curriculum and academic calendar	15	1st
Academic counselling sessions, workshops and specialised therapies	356	3rd	Academic counselling sessions, workshops and specialised therapies	15	1st
Provision of personal protective tools and vaccination	350	4th	Well-equipped counselling units	14	4th
Diverse learning platforms	346	5th	Introduction of micro-planning in schools	13	5th
Introduction of micro-planning in schools	332	6th	Diverse learning platforms	13	5th

According to Table 69, "well-equipped counselling units", with an overall score of 362, was number one recommendation mostly chosen by teachers in Lesotho. This was followed by "adjustment of the curriculum and academic calendar" with an overall score of 360. Third in place was "academic counselling sessions, workshops and specialised therapies" with an overall score of 356.

According to teacher educators, "provision of personal protective tools and vaccination", "adjustment of the curriculum and academic calendar" and "academic counselling sessions, workshops and specialised therapies", with an overall score of 15, were number one recommendation mostly chosen by teacher educators.

Table 70: Recommendations from school leaders and inspectors/government officials of Lesotho

SCHOOL LEADERS (N=47)			INSPECTORS/GOVERNMENTS OFFICIALS (N=150)		
Recommendations	Overall score obtained	Rank	Recommendations	Overall score obtained	Rank
Academic counselling sessions, workshops and specialised therapies	137	1st	Provision of personal protective tools and vaccination	30	1st
Well-equipped counselling units	137	1st	Academic counselling sessions, workshops and specialised therapies	30	1st
Provision of personal protective tools and vaccination	136	3rd	Diverse learning platforms	29	3rd
Diverse learning platforms	136	3rd	Adjustment of the curriculum and academic calendar	29	3rd
Adjustment of the curriculum and academic calendar	134	5th	Well-equipped counselling units	28	5th
Introduction of micro-planning in schools	125	6th	Introduction of micro-planning in schools	27	6th

When it comes to school leaders in Lesotho (see Table 70), "academic counselling sessions, workshops and specialised therapies" and "well-equipped counselling units", with an overall score of 137, were the number one recommendation. These were followed by "provision of personal protective tools and vaccination" and "diverse learning platforms" with an overall score of 136.

As for inspectors/government officials, "provision of personal protective tools and vaccination" and "academic counselling sessions, workshops and specialised therapies", with an overall score of 30, were the number one recommendation. These were followed by

"diverse learning platforms" and "adjustment of the curriculum and academic calendar" with an overall score of 29.

Summarily, it can therefore be inferred that "well-equipped counselling units", "adjustment of the curriculum and academic calendar", "academic counselling sessions, workshops and specialised therapies", "provision of personal protective tools and vaccination" and "diverse learning platforms" were the top recommendations according to teachers, teacher educators, school leaders and inspectors/government officials in Lesotho

Table 71: Recommendations of teachers and teacher educators of Kenya

TEACHERS (N=514)			TEACHER EDUCATORS (N=17)		
Recommendations	Overall score obtained	Rank	Recommendations	Overall score obtained	Rank
Well-equipped counselling units	1,373	1st	Diverse learning platforms	42	1st
Academic counselling sessions, workshops and specialised therapies	1,342	2nd	Well-equipped counselling units	42	1st
Adjustment of the curriculum and academic calendar	1,326	3rd	Provision of personal protective tools and vaccination	40	3rd
Provision of personal protective tools and vaccination	1,312	4th	Academic counselling sessions, workshops and specialised therapies	40	3rd
Diverse learning platforms	1,286	5th	Introduction of micro-planning in schools	38	5th
Introduction of micro-planning in schools	1,222	6th	Adjustment of the curriculum and academic calendar	37	6th

According to Table 71, "well-equipped counselling units", with an overall score of 1,373, was number one recommendation mostly chosen by teachers in Kenya. This was followed by "academic counselling sessions, workshops and specialised therapies" with an overall score of 1,342. Third in place was "adjustment of the curriculum and academic calendar" with an overall score of 1,326.

When it comes to teacher educators, "diverse learning platforms" and "well-equipped counselling units", with an overall score of 42, were number one recommendations mostly chosen by teacher educators. This was followed by "provision of personal protective tools and vaccination" and "academic counselling sessions, workshops and specialised therapies" with an overall score of 40.

With regard to school leaders (Table 72), "well-equipped counselling units", with an overall score of 2,404, was number one recommendation mostly chosen by school leaders. This was followed by "academic counselling sessions, workshops and specialised therapies" with an overall score of 2,357. Third in place was "provision of personal protective tools and vaccination" with an overall score of 2,338.

Table 72: Recommendations from school leaders and inspectors/government officials of Kenya

SCHOOL LEADERS (N=881)			INSPECTORS/GOVERNMENTS OFFICIALS (N=150)		
Recommendations	**Overall score obtained**	**Rank**	**Recommendations**	**Overall score obtained**	**Rank**
Well-equipped counselling units	2,404	1st	Introduction of micro-planning in schools	88	1st
Academic counselling sessions, workshops and specialised therapies	2,357	2nd	Well-equipped counselling units	87	2nd
Provision of personal protective tools and vaccination	2,338	3rd	Provision of personal protective tools and vaccination	85	3rd
Adjustment of the curriculum and academic calendar	2,332	4th	Diverse learning platforms	84	4th
Diverse learning platforms	2,285	5th	Academic counselling sessions, workshops and specialised therapies	84	4th
Introduction of micro-planning in schools	2,199	6th	Adjustment of the curriculum and academic calendar	83	6th

As for inspectors/government officials (Table 72), "introduction of micro-planning in schools", with an overall score of 88, was number one recommendation mostly chosen by inspectors/government officials. This was followed by "well-equipped counselling units" with an overall score of 87. Third in place was "provision of personal protective tools and vaccination" with an overall score of 85.

Summarily, it can, therefore, be inferred that "well-equipped counselling units", "academic counselling sessions, workshops and specialised therapies", "adjustment of the curriculum and academic calendar", "diverse learning platforms", "provision of personal protective tools and vaccination" and "introduction of micro-planning in schools" were the top recommendations according to teachers, teacher educators, school leaders and inspectors/government officials in Kenya

Table 73: Recommendations from teachers and teacher educators of Rwanda

TEACHERS (N=96)			TEACHER EDUCATORS (N=42)		
Recommendations	**Overall score obtained**	**Rank**	**Recommendations**	**Overall score obtained**	**Rank**
Well-equipped counselling units	227	1st	Academic counselling sessions, workshops and specialised therapies	101	1st
Adjustment of the curriculum and academic calendar	226	2nd	Adjustment of the curriculum and academic calendar	99	2nd
Academic counselling sessions, workshops and specialised therapies	226	2nd	Introduction of micro-planning in schools	97	3rd
Provision of personal protective tools and vaccination	220	4th	Provision of personal protective tools and vaccination	97	3rd
Diverse learning platforms	215	5th	Well-equipped counselling units	94	5th
Introduction of micro-planning in schools	205	6th	Diverse learning platforms	93	6th

According to Table 73, "well-equipped counselling units", with an overall score of 227, was number one recommendation mostly chosen by teachers. This was followed by "adjustment of the curriculum and academic calendar" and "academic counselling sessions, workshops and specialised therapies" with an overall score of 226.

Regarding teacher educators, "academic counselling sessions, workshops and specialised therapies", with an overall score of 101, was number one recommendation. This was followed by "adjustment of the curriculum and academic calendar" with an overall score of 99. Third in place were "introduction of micro-planning in schools" and "provision of personal protective tools and vaccination" with an overall score of 97.

Table 74: Recommendations from school leaders and inspectors/government officials of Rwanda

SCHOOL LEADERS (N=9)			INSPECTORS/GOVERNMENTS OFFICIALS (N=150)		
Recommendations	Overall score obtained	Rank	Recommendations	Overall score obtained	Rank
Diverse learning platforms	22	1st	Diverse learning platforms	12	1st
Adjustment of the curriculum and academic calendar	22	1st	Well-equipped counselling units	12	1st
Provision of personal protective tools and vaccination	21	3rd	Academic counselling sessions, workshops and specialised therapies	11	3rd
Academic counselling sessions, workshops and specialised therapies	20	4th	Provision of personal protective tools and vaccination	10	4th
Introduction of micro-planning in schools	19	5th	Adjustment of the curriculum and academic calendar	10	4th
Well-equipped counselling units	19	5th	Introduction of micro-planning in schools	9	6th

When it comes to school leaders (Table 74), "diverse learning platforms" and "adjustment of the curriculum and academic calendar", with an overall score of 22 were the number one recommendation. This was followed by "provision of personal protective tools and vaccination" with an overall score of 21.

As for inspectors/government officials (Table 74), "diverse learning platforms" and "well-equipped counselling units", with an overall score of 12, were the number one recommendation. This was followed by "academic counselling sessions, workshops and specialised therapies" with an overall score of 11.

Summarily, it can, therefore, be inferred that "well-equipped counselling units", "adjustment of the curriculum and academic calendar", "academic counselling sessions, workshops and specialised therapies", "introduction of micro-planning in schools", "provision of personal protective tools and vaccination" and "diverse learning platforms" were the top recommendations according to teachers, teacher educators, school leaders and inspectors/government officials in Rwanda.

Table 75: Recommendations from teachers and teacher educators of Zambia

TEACHERS (N=221)			TEACHERS' EDUCATOR (N=32)		
Recommendations	Overall score obtained	Rank	Recommendations	Overall score obtained	Rank
Well-equipped counselling units	615	1st	Diverse learning platforms	87	1st
Academic counselling sessions, workshops and specialised therapies	608	2nd	Well-equipped counselling units	86	2nd
Adjustment of the curriculum and academic calendar	604	3rd	Academic counselling sessions, workshops and specialised therapies	83	3rd
Diverse learning platforms	573	4th	Introduction of micro-planning in schools	82	4th
Provision of personal protective tools and vaccination	564	5th	Provision of personal protective tools and vaccination	82	4th
Introduction of micro-planning in schools	532	6th	Adjustment of the curriculum and academic calendar	81	6th

According to Table 75, "well-equipped counselling units", with an overall score of 615, was number one recommendation mostly chosen by teachers. This was followed by "academic counselling sessions, workshops and specialised therapies" with an overall score of 608. Third in place was "adjustment of the curriculum and academic calendar" with an overall score of 604.

Regarding teacher educators (Table 75), "diverse learning platforms", with an overall score of 87, was number one recommendation. This was followed by "well-equipped counselling units" with an overall score of 86. Third in place was "academic counselling sessions, workshops and specialised therapies" with an overall score of 83.

Table 76: Recommendations from school leaders and inspectors/government officials of Zambia

SCHOOL LEADERS (N=42)			INSPECTORS/GOVERNMENTS OFFICIALS (N=150)		
Recommendations	Overall score obtained	Rank	Recommendations	Overall score obtained	Rank
Provision of personal protective tools and vaccination	115	1st	Well-equipped counselling units	95	1st
Well-equipped counselling units	115	1st	Academic counselling sessions, workshops and specialised therapies	88	2nd
Diverse learning platforms	112	3rd	Adjustment of the curriculum and academic calendar	86	3rd
Adjustment of the curriculum and academic calendar	112	3rd	Provision of personal protective tools and vaccination	85	4th
Academic counselling sessions, workshops and specialised therapies	109	5th	Diverse learning platforms	82	5th
Introduction of micro-planning in schools	100	6th	Introduction of micro-planning in schools	79	6th

When it comes to school leaders (Table 76), "provision of personal protective tools and vaccination" and "well-equipped counselling units", with an overall score of 115, were the number one recommendation. This was followed by "diverse learning platforms" and "adjustment of the curriculum and academic calendar" with an overall score of 112.

As for inspectors/government officials, "well-equipped counselling units", with an overall score of 95, was number one recommendation mostly chosen by inspectors/government officials. This was followed by "academic counselling sessions, workshops and specialised therapies" with an overall score of 88. Third in place was "adjustment of the curriculum and academic calendar" with an overall score of 87.

Summarily, it can, therefore, be inferred that "well-equipped counselling units", "academic counselling sessions, workshops and specialised therapies", "adjustment of the curriculum and academic calendar", "diverse learning platforms" and "provision of personal protective tools and vaccination" were the top recommendations according to teachers, teacher educators, school leaders and inspectors/government officials in Zambia

b) Qualitative findings

During the qualitative phase of the study, the following three themes were focused on in relation to recommendations of the study. These include recommendations in relation to resilient development, infection control and provision of PSS.

Table 77: Recommendations in relation to resilience development

THEME	INDICATORS/DESCRIPTION	SAMPLE QUOTATION
Resilience development	Develop in teachers, teacher educators and learners real life skills to cope through seminars and workshops	*"The government or Ministries of education should work with other ministries; for instance, Social Development through its counselors can play a very important role during this time". "The government should also make sure that each school has a social worker to work with these students and the teachers". "The government should also design a policy whereby they encourage the communities to participate fully in the education of the children".* *"Learners who lost parents due to the pandemic should be given special psychosocial support, they should also be, maybe, helped financially so that they can continue with their studies" "Teachers are encourage to instill the skills of independent learning in the students and right now, UNICEF has actually given the Ministry of Education through World Vision Lesotho some money to do back to school project. This project is actually intended to help learners while they are not in school to continue with learning, so the facilitators have been engaged already they are working in the community, they are helping learners. They are given assignment and the facilitators at home help them with their assignment and the group discussions that are form in the villages. So, I think this also help the learners to build resilience during this pandemic" "I think learners should also be trained on peer assessment which is part of formative assessment".* By teachers, teacher educators and inspectors
	Seek for new ways of rehabilitating school dropouts as result of the pandemic through lifelong learning	*"Quality assurance in schools was inappropriate as many teachers were affected emotionally, socially and many others. The ministry of Education and training should come up with a wellness program to provide psychosocial support for teachers, just like the guidance and counseling department is doing for learners. This will address the issues of, trauma, anxiety and stress that has affected teachers during the emergence of pandemics in future".* By teachers, teacher educators and inspectors
	Include emergency education in	*"Since this issue of COVID-19 is something new to us,*

	school curricula to guard against future crises	*generally speaking if you listen to most of the teachers, yes they are trying to use their professional skills to help the learners, but the fact is that they are not fully equipped on how to cope with such situation. We need to have enough time to train these teachers on how they have to handle the situation".* By school leaders

In relation to resilient development (see Table 77), respondents identified indicators like developing in teachers, teacher educators and learners' real-life skills to cope through seminars and workshops; seeking for new ways of rehabilitating school dropouts as result of the pandemic through lifelong learning and including emergency education in school curricula to guard against future crises.

Table 78: Recommendations in relation to infection control

THEME	INDICATORS/DESCRIPTION	SAMPLE QUOTATION
Infection control	Continuous sensitisation and collaboration with government on COVID-19 health and preventive measures	*Learnes and teachers should adhere to the COVID-19 protocols to ensure that COVID doesn't spread like how it is now". "Soap, sanitizers and disinfectant have been supplied but enough personal sanitizers should be given to teachers so that they don't find it hard to mark students' scripts in fear of COVID-19".* By Inspectors
	Make vaccines available for teachers, teacher educators and learners	*"And also screening of the learners and teachers and possibly vaccination. Screening in one of the cases we find that a child will come with virus disease like scabies we find that there are thirty in class and all of them will be infected without even noticing. So I think, maximising the screening of this learner can be also helpful in controlling diseases within the school"* By teachers and inspectors

As far as infection control is concerned, respondents identified indicators like continuous collaboration with administrators and adherence to government policy to fight against COVID-19; continuous sensitisation on COVID-19 health and preventive measures and making vaccines available for teachers, teacher educators and learners.

Table 79: Rcommedations in relation to provision of PSS

THEME	INDICATORS/DESCRIPTION	SAMPLE QUOTATION
Provision of PSS	Training teachers and teacher educators on skills to support learners	*"Teacher training institutions should build their capacity to be able to take care of the learners". "teachers need to be counseled from time to time, therapy sessions to try to work on their minds, trying to work on their emotions so that they don't find it difficult to work with students that are coming in families suffering from COVID-19"." I don't know if the government can give some sort of motivation or incentives to the teachers especially not that they have a lot of work, so they find it easy to work with this conditions"* By teachers, teacher educators and inspectors

	Provide counseling services to learners who are traumatised and frustrated as a result of loss of parents and those that are sick	*"Some students lost their parents to COVID-19; they were called back home to bury their parents. Some students came back traumatised, so they needed someone to reassure them, there is need for guidance and counseling office for such students".* By teachers, teacher educators and inspectors
	Encourage learners to stay focused and not to lose hope especially after lock down was prolonged	*"I think the collaborative approach; I would recommend that we reinvent solutions. For instance, we can try to eliminate the barriers that are limiting our learners to have access to learning, and also employ holistic approaches to education, that can address approaches to education, that can address learning, the social and emotional needs of learners, which is very crucial especially in terms of COVID-19, for all stakeholders".* By teachers, teacher educators and inspectors

In relation to provision of psychosocial support (see Table 79), the following indicators were identified: Training teachers and teacher educators on skills to support learners; provide counseling services to learners who are traumatised and frustrated as a result of loss of parents and those that are sick; encourage learners to stay focus and not to lose hope especially after lock down was prolonged.

Summary and discussions of findings for Objective 6

Table 81 shows the summary for recommendations. The first column shows the most chosen recommendations when all countries are taken together. The rest of the columns show the most chosen recommendations for each of the representative country.

Table 80: Summary of recommendations

SUMMARY FINDINGS OF INNOVATIVE STRATEGIES						
ALL COUNTRIES	**COTE D'IVOIRE**	**ESWATINI**	**LESOTHO**	**KENYA**	**RWANDA**	**ZAMBIA**
Well-equipped counselling units	Well-equipped counselling units	Adjustment of the curriculum and academic calendar	Well-equipped counselling units	Well-equipped counselling units	Well-equipped counselling units	Well-equipped counselling units
Academic counselling sessions, workshops and specialised therapies	Academic counselling sessions, workshops and specialised therapies	Well-equipped counselling units	Adjustment of the curriculum and academic calendar	Academic counselling sessions, workshops and specialised therapies	Adjustment of the curriculum and academic calendar	Academic counselling sessions, workshops and specialised therapies
Adjustment of the curriculum and academic calendar	Adjustment of the curriculum and academic calendar	Academic counselling sessions, workshops and specialised therapies	Academic counselling sessions, workshops and specialised therapies	Adjustment of the curriculum and academic calendar	Academic counselling sessions, workshops and specialised therapies	Adjustment of the curriculum and academic calendar
Diverse learning platforms	Diverse learning platforms	Provision of personal protective tools and vaccination	Provision of personal protective tools and vaccination	Diverse learning platforms	Introduction of micro-planning in schools	Diverse learning platforms
Provision of personal protective tools and vaccination	Provision of personal protective tools and vaccination	Diverse learning platforms	Diverse learning platforms	Provision of personal protective tools and vaccination	Provision of personal protective tools and vaccination	Provision of personal protective tools and vaccination

	Introduction of micro-planning in schools				Diverse learning platforms	

It is important that governments and educational stakeholders note the major recommendations as highlighted by teachers, teacher educators, school leaders and inspectors/government officials of each country. These may form the bases for interventions and policy briefs to enhance effective learning during emergencies. Furthermore, note should equally be taken of the emerging recommendations from qualitative findings in relation to resilience development, infection control in schools and provision of psychosocial support. Ministries of education would need to establish and implement school re-entry policies in which school environment will be supportive of adolescent mothers and fathers. This should also address children who have entered work in a bid to supplement household income and teachers who left teaching perhaps because they were not being paid, or they felt that they needed to earn additional income and may or may not have returned to teaching when schools reopened.

It is also important for governments to establish policies and strategies to enable the engagement of education with families and communities, to promote a Multi-stakeholder approach to the recovery of the education sector. For this to happen there is need to involve other government sectors such as health, social development, youth, the private sector and communities as well as NGOs, faith-based organisations etc.

CHAPTER FIVE
HIGH-LEVEL ADVOCACY AND POLICY BRIEFS

Education is an enabling right with direct impact on the realisation of all other human rights as well as the primary driver of progress across all 17 Sustainable Development Goals. It is the bedrock of justice, equality, and inclusive peaceful societies. The collapse of an educational system results in the eventual collapse of peace, prosperity and productivity in societies. In order to mitigate the potentially devastating consequences of the COVID-19 pandemic on teachers, teacher educators and learners, governments and other stakeholders are encouraged to pursue the following policy responses:

Policy briefs for government of member states

Build Resilient Education Systems for Equitable and Sustainable Development of all Stakeholders Involved in Education: Strengthening the resilience of education systems will enable countries to respond to the immediate challenges of safely reopening schools and will facilitate their coping and managerial abilities for future crises. In this regard, governments could consider the following:

1. Establish an integrated sustainable system equipped with human, physical and material resources for capacity development:

- Develop capacities at the individual, organisational, and institutional levels to withstand emergencies through sensitisation on the implications of COVID-19 for the welfare of the population;
- Promote training for teachers in teaching via other mediums, as well as for learners / families in learning via other mediums;

- Increase knowledge dissemination channels on COVID-19 through the use of all information communication technology devices that are accessible, affordable and reachable by all in both rural and urban communities with consciousness of the timing;
- Revise the existing education sector plans, strategies and policies to include capacity development on digital literacy for learners, teachers and teacher educators for effective and adaptive responses to COVID-19 and other emergencies within strong partnership with other stakeholders for effective management of affected population;
- Promote the capacity of all education actors at national and; subnational levels to be able to analyse health risks for all in the education family as well as for the identification of learners at risk of dropping out of school and ensuring their retention;
- Develop capacity to be able to assess social and emotional welfare of the student population, teachers and teacher educators, by constructing well-equipped counselling units, rehabilitation and health units for first ais in emergencies;
- Promote child-focused spaces for children's wellbeing;
- Avail counselling and rehabilitation services in this period of COVID-19 and during other emergencies;
- Avail special education support services for learners with learning difficulties.
- Promote teachers' care programmes, where caring for teachers' psychosocial and mental wellbeing will be given priority. This could be done through the creation/reinforcement of support groups for teachers/school staff and management.

- Also, the is need for the provision of capacity development for building positive school psychosocial environments with emphasis

  - on the creation of a welcoming and supportive environment in the school

  - engagement with the broader community around the school, as well as with parents,

  - foster positive relationships within the school, where agency in child as well as educators are safe and free of violence

2. Revise curricular for teacher education: teacher development and professionalisation are key to ensure all schoolteachers and leaders including inspectors are sufficiently prepared and at the end well qualified. Such programme should do the following:

- Include Education in Emergencies course (EiE) in the curricula to enhance the education of polyvalent teachers who can manage diverse challenges and create new strategies through research to enable positive effect of their competences on equitable and inclusive education in times of emergencies;
- Provide appropriate digital devices and assistive technologies and develop teachers' and learners' capacities in the use of those devices for educational purporse;
- Consider contingency rewards to motivate teachers' and school leaders' engagements in the provision of new learning spaces and transformation of schools into safe spaces for children to build friendships, play and learn.

3. Increase Education budgets: All modifications for effective education in times of emergencies requires an increase in the education budget. In almost every country there was the utilisation of various technological devices in fostering learning during this period of COVID-19, as such there is need for the government to ensure the provision of technological devices for schools. Governments could also strengthen systems of support for teachers, and parents/caregivers for the successful and safe use of technology for learning. Providing reasonable running budget for schools should be enhancing.

4. Develop policy on partnerships with the school community in education delivery and develop community awareness on their potential role as partners is in education. Community collaboration with school complements and reinforces values, culture and the learning opportunities that schools can provide for their learners especially in times of emergencies. Such such support sustains faith and hope, necessary for strengthening resilient community of teachers and learners.

5. Develop an inclusive recovery strategy that includes baseline testing of learners' cognitive abilities when they return to classrooms, as well as the establishment of programmes to ensure that they catch up.

Policy Brief for African Union and regional economic commissions

The African Union, Regional organisations such as the East African Community (EAC), the Southern African Development Community (SADEC), the Economic Community of Central

African States (ECCAS), the Economic Community of West African States (ECOWAS) and more, should support National governments and their respective communities to rehabilitate schools making them responsive to COVID-19 challenges while ensuring inclusive and equitable opportunities for all to ensure lifelong learning.

They should support national governments in the creation of multiple leaning pathways (including face-to-face, online, distance, self-paced and blended) based on digital and non-digital devices to ensure equitable access to education. Assistive technologies should also be availed to meet the learning needs of all during the COVID-19 pandemic and other emergencies.

The African Union, through its principles in the CES 2016-2025 and AU framework of 2063, should ensure partnership and effective participation of national governments and international organisations to support education development in African. This could be done through the creation and sustenance of a Safe Back to School Practitioners Guide providing detailed guidelines on how education systems can prevent and respond to emergencies.

Policy brief to non-governmental organisations

Nongovernmental organisations should work closely with national governments and local universities, research institutes and research centres to engage in research that informs context-based and context-relevant policies, strategies and practices. These will result in the review of curricula and innovation in effective and efficient education delivery in both crisis/emergency and normal periods. This will also enable capacity development in different aspects to sustain the education systems in all dimensions.

CHAPTER SIX
CONCLUSION, LIMITATIONS AND SUGGESTIONS FOR INTERVENTION

Conclusion

From the analyses, findings and discussions, it is evident that the COVID-19 pandemic that was declared a Public Health Emergency of International Concern (PHEIC) (WHO, 2020) that has plagued all countries in the world since 2020 and has had drastic effects on children, youths, teachers, teacher educators and their families as well as institutions. These effects go beyond physiological, to psychological and psychosocial consequences. In this study, teachers, teacher educators, and learners were identified as categories of victims that need special attention and support. This brings to light the fact that the International Institute for Capacity Building in Africa (IICBA)'s effort to support government and other partners to strengthen national and international educational systems, including social services, to be risk-informed in order to reduce negative impact and foster psychosocial support. Being informed should enable stakeholders to address emerging needs of all concerned with education in this period of the COVID-19 and other emergencies. UNESCO and its partners therefore need to adopt stringent measures to intervene and rehabilitate those who have been negatively affected among teachers, teacher educators and learners. It is thus recommended that building the capacity of stakeholders responsible for implementing strategies that will be informed by the outcomes of this research is of great important. This study emphasised that preparedness and systems strengthening are essential in defining norms and standards for governments and their respective partners, including all educational stakeholders. There need to put in place strategies to help improve on the current crisis situation. Cumulatively, from this study, humanitarian organisations should endeavour to be effective in implementing outcomes of research to impact directly on the communities, stakeholders and beneficiaries.

Limitations and lessons learned from the study

Below are the limitations and lessons learned from the current study.

Limitation 1: The study initially set out to sample 22 countries but only 14 participated in the study and out of the fourteen 6 were significant in participation with 8 of the countries providing only 1 or 2 responses for the collection of quantitative data collection. Furthermore, for the collection of qualitative data, just 4 of the 6 countries initially invited for the FGDs actually participated in the study

Lessons learned:

It important that a study of such magnitude that involves several countries should always begin with a qualitative survey of the possible scenarios that could be experienced in the field before the TORs are written. This will ensure that the TORs are closer to the reality that will be experienced during the actual study. An initial qualitative survey of the Sub-Saharan region should have highlighted the possible scenarios and countries likely to participate in the study.

Secondly, in the next study, more time should be given for mobilisation of the various stakeholders. There was limited time for mobilisation and probably before some stakeholders had the time to think about the study, the deadlines for collection of data were already over.

Hence, there is need for initial qualitative surveys and mobilisation of various stake holders before getting to the face of actual execution of the project. This would ensure that difficulties should already be identified at the initial face and given proper attention in constructing the TORs for a study.

Moreover, a suggestion to collect data from a limited number of countries was made prior to the start of data collection. Given the uncertainty around which countries would participate, this suggestion was not adopted. Had it been adopted, there is possibility of having selected countries that never responded to the invitation to participate in the study. This could have led to the failure of the study. Hence, starting with a large pool of countries is highly recommended to maximise the probability of having a reasonable number of countries that eventually participate.

Limitation 2: UNESCO National Project Officers (NPOs) were to identify the various respondents for the online survey and collect their contact information (email and social media). Given the responsibility of UNESCO and government reaching out to the participants were problematic, this is because the protocols between them to reach the respondents were time consuming, which accounted for the fact that most countries did not reach the required targets for data collection.

Lessons learned:

Despite the fact that it is important to follow the protocols and cooperation ties between governments and UNESCO, there is need for establishment of plan Bs in case these protocols do not work for the study. In this regard there is need for positioning of focal points for each country in cost effective way. These focal points should be themselves members of the respondents of the study to ensure easier access. For instance, instead of relying only on NPOs, it should have been better to use a snowball strategy and get focal points like school leaders, who could easily reach out to their teachers. Other teachers could have reached out to their colleagues and learners. Parent focal points could have easily reach out to other parents and learners.

Limitation 3: Internet connection and power supply was a huge challenge for this research. At times it was even difficult for respondents to participate in the FGDs because they were unable to connect to the "Microsoft teams meeting" the software that was used for FGDs. Some even connected and were unable to be heard by the rest of the members of the FGDs.

Lessons learned:

The FGDs were conducted under a very tight schedule which was normally not the case for online surveys. Only one possible slot was given for each FGD due to time constraints. It is advisable that, if an FGD is programmed to take place online, at least two to three slots should be given. This would provide respondents with an apportunity to discuss the most convenient time for them to participate in FGDs.

Suggestion for future interventions

Priority 1: The creation of a holistic integrated well-equipped rehabilitation and health centers in each country is a necessity for full recovery of traumatised learners, teachers and

teacher educators. There are millions of learners who have been deprived of their right to education, are being more exposed to wellbeing risks (both psychosocial and physical) during COVID-19. These centers will address health related issues, including mental health and psychosocial support, which the most vulnerable learners would rely on for their wellbeing and development in order to learn.

Priority 2: Teacher capacitation: Within a short space of time, the COVID 19 pandemic has revealed a lot of gaps in the teaching and learning processes. This has implications on the skills and capacities required for teachers to address this dual health and education crisis. Teacher capacitation calls for equipping teachers with both technical skills and adaptive capacities to enable them to respond effectively to the learning needs of children, especially those from vulnerable groups. While the technical demands of teaching learners using various methods need to be upgraded for most teachers, teachers must also be imbibed with skills necessary to adapt to new environment. For these to happen the following should be addressed:

- Develop teachers' capacity in the use of Open and Distance Learning (ODL) modalities as well as helping them to support families as well as children from home. This capacity development has the potential to address the needs of out-of-school children.
- Develop teachers' capacity in recognising social, psychological and other needs that may either require guidance and counselling or referrals for psychosocial support from experts.
- Develop teachers' capacity in providing age-appropriate information to raise awareness on prevention and mitigation of infections. There is need to ensure that teachers are equipped with the skills to help contribute to behavioural change and sustain healthy practices among learner and communities.
- Develop teachers' capacity in inclusive leadership. This will give them abilities to transform the educational system.
- Develop teachers' multifunctional capabilities
- Provide material resources that are affordable, accessible and reliable.

Priority 3: Country Disaster Risk Reduction management and resilience plan: There is need for the contraction of experts to develop a country Disaster Risk Reduction management and Resilience Plan to guide the education sector in preparing and responding to disasters at all school levels.

Priority 4: Establishment of monitoring and evaluation plan: The monitoring system aims at providing regular required information about the progress of programme implementation. Regular partner participation in this monitoring is critical to maintaining strong coordination and this will continue to allow the visualisation of gaps and needs, build partnership and collaboration, and advocate for the betterment of the society.

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APPENDICES/ANNEXES

English version of instruments

Appendix 1: Questionnaire for teachers

Preamble

Dear respondent.

We are the Centre for Research on Child and Family Development and Education (CRCFDE) working on behalf of UNESCO International Institute for Capacity Building in Africa (IICBA). We are conducting an Assessment of the Psychosocial Impact of COVID-19 on Teachers, Teacher Educators and Learners and Psychosocial Support Needs. The information you provide shall only be used for this study purposes and will be strictly confidential following Red Cross humanitarian principles of independence, impartiality, neutrality and humanity (Red Cross, 1965).

Introduction (meaning and indicators of psychosocial impact)

Psychosocial impact is the dynamic relationship between the psychological and social dimensions of a person. The psychological dimension includes internal, emotional and thought processes, feelings and reactions, whereas the social dimension includes relationships, family and community network, social values and cultural practices (IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007). In this study, psychosocial impact therefore refers to the psychological (depression, anxiety and stress), as well as other social factors that are negative to the mental wellbeing of teachers, teacher educators and learners as a result of COVID-19. It is important that you as a respondent understand the psychological impact of depression, anxiety and fear before you go ahead to answer the questionnaire. The rest of the sections of the questionnaire are self-explanatory to you as a teacher.

Depression: The word depression is used to describe a range of moods – from low spirits to a severe problem that interferes with everyday life. The experience of depression is an overwhelming feeling which can make you feel quite unable to cope, and hopeless about the future. If you are depressed, your appetite may change and you may have difficulty sleeping or getting up. You may feel overwhelmed by guilt, and may even find yourself thinking about death or suicide. There is often an overlap between anxiety and depression, in that if you are depressed you may also become anxious or agitated (Borrill, 2000). In this study, depression is measured by 14 indicators.

Anxiety: Anxiety is the total response of a human being to threat or danger. Each experience of anxiety involves a perception of danger, thoughts about harm, and a process of physiological alarm and activation. The accompanying behaviours display an emergency effort toward "fight or flight." (Moss, 2002). In this study, anxiety is measured by 12 indicators.

Stress: Stress can be defined as any type of change that causes physical, emotional, or psychological strain. Stress arises when individuals perceive that they cannot adequately cope with the demands being made on them or with threats to their well-being (Lazarus, 1966). In this study, stress is measured by 13 indicators.

BACKGROUND INFORMATION

Name of country _____

Gender: Female ☐ Male ☐

Age: 20 – 30 ☐ 31 – 40 ☐ 41 -50 ☐ 51- 60 ☐ 60+ ☐

Zone/Area: Urban ☐ Rural ☐

Level of school: Primary school ☐ Secondary school ☐

Type of school: Public ☐ Lay private ☐ Denominational ☐

Years of professional experience: 0-5 ☐ 6-10 ☐ 11-15 ☐ 15-20 ☐

20+ ☐

A	PSYCHOSOCIAL IMPACT OF COVID-19				
Please read each statement and choose the one that applies to you as a result of COVID-19 pandemic. There are no right or wrong answers. The rating scale is as follows: 0 Does not apply to me at all 1 Applies to me to some degree, or some of the time 2 Applies to me to a considerable degree, or a good part of the time 3 Applies to me very much, or most of the time					
Psychological Impact of COVID-19					
I	Depression				
S/N	Item	0	1	2	3
1	I do not seem to experience any positive feeling at all				
2	I feel isolated and not able to make progress in what I do				
3	I feel that I have nothing to look forward to				
4	I feel that I have lost interest in just about everything				
5	I feel I am not worth much as a person				
6	I feel that life is not worthwhile				
7	I do not seem to get any enjoyment out of the things I do				
8	I feel down-hearted				
9	I am unable to become enthusiastic about anything				
10	I feel I am pretty worthless				
11	I see nothing in the future to be hopeful about				
12	I feel that my life is meaningless				
13	I find it difficult to work up the initiative to do things				
14	I feel like I am losing my daily routines				
II	Anxiety				
S/N	Item	0	1	2	3
1	I experience breathing difficulty (e.g., excessively rapid breathing)				
2	I have a feeling of shakiness (e.g., legs going to give way)				
3	I find myself in situations that make me so anxious				
4	I have a feeling of faintness				
5	I perspire noticeably (e.g., hands sweaty) in the absence of high temperatures or physical exertion				
6	I feel scared without any good reason				
7	I am aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)				
8	I feel I am close to panic				
9	I fear that I would be overcome by some trivial but unfamiliar task				

10	I feel terrified				
11	I am worried about situations in which I may panic and make a fool of myself				
12	I experience trembling (e.g., in the hands)				

III	Stress				
S/N	Item	0	1	2	3
1	I find myself getting upset by quite trivial things				
2	I tend to over-react to situations				
3	I find it difficult to relax				
4	I find myself getting upset rather easily				
5	I feel that I am using a lot of nervous energy				
6	I find myself getting impatient when I am delayed in any way (e.g., elevators, traffic lights, being kept waiting)				
7	I feel that I am rather easily offended				
8	I find that I am very irritable				
9	I find it hard to calm down after something upsets me				
10	I find it difficult to tolerate interruptions to what I am doing				
11	I am in a state of nervous tension				
12	I am intolerant of anything that keeps me from getting on with what I am doing				
13	I find myself getting agitated				

Social Impact of COVID-19					
Please read each statement and choose the one that applies to you as a result of COVID-19 pandemic. There are no right or wrong answers. The rating scale is as follows: 0 Does not apply to me at all 1 Applies to me to some degree, or some of the time 2 Applies to me to a considerable degree, or a good part of the time 3 Applies to me very much, or most of the time					
I	Work and society				
S/N	Item	0	1	2	3
1	I have lost my job				
2	My salary has reduced				
3	My work load has increased without additional incentives				
4	My school is experiencing high rates of opout				
5	I was required to engage in online and distance teaching in response to COVID-19 crisis				
6	I am unable to cope with the demands of online and distance teaching				
7	Training related to online and distance teaching was provided				
8	Support related to online and distance teaching is provided				
9	Facilities related to teaching online and distance teaching (computers, Internet, etc.) are provided				
10	The teaching and learning processes in my school have been greatly interrupted				
11	I am exhausted with coping with the idle hours				
12	I have lost my ability to socialise with others				
13	I am isolated from the rest of the society				

14	My neighbourhood is unsafe				
15	There is lack of sports or recreation opportunities in my neighbourhood				
16	There is increase in sexual promiscuity and spread of Sexually Transmitted Infections in my neighbourhood				
II	Family and domestic violence				
S/N	Item	0	1	2	3
1	I am unable to provide basic needs for my family				
2	My family cost of living has increased				
3	I have developed new habits like excessive Dr.inking and smoking at home				
4	I have been emotionally abused by my spouse at home				
5	I have been sexually assaulted by my spouse at home				
6	My spouse abuses me verbally				
7	I have been beaten/physical abused by my spouse				
8	I have experienced financial abuse at home				

B	FACTORS CONTRIBUTING TO THE NEGATIVE IMPACT OF COVID-19

Please read each statement and choose the one that applies to you as a result of COVID-19 pandemic. There are no right or wrong answers. The rating scale is as follows:

0 Does not apply to me at all

1 Applies to me to some degree, or some of the time

2 Applies to me to a considerable degree, or a good part of the time

3 Applies to me very much, or most of the time

S/N	Item	0	1	2	3
1	I have been tested positive for COVID-19				
2	I have been sick and suffering from long term COVID-19				
3	I have or had a sick friend or relative				
4	I do not have access to vaccination				
5	I have been quarantined as a result of COVID-19				
6	My friends or relatives have been quarantined				
7	I fear as a result of increase in identified cases				
8	I fear as a result of many deaths from the pandemic				
9	My movements have been restricted as a result of lockdowns				
10	I find it irritating to put on face masks				
11	I am unable to maintain physical distancing				
12	I am uncomfortable with restriction on social gatherings				
13	I do not trust the various cures developed for the disease				
14	I do not trust the vaccines				

C	POTENTIAL CHALLENGES FACED BY TEACHERS IN PROVISION OF PSYCHOSOCIAL SUPPORT TO LEARNERS

Please read each statement and choose the one that applies to you as a result of COVID-19 pandemic. There are no right or wrong answers. The rating scale is as follows:

0 Does not apply at all

1 Applies to some degree, or some of the time

2 Applies to a considerable degree, or a good part of the time

S/N	Item	0	1	2	3
3 Applies very much, or most of the time					
1	Emergency education is not part of teacher education programmes				
2	Teachers do not possess the necessary skills to provide psychosocial support				
3	Schools do not possess the financial resources to manage teachers and learners				
4	Schools do not possess referral services for teachers and learners				
5	There is break down of communication between teachers and learners				
6	Teachers have poor access to psychosocial support materials				
7	Teachers face lack of cooperation from learners				
8	There is inadequate support for teachers from government				
9	Teachers do not have access to hotlines to provide Psychosocial support				
10	There is no school wellbeing policy for teachers				
11	Teachers do not have access to adequate personal protective effects as front liners				
12	Teachers face difficulties to effectively use online and distance education system				
13	I don't have access to reliable internet connection				
14	I don't have access to devices needed to access online and distance learning (e.g., computers or smartphones).				

D	PSYCHOSOCIAL NEEDS

Please read each statement and choose the one that applies to you as a result of COVID-19 pandemic. There are no right or wrong answers. The rating scale is as follows:
0 Not needed at all
1 Needed to some degree
2 Needed to a considerable degree
3 Needed very much

I	Psychological Needs				
S/N	Item	0	1	2	3
1	Schools should provide counselling services for teachers and learners.				
2	Schools should provide mental health services for teachers.				
3	Capacity development seminars should be organised to train teachers on how to support learners' health and wellbeing				
4	Mental health and psychosocial support services should be incorporated in national COVID-19 response plans				
5	More funding for provision of psychosocial support should be provided by government to schools.				
6	Schools should provide teachers with access to services like helplines, digital platforms, telemedicine and tele-therapy				
7	Schools should create partnerships with communities to enable teachers to follow up learners at home.				
8	Schools should create referral centres for emergency health issues, diagnosis and interventions.				
9	Special remedial programmes should be created for children with special needs to enhance their coping strategies.				

II	Social Needs				
S/N	Item	0	1	2	3
1	Physical distancing should be implanted in schools by reducing class sizes				
2	Hand washing stations should be established in schools				
3	Mask wearing should be enforced for secondary school learners and teachers				
4	Face shields should be instituted for primary school pupils				
5	Schools should implement regular testing to identify positive cases for intervention				
6	Teachers should be prioritised in vaccination drives				
7	Decision making in schools should be decentralised for effective bottom-up communication and identification of cases				
8	Teachers should be provided with online and distance teaching training, support, materials and equipment to help maintain continuing education for all.				
9	Incentives for teachers should be increased to strengthen teachers' relationships/motivation.				
10	Capacity development and training should be organised to enable teachers to develop competences in handling education in times of crises				
11	Emergency education should be incorporated in teacher training and school curricula to enhance pre-service teachers' skills				
12	Schools should create crisis hotlines between teachers and learners to facilitate the provision of social and emotional support.				

E	RECOMMENDATIONS				
Please read each statement and choose the one that applies to you as a result of COVID-19 pandemic. There are no right or wrong answers. The rating scale is as follows: 0 Not recommended at all 1 Recommended to some degree 2 Recommended to a considerable degree 3 Very much recommended					
S/N	Item	0	1	2	3
1	Schools should introduce micro-planning through mobilising local stakeholders to build resilience in teachers and learners				
2	Teachers should be considered front liners and effectively provided with personal protective tools as well as be given priority for vaccination programmes				
3	Schools should engage in diverse learning platforms and hybrid learning to mitigate learning disruptions in the future				
4	Governments should adjust the curriculum and academic calendar and implement learning strategies for learners living in remote areas by distributing necessary teaching and learning materials and take home packages				
5	Academic counselling sessions, workshops and specialised therapies should be provided to teachers to ensure psycho-social support				

Appendix 2: Questionnaire for teacher educators

Preamble

Dear respondent.
We are the Centre for Research on Child and Family Development and Education (CRCFDE) working on behalf of UNESCO International Institute for Capacity Building in Africa (IICBA). We are conducting an Assessment of the Psychosocial Impact of COVID-19 on Teachers, Teacher Educators and Learners and Psychosocial Support Needs. The information you provide shall only be used for this study purposes and will be strictly confidential following Red Cross humanitarian principles of independence, impartiality, neutrality and humanity (Red Cross, 1965).

Introduction (meaning and indicators of psychosocial impact)
Psychosocial impact is the dynamic relationship between the psychological and social dimensions of a person. The psychological dimension includes internal, emotional and thought processes, feelings and reactions, whereas the social dimension includes relationships, family and community network, social values and cultural practices (IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007). In this study, psychosocial impact therefore refers to the psychological (depression, anxiety and stress), as well as other social factors that are negative to the mental wellbeing of teachers, teacher educators and learners as a result of COVID-19. It is important that you as a respondent understand the psychological impact of depression, anxiety and fear before you go ahead to answer the questionnaire. The rest of the sections of the questionnaire are self-explanatory to you as a teacher.

Depression: The word depression is used to describe a range of moods – from low spirits to a severe problem that interferes with everyday life. The experience of depression is an overwhelming feeling which can make you feel quite unable to cope, and hopeless about the future. If you are depressed, your appetite may change and you may have difficulty sleeping or getting up. You may feel overwhelmed by guilt, and may even find yourself thinking about death or suicide. There is often an overlap between anxiety and depression, in that if you are depressed you may also become anxious or agitated (Borrill, 2000). In this study, depression is measured by 14 indicators.

Anxiety: Anxiety is the total response of a human being to threat or danger. Each experience of anxiety involves a perception of danger, thoughts about harm, and a process of physiological alarm and activation. The accompanying behaviours display an emergency effort toward "fight or flight." (Moss, 2002). In this study, anxiety is measured by 12 indicators.

Stress: Stress can be defined as any type of change that causes physical, emotional, or psychological strain. Stress arises when individuals perceive that they cannot adequately cope with the demands being made on them or with threats to their well-being (Lazarus, 1966). In this study, stress is measured by 13 indicators.

BACKGROUND INFORMATION

Name of country _____

Gender: Female [   ]   Male [   ]

Age: 20 – 30 [   ]   31 – 40 [   ]   41 -50 [   ]   51- 60 [   ]   60+ [   ]

Zone/Area: Urban [   ]   Rural [   ]

Level of teacher training: Primary school [   ]   Secondary school [   ]

Type of school: Public [   ]   Lay private [   ]   Denominational [   ]

Years of professional experience: 0-5 [   ] 6-10 [   ] 11-15 [   ] 15-20 [   ]

20+ [   ]

A	PSYCHOSOCIAL IMPACT OF COVID-19				
Please read each statement and choose the one that applies to you as a result of COVID-19 pandemic. There are no right or wrong answers. The rating scale is as follows: 0 Does not apply to me at all 1 Applies to me to some degree, or some of the time 2 Applies to me to a considerable degree, or a good part of the time 3 Applies to me very much, or most of the time					
Psychological Impact of COVID-19					
I	Depression				
S/N	Item	0	1	2	3
1	I do not seem to experience any positive feeling at all				
2	I feel isolated and not able to make progress in what I do				
3	I feel that I have nothing to look forward to				
4	I feel that I have lost interest in just about everything				
5	I feel I am not worth much as a person				
6	I feel that life is not worthwhile				
7	I do not seem to get any enjoyment out of the things I do				
8	I feel down-hearted				
9	I am unable to become enthusiastic about anything				
10	I feel I am pretty worthless				
11	I see nothing in the future to be hopeful about				
12	I feel that my life is meaningless				
13	I find it difficult to work up the initiative to do things				
14	I feel like I am losing my daily routines				
II	Anxiety				
S/N	Item	0	1	2	3
1	I experience breathing difficulty (e.g., excessively rapid breathing)				
2	I have a feeling of shakiness (e.g., legs going to give way)				
3	I find myself in situations that make me so anxious				
4	I have a feeling of faintness				
5	I perspire noticeably (e.g., hands sweaty) in the absence of high temperatures or physical exertion				
6	I feel scared without any good reason				
7	I am aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)				
8	I feel I am close to panic				
9	I fear that I would be overcome by some trivial but unfamiliar task				

10	I feel terrified				
11	I am worried about situations in which I may panic and make a fool of myself				
12	I experience trembling (e.g., in the hands)				

III	Stress				
S/N	Item	0	1	2	3
1	I find myself getting upset by quite trivial things				
2	I tend to over-react to situations				
3	I find it difficult to relax				
4	I find myself getting upset rather easily				
5	I feel that I am using a lot of nervous energy				
6	I find myself getting impatient when I am delayed in any way (e.g., elevators, traffic lights, being kept waiting)				
7	I feel that I am rather easily offended				
8	I find that I am very irritable				
9	I find it hard to calm down after something upset me				
10	I find it difficult to tolerate interruptions to what I am doing				
11	I am in a state of nervous tension				
12	I am intolerant of anything that keeps me from getting on with what I am doing				
13	I find myself getting agitated				

Social Impact of COVID-19					
Please read each statement and choose the one that applies to you as a result of COVID-19 pandemic. There are no right or wrong answers. The rating scale is as follows: 0 Does not apply to me at all 1 Applies to me to some degree, or some of the time 2 Applies to me to a considerable degree, or a good part of the time 3 Applies to me very much, or most of the time					
I	Work and society				
S/N	Item	0	1	2	3
1	I have lost my job				
2	My salary has reduced				
3	My work load has increased without additional incentives				
4	My school is experiencing high rates of dropout				
5	I was required to engage in online and distance teaching in response to COVID-19 crisis				
6	I am unable to cope with the demands of online and distance teaching				
7	Training related to online and distance teaching was provided				
8	Support related to online and distance teaching is provided				
9	Facilities related to teaching online and distance teaching (computers, Internet, etc.) are provided				
10	The teaching and learning processes in my school have been greatly interrupted				
11	I am exhausted with coping with the idle hours				
12	I have lost my ability to socialise with others				
13	I am isolated from the rest of the society				

14	My neighbourhood is unsafe				
15	There is lack of sports or recreation opportunities in my neighbourhood				
16	There is increase in sexual promiscuity and spread of Sexually Transmitted Infections in my neighbourhood				

II	Family and domestic violence				
S/N	Item	0	1	2	3
1	I am unable to provide basic needs for my family				
2	My family cost of living has increased				
3	I have developed new habits liking excessive drinking and smoking at home				
4	I have been emotionally abused by my spouse at home				
5	I have been sexually assaulted by my spouse at home				
6	My spouse abuses me verbally				
7	I have been beaten/physical abused by my spouse				
8	I have experienced financial abuse at home				

B	FACTORS CONTRIBUTING TO THE NEGATIVE IMPACT OF COVID-19

Please read each statement and choose the one that applies to you as a result of COVID-19 pandemic. There are no right or wrong answers. The rating scale is as follows:

0 Does not apply to me at all
1 Applies to me to some degree, or some of the time
2 Applies to me to a considerable degree, or a good part of the time
3 Applies to me very much, or most of the time

S/N	Item	0	1	2	3
1	I have been tested positive for COVID-19				
2	I have been sick and suffering from long term COVID-19				
3	I have or had a sick friend or relative				
4	I do not have access to vaccination				
5	I have been quarantined as a result of COVID-19				
6	My friends or relatives have been quarantined				
7	I fear as a result of an increase in identified cases				
8	I fear as a result of many deaths from the pandemic				
9	My movements have been restricted as a result of lockdowns				
10	I find it irritating to put on face masks				
11	I am unable to maintain physical distancing				
12	I am uncomfortable with restriction of social gatherings				
13	I do not trust the various cures for the disease				
14	I do not trust the vaccines				

C	POTENTIAL CHALLENGES FACED BY TEACHER EDUCATORS IN PROVISION OF PSYCHOSOCIAL SUPPORT TO TEACHERS

Please read each statement and choose the one that applies to you as a result of COVID-19 pandemic. There are no right or wrong answers. The rating scale is as follows:

0 Does not apply at all
1 Applies to some degree, or some of the time
2 Applies to a considerable degree, or a good part of the time

S/N	Item	0	1	2	3
3 Applies very much, or most of the time
1	Psychosocial support was not part of teacher education programmes I attended				
2	Emergency education was not part of teacher education programmes I attended				
3	Teacher educators do not possess the necessary skills to provide psychosocial support				
4	Teacher education institutions do not possess the financial resources to manage teacher educators				
5	Teacher education institutions do not possess referral services for teacher educators				
6	There is break down of communication between teacher educators and teacher-trainees				
7	Teacher educators have poor access to psychosocial support materials				
8	Teacher educators lack cooperation from teacher-trainees				
9	There is inadequate support for teacher educators from government				
10	Teacher educators do not have access to hotlines to provide psychosocial support				
11	There is no wellbeing policy for teacher educators in teacher education institutions				
12	Teacher educators do not have access to adequate personal protective effects as front liners				
13	Teacher educators face difficulties to build an effective online and distance education system				
14	I don't have access to reliable internet connection				
15	I don't have access to devices needed to access online and distance learning (e.g., computers or smartphones).				

D	PSYCHOSOCIAL NEEDS

Please read each statement and choose the one that applies to you as a result of COVID-19 pandemic. There are no right or wrong answers. The rating scale is as follows:
0 Not needed at all
1 Needed to some degree
2 Needed to a considerable degree
3 Needed very much

S/N	Item	0	1	2	3
I Psychological Needs
1	Teacher education institutions should provide counselling services for teacher educators.				
2	Teacher education institutions should provide mental health services for teacher educators.				
3	Capacity development seminars should be organised to train teacher educators on how to support teacher trainees' health and wellbeing				
4	Mental health and psychosocial support services should be incorporated in national COVID-19 response plans				
5	More funding for provision of psychosocial support should be provided by government to teacher education institutions.				

6	Teacher education institutions should provide teacher educators with access to services like helplines, digital platforms, telemedicine and tele-therapy				
7	Teacher education institutions should create partnerships with communities to enable teacher educators follow up on teacher-trainees at home.				
8	Teacher education institutions should create referral centres for emergency health issues, diagnosis and interventions.				
9	Special remedial programmes should be created for teacher-trainees with special needs to enhance their coping strategies.				
II	Social Needs				
S/N	Item	0	1	2	3
1	Physical distancing should be implanted in teacher education institutions by reducing class sizes				
2	Hand washing stations should be established in teacher education institutions				
3	Mask wearing should be enforced for teacher-trainees and teacher educators				
4	Face shields should be instituted for teacher-trainees				
5	Teacher education institutions should implement regular testing to identify positive cases for intervention				
6	Teacher educators should be prioritised in vaccination drives				
7	Decision making in teacher education institutions should be decentralised for effective bottom-up communication and identification of cases				
8	Teacher educators should be provided with online and distance teaching, training, support, materials and equipment to help maintain continuing teacher education.				
9	Incentives for teacher educators should be increased to strengthen teacher educators' relationships/motivation.				
10	Capacity development and training should be organised to enable teacher educators to develop competencies in handling teacher education in times of crises				
11	Emergency education should be incorporated in teacher training and teacher education curricula to enhance pre-service teachers' skills				
12	Teacher education institutions should create crisis hotlines between teacher educators and teacher-trainees to facilitate the provision of social and emotional support.				
E	RECOMMENDATIONS				

Please read each statement and choose the one that applies to you as a result of COVID-19 pandemic. There are no right or wrong answers. The rating scale is as follows:
0 Not recommended at all
1 Recommended to some degree
2 Recommended to a considerable degree
3 Very much recommended

S/N	Item	0	1	2	3
1	Teacher education institutions should introduce micro-planning				

	through mobilising local stakeholders to build resilience in teacher educators and teacher-trainees				
2	Teacher educators should be considered front liners and effectively provided personal protective tools and prioritised in vaccination programmes				
3	Teacher education institutions should engage in diverse learning platforms and hybrid learning to mitigate learning disruptions in the future				
4	Governments should adjust the curriculum and academic calendar and implement learning strategies for teacher-trainees and teacher educators living in remote areas by distributing necessary teacher-training and learning materials and take home packages				
5	Academic counselling sessions, workshops and specialised therapies should be provided to teacher educators to ensure psycho-social support				
6	Counselling units equipped with well qualified counsellors should be created in all teacher education colleges/institutions				

Appendix 3: Questionnaire for school leaders

Preamble
Dear respondent. We are the Centre for Research on Child and Family Development and Education (CRCFDE) working on behalf of UNESCO International Institute for Capacity Building in Africa (IICBA). We are conducting an *Assessment of the Psychosocial Impact of COVID-19 on Teachers, Teacher Educators and Learners and Psychosocial Support Needs*.
The information you provide shall only be used for this study purposes and will be strictly confidential following Red Cross humanitarian principles of independence, impartiality, neutrality and humanity (Red Cross, 1965).
N/B: PLEASE YOU ARE REQUIRED TO ANSWER THE QUESTIONS AS THEY APPLY TO YOUR TEACHERS AND LEARNERS AND NOT YOURSELF

Introduction (meaning and indicators of psychosocial impact)
Psychosocial impact is the dynamic relationship between the psychological and social dimensions of a person. The psychological dimension includes internal, emotional and thought processes, feelings and reactions, whereas the social dimension includes relationships, family and community network, social values and cultural practices (IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007). In this study, psychosocial impact therefore refers to the psychological (depression, anxiety and stress), as well as other social factors that are negative to the mental wellbeing of teachers, teacher educators and learners as a result of COVID-19.

It is important that you as a respondent understand the meaning of depression, anxiety and fear (as psychology impacts of COVID-19) before you go ahead to rate your teachers and learners with respect to section A of the questionnaire. The rest of the sections of the questionnaire are self-explanatory to you as a school leader.

Depression: The word depression is used to describe a range of moods – from low spirits to a severe problem that interferes with everyday life. The experience of depression is an overwhelming feeling which can make you feel quite unable to cope, and hopeless about the future. If you are depressed your appetite may change and you may have difficulty sleeping or getting up. You may feel overwhelmed by guilt, and may even find yourself thinking about death or suicide. There is often an overlap between anxiety and depression, in that if you are depressed you may also become anxious or agitated (Borrill, 2000).

Anxiety: Anxiety is the total response of a human being to threat or danger. Each experience of anxiety involves a perception of danger, thoughts about harm, and a process of physiological alarm and activation. The accompanying behaviors display an emergency effort toward "fight or flight." (Moss, 2002).

Stress: Stress can be defined as any type of change that causes physical, emotional, or psychological strain. Stress arises when individuals perceive that they cannot adequately cope with the demands being made on them or with threats to their well-being (Lazarus, 1966).

BACKGROUND INFORMATION

Name of country _____

Gender: Female ⬚   Male ⬚

Age: 20 – 30 ⬚   31 – 40 ⬚   41 -50 ⬚   51- 60 ⬚   60+ ⬚

Zone/Area: Urban ⬚   Rural ⬚

Level of school: Primary school ⬚ Secondary school ⬚ Teacher training centre ⬚

Type of school: Public ⬚   Lay private ⬚   Denominational ⬚

Years of professional experience: 0-5 ⬚ 6-10 ⬚ 11-15 ⬚   15-20 ⬚

20+ ⬚

A	PSYCHOSOCIAL IMPACT OF COVID-19				
Psychological Impact of COVID-19					
Please read each statement and choose the one that applies to your teachers and learners as a result of COVID-19. There are no right or wrong answers. The rating scale is as follows: 0 Does not apply to my teachers/learners at all 1 Applies to my teachers/learners to some degree, or some of the time 2 Applies to my teachers/learners to a considerable degree, or a good part of time 3 Applies to my teachers/learners very much, or most of the time					
S/N	Item	0	1	2	3
	Teachers				
1	Depression				
2	Anxiety				
3	Stress				
	Leaners				
1	Depression				
2	Anxiety				
3	Stress				
Social Impact of COVID-19					
Rate the following social impact of COVID-19 based on your interactions with your teachers and learners. There are no right or wrong answers. The rating scale is as follows: 0 Does not apply to my teachers/learners at all 1 Applies to my teachers/learners to some degree, or some of the time 2 Applies to my teachers/learners to a considerable degree, or a good part of time 3 Applies to my teachers/learners very much, or most of the time					
S/N	Item	0	1	2	3
a)	Teachers				
1	My teachers have lost their jobs				
2	The salaries of my teachers have been reduced				

3	The work load of my teachers has increased without additional incentives				
4	My school is experiencing high rates of dropout				
5	My teachers were required to engage in online and distance teaching in response to COVID-19				
6	My teachers are unable to cope with the demands of online and distance teaching				
7	Training related to online and distance teaching was provided to my teachers				
8	Support related to online and distance teaching is provided to my teachers				
9	Facilities related to online and distance teaching (computers, Internet, etc.) are provided to my teachers				
10	The teaching and learning processes in my school have been greatly interrupted				
11	My teachers are exhausted with coping with the idle hours				
12	My teachers have lost the ability to socialise with others				
13	My teachers are unable to provide basic needs for their families				
14	My teachers have developed new habits such as excessive drinking and smoking at home				
15	There have been cases of emotional abuse amongst my teachers				
16	There have been cases of physical abuse amongst my teachers				
17	There have been cases of sexual abuse amongst my teachers				
18	My teachers are victims of Sexually Transmitted Infections				
b)	Learners				
1	My learners are impatience due to inadequate learning				
2	My learners fear repetition				

S/N	Item				
3	My learners fear dropping out from school				
4	The parents of my learners have lost their jobs				
5	My learners are experiencing inadequate provision of basic needs				
6	My learners were required to engage in online and/or distance learning in response to COVID-19				
7	My learners are experiencing inadequate provision of materials for online and distance learning				
8	My learners were not prepared for online and/or distance learning				
9	No adequate online and/or distance learning support is available for my learners				
10	My learners have experienced domestic violence				
11	My learners have experienced sexual abuse				
12	My learners have engaged in drug abuse				
13	My learners are experiencing child labour				
14	My learners are experiencing early marriages				
15	My learners have been victims of unwanted pregnancies				
16	My learners are victims of Sexually Transmitted Infections				

B	FACTORS CONTRIBUTING TO THE NEGATIVE IMPACT OF COVID-19				

Rate the following factors contributing to the negative impact of COVID-19 based on your interactions with your teachers and learners. There are no right or wrong answers.
The rating scale is as follows:
0 Does not apply to my teachers/learners at all
1 Applies to my teachers/learners to some degree, or some of the time
2 Applies to my teachers/learners to a considerable degree, or a good part of time
3 Applies to my teachers/learners very much, or most of the time

S/N	Item	0	1	2	3
1	My teachers/learners have tested positive for COVID-19				
2	My teachers/learners have been sick and suffering				

	from long term COVID-19				
3	Some of my teachers/learners have died of COVID-19				
4	Some of my teacher/learners have or have had a sick friend or relative				
5	My teachers/learners do not have access to vaccination				
6	My teachers/learners have been quarantined as a result of COVID-19				
7	My teachers/learners developed fear as a result of increase in identified cases of COVID-19				
8	My teachers/learners fear as a result of deaths from the pandemic				
9	Movements for teachers/learners have been restricted as a result of lockdowns				
10	My teachers/learners find it irritating to put on face masks				
11	My teachers/learners are unable to maintain physical distancing				
12	My teachers/learners are uncomfortable with restriction of social gatherings				
13	My teachers/learners do not trust the various cures of the disease				
14	My teachers/learners do not trust the vaccines				

C	POTENTIAL CHALLENGES FACED BY TEACHERS IN PROVISION OF PSYCHOSOCIAL SUPPORT TO LEARNERS

Based on your interactions with your teachers, rate the following challenges they may face in providing psychosocial support to learners. There are no right or wrong answers.
The rating scale is as follows:
0 Does not apply to my teachers at all
1 Applies to my teachers to some degree, or some of the time
2 Applies to my teachers to a considerable degree, or a good part of time
3 Applies to my teachers very much, or most of the time

S/N	Item	0	1	2	3
1	Psychosocial support is not part of teacher education programmes				

2	Emergency education is not part of teacher education programmes				
3	Teachers do not possess the necessary skills to provide psychosocial support				
4	Schools do not possess the financial resources to manage teachers and learners				
5	Schools do not possess referral services for teachers and learners				
6	There is break down of communication between teachers and learners				
7	Teachers have poor access to psychosocial support materials				
8	Teachers lack of cooperation from learners				
9	There is inadequate support for teachers from government				
10	Teachers do not have access to hotlines to provide Psychosocial support				
11	There is no school wellbeing policy for teachers				
12	Teachers do not have access to adequate personal protective effects as front liners				
13	Teachers face difficulties to effectively use online and distance education system				
14	Teachers do not have access to a reliable internet connection				
15	Some teachers lack access to the devices needed to access and provide distance learning (e.g. computers or smartphones).				

D	PSYCHOSOCIAL NEEDS

Based on your interactions with your teachers, rate the following psychosocial needs of your teachers and learners. There are no right or wrong answers.
The rating scale is as follows:
0 Not needed at all
1 Needed to some degree
2 Needed to a considerable degree
3 Needed very much

I	Psychological Needs

S/N	Item	0	1	2	3
1	Schools should provide counselling services for teachers and learners.				
2	Schools should provide mental health services for teachers and learners.				
3	Capacity development seminars should be organised to train teachers on how to support learners' health and wellbeing				
4	Mental health and psychosocial support services should be incorporated in national COVID-19 response plans				
5	More funding for provision of psychosocial support should be provided by government to schools.				
6	Schools should provide teacher and learners with access to services like helplines, digital platforms, telemedicine and tele-therapy				
7	Schools should create partnerships with communities to enable teachers follow up learners at home.				
8	Government should create referral centres for emergency health issues, diagnosis and interventions.				
9	Special remedial programmes should be created for children with special needs to enhance their coping strategies.				
II	Social Needs				
S/N	Item	0	1	2	3
1	Physical distancing should be implanted in schools by reducing class sizes				
2	Hand washing stations should be established in schools				
3	Mask wearing should be enforced for secondary school learners and teachers				
4	Face shields should be instituted for primary school pupils and students				
5	Schools should implement regular testing to identify				

	positive cases for intervention				
6	Teachers and learners should be prioritised in vaccination drives				
7	Decision making in schools should be decentralised for effective bottom-up communication and identification of cases				
8	Teachers and learners should be provided with online and distance learning/teaching materials to help maintain continuing education for all.				
9	Incentives for teachers should be increased to strengthen teachers' relationships/motivation.				
10	Capacity development and training should be organised to enable teachers to develop competences in handling education in times of crises				
11	Emergency education should be incorporated in teacher training and school curricula to enhance pre-service teachers' skills				
12	Schools should create crisis hotlines between teachers and learners to facilitate the provision of social and emotional support.				

E	RECOMMENDATIONS

Please read each statement and place an X on a number 0, 1, 2 or 3, which indicates the intensity of a recommendations to enhance teachers' and learners' wellbeing. There are no right or wrong answers.

The rating scale is as follows:

0 Not recommended at all
1 Recommended to some degree
2 Recommended to a considerable degree
3 Very much recommended

S/N	Item	0	1	2	3
1	Schools should introduce micro-planning through mobilising local stakeholders to build resilience in teachers and learners				
2	Teachers should be considered front liners and effectively provided with personal protective equipment and prioritised in vaccination programmes				
3	School should engage in diverse learning platforms and hybrid learning to mitigate learning disruptions in				

	the future				
4	Governments should adjust the curriculum and academic calendar and implement learning strategies for learners living in remote areas by distributing necessary teaching and learning materials and take home packages				
5	Academic counselling sessions, workshops and specialised therapies should be provided to teachers to ensure psycho-social support				
6	Counselling units, equipped with well qualified counsellors should be created in all schools and colleges				

Appendix 4: Questionnaire for education inspectors and government officials

Preamble

Dear respondent. We are the Centre for Research on Child and Family Development and Education (CRCFDE) working on behalf of UNESCO International Institute for Capacity Building in Africa (IICBA). We are conducting an *Assessment of the Psychosocial Impact of COVID-19 on Teachers, Teacher Educators and Learners and Psychosocial Support Needs*. The information you provide shall only be used for this study purposes and will be strictly confidential following Red Cross humanitarian principles of independence, impartiality, neutrality and humanity (Red Cross, 1965).

BACKGROUND INFORMATION

Name of country _____

Gender: Female [   ]   Male [   ]

Zone/Area: Urban [   ]   Rural [   ]

Level of school: Primary school [   ] Secondary school [   ]

Type of school: Public [   ]   Lay private [   ]   Denominational [   ]

Years of professional experience: 0-5 [   ] 6-10 [   ] 11-15 [   ] 15-20 [   ]

20+ [   ]

A	INNOVATIVE STRATEGIES TO MITIGATE CHALLENGES OF COVID-19 IN SCHOOLS				
Rate the following strategies government has put in place to mitigate the challenges of COVID-19 in schools. There are no right or wrong answers. The rating scale is as follows: 0 Does not apply to my country at all 1 Applies to my country to some degree, or some of the time 2 Applies to my country to a considerable degree, or a good part of time 3 Applies to my country very much, or most of the time					
S/N	Item	0	1	2	3
1	Government has resorted to various communication tools, such as TV and radio to support the provision of education as a response to the COVID-19 pandemic				
2	Government have established stronger and more sustainable and flexible distance education systems in the future.				
3	Government has resorted to hybrid (face-to-face and distance teaching and learning) model.				
4	Government has put in place Joint Task Force to ensure safe spaces in schools				
5	Government has incorporated mental health and psychosocial support services in national COVID-19 response plans and school curricula				
6	Government has increased funding for provision of mental health and psychosocial support services for teachers, teacher educators and learners				
7	Government have made provision of remote services for teachers, teacher educators and learners via the use of helplines, digital platforms, telemedicine, tele-therapy				
8	Government has improved national monitoring and surveillance systems to collect data in educational institutions				

9	Government has created crisis hotlines for easy communication between educational stakeholders				
10	Government has made Tele-consultations accessible for teachers, teacher educators and learners				
11	Government has made digital self-help platforms accessible for teachers, teacher educators and learners				
12	Government has increased investments in promoting good mental health and addressing mental health problems in schools				
13	Government is advocating for community-based volunteers to follow up teachers and learners				
14	Government has created more counseling units in schools and communities				

B	SUGGESTIONS FOR INTERVENTIONS

Rate the following interventions that can enable your country to achieve education in times of emergencies. There are no right or wrong answers.

The rating scale is as follows:

0 Does not apply to my country at all

1 Applies to my country to some degree, or some of the time

2 Applies to my country to a considerable degree, or a good part of time

3 Applies to my country very much, or most of the time

S/N	Item	0	1	2	3
1	Government should sponsor capacity development seminars for teachers and teacher educators on psychosocial support				
2	Government should make provision of funding for creation of virtual learning platforms				
3	Government should incorporate psychosocial support in school curricular and teacher education programmes				
4	Government should create referral centres for teachers and learners who require psychological therapy in relation to education				
5	Government should make sure there is the provision of safe spaces in schools				
6	Government should increase funding for incentives for teachers				
7	Government should fund and/or support provision of open/online, distance and eLearning (ODeL) materials for pupils and students				
7	Government should fund and/or support provision of ODeL preparatory courses				
8	Government should fund and/or support provision of ODeL courses				
9	Government should support the assessment and credentialing of accomplishment from ODeL				

C	RECOMMENDATIONS

Please read each statement and place an X on a number 0, 1, 2 or 3 which indicates the intensity of a recommendation that applies most to your country. There are no right or wrong answers.

The rating scale is as follows:

0 Not needed at all

1 Needed to some degree

2 Needed to a considerable degree

3 Needed very much					
S/N	Item	0	1	2	3
1	Schools should introduce micro-planning through mobilising local stakeholders to build resilience in teachers and learners				
2	Teachers should be considered front liners and effectively provided personal protective equipment and prioritised in vaccination programmes				
3	Schools should use diverse learning platforms and hybrid learning to mitigate learning disruptions in the future				
4	Governments should adjust the curriculum and academic calendar and implement learning strategies for learners living in remote areas by distributing necessary teaching and learning materials and take home packages				
5	Academic counselling sessions, workshops and specialised therapies should be provided to teachers to ensure psycho-social support				
6	Counselling units equipped with well qualified counsellors should be created in all schools and colleges				

Appendix 5: Focus group discussion questions for teachers and/or teacher educators

1. Which are strategies you are using, or are you planning to use, to cope with the teaching in this period of the COVID-19 pandemic?
2. What challenges do you face, or do you think you will face, in the provision of psychosocial support to your learners?
3. What psychosocial support do you need, or you think you will need, for effective teaching and learning in schools?
4. Which are some of opportunities and their benefits you have experienced as a result of the COVID-19 pandemic?
5. What would you propose to:
- Enhance your resilience vis-a-vis COVID-19 and other emergencies?
- Enhance your learners' resilience vis-a-vis COVID-19 and other emergencies?
- Enhance your school's resilience vis-a-vis COVID-19 and other emergencies?
- Enhance psychosocial support you receive during and after the COVID-19 pandemic?
- Enhance psychosocial support you provide to your learners during and after the COVID-19 pandemic?
- Control COVID-19 and other infections in your school?

Appendix 6: Focus group discussion questions for learners

1. How has COVID-19 affected you as
- An individual?
- Your relationship with friends and relatives?
2. How has COVID-19 affected your colleagues?
3. In your opinion, what are the factors causing the above impacts?
4. What do you need at home and in school to foster effective learning in this period of COVID-19 pandemic?
5. As a learner what are the opportunities brought by the COVID-19 pandemic you and/or your colleagues benefited from?

Appendix 7: Focus group discussion questions for school leaders
1. What innovative strategies are you using in your school to ensure effective teaching and learning in this period of COVID-19?
2. What challenges are you facing in implementing these strategies?
3. What facilities do you need in your school to ensure safe spaces for teachers and leaners?
4. What are opportunities brought by COVID-19 that led to positive outcomes in your school?
5. What would you proposed to:
- Enhance your teachers' resilience vis-a-vis COVID-19 and other emergencies?
- Enhance your learners' resilience vis-a-vis COVID-19 and other emergencies?
- Enhance your school's resilience vis-a-vis COVID-19 and other emergencies?
- Enhance provision of psychosocial support to teachers during and after the COVID-19 pandemic?
- Enhance provision of psychosocial support to learners during and after the COVID-19 pandemic?
- Control COVID-19 and other infections in your school?

Appendix 8: Focus group discussion questions for inspectors and government representatives

1. What new strategies has your government put in place to ensure effective teaching and learning during the COVID-19 pandemic?
2. What challenges are you facing in implementing those strategies?
3. What would you recommend the schools to do to enhance teachers' resilience vis-à-vis COVID-19?
4. What would you recommend the Government to do to enhance teachers' resilience vis-à-vis COVID-19?
5. What policy recommendation would you provide to enable continuity of education in times of crises and emergencies?

Appendix 9: Focus group discussion questions for parents

1. What are some of the negative changes you have observed on your chilDr.en at home that were caused by the COVID-19 pandemic?
2. In your opinion, what factors do you think could have exacerbated those negative changes?
3. What are some of the positive changes you have observed on your children at home that were caused by the COVID-19 pandemic?
4. In your opinion, what factors do you think could have enabled those changes?
5. What are some of the psychosocial support needs of your chilren so that they can learn during the COVID-19 pandemic?
6. What are some of the activities your chilDr.en were engaged in as a result of the school lockdown?
7. What are some of the skills have your chilren acquired from those activities?

Appendix 10: Focus group discussion questions for experts
1. In your provision of PSS, what are the negative impact of COVID-19 you have observed among teachers, teacher educators and learners?
2. In your opinion, what are the factors that contributed to that negative impact?
3. In your provision of PSS, what are opportunities brought by COVID-19 you observed that could have had positive impact on teachers, teacher educators and learners?
4. What would you recommend to ensure the psychosocial wellbeing of teachers, teacher educators and learners in the period of COVID-19 and other emergency?

Version Française des instruments

Annexe 1: Questionnaire pour les enseignants

Préambule
Cher répondant. Nous sommes le Centre for Research on Child and Family Development and Education (CRCFDE) travaillant pour le compte de l'Institut international pour le renforcement des capacités en Afrique (IIRCA) de l'UNESCO. Nous menons une évaluation de l'impact psychosocial de COVID-19 sur les enseignants, les formateurs d'enseignants et les apprenants et leur besoins de soutien psychosocial. Les informations que vous fournissez ne seront utilisées qu'aux fins de cette étude et seront strictement confidentielles conformément aux principes humanitaires d'indépendance, d'impartialité, de neutralité et d'humanité de la Croix-Rouge (Croix-Rouge, 1965).

Introduction (signification et indicateurs d'impact psychosociaux)
L'impact psychosocial est la relation dynamique entre les dimensions psychologiques et sociales d'une personne. La dimension psychologique comprend les processus, les sentiments et les réactions internes, émotionnels et de pensée, tandis que la dimension sociale comprend les relations, le réseau familial et communautaire, les valeurs sociales et les pratiques culturelles (IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007). Dans cette étude, l'impact psychosocial fait donc référence aux facteurs psychologiques (la dépression, l'anxiété et le stress), ainsi qu'à d'autres facteurs sociaux qui sont négatifs pour le bien-être mental des enseignants, des formateurs d'enseignants et des apprenants en raison de la COVID-19. Il est important que vous, en tant que répondant, compreniez l'impact psychologique de la dépression, de l'anxiété et du stress.

Dépression: Le mot dépression est utilisé pour décrire une gamme d'humeurs - de la mauvaise humeur à un problème grave qui interfère avec la vie quotidienne. L'expérience de la dépression est un sentiment accablant qui peut vous faire sentir tout à fait incapable de faire face et sans espoir pour l'avenir. Si vous êtes déprimé, votre appétit peut changer et vous pouvez avoir des difficultés à dormir ou à vous lever. Vous pouvez vous sentir submergé par la culpabilité et même penser à la mort ou au suicide. Il y a souvent un chevauchement entre l'anxiété et la dépression, en ce sens que si vous êtes déprimé, vous pouvez également devenir anxieux ou agité (Borrill, 2000). Dans cette étude, la dépression est mesurée par 14 indicateurs.

Anxiété: L'anxiété est la réponse totale d'un être humain à une menace ou à un danger. Chaque expérience d'anxiété implique une perception de danger, des pensées sur le mal et un processus d'alarme et d'activation physiologiques. Les comportements d'accompagnement affichent un effort d'urgence vers « combat ou fuite » (Moss, 2002). Dans cette étude, l'anxiété est mesurée par 12 indicateurs.

Stress: Le stress peut être défini comme tout type de changement qui provoque une tension physique, émotionnelle ou psychologique. Le stress survient lorsque les individus perçoivent qu'ils ne peuvent pas faire face de manière adéquate aux exigences qui leur sont imposées ou aux menaces qui pèsent sur leur bien-être (Lazarus, 1966). Dans cette étude, le stress est mesuré par 13 indicateurs.

DONNÉES DÉMOGRAPHIQUES

Nom du pays _____

Genre: Femme ☐ Homme ☐

Âge : 20 – 30 ☐   31 – 40 ☐   41 -50 ☐   51- 60 ☐   60+ ☐

Zone/Zone : Urbaine ☐   Rurale ☐

Niveau scolaire : École primaire ☐   École secondaire ☐

Type d'école : Public ☐   Laïc privé ☐ confessionnel ☐

Années d'expérience professionnelle: 0-5 ☐ 6-10 ☐   11-15 ☐ 5-20 ☐

20+ ☐

A	L'IMPACT PSYCHOSOCIAL DU COVID-19				
Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses L'échelle de notation est la suivante : 0 Ne s'applique pas du tout à moi 1 S'applique à moi dans une certaine mesure, ou de temps en temps 2 S'applique à moi dans une mesure considérable ou souvent 3 Me concerne trop, ou toujours					
L'Impact psychologique du COVID-19					
I	La Dépression				
S/N	Les Items	0	1	2	3
1	Je ne semble pas ressentir du tout de sentiment positif				
2	Je me sens isolé et incapable de progresser dans ce que je fais				
3	Je sens que je n'ai rien à attendre				
4	J'ai l'impression d'avoir perdu tout intérêt pour à peu près tout				
5	Je sens que je ne vaux pas grand chose en tant que personne				
6	Je sens que la vie ne vaut pas la peine				
7	Je ne semble pas tirer de plaisir des choses que je fais				
8	je me sens déprimé				
9	Je suis incapable de m'enthousiasmer pour quoi que ce soit				
10	Je sens que je ne vaux rien				
11	Je ne vois rien dans l'avenir pour espérer				
12	Je sens que ma vie n'a pas de sens				
13	J'ai du mal à prendre l'initiative de faire des choses				
14	J'ai l'impression de perdre mes routines quotidiennes				
II	L'Anxiété				
S/N	Les Items	0	1	2	3
1	J'éprouve des difficultés respiratoires (par exemple, une respiration excessivement rapide)				
2	J'ai une sensation de tremblement (par exemple, les jambes vont céder)				
3	Je me retrouve dans des situations qui me rendent si anxieux				
4	J'ai un malaise				
5	Je transpire sensiblement (par exemple, mains moites) en l'absence de températures élevées ou d'effort physique				
6	J'ai peur sans aucune bonne raison				
7	Je suis conscient de l'action de mon cœur en l'absence d'effort				

	physique (par exemple, sensation d'augmentation de la fréquence cardiaque, battement cardiaque manquant)				
8	Je sens que je suis proche de la panique				
9	Je crains d'être submergé par une tâche triviale mais inconnue				
10	je me sens terrifié				
11	Je m'inquiète des situations dans lesquelles je peux paniquer et me ridiculiser				
12	Je ressens des tremblements (par exemple, dans les mains)				

III	Le Stress				
S/N	Les Items	0	1	2	3
1	Je me surprends à m'énerver par des choses assez banales				
2	J'ai tendance à réagir de manière excessive aux situations				
3	J'ai du mal à me détendre				
4	Je m'énerve assez facilement				
5	Je sens que j'utilise beaucoup d'énergie nerveuse				
6	Je m'impatiente lorsque je suis retardé de quelque manière que ce soit (par exemple, ascenseurs, feux de circulation, attente)				
7	Je sens que je suis assez facilement offense				
8	Je trouve que je suis très irritable				
9	J'ai du mal à me calmer après quelque chose me contrariés				
10	J'ai du mal à tolérer des interruptions dans ce que je fais				
11	Je suis dans un état de tension nerveuse				
12	Je suis intolérant à tout ce qui m'empêche de continuer ce que je fais				
13	Je m'énerve				

L'Impact social de la COVID-19

Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses

L'échelle de notation est la suivante :

0 Ne s'applique pas du tout à moi

1 S'applique à moi dans une certaine mesure, ou de temps en temps

2 S'applique à moi dans une mesure considérable, ou souvent

3 Me concerne trop ou toujours

I	Le travail et la société				
S/N	Les Items	0	1	2	3
1	J'ai perdu mon travail				
2	Mon salaire a baissé				
3	Ma charge de travail a augmenté sans incitations supplémentaires				
4	Mon école connaît des taux élevés de décrochage				
5	J'ai dû m'engager dans l'enseignement en ligne et à distance en réponse à la crise COVID-19				
6	Je suis incapable de faire face aux exigences de l'enseignement en ligne et à distance				
7	J'ai reçu une formation liée à l'enseignement en ligne et à distance				
8	J'ai reçu un soutien lié à l'enseignement en ligne et à distance				
9	J'ai reçu des équipements liés à l'enseignement en ligne et à distance (ordinateurs, Internet, etc.)				

10	Le processus d'apprentissage des enseignements dans mon école a été fortement interrompu				
11	Je suis épuisé de faire face aux heures d'inactivité				
12	J'ai perdu ma capacité à socialiser avec les autres				
13	Je suis isolé du reste de la société				
14	Mon quartier est dangereux				
15	Il y a un manque d'opportunités de sports ou de loisirs dans mon quartier				
16	Il y a une augmentation de la promiscuité sexuelle et de la propagation des IST dans mon quartier				

II	La violence familiale et domestique				
S/N	Les Items	0	1	2	3
1	Je suis incapable de subvenir aux besoins essentiels de ma famille				
2	Le coût de la vie de ma famille a augmenté				
3	J'ai développé de nouvelles habitudes comme la consommation excessive d'alcool et de cigarettes à la maison				
4	J'ai été abusé émotionnellement par mon conjoint à la maison				
5	J'ai été agressé sexuellement par mon conjoint à la maison				
6	Mon conjoint m'abuse verbalement				
7	J'ai été battu/agressé physiquement par mon conjoint				
8	J'ai été victime d'exploitation financière à la maison				
9	J'ai été agressé sexuellement par mon conjoint à la maison				

B	LES FACTEURS CONTRIBUANT À L'IMPACT NÉGATIF DU COVID-19

Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses
L'échelle de notation est la suivante :
0 Ne s'applique pas du tout à moi
1 S'applique à moi dans une certaine mesure, ou de temps en temps
2 S'applique à moi dans une mesure considerable, ou souvent
3 Me concerne trop ou toujours

S/N	Les Items	0	1	2	3
1	J'ai été testé positif du COVID-19				
2	J'ai été malade et souffre du COVID-19 à long terme				
3	J'ai ou j'avais un ami ou un parent malade du COVID-19				
4	Je n'ai pas accès à la vaccination du COVID-19				
5	J'ai été mis en quarantaine à cause du COVID-19				
6	Mes amis ou parents ont été mis en quarantaine				
7	Je crains en raison de l'augmentation des cas identifiés				
8	Je crains à la suite de nombreux décès dus à la pandémie				
9	Mes déplacements ont été restreints à cause des confinements				
10	Je trouve ça énervant de mettre des masques faciaux				
11	Je n'arrive pas à maintenir la distanciation physique				
12	Je suis mal à l'aise avec la restriction des rassemblements sociaux				
13	Je ne fais pas confiance aux divers remèdes développés pour la maladie				
14	Je ne fais pas confiance aux vaccins				

C	LES DÉFIS POTENTIELS RENCONTRÉS PAR LES ENSEIGNANTS DANS L'APPROVISIONNEMENT D'UN SOUTIEN PSYCHOSOCIAL AUX APPRENANTS				
	Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses				

Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses

L'échelle de notation est la suivante :

0 Ne s'applique pas du tout

1 S'applique dans une certaine mesure ou parfois

2 S'applique dans une mesure considerable, ou une souvent

3 S'applique trop, ou toujours

S/N	Les Items	0	1	2	3
1	Le soutien psychosocial ne fait pas partie des programmes de formation des enseignants				
2	L'éducation d'urgence ne fait pas partie des programmes de formation des enseignants				
3	Les enseignants ne possèdent pas les compétences nécessaires pour fournir un soutien psychosocial				
4	Les écoles ne possèdent pas les ressources financières pour gérer les enseignants et les apprenants				
5	Les écoles ne disposent pas de services de référence pour les enseignants et les apprenants				
6	Il y a une rupture de la communication entre les enseignants et les apprenants				
7	Les enseignants ont un accès limité au matériel de soutien psychosocial				
8	Les enseignants sont confrontés au manque de coopération des apprenants				
9	Il y a un soutien insuffisant pour les enseignants de la part du gouvernement				
10	Les enseignants n'ont pas accès aux *hotlines* pour fournir un soutien psychosocial				
11	Il n'y a pas de politique de bien-être à l'école pour les enseignants				
12	Les enseignants n'ont pas accès à des effets de protection individuelle adéquats en tant que personnes en première ligne				
13	Les enseignants sont confrontés à des difficultés pour construire un system d'enseignement en ligne et à distance				
14	Je n'ai pas accès à une connexion Internet fiable				
15	Je n'ai pas accès aux appareils nécessaires pour accéder à l'apprentissage en ligne et à distance (par exemple, des ordinateurs ou des smartphones).				

I	LES BESOINS PSYCHOSOCIAUX

Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses

L'échelle de notation est la suivante :

0 Pas nécessaire du tout

1 Nécessaire dans une certaine mesure

2 Nécessaire à un degré considérable

3 Trés necessaire					
I	Les Besoins psychologiques				
S/N	Les Items	0	1	2	3
1	Les écoles devraient fournir des services de conseil aux enseignants et aux apprenants.				
2	Les écoles devraient fournir des services de santé mentale aux enseignants.				
3	Les ateliers/séminaires devraient être organisé pour developper la capacité des enseignants sur la façon de soutenir la santé et le bien-être des apprenants				
4	Les services de santé mentale et de soutien psychosocial devraient être intégrés dans les plans de réponse nationaux au COVID-19				
5	Le gouvernement devrait fournir davantage de fonds pour la prestation d'un soutien psychosocial aux écoles.				
6	Les écoles devraient fournir aux enseignants un accès à des services tels que des lignes d'assistance, des plateformes numériques, la télémédecine et la téléthérapie				
7	Les écoles devraient créer des partenariats avec les communautés pour permettre aux enseignants à suivre les apprenants à la maison.				
8	Les écoles devraient créer des centres de référence pour les problèmes de santé d'urgence, le diagnostic et les interventions.				
9	Des programmes spéciaux de rattrapage devraient être créés pour les enfants ayant des besoins spéciaux afin d'améliorer leurs stratégies d'adaptation.				
II	Les Besoins sociaux				
S/N	Les Items	0	1	2	3
1	La distanciation physique devrait être implantée dans les écoles en réduisant la taille des classes				
2	Des postes de lavage des mains devraient être mis en place dans les écoles				
3	Le port du masque devrait être imposé pour les élèves du secondaire et les enseignants				
4	Des écrans faciaux devraient être mis en place pour les apprenants des école primaire et secondaire				
5	Les écoles devraient mettre en œuvre des tests réguliers pour identifier les cas positifs pour une intervention				
6	Les enseignants devraient être prioritaires dans les campagnes de vaccination				
7	La prise de décision dans les écoles doit être décentralisée pour une communication ascendante efficace et l'identification des cas				
8	Les enseignants devraient recevoir une formation du soutien, du matériel pédagogique et des équipment nécessaires pour la prestation de la formation continue via les modalités d'enseignant/apprentissage en ligne et a distance.				
9	Les incitations pour les enseignants devraient être augmentées pour renforcer les relations/la motivation des enseignants.				
10	Le développement des capacité et la formation devraient être organisées pour permettre aux enseignants à développer des				

	compétences dans la gestion de l'éducation en temps de crise				
11	L'éducation dans les condition d'urgence devrait être intégrée à la formation des enseignants et aux programmes scolaires afin d'améliorer les compétences des enseignants en formation initiale				
12	Des lignes d'urgence entre les enseignants et les apprenants pour faciliter la prestation d'un soutien social et émotionnel etre créées.				

E	LES RECOMMANDATIONS

Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses

L'échelle de notation est la suivante :

0 Pas du tout recommandé

1 Recommandé dans une certaine mesure

2 Recommandé dans une mesure considerable

3 Très fortement recommandé

S/N	Les Items	0	1	2	3
1	Les écoles devraient introduire la micro-planification en mobilisant les parties prenantes locales pour renforcer la résilience des enseignants et des apprenants				
2	Les enseignants doivent être considérés comme des personnes de première ligne et dotés efficacement d'outils de protection individuelle, ainsi que prioritaires pour les programmes de vaccination.				
3	Les écoles devrait s'engager dans diverses plateformes d'apprentissage et un apprentissage hybride pour atténuer les perturbations de l'apprentissage à l'avenir				
4	Les gouvernements devraient ajuster le programme et le calendrier académique et mettre en œuvre des stratégies d'apprentissage pour les apprenants vivant dans des zones reculées en distribuant le matériel d'enseignement et d'apprentissage nécessaire et des kits pour l'apprentssage a la maison				
5	Les séances de conseil académique, ateliers et specialistes en thérapies éducatives devraient être fournies aux enseignants pour assurer un soutien psychosocial				
6	les unités de counselling dans toutes les écoles et collèges équipées de conseillers bien qualifiés devraient être créé				

Annexe 2: Questionnaire pour les formateurs d'enseignants

Préambule
Cher répondant. Nous sommes le Centre for Research on Child and Family Development and Education (CRCFDE) travaillant pour le compte de l'Institut international pour le renforcement des capacités en Afrique (IIRCA) de l'UNESCO. Nous menons une évaluation de l'impact psychosocial de COVID-19 sur les enseignants, les formateurs d'enseignants et les apprenants et leur besoins de soutien psychosocial. Les informations que vous fournissez ne seront utilisées qu'aux fins de cette étude et seront strictement confidentielles conformément aux principes humanitaires d'indépendance, d'impartialité, de neutralité et d'humanité de la Croix-Rouge (Croix-Rouge, 1965).

Introduction (signification et indicateurs d'impact psychosociaux)
L'impact psychosocial est la relation dynamique entre les dimensions psychologiques et sociales d'une personne. La dimension psychologique comprend les processus, les sentiments et les réactions internes, émotionnels et de pensée, tandis que la dimension sociale comprend les relations, le réseau familial et communautaire, les valeurs sociales et les pratiques culturelles (IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007). Dans cette étude, l'impact psychosocial fait donc référence aux facteurs psychologiques (la dépression, l'anxiété et le stress), ainsi qu'à d'autres facteurs sociaux qui sont négatifs pour le bien-être mental des enseignants, des formateurs d'enseignants et des apprenants en raison de la COVID-19. Il est important que vous, en tant que répondant, compreniez l'impact psychologique de la dépression, de l'anxiété et du stress.

Dépression: Le mot dépression est utilisé pour décrire une gamme d'humeurs - de la mauvaise humeur à un problème grave qui interfère avec la vie quotidienne. L'expérience de la dépression est un sentiment accablant qui peut vous faire sentir tout à fait incapable de faire face et sans espoir pour l'avenir. Si vous êtes déprimé, votre appétit peut changer et vous pouvez avoir des difficultés à dormir ou à vous lever. Vous pouvez vous sentir submergé par la culpabilité et même penser à la mort ou au suicide. Il y a souvent un chevauchement entre l'anxiété et la dépression, en ce sens que si vous êtes déprimé, vous pouvez également devenir anxieux ou agité (Borrill, 2000). Dans cette étude, la dépression est mesurée par 14 indicateurs.

Anxiété: L'anxiété est la réponse totale d'un être humain à une menace ou à un danger. Chaque expérience d'anxiété implique une perception de danger, des pensées sur le mal et un processus d'alarme et d'activation physiologiques. Les comportements d'accompagnement affichent un effort d'urgence vers « combat ou fuite » (Moss, 2002). Dans cette étude, l'anxiété est mesurée par 12 indicateurs.

Stress: Le stress peut être défini comme tout type de changement qui provoque une tension physique, émotionnelle ou psychologique. Le stress survient lorsque les individus perçoivent qu'ils ne peuvent pas faire face de manière adéquate aux exigences qui leur sont imposées ou aux menaces qui pèsent sur leur bien-être (Lazarus, 1966). Dans cette étude, le stress est mesuré par 13 indicateurs.

DONNÉES DÉMOGRAPHIQUES

Nom du pays _____

Genre: Femme ☐ omme ☐

Âge : 20 – 30 ☐ 31 – 40 ☐ 41 -50 ☐ 51- 60 ☐ 60+ ☐

Zone/Zone : Urbaine ☐ Rurale ☐

Niveau de formation des enseignants : École primaire ☐ ole secondaire ☐

Type d'école : Publique ☐ Laïque Privée ☐ confessionnel ☐

Années d'expérience professionnelle: 0-5 ☐ -10 ☐ 11-15 ☐ 15-20 ☐

20+ ☐

I	L'IMPACT PSYCHOSOCIAL DU COVID-19				
Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses					
L'échelle de notation est la suivante :					
0 Ne s'applique pas du tout à moi					
1 S'applique à moi dans une certaine mesure, ou de temps en temps					
2 S'applique à moi dans une mesure considérable, ou souvent					
3 Me concerne trop, ou toujours					
L'Impact psychologique du COVID-19					
I	La depression				
S/N	Items	0	1	2	3
1	Je ne semble pas ressentir du tout de sentiment positif				
2	Je me sens isolé et incapable de progresser dans ce que je fais				
3	Je sens que je n'ai rien à attendre				
4	J'ai l'impression d'avoir perdu tout intérêt pour à peu près tout				
5	Je sens que je ne vaux pas grand chose en tant que personne				
6	Je sens que la vie ne vaut pas la peine				
7	Je ne semble pas tirer de plaisir dans les choses que je fais				
8	Je me sens déprimé				
9	Je suis incapable de m'enthousiasmer pour quoi que ce soit				
10	Je sens que je ne vaux rien				
11	Je ne vois rien dans l'avenir pour espérer				
12	Je sens que ma vie n'a pas de sens				
13	J'ai du mal à prendre l'initiative de faire des choses				
14	J'ai l'impression de perdre mes routines quotidiennes				
II	L'anxiété				
S/N	Les Items	0	1	2	3
1	J'éprouve des difficultés respiratoires (par exemple, une respiration excessivement rapide)				
2	J'ai une sensation de tremblement (par exemple, les jambes vont céder)				
3	Je me retrouve dans des situations qui me rendent si anxieux				
4	j'ai un malaise				
5	Je transpire sensiblement (par exemple, mains moites) en l'absence de températures élevées ou d'effort physique				
6	J'ai peur sans aucune bonne raison				
7	Je suis conscient de l'action de mon cœur en l'absence d'effort				

	physique (par exemple, sensation d'augmentation de la fréquence cardiaque, battement cardiaque manquant)				
8	Je sens que je suis proche de la panique				
9	Je crains d'être submergé par une tâche triviale mais inconnue				
10	Je me sens terrifié				
11	Je m'inquiète des situations dans lesquelles je peux paniquer et me ridiculiser				
12	Je ressens des tremblements (par exemple, dans les mains)				

III	Le stress				
S/N	Les Items	0	1	2	3
1	Je me retrouve énervé par des choses assez banales				
2	J'ai tendance à réagir de manière excessive aux situations				
3	J'ai du mal à me détendre				
4	Je m'énerve assez facilement				
5	Je sens que j'utilise beaucoup d'énergie nerveuse				
6	Je m'impatiente lorsque je suis retardé de quelque manière que ce soit (par exemple, ascenseurs, feux de circulation, attente)				
7	Je sens que je suis assez facilement offense				
8	Je trouve que je suis très irritable				
9	J'ai du mal à me calmer après que quelque chose m'a bouleversé				
10	J'ai du mal à tolérer des interruptions dans ce que je fais				
11	Je suis dans un état de tension nerveuse				
12	Je suis intolérant à tout ce qui m'empêche de continuer ce que je fais				
13	Je me retrouve en traine de m'enerver				

L'Impact social de COVID-19

Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses

L'échelle de notation est la suivante :

0 Ne s'applique pas du tout à moi

1 S'applique à moi dans une certaine mesure, ou parfois

2 S'applique à moi dans une mesure considerable, ou souvent

3 Me concerne trop, ou toujours

I	Le travail et la société				
S/N	Les Items	0	1	2	3
1	J'ai perdu mon travail				
2	Mon salaire a baissé				
3	Ma charge de travail a augmenté sans incitations supplémentaires				
4	Mon école connaît des taux élevés de décrochage				
5	J'ai dû m'engager dans l'enseignement en ligne et à distance en réponse à la crise COVID-19				
6	Je suis incapable de faire face aux exigences de l'enseignement en ligne et à distance				
7	J'ai reçu une formation liée à l'enseignement en ligne et à distance				
8	J'ai reçu un soutien lié à l'enseignement en ligne et à distance				
9	J'ai reçu des équipements liés à l'enseignement en ligne et à distance (ordinateurs, Internet, etc.)				

S/N	Les Items				
10	Le processus d'apprentissage des enseignements dans mon école a été fortement interrompu				
11	Je suis épuisé de faire face aux heures d'inactivité				
12	J'ai perdu ma capacité à socialiser avec les autres				
13	Je suis isolé du reste de la société				
14	Mon quartier est dangereux				
15	Il y a un manque d'opportunités de sports ou de loisirs dans mon quartier				
16	Il y a une augmentation de la promiscuité sexuelle et de la propagation des sexuellement transmissibles dans mon quartier				

II	La violence familiale et domestique				
S/N	Les Items	0	1	2	3
1	Je suis incapable de subvenir aux besoins essentiels de ma famille				
2	Le coût de la vie de ma famille a augmenté				
3	J'ai développé de nouvelles habitudes comme la consommation excessive d'alcool et le tabagisme à la maison				
4	J'ai été abusé émotionnellement par mon conjoint à la maison				
5	J'ai été agressé sexuellement par mon conjoint à la maison				
6	Mon conjoint m'abuse verbalement				
7	J'ai été battu/agressé physiquement par mon conjoint				
8	J'ai été victime d'exploitation financière à la maison				

B	LES FACTEURS CONTRIBUANT À L'IMPACT NÉGATIF DU COVID-19

Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses
L'échelle de notation est la suivante :
0 Ne s'applique pas du tout à moi
1 S'applique à moi dans une certaine mesure, ou parfois
2 S'applique à moi dans une mesure considérable, ou souvent
3 Me concerne trop, ou toujours

S/N	Les Item	0	1	2	3
1	J'ai été testé positif au COVID-19				
2	J'ai été malade et souffre du COVID-19 à long terme				
3	J'ai ou j'avais un ami ou un parent malade de la COVID-19				
4	Je n'ai pas accès à la vaccination au COVID-19				
5	J'ai été mis en quarantaine à la suite du COVID-19				
6	Mes amis ou parents ont été mis en quarantaine				
7	Je crains en raison d'une augmentation des cas identifiés				
8	Je crains à la suite de nombreux décès dus à la pandémie				
9	Mes déplacements ont été restreints à cause des confinements				
10	Je trouve ça énervant de mettre des masques faciaux				
11	Je n'arrive pas à maintenir la distanciation physique				
12	Je suis mal à l'aise avec la restriction des rassemblements sociaux				
13	Je ne fais pas confiance aux divers remèdes pour la maladie				
14	Je ne fais pas confiance aux vaccins				

C	LES DÉFIS POTENTIELS RELEVÉS PAR LES ENSEIGNANTS DANS

	L'APPROVISIONNEMENT D'UN SOUTIEN PSYCHOSOCIAL AUX ENSEIGNANTS				
Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses L'échelle de notation est la suivante : 0 Ne s'applique pas du tout 1 S'applique dans une certaine mesure ou parfois 2 S'applique dans une mesure considerable, ou souvent 3 S'applique trop, ou toujours				
S/N	Les Items	0	1	2	3
1	Le soutien psychosociaux ne faisait pas partie des programmes de formation des enseignants auxquels j'ai participé				
2	L'éducation d'urgence ne faisait pas partie des programmes de formation des enseignants auxquels j'ai participé				
3	Les formateurs d'enseignants ne possèdent pas les compétences nécessaires pour fournir un soutien psychosocial				
4	Les établissements de formation des enseignants ne disposent pas des ressources financières nécessaires pour gérer les formateurs d'enseignants				
5	Les établissements de formation des enseignants sne disposent pas de services de référence pour les formateurs d'enseignants				
6	Il y a une rupture de communication entre les formateurs d'enseignants et les futurs enseignants en formation				
7	Les formateurs d'enseignants ont un accès limité au matériel de soutien psychosocial				
8	Les formateurs d'enseignants manquent de coopération des futur enseignants en formation				
9	Le gouvernement ne soutient pas suffisamment les formateurs d'enseignants				
10	Les formateurs d'enseignants n'ont pas accès permanent à des téléphoniques pour le soutien psychosocial				
11	Il n'y a pas de politique de bien-être pour les formateurs d'enseignants dans les établissements de formation des enseignants				
12	Les formateurs d'enseignants n'ont pas accès à des outils de protection individuelle adéquats en tant que personnes en premiere lignes				
13	Mon etablissement de formation des enseignants a des difficultés à construire un système d'enseignement en ligne et à distance				
14	Je n'ai pas accès à une connexion Internet fiable				
15	Je n'ai pas accès aux appareils nécessaires pour accéder à l'apprentissage en ligne et à distance (par exemple, des ordinateurs ou des smartphones).				
D	LES BESOINS PSYCHOSOCIAUX				
Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses L'échelle de notation est la suivante : 0 Pas nécessaire du tout 1 Nécessaire dans une certaine mesure 2 Nécessaire à un degré considérable				

3 Tres necessaire					
I	Les Besoins psychologiques				
S/N	Les Items	0	1	2	3
1	Les ecoles/etablissements de formation des enseignants devraient fournir des services de conseil aux formateurs d'enseignants.				
2	Les ecoles/etablisents de formation des enseignants devraient fournir des services de santé mentale pour les formateurs d'enseignants.				
3	Des séminaires pour le développement de capacité des formateur d'enseignants en matière de soutien à la santé et au bien-être des enseignants et futurs enseignants en formation devraient être organisés				
4	Les services de santé mentale et de soutien psychosocial devraient être intégrés dans les plans de réponse nationaux au COVID-19				
5	Le gouvernement devrait fournir davantage de fonds pour la fourniture d'un soutien psychosociaux aux institutions de formation des enseignants.				
6	Les institutions de formation des enseignants devraient fournir aux formateurs d'enseignants un accès à des services tels que des assistances en lignes, des plateformes numériques, la télémédecine et la téléthérapie				
7	Les institutions de formation des enseignants devraient créer des partenariats avec les communautés pour permettre aux formateurs d'enseignants d'assurer le suivi aux futurs enseignants en formation à la maison.				
8	les institutions de formation des enseignants devraient créer des centres de référence pour les problèmes de santé d'urgence, le diagnostic et les interventions.				
9	Des programmes spéciaux de rattrapage devraient être créés pour les futurs enseignants en formation ayant des besoins particuliers pour améliorer leurs adaptation.				
II	Les Besoins sociaux				
S/N	Les Items	0	1	2	3
1	La distanciation physique doit être implantée dans les institutions de formation des enseignants en réduisant la taille des classes				
2	Des postes de lavage des mains doivent être installés dans collèges/institutions de formation des enseignants				
3	Le port du masque devrait être obligatoire pour les futurs enseignants en formation et les formateurs d'enseignants				
4	Des écrans faciaux doivent être mis en place pour les futurs enseignants en formation				
5	les institutions de formation des enseignants devraient mettre en œuvre des tests réguliers pour identifier les cas positifs pour une intervention				
6	Les formateurs d'enseignants devraient être prioritaires dans les campagnes de vaccination				
7	La prise de décision dans les écoles devrait être décentralisée pour une communication ascendante efficace et l'identification des cas				
8	Les formateurs d'enseignants devraient recevoir les matériels, le soutien, les equipements etla formation relatifs à l'éducation en ligne				

	et à distance pour les aider à maintenir la continuité dans la formation professionnelle				
9	Les incitations pour les formateurs d'enseignants devraient être augmentées pour renforcer leur relations et motivation				
10	Le developpement des capacités et la formation devraient être organisées pour permettre aux formateurs d'enseignants de développer des compétences dans la gestion de l'éducation en temps de crise				
11	L'éducation d'urgence devrait être intégrée à la formation des enseignants et aux programmes scolaires afin d'améliorer les compétences des enseignants en formation initiale				
12	Les institutions de formation des enseignants devraient créer des lignes d'urgence entre les formateurs d'enseignants et les futurs enseignants en formation pour faciliter la prestation d'un soutien social et émotionnel.				

E	LES RECOMMANDATIONS

Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses

L'échelle de notation est la suivante :

0 Pas du tout recommandé

1 Recommandé dans une certaine mesure

2 Recommandé dans une mesure considerable

3 Très fortement recommandé

S/N	Les Items	0	1	2	3
1	Les institutions de formation des enseignants devraient introduire la micro-planification en mobilisant les parties prenantes locales pour renforcer la résilience des formateurs d'enseignants et des futurs enseignants en formation				
2	Les formateurs d'enseignants devraient être considérés comme des personnes de première ligne dotés des outils de protection individuelle et être prioritaires dans les programmes de vaccination				
3	Les institutions de formation des enseignants devraient utiliser une plateformes de formation numériques pour atténuer les perturbations de l'apprentissage à l'avenir				
4	Les gouvernements devraient ajuster le programme et le calendrier académique et mettre en œuvre une stratégie de la continuité de la formation des futurs enseignants en formation vivant dans des regions éloignées durant la crise de la Covid-19				
5	Les Séances de conseil académique, ateliers et specialistes des thérapies éducatives devraient être fournies aux formateurs d'enseignants pour assurer un soutien psychosocial				
6	Des unités de counselling équipé de conseillers bien qualifiés devraient être créées dans tous les collèges/institutions de formation des enseignants				

Annexe 3: Questionnaire pour les chefs d'établissement

Préambule
Cher répondant. Nous sommes le Centre for Research on Child and Family Development and Education (CRCFDE) travaillant pour le compte de l'Institut international de pour le renforcement des capacités en Afrique (IIRCA) de l'UNESCO. Nous menons une évaluation de l'impact psychosocial de COVID-19 sur les enseignants, les formateurs d'enseignants et les apprenants et les besoins de soutien psychosocial. Les informations que vous fournissez ne seront utilisées qu'aux fins de cette étude et seront strictement confidentielles conformément aux principes humanitaires d'indépendance, d'impartialité, de neutralité et d'humanité de la Croix-Rouge (Croix-Rouge, 1965).

N/B : VOUS DEVEZ RÉPONDRE AUX QUESTIONS TELLES QU'ELLES S'APPLIQUENT À VOS ENSEIGNANTS ET APPRENANTS ET NON À VOUS-MÊME

Introduction (signification et indicateurs d'impact psychosocial)
L'impact psychosocial est la relation dynamique entre les dimensions psychologiques et sociales d'une personne. La dimension psychologique comprend les processus, sentiments et réactions internes, émotionnels et de pensée, tandis que la dimension sociale comprend les relations, le réseau familial et communautaire, les valeurs sociales et les pratiques culturelles (IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007). Dans cette étude, l'impact psychosocial fait donc référence aux facteurs psychologiques (la dépression, l'anxiété et le stress), ainsi qu'à d'autres facteurs sociaux qui sont négatifs pour le bien-être mental des enseignants, des formateurs d'enseignants et des apprenants en raison du COVID-19.
Il est important que vous, en tant que répondant, compreniez la signification de la dépression, de l'anxiété et de la peur (en tant qu'impacts psychologiques du COVID-19) avant de procéder à l'évaluation de vos enseignants et apprenants par rapport à la section A du questionnaire. Les autres sections du questionnaire s'expliquent d'elles-mêmes pour vous en tant que chef d'établissement.

Dépression: Le mot dépression est utilisé pour décrire une gamme d'humeurs - de la mauvaise humeur à un problème grave qui interfère avec la vie quotidienne. L'expérience de la dépression est un sentiment accablant qui peut vous faire sentir tout à fait incapable de faire face et sans espoir pour l'avenir. Si vous êtes déprimé, votre appétit peut changer et vous pouvez avoir des difficultés à dormir ou à vous lever. Vous pouvez vous sentir submergé par la culpabilité et même penser à la mort ou au suicide. Il y a souvent un chevauchement entre l'anxiété et la dépression, en ce sens que si vous êtes déprimé, vous pouvez également devenir anxieux ou agité (Borrill, 2000).

Anxiété: L'anxiété est la réponse totale d'un être humain à une menace ou à un danger. Chaque expérience d'anxiété implique une perception de danger, des pensées sur le mal et un processus d'alarme et d'activation physiologiques. Les comportements d'accompagnement affichent un effort d'urgence vers « combat ou fuite ». (Moss, 2002).

Stress: Le stress peut être défini comme tout type de changement qui provoque une tension physique, émotionnelle ou psychologique. Le stress survient lorsque les individus perçoivent qu'ils ne peuvent pas faire face de manière adéquate aux exigences qui leur sont imposées ou aux menaces qui pèsent sur leur bien-être (Lazarus, 1966).

DONNÉES DÉMOGRAPHIQUES

Nom du pays _____

Genre: Femme ☐ Homme ☐

Âge : 20 – 30 ☐ 31 – 40 ☐ 41 -50 ☐ 51- 60 ☐ 60+ ☐

Zone/Zone : Urbaine ☐ Rurale ☐

Niveau scolaire : École primaire ☐ École secondaire ☐ Centre de formation des enseignants ☐

Type d'école : Publique ☐ Laïque Privée ☐ Dénomination ☐

Années d'expérience professionnelle: 0-5 ☐ 6-10 ☐ 11-15 ☐ 15-20 ☐

20+ ☐

A	L'IMPACT PSYCHOSOCIAL DU COVID-19				
L'Impact psychologique de COVID-19					
Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses L'échelle de notation est la suivante : 0 Ne s'applique pas du tout à mes professeurs/apprenants 1 S'applique à mes enseignants/apprenants dans une certaine mesure, ou parfois 2 S'applique à mes professeurs/apprenants dans une mesure considerable, ou souvent 3 S'applique trop ou toujours à mes professeurs/apprenants,					
S/N	Les Items	0	1	2	3
	Les enseignants				
1	La depression				
2	L'anxiété				
3	Le stress				
	Les apprenants				
1	La depression				
2	L'anxiété				
3	Le stress				
L'Impact social du COVID-19					
Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses L'échelle de notation est la suivante : 0 Ne s'applique pas du tout à mes professeurs/apprenants 1 S'applique à mes enseignants/apprenants dans une certaine mesure, ou parfois 2 S'applique à mes professeurs/apprenants dans une mesure considerable, ou souvent 3 S'applique trop à mes professeurs/apprenants, ou toujours					
S/N	Les Items	0	1	2	3
a)	Les Enseignants				
1	Mes enseignants ont perdu leur emploi				
2	Les salaires de mes enseignants ont été réduits				
3	La charge de travail de mes enseignants a augmenté sans incitations supplémentaires				
4	Mon école connaît des taux élevés de décrochage				
5	Mon enseignants étaient tenus de s'engager dans l'enseignement en ligne et à distance en réponse au COVID-19				
6	Mes enseignants ne sont pas capables de faire face aux exigences de l'enseignement à distance				

7	La formation liée à la 'enseignement en ligne et la distance a été donné à mes enseignants				
8	l'accompagnement relatif à l'enseignement en ligne et la distance est fourni à mes enseignants				
9	Les equipements liés à l'enseignement en ligne et la distance (ordinateurs, Internet, etc.) sont fournis à mes enseignants				
10	Le processus d'apprentissage des enseignements dans mon école a été fortement interrompu				
11	Mes enseignants sont épuisés de faire face au manque d'occupation causé par la fermeture de l'école en réponse a la Covid -19				
12	Mes enseignants ont perdu la capacité de socialiser avec les autres				
13	Mes enseignants sont incapables de subvenir aux besoins de base de leurs familles				
14	Mes enseignants ont développé de nouvelles habitudes telles que la consommation excessive d'alcool et le tabagisme à la maison				
15	Il y a eu des cas de violence psychologique parmi mes enseignants				
16	Il y a eu des cas de violence physique parmi mes enseignants				
17	Il y a eu des cas d'abus sexuels parmi mes enseignants				
18	Mes enseignants sont victimes des infections sexuellement transmissibles				
b)	Les Apprenants				
1	Mes apprenants sont impatients à cause d'un apprentissage inadéquat				
2	Mes apprenants ont peur de la répétition				
3	Mes apprenants craignent d'abandonner l'école				
4	Les parents de mes apprenants ont perdu leur employ				
5	Mes apprenants ne répondent pas à leurs besoins essentiels				
6	Mes apprenants étaient tenus de s'engager dans l'apprentissage en ligne et/ou à distance en réponse à la COVID-19				
7	Mes apprenants sont confrontés à une offre insuffisante de matériel pour l'apprentissage a distance				
8	Mes apprenants n'étaient pas préparés pour l'apprentissage en ligne et/ou à distance				
9	Pas de connexion adéquate disponible pour que mes apprenants s'engagent dans l'apprentissage en ligne et/ou distance				
10	Mes apprenants ont subi des violences conjugales				
11	Mes apprenants ont subi des abus sexuels				
12	Mes apprenants se sont livrés à la toxicomanie				
13	Mes apprenants sont confrontés au travail des enfants				
14	Mes apprenants vivent des mariages précoces				
15	Mes apprenants ont été victimes de grossesses non désirées				
16	Mes apprenants sont victimes des infections sexuellement transmissibles				

B	LES FACTEURS CONTRIBUANT À L'IMPACT NÉGATIF DU COVID-19
Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses	
L'échelle de notation est la suivante :	
0 Ne s'applique pas du tout à mes professeurs/apprenants	

		0	1	2	3

1 S'applique à mes enseignants/apprenants dans une certaine mesure, ou parfois
2 S'applique à mes professeurs/apprenants dans une large mesure, ou souvent
3 S'applique trop ou toujours à mes professeurs/apprenants,

S/N	Les Items	0	1	2	3
1	Mes enseignants /apprenants ont été testés positifs du COVID-19				
2	Mes enseignants/apprenants ont été malades et souffrent du COVID-19 à long terme				
3	Certains de mes enseignants /apprenants sont morts du COVID-19				
4	Une partie de mes enseignants/apprenants ont ou ont eu un ami ou un parent malade				
5	Mes enseignants /apprenants n'ont pas accès à la vaccination				
6	Mes enseignants /apprenants ont été mis en quarantaine à cause de la COVID-19				
7	Mes enseignants/apprenants ont développé une peur en raison de l'augmentation des cas identifiés du COVID-19				
8	Mes enseignants/apprenants craignent à cause du décès dus à la pandémie				
9	Les déplacements des enseignants/apprenants ont été restreints en raison des confinements				
10	Mes enseignants /apprenants trouvent irritant de mettre des masques faciaux				
11	Mes enseignants /apprenants sont incapables de maintenir une distance physique				
12	Mes enseignants/apprenants sont mal à l'aise avec la restriction des rassemblements sociaux				
13	Mes enseignants /apprenants ne font pas confiance aux différents remèdes de la maladie				

C	LES DÉFIS POTENTIELS RELEVÉS PAR LES ENSEIGNANTS DANS L'APPROVISIONNEMENT D'UN SOUTIEN PSYCHOSOCIAL AUX APPRENANTS

Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses
L'échelle de notation est la suivante :
0 Ne s'applique pas du tout à mes professeurs
1 S'applique à mes professeurs dans une certaine mesure, ou parfois
2 S'applique à mes professeurs dans une mesure considérable, ou souvents
3 S'applique trop ou toujours à mes professeurs

S/N	Les Items	0	1	2	3
1	Le soutien psychosocial ne fait pas partie des programmes de formation des enseignants				
2	L'éducation d'urgence ne fait pas partie des programmes de formation des enseignants				
3	Les enseignants ne possèdent pas les compétences nécessaires pour fournir un soutien psychosocial				
4	Les écoles ne possèdent pas les ressources financières pour gérer les enseignants et les apprenants				
5	Les écoles ne disposent pas de services de référence pour les enseignants et les apprenants				

6	Il y a une rupture dans la communication entre les enseignants et les apprenants				
7	Les enseignants ont un accès limité au matériel de soutien psychosocial				
8	Les enseignants manquent de coopération des apprenants				
9	Il y a un soutien insuffisant pour les enseignants de la part du gouvernement				
10	Les enseignants n'ont pas accès aux lignes d'assistance pour fournir un soutien psychosocial				
11	Il n'y a pas de politique de bien-être à l'école pour les enseignants				
12	Les enseignants n'ont pas accès à des équipments de protection individuelle adequats en tant que personnes de première ligne				
13	Mon etablissement manque de capacités pour mettre en place un système d'enseignement à distance efficace				
14	Les enseignants n'ont pas accès à une connexion Internet fiable				
15	Certains enseignants de mon etablissement n'ont pas accès aux appareils nécessaires pour accéder et fournir l'apprentissage à distance (par exemple, ordinateurs ou smartphones).				

	🟥				

D	LES BESOINS PSYCHOSOCIAUX

Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses

L'échelle de notation est la suivante :

0 Pas nécessaire du tout

1 Nécessaire dans une certaine mesure

2 Nécessaire à un degré considérable

3 Tres necessaire

I	Les Besoins psychologiques				
S/N	Les Items	0	1	2	3
1	Les écoles devraient fournir des services de conseil aux enseignants et aux apprenants.				
2	Les écoles devraient fournir services de santé mentale pour les enseignants et les apprenants.				
3	Les écoles devraient organiser des ateliers/séminaires pour le développement des capacités des enseignants sur la façon de soutenir la santé et le bien-être des apprenants				
4	Les services de santé mentale et de soutien psychosocial devraient être intégrés dans les plans de réponse nationaux au COVID-19				
5	Le gouvernement devrait fournir davantage de fonds pour la prestation d'un soutien psychosocial aux écoles.				
6	Les écoles devraient fournir aux enseignants et aux apprenants un accès à des services tels que des lignes d'assistance, des plateformes numériques, la télémédecine et la téléthérapie				
7	Les écoles devraient créer des partenariats avec les communautés pour permettre aux enseignants de suivre les apprenants à la maison.				
8	Les écoles devraient créer des centres de référence pour les problèmes de santé d'urgence, le diagnostic et les interventions.				

9	Des programmes spéciaux de rattrapage devraient être créés pour les enfants ayant des besoins spéciaux afin d'améliorer leurs adaptation.				
II	Les Besoins sociaux				
S/N	Les Items	0	1	2	3
1	La distanciation physique devrait être implantée dans les écoles en réduisant la taille des classes				
2	Des postes de lavage des mains devraient être mis en place dans les écoles				
3	Le port du masque devrait être imposé aux élèves et enseignants du primaire et secondaire				
4	Des écrans faciaux devraient être mis en place pour les élèves des primaire et secondaire				
5	Les écoles devraient mettre en œuvre des tests réguliers pour identifier les cas positifs pour une intervention				
6	Les enseignants et les apprenants devraient être prioritaires dans les campagnes de vaccination				
7	La prise de décision dans les écoles doit être décentralisée pour une communication ascendante efficace et l'identification des cas				
8	Les enseignants et les apprenants devraient recevoir l'enseignement en ligne et à distance/du matériel pédagogique pour aider à maintenir la formation continue pour tous.				
9	Les incitations pour les enseignants devraient être augmentées pour renforcer les relations/la motivation des enseignants.				
10	Le developpement des capacités et la formation devraient être organisées pour permettre aux enseignants de développer des compétences dans la gestion de l'éducation en temps de crise				
11	L'éducation d'urgence devrait être intégrée à la formation des enseignants et aux programmes scolaires afin d'améliorer les compétences des enseignants en formation initiale				
12	Les écoles devraient créer des lignes d'urgence entre les enseignants et les apprenants pour faciliter la presentation d'un soutien social et émotionnel.				
E	LES RECOMMANDATIONS				
Veuillez lire chaque déclaration et choisir celle qui s'applique à vous en raison de la pandémie de la COVID-19. Il n'y a pas de bonnes ou de mauvaises réponses L'échelle de notation est la suivante : 0 Pas du tout recommandé 1 Recommandé dans une certaine mesure 2 Recommandé dans une mesure considerable 3 Très fortement recommandé					
S/N	Les Items	0	1	2	3
1	Les écoles devraient introduire la micro-planification en mobilisant les parties prenantes locales pour renforcer la résilience des enseignants et des apprenants				
2	Mon ecole devrait utiliser une plateforme de formation numerique pour attenuer les perturbations de l'apprentissage a l'avenir				
3	Les gouvernements devraient ajuster le programme et le calendrier				

	académique et mettre en place une strategie de formation ouverte et adistance pour les apprenants vivant dans des zones reculées et des kits pour soutenir l'apprentissage a la maison				
4	Les séances de conseil académique, ateliers et specialistes des thérapies éducatives devraient être fournies aux enseignants pour assurer un soutien psychosocial				
5	Une unités de counselling équipée de conseillers bien qualifies devrait etre créée dans mon etablissement				

Annexe 4: Questionnaire destiné aux inspecteurs et aux fonctionnaires
Préambule
Cher répondant. Nous sommes le Centre for Research on Child and Family Development and Education (CRCFDE) travaillant pour le compte de l'Institut international de pour le renforcement des capacités en Afrique (IIRCA) de l'UNESCO. Nous menons une évaluation de l'impact psychosocial du COVID-19 sur les enseignants, les formateurs d'enseignants et les apprenants et les besoins de soutien psychosocial.

Les informations que vous fournissez ne seront utilisées qu'aux fins de cette étude et seront strictement confidentielles conformément aux principes humanitaires d'indépendance, d'impartialité, de neutralité et d'humanité de la Croix-Rouge (Croix-Rouge, 1965).

INFORMATIONS PRELIMINAIRES
Nom du pays _____
Genre féminin [ ] masculin [ ]
Zone/Zone : Urbaine [ ] Rurale [ ]
Niveau scolaire : École primaire [ ] École secondaire [ ] Centre de formation des enseignants [ ]
Type d'école : Publique [ ] Laïque Privée [ ] Confessionel [ ]
Années d'expérience professionnelle : 0-5 [ ] 5-10 [ ] 11-15 [ ] 15-20 [ ]
20+ [ ]

A	LES STRATÉGIES INNOVANTES POUR ATTÉNUER LES DÉFIS DU COVID-19 DANS LES ÉCOLES				
Évaluez les stratégies suivantes que le gouvernement a mises en place pour atténuer les défis du COVID-19 dans les écoles. Il n'y a pas de bonnes ou de mauvaises réponses. L'échelle de notation est la suivante : 0 Ne s'applique pas du tout à mon pays 1 S'applique à mon pays dans une certaine mesure, ou parfois 2 S'applique à mon pays dans une mesure considérable, ou souvent 3 S'applique trop ou toujours à mon pays					
S/N	Les Items	0	1	2	3
1	Le gouvernement a eu recours à divers outils de communication, tels que la télévision et la radio pour soutenir la continuation de l'educattion pour tous durant la pandémie de la Covid-19				
2	Le gouvernement a mis en place des systèmes d'enseignement à distance plus solides, plus durables et plus flexibles à l'avenir.				
3	Le gouvernement a eu recours à un modèle hybride (enseignement et apprentissage en presentiel et à distance).				
4	Le gouvernement a créé un groupe de travail conjoint pour garantir des espaces sûrs dans les écoles				
5	Le gouvernement a intégré des services de santé mentale et de soutien psychosocial dans les plans nationaux et les programmes scolaires en réponse a la COVID-19				
6	Le gouvernement a augmenté le financement pour la prestation de services de santé mentale et de soutien psychosocial pour les enseignants et les apprenants				
7	Le gouvernement a mis à disposition des services à distance pour les enseignants, les formateurs d'enseignants et les apprenants via l'utilisation de lignes d'assistance, de plateformes numériques, de télémédecine, de télethérapie				

8	Le gouvernement a amélioré les systèmes nationaux de suivi et de surveillance pour collecter des données dans les établissements d'enseignement				
9	Le gouvernement a créé des lignes telephoniques permanentes de crise pour une communication aisée entre les acteurs éducatifs				
10	Le gouvernement a disponibilisé les téléconsultations accessibles aux enseignants, aux formateurs d'enseignants et aux apprenants				
11	Le gouvernement a disponibilisé les plateformes d'auto-assistance numériques accessibles aux enseignants, aux formateurs d'enseignants et aux apprenants				
12	Le gouvernement a augmenté les investissements dans la promotion d'une bonne santé mentale et la résolution des problèmes de santé mentale dans les écoles				
13	Le gouvernement plaide pour que des volontaires communautaires assurent le suivi des enseignants et des apprenants				
14	Le gouvernement a créé des unités de conseil dans les écoles et les communautés en reponse a la Covid-19				

B	LES SUGGESTIONS D'INTERVENTIONS

Évaluez les interventions suivantes qui peuvent permettre à votre pays à parvenir à l'éducation en cas d'urgence. Il n'y a pas de bonnes ou de mauvaises réponses.

L'échelle de notation est la suivante :

0 Ne s'applique pas du tout à mon pays

1 S'applique à mon pays dans une certaine mesure, ou parfois

2 S'applique à mon pays dans une mesure considerable, ou souvent

3 S'applique trop ou toujours à mon pays

S/N	Les Items	0	1	2	3
1	Le gouvernement devrait s'engager dans l'organisation des séminairespour le deloppement de la capacité des enseignants et formateurs d'enseignants sur le soutien psychosocial				
2	Le gouvernement devrait fournir un financement pour l'utilisation des plateformes d'apprentissage numerique dans les écoles et etablissement de formations des enseignants.				
3	Le gouvernement devrait intégrer le soutien psychosocial dans les programmes scolaires et les programmes de formation des enseignants				
4	Le gouvernement devrait créer centres de référence pour les enseignants et les apprenants qui ont besoin d'une thérapie psychologique				
5	Le gouvernement devrait s'assurer qu'il y a des espaces sûrs dans les écoles				
6	Le gouvernement devrait augmenter le financement des incitations pour les enseignants				
7	Le gouvernement devrait s'engager dans la prestation de l'education ouverte/en ligne et a distance				
8	Le gouvernement devrait s'engager dans la prestation de cours préparatoires pour l'education ouverte/en ligne et a distance				
9	Le gouvernement devrait mettre en place une politique d'evaluation et attestation de la performance realisee via les modalites				

	d'apprentissage ouverte/en ligne et a distance				

C	LES RECOMMANDATIONS

Veuillez lire chaque déclaration et placer un X sur un chiffre 0, 1, 2 ou 3 pour indiquer l'intensité d'une recommandation qui s'applique le plus à votre pays. Il n'y a pas de bonnes ou de mauvaises réponses.

L'échelle de notation est la suivante :

0 Pas nécessaire du tout

1 Nécessaire dans une certaine mesure

2 Nécessaire à un degré considérable

3 Trés necessaire

S/N	Les Items	0	1	2	3
1	Les écoles devraient introduire la micro-planification en mobilisant les parties prenantes locales pour renforcer la résilience des enseignants et des apprenants				
2	Les enseignants devraient être considérés comme des personnes de première ligne, dotes des equipements de protection individuelle et de prioritesdans les programmes de vaccination				
3	Les écoles devraient etre dotées de moyen pour uiliser une plateformes d'apprentissage numerique pour attenuer les perturbations de l'apprentissage à l'avenir				
4	Les gouvernements devraient ajuster le programme et le calendrier académique et mettre en place une stratégies de formation ouverte et a distance pour les apprenants vivant dans des zones reculees et des kits pour soutenir l'apprentissage a la maison				
5	Les séances de conseil académique, ateliers et specialistes des thérapies éducatives devraient être fournies aux enseignants pour assurer un soutien psychosociaux				

Annexe 5 : Questions relatives aux discussions de groupe pour les enseignants et/ ou formateurs d'enseignants

1. Quelles stratégies utilisez-vous ou prévoyez-vous d'utiliser pour faire face à votre activité d'enseignement en cette période de pandémie de COVID-19 ?
2. Quels défis rencontrez-vous, ou pensez-vous devoir faire face, en apportant un soutien psychosocial à vos apprenants ?
3. De quel soutien psychosocial avez-vous besoin, ou pensez-vous avoir besoin, pour un enseignement et un apprentissage efficaces dans les écoles ?
4. Comme conséquences de la pandémie du COVID-19, quelles sont les quelques opportunités et les avantages qui en découlent, de ce que vous avez vécu ?
5. Que proposeriez-vous pour :

- Améliorer votre résilience face au COVID-19 et à d'autres situations d'urgences.
- Améliorer la résilience de vos apprenants face au COVID-19 et à d'autres situations d'urgences.
- Améliorez la résilience de votre école face au COVID-19 et à d'autres situations d'urgences.
- Améliorer le soutien psychosocial que vous recevez pendant et après la pandémie du COVID-19.
- Améliorer le soutien psychosocial que vous apportez à vos apprenants pendant et après la pandémie du COVID-19 ?
- Contrôler le COVID-19 et d'autres infections dans votre école ?

Annexe 6 : Questions relatives aux discussions de groupe pour les apprenants

1. Comment le COVID-19 vous a-t-il affecté :
- En tant qu'individu ?
- Dans votre relation avec vos amis et vos proches ?
2. Comment le COVID-19 a-t-il affecté vos camarades ?
3. A votre avis, quels sont les facteurs à l'origine des impacts identifiés à la question précédente ?
4. De quoi avez-vous besoin à la maison et à l'école pour favoriser un apprentissage efficace en cette période de pandémie de COVID-19 ?
5. En tant qu'apprenant, quelles sont les opportunités offertes par la pandémie du COVID-19 dont vous et/ou vos camarades avez bénéficié ?

Annexe 7 : Questions relatives aux discussions de groupe pour les chefs d'établissements

1. Quelles stratégies innovantes utilisez-vous dans votre école pour assurer un enseignement et un apprentissage efficaces en cette période de COVID-19 ?
2. A quels défis faites-vous face dans la mise en œuvre de ces stratégies ?
3. De quelles installations avez-vous besoin dans votre école pour garantir un environnement sûr pour les enseignants et les apprenants ?
4. Quelles sont les opportunités apportées par le COVID-19 qui ont conduit à des résultats positifs dans votre école ?
5. Que proposeriez-vous pour :

- Améliorer la résilience de vos enseignants face au COVID-19 et à d'autres situations d'urgences ?
- Améliorer la résilience de vos apprenants face au COVID-19 et à d'autres situations d'urgences ?
- Améliorez la résilience de votre école face au COVID-19 et à d'autres situations d'urgences ?
- Améliorer l'offre de soutien psychosocial aux enseignants pendant et après la pandémie de COVID-19 ?
- Améliorer l'offre d'un soutien psychosocial aux apprenants pendant et après la pandémie de COVID-19 ?
- Contrôler le COVID-19 et d'autres infections dans votre école ?

Annexe 8 : Questions relatives aux discussions de groupe pour les inspecteurs et représentants gouvernementaux

1. Quelles stratégies nouvelles votre gouvernement a-t-il mises en place pour assurer un enseignement et un apprentissage efficaces pendant la pandémie de COVID-19 ?
2. A quels défis faites-vous face dans la mise en œuvre de ces stratégies ?
3. Que recommanderiez-vous aux écoles de faire pour améliorer la résilience des enseignants vis-à-vis du COVID-19 ?
4. Que recommanderiez-vous au gouvernement de faire pour améliorer la résilience des enseignants vis-à-vis du COVID-19 ?
5. Quelles recommandations politiques feriez-vous pour permettre la continuité de l'éducation en temps de crise et de situation d'urgence ?

Annexe 9 : Questions relatives aux discussions de groupe pour les parents

1. Quels sont certains des changements négatifs que vous avez observés chez vos enfants à la maison du fait même de la pandémie de COVID-19 ?
2. A votre avis, quels facteurs pourraient avoir exacerbé ces changements négatifs ?
3. Quels sont certains des changements positifs que vous avez vécus avec vos enfants à la maison depuis le début de la pandémie de COVID-19 ?
4. Selon vous, quels facteurs auraient pu permettre ces changements ?
5. Quels sont certains des besoins de soutien psychosocial de vos enfants afin qu'ils puissent apprendre mieux pendant la pandémie de COVID-19.
6. Quelles sont certaines des activités auxquelles vos enfants ont participé à la suite de la fermeture de l'école ?
7. Quelles sont certaines des compétences que vos enfants ont acquises grâce à ces activités ?

Annexe 10 : Questions relatives aux discussions de groupe pour les experts

1. Dans votre offre de soutien psychosocial, quels sont les impacts négatifs liés au COVID-19 que vous avez observés chez les enseignants, les formateurs d'enseignants et les apprenants ?
2. A votre avis, quels sont les facteurs qui ont contribué à cet impact négatif ?
3. Dans votre offre de soutien psychosocial, quelles opportunités apportées par le COVID-19 avez-vous observées qui auraient pu avoir un impact positif sur les enseignants, les formateurs d'enseignants et les apprenants ?
4. Que recommanderiez-vous pour assurer le bien-être psychosocial des enseignants, des formateurs d'enseignants et des apprenants en période de COVID-19 et face à d'autres situations d'urgence ?