

"E ne e le bophelo bo sa tloaeleheng"

"IT WAS JUST A STRANGE LIFE"



Children's and adolescents' experiences, perceptions
and opinions on the COVID-19 pandemic in Lesotho

May 2023 - UNICEF Lesotho

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Acronym List

CoC	Circle of Courage
COVID-19	Coronavirus Disease of 2019
CwD	Child with Disability
ECDC	Early Childhood Development Centre
FGD	Focus Group Discussion
IDI	Individual In-depth Interview
LNFOOD	Lesotho National Federation of Organizations of the Disabled
MoET	Ministry of Education and Training
NGO	Non-Governmental Organization
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
VSLA	Village Savings and Loan Association
WHO	World Health Organization

Transcribing symbols – Legend

Explanation	Symbol
Emphasis	CAPITAL
Pause, hesitation	...
Transcriber comments about context or insertion of a missing word or phrase	[context or missing words]
Transcriber uncertainty	(Unclear word) brackets around the unclear word
Vocal noises	(SOUND OF NOISE) brackets around all caps
Text deleted from the original quote	[...]

Executive summary

Overview

In the face of the unprecedented health emergency presented by COVID-19, the World Health Organization (WHO) declared a global pandemic on 11th January 2020. Since 2020, COVID-19 has affected millions around the world, including across Africa. In addition to the impact of the virus, secondary impacts related to global lockdowns have had devastating effects, particularly on children's physical, psychological and social wellbeing. School closures resulted in both learning loss and children going hungry, as globally an estimated 305 million children depend on school feeding to meet their dietary needs.

Already vulnerable prior to the pandemic, children in the Kingdom of Lesotho have faced particular hardship. The pandemic and lockdown slowed Lesotho's economic growth leading to devastating socio-economic impacts on the country, including sharp increases in unemployment, vulnerability and poverty. While very little research has been done on the impact of COVID-19 on Basotho children specifically, global evidence suggests that generally symptoms of anxiety have

increased among children and adolescents as a result of the pandemic, and that they have been disproportionately affected due to school closures and the lack of contact with family and friends.

Children and adolescents have relatively little direct voice in policy and media environments, but it is vital that children's perspectives on key global issues are taken into account to ensure that policy responses best support their needs. To this end, UNICEF initiated an international research project coordinated by the UNICEF Innocenti- Global Office of Research and Foresight (henceforth UNICEF Innocenti) in March 2020. This research sought to assess and document the perceptions and experiences of children and adolescents during the COVID-19 crisis and has been implemented in collaboration with UNICEF country offices and UNICEF National Committees, along with a network of external researchers and academics across countries and continents. This international research project was piloted in Canada and Italy, and ultimately included Madagascar, Chile and Indonesia, in addition to this report on Lesotho.

The research project in Lesotho

In Lesotho, this research project aimed to collect and analyse experiences and opinions of the COVID-19 pandemic from children and adolescents aged 10-17, specifically those belonging to ultra-poor households and/or having one or more disabilities (e.g., visual, hearing and/or speech impairment; mobility impairment; learning and/or cognitive disabilities). Data collection was carried out by UNICEF Lesotho, UNICEF Innocenti and Nthatuoa Consultants Ltd. with the aim of gaining in-depth understanding of the following questions:

- How did children and adolescents perceive and experience the COVID-19 crisis? How did it affect them physically, mentally, emotionally and socially? How have they coped with the health crisis and associated measures to contain the pandemic? What are the key issues in this respect from their perspectives?

- What are children's and adolescents' views and recommendations about Lesotho's response to the health crisis? How could similar situations be better managed in the future to ensure that children's and adolescents' rights and well-being are protected?

This study took place in three districts: Maseru, Leribe and Thaba-Tseka, and covered the period from the start of the pandemic in early 2020 to April 2022. This timeframe was chosen with the intent of understanding the lived experiences of participating children and adolescents in the various phases of the COVID-19 pandemic and through various safety measures (i.e., lockdowns, vaccination campaign). Of the 101 children and adolescents who participated in the study, 39 were aged 10-13 years and 62 were aged 14-17 years.

Methodology

Using UNICEF's key ethical principles for research with children and young people, this study adopted a qualitative methodology to explore the experiences of research participants through inclusive and child-friendly participatory methods, such as photovoice, storytelling and drawing. Children and young people were invited to Focus Group Discussions (FGDs) and Individual In-depth Interviews (IDIs) where they discussed the photographs they took as part of the photovoice exercise. Additionally, during FGDs, researchers guided participants to collectively create a fictional character as a way of indirectly discussing difficult issues related to the pandemic.

A group of four local researchers conducted a total of 13 photovoice sessions, 13 FGDs and 20 IDIs. In conducting FGDs and IDIs, the researchers used semi-structured interview guidelines to capture information on the photographs taken by participants and to explore how the participants' daily experiences, relationships, perceptions and future aspirations were influenced and affected by the pandemic. Researchers then used reflexive thematic data analysis to code and analyse data.

Findings

Key findings of this study are presented as four thematic areas identified through analysis of the data: access to information on COVID-19; economic struggles resulting from COVID-19 and the supporting role of communities; impact of COVID-19 on education and life aspirations; and children's and adolescents' positive and negative coping skills.

Access to information on COVID-19

The children and adolescents interviewed had to adapt to governmental regulations to contain the spread of the virus, and overall followed protective and preventive measures against COVID-19. They had awareness about wearing masks, washing hands, and about the importance of social distancing and staying at home during lockdowns. Furthermore, this research underlines that children became more anxious about contagion and their willingness to follow protective/preventive measures increased when they saw people close to them falling ill or dying because of COVID-19.

According to findings from this research, participants considered their parents and household members as the most reliable sources of information about the pandemic. Only a few of them talked about governmental campaigns at school (booklets/posters) and they were generally not happy about the amount and/or quality of information received. TV, newspapers and radio were mentioned by a few as information sources; however, participants did not seem to have strong feelings about their efficacy. The messaging presented in TV and social media was not central to discussions among participants and analysis of the data suggests that while participants followed the

rules to avoid contracting COVID-19, they did so in a somewhat mechanical way and still felt confused about how the virus originated and how it spreads.

Economic struggles resulting from COVID-19 and the supporting role of communities

Findings from this study suggest that the COVID-19 pandemic exacerbated underlying socio-structural inequities and life challenges, worsening the long-lasting effects of the negative social and economic consequences of the pandemic on research participants, especially the most vulnerable. Economic instability (i.e., loss of employment, food insecurity, etc.), was identified by the children and adolescents interviewed as a source of concern, especially in families separated by internal or international migration and was often mentioned by those children living with grandparents or alone in hostels. However, the children in the study were not passive during the crisis and often participated in generating income to support their families and found mechanisms to cope with boredom, stress and anxiety.

Impact of COVID-19 on education and life aspirations

In addition to worry about the financial situation of their families and their communities, education was a source of preoccupation for the children and adolescents interviewed in this study. Research participants considered formal education as extremely important for their future and actively complained about school closures, alternate school schedules and about the negative impact that the COVID-19 pandemic had on their learning.

Furthermore, the children and adolescents interviewed, with limited exceptions, did not mention participating in systems for remote schooling.

Overall, this study shows that the research participants have strong faith in the formal education system and believe schooling is fundamental to achieving their dreams. This was observed across demographics such as gender, age and disability status. Older adolescents were more stressed than younger ones about the risks the COVID-19 pandemic brought for their future and for their peers who dropped out of school because they could no longer afford to pay school fees, got married and/or had early pregnancies.

Children's and adolescents' positive and negative coping skills

Children and adolescents interviewed showed stress and/or anxiety as a result of the COVID-19 pandemic. Although they did not explicitly talk about mental health or mention the need to receive psychosocial support, they often shared distressing stories and challenging emotions. They also often talked about coping mechanisms. In a few instances, participants referred to negative coping mechanisms and mentioned risky behaviors including substance abuse, engagement in petty crime and violent behaviors. However, most participants described dealing with stress and anxiety using positive coping mechanisms and regarded the pandemic as an opportunity to learn things they would not have learned in the absence of school closures and lockdowns. They discussed having improved 'practical' skills and having more time to read. Many of them appreciated the extra time they had to discover new activities and to support their family, something they expressed

pride for. This study is among others that found positive effects on children's and adolescents' self-efficacy and sense of self during the pandemic.

Parents, extended family and neighbors also played an important role in providing support to children and adolescents during the crisis and while participants identified some areas where they wanted to see their communities change, overall, they appreciated the community support and solidarity they observed – which they perceived as a deeply rooted traditional Basotho cultural norm.

The impact of the pandemic is not the same for all

Not all participants in this research project lived the same experience of the pandemic. Some groups of children and adolescents, characterized by intersecting vulnerabilities, faced greater and more complex challenges because of COVID-19. Specifically, children and adolescents with disabilities, orphans and those living without the care of their parents (due to migration), and adolescent boys who spent long periods alone at cattle posts caring for animals ('herd boys') dealt with specific vulnerabilities and challenges.

Many of the participants with disabilities lived in boarding schools prior to the pandemic. For these children and adolescents, school closures meant lack of access to an environment where they received stimuli and specialized support. When boarding schools closed, these children and adolescents missed opportunities for learning and growth and missed spending time with peers who share similar disabilities.

Children and adolescents living without parents and those who lost parents due to COVID-19 faced

added financial and emotional challenges. The research participants who lost parents during the pandemic missed both the emotional and financial support provided by parents. Those whose parents were internal and international migrants were separated from them for longer periods without easy access to financial or emotional support. Both groups identified that they depended on their extended families, friends and community for support.

The adolescent herd boys living in mountainous areas who spent long periods caring for animals at cattle posts during school closures described having lost touch with home, school and community life. As a result, these boys found it difficult to adjust when the regulations to contain the virus eased and schools re-opened. While not explicitly stated by the herd boys interviewed in this study, findings suggest that spending extended periods in isolation strained their mental health and psychosocial wellbeing.

Recommendations: What can YOU do to support Basotho children and adolescents?

Access to information

- Develop future health campaign strategies to specifically target children and young people of different ages, through various forms of media, online and offline. Campaign materials should be in an accessible format in target locations, including schools.
- Future health campaigns should not only provide information about rules and regulations but should sensitize adults on how to speak with children and adolescents and should provide guidance on how to find accurate and up-to-date information.
- Future health campaigns should involve children and young people as champions of good practice and promoted behavior.
- Develop strategies for peer-to-peer information sharing and encourage local youth activism.

Train adolescents in communication skills and in recognizing and rejecting fake news.

Learning and education

- Develop student-centered school curriculum, with support from teachers and students, including courses that teach practical job skills for older students.
- Schools should provide distance learning options for children who have to miss school for an extended period of time for various reasons (e.g., herding, pregnancy, early marriage).
- Provide access to Wi-Fi, online content and digital tools to enable teachers and students to access curriculum and information online.
- Digitalize school procedures to enable better organization and management of school systems.

- Teach sexual and reproductive health, both in the classroom and as part of health campaigns and interventions, targeting both girls and boys.
- Design a national plan to guarantee access to health services, including sexual and reproductive health services for girls and teenagers of both genders.
- Fully implement and enforce the Government of Lesotho's Child Protection and Welfare Amendment Bill to prevent child early and forced marriage.
- For ultra-poor households, educational fee waivers and cash transfer programmes with higher payments for households with children in secondary school may prevent school dropout (due to factors such as child labour, child marriage, etc.), especially in times of crises.

Socio-economic status and community support

- The government of Lesotho should strengthen measures for reduction of extreme poverty and food insecurity, such as the School Nutrition Policy, and ensure effective implementation and evaluation of the Food and Nutrition Strategy and the Action Plan 2016-2025.
- Expand school gardening programmes throughout the country, providing children with the opportunity to enhance practical skills and boost development, while complementing community and household gardening, especially during times of hardship.

- Support families encountering financial difficulties during emergencies by introducing Village Savings and Loan Associations (VSLA) in rural communities to support parents/caregivers to access financial means to cope with crisis/shock events, and to help support families generally.

Wellbeing and participation

- Monitor the medium- and long- term effects of the pandemic on children and adolescents both within and outside the school system using child-rights monitoring mechanisms and multidimensional poverty observations, and through ad-hoc research projects.
- Sensitize families, schools and communities on psychosocial wellbeing to facilitate discussions around mental health issues and access to mental health support services. Provide psychosocial support services to all children and adolescents during the readjustment period post-pandemic.
- Research, evaluation and monitoring should continue to focus on the impact of the pandemic on all children in Lesotho and systems should be developed to monitor the impact of future crises.
- Create spaces for children's and adolescents' participation in decision-making processes for all matters that impact them and ensure that all children and adolescents engaged can express their voices in modalities that best fit their capacities and capabilities.

- Involve children and adolescents in development of educational curriculums and in community decision making.
- Seek children's and adolescents' feedback when evaluating the impact of programmes or policies, as they may bring a different and important point of view.

Spotlight on children with disabilities

- Conduct sensitization work and education to address challenges encountered by children and adolescents with disabilities.
- Lesotho has only few organizations working with people with disability and these organizations would benefit from receiving further support in terms of technical skills and funding from either the government or other development partners in this field.
- Support building specialized schools and/or training specialized teaching assistants, so that a greater number of children with disabilities are able to access specialized care and education.
- Train health workers and educators to support families in identifying the type of disability that their children have and refer them to the most appropriate support available.
- To understand the effort and resources needed to work with children with disabilities, it is important to include preliminary consultations and deeper engagement with local organizations who already work with this population of children. This is especially needed to ensure that deaf children receive adequate resources and support during their engagement in activities.

Spotlight on herd boys

- Herd boys should be one of the priorities for child protection programmes and within the framework of the National Action Plan for the Elimination of Child Labour. They should be listened to, and their work should be regulated to ensure that their rights are being protected, while allowing them to continue working if they choose to. The school environment could also promote environmental education and strengthen the links between students and the natural environment.
- School administrations should pay adequate attention to the needs of herd boys and work with them to prepare ad hoc educational plans they can do while at the cattle post. School administrations should also envisage the possibility for these boys to share their unique experiences in the school environment.

Spotlight on children left behind and orphans

- Develop programming to strengthen and support those caring for orphans and children living separately from their parents. Programmes should be developed that support caregiver abilities and promote new competencies to conduct child-rearing practices.

1. Introduction

1.1 Background

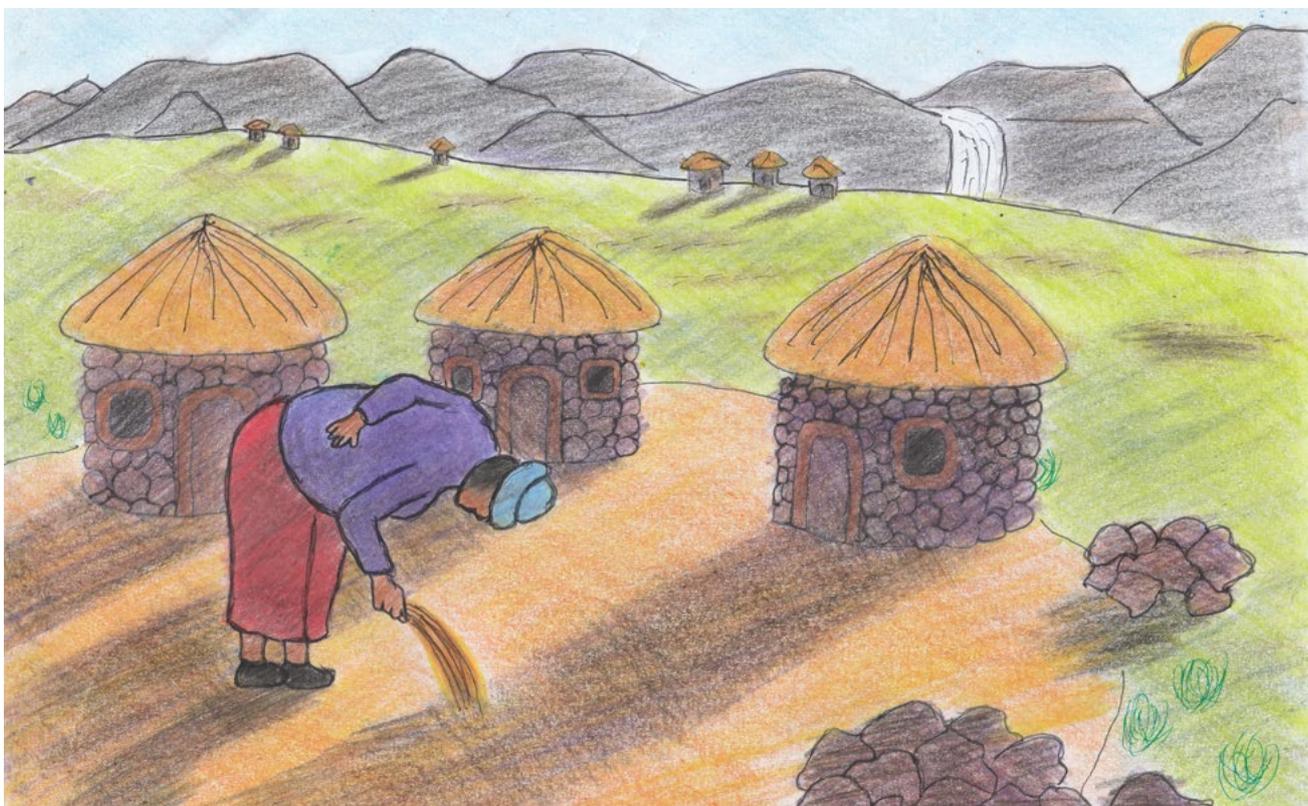
In the face of the unprecedented health emergency presented by COVID-19, the World Health Organization (WHO) declared a global pandemic on 11th January 2020. Since then, COVID-19 has affected millions of people around the world, including across Africa. In addition to the impact of the virus, secondary impacts related to global lockdowns have had devastating effects, particularly on children. Multiple lockdowns to curb the death and infection rates left many, especially the most vulnerable, in dire situations with ongoing negative consequences. Disruptions in supply chains and closure of businesses have left workers and their families without income.¹ For children, school closures resulted in both learning loss² and going hungry,³ as an estimated 305 million children globally receive their meals at school every day of the school year.

As the pandemic progresses into its third year, its effect on children's and adolescents' mental health and well-being continues to weigh heavily. According to several global studies, the mental health of children and adolescents has been significantly impacted by the COVID-19 crisis.⁴ Symptoms of anxiety have increased among children and adolescents and they have been disproportionately impacted by school closures and the lack of contact with family and friends.⁵ According to UNICEF, at least one in seven children globally has been directly affected by lockdowns, while more than 1.6 billion children have suffered

some loss of education.⁶ Many children and adolescents who had their routines, education, connections and recreational activities severely disrupted feel anxiety and fear about the future.

Already vulnerable prior to the pandemic, children in the Kingdom of Lesotho faced particular hardship as a result of the pandemic and ensuing lockdowns. Lesotho, a landlocked country within the borders of South Africa with a total population of almost 2.2 million people,⁷ declared a state of emergency on 18 March 2020⁸ and a national lockdown for all non-essential services. Between 3 January 2020 and 7 September 2022, the country recorded 34,287 confirmed cases of COVID-19 and 704 deaths.⁹ The pandemic and lockdown slowed Lesotho's economic growth leading to devastating socio-economic impacts on the country, including sharp increases in unemployment, vulnerability and poverty.¹⁰ The border closures between Lesotho and South Africa resulted in a reduction in remittances, with many migrant workers either returning from South Africa or getting stuck outside of Lesotho.¹¹

A recent review of the impacts of COVID-19 on Lesotho conducted by the Government of Lesotho with support from the World Bank, United Nations Lesotho and the United Nations Development Fund suggests that COVID-19 has increased the number of vulnerable households by almost 50 per cent to 899,000 (179,000 in urban and 720,000 in rural areas)¹² due to factors such as loss of employment



Facilitator, FGD2. ©UNICEF

and income sources, including remittances, and the loss of productive assets.

According to a 2021 study on multi-dimensional child poverty in Lesotho conducted by the Government of Lesotho and UNICEF,¹³ almost all children in Lesotho experience at least one deprivation, and as many as 45.5 per cent of children aged 0-17 years are multi-dimensionally poor (i.e., they experience three or more deprivations out of eight, simultaneously).¹⁴ Lesotho has a very high prevalence of stunting in children under five (estimated at 32.1 per cent for 2020¹⁵) and it is well established that persistent malnutrition can cause long-term irreversible physical and cognitive damage to children.¹⁶ In addition, the pandemic put Lesotho's fragile health system under strain and many households with children suffered from limited outreach

and low capacity of local health services, which disproportionately perpetuated transmission at the community level.

Lesotho provides free and compulsory primary education, with a net enrolment rate of 85.2 per cent prior to the COVID-19 pandemic.¹⁷ Government safety measures to tackle COVID-19 meant that schools closed, and lockdowns confined entire communities for months at a time. School closures had a negative impact on educational outcomes in the short- and medium-term for children and adolescents and only a few private schools and tertiary institutions were able to continue teaching, using online platforms.¹⁸ School closures not only impacted the education of children and adolescents, but also put them at risk of going hungry. Of the 511,000¹⁹ mostly rural children impacted by the closure of schools and Early Childhood

Development Centres (ECDC), 385,000²⁰ depend on school feeding.

To date, very little research has been done on the impact of COVID-19 on Basotho children. The United Nations in Lesotho commissioned one study that looked at the impact of COVID-19 on youth and adolescents²¹ and found that all of the children interviewed were negatively impacted by COVID-19, mainly due to limited access to formal and non-formal education during COVID-19 lockdowns which caused severe disruptions to routines and social support systems.²² However, 64.4 per cent of respondents in the UN study indicated that they were able to do some schoolwork during lockdowns. These children adopted a wide variety of learning methods, including mobile phone (36.6 per cent), computer (35.6 per cent), followed by

other channels (27.8 per cent). This suggests that young people without access to digital technology, mobile phones and computers, have been excluded from educational opportunities, and those excluded are mostly from low-income families or rural areas.

Isolation from support systems, coupled with limited physical activity and the uncertainty of the pandemic added to young people's anxiety and stress. About 93.1 per cent of the young people surveyed by the United Nations study felt lonely and depressed during lockdowns. For children and adolescents, peer relationships are crucial to their sense of belonging and overall well-being. Long-term isolation has eroded the social support networks young people need for physical and emotional growth.

1.2 The international research project

The COVID-19 crisis has had huge implications for children's physical, psychological and social well-being. While children and adolescents are often the population most impacted by economic and social crises, the ways that individual children and adolescents experience crises may vary based on individual factors such as age, gender and social identity; as well as broader factors such as socio-economic context, country response to the crisis, etc. Unlike adults, children and adolescents have relatively little direct voice in policy and media environments, but it is vital that children's perspectives on key global issues are taken into account to ensure that that policy responses best support their needs.

To this end, UNICEF initiated an international research project coordinated by the UNICEF Innocenti- Global Office of Research and Foresight (henceforth UNICEF Innocenti) in March 2020. This research sought to assess and document the perceptions and experiences of children and adolescents during the COVID-19 crisis and has been implemented in collaboration with UNICEF country offices, along with a network of external researchers and academics across countries and continents. The study was piloted in Canada and Italy, and ultimately included Lesotho, Madagascar, Chile and Indonesia. This research project aimed to undertake and support high-quality qualitative research adopting participatory methods with children in various locations and contexts around the world.



Aris, 15 years old, male, FGD6. ©UNICEF

1.3 The research project in Lesotho

In Lesotho, this research project aimed to collect and analyse experiences and opinions of the COVID-19 pandemic from children and adolescents aged 10-17, specifically those belonging to ultra-poor households and children and adolescents with disabilities. The research was carried out by UNICEF Lesotho, UNICEF Innocenti and Nthatuoa Consultants Ltd.²³ between February and April 2022, with the aim of gaining in-depth understanding of the following questions:

- How did children and adolescents perceive and experience the COVID-19 crisis? How did it affect them physically, mentally, emotionally and socially? How have they coped with the health crisis and associated measures to contain the pandemic? What are the key issues in this respect from their perspectives?

- What are children's and adolescents' views and recommendations about Lesotho's response to the health crisis? How could similar situations be better managed in the future to ensure that children's and adolescents' rights and well-being are protected?

The research took place in three districts: Maseru, Leribe and Thaba-Tseka, chosen to represent differing environmental and contextual realities facing children in Lesotho.

This study covers a broad span of time – from the start of the pandemic until the present – rather than simply focusing on the first and most stringent lockdown. This timeframe was chosen with the intent of understanding the lived experiences of the participating children and adolescents in the various phases of the COVID-19 pandemic and through various safety measures (i.e., lockdowns, vaccination campaign).

The research team hopes that this report can be a platform to present the voice of a group of Basotho children and adolescents concerning COVID-19 and its consequences on their lives in the past two years. It is also the hope that this report will encourage policy makers, practitioners and stakeholders working in this sector to learn from children and adolescents by seeking out their ideas and perspectives, and to be more mindful of this population in future crises.

The research methodology is explained in Chapter 2 and includes a special focus on presentation of the photography-based approach used in this research, called 'photovoice'. Chapter 3 presents the key findings of this study as four thematic areas identified through analysis of the data: access to information on COVID-19; impact of COVID-19 on education and life aspirations; economic struggles resulting from COVID-19 and the supporting role of communities; and children's and adolescents' positive and negative coping skills. Chapter 4 discusses the key concepts that surfaced from the four themes and Chapter 5 provides recommendations and conclusions based on the study findings and the suggestions from the research participants.





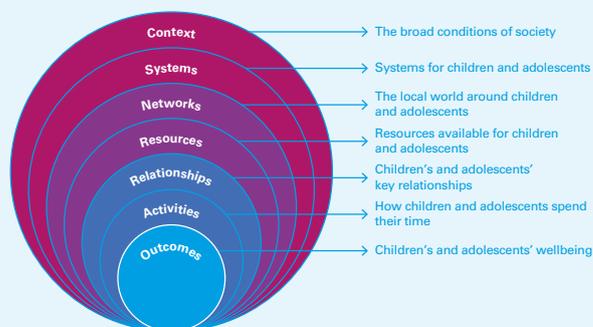
Insight Box 1 The ecological model of human development



The research team used an open and flexible model for gathering qualitative data and developing data collection tools.

This model was based on a framework designed by Urie Bronfenbrenner (1979)²⁴ and modified by UNICEF Innocenti for use in a previous report on child well-being, *Worlds of Influence: Understanding what shapes child well-being in rich countries*.²⁵ This framework is called the ‘ecological model of human development’ and was particularly useful for this research because it offers a comprehensive but flexible framework, with the child at the centre of a network of systems and relationships. At the same time, it does not make assumptions about the particular problems faced by specific children. An example of how this framework can be applied to understand the possible impacts of the pandemic on children and adolescents is shown in Figure 1.

Figure 1 Application of the Bronfenbrenner ecological systems framework to understand possible impacts of the pandemic on children and adolescents.²⁶



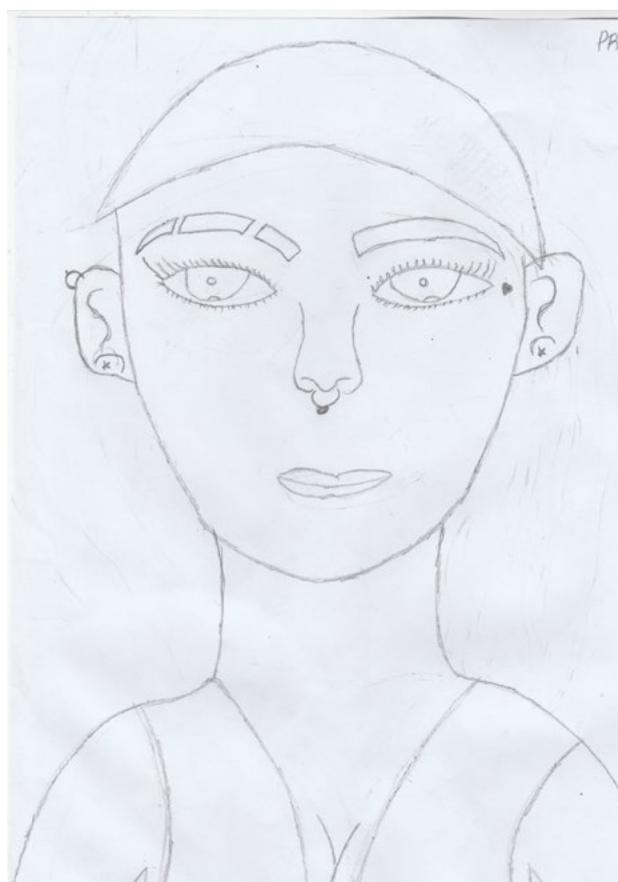
2. Methodology

This study adopts qualitative methodology to shed light on the experiences of children and adolescents in Lesotho during the COVID-19 pandemic.

Qualitative design with an open research approach was privileged as it makes it possible to explore findings that would not emerge from the synthesis implicit in quantitative models, and that might be missed using a top-down approach based on pre-formulated questions. The qualitative approach taken in this research enables the investigation of the experiences, perceptions, ideas and opinions of the research participants, without imposing on the participants a point of view or concepts predefined by the researchers.²⁷

As part of a multi-country research project designed and led by UNICEF Innocenti,²⁸ this study aimed to gain insights into the individual and shared experiences of a group of children and adolescents (aged 10-17) belonging to ultra-poor households and/or with disabilities. The study explored children's and adolescents' lives and views retrospectively and prospectively, from the beginning of the pandemic (2020) until the time of data collection (2022).

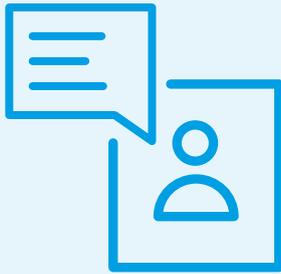
The research team used a participatory research method called 'photovoice' (Box 1) to help participants share their experiences. Photographs taken during the photovoice exercise were discussed in Focus Group Discussions (FGDs) and Individual In-depth Interviews (IDIs). Additionally, during FGDs researchers guided participants to collectively create a fictional character as a way of indirectly discussing difficult issues related to the pandemic. Children and adolescents were given the opportunity to make drawings of this character during FGDs.



Precious, 15 years old, female, FGD5. ©UNICEF



Insight Box 2 What is photovoice?



Photovoice is a participatory action research methodology that uses photography and group dialogue to give marginalized people a voice and provide insight on how groups conceptualize their circumstances and their hopes for the future.

Developed in the early 1990s by Caroline Wang from Michigan University, this methodology is based on the belief that individuals are the experts on their own experiences, and that photography provides a powerful way for people to share these experiences to help create change. In the photovoice methodology, participants take pictures that represent their points of view or feelings and develop stories/narratives to go with the pictures. These photographs and the stories/narratives are used to facilitate individual and/or group discussions.²⁹

Photovoice is considered to be an inclusive and child-friendly methodology since it uses visual representations to complement verbal expression, and therefore enhances the children's and adolescents' potential to participate and share their opinions.³⁰ For the children and adolescents who participated in this study, the photovoice methodology helped them to share their stories and open dialogue with adults. Photovoice methodology enabled the children and adolescents to (i) reflect on their strengths, struggles and concerns, as well as the barriers they face in their schools and communities; (ii) explain their experiences through critical reflection and group dialogue; and (iii) inform decision makers and influence policy.

In conducting FGDs and IDIs, the facilitators used semi-structured interview guidelines³¹ to capture information on the photos taken by participants and to explore how the participants' daily experiences, relationships, perceptions and future aspirations were influenced and affected by the pandemic. The analysis presented in Chapter 3 includes verbal

evidence collected during the group and individual discussions, as well as visual evidence in the form of drawings and photos. FGDs, IDIs and the use of drawing and photography allowed children and adolescents to reflect on their realities individually and collectively.

2.1 When, where and with whom was the data collection conducted?

After an initial exercise to test, adapt and contextualise the research tools, data collection was carried out in-person between 14 February and 2 April 2022; about two years after the initial lockdown in the country. Data collection occurred in the following three districts,³² representing three ecological zones:³³

- 1 Maseru** – capital district of Lesotho; an area that experienced high COVID-19 rates, especially during the first lockdown.
- 2 Leribe** – lowland lying in the northern part of the country; an area with the second largest population next to Maseru.
- 3 Thaba Tseka** – a mountain district lying in the central part of the country, with high poverty rates and reduced access to social services.

Of the 101 children and adolescents who participated in the study, 39 were aged 10-13 years and 62 were aged 14-17 years. Participants were selected based on two main characteristics: (i) belonging to an ultra-poor household;³⁴ and (ii) having one or more disabilities (e.g., visual, hearing

and/or speech impairment; mobility impairment; learning and/or cognitive disabilities).

This study intentionally focused on these two groups of children and adolescents, as they tend to be less well represented in large scale studies and national statistics, and because of lack of information on the impact of the pandemic on their lives. The findings from this research present an opportunity to inform future programming and policymaking and to lead to improvements in the wellbeing of this particular population of children. The age group 10-17 was selected in order to draw insights on adolescence specifically, as adolescence is a period of intense neurological, emotional and physiological development, as well as a period in which many decisions about schooling and skills formation, work opportunities, and romantic relationships and sexual debut are made. Living adolescence through a crisis period – especially one as severe as a global pandemic – may have long-term impacts on the lives of children and young people. This research sheds light on how to minimise the adverse effects of crises on the lives of ultra-poor children and children with disabilities in Lesotho.

To build this purposive sample, children and young people from ultra-poor households and with disabilities were purposively selected through geographical targeting and via the school system, in particular:

- Children and adolescents from ultra-poor households were identified through geographic targeting. The schools included in the study were selected in districts with children and adolescents at risk of multi-dimensional poverty.³⁵
- Participants with disabilities were approached in special needs schools, with the support of the Lesotho National Federation of Organizations of the Disabled (LNFOD), an umbrella body of organizations dealing with disability in Lesotho.³⁶
- The study sample was balanced on other characteristics such as age, gender and

geographical location. Table 1 shows a breakdown of participants by age, gender and geographic location.

A group of four local researchers³⁷ conducted a total of 13 photovoice sessions, 13 FGDs and 20 IDIs. Two researchers acted as facilitators and note-takers during the FGDs, and one facilitator carried out one-on-one interviews with children and adolescents. The photovoice exercise formed the basis of the methodological approach used in Lesotho and was developed under the guidance of members of the International Advisory Board³⁸ of the multi-country project. By design, the same children participating in the photovoice session also participated in the FGD session. A subset of these children was invited to attend an IDI. For older adolescents, focus groups were organized in single-gender group discussions, to encourage open and comfortable conversations on themes such as sexuality, relationships, etc.



Lasta, 14 years old, male, FGD9. ©UNICEF

Table 1

Participants by age, gender, type of interview and geographic location

School type	Age	Gender	Number of participants (Photovoice session)	Number of participants (FGDs)	Number of participants (IDIs)	Total number of participants per school
Pre-test sites (14-17 February 2022)						
School for children with disabilities (lowlands)	10-13	Mixed	6	6	2	6
High school	14-17	Mixed	8	8	2	8
Fieldwork sites						
Lowlands/foothills – (3-6 March 2022)						
Primary school	10-13	Mixed	8	8	2	8
High school	14-17	Male	7	7	1	7
	14-17	Female	8	8	1	8
Senqu River Valley (17-20 March 2022)						
Primary school	10-13	Mixed	7	7	3	7
High school	14-17	Male	9	9	1	9
	14-17	Female	8	8	1	8
Mountains (24-27 March 2022)						
Primary school	10-13	Mixed	8	8	1	8
High school	14-17	Male	6	6	1	6
	14-17	Female	6	6	1	6
Children with disabilities (30 March- 2 April 2022)						
School for the Deaf	14-17	Mixed	10	10	0	10
Home for disabled children	10-13	Mixed	10	10	4	14
Grand Total			101 children in 13 photovoice sessions	101 children in 13 FGDs	20 children in 20 IDIs	105 children overall

2.2 How were participants mobilized and which methods were used?

To ensure meaningful and informed participation, the facilitators first organized a 'mobilisation meeting' in every participating school to explain the research project. In each school, principals selected a group of students to attend this mobilisation meeting. During the meeting, facilitators explained the purpose of the study and the details of participation and asked for volunteers. As the research team had ability to accommodate only a limited number of children and adolescents in the study, participants were chosen by raffle from the group of volunteers. This ensured fairness and was a fun process for all of the children.

Photovoice workshop

Participating children and adolescents were then invited to an initial workshop where they were taught basic technical photography skills and the use of instant cameras for the photovoice exercise. Participants were then given a camera and had one day to take five pictures³⁹ that visually represent the physical and emotional impacts that COVID-19 and the government's response, had on their lives as well as reflect on the challenges faced in their communities and surroundings (see Figure 2 as an example).

- Children and adolescents were given the following directions:
- Can you take a picture of a place that has been very important for you since the pandemic began?

- Can you take a picture of anything you liked doing a lot since the pandemic began?
- Can you take a picture of anything you missed since the pandemic began?
- Can you take a picture of any person who has been very important to you since the pandemic began?
- Can you take a picture of anything you would like to see changed in your community/country?

Figure 2 Example of instant picture taken by the research participants Answer Kelly, 16 years old, male, FGD6. ©UNICEF



Focus Group Discussions (FGDs)

Photos taken during the photovoice exercise were used to guide FGDs. During the discussion, collective themes were highlighted, shared and divergent aspects in the perceptions and lived experiences of the participants were identified. In addition, children and adolescents were able to identify key issues vis-à-vis the pandemic, from their own perspective.

Additionally, the participants were asked to collectively create a fictional story of a child or young person similar to them and imagine their experiences during the COVID-19 pandemic. The objective of this activity was to allow participants to share their experiences and emotions in an indirect way, without asking them to share personal anecdotes in a group setting. The researchers guided the creation of the story through questions related to the fictional character's daily life, personal relationships, feelings, emotions and important places. Participants were given the opportunity to draw the character and his/her story if they wished to (see Figure 3 as an example).

Towards the end of the FGD, children and adolescents were asked to share their views and recommendations to all responsible adults, including families, school staff, local authorities and national government, with a series of guiding questions. For example: Think about your hopes and fears for the future. What can the adults in your family/community do for your hopes and to make you feel safe?

Individual In-depth Interviews (IDIs)

IDIs were carried out after the FGDs, with a subset of children and adolescents who had participated in the FGDs. Children were selected for IDIs based on two factors: those who had exhibited specific life circumstances (e.g., lost family members during the pandemic, or could not see their parents for extended periods of time) or those who had contributed less during the group discussions (e.g. timid children who would feel more comfortable sharing in an individual interview). During the IDIs, researchers and children looked at the photos and discussed them in depth. IDIs also presented a time to further discuss some of the ideas, thoughts, reflections and experiences shared in the FGDs.

The data collection tools (photovoice guide; FGDs guide; IDIs guide) can be consulted and downloaded in the appendix of the project webpage.

Figure 3 Example of drawings made by the research participants. Peach, 17 years old, male, FGD13 ©UNICEF





Insight Box 3 Doing research with children with disabilities



In Lesotho there are several schools for children with special needs, and the research team connected with children with disabilities through these schools. In order to ensure meaningful participation of this particular cohort of children, the research team assigned these children to FGDs in an intentional way (for example by grouping children with similar disabilities so they were able to engage more effectively during data collection). In certain cases, the use of focus groups was ruled out, privileging IDIs in order to ensure that facilitators were able to effectively interact with the participants. Moreover, the photovoice exercise was adjusted based on the participants' disability type, to ensure all participants could participate (even if they could not hold the cameras). Inclusion of children with hearing and speech impairment presented some difficulty, both during data collection and in the analysis phase: the children did not speak the standard Sesotho sign language and therefore it was not always easy to understand them without the support of professional staff in the school. Moreover, it was difficult to find sign language translators and as a result, this population of children and adolescents participated in FGDs with one translator interpreting for both the children and researchers. Therefore, field observations and researchers' field notes were invaluable in helping to unpack the experiences and perceptions of this population.

Some lessons learned on doing research with children with disabilities in this study include:

- 1 When possible, researchers should gather information on the types of disabilities they will be engaging with before starting data collection. This will ensure that research tools fit the needs and capacities of the participants, in order to provide the children with a positive research experience.
- 2 It is key to engage with organizations that work closely with persons with disabilities in the design phase of the project, to understand potential challenges and opportunities, especially at the local level.
- 3 The role of teachers and specialised personnel during data collection is fundamental, as they are able to facilitate interpretation of children's and adolescents' thoughts and stories.
- 4 In FGDs, grouping participants based on their disability type helps the researchers contextualize more general guidelines and facilitate the conversations by building on each child's capacities.
- 5 Privileging IDIs over FGDs can ease the work of researchers who are not skilled enough to facilitate groups of participants with severe cognitive disabilities.

2.3 What ethical approach was followed?

The research followed UNICEF's key ethical principles,⁴⁰ which include:

- Minimizing risks
- Informed assent and consent of children and adolescents and their parents/guardians
- Confidentiality, privacy and anonymity
- Respect for diversity
- Data protection and security

The research protocol was approved by an ethics committee – the Health Media Lab⁴¹ – and was closely applied throughout the research process. All researchers involved were trained on how to ethically carry out research with children and adolescents from vulnerable groups; on techniques to deal with participants' distress, trauma and protection risks; and on techniques to collect data with children with disabilities. The principle of 'do no harm' was at the basis of data collection activities, to ensure the safe and meaningful participation of all children and adolescents involved in the study. Each child and young person who expressed an interest in participating in the research received and signed an information and consent form covering: (i) the objectives of the project; (ii) the voluntary nature of participation; (iii) the rights and responsibilities of the participants; (iv) arrangements for processing and storing the data; and (v) the benefits and risks associated with participation. In most cases, informed consent was obtained from the parents/guardians of the

participants. When both parents lived outside Lesotho or in another district, parental consent was collected verbally, and the school head teachers signed the form instead.

All participants' information was anonymised. The nicknames used throughout this document to cite the research participants were invented by the participants themselves at the beginning of the FGD/IDI.

The research team had specific safety and ethical concerns related to photovoice. Carrying expensive items, such as cameras, in low-income communities could put the safety of participants at risk. Additionally, photovoice results could potentially cause tension between participants, their families and/or the larger community (i.e., exposing issues that family or community members are not comfortable making public). In order to address these issues, the research team sought advice from members of the project's International Advisory Board and from existing literature on research ethics in order to protect the safety of participants in the photovoice exercise.⁴² A number of solutions to these potential problems were identified. Risks and benefits of engaging in the exercise were clearly explained to research participants and research participants were trained on critical ethical challenges and safety regulations related to photography. In addition, participants were asked to return the cameras to the research facilitators or school headteachers before darkness, to avoid taking unnecessary risks at night.

In order to reduce risks related to COVID-19, both participants and facilitators were required to strictly follow safety procedures such as physical distancing and the use of masks and hand sanitizers for all in-person activities.

Finally, a referral protocol was developed with clear guidance in case participants reported being in danger or showed a state of concerning psychological distress while participating in the study. Fortunately, there was no need to use this protocol during the study.



Eight, 16 years old, female, FGD10.©UNICEF

2.4 How was the data analysis carried out?

FGDs and IDIs were recorded, pseudonymised and transcribed verbatim from Sesotho to English (oral and sign language). All transcripts, drawings and photographs were retained by the local researchers. These were digitized and then shared with the research team at UNICEF Lesotho and UNICEF Innocenti, using secured data sharing applications. Quotes,⁴³ drawings and photos from the participating children and adolescents are presented throughout this report.

All English transcriptions of the data were analysed using a reflexive approach inspired by Virginia Braun and Victoria Clarke,⁴⁴ who developed a 6-phase thematic analysis process. Three researchers were involved in data analysis to ensure a multiplicity of views, creativity and productive debate during the analytical process.

The following key tasks were undertaken using the qualitative data analysis software *NVivo*: (i) all transcripts were coded inductively and collectively among the three researchers involved who looked line-by-line at all data collected, including visuals; (ii) researchers delved into the codes and started exploring relationships between them to find commonalities and patterns in the data as well as unique and atypical cases; (iii) themes were created, encompassing categories of interconnected codes and synthesizing common patterns in the data. This last step was possible because the researchers familiarized themselves with the data, wrote memos, took notes and reflected individually and together on the 'story of the data' with a reflexive and creative approach. The process was not free from productive disagreement and debate, which led to a consensus on themes included in this report. The researchers decided to adopt reflexive thematic analysis explicitly because through this

process of creativity, reflection and immersion in the data and in the coding process the themes were developed; coding was not used as a process to find evidence for pre-conceptualised themes.⁴⁵ Through this iterative, collaborative and creative process, four thematic areas were identified and will be discussed in depth in the next sections of this report.

As the analytical process was neither mechanical nor objective, other researchers could potentially have told the story of the data in a different way. However, the story elaborated in this report represents, as much as possible, the plurality of voices as well as the commonalities of the stories and reflections made by the research participants.



Cutie, 16 years old, female, FGD2. @UNICEF

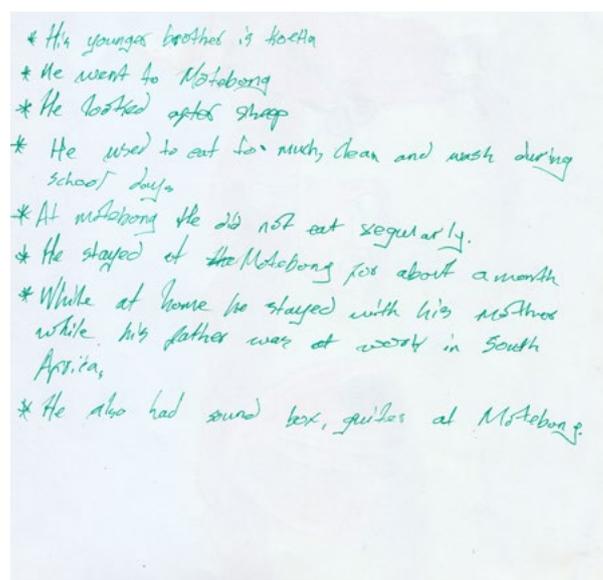
2.5 What are the limitations of this research project?

The selection of participants followed a purposive sampling strategy and included children from ultra-poor households and children with disabilities across the four ecological zones in Lesotho. The sample is neither representative of the overall population of children and adolescents in Lesotho, nor of the population of children and adolescents with disabilities or from ultra-poor households. Moreover, participation in the study was voluntary: the children and adolescents agreeing to participate may have done so because of unobserved personal characteristics that may bias the overall interpretation of the data (e.g., the study may have involuntarily excluded children who have had very traumatic experiences due to COVID-19). Additionally, in each school the principal and/or the teachers choose a group of children to attend the initial mobilisation meeting, and research participants were selected from those who volunteered within this group. This participant selection process may have excluded a priori potential volunteers.

The participation of children and adolescents whose parents live in a different region or country was challenging, as it was not easy to obtain parental consent. Additionally, in some instances children expressed a desire to participate in the study, but their parents refused consent, which posed ethical challenges (the willingness of researchers to ensure that all interested children and adolescents participate and share their views vis-à-vis the need to ensure support of parents/guardians).⁴⁶

For children and adolescents with disabilities, it was necessary in some cases to involve teachers in group discussions and interviews, to aid communication between children and researchers (however, teachers participated in the research

without having received training). It was also challenging for the team to find more than one research facilitator fluent in sign language which made it difficult to implement the research with children and adolescents with hearing and speech impairment. In order to facilitate FGDs with children with speech and hearing impairment, one facilitator would speak and the other would translate for the participants in sign language, and vice versa. This solution enabled the inclusion of this group of adolescents, which would have been not possible otherwise. However, it did hinder the fluidity of the conversation within the FGD and may have impacted results.



Facilitator, FGD3. @UNICEF

3. Findings

This chapter presents research findings organized into four thematic areas. Findings reflect the experiences of participating children and adolescents and their perceptions of the COVID-19 pandemic and how it affected their lives. The words of the children and adolescents who participated in this research are presented throughout this chapter. Quotes are identified using participants' chosen nicknames and identifying information includes gender, age and the FGD or IDI they participated in. If the quote comes from a child with disability (CwD), this is also indicated. At times, participants reference the fictional character created during FGDs in their quotes. If there is a reference to a fictional character, this is indicated in brackets in the text.

The four thematic areas are presented in the following sections: Section 3.1 discusses participants' access to information and knowledge around COVID-19; Section 3.2 reflects participants' perceptions on how COVID-19 has put their education at risk and has affected their life aspirations; Section 3.3 explains participants' awareness of the economic struggle derived from the COVID-19 pandemic and of the supporting role of communities; and Section 3.4 shows how children and adolescents managed to cope with the crisis in spite of the difficulties they faced.

The four themes were identified by analysing the data for the whole group of participants, treating jointly the contributions received from children with disabilities and children from ultra-poor households. During the data analysis, the research team noticed that the prominent themes are valid for all children and adolescents interviewed, notwithstanding the fact that they may live in different contexts and/or have specific vulnerabilities.

While the research team intentionally targeted two groups of children for inclusion in this study (i.e., children from ultra-poor backgrounds and children with disabilities), during data analysis it became clear that within this group there were two other populations of children with specific experiences and vulnerabilities: children and adolescents living under the care of relatives or in hostels without their parents because the parents were working away from home or had passed away, and 'herd' boys (i.e., adolescent boys who worked away from home for long periods of time in isolated rural cattle posts taking care of animals).

These categories are not exclusive, and some of the children in the research sample fell into more than one category (i.e., had a disability, were from an ultra-poor household and were living without their parents). However, as a complement to the main report, the voices of children and adolescents with disabilities, living away from parents, and herd boys have been highlighted separately in boxes on pages 52, 53 for children living away from parents, 63-65 for children with disabilities and 78-80 for herd boys.



Insight Box 4 Children tell their stories through photography: An insight on the photovoice exercise



During the photovoice phase of this study, children and adolescents were asked to spend 24 hours with an instant camera and take five pictures that explained how the COVID-19 pandemic had impacted them and their communities.⁴⁷

The following section presents some of these photos and includes the children's and adolescents' descriptions and reflections on their circumstances.

Participants took many pictures of places that held meaning, such as their homes, yards, fields where they garden, their schools, as well as other places in their communities.

The national restrictions imposed to contain the spread of the virus took a toll on the children who participated in this study, and they used photovoice to capture both things they liked to do during the pandemic and what they had missed.

Most of the photos taken in the photovoice exercise depict people: friends (whom the participants missed very much) and family members (such as siblings and grandparents). For privacy reasons these photos cannot be included in the report, however descriptions of some of these photos are shared below:

"This is the photo of my sister and her baby. They are the people I spent most of my time with, seated in the house, with our masks on except for my younger sister who did not like the masks, saying that masks suffocate her" (Pino, 14 years old, female, FGD5).

"I took this picture because I missed playing soccer in the stadium and playing with my friends" (Quesh, 11 years old, male, IDI1).

"During COVID-19, there was a friend of mine ... this very person you see in this picture, whom I used to play with, just the two of us ... in our play sessions we washed hands regularly and observed COVID protocols. We used to wear masks while we were playing ... then when we were done, we would go our separate ways, whenever we felt we were bored of playing" (Habashoe, 13 years old, male, IDI10).

"[Excitedly] This one is the girl who liked to visit me every day at home [...] she was always there. Actually, she is my relative. She is [name of the girl in the picture]. She is my cousin" (Sheep, 10 years old, male, CwD, IDI16).

Some pictures show how the interviewees and their peers respected the COVID-19 regulations.

The children and adolescents in the study used photos to highlight challenges they observed in their communities. For example, participants took photos of roads and buildings (including school buildings) which were not in good shape.

Overall, children expressed many words of appreciation vis-à-vis the photovoice exercise – they enjoyed using photography to explore their surroundings and reflect on their lives with their peers: *“It was very much fun shooting those pictures with others”* (Sheep, 10 years old, male, CwD, IDI16).



"I have captured the school because school is very important, so we have to be educated ... so the fact that we were no longer able to go to school ... we even missed our teachers"

Lyda, 15 years old, male, FGD9. ©UNICEF



"This is a stadium [...] we were advised to go to the play field ... we should go to the play field and move away from drug related things. I missed playing football when it was time for matches"

Shirass, 15 years old, male, FGD3. ©UNICEF





"I like this photo because that place is where I loved spending most of my time. When I woke up, I used to sit there. If there was sunrise, I would bask in the sun and when it was sunset, I would leave but I like that place because it is a very beautiful place"

Beetroot, 12 years old, female, IDI5. ©UNICEF



"This one is of the soccer field ... we were no longer going to the soccer field because we were told not to gather in large groups ... so I took it because I remembered that we were no longer playing soccer"

Ben, 17 years old, male, IDI12. ©UNICEF

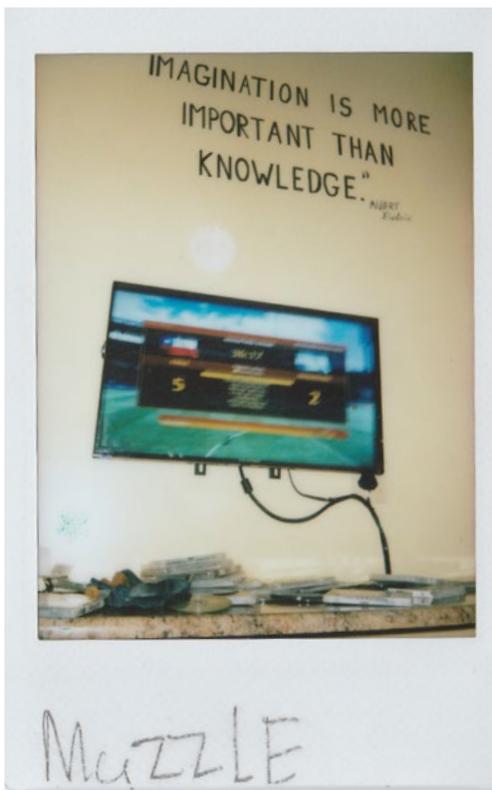




"I Researcher: "Ok, why did you take a picture of it?"¹⁰⁹

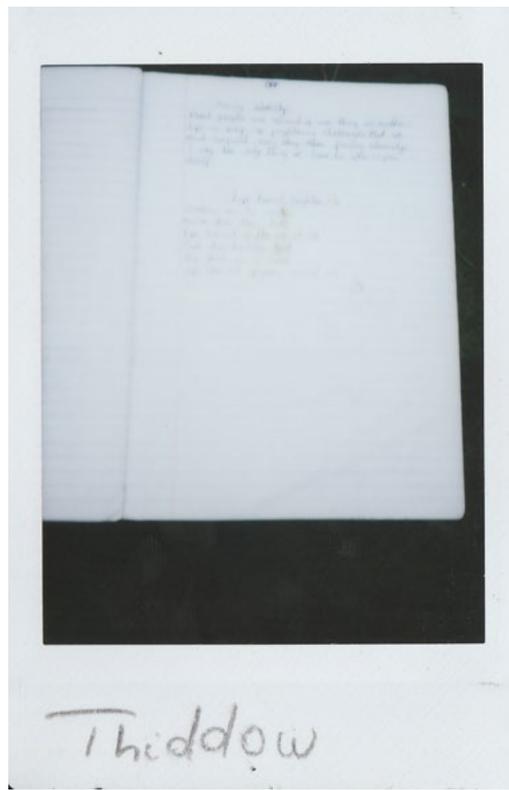
Muzzle: "Because we loved to play with them a lot"

Muzzle, 14 years old, male, FGD11, CwD. ©UNICEF



"I am going to talk about this picture of a book. During lockdown, I did a lot of reading. I read my books and I even read story books. I enjoy reading"

Thiddow, 15 years old, female, FGD8. ©UNICEF





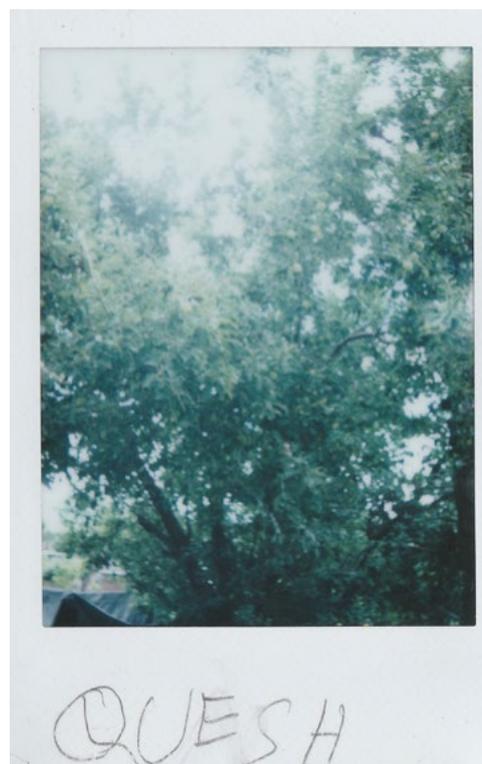
"This is the swing ... at my home [...] When ... uhm ... in lockdown ... I'd get bored a lot of times ... like ... if I would go to the garden, then I get tired. I would just sit and swing ... that ... that will be for 30 minutes"

Sephafi, 11 years old, female, IDI2. ©UNICEF



"It is the apple tree from [name of the participants' friend's home] ... I remembered of a time during COVID-19 when we would be sitting under that tree eating apples, we were happy and laughing together"

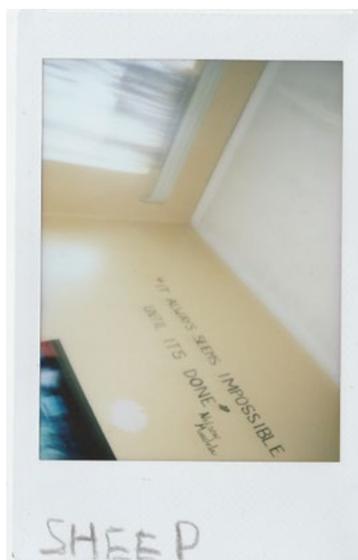
Qesh, 11 years old, male, FGD1. ©UNICEF





"I wonder if it is true... can the impossible really become possible until it is done?"

Sheep, 10 years old, male, IDI16, CwD. ©UNICEF



"And this one, I took it because ... these are things that we used that we were not familiar with before COVID-19 started. I was not used to wearing a mask and sanitizing"

Pino, 15 years old, female, IDI7. ©UNICEF



"It makes me feel free¹⁰ when I see it because that's what made us feel protected enough during COVID-19"

Zolan, 17 years old, male, FGD9. ©UNICEF





"This hall, when I arrived here at [name of school], had not been completed. There was no roofing ... and then as time goes, like in 2019, we saw some improvement as there was a building happening. So as we were watching it being built then COVID-19 came and we stopped coming to school ... so as a result we couldn't pay the school fees. That's why our hall was put on hold instead of being completed"

Peach, 17 years old, male, IDI20. ©UNICEF



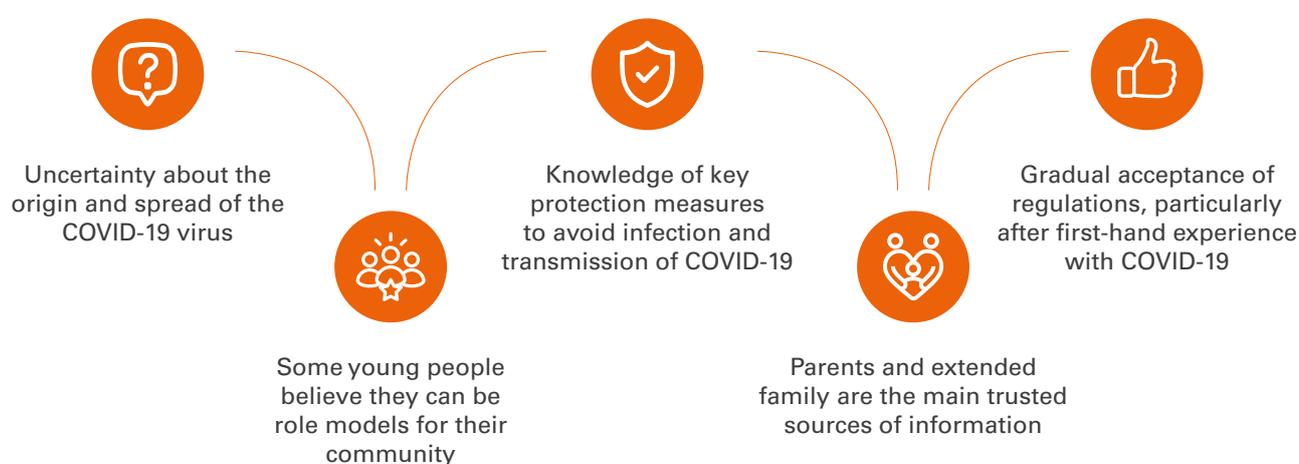
"In this photo there's a road. This road was very painful to me during corona because it is so destroyed. Now when people were sick then, motors were not able to come through to pick people who were sick. They would go by foot and you would find that sometimes they got tired along the way, on their way to the hospital"

Grape, 15 years old, male, FGD13. ©UNICEF



3.1 Information and knowledge around COVID-19

Diagram 3.1 Key concepts on information and knowledge



Findings from the research suggest that, in general, children and adolescents know how to protect themselves from COVID-19 and how to avoid spreading the virus. However, the participants in this study were also unsure what messaging to believe about the origin of the virus. Their most trusted source of information was their parents and close family. The children and adolescents in this study believed that they have a role to play in modelling good behavior and providing correct information on the pandemic to their communities.

Denial and acceptance of the COVID-19 pandemic

Findings from IDIs and FGDs suggest that participants' awareness of COVID-19 grew with time. When the first cases of COVID-19 were identified in Lesotho and a lockdown was declared, several research participants did not believe there

was concrete danger. For example, Momo (14 years old, female, FGD5) recalled that when the COVID-19 pandemic started, she had wondered: *"Since when has it become a trending topic, when a person has a flu?"*

As the number of cases grew, most participants started to worry about the situation and became aware of the need to protect themselves and their loved ones. One exception were herd boys who were more isolated and less likely to have access to timely information regarding the spread of the virus and less likely to be initially concerned.

Many participants in the study began to believe that the pandemic was real after direct experience with the illness. As Aries (15 years old, male, FGD6) explains: *"I didn't believe that corona is something there in the world, so I thought people ... the government wants us to live the way they want us*

to live, the world wants us to live the way it wants us to live, and I didn't abide by the regulations. Also ... after that I was hospitalized due to COVID-19 ... after that I really respected corona."

Several research participants experienced COVID-19 firsthand when their family members became ill, some with serious consequences. This experience completely changed their attitudes, as this excerpt from an FGD⁴⁸ highlights:

Momo (14 years old, female): *"I have never taken COVID-19 seriously. I thought it was the disease*

from celebrities (LAUGHING). At that time, I had never heard of people saying it is in the country, but that certain celebrities have died of it. And I made my decision that it would never get here. Schools had closed and my mother would always tell me to not take this matter lightly. I heard that it was in Joburg, and my aunt told me that her co-workers had contracted the virus [...] Later on I was told that my aunt was coughing, and her body was painful. She was sweating and we were told about corona symptoms ... from that time, I was convinced that this is not the disease for celebrities but all humans [...]."

Figure 4 *"This one ... I took this one because when I came back ... back from the fields, when I got home ... I was told that I should no longer travel ... with a horse ... I was used to travelling with a horse. So, I took it because I remembered what I was told about COVID-19 when I came back from the fields ... then I could no longer go to the fields regularly as I was used to"* Ben, 17 years old, male, IDI12.



Figure 5 "Fictional character wearing a mask while gardening" Snow, 16 years old, male, FGD9. ©UNICEF



Pino (15 years old, female): "When I heard of COVID-19, to me it was something that sounded fun and amusing. We would come to school in the morning and at midday go home, so that at 1 pm others could come, so for me all of that was fun. Until I realised that this was getting serious. My mother had COVID-19, then I realised that it was serious. When I got to school, I would see some of my friends being taken into the isolation room. That is when I realised that it is serious."

A few children, such as Precious (15 years old, female, FGD5), were aware of the seriousness of the pandemic from the start:

"For me, COVID has always been something that I took seriously. My mother works at [name] hospital and eventually, it was turned into a corona centre. The hospital no longer admitted any other patient except COVID-19 patients and suspects.⁴⁹ Most of my mother's co-workers were getting sick and dying of COVID [...] So for me COVID has always been serious. Even last year it was a serious matter so much that I could not see any reason why we should not wear our masks and everything like that... yeah."

Knowledge of safety measures and regulations

After the initial phase of uncertainty and disbelief about the pandemic, all participants became aware of the health crisis and of the regulations imposed to stem it. During FGDs and IDIs, children reflected on Lesotho's COVID-19 regulations, noting that they had to wear masks, keep distance from others and wash their hands regularly with soap. The following conversation took place in one FGD:⁵⁰

Tizzy (14 years old, female): "I want to ask [something]: you guys are saying we should use these cloth masks. So, after washing them, how sure are we that the COVID virus is dead on the cloth?"

Sasha (16 years old, female): "Masks are being washed using soap."

Kat (14 years old, female): "Not everyone washes the mask using soap, some people use just water, especially boys (LAUGHING)."

Sasha (16 years old, female): *“I remember we were told that after washing a cloth mask it must be ironed to kill any of the viruses that could be attached to the cloth.”*

Questions about the pandemic

Analysis of findings suggests that while children and adolescents learned how to protect themselves, they also had a great deal of uncertainty, confusion and, in a few cases, inaccurate beliefs when it comes information related to the COVID-19 pandemic. The data suggest that all the research participants knew how to follow the rules and did so for the most part, but that they did not always understand why they needed to follow the rules. Participants seems to have acted almost mechanically – wearing masks, washing hands with soap, keeping distance from others, playing outside and vaccinating because they trusted the people who advised them to do so. However, they seemed unsure about how the virus originated and how it spreads and took participation in FGDs and IDIs as an occasion to ask questions. The following extracts from an interview show the dichotomy between what children and adolescents understand and what they do not understand because, most probably, they do not have access to correct information in an easily available and enjoyable format:

“We were sensitised about COVID protocols such as to avoid handshakes when greeting people ... to put on your mask at all times to avoid getting infected or infecting other people [but] I was not okay at all [...] because we couldn't actually see this COVID-19, we could not depict how one would be able to see it coming at all, like – how would you be able to tell that it is there?” (Habashoe, 13 years old, male, IDI10).

Additionally, discussions that took place in FGDs highlight how the children and adolescents in the study were confused about some aspects of the COVID-19 pandemic as a result of misinformation circulating both in Lesotho and internationally:

“Yes, COVID, or is it the Americans? It's like there is a particular number⁵¹ they are looking for, or is it the number that they want, to do whatever with it? I don't know, now they are doing all sorts of things with their diseases and isn't it that many people were killed by COVID?” (Apple, 17 years old, female, IDI19).

“China ... they say, other people from other countries, they say the Indians caught a bird ... and they injected it with corona and sent it to China ... the Chinese also caught it and ate it, that is why they had corona” (Quesh, 11 years old, male, FGD1).

“I only heard that it is the disease that comes from animals ... from dogs [...] I heard that ... I heard that a white person ate that thing, or was it a Chinese person? He ate that, and it was already dangerous and infected one person who then infected the other and that's how the infection spread” (TPN, 16 years old, male, FGD3).

However, the majority of research participants were aware that they did not have enough information on aspects of the pandemic, such as the emergence of new variances and the effectiveness of safety measures. Beyond protocol to be followed, they seemed unsure about how they should behave to protect themselves meaningfully, as highlighted during a focus group:⁵²

Young N (15 years old, male): "I feel ... like in this corona regard that ... I feel I don't know enough and some things I don't believe because there is ... let me say there are some lies that people tell that we don't believe and this makes us miss information [...]."

Biggy (14 years old, male): "I feel we don't know a lot of things about corona because sometimes when we listen to the news, we hear that corona

is something that we are used to, next thing it's something else ... it grows ... it ... it ... what can I say ... it increases in an unexpected way. Also, I feel we don't know enough because we don't know ... we don't know what will happen next ... what will happen next [...]."

Aries (15 years old, male): "I feel that ... corona virus has done a lot of things because corona virus changes ... we don't even know how we are supposed to

Figure 6 "I took Snow's picture ... I see here someone is herding some cattle. Eh ... during the COVID-19 pandemic, we were not allowed to herd animals freely because we were forced to wear masks ... it wasn't comfortable because we were not used to wearing that, they were suffocating us ... so we were not good with that" Jay Tee, 17 years old, male, FGD9. ©UNICEF ... then I could no longer go to the fields regularly as I was used to" Ben, 17 years old, male, IDI12.



Snow, 16 years old, male, FGD9. ©UNICEF

protect ourselves because it changes waves. You'll hear there is a new wave and we need to protect ourselves in a certain way so you'll find that we don't have information about things like that."

Lendu (16 years old): *"I feel I don't understand that corona sometimes decreases or increases. I see it increasing, sometimes it's just constant and sometimes it just skyrockets ... like I really don't understand what's happening."*

Those participants with access to digital media looked for information online (what they called, 'doing research'). Other participants explained that when they wanted information, they asked people close to them (e.g. family and friends). Although some of them were openly dissatisfied with the conflicting information they received from adults: *"Because they do not teach us about it [...] We depend on older people to be told what to do ... to tell us the truth. At times when they explain it to us they explain it differently from others"* (Next, 13 years old, male, FGD1).

Sources of information about the pandemic

While not specifically stated, analysis of data suggests that the children and adolescents who participated in this research believed that direct, face-to-face interactions were the most efficient communication channel through which information was delivered and received. They talked about their parents, household members and friends being those people who explained to them what to do

and they mentioned engagement with peers and community members to convince them to wear masks and vaccinate.

Cutie (16 years old, female, FGD2) believed governmental posters and brochures were not efficient and young people should be the ones sharing information with their communities. Queen-e-star (14 years old, female, ID13) thought she could talk to the chief who could in turn talk to community members. Queen-e-star also suggested that her community only acted responsibly after representatives from the Red Cross conducted a public forum to educate the village.

Information received at school in the form of posters or brochures did not seem to be a considered a key source of information on health measures. Media – TV, newspapers, radio – were mentioned by a few children and adolescents, but with no strong value judgment in terms of their efficiency, as indicated by Muzzle's words: *"I heard from the radio that we are supposed to wash our hands with flowing water ... One other thing we were taught was to keep our distance from other people. That's all"* (14 years old, male, CwD, ID114).

The main source of information on the health measures were parents and household members, who told children and adolescents what to do to avoid catching the virus and encouraged vaccination. Nicky (15 years old, female, FGD2), noted that her family: *"advised me to go to the clinic to vaccinate so that I rescue my life"*

Figure 7 "I chose this pic ... I chose it because it shows me that when children were in classes when schools almost opened ... or when schools opened, children were in their classes ready to learn. They abided to the rules and regulations of COVID-19 about what has to happen in classes" Aris, 15 years old, male, FGD6. ©UNICEF



As Queen-e-star (14 years old, female, IDI3) explained when referring to a picture she took: "This is my father in the picture. He is also wearing a mask. He said to me, 'Let's wear a mask because we do not know when COVID-19 will be attacking you and we were not told when it's likely to infect you. You should always wear a mask even when you visit your relatives ... Wherever you go you should always wear a mask'".

Apart from parents and uncles and aunties, older siblings are mentioned by some as a source of information on correct health measures:

"I feel happy that he [my brother] protected me against corona. He was helping me with a lot of things ... he was the one who told me about COVID and how I should protect myself against it" (Sun, 15 years old, male, FGD9).

There were also instances when a few of the children felt like the advice from parents or close adults was not convincing and as a result followed health measures only after parents forced them to: ⁵³ Aris (15 years old, male): "I was one person who did not want to vaccinate, my mother forced me to".

Lendu (16 years old, male): "I was a person who didn't want to put on a mask, but my mother forced me to always put the mask on".

Children and adolescents as role models

At the time of data collection, all of the research participants expressed confidence about their knowledge of health protocols, to the point that some of them, especially the older ones, acted as promoters of the rules and of the importance of the vaccination among their peers and community members:

"I advised my friend to vaccinate, but she said she's afraid of needles. But after I vaccinated, she was also able to go because I told her it was not painful" (Shatter, 16 years old, female, FGD2).

"The friends that I spent a lot of time with during the lockdown really motivated me ... so I also helped by telling them that they should always wear masks so that we don't get infected by corona. So I really helped them" (Kat, 14 years old, female, FGD8).

A few interviewees thought community members were irresponsible because they did not abide by the regulations and guidelines provided by governmental institutions. Some mentioned acting as role models for community members and stated that they believe young people could take on more responsibilities and play a prominent role in ensuring community members protect themselves. For example, Queen-e-star's words highlight her engagement but also her negative opinion of the village inhabitants:

"As youth, I could talk to my chief because there are people who do not know how to take care of themselves. I could talk to him so that he can pass the message to other people [...] I advised people from my village to go vaccinate. They didn't want to, saying the injection will kill them, but I told them it's a lie. I went and took the vaccine, and after a week of me vaccinating, that's when they too went to vaccinate. My brother also didn't want to vaccinate, but after I vaccinated, he also took the vaccine [...] People in my community did not believe that COVID-19 was existing ... they were refusing to follow protocol ... till such time when the Red Cross held a public gathering to make the community aware of importance of following COVID-19 protocol. After that people accepted that indeed COVID-19 exists ... THEY DID NOT CARE! THEY USED TO WALK AROUND AND ALWAYS STAYED IN GROUPS. EVEN WHEN THEY WERE ADVISED NOT TO DO SO, THEY DID NOT CARE" (14 years old, female, IDI3).

Cutie also suggests young people could help spread the correct information about the pandemic and the health measures to be followed:

"The booklets,⁵⁴ I can say should be given to everyone, like the six of us in here, and should not be posted on the streets because people don't care to read. We should be going around telling people how they can take care of themselves" (16 years old, female, FGD2).

Conclusion

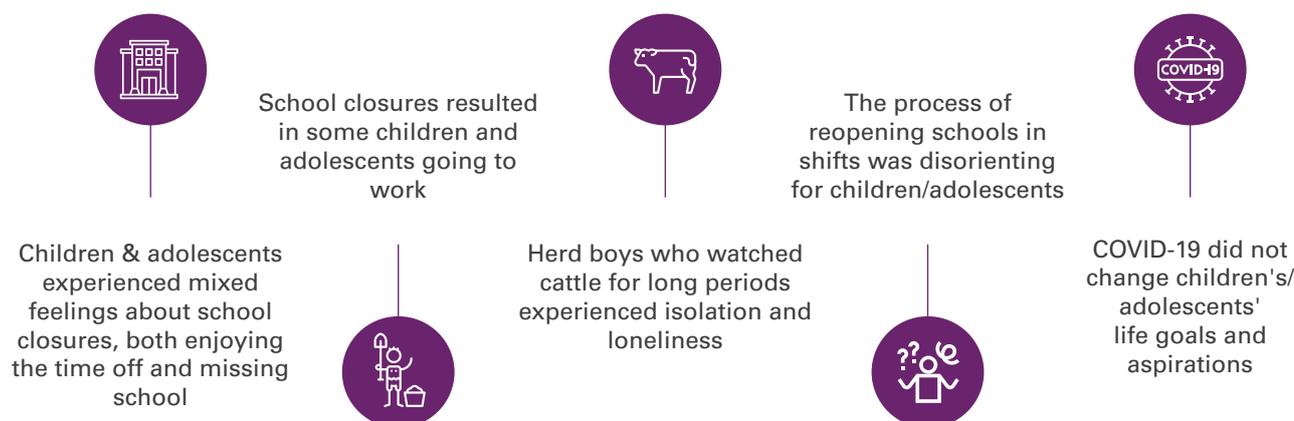
In summary, almost all research participants were initially sceptical *vis-à-vis* the information received regarding the COVID-19 pandemic, with a few exceptions due to specific circumstances (ex. a parent working in healthcare). When participants understood that the health emergency was serious, they started following regulations and protecting themselves and the people around them. It appears that participants' knowledge on protection measures was generally correct, and they felt confident about their knowledge. Some children and adolescents consciously gave suggestions to their peers and community members and a few of them harshly criticized those who did not follow the rules.

Findings from IDIs and FGDs suggest that children and adolescents who participated in this research received simplified or partial information about COVID-19 and were uncertain about the big picture and potential evolution of the pandemic.

Their most-trusted sources of information – parents and household members, or other adults with whom they have direct contact (i.e., teachers) – would be best placed to explain to them what was going on and to provide better information about how to make informed, less dogmatic, choices about COVID-19 prevention. Children and adolescents need support to unravel the complex discourses on the pandemic and, therefore, feel more secure.

3.2 Education and life aspirations

Diagram 3.2 Key concepts on education



In March 2020, as the number of positive cases of COVID-19 in Lesotho started to rise and based on the impact of the disease globally, the government of Lesotho declared a strict lockdown and schools were closed. To ensure continuity of learning, the Ministry of Education and Training (MoET), with support from UNICEF, provided educational lessons through the radio and television that continued until the reopening of schools in March 2021. During this period, a few individual schools, mostly private, put in place their own continuity of learning methods. For instance, they sent lessons and schoolwork to their students using social networks and instant messaging digital platforms (e.g., WhatsApp), and some even set up their own online learning platforms. But these initiatives were not coordinated by the MoET nationally and were dependent on the school's own resources. Only a few children in this study reported having access to distance learning (through TV/radio) (consistent

across age and gender) and none of the children in the study were offered online education. Once schools reopened, alternating school days for students of different grades were introduced to reduce the number of children present in schools at the same time in order to minimize COVID-19 transmission among students and school staff.

Participants in this study experienced mixed emotions when schools closed. They both enjoyed the time off and were frustrated at falling behind educationally. While not able to attend school, some children and adolescents began paid and unpaid work. As schools reopened, all participants found themselves disoriented and frustrated but continue to believe that education is the key to achieving life goals.

Figure 8 “I took a picture of a school. During the COVID-19 period, which started in March 2020, schools had to be closed. I took the picture because I missed going to school. School is important to every child” Snow, 16 years old, male, FGD9. ©UNICEF



Children’s and adolescents’ reaction to school closures

Most participants in this study agree that education is key for their future and felt that closure of schools negatively impacted learning outcomes. Additionally, for students in Lesotho, this educational loss was compounded by the fact that teachers in Lesotho were on strike most of 2019, prior to shutdowns in 2020:

“This issue of school did not sit well with me because in 2020, I was writing Grade 11 and I failed because I was never taught, so it did not sit well with me” (Apple, 17 years old, female, FGD13).

The consensus among children and adolescents interviewed was that many loved going to school. As Biggy stated, *“it’s not everyone who doesn’t like school”* (14 years old, male, FGD9). Some participants were initially happy about not having to

go to school, not having to sit in a classroom all day, and not being given homework to do. That feeling faded away quite quickly as schools remained closed, week after week, then month after month:

"At first when they [schools] were closed, we were actually happy ... I was happy honestly. Then as time went by ... ach! ... those two months ... the fourth and the fifth ... But then I would always ask myself like: Ah, does this mean we will never go to school again? Like, is this the end, is it over?" (Boss Mayor, 15 years old, male, ID14).

Many participants missed going to school, a place where they could meet and play with their friends, learn from teachers and study to achieve their future goals:

"The time corona started, we ended up staying at home and not coming to school. Now we ended up looking after animals and we did not have time to do other tasks and so it was very painful to me because I am one person who loves school so much" (Peach, 17 years old, male, FGD13).

"COVID had affected Spinach [fictional character] awfully because she seemed like someone who loved her schoolwork, and she was not able to meet with her teachers for them to give her a challenge" (Beans, 11 years old, female, FGD4).

Impact of school closures

As schools stayed closed, children and adolescents were increasingly worried. They were not sure that the pandemic would ever end or if schools would re-open. Some started to lose interest in school and studying, and stopped performing their homework:

Figure 9 "I remembered school. I am one person who loves school. At school, it is where I enjoy the most again. I did not just come to school, there is something I need in life. So I have seen that something that could make me to become something is school. So COVID has not affected me well, this is why I would miss school" (Apple, 17 years old, female, ID19). ©UNICEF almost opened ... or when schools opened, children were in their classes ready to learn. They abided to the rules and regulations of COVID-19 about what has to happen in classes" Aris, 15 years old, male, FGD6.



Apple, 17 years old, female, FGD13. ©UNICEF

"I was still able to write well in the past, then I couldn't continue writing well as we no longer went to school ... I had forgotten all about the schoolwork because then, I wasn't sure that it [the pandemic] will end" (Quesh, 11 years old, male, IDI1).

"It had been a while since I was taught anything. It had been a while also since I had read anything. I was therefore lagging behind, as I wasn't even sure when we were ever going to go to school again" (Habashoe, 13 years old, male, IDI10).

During lockdown, some children prepared for their return to school (e.g., read books and did homework). Queen-e-star describes how she prepared for her return to school: *"I used to enjoy storytelling books. Sometimes I would take my schoolbooks and read so that I can remind myself"* (14 years old, female, IDI3). Children's descriptions of their fictional character also include preparations for a return to school:

"Spinach [fictional character] behaved as though this COVID did not affect her badly because she was still able to give herself time to study, to practice some spelling so that when she goes back to school, she is able to have some information concerning her schoolwork" (Beetroot, 12 years old, female, FGD4).

Impact of school closures on engagement in paid and unpaid labor

As a result of school closures, some older children and adolescents began working and were less interested in returning to school or were less able to return to school for financial reasons. For example, some children began working in

construction and others opened small businesses (e.g., selling ice cream). Participants felt useful and some started to lose sight of the need for formal education: *"[While school was still closed] I had someone who is a contractor who came and asked me to help out with a job that he was doing, that made me happy because I was paid to do that job"* (Potatoes, 13 years old, male, IDI6).

Experience of herd boys

In Lesotho, traditionally some adolescent boys (herd boys) support their families by spending time caring for animals at cattle posts or in the *velds*.⁵⁵ For this population, balancing need to work and need for education has been an ongoing tension. However, during the COVID-19 pandemic school closures meant that herd boys spent longer periods (at times several months) alone at cattle posts which negatively impacted their mental health and further impacted their education. These participants described feeling lonely and disconnected from what was happening in their communities, with COVID-19 having exacerbated feelings of detachment from peers and their future:

"I ended up looking after animals during COVID, from when it started and when schools were closed, I was going to the veld. So my mind was filled with issues from the veld and when I got back to school, I did not feel anything about school subjects. It felt as though I was starting at Grade 1 and that it was my first time" (Grape, 15 years old, male, FGD13).

Some participants suggested that spending long periods at cattle posts affected the behavior of herd boys among peers (e.g., getting into fights or bullying). Herd boys also felt isolation during

the pandemic impacted their relationships with teachers when schools reopened:

"I think that Guava's [fictional character] relationship with his teachers ended up being weak because he was going to end up as someone with thoughts from the veld while at school" (Peach, 17 years old, male, FGD13).

Access to distance learning

The children and adolescents in this study were not offered online learning opportunities and only a few (across gender and age) reported having had access to the school lessons available on TV and/or radio. Tree and Sheep were two of the few with access to school lessons on TV and radio:

"I was always studying. I would watch some school lessons on television. When the teacher asked questions, I would answer, and the teacher would give us answers and I'd find that I have gotten them correct. So that photo reminds me of lockdown, even though it wasn't so pleasant because we were not able to meet with our teachers" (Tree, 13 years old, male, FGD4).

Only when I was at home and Kobe⁵⁶ was not there to play with me, then I could listen to the radio [lessons] when I was bored" (Sheep, 10 years old, male, IDI16).

Juju describes her frustration with not having access to online learning:

"I would say COVID-19 has been really cruel on us. As children, also as youth, then as students on the other side, because we were not able to go to

school. Some of us were not able to attend online classes because of finance" (Juju, 15 years old, female, IDI11).

Return to school after shutdown

One year after schools were shut down in Lesotho, the MoET announced that schools would reopen in phases in March 2021. As participants went back to school, they noticed differences in the school environment. Schools operated in shifts to prevent transmission of the COVID-19 virus, and students were asked to keep social/physical distance between themselves and with their teachers:

"I would like to add on to Cooky's point that yes, his [the fictional character's] relationship with teachers and friends has changed a bit because the things they used to do before COVID have changed. They no longer touch each other, as friends would hug and do high fives. Those things don't happen anymore. Even just talking to a teacher is not as easy" (Biggy, 14 years old, male, FGD6).

"They were not able, even the teachers, he was not able to get closer to teachers, even when he had come for consultation, he was not able to get closer to his teachers to ask [about] schoolwork, about what to do, they were supposed to leave a distance in-between" (Banana, 17 years old, female, FGD13).

Upon returning to school, children and adolescents were promoted to the next grade de facto and many were surprised to find themselves in the next grade without having studied the past year's curriculum or written any examinations:

"I am not someone who fails. Not at all. But this time I was promoted. Then my mother said she does not have a child who will go to Grade 10 through promotions, so I had to repeat Grade 9. Legally I was supposed to be in Grade 10. But then COVID-19 has really wasted a lot of my time. There was a strike also when I was in Grade 7" (Juju, 15 years old, female, ID111).

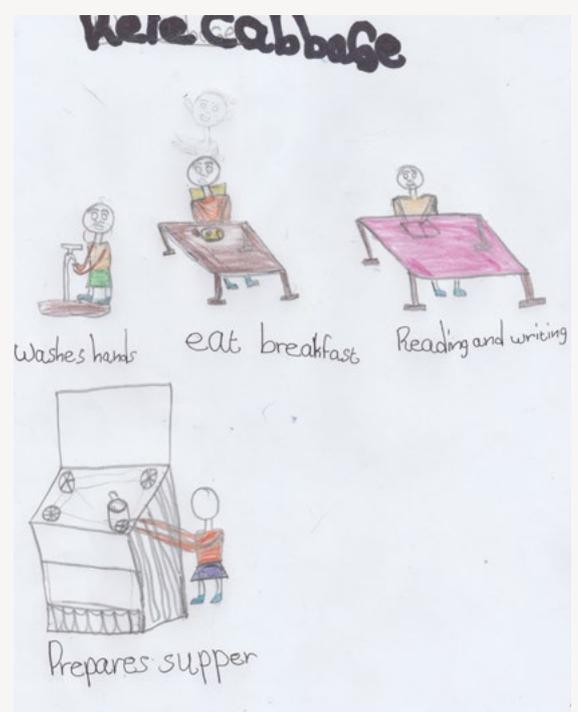
"COVID-19 affected my schoolwork a lot because, by the time where the infection was a bit low, we were told to proceed to the next class. Then when we got to the next class ... there were things we were taught, things that were dropped. We continued with the lessons of the next class and then, those of the next class were difficult to me because we had not completed all previous class work" (Ben, 17 years old, male, ID112).

With the alternating of school days, all participants felt disoriented and believed that they did not learn as much. Participants said that they would easily forget content they were taught as subjects were condensed and delivered in a short amount of time.

"Yes I felt stressed during the period when we started school after lockdown ... that time when we used to take shifts ... so teachers were not able to teach well and explain some of the things to us because most of the time we were not at school ... so I could not understand some of the things myself and thought I had REALLY REALLY FALLEN BEHIND WITH MY SCHOOL WORK" (Beetroot, 12 years old, female, ID15).

"Today I am coming to school, tomorrow I am not, I am at home, it really disrupts the brain" (Apple, 17 years old, female, ID119).

Figure 10 "The daily activities of a fictional character" Cabbage, 11 years old, male, FGD4. ©UNICEF



Some participants reported that the police came to visit their schools to ensure that COVID-19 protocols were followed. This was discussed in FGDs and seems to have upset and frustrated the students. For example, Queen-e-star notes: *"On some days, the police would come to our schools ... [participant sounds frustrated] to check on us and whether we are adhering to COVID-19 protocols"* (14 years old, female, IDI3).

Children and adolescents who were unable to return to school

When schools reopened, some children and adolescents were unable to return due to finances (ex. those whose parents or caregivers who had lost their jobs or had very little income due to COVID-19). Although primary school is free (and books and meal are provided free of charge), families still need to pay for school uniforms and transport for students. Families of secondary school students must pay for tuition and in addition, school-related items (e.g., uniforms, books etc.), transport to and from schools, and boarding facilities if children opted to stay on school grounds. Participants suggested that their peers whose families could no longer afford to pay for education have been negatively impacted, feel left behind and have the belief that their future was taken away or has ended.

"She [fictional character] used to think that was the end of her life because people went back to school, but she couldn't" (Nicky, 15 years old, female, FGD2).

"Casanova [fictional character] went deep into thoughts/depression when she remembered that other kids went back to school after lockdown, she

was not able to go back ... Most kids did not go back to school when schools re-opened. They said that's where their future has ended" (Cutie, 16 years old, female, FGD2).

"Since most kids lost their parents due to it [COVID-19]. Some parents lost their jobs. Some kids right now were not able to go back to school because their homes don't have money, so parents cannot afford to take their kids back to school anymore" (Juju, 15 years old, female, FGD8).

A few female adolescent participants also mentioned that teenage pregnancies went up,⁵⁷ which prevented their peers of the same age and gender from returning to school and attend classes: *"COVID did not sit well with me because it caused high teenage pregnancy in the country because during the time of corona, when we were bored, we would go out to see our partners"* (Pineapple, 17 years old, female, FGD13).

COVID-19 did not change children's life goals and aspirations

When it comes to life aspirations, none of the children and adolescents in the research thought that COVID-19 had changed their goals for the future. All of them believed that taking care of themselves (health-wise), working hard, persevering through challenges (such as the pandemic), and being able to go back to school and getting an education would help them achieve their dreams and goals. The children and adolescents in this study believe that education will bring them and their families and communities a bright future:

"I should attend school and complete my studies so that I can have bright future. I should be able to work, have my own place. I will also be able to help my siblings to pay for their studies. When I have my own home, I will leave them and go stay at my place, but I will still be helping them with their school needs" (Queen-e-star, 14 years old, female, IDI3).

"I would love to see in my community, children of my village getting education, for theft to cease" (Beans, 11 years old, female, FGD4).

"I remembered school. I am one person who loves school. At school, it is where I enjoy the most again. I did not just come to school, there is something I need in life, so I have seen that something that could make me to become something is school. So COVID has not affected me well this is why I would miss school" (Apple, 17 years old, female, IDI19).

The children and adolescents in this study were resilient and optimistic:

"I think right here in the country, right in Lesotho, if people could change the way they think, some of the things would be possible ... Some people are thinking of what can be done for them and not thinking about what they can do for themselves" (Tee, 15 years old, female, FGD5).

"Yes, some [children/adolescents] do [feel that COVID-19 threatened their future aspirations] but, I don't want them to feel threatened. They must feel that COVID-19 has left them, so they must focus on their future not on COVID-19" (Biggy, 14 years old, male, IDI8).

Upon asking how youth can be encouraged about their future, Sheep responded: *"I can tell them to work hard to achieve what they want in life. As many people have died during COVID-19, they should live lives that they will enjoy"* (10 years old, male, IDI6).

Almost without any exception, most participants believed that school completion and education in general, are what they need for a 'bright future'. This belief seems firmly ingrained in these children's minds, and they see teen pregnancy, early marriage and not attending school as very risky behaviours:

"We didn't go to school, and they dropped school attendance, some are pregnant because of COVID, many were married at a young age, indeed their future has really deteriorated" (Apple, 17 years old, female, IDI19).

"Some had babies at a young age thus destroying their future" (Tee, 15 years old, female, FGD5).

It was interesting to hear from the research participants about the type of jobs they aspired to have, which mostly included: medical doctor or nurse, business owner, soldier, police officer or teacher. All participants mentioned that having a good job would allow them to take care of their families, including siblings and parents. The idea of caring for others was evident throughout the interviews.

"Hai, I think what can happen is since I am the one who is still going to school, if I manage to achieve my goals, I will be the one who will change my family's lives" (Peach, 17 years old, male, IDI20).

"I want to be a doctor so that I can be able to transform sick people's lives, and so that I can help my parents, especially when they can no longer work" (Shatter, 16 years old, female, FGD2).

"Actually, I don't want to get married and ... I just want to work for my family. Once everything is done, maybe I can think about having a family ... yeah" (Ntibinyane, 12 years old, female, IDI9).

Some students felt that access to a private tutor/teacher would give them extra classes and the individual attention needed to support academic improvement:

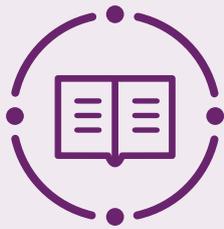
"I am saying that ... I am saying that during that time Asta [fictional character] could have at least had extra classes, there should be phones so that during the extra classes when they are at home, the teachers can ensure that each and every student attends those classes" (Young N, 15 years old, male, FGD6).

Conclusions

In summary, children experienced mixed feelings about school closures, both enjoying the time off and missing school. While at home, many children started doing both paid and unpaid work to help their families. Herd boys who watched cattle for long periods experienced isolation and loneliness and the process of reopening schools was disorienting for all children. Notably, COVID-19 did not change children's life goals and aspirations. A longitudinal study published in 2015 found that holding high aspirations or high expectations positively influences school achievement and holding both high aspirations and high expectations has the greatest positive impact on school achievement.⁵⁸ In another study on educational expectations, Bozick, et al. (2010) also concluded that the stability of student expectations was an important predictor of educational outcome.⁵⁹ Despite the very real hardships caused by COVID-19, the children in this study continue to view education as the key to their futures.



Insight Box 6 What do the participants suggest for improving their school environment?



During discussions with the researchers, participants made suggestions to help improve their learning conditions and increase educational opportunities.

They believe that teachers could assist students from poor family backgrounds in applying for scholarship programmes to help them attend school. Others wished they could receive lessons through their phones and that schools would be equipped with Wi-Fi. Kay (15 years old, female, FGD5) suggested that students should not be taught all subjects but should be able to choose to focus on the subjects that they are interested in. This would allow the students to truly learn one subject, instead of learning a little about many subjects.

“I think that if the education system could change, say maybe from Grade 1 to Grade 7, if teachers see much potential in a student, they should categorize such students to say (CLEAR S THROAT) they should study certain subjects after seeing that the student is good in that particular subject and if a student has already decided what they want to do, they should go ahead with that subject. They should let go of giving us so many subjects ... [all echoing that Sesotho as a subject is unnecessary] that don’t have no use in the future, some subjects are really unnecessary ... or studying ten subjects, only to find that you need to learn only four of those, you would have wasted time” (Kay, 15 years old, female, FGD5).



Insight Box 7 Voices of orphans or children separated from parents



Parents figure prominently in the lives of the children and adolescents in the study. In addition to being labelled as breadwinners by the research participants, parents were also described as the people they talk to when stressed, the people who found solutions to problems, who encouraged their dreams, who explained to them how to protect themselves from COVID-19, who pushed them to go back to school if they failed, and who taught them new skills. The interviewees feared for their parents dying from COVID-19, as they feared being left alone. In return for what their parents did for them, the children and adolescents wanted to 'become someone' who could take care of their parents when they get older.

However, several interviewees explained that they did not live with their parents. Often, one or both parents worked in another town or in South Africa, leaving the research participants with their grandparents or alone in hostels. This is not surprising because Lesotho has a migrant population of 179,579,¹¹² of which 178,647¹¹³ live and work in South Africa.¹¹⁴

COVID-19 and the related border closures exacerbated this situation, preventing children and adolescents from seeing their parents for long periods of time:

"I could say [I missed] my parents [the most] because ... they used to be able to come frequently in a year, but then during COVID-19 they stopped visiting regularly, they only came once a year now" (Potatoes, male, 13 years old, IDI6).

*"My grandmother and grandfather were the ones who were taking care of the things I needed since my mother was not there during COVID-19. Even for food they were the ones seeing to it **that we eat**" (Peach, male, 17 years old, IDI20).*

Some of the research participants felt the economic consequences of this prolonged distance, since they were not able to consistently receive their parents' remittances. This presented both practical problems and a feeling of insecurity. Sheep, who is a young child with physical disability, openly expressed his fear of losing his mother: *"When my mother went to [name of another district within Lesotho], we didn't have anyone who cooked*

enough food, sometimes there would be no food for lunch [...] I worried a lot when my mother was not there, and she went to [name of province]. I was worried that she would not come back and if my mother died of COVID-19, who would help to take care of me?" (Sheep, male, 10 years old, IDI16, CwD).

Two research participants openly talked about having lost their parents because of the pandemic. Pino shared the heart-breaking experience of her mother's death, while she was quarantining with her in the same house (see Figure 24): *"This one, it is the house that we were living in before, like ... we had separate houses whereby others lived in one house and others lived in the other house. Then I was in this one, with my mother. My mother then passed away"* (15 years old, female, IDI7).

Juju explained that her father was living in South Africa when he became ill: *"He went to do a few errands [...] then he came back from his home, I think when he returned from the place where he had gone to, that is where he had come back having contracted it [...] Then while he was still in South Africa, we were then told that he had passed away and it had been three days already. We found out on the fourth **day while he had passed away three days back**"* (15 years old, female, IDI11).

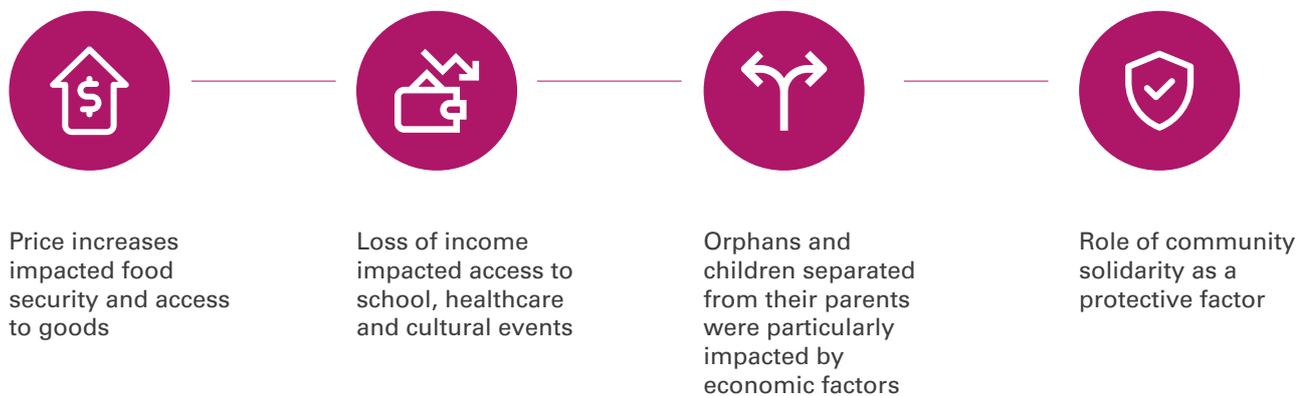
These young people manifested both resignation and strength when asked how they were doing: *"It made me lose hope a little, but then I became a little better and I got to understand that it is not the end of the world. Everybody is going **to live**"* (Juju, 15 years old, female, IDI11). For the children whose parents migrated or passed away, uncles, sisters and grandparents, are paramount figures in terms of economic and emotional support.

Figure 11 The house where Pino's mother died because of COVID-19" Pino, 15 years old, female, IDI7. ©UNICEF.



3.3 Economic struggle and community support

Diagram 3.3 Key concepts on economics and community support



According to all participants, the lockdowns had a strong impact on their lives and the lives of their families and communities. As noted by Sephafi: *“It [COVID-19] teaches us that anything can go from anywhere to anywhere”* (11 years old, female, IDI2). Beyond not being able to attend school and having to protect themselves from contracting the virus, the children and adolescents interviewed highlighted the immediate economic consequences of the pandemic and lockdowns on their daily life.

Impact of COVID-19 on food security and access to goods

Both children and adolescents suggested that during the pandemic, food insecurity was their most pressing concern. Thirteen-year-old Habashoe explains: *“We were not okay because people were no longer able to go to work [...] Everything just changed. We used to eat bread in the morning, but then we started eating pap⁶⁰ in the morning*

when the shops were closed” (male, IDI10). Participants talked extensively about what they and their families and communities could still eat and what foods they were no longer able to access, resulting in a less diversified diet. The children and adolescents in this research lamented food having become too expensive, shops being closed and adults (including their parents) losing their jobs.

“We had times when there was no money to buy food” (Qesh, 11 years old, male, IDI1). Some

children mentioned being hungry and losing weight, and almost all explained that they did not have any choice in terms of nutrition:⁶¹

Shatter (16 years old, female): *“I think Casanova [fictional character] was stressed because things got very expensive in the shops during the lockdown, so they didn’t have money for basic needs. [...]”*

Figure 12 “I have captured the fields. I captured the field with maize because when we were not allowed to go to supermarkets since they were closed so ... so, we would go ... we used to get lot of things like food from the fields so that we can be able to eat ... especially when we weren't allowed to go during the day since we were told not to go outside, so we were scared of making any movement” Ben, 17 years old, male, FGD9. ©UNICEF



Queen-e-star (14 years old, female): “*Casanova* [fictional character] was living the hard life, when they had to go cook pap, they would wonder what they were going to eat it with, since food was expensive.”

The interviewees perceived that the pandemic deeply affected their families’ livelihoods. Some of them relied on gardens or farms to provide them with the food to eat or sell. However, this was difficult as the lockdown resulted in an increase of the price of fertilisers, as explained by Peach (17 years old, male):⁶²

Peach: “*Before COVID-19, I knew that when I had to plant something, let’s say sorghum, during February, I did so because there was money for fertilizers and seedlings. But right now, we have an issue with acquiring fertilizers. It is really a hassle to get it. So COVID-19 has had a negative impact on my work since we no longer plant the things we used to plant in time.*”

Researcher: “*Since we are already talking about that, what can you say has been the impact of COVID-19 on your family’s livelihood?*”

NEED ORIGINAL IMAGE

Figure 13 Grape: "Ooh, I see this photo as unfamiliar because during corona we were struggling with things like fertilizer and it amazes me as to why did our crops end up like this" 15 years old, male, FGD1. Pineapple: "Those are the crops that were planted before corona came, there was some fertilizer that was still left" 17 years old, female, FGD13. ©UNICEF



Peach: "It has affected it in a way that some of the crops that we used to plant and sell, hence making money from it in the process, now we cannot plant in large quantities that allow us to sell and consume at the same time."

For many of the children's families, cattle were a source of income. But during the pandemic, food for animals was also lacking, as noted by Queen-

e-star who talked about the changes that the pandemic brought to her family:⁶³

Queen-e-star (14 years old, female): "What has changed is that our cattle are dying therefore the money that we used to get out of selling them has now decreased."

Researcher: "How does this make you feel?"

Queen-e-star: *"It does not sit well with me because when you want something that you could have otherwise bought with the money, and you don't have it, then you have to borrow from neighbours [...] It [COVID-19] affected [my family] because there were times when WE DID NOT HAVE ANYTHING TO EAT, WE WERE SOMEHOW STARVING [...] challenge was that there were many people that we had to share food with, that is my sisters, and on the other hand we had to share with our shepherds who stay in the cattle post."*

Almost all the interviewees, especially the older ones, lamented that services (e.g., healthcare) and items (e.g., household items, petrol), became more expensive and/or unaffordable: *"I, Banana, say that ever since corona was existent, the prices in the shops increased heavily more than how we were used to. This affects me more because as Lesotho, there are no jobs to get money to afford all of those things and so the prices increase and Lesotho does not have many people working"* (Banana, 17 years old, female, FGD13).

Juju explained that when her mother was not working during the lockdown, she became aware of economic problems at home because: *"We started buying things one by one [...] we started buying toilet paper one by one"* (15 years old, female, IDI11). A few participants also complained about the high cost of protective masks: *"Before COVID-19, Guava [fictional character] lived well, he was able to eat breakfast, it was fun. After corona, Guava no longer ate the food he was used to, because sometimes when he was supposed to go to the shops and had forgotten a mask, he was not supposed to enter some shops, again at that time when corona had just surfaced, a mask was very expensive, probably costing M30.00⁶⁴"* (Banana, 17 years old, female, FGD13).

Economic impacts of COVID-19 on access to education, healthcare and cultural/religious events

For some of the children and adolescents interviewed, the economic problems faced during the pandemic had consequences for their education. For example, parents could not afford to buy books and stationary, let alone digital media tools: *"Some of us were not able to attend online classes because of finance"* (Juju, 15 years old, female, IDI11).

Once schools reopened, for some parents paying school fees became more difficult, thus putting children at risk of school dropout, and increasing the risk of early marriage among adolescent girls:⁶⁵

Tido (15 years old, female): *"Most of the kids left school because ... because their parents, during the lockdown, went to work on shifts so they were not earning enough money, hence they were no longer able to pay for their children's school fees."*

Sasha (16 years old, female): *"COVID-19 left so many families miserable because some kids went into marriage at a young age for survival. They thought they'd get a better life when they got married."*

Peach (17 years old, male, IDI20) noted that his family was unable to access healthcare because their usual means of transportation to healthcare facilities (e.g., "hiring someone's car") became too expensive. One child (Beetroot, 12 years old, female, IDI5) was saddened that his family was unable to attend funerals because they did not have the economic means.⁶⁶

Figure 14 "A fictional character playing with her friend" Nicky, 15 years old, female, FGD2. ©UNICEF



Economic consequences of the COVID-19 pandemic for orphans and children separated from parents

The topics outlined above crosscut all the data analysed, but it became apparent that for both orphans and children and adolescents who lived separated from their parents, the economic consequences of the pandemic were starker. Some of the interviewees lived with their grandmothers or alone in hostels, while their parents worked in

the capital Maseru or in South Africa. The pandemic not only kept these participants separated from parents but also prevented them from receiving remittances from parents.

"This corona affected us negatively because as it started, border gates were closed, and our parents were still in South Africa, and we really missed them. Even sending money was a problem and eating. If I was used to eating during the day, we would eat in the morning and in the evening, then sleep, and

during that time we really lost weight and our mental health was affected and there was a lot of illness” (Pineapple, 17 years old, female, FGD13).

Pino (15 years old, female, IDI7) talked about how the death of her mother, due to COVID-19, left her alone with her older sister. In addition to the sadness they were experiencing, they also struggled to make ends meet and pay for school fees. This case highlights how the pandemic in Lesotho not only worsened the economic situation of many children and adolescents whose parents had precarious employment situations or were forced to migrate to look for a job, but it might have also created new serious cases of child poverty.

Role of community solidarity as a protective factor

On a more positive note, interviewees also elaborated on the ways they and their families faced difficulties, finding solutions to the different problems caused by the lack of food or money. Almost all research participants mentioned getting support from their neighbours (including their friends and their friends’ families) or vice versa. The examples of solidarity within the community are numerous. For example, Beetroot describes sharing resources with the neighbours:

“In the community ... many people have lost their jobs ... so that has forced neighbours to share whatever they have with others ... if your neighbour does not have anything, you have to give him/her whatever you have ... so even for us if we run out of things we cannot get them from anywhere we will wait for either one of my parents payday to be able to buy ... so when we have run out of food ... there is nothing we can do since we share them with

neighbours ... we have to share ... it’s like that” (12 years old, female, IDI5).

Children and adolescents talked about their neighbours’ children living with them if parents had to migrate; families lending money to the villagers who owned shops so that they could buy stock; sharing groceries with the shepherds who were taking care of the cattle at the cattle post; inviting villagers to eat with them when they slaughtered pigs; or borrowing food from other households, as explained by Queen-e-star:

“WE HAVE HAD IT ROUGH TIME AT TIMES ... we ran out of maize-meal, and we borrowed it from our neighbours ... sometimes you know ... my family owns rented flats and deadline for payment is on the 5th, so we would borrow food and pay around the 5th with money we collect from rent. That is what helps us to survive” (14 years old, female, IDI3).

Some children also referred to more organized forms of solidarity such as food aid, which helped those in need as a response to COVID-19:⁶⁷

Researcher: *“Tell me, is there anything, since COVID started until now, in that place of yours, where you spend most of your time at, is there anything that changed?”*

Apple: *“Yes, there are things that have changed because people were provided with things, let me remember, were they given food packages? Yes, there were people whom we would hear that they are at school and they are given cabbages ... things like maize meal and the likes ... even though it was not everyone, they were given food packages, cabbages, salt, cooking oil, those people who are needy, they were not able to work then ... again*

things were very expensive, especially cooking oil, they were expensive ... but before COVID started, there were no such activities, where people would be given food packages and the likes" (17 years old, female).

Conclusion

While the economic impacts of the COVID-19 pandemic were devastating, it is evident that the research participants envisage the community as an entity where solidarity takes place in concrete

ways, as outlined above. Participants provided many examples of the support neighbours and community members gave to each other. Furthermore, it is clear that children and adolescents think that the community should and could be even more responsible for the wellbeing of its members. When asked what could be done to improve the current economic situation, interviewees had suggestions for the adults in their community, as demonstrated in the following example.⁶⁸



Boss Mayor, 15 years old, male, FGD3. @UNICEF

Aries (15 years old, male): *“Adults in our villages should come together as one so that they are able to buy us medications or they should make medications for us so that our bodies can stay healthy. They should also come together so that they are able to buy things that will protect us because not all families can afford to buy things like masks or anything...”*

Lendu (16 years old, male): *“Adults can come together to help people who are in need, people who need and cannot afford to buy masks so that they also can have them and also be able to sanitize their hands.”*

Participants had other suggestions as well. Kamza (14 years old, female, FGD8) talked about creating an association which could provide residential care to orphans as a solution for those who were left without parents and economic support. Another participant (Cutie, 16 years old, female, FGD2) mentioned that teachers could be key in supporting children and adolescents with economic difficulties because they could suggest where to apply for scholarships and how to find solutions when the family cannot afford to pay for school fees. The community was also seen as the entity that should take care of the infrastructure that matters to the research participants (i.e., roads to the hospital and school buildings such as halls and kitchens). Additionally, community members were seen as those who should guarantee that children’s and adolescents’ concerns were listened to:⁶⁹

Researcher: *“What support do you need so that your views too can matter and be listened to? Cutie?”*

Cutie (16 years old, female): *“We should form groups as youth, meet up and help each other on issues and then present them to communities. We should have question and answer sessions with communities.”*

Some participants mentioned that the government should help reduce poverty and prevent people from being hungry to bring peace and harmony within the communities, as poverty and hunger led them to stealing and violence: *“I would like for the government to give people jobs, because when there is nothing to eat in one family there will be theft”* (Beetroot, 12 years old, female, FGD4).

However, generally the children and adolescents interviewed did not envisage governmental interventions as a solution but tended instead to focus on the role of their more immediate community. This does not mean that participants were idealistic about the concept of ‘community’. On the contrary, a few children explicitly talked about problems within their community related to petty crimes and quarrels, and Beetroot (12 years old, female) praised *savoir-faire* and individual initiatives as solutions to economic struggle *vis-à-vis* community solidarity, as shown by the following two excerpts:

“I think things that still need to change are that people should let go of fighting. During corona times, people would fight a lot and some weren’t able to get money to afford things that were needed in the house and they would steal other people’s items [...] The conflict is about, eeh! ... when you don’t have anything to eat, you will have thoughts of going out to steal things that aren’t yours and then the owner will fight you” (Beetroot, 12 years old, female, FGD4).

"Among all things we talked about err ... I think what I loved most is that people should be ... independent and not ask for help all the time because people get tired of helping others ... at times people would even want to kill you if you cannot help. People should learn to do things by themselves. It's only when you have attempted to do something, and it does not work out that you can ask for help" (Beetroot, 12 years old, female, ID15).

The quote above shows a critique of the dependency of an individual on their community, but this critique was fairly rare in the research, as in general participants spoke with appreciation for the solidarity among neighbours. According to research participants, the COVID-19 pandemic highlighted the importance of helping and supporting others:

"COVID-19 taught us to take care of one another [...] like, when someone was not having food, we should help them to have something to eat" (Sheep, 10 years old, male, CwD, ID116).

"It [COVID-19] teaches us that, from what we saw when the whole world was looking for a cure for COVID-19, people were joining hands" (Biggy, 14 years old, male, ID18).

"Well, it [COVID-19] teaches us that the government can just make decisions and, if we want, we as people, we can end COVID-19" (Ntibinyane, 12 years old, female, ID19).



Lendu, 16 years old, male, FGD6. @UNICEF



Insight Box 8 Voices of children and adolescents with disabilities



Among children with disabilities who participated in this research, most of them had a high level of awareness about COVID-19 and were knowledgeable about the safety regulations that were put in place.

Others had more difficulty expressing themselves, therefore, it is not known whether they are unaware of COVID-19 or whether they could not communicate their thoughts in a way easily understandable by the facilitators. Among those who explicitly mentioned being aware of the virus, all could cite all the key preventative measures for the disease and were aware that the lockdowns that happened, although these were discussed in the context of school closures and how they had to stay home and could not see their friends. They seemed to have followed prevention measures, but many of them were afraid of getting the COVID-19 vaccination:

“I am not interested to vaccinate. I think that vaccine will kill me. There was someone here at school who vaccinated and thereafter he never came back to school” (Muzzle, 14 years old, male, IDI14, CwD).

Some of the children with disabilities expressed liking school and noted how important it is for their future: *[when asked about being home when schools were closed] “I felt it was really bad... because we also want to get educated”* (White, 13 years old, male, FGD12, CwD).

During the lockdown, a few children with disabilities who usually board at school, missed the school facilities where they have their own bedroom and hot running water, which they did not have at home. Only one child mentioned missing their home and parental support while living at school.

With the closure of schools, learning how to cook was also a matter of survival for one child with disabilities: *“I told my mother that I go for long periods without food when she is not there ... she taught me how to fry eggs”* (Sheep, 10 years old, male, IDI16, CwD).

Figure 15 "A fictional character playing with her friend" Ten, 14 years old, female, FGD10. ©UNICEF



When discussing their personal relationships, the majority of participants designated friends as the most important people in their lives and missed these friends during lockdown. Only one or two mentioned having missed their sibling or parent(s). This could be because the children with disabilities interviewed spend so much time at school that their bond with their friends has become deeper than the relationship they have with family member(s). If children share a similar type of disability with their friends, it most likely adds to their connection.

Many children with disabilities spend most of their time in their special needs schools and when at home, in the care of a hired helper, as noted by a few children who describe being in the care of a 'lady'. This 'lady' seems to be someone hired by their parents to care for them due to their disability

"As I was sick like that, she [Pink's mom] had left me with a woman she didn't know, that woman then came and took me ..." (Pink, 13 years old, female, IDI17, CwD).

"[During lockdown and closure of school] When I got home, there was a lady there who takes care of me" (Muzzle, 14 years old, male, IDI14, CwD).

When asked about their future, the children with disabilities were not pessimistic and had ideas about what jobs they would like as adults. Sheep (10 years old, male, IDI16, CwD) described wanting to be a soldier because it would make him feel *"strong"*. He also described how the army offers opportunities for someone in a wheelchair: *"Soldiers have many opportunities like ... I can't walk but then I can work in IT or I can be a chef there or any other thing"*.

In common with all of the participants, children with disabilities commented on the concept of helping others and caring for oneself or others quite often in their answers. One respondent, Lizzy, wanted to become a nurse so that she can *"help sick people"* (14 years old, female, CwD), and another believes that COVID-19 has taught them to take care of themselves. These children also touched upon aspects of resilience throughout their answers, which was a trait demonstrated by all children in the study, regardless of their disability status:⁷⁰

Sheep: *"I like Power Rangers ... because they have superpowers that help other people."*

Researcher: *"Ok. You like it when people help other people?"*

Sheep: *"Yes, my friend likes to help me a lot"* (10 years old, male, CwD).

Sadly, the words of one participant attending a school for children with severe disabilities showed that there were instances where certain illnesses and/or disabilities are attached to social stigma. Pink described being taken to see a traditional healer (i.e., a witch doctor), to remove her “curse” and cure her with traditional herbal medicines:

“As I was sick like that, she [Pink’s mom] had left me with a woman she didn’t know, that woman then came and took me... that woman, or maybe she is the one who gave me this thing ... As you see me like this, that man came and said, ‘no way, indeed this girl, something has been done to her. I will take it out, you will see’. My aunt agreed and thereafter I was taken to a [witch] doctor” (Pink, 13 years old, female, IDI17, CwD).

Although the child did not elaborate further on this, her quote is an invitation for further reflection on how children living with disability perceive their own illnesses and how these have been influenced by the cultural beliefs and context in which they live in. For children with disabilities ‘normality’ is defined by the society surrounding them and the lack of awareness and knowledge about disability brings confusion to both parents/caregivers and children, who suffer further when health services and access to appropriate care are also missing.

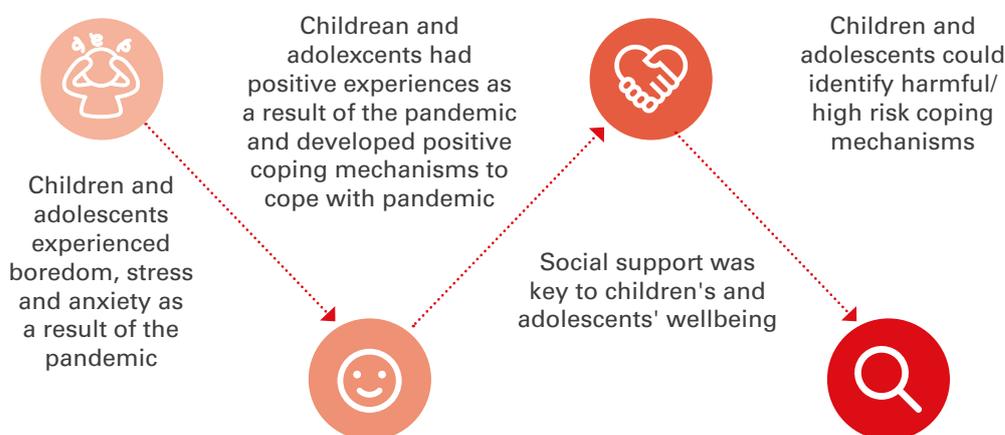
Furthermore, field observations have showed that children with hearing and speech impairments face great difficulties in times of crisis/pandemics as it is not easy to communicate with them and not easy for them to have equal access to information, especially when they live in families and communities where they do not have access to sign language interpreter.

Figure 16 Chicken: “I just love schoolbooks. I love reading them.” Researcher: “Ok, so during COVID-19 you were not reading schoolbooks?” Chicken: “No, I was not attending school” Chicken, 10 years old, female, IDI15, CwD. ©UNICEF



3.4 Children's and adolescents' coping mechanisms

Diagram 3.4 Key concepts on coping mechanisms



The following section highlights the positive and negative coping strategies used by children and adolescents during the pandemic. Participants also discussed their boredom, stress and anxiety as well as the ways that the pandemic forced them to learn new skills and build relationships with family.

Children and adolescents experienced boredom, stress and anxiety as a result of the COVID-19 pandemic

All participants in the study (across age groups, gender, disability status) describe their lives during the early pandemic period similarly and used expressions like "life had stopped" or "it was just a strange life" (Sheep, 10 years old, male, IDI16,

CwD). The pandemic was explained as "a year seated at home doing nothing" (Beetroot, 12 years old, female, FGD4), or a year in which they felt "bored for way too long" (Habashoe, 13 years old, male, IDI10).

All the participants expressed negative emotions related to being forced to stay indoors and not being able to play and spend time with their friends. The pandemic often made them feel "not happy" (Chicken, 10 years old, female, IDI15, CwD) and "not free because he's [fictional character] not able to talk to his friends like he used to in the past" (Lendu, 16 years old, male, FGD6). Cutie (16 years old, female, FGD2) said that the fear of contracting the virus and of losing parents or relatives made

her feel “stressed” and meant that she could “only hope” for the present and the future.

Some of the interviewees feared contracting the virus and chose not to leave their homes to stay safe and keep their relatives safe. As one interviewee put it: *“I did not want to contract corona, so I would sit indoors”* (TPN, 16 years old, male, FGD3). Some of them contracted COVID-19 and suffered losses of relatives or neighbours. These were difficult experiences, which made them suffer a lot: *“I felt like I was going to die”* (Juju, 15 years old, female, ID111).

Participants reflected about the uncertainty and constant changes during this period. The arrival of the pandemic and the successive waves made it difficult to know when they would go back to school and see family members and friends. As restrictions eased and schools reopened, children and adolescents could meet their classmates and *“felt refreshed ... we had moments when we would meet people we hadn't seen in a while so it would always be a joyous moment to play with each other”* (Habashoe, 13 years old, male, ID110). However, they realized the joyous moments were unpredictable and temporary due to new COVID-19 waves and consequent regulations/lockdowns. Habashoe continues: *“Later on we would no longer be allowed to play together anymore.”*

This uncertainty and unpredictability led to anxiety and discouragement – also due to awareness they were missing out on their education, and on their religious and sports activities:

Figure 17 “This picture helped me a lot because as Basotho ... traditionally as Basotho, a child has to know Basotho work as they are growing up. During this time, I was learning ... I was learning how to chop wood and how to make a fire out of that wood” Cookie, 14 years old, male, FGD6. ©UNICEF



"These COVID regulations ... you see now, you would hear a certain wave is here [...] and sometimes, if we're told that another wave is coming, we're going to close schools and I am going to get discouraged knowing how covid affects us" (Apple, 17 years old, female, ID119).

"When churches were closed and [we were] unable to go to church, now I asked myself what kind of sickness that was, that did not enable us to go to church even though we are often told that when we have problems, we should pray" (Strawberry, 16 years old, female, FGD13).

Positive strategies for coping

Although the pandemic has deeply affected the children and adolescents interviewed, and certainly increased their overall stress, they found strategies to feel better and cope with the crisis. The research team identified three main protective factors: (i) having things to do and spend time on, for example supporting their family, gardening, playing or reading; (ii) receiving care from their parents or supportive adults, and having a close relationship with them; (iii) finding strategies to spend at least some leisure time with peers and friends living close by.

Figure 18 "In my photo, I have roses ... uhm! I'm very fond of nature especially that entails flowers, specifically roses. So, roses give me a peace of mind and hope that things are going to be OK!"
Nana, 16 years old, female, FGD5. ©UNICEF



All the children and adolescents interviewed talked about having supported their households in various ways. Cooking, collecting water or firewood, cleaning the house and gardening allowed them to fight against boredom, and to enjoy themselves and feel they had a purpose:

"I am going to talk about this picture of food. During lockdown when I was at home, when we were not attending school, I would say to my mother, 'mom, today please don't cook, I will do the cooking'. She would not cook, and I would do all the cooking [...] When I look at this picture, I feel happy because now as I am talking to you, I can cook almost everything that can be bought at home, that I may be asked to cook. And I am so happy" (Tizzy, 14 years old, female, FGD8).

"When schools were closed, after having breakfast I used to enjoy going into their nest [geese] to sweep it and clean and removed their laid eggs ... I would see to it that I give them water to drink ... after that I would go to the nearest field to collect some food so that I can feed them and would add some maize to it to make sure that they do not starve" (Queen-e-star, 14 years old, female, IDI3).

The research participants referred to leisure time and playing as very important aspects of their lives. They managed to continue playing while adapting and adjusting to the regulations. Looking at a picture of a ball, Boss Mayor mentioned, *"I also kicked it there at my home during the COVID-19 lockdown when the stadium was closed"* (15 years old, male, IDI4). Although the interviewees did not talk a lot about studying, doing their homework or learning remotely during lockdowns (only a very few of them did), some of them talked about reading as a mechanism to cope with boredom:

"I take my books and read sometimes during the day when I have nothing else to do" (Potatoes, 13 years old, male, IDI10). A few participants started reading thanks to the additional time acquired because of school closures and recognized this as an opportunity. By reading, they learned new things and enjoyed themselves:

"I learned how to pronounce a certain English word and then find out what it means in Sesotho. Before COVID-19 I would not read that much, but now I do not only look at the pictures, but I actually do read" (Queen-e-star, 14 years old, female, IDI3).

"Eehh! Well, when I was at home, I developed feelings of wanting to write and read more books and it reminds me of those times. I would sit down and write, and my mother would ask where my passion lies whether it's for reading and writing" (Jacque, 16 years old, female, FGD5).

Besides having to cope with boredom for the long periods where they *"were just sitting in there, eating and sleeping"* (Juju, 15 years old, female, FGD8), the research participants also had to deal with stress and anxiety caused by the consequences of the pandemic, including isolation, economic struggle and death of their loved ones – this is true for all participants in the sample.

Analysis of the data suggested that children and adolescents reflected about their lives and found ways to release stress. Many of them mentioned religion and reading as important: *"I just take my Bible and read, or I read storytelling books and thereafter I feel much better"* (Queen-e-star, 14 years old, female, IDI3). Music also represented an important protective factor for Peach, isolated at

the cattle post and for Juju, suffering the death of her father because of COVID-19:

"The only thing I do since I have a phone is to take it and listen to my music with headsets on" (Peach, 17 years old, male, IDI20).

"I would sit at home and raise the volume on the speaker and listen to Amapiano⁷¹" (Juju, 15 years old, female, IDI 11).

One interviewee talked about having a doll as an *"imaginary friend"* to confide in when she would argue with her family members: *"Sometimes when my little sister does something and then she would say it's done by me, my parents would scold me then I would tell my doll"* (Kay, 15 years old, female, FGD5). Nana calmed down by spending *"time in the garden, I would smell their [roses] scent, [it] was very nice and that would refresh me"* (16 years old, female, FGD5). Another participant discussed expressing her feelings through drawings: *"So there was nothing better to do and I would draw because I enjoyed it. I was able to express how I felt and would feel relieved afterwards"* (Jacque, 16 years old, female, FGD5).

Importance of family and social support

A support network, represented mostly by the interviewees' families and peers, was also extremely important and helped them to feel less stressed and anxious (the support network differed among participants, with some relying more on parents, some on other relatives, some on friends and peers):⁷²

Researcher: *"So, how about you? What do you do to refresh when you are stressed out?"*

Boss Mayor: *"Eh ach! I ... I ... I ... I would talk to ... to the kids ... No! I would go out like ... I would just play with my younger siblings or my friends and shift my mind from that"* (Boss Mayor, 15 years old, male).

Many interviewees talked about the important role that parents had in their lives (others did not live with or did not have parents). Parents helped them to relieve stress and feel listened to, because they trusted them. As Sheep said, talking about his father: *"He is the one I trust"* (10 years old, male, IDI16, CwD). Parents were described by the research participants as very important in supporting them to make the right choices, adopt good behaviors, as well as finding motivation to continue their studies and achieve their aspirations:

"I think that even if it doesn't happen that you do the subjects that you were expecting in university, to be honest, no matter what you do, you want someone who believes in your dream, so if our parents give us that support that yes we can do this ... that encouragement, it would really help a lot" (Precious, 15 years old, female, FGD5).

In the photovoice exercise, children and adolescents rarely took pictures of their parents (with only a few exceptions), but when asked about other pictures they would have had liked to take, many replied *"my mother's picture"* (Juju, 15 years old, female, IDI 11) or *"pictures of my parents"* (Qesh, 11 years old, male, IDI 1). The interviewees reflected a lot about the importance of receiving encouragement and support. This finding crosscut FGDs and IDIs, making this an important lesson learned in this study. Many of the children and adolescents living with their parents recognized that the pandemic was an opportunity to strengthen ties with their parents:

NEED ORIGINAL IMAGE

Figure 19 "What I missed most was to meet with my friend THAT I LOVE VERY MUCH ... I mean during COVID-19 lockdown we could not meet at all ... more because we could not even attend churches, etc. ... so it was impossible to meet with her ... unless we go to school or church, I am not able to see her" Beetroot, 12 years old, female, ID15.



Modabe, 11 years old, male, FGD7. @UNICEF

"Because she [talking about her mother] was unemployed and I would spend most of the time with her, wherever she wants to go, I will always be with her ... so when I went back to school, I would miss her" (Retz, 16 years old, female, FGD5).

"I, Strawberry can say that corona has affected people badly but, in some ways, it has affected them positively because many families were able to stay together and be free, jobs were closed and the parents were able to be with their children to spend enough time with them and give them enough love, even though others lost their parents during that time" (Strawberry, 16 years old, female, FGD13).

Family separation, for reasons of work or education, negatively affected children's and adolescents' lives and made them feel worse and not supported. However, other members of the extended family, such as aunties, uncles and siblings, played an important role:

"My uncle always tries his best to comfort me" (Ntibinyane, 12 years old, female, ID19).

"He [talking about his uncle] was the one that I was able to tell how I was feeling and how I was not feeling" (Ben, 17 years old, male, ID112).

"My mom died when COVID-19 started and she [my sister] is the one who has been taking care of us" (Pino, 15 years old, female, ID17).

Friends were also regarded as fundamental and were mentioned many times in the IDIs and FGDs by all participants and were depicted in several photos. Unfortunately, the pandemic and its related restrictions were an obstacle to spending time with friends: "Because of corona, I was not able to

go out and play with them anymore ... I was very bored" (Boss Mayor, 15 years old, male, FGD3).

Through analysis of data and the photographs taken by the research participants, it is clear that those children and adolescents who could not play with their old friends started to make new ones, particularly "*neighbours' children*" (Beetroot, 12 years old, female, IDI5). Spending time with peers was another way to release the stress caused by the pandemic:

"I remember of a time during COVID-19 when we would be sitting under that tree eating apples, we were happy and laughing together" (Quesh, 11 years old, male, IDI1).

This is especially true for children and adolescents who were more isolated and for children with disabilities. Children with disabilities took many photos of friends, for example as Lizzy said: "*because I had missed her*" (14 years old, female, IDI11, CwD). Children and adolescents with disabilities are supported by their peers and teachers in their life at school;⁷³ lockdowns and school closures posed an obstacle to receiving much needed support. This extract from an interview shows how disability did not limit children's ability to play:⁷⁴

Researcher: "*What did you play with Chantel [pseudonym of the participant's friend]?*"

Sheep: "*Racing around.*"

Researcher: "*Racing like ... is Chantel also on a wheelchair?*"

Sheep: "*No ... she liked to push me around and run while pushing me (LAUGHING).*"

Figure 20 "This picture reminds me of the time of the pandemic of corona because we as kids never had the opportunity to go to school. So this picture reminds me, because I used to stay at home and read all the time and it also gives me encouragement because I myself, I never read. That time, that's the first time in my life that I could say I found time to read so it gives me courage that after that day I knew that reading is really helpful" Biggy, 14 years old, male, FGD6. ©UNICEF



Figure 21 “A fictional character playing with her friends” Nine, 14 years old, female, FGD10, CwD.
©UNICEF



Researcher: “Okay (LAUGHING) did you enjoy that?”

Sheep: “[Excitedly] yes, very much!” (Sheep, 10 years old, male, CwD).”

To be closer to their friends, avoid a high level of isolation or simply to have fun, the children and adolescents interviewed often talked about trying, as safely as possible, to find ways to move around in their communities. Examples include: “ride the bicycle alone to get some fresh air” (Boss Mayor, 15 years old, male, FGD3), meeting and helping people, and gathering with their friends. In some instances, the research participants were not able

to stay indoors and walked to their friends, whose proximity was “really therapeutic to me, they made me happy, and they were very important” (Kat, 14 years old, female, FGD8). This happened across gender and age, but it was less likely for children with disabilities.

Overall, participants were aware of the risks associated with the pandemic and adopted behaviors to reduce the spread of the virus while playing “amidst the pandemic” (Habashoe, 13 years old, male, IDI10). Habashoe also recalls that, “in our play sessions we washed hands regularly and observed COVID protocols. We used to wear masks

while we are playing": Children also managed to have fun, while respecting the rules. Queen-e-star recounts using chores like collecting firewood as time to *"take a stroll in the mountains"* and *"play with other girls and start chasing the wild rabbits"* (14 years old, female, IDI3).

Some of the interviewees referred to the presence of armed forces charged with controlling behaviors in the community. Their presence became a pretext to have fun and defend community members, especially older people, from soldiers' brutality:

*"I was able to ... to ... to help other people, like when I was roaming around to annoy soldiers, when I was walking on the streets, I'd help other people to wear a mask, such that when they start chasing, you just tell them you should be wearing a mask and just go to the shop"*⁷⁵ (Kamoza, 15 years old, female, FGD8).

Figure 22 "A fictional character gardening"
Five, 16 years old, male, FGD10. ©UNICEF



Things children learned during lockdown

In addition to finding strategies to deal with the restrictions and to cope with stress and boredom, many of the children and adolescents interviewed felt they learnt things during the pandemic that they would have not had the opportunity to learn without lockdowns and school closures.⁷⁶ Because of this, for some participants the pandemic *"was not that much stressful ... I think I learned so many things as opposed to now when I regularly attend school ... you know I knew how to do so many things that I could say these ones I would have not known at all if I did not stay at home ... you know ... I learned how to do many things"* (Beetroot, 12 years old, female, FGD4).

Beetroot had the opportunity to support her family business and learn about *"how to save money so that it can last longer"* (Beetroot, 12 years old, female, IDI5). Similarly, Answer Kelly supported his family shop during the pandemic and reflected about how he became more conscious about money: *"I wasn't somebody who knew how to use money wisely, so this helped me to save and spend money wisely"* (16 years old, male, FGD6). For many of the research participants, the things they learnt were associated with spending time with their relatives, particularly parents, who became alternative teachers and taught them life skills:

"It has been very nice ... to be with him [father] ... it made me aware that he is a person who is always happy, and I also became aware of... of the kind of things that he loves ... er ... I was also able to learn ... he taught me how to make leather bags" (Beetroot, 12 years old, female, IDI5).

Figure 23 "A fictional character smoking and drinking beer" Kamoza, 15 years old, female, FGD8. ©UNICEF



"Ok, I'm going to talk about this picture of a car. Err ... during lockdown last year, my dad was teaching me how to drive, like some few weeks after the schools closed. [sigh] He then went to work afterwards and a few weeks later, he then got sick from COVID ... and then he died. I did not want to take it⁷⁷ but I had to since it ... it ... it really hurts me, but I want to speak about it, I do want to speak about it. Err ... I know how to drive [pause and clears throat] and I was taught by my dad, so may his soul rest in peace" (Juju, 15 years old, female, FGD8).

Learning new skills made the research participants reflect about themselves and what they could achieve "with my own hands" (Ntibinyane, 12 years old, female, IDI9) and made them "feel proud because during lockdown I learned how to plough, learned how to hold a spade and I ended up choosing agricultural practical subjects at school, because I knew how I had to do things in the garden" (Sasha, 16 years old, female, FGD8). Overall, they appreciated learning practical things connected to the lives of their households and communities and appreciated having time for themselves. Some of them missed these activities when schools reopened:

"When I look at this photo, I feel very sad because we no longer have that much time that we were able to play well due to opening of school ... so we are not able to play like we used to during the lockdown, so I feel very sad" (Kat, 14 years old, female, FGD8).

Difficulties

Although many research participants showed a high degree of adaptability and inner strength during the pandemic, for some life was harder. For example, older boys living in mountainous areas and whose family had cattle, were forced to spend a lot of time herding animals because of school closures. This was perceived as "the most negative experience" (Peach, 17 years old, male, IDI20).

Similarly, for children and adolescents living without their parents, things were more difficult, from daily needs to dreams and aspirations for the future. Children with disabilities had more difficulties as a result of school closures as they lost an environment where they were stimulated and supported. Notwithstanding these difficulties, all

Figure 24 "A fictional character smoking"
Pino, 15 years old, female, FGD13. ©UNICEF



interviewees – including these children – managed to use inner resources to cope with the crisis:

"Well during that period of COVID-19 ... at the cattle post we used to go for hunting with dogs. So that's the only thing I entertained myself with" (Peach, 17 years old, male, ID120).

"I learned that, when things change, I should not be sad" (Sheep, 10 years old, male, ID116, CwD).

Children and adolescents interviewed only mentioned negative coping mechanisms a few times, including the use of alcohol, drugs, the increase in violence among peers or within the household, and engagement in petty crime (in 2 focus groups out of 13).⁷⁸

Conclusion

All thoughts and experiences shared by children and adolescents in this study suggest that they learned how to adjust and adapt to the pandemic and not lose hope. Many tried to make the most out of it by spending time doing chores, gardening or reading; learning new things alone or with family members; spending quality time with parents and receiving love; and when possible, enjoying time with their peers. This very constructive and practical approach to the crisis shows a group of children and adolescents who reacted to the circumstances in which they were living and tried to make sense of what was happening to them. For these reasons, the interviewees cannot be considered as victims of the crisis, but they should be considered as active survivors. Difficult experiences and sudden changes in their realities have enabled them to reflect and grow up as stronger humans.

Figure 25 "A fictional character herding cattle" Two, 17 years old, male, FGD10, CwD. ©UNICEF

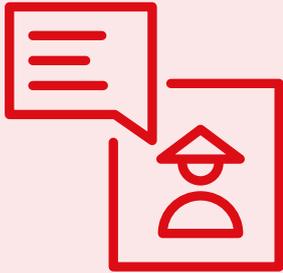


Figure 26 "A donkey" Mokhalajee, 16 years old, male, FGD3. ©UNICEF





Insight Box 9 Voices of herd boys



Of the research participants, the experience of herd boys during the pandemic was unique. In Lesotho, adolescent boys (aged 13-17), especially in the mountain areas, contribute to the household by taking care of the cattle at isolated cattle posts, either full time or alternating herding with school. However, according to data collected in this research project, as a result of the pandemic and the related school-closures, these adolescents ended up spending much more time than usual on the grazing land (sometimes months).

Almost all the children and adolescents interviewed contributed to their families' livelihoods: gardening and taking care of crops in the fields, doing house chores or helping in the family shop. Overall, research participants did not complain about having to do these activities. In contrast, some of the herd boys found their work difficult, especially when they were isolated for longer periods of time. They described it as a time characterised by loneliness. They mentioned seeing no one during the time spent with their cattle, apart from one or two other boys herding with or close to them. Peach fought the loneliness at the cattle post by listening to 'house'⁷⁹ music and remembers "hunting with dogs" as "the only thing I entertained myself with" (17 years old, male, IDI20).

While they did not say it explicitly, it appeared that these boys felt left out from all that was happening in their homes, villages and communities. Once back from the veld, they experienced negative feelings when spending time among their peers, as if they could not fit in anymore because they lost touch with their friends.

Herding for such long time was not associated with learning new skills, but with bad behaviour (e.g., not following the rules), and resulted in longer term education loss:

"I ended up looking after animals during COVID. When schools were closed, I was going to the veld, so my mind was filled with issues from the veld and when I got back to school, I did not feel anything about school subjects. It felt as though I was starting at Grade 1 and that it was my first time" (Grape, 15 years old, male, FGD13).

"Herding animals makes you a poor person [...] You will not have a future at all. With animals, you will always be chasing after them and you will not have time to study at all" (Potatoes, 13 years old, male, IDI6).

Some interviewees perceived that herding for too long might cause negative behaviour change, as shown by the following exchange on the fictional character created by the focus group participants:⁸⁰

Orange (16 years old, male): *“Guava’s [fictional character] mind was not focused on other children, he was beating them, believing that he was being playful, and he did not have a good relationship with teachers because he was afraid of them, he did not see them as other human beings because he was used to going to the veld.”*

Banana (17 years old, female): *“I agree with him [Orange] because, when one was used to going to the veld, when he arrived at school, he was going to remember all that he did when he was in the veld. Like when he was around people, he would just beat the other person unintentionally, that is how they are going to fight.”*

Peach (17 years old, male): *“I think that Guava’s relationship with his teachers ended up being weak because he was going to end up as someone with thoughts from the veld while at school.”*

The research participants envisaged the grazing land as an entirely different world that has little to do with the one where their homes and schools are. It is part of what Cutie defined as *“Sesotho things”* (16 years old, female, FGD2). For this reason, during one FGD (FGD13), some participants suggested that boys who went herding should make an effort once back home to reconnect with their friends, and implied that listening to the radio while on the cattle post might help them remain in touch with what was happening in the country.

Figure 27 “They [the animals] remind me of that time I was staying at home during lockdown, when I went to the cattle post” (Peach, 17 years old, male, IDI20). ©UNICEF



Figure 28 "A fictional character herding cattle" Lerots, 16 years old, male, FGD3. ©UNICEF



Taking care of the cattle, however, did not always have a negative connotation for participants. For instance, Mokhalajoe, showing the facilitators a photo, he took (Figure 7), spoke with passion and took pride in his work at the veld: *"That donkey simply shows that they [the donkeys] had really surrounded me nicely like the good shepherd that I am"* (16 years old, male, FGD3).

Furthermore, precisely because the veld is so isolated, according to Ben, spending time there may have had advantages during the pandemic: "

At the cattle post, people were usually not sick ... at the cattle post ... we lived in freedom" (17 years old, male, IDI12).

Hence, the data suggested that spending time at the cattle post was not always perceived as a negative activity, especially if carried out for short periods of time, limiting the time the herd boys spent in complete isolation. What seems to be needed is greater support for them in keeping pace with their education and keeping in touch with their peers.

4. Discussion

This research project focused on children's and adolescents' perspectives on their lives during the COVID-19 pandemic. The use of a child-centred approach to data collection and analysis facilitated understanding key issues relevant to the children and adolescents who participated in this study, from their own point of view. The decision to collect qualitative data with participants with disabilities and from ultra-poor households followed the principle of inclusivity and had the intent of shedding light on the specific experiences and

opinions of those groups that are often less visible in large research projects.

The findings of this study partly connect to existing literature on the impact of COVID-19 on children and adolescents. However, given the unique characteristics of Lesotho and the purposive data collection strategy used, the themes discussed are specific to the context and to the lived experiences of the research participants.

What did we learn from this research project?

Behaviors and information about COVID-19

The children and adolescents interviewed had to adapt to governmental regulations to contain the spread of the virus, and overall followed protective and preventive measures against COVID-19. They had awareness about wearing masks, washing hands, and about the importance of social distancing and staying at home. Findings relating to how well research participants understood measures to protect themselves and others from contracting the virus echo the results of the 2021 United Nations study, *The Impact of COVID-19 on Youth and Adolescents in Lesotho*⁸¹ and those of a similar study with South African adolescents.⁸² Furthermore, this research underlines that children became more anxious about contagion and their willingness to follow protective and preventive

measures increased when they saw people close to them falling ill or dying because of COVID-19. This finding is in line with results from another study on children's experiences with COVID-19 done in Nigeria, Tanzania and Sierra Leone which highlights the relationship between children's knowledge of COVID-19-related risks and their level of fear.⁸³

In Lesotho in response to the pandemic, COVID-19 focal points were identified in all schools in the country and trained on implementation and monitoring of the safe schools' protocols. Additionally, COVID-19 prevention messages were disseminated through radio and other mechanisms in schools and communities.⁸⁴ However, according to findings from this research, participants considered their parents and household members as the most reliable sources of information about

the pandemic. Only a few participants talked about governmental campaigns at school (booklets/posters) and were generally not happy about the amount and/or quality of information received. TV, newspapers and radio were mentioned by a few as information sources; however, participants did not seem to have strong feelings about their efficacy. These findings are in contrast with those of the 2021 United Nations study,⁸⁵ which suggested that social media and television are the most popular sources of information for young people. This divergence in findings could be explained in two ways. Findings may reflect specific characteristics of the population sampled for this research (i.e., children with disabilities and/or belonging to ultra-poor households). Social media and television are less accessible to this population, as compared to other adolescents in Lesotho. Results may also have also been impacted by the methodological approach used in this study. In contrast to the mostly quantitative methodology used in the 2021 study (i.e., surveys), the facilitated in-depth conversations used for gathering data in this study may have been better placed to identify insights on the quality of COVID-19-related educational messaging. The messaging presented in TV and social media was not central to discussions among participants either during FGDs or in IDIs. Messaging presented in TV and social media may have focused on COVID-19, but these media sources did not appear to have given children a clear understanding of the pandemic. Analysis of the data from this research project suggests that while participants followed the rules to avoid contracting COVID-19, they did so in a somewhat mechanical way and still felt confused about how the virus originated and how it spreads.

The social and economic consequences of the pandemic

In IDIs and FGDs, children and adolescents clearly identified that as a consequence of the pandemic, they had increased concerns about economics, unemployment and food insecurity. Results of this study mirror those of two other qualitative studies, one conducted in Guinea-Bissau,⁸⁶ and another study on the impact of COVID-19 on children and young people in Eastern and Southern Africa,⁸⁷ both of which highlight the need for increased focus on the impact of COVID-19 on child multidimensional poverty in the African context.

Economic instability was a source of concern, especially in families separated by internal or international migration and was often mentioned by those children living with grandparents or alone in hostels.⁸⁸ This result echoes the findings of a study focusing on children left behind in two rural provinces of Thailand which found that the effects of the COVID-19 pandemic were worse for households with one or both parents away on several indicators, including lower income and higher expenditures.⁸⁹

Findings from this study also suggest that the COVID-19 pandemic exacerbated underlying socio-structural inequities and life challenges, worsening the long-lasting effects of the negative social and economic consequences of the pandemic on the research participants, especially the most vulnerable among them. While the children in the study were not passive during the crisis, and often participated in generating income to support their families, as well as finding mechanisms to cope with boredom, stress and anxiety, it is imperative to continue to monitor how their lives were affected and to acknowledge the heterogeneity of their experiences.

Disrupted learning during COVID-19

In addition to worry about the financial situation of their families and their communities, education was also a source of preoccupation for the children and adolescents interviewed in this study. The research participants considered formal education as extremely important for their future and actively complained about school closures, alternate school schedules and about the negative impact that the COVID-19 pandemic had on their learning. These results are in line with the United Nations study on children and adolescents in Lesotho,⁹⁰ which showed that 100 per cent of respondents aged 10-15 claimed to have been impacted negatively by the virus because of the limited access to both formal and non-formal education during lockdowns, with severe disruptions to their routines and social support systems.

Furthermore, the children and adolescents interviewed, with limited exceptions, did not mention participating in systems for remote schooling. As indicated by the research methodology used in this study, researchers did not ask specific questions about remote schooling, so the topic was only discussed if it was introduced by the research participants themselves. While use of open ended FGD and IDI question guides may have impacted this finding, the fact that children spent little time discussing remote schooling (i.e., online learning or classes on the radio), most probably implies that remote schooling was not a significant part of the participants' daily routines and/or not considered by the children to be equivalent to in-person school. This finding is supported by several other studies on the impact of COVID-19 on the education of children and young people in Sub-Saharan Africa, which show how the absence of accessibility of technology and the internet

did not allow effective continuation of remote education⁹¹ and exacerbated inequity and inequality in education, especially for children and adolescents from low socio-economic backgrounds,⁹² such as those who participated in this study.

Overall, this study shows that the research participants have strong faith in the formal education system and believe schooling is fundamental to achieving their dreams. This was observed across the participants' individual characteristics such as gender, age and disability status. Older adolescents were more stressed than younger ones about the risks the COVID-19 pandemic brought for their future and for their peers who dropped out of school because they could no longer afford to pay school fees or got married and had early pregnancies. These results are supported by the 2021 qualitative study done in Nigeria, Tanzania and Sierra Leone on the impact of the pandemic on children and young people.⁹³

Psychosocial wellbeing and coping mechanisms

As mentioned above, the children and adolescents interviewed showed stress or anxiety because of how the COVID-19 pandemic affected their lives. They worried about the worsened economic situation of their families and their communities, and about their losses in education. Although they did not explicitly talk about mental health or mention the need to receive psychosocial support, they often shared distressing stories and challenging emotions. This finding is supported by literature on the impact of the pandemic on children and adolescents in various contexts of the world,⁹⁴ including in Sub-Saharan Africa⁹⁵ which highlights the negative consequences of the pandemic on children's and adolescents' mental health.

Despite evident challenges and vulnerabilities, the research participants often talked about coping mechanisms, and the strategies they used to feel better. When asked what helped them deal with uncertainty and stress, they primarily discussed (i) having things to do – including playing, doing household chores, gardening and reading; and (ii) having a support network, particularly parents, siblings and peers.

Most of the research participants regarded the pandemic as an opportunity to learn things they would not have learned in the absence of school closures and lockdowns. They discussed having improved 'practical' skills such as gardening, cooking and fixing or making things (cars, bags, toys, etc.), but also having more time to read. Many of them appreciated the possibility the pandemic gave them to have more time to discover new activities and to support their family, something they expressed pride for. Engaging in such activities was also recognized as a coping mechanism by children and adolescents in Nigeria.⁹⁶

This study is among others that found positive effects on children's and adolescents' self-efficacy and sense of self during the pandemic.⁹⁷ However, in a few instances, the children and adolescents interviewed referred to negative coping mechanisms, and – especially in their drawings and group conversations – mentioned risky behaviors including substance abuse, engagement in petty crime and violent behaviors among peers and within the community. By methodological

design, this study did not dive in-depth into these experiences, but it is important to continue to support children and adolescents with programmes aimed at improving their psychosocial wellbeing and reducing the risk of adopting negative coping mechanisms, as analysed and recommended by Marques and Braidwood (2021) in a paper on the mental health of older adolescents during the COVID-19 pandemic.⁹⁸

Furthermore, community members, parents, extended family and neighbours played an important role in children's and adolescents' lives during the crisis. In their community, they observed solidarity among households in a difficult time. They also saw potential for improvement, and they talked about the change they want to see – with the support of adults, youth, community leaders and, to a lesser extent, the government. Research participants felt they received support and guidance from grandparents, parents and siblings, who helped them follow the rules and not get distracted from their objectives and dreams. Peers, at least those with whom they could spend time with, were a great source of comfort vis-à-vis the difficulties of everyday life, and support against boredom – a sentiment often present in the words of the interviewees. Reliance of children on their family/household members, neighbours and the community at large is perceived as a deeply rooted traditional Basotho cultural norm. These cultural norms are anchored in the Sesotho expression, *matsoho a hlatsoana*, which translates to 'hands wash each other, two is better than one'.

The impact of the pandemic is not the same for all

Researchers used an intersectional approach⁹⁹ to data collection and analysis to reflect on the way interconnections of participants' multiple characteristics and conditions of disadvantage can exacerbate vulnerability during crises.

While all the participants in this research project were either from ultra-poor households, with disabilities, or with both characteristics, not all lived the same experience of the pandemic. Among them, some groups faced greater challenges and struggled harder because of COVID-19, for example children and adolescents living without parents and older boys living in mountainous areas and who had to spend a lot of time herding animals during school closures. For these research participants, characterized by intersecting vulnerabilities, dealing with the pandemic was more complex than for other children and adolescents. The need to focus on specific learners with disabilities, rural boys and pregnant girls has been already highlighted by the *UN Country Results Report 2021: Building back better*¹⁰⁰ and the *2022 Voluntary National Review on the Implementation of the Sustainable Development Goals Report*.¹⁰¹

Results of this research suggest that living without the direct support of parents is a major source of stress. Parents help children and adolescents deal with everyday challenges and encourage their education and life aspirations. Furthermore, the research participants whose parents are international migrants living in South Africa had to be separated from them for longer periods and could not easily access financial support from their parents. The population of children in Lesotho impacted by difficulties related to living

without the direct support of their parents may be very large, considering that almost 20 per cent of the population depends on remittance income for their livelihood.¹⁰² Additionally, a paper by John Mushomia et al. (2022) on migrants in Southern Africa¹⁰³ highlights that the lockdown and travel restrictions imposed during the various waves of the COVID-19 pandemic exposed the vulnerabilities of a system where disease outbreaks have been racialized, creating xenophobic environments and fear among migrant populations, as well as gender inequalities in access to health care and livelihoods. It would be a valuable further research objective to understand if and how these challenges faced by Basotho migrants in South Africa during the pandemic affected the wellbeing of the children left behind in Lesotho beyond lack of access to financial support.

For children with disabilities, school closures meant losing an environment where they normally receive stimuli and support needed for their development. Many of the participants with disabilities lived in boarding schools prior to the pandemic. When boarding schools closed, children and adolescents missed opportunities for everyday learning and growth. A study focusing on children with disabilities during the COVID-19 pandemic showed a reduction in special education practices at home, a worsening of toilet habits and in some instances – especially for younger children – slowed developmental opportunities.¹⁰⁴ The children and adolescents with disabilities interviewed in this study discussed how they missed school and their peers who helped them perceive their disability as a strength rather than a limitation. Furthermore, spending time with peers who

share disabilities similar to theirs made them feel part of a community, something that was lacking once home because of school closures.

Herd boys had to live longer periods in isolation than usual, sometimes losing touch with home, school and community life, making it difficult to adjust when the regulations to contain the virus

eased and schools re-opened. While not explicitly stated by the herd boys interviewed in this study, findings suggest that spending extended periods alone and in isolation strained the mental health and psychosocial wellbeing of these boys. Further research would be useful to understand the specific situation, risks and protection needs of herd boys.

Strengths and limitations of this study

During the literature review, no other studies were identified that explore the experiences and perceptions of children and adolescents during the COVID-19 pandemic in Lesotho with a focus on participants with disabilities and from ultra-poor households. This focus provided insight into the perspectives of groups of children often excluded by design from research and statistics, highlighting their peculiar lived experiences and identifying their key risks and challenges during crises.

However, it is not possible to generalize findings to the whole population of children and adolescents in Lesotho due to the purposive sampling strategy. Results of this study should be understood as a snapshot of the situation of the children and adolescents interviewed and suggest areas for further research to inform programming and policy

making. Further research is also needed to better understand the experiences of other populations of children during the COVID-19 pandemic in Lesotho.

It should be mentioned that both the research participants and the school personnel involved in the research project appreciated the use of the purposive sampling, and enthusiastically took part in the study asking, 'how did you reach our school?'. Participants appreciated the transparency of information received and the ethical approach followed, besides having had the opportunity to extensively share concerns and ideas. The children and adolescents interviewed were very vocal and engaged, and this suggests that the inclusive and open methodology adopted has been beneficial for the research participants.

5. Conclusions and recommendations

This study offers a broad range of information about how children and adolescents from specific groups in Lesotho dealt with the global pandemic. Analysis of the data collected shows a group of research participants who were interested in sharing their views about matters that impact them. The participants were very aware of the changes that the pandemic brought to their lives and openly discussed their perspectives and the strategies they adopted to cope with the crisis and ‘not feel sad’. Participants seemed to have internalized and understood the need to respect COVID-19-related restrictions to protect their relatives and community members, but also openly criticized COVID-19-related information sharing (not always timely, high quality or child-sensitive). They discussed strategies they adopted to deal with the boredom, loneliness, frustration and stress brought about by the pandemic – mentioning primarily positive coping mechanisms and how they dealt with school closures.

Participants shared their views and ideas and identified thoughts on how adult members of society should take responsibility to change what does not work in their schools and communities to help them achieve life aspirations. For example, they hoped for improved infrastructure, both roads and school facilities, for more transparent and collaborative decision-making processes, and for better support systems.

The COVID-19 pandemic presents one example of how global and national crises cause disruption in access to health (including mental health), nutrition, education and protection services. It is key to include children’s and adolescents’ views when designing policies and programming response to crises, as they play a critical role in addressing social injustice and bring new perspectives to current issues with forward-looking solutions. Based on the findings from this research study and drawing on the ideas participants themselves shared with the researchers, the research team has presented recommendations below for future considerations to support children and adolescents in Lesotho, especially those from ultra-poor households and/or living with disabilities.

What can YOU do to support Basotho children and adolescents?



Access to information

- The main source of information on COVID-19 and related safety measures for the children and adolescents interviewed were their parents or other family members. Participants only occasionally mentioned the radio or posters at school or in communities. Although family members can be a good source of information for the research participants, the children and adolescents thought the information was often filtered by adults, and hence not complete. Even if they knew how to protect themselves from the virus and understood the preventive measures they needed to follow, they were hesitant and generally misinformed when it comes to understanding the origins and science of the virus. → Past and current health campaigns targeted the general public, mainly adults, therefore future health campaign strategies should be developed to specifically target children and young people of different ages, using various forms of media platform, online and offline, which are appropriate and relevant for the age group. The campaign materials should speak to them in terms of content, visual design and target locations, including, but not limited to, schools. Adults should be sensitized on how to speak with children and young people and be provided with the right sources to answer their questions.
- Campaigns should not only provide information about rules and regulations but should ensure children and adolescents receive the answers to their questions.
- The oldest research participants felt their role in providing information to the community could be boosted. They liked to be role models for others, and they manifested the energy to do so. → Involve young people in future health campaigns as champions of good practice and promoted behavior. Strategies for peer-to-peer information should be developed, and forms of local youth activism should be encouraged. Older adolescents should be trained in communication skills and in recognizing and rejecting fake news.



Learning and education

- As suggested by one of the research participants, the school curriculum should become more student centred. Research participants clearly articulated interest in learning practical skills needed to succeed in the labour market → Schools, with support from teachers and students, could identify additional course options (e.g., computer skills, coding, etc.), and make them available to older students (i.e., secondary school and higher).

- For children who miss school for an extended period of time for various reasons (e.g., herding, pregnancy, early marriage), distance learning options should be considered and made available.
- Providing Wi-Fi connections in all schools to allow students and teachers to access online content and digital tools is key as the world has digitalized very quickly in the past two decades and will continue to do so in the near and distant future. → Access to Wi-Fi, online content and digital tools would enable teachers and students to access and discuss curriculum and information available online. This also includes digitalizing school procedures and processes to enable better organization and management of the school system.
- Research findings suggest that key factors in school dropout for teenage girls are early marriage and pregnancy. → To address this issue, emphasis should be put on teaching sexual and reproductive health, both in the classroom and as part of health campaigns and interventions, targeting both girls and boys. The introduction and creation of boys' and girls' clubs in schools or communities can provide students a safe space to discuss issues without judgment and become leaders in their community. Furthermore, a national plan to guarantee access to health services, including sexual and reproductive health services for girls and teenagers of both genders, should be designed. The Child Protection and Welfare Amendment Bill to prevent child early and forced marriage should be fully implemented and enforced.
- For ultra-poor households, educational fee waivers and cash transfer programmes with higher payments for households with children in secondary school may prevent school dropout (due to factors such as child labour, child marriage, etc.), especially in times of crisis.



Socio-economic status and community support

- During the lockdowns, many children and adolescents interviewed mentioned not having access to food due to price increase. This finding is in line with the statistics showing that children in Lesotho are acutely vulnerable to food insecurity: 36.6 per cent of boys and 32.7 per cent of girls under 5 living in rural areas are affected by stunting.¹⁰⁵ → The government of Lesotho should strengthen measures for reduction of extreme poverty and food insecurity, such as the School Nutrition Policy, and ensure effective implementation of the Food and Nutrition Strategy and the Action Plan 2016-2025.¹⁰⁶
- Emergency response planning could consider food distribution programming for future health crises affecting access to food for households in rural and remote areas. → School gardening programmes could also be expanded throughout the country, which would provide children with the opportunity to enhance their practical skills, while complementing community and household gardening, especially during times of hardship.

- To support families encountering financial difficulties during emergencies, introducing or growing the concept of Village Savings and Loan Associations (VSLA) in rural communities could support parents/caregivers to access financial means to cope with crisis/shock events. VSLAs can also be useful outside of an acute emergency situation and support families to deal with both idiosyncratic shocks (ex. loss of employment, death of family member, injury, sickness) and covariate shocks (ex. natural disaster, epidemic/pandemic).



Wellbeing and participation

- This research project shows that while children have had major disruptions in their lives for an extended period of time because of the COVID-19 pandemic, this period has also brought positive changes, which are important and could be strategic to inform the way forward. However, the research only assessed the consequences of the pandemic in the shorter term and for a limited group of children. → It is important to continue to monitor the medium- and long- term effects of the pandemic on children and adolescents both within and outside the school system using child-rights monitoring mechanisms and multidimensional poverty observations, and through ad-hoc research projects (ideally with a longitudinal design).
- School and life disruptions, as well as the negative socio-economic consequences of the pandemic, have led to suffering and stress in the children and adolescents interviewed.

However, not many children or adolescents explicitly talked about their psychosocial wellbeing and mental health. → For this reason, it is key to sensitize them, their families, schools and communities on psychosocial wellbeing to facilitate discussions around mental health issues and mental health support services. Moreover, Lesotho should provide psychosocial support services to all children and adolescents to support them in the readjustment period post-pandemic.

- The added value of this research study is that it adopts an inclusive and intersectional approach, which sheds light on the peculiar experiences of specific groups of children and adolescents who are often hidden in larger national statistics. → Building on this experience, research, evaluation and monitoring in Lesotho should continue to focus on the impact of the pandemic and of future crises on all children in Lesotho, including children with disabilities, children with an ultra-poor economic background, children living in mountainous areas (e.g., herd boys) and children left behind, and involve them directly in programming design.
- The results of this study show that children and adolescents are able to and interested in sharing their views, experiences and opinions, and can propose ideas that are useful and innovative. → It is important to (i) create spaces for their participation in decision-making processes for all matters that impact them; (ii) ensure that all children and adolescents engaged can express their voices in modalities that best fit their capacities and capabilities; (iii) listen to what they say and take them seriously and take into account their perspectives and proposals; and (iv) inform/influence country policies and programmes accordingly.

- It is key to involve them in development of educational curriculums and in community decision making. Additionally, it is important to seek their feedback when evaluating the impact of programmes or policies, as they may bring a different and important point of view.



Spotlight on children with disabilities

- During the data collection phase of this research study, it became clear that while teachers and administrators are dedicated and caring, specialized schools for children with disabilities in Lesotho face difficulties with regards to taking adequate and individualized care of their students and keeping record of their disabilities. Children and adolescents living with disabilities remain mostly unheard and unseen in Lesotho, despite the country having recently passed a Persons with Disability Equity Act (Act No. 2 of 2021). Stigma around disability remains strong in communities and many believe disability to be a curse that can be removed using traditional methods. Some of these traditional methods could have harmful consequences for the child's physical and psychological wellbeing. → Sensitization work and education in this area are needed to address all the associated challenges encountered by children and adolescents with disabilities.
- The research team found it challenging to find partners and collaborators with expert knowledge and experience with children with disabilities, especially considering the large variety of disabilities in this group. → Lesotho has only few organizations working with people with disability and these organizations would benefit from receiving further support in terms of technical skills and funding from either the government or other development partners in this field.
- The country has only five schools for children and adolescents with special needs, mainly located in and around Maseru city. Families with children with disabilities who live in remote and rural areas have no access to these schools, making access to education a pressing issue. → Specialized schools or specialized teaching assistants are needed in more districts in Lesotho, to help and support children with disabilities navigate life and receive an education.
- Proper diagnosis of children and adolescents with disabilities is rare. During field work, researchers found it challenging to get accurate information on the types of disabilities present within a school, an institution or a classroom. Some special needs schools also accept and cater to a mix of disabilities, which results in children receiving less support as the variety and the level of disability are too different for schoolteachers and assistants to properly provide accurate help and focus. → Health workers and educators can therefore be trained to support families in identifying the type of disability that their children have and refer them to the most appropriate support available.
- Children and adolescents with hearing and speech impairment were the most difficult group to reach and represent in this research. Communication was not easy, as many have taught themselves their own sign language. Using this sign language, they are able to

communicate with each other, but not easily communicate with others. As a result, even the official sign language interpreter was not able to understand them and only their educators were able to communicate with them. This also meant that access to information for these children and adolescents is particularly difficult and ensuring that they get the right information requires policymakers and practitioners to carefully plan ahead so that these children do not become invisible. → The principles of 'leaving no one behind' and 'reaching the most vulnerable' require more effort and more resources (both financial and human capital) than may be assumed. In order to understand the effort and resources needed to work with this group of children, it is important to include preliminary consultations and deeper engagement with local organizations who already work with children with disabilities, especially deaf children.

Elimination of Child Labour. They should be listened to and their work should be regulated to ensure that their rights are being protected, while allowing them to continue working if they choose. The school environment could also promote environmental education and strengthen the links between students and the natural environment.

- Herd boys face difficulties once they return to school, both in catching up with learning programmes and with feeling at ease with their peers and teachers. → School administrations should pay adequate attention to their needs and work with herd boys to prepare ad hoc educational plans they can do while at the cattle post. School administrations should also envisage the possibility for these boys to share their unique experiences and what they learn while at the cattle posts in the school environment.



Spotlight on herd boys

- For herd boys, spending long periods of time alone seems to be a source of mental distress. While to a certain extent, they appreciate spending time in nature, long periods alone cause them to feel detached from their families and peers, and from society in general. → These adolescents should be a priority for child protection programmes and within the framework of the National Action Plan for the



Spotlight on children left behind

- With parents having migrated to a different city or to a different country for work, some children and adolescents remain in the care of other family members (e.g., grandmother). → Consider programmes to support family members and caregivers. Programming should be aimed at strengthening and supporting caregiving abilities and promoting new competencies to conduct child-rearing practices.

Endnotes

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31. The guidelines have been adapted from the research tools developed by UNICEF Innocenti as part of the 'Children's experiences of COVID-19' multi-country project and can be found in Annex [TO BE ADDED].
32. Lesotho has ten districts. Since the sample size for this study was small, participants were included from a subset of districts selected with a non-probability purposive sampling strategy on the basis of the knowledge of local researchers.
33. Lesotho is divided into four ecological zones: lowlands, foothills, highlands, and Senqu River Valley. The four zones pose different social challenges for vulnerable groups including children. For the purpose of this study and to fit within logistical, time and budget constraints, two ecological zones (lowlands and foothills) that present similar characteristics were grouped as one zone.
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36. Even though Lesotho has a Disability Act, the country does not have one common official definition for 'disability' and the definitions used by

the various governmental institutions vary greatly. This means that getting accurate prevalence rates of persons with disabilities, including children, is a real challenge, as differences in definitions of disability hinders diagnosis or assessment. Lesotho, therefore, lacks reliable data and information about its population living with disabilities, which made the targeting of children with disabilities more difficult. As per UNICEF's mandate, the research team wanted to ensure that vulnerable groups of children were included as much as possible in this study. There are only five schools for children with special needs in Lesotho and the team visited three of them, one school for children with severe hearing impairments, one school for children with severe cognitive and mixed disabilities (Down Syndrome, cerebral palsy, visual impairment among others) and one school with children with physical disabilities.

37. These researchers work for Nthatua Consultants. Researchers attended a training led by a qualitative research specialist from UNICEF Innocenti and have engaged in pre-tests and debrief sessions in the pre-test sites as indicated in Table 1. During the training, the researchers also attended sessions on child safeguards and protection and on the ethics of collecting data with children and adolescents from vulnerable groups. They were therefore trained and informed on how to handle cases of participant distress, trauma or risks for protection.
38. The International Advisory Board has been set up by UNICEF Innocenti to provide guidance throughout the research process to all the researchers in the various countries where the 'Children's Experiences of COVID-19' project takes place. For a comprehensive list of members of the International Advisory Board see Appendix X.
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46. It was not possible to involve these children in the study since the research team followed guidance from the ethical committee to have consent from both children and parents.
47. For detailed information on how the photovoice exercise was structured refer to the methodology section (Chapter 2).
48. FGD5
49. Patients suspected of being COVID-19 positive.
50. FGD8
51. The participant meant that the Americans would like that a certain amount of people have been infected by COVID-19.
52. FGD6
53. FGD6
54. 54 She refers to the information brochures provided by the government.

55. Veld is an Afrikaans word indicating open grazing areas in Southern Africa.
56. Kobe is a pseudonym referring to the participant's cousin.
57. Although there is no data to confirm this trend perceived by the research participants, there is anecdotal evidence from the United Nations Population Fund (UNFPA) and civil society organizations working in the field who witnessed this issue, see also UNPFA, 'Early and Unintended Pregnancies Rife in Lesotho: 13 years old among those bearing children', 5 November 2021; United Nations Lesotho, *Impact of COVID-19 on Youth and Adolescents in Lesotho*, UN Lesotho, June 2021, p. 32.
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60. Stiff dense flour porridge, usually made with maize meal.
61. FGD2
62. IDI20
63. IDI3
64. Equivalent to around USD\$2
65. FGD8
66. It is customary in Lesotho for funeral attendees to donate some money to the family of the deceased person.
67. IDI19
68. FGD6
69. FGD2
70. IDI16
71. Amapiano is a style of house music that emerged in South Africa.
72. IDI4
73. The important role played by friends in their everyday life was also shown during the photovoice exercise. Children with disabilities helped each other, holding cameras and taking pictures to resolve any potential physical or practical barrier that would have excluded them from the exercise.
74. IDI16
75. This quote shows that Kamoza is aware that not all people respected COVID-19 containment rules. To protect community members from soldiers' brutality, Kamoza would suggest that they wear a mask and make sure they could provide a good reason for being outside of their homes, if they met soldiers while walking in the streets.
76. This did not happen for all children and young people interviewed. For example, older boys living in mountainous areas and children living without their parents had less opportunities to learn new things and engage in new activities.
77. The expression means: 'I did not want to accept it'.
78. Although these aspects were not discussed much during the focus groups and interviews, the projective techniques used (i.e., the creation of a fictional story), gave the participants opportunities to mention or draw these issues as separate from their own lives. As they talked about or visualized them, they did not have a fearful approach vis-à-vis alcohol or drugs, nor even violence, but rather a more amused approach – the projective techniques provided opportunities for the children to talk about potentially stressful subjects impersonally. See Figures 20 and 21 for an example of ways in which they touched upon negative coping mechanisms.
79. A genre of music.
80. FGD13
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- privileging one system of oppression over another and the impossibility of explaining inequalities through a single framework of oppression (Bastia, 2014). In practice, therefore, the intersectional approach in this research aims to highlight the interconnections of participants' multiple situations/sources of disadvantage and focuses on including the experiences of those who are often marginalized by more general analyses; see Crenshaw, Kimberlé Williams. 'Mapping the Margins: Intersectionality, identity politics, and violence against women of color,' *Stanford Law Review*, vol. 43, 1991, pp. 1241–99; Hill Collins, Patricia, *Black Feminist Thought: Knowledge, consciousness, and the politics of empowerment*, Routledge, 2009; Lorde, Audre, *I am your Sister: Black women organizing across sexualities*, Freedom Organizing Series #3, Kitchen Table, Women of Color Press, 1985; Davis, Angela, Y, 'Women, Race and Class', *Women's Studies Quarterly*, vol. 10, no. 4, 1982, pp. 5; Bastia, Tanja, 'Intersectionality, Migration and Development', *Progress in Development Studies*, vol. 14, no. 3, 2014, pp. 237–248.
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