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# Standing Committee on Foreign Affairs and International Development

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Chair: Mr. Sven Spengemann





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• (1535)

[English]

**The Chair (Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.)):** Colleagues, welcome to meeting number 15 of the Standing Committee on Foreign Affairs and International Development.

[Translation]

Pursuant to Standing Order 108(2) and the motion passed by the committee on Thursday, October 22, 2020, the committee is continuing its study on vulnerabilities created and exacerbated by the COVID-19 pandemic.

[English]

Once again, to ensure an orderly meeting, I would encourage everybody to mute their microphones when they are not speaking and address comments through the chair. When 30 seconds of questioning or speaking time remains, I will signal you with this yellow sheet of paper. You will have interpretation services available through the globe icon at the bottom of your screen.

[Translation]

I would now like to welcome the first panel of witnesses.

From UNICEF Canada, we are hearing from Annabelle Bodmer-Roy, director of international policy and programs, and Rowena Pinto, chief program officer.

From Save the Children Canada, we are hearing from Tineka Levy, humanitarian advisor, and Taryn Russell, head of policy and advocacy.

Representing World Vision Canada are Martin Fischer, director of policy, and Lindsay Gladding, director for fragile and humanitarian programs.

[English]

Ms. Bodmer-Roy and Ms. Pinto, we will give you the chance to lead off with your opening remarks for five minutes. I will ask witnesses to please watch the timing closely as there are three organizations that are testifying in limited time. Opening rounds will be five minutes and Ms. Bodmer-Roy and Ms. Pinto will lead us off.

The floor is yours.

**Ms. Rowena Pinto (Chief Program Officer, UNICEF Canada):** Thank you to the committee for the invitation to contribute to this study and for this focus on children in conflict and crisis.

In these contexts, UNICEF and our partners are particularly concerned at the impact of COVID-19 on children's health, mental health, nutrition, education and protection. These concerns are expressed in our joint six-point plan. Today, UNICEF will focus on health and nutrition while our colleagues speak to the other areas of joint concern.

In conflict and crisis settings, the pandemic is adding massive pressures to already overwhelmed health and nutrition systems. Countless families are unable to meet their basic survival needs of food and essential medicines, leaving more children facing malnutrition and deadly disease.

Looking at malnutrition, in northeast Nigeria more than four million people now face acute hunger; in Yemen, over two million children are suffering from malnutrition; and in the DRC, we estimate this will affect three million children this year. This is the combined impact of the pandemic, underlying poverty, displacement and armed conflict, and in the case of the DRC, Ebola.

Canada's partners can tackle these combined challenges. For example, to reduce the number of people visiting clinics every day in Somalia, UNICEF trained and supplied parents with the ability to screen and treat their children for malnutrition at home. This work must continue.

Heading into 2021, the UN's Nutrition for Growth year of action, Canada's support for nutrition for children in crisis will be essential.

Another major concern is access to health. UNICEF applauds Canada's long-standing leadership on global health, from maternal and newborn health to sexual and reproductive health, and its significant commitments to the "ACT-Accelerator".

The key to ensuring the success of these initiatives is vaccine readiness. Countries in conflict and crisis had weakened health systems before the pandemic and they need Canada's support to be ready to deploy COVID-19 vaccines as they become available. This includes helping countries strengthen their cold and supply chains so that they have adequate infrastructure to safely store, transport and distribute vaccines from the minute they arrive in-country to when they are administered in people's arms. It includes training and equipping front-line health care workers, the majority of whom are women whose own right to health must be protected as they support others.

Last, readiness must include supporting local partners in developing and disseminating localized community engagement strategies to address vaccine misinformation.

Simply put, we can't wait for vaccines to reach these countries before we act. Readiness must begin now. While the focus on COVID-19 vaccines is absolutely necessary, we are increasingly concerned at the potential diversion from life-saving routine immunization, particularly in crisis settings where the needs are high and growing.

For example, without an urgent national measles campaign, UNICEF, WHO and the CDC predict a large-scale measles epidemic in Chad this year. In Yemen, close to 40% of infants are not receiving routine vaccination and the country is now seeing outbreaks of measles, diphtheria and other deadly diseases. Like death from malnutrition, these too are preventable deaths.

Getting vaccines to children is possible in the pandemic. In Syria, UNICEF and partners helped immunize almost one million children since the pandemic started, thanks to adaptations like physical distancing and the use of PPE.

Early signs indicate that Canadians are behind us on this issue and are coming to the table to support UNICEF Canada's efforts on vaccines and on other critical areas for children in crisis. There's a real opportunity for Canada to come to the table for children too.

First, Canada must stay firm in ensuring contributions to the new COVID-19 commitments do not come at the expense of existing commitments, including health and nutrition.

Second, Canada's welcome commitment to increase international assistance must include a clear agenda for children. Recognizing that children do not live siloed lives, Canada's agenda for children must take an integrated approach. Children in crisis cannot access quality education if they are not protected from gender-based violence, child labour or the mental health impacts of conflict or displacement. Girls cannot advocate for gender equality if they die of preventable diseases or malnutrition.

Before and throughout this pandemic, children in crisis have paid too high a price. They are counting on us to act. We look forward to further collaboration with the Government of Canada, our fellow Canadian partners and Canadians from coast to coast as we work to meet the needs of children in this pandemic.

Thank you.

**The Chair:** Thank you so much, Ms. Pinto, and thank you for being spot-on with respect to timing.

We will now turn the floor over to Ms. Levy and Ms. Russell at Save the Children. The floor is yours for five minutes.

**Ms. Taryn Russell (Head of Policy and Advocacy, Save the Children Canada):** Good afternoon, I'm Taryn Russell, head of policy and advocacy at Save the Children Canada, and I'm here with my colleague, Tineka Levy, who's the humanitarian adviser.

Save the Children works to address the needs and rights of children in more than 100 countries around the world, including in Canada. We thank you for inviting us back today to discuss the impact of the pandemic on children.

As my colleague from UNICEF outlined, we wanted to coordinate our approach today in order to give you a holistic view on how this pandemic has created a global children's rights crisis, and what's needed to respond. I will be speaking to two intersecting and urgent issues: the global disruptions in education and the rise of gender-based violence.

Over a billion children's education came to a standstill in the early months of 2020, and most were out of school for six months or more. Around 200 million children who were in school before the pandemic remain out of school, and that number continues to fluctuate, as we know well here in Canada. When children are out of school, their learning does not just stop, but is likely to regress. Save the Children did a global survey of 25,000 children and their caregivers and found that four out of five children felt that they were learning little or nothing at all while out of school. Girls, displaced children and children living in poor households were most likely to report that they had learned nothing during school closures.

To give you a sense of some of the challenges to keep children learning in many contexts, here's a quote from Ghinwa, a 12-year-old Syrian girl living in a refugee camp in Lebanon:

Online education is extremely difficult, and the teachers aren't explaining the lessons well. Since most parents are illiterate, they can't help their children in understanding the lessons. Because of the financial situation, families can't buy stationary or books or devices and some families have only one phone so the siblings need to share it and sometimes the father needs to take it with him to work so the children miss their classes.

● (1540)

**The Chair:** Ms. Russell, can I interject for 30 seconds? Interpretation is asking if you could slow down a wee bit so they can keep up.

Thank you so much.

**Ms. Taryn Russell:** Sorry, interpretation.

I feel that her comments really highlight the complexities of implementing distance-based learning measures, particularly for families living in poverty and in crisis situations.

Save the Children has worked to employ innovative solutions to address many of these learning barriers, but it is vital that we get all children back into school as soon as it is safe to do so. We know the interventions that will be needed. These include things like financial support for the world's poorest families, catch-up classes for children who re-enter the formal education system, water sanitation and hygiene facilities in schools to make them COVID-19 safe, and national back-to-school communications campaigns to inform communities that it is safe to return to school, and especially those targeted at vulnerable groups, which I mentioned earlier, including girls, refugees and internally displaced children. Finally, it includes effective training for teachers to keep everyone safe during the pandemic.

The closure of schools and the increase in global poverty rates has also exacerbated another critical issue affecting children, that of gender-based violence. To give an example, in Uganda, despite some schools having reopened, more than 13 million children have remained out of school since the end of March last year, including 600,000 refugee children. In Nwoya District in northern Uganda, figures show that cases of both teenage pregnancies and child marriage doubled, and rates of child labour tripled between April and June last year while children were out of school. With reporting difficulties, the numbers are likely much higher.

Without urgent action, it's projected that over the next 10 years as many as 13 million additional girls may marry as a result of the pandemic, and we know that this will have immediate as well as lifelong impacts on them, including higher risks to disruptions of their education, life-threatening adolescent pregnancy and child-birth, malnutrition, mental health issues, and the inability to control their own future.

Arsema, a young Ethiopian girl, whose own child marriage was averted, thankfully, with support from a community safeguarding program, told us "I couldn't be happier. Now I can study hard and become a doctor". Every child has a right to plan for their own future in this way. What's so concerning is that the pandemic is already causing critical interruptions to GBV preventative interventions. This includes child protection and referral services for girls at risk of GBV, which is how girls like Arsema would have been identified and supported in their communities.

It's clearly a time when governments should be investing in children, their education and their safety, yet budgets are being hollowed out by a recession, and the diversion of public spending to health care and economic recovery, which are important. Most of the world's poorest countries, especially in Africa, entered the economic downturn with limited financial space. The international community will be needed to step up and take action to help fill this gap through international aid, but also debt relief measures and providing technical assistance and political support for issues like GBV and education.

In our prior testimony, we provided recommendations that Canada should scale up its humanitarian assistance, that Canada should prioritize urgently needed attention to these neglected areas like education and gender-based violence, and that Canada should support calls for a global ceasefire. These recommendations still stand, and I would just echo my colleague on the need for Canada to be championing an agenda for children reflecting their needs as

well as their voices into fora both domestic and global when discussing COVID-19 response measures. Children may not be the most directly affected by the virus itself, but as our testimony shows, they're bearing a heavy load of the indirect impacts and need our support.

Thank you.

• (1545)

**The Chair:** Thank you very much, Ms. Russell.

We will now go to World Vision.

Mr. Fischer and Ms. Gladding, the floor is yours for five minutes.

**Ms. Lindsay Gladding (Director for Fragile and Humanitarian Programs, World Vision Canada):** Thank you very much, Chair, and members of the committee, for inviting us to elaborate on our November testimony regarding how COVID-19 is affecting the world's most vulnerable children.

I'll be joined in my testimony today by my colleague, Martin Fischer.

All six agencies that are appearing today have agreed to present different aspects of a comprehensive agenda for children. Our ability to realize the 2030 agenda for sustainable development and lay the groundwork for a better world depends on prioritizing girls and boys—tomorrow's leaders—today. Nine years from now, in 2030, it will be a 14-year-old South Sudanese girl and her peers influencing global change, not you or me.

Today we want to elaborate by addressing three very practical things that Canada can do.

Number one is to engage girls and boys more meaningfully in our international assistance efforts. Number two is to more closely engage with Canadian and local implementing partners. Number three is to take action to address the increased risks of child labour in our global supply chains.

On increasing children's participation, you don't need me to elaborate on the impacts the pandemic is having on girls and boys. They can tell you themselves. Fifteen-year-old Flore from Haiti says, "I heard that several girls were raped during the time of the confinement. Even in my neighbourhood, a girl was raped and is now pregnant. If there were no confinement and no COVID-19, she would have been in school, [and] she wouldn't be pregnant today."

Girls and boys must be part of the solution. Sixteen-year-old Martine from DRC states it plainly when she said, "We want to be able to stand before people and speak about our issues, and talk about our rights and dreams."

Many of you have youth councils in your own riding. You value young Canadians' opinions and experiences, so we urge you to intentionally seek out ways to integrate the voices of the world's most vulnerable girls and boys in Canada's response to COVID-19.

On more closely engaging with Canadian and local partners, the default for Canada, like most donors, is to heavily—and often overly—rely on multilateral partners for the delivery of our international assistance. There are simple reasons for this, which are scale, reputation and time.

Don't hear me wrong today. Multilaterals have a critical role to play. Please don't take this as a self-serving plea for more funds. The delivery of international assistance is an interwoven tapestry where civil society—from local to global, national government, multilaterals and donors—need to be recognized and equipped to do their part. Canadian partners have incredibly deep roots and long-standing partnerships with local communities, especially in crisis- and conflict-affected contexts. We are uniquely positioned to scale up and help. This is even truer for local partners that are often the only ones able to effectively deliver in crisis- and conflict-affected regions. Together, we're ready to do more and to work with Global Affairs Canada on the how. We recommend that Global Affairs Canada take concrete steps to enhance the way it engages Canadian and local implementing partners in its response to COVID-19.

**Mr. Martin Fischer (Director of Policy, World Vision Canada):** Let me conclude, then, by taking things in a slightly different, albeit very much connected and relevant, direction: reducing the risk of children being exploited in global supply chains.

COVID-19 is pushing millions of children into exploitive work as families' livelihoods evaporate and poverty increases. Whether boys mining metals for our smartphones in DRC, girls being sexually exploited on palm oil plantations in Indonesia, or migrant children being enslaved in the Thai seafood industry, this work is seriously compromising their health, safety and well-being.

There is a clear Canadian connection. In the last months alone, committee members have no doubt seen the media coverage of labour abuses in PPE supply chains, but the problem is much bigger and more pervasive.

In fact, tomorrow, World Vision is releasing a report revealing that imports of food products at risk of being produced by children totalled \$3.7 billion in 2019. That's a 63% increase over the past decade, and nearly 10% of all foods coming into Canada.

We'd be remiss to not expect the companies at the top of these global supply chains to be doing their part, but governments have a key role to play here.

Other jurisdictions, including the U.K., Australia, France and the Netherlands, have passed legislation requiring companies to report and take action to prevent child labour and other human rights abuses. In 2018, this very committee tabled a report that recommended the federal government pursue such legislation.

Despite initial consultations, Canada has yet to commit or make this a priority. Now, Bill S-216 has been introduced in the Senate, but really, why wait on the Senate? If Canada is truly committed to

championing a just recovery at home and abroad, common sense legislation like this needs to be part of that.

We urge members from all parties to make this legislation a priority.

Chair and members of the committee, we've worked with my colleagues here to ensure we provide you with a complementary overview of these impacts.

To conclude, then, all these issues are linked. That 14-year-old girl in South Sudan experiencing years of conflict and displacement isn't just facing economic uncertainty, food insecurity and increased violence in isolation. She and millions like her are experiencing this all at once, contributing to a vicious cycle. With the effects of COVID-19 layered on top of already dire situations, the consequences are devastating.

Thank you for the opportunity to speak today. We look forward to your questions.

● (1550)

**The Chair:** I thank all witnesses for their opening remarks and for respecting the time limits carefully.

We will now go to our first round of questions, which will consist of six minutes per member of the committee.

First up is Mr. Morantz.

**Mr. Marty Morantz (Charleswood—St. James—Assiniboia—Headingley, CPC):** Thank you, Mr. Chair.

Thank you all for being here, virtually speaking. Your work is literally a matter of life and death. I know all committee members take it very seriously.

One of the things I want to explore a little more, and the only witness who I recall touching on it was Ms. Pinto, is just the whole situation with vaccines in undeveloped countries and what plans are in place.

I know our Prime Minister had actually committed to sending any vaccine doses that were procured over and above the needs of Canadians to help in undeveloped countries. You know that we're having some difficulty with actually receiving those vaccines at this point.

Ms. Pinto, maybe I'll start with you. I wonder if you could share your concerns over what the world needs to do to get vaccines in the arms of the most vulnerable people.

**Ms. Rowena Pinto:** I think we already are making some great steps towards making this a reality. The global partnership that exists through the COVAX facility is a really great effort to ensure the equitable access to vaccines. I'm pleased to say that, first of all, Canada has played a huge role in contributing to that, and it's through that facility that they've also promised to donate any unused vaccines. What has happened is that the biggest players that are already coming to the table with experience, such as the WHO and Gavi, are key in terms of trying to figure out how to get this across.

UNICEF is playing a huge role in this. On a yearly basis, we actually deliver approximately two billion doses of routine immunizations to children around the world in some of the most difficult and hard-to-reach places. We've procured two billion doses every year. We are the largest procurer of vaccines. Therefore, even though children are not the primary receivers of the COVID-19 vaccine, we've been asked to really help with the procurement and with the logistics, by management and transportation, as well as vaccine readiness, which I spoke to you about in my opening remarks. It really does speak to the fact that, at this point, we can't really help children the way we need to help children unless we also get rid of the pandemic.

This is going to be a big thing. We actually have, just hot off the presses, the first 18 countries in the developing world that will be getting their vaccine. Unfortunately, I can't share with you which ones those are. They will be announced officially tomorrow in a press conference. The first step is really vaccine readiness.

**Mr. Marty Morantz:** Can you tell us who they are? Just kidding.

**Ms. Rowena Pinto:** I would get into big trouble, sorry.

**Mr. Marty Morantz:** In terms of Canada's role or what Canada can do, I mentioned that the Prime Minister made a commitment to providing access to doses.

Has your organization received any assurances, written or verbal, from the Canadian government with respect to the provision of vaccines?

• (1555)

**Ms. Rowena Pinto:** This is all being coordinated through the COVAX facility, part of which is global UNICEF. That landscape is constantly changing. There have actually been a lot of funds already injected by Canada into not only the procurement and purchase of vaccines, but also the purchase of therapeutics, etc.

Right now, Canada is playing a leadership role, as are other major countries and foundations. It really is a global effort, and really speaks to the strength of multilateral co-operation.

**Mr. Marty Morantz:** With respect to COVAX, I had a meeting with someone from Doctors Without Borders a couple days ago, and I asked about this. There were some serious concerns about the COVAX program, and how it's being rolled out.

Have you been hearing those things as well, or is it all going well? Are there issues?

**Ms. Rowena Pinto:** As I said, it's a constantly moving target. As you know, the whole vaccine landscape is constantly changing,

which vaccines will be available and where. I'm sure this is not surprising. It's an incredibly complex process. When you're talking about vaccine readiness, you're talking also about ensuring our whole supply chain is in place.

In certain countries, certain vaccines might work more effectively just based on their infrastructure. There's a lot going on. I don't think we have all the information. That might be part of the frustration, that all of the information in terms of how exactly this will all roll out is as complicated as what we hear in Canada. It's very similar; it's constantly changing.

**Mr. Marty Morantz:** One of the witnesses, and I don't recall which one, expressed some concerns over Canada's percentage of GNI going to international development. I can't recall who it was, but could that witness expand on those concerns?

Just generally, does anyone have a view on that?

**Ms. Taryn Russell:** I don't think I said that specifically, but the case that we're trying to make, as a civil society in Canada, is that these are unprecedented times. We have the opportunity to not only stop the scaling back of a lot of progress we've made in areas of health, education, and other issues but also address the global pandemic. The resources needed are higher than what we're currently providing. There's a lot of opportunity for investment.

**The Chair:** Thank you.

We'll now go to Dr. Fry, for six minutes.

**Hon. Hedy Fry (Vancouver Centre, Lib.):** Thank you very much, Chair.

Thank you so much to the witnesses. You are highlighting something that has been going on for a very long time, and most countries in the world have not paid a lot of attention, especially, to displaced children. We know there are 33 million displaced children globally right now, and all of the things you say that are happening have been exposed by COVID.

The thing about it, though, as you actually said, is that they're not getting COVID—that's not the issue. The issue is nutrition, sanitation, access to food, access to health care, access to education and, more importantly, the sexual slavery and the labour slavery that we see going on with these kids being exploited and/or disappearing.

I know when we talk about this we talk a lot about Africa, the Middle East, those kinds of conflict zones, but actually this is a humongous issue in Europe. Displaced children in camps are not getting any help. They are not even seen, are not heard, and are disappearing.

I think COVID has exacerbated this, and I am hoping we're not just going to look at what the impact of that is, but at the opportunity COVID would have given us to actually begin to understand this issue and the lost generations that are going to come as a result of conflict and displacement for children around the world.

My question is simply this. I know Canada is interested. Canada is...with COVAX, and Canada is doing all of these things, but how do we get countries of the world to actually pay attention to displaced children?

UNICEF, you did a survey in 2020 that said that 159 countries were surveyed and it showed that displaced children are excluded from national pandemic responses, from strategies, from recovery plans, and they're not even documented. Nobody knows who they are, where they are in so many places.

What are the essential services that we need to do, and how do we get migrant children the help, the care and the documentation they need? I am really concerned about migrant children.

Secondly, what factors do you think have contributed to the plight of migrant children, and to the fact that most nations have ignored their plight? We just tend to look at kids who are actually in the conflict zones and not the ones who have been displaced and are trying to migrate.

What are the things you need to do? I would like some real recommendations to get this on the agenda and to make sure that countries continue to look at this, even after COVID has gone away.

I don't know who wants to start, but I think maybe UNICEF, because you did the survey.

• (1600)

**Ms. Rowena Pinto:** Annie, do you want to take this one?

**Ms. Annabelle Bodmer-Roy (Director, International Policy and Programs, UNICEF Canada):** Yes, sure.

Thanks so much for that question and for the focus on refugee and displaced children.

I think one of the first steps was articulated by colleagues from World Vision, which is really listening to children and young people themselves. All of our organizations do work directly with refugee and displaced children and youth who have told us over and over again what their needs are. Some of those needs are, in fact, in areas that are chronically underfunded.

If we are to listen to displaced and refugee young people and children, they will tell you that the needs that they prioritize over anything else are education and protection. These are areas that, in emergencies, are chronically underfunded.

A first step would be to listen to children and young people themselves. What are they saying they need? What is the most important thing to them? That is the critical first step, and then to take action based on what they are saying.

When Canada is looking at an added international response to COVID, but also longer-term recovery, how can we ensure an inclusive recovery that really looks at supporting the refugee and displaced youth in what they are saying they need, not just today but over the longer term?

**Hon. Hedy Fry:** I just want to quickly flag that when I am asking this question I am trying to find out how we keep track of those kids. How do we identify them? How do we make sure they are on the radar, because talking to them is one thing. You have to be able to pay attention to them.

I know that specifically in Europe many countries have just ignored them, locked them down, seen them as a nuisance, and are not paying attention to them during the pandemic.

I think this is what I'm trying to get at. How do we document where they are, who they are, when they are...? How do we make them real people? They're invisible right now.

**Ms. Tineka Levy (Humanitarian Advisor, Save the Children Canada):** I can jump in.

I think that it is quite a problem. Not every country has a robust data collection system to be able to be tracking, at the level that we would want, the numbers of displaced boys and girls, but the fact is that the majority of refugee children are hosted in low- and middle-income countries. If Canada is serious about getting this type of information and getting the supports that are needed to these children, then support for these types of contexts needs to increase. Those countries that have more flexible and more welcoming policies for refugees, such as Uganda, should be "rewarded" for that with the aid and the additional support that they need so that refugee and displaced children can be included in national systems. However, frankly, that level of support that's needed to support that inclusion is not available even in contexts where policies are more welcoming.

**The Chair:** Thank you so much.

[*Translation*]

Mr. Bergeron, go ahead for six minutes.

**Mr. Stéphane Bergeron (Montarville, BQ):** Thank you, Mr. Chair.

I want to thank the witnesses for their presentations, which are informing this committee's work.

We know that the situation of children in crisis and war zones is extremely problematic. Those issues are multifaceted, and we are increasingly realizing that the current situation related to COVID-19 is exacerbating those already significant problems.

We know that children are less affected by COVID-19 than older people. We also know that, in crisis and war zones, other factors that afflict children—such as malnutrition and lack of care—are exacerbating the impact of COVID-19.

This said, we know that some of the available vaccines must be stored at very low temperatures, which makes their administration extremely complicated. In the meantime, we hope that people will be able to apply minimum sanitation measures to avoid being infected by the virus.

However, according to a UNICEF study, 40% of the global population lack the facilities for washing hands with soap and water. Yet we know full well that one of the first rules being repeated since the beginning of the pandemic is to frequently wash hands with soap and fresh water. However, we are seeing that this is simply impossible in many cases.

How can adequate access to drinking water be ensured? This is already a significant problem under normal circumstances for people living in crisis zones or war zones. And now the COVID-19 crisis is further complicating matters on the ground.

• (1605)

[*English*]

**Ms. Annabelle Bodmer-Roy:** I can take that question, and my colleagues want to jump in as well.

[*Translation*]

Thank you very much for the question.

[*English*]

We mentioned at the outset a six-point plan for children, and one of those priorities, in fact, is to ensure an increased access to clean water, sanitation and hygiene for children and young people all over the world.

As you mentioned, 40% of people in some of these contexts don't have access to clean water. One of the concerns that UNICEF has—as well as other partners—is specifically for children in crowded conditions like we see in refugee camps and displacement camps, so one area of focus for us is very much to ensure increased access in those conditions. That includes clean water, as well as access to soap and to water purification tablets. That's one measure that's a high priority for us, particularly in the context of this segment on children in conflict and crisis situations.

[*Translation*]

**Mr. Stéphane Bergeron:** I will also give you time to answer the question, Mr. Fischer.

**Mr. Martin Fischer:** Thank you.

[*English*]

I think the one thing that Rowena talked about in terms of vaccines is the massive logistical challenge we face in many of these countries, and I think we'd be remiss if we didn't point to the massive public awareness effort that needs to go in parallel to that. We know from our work that there are misconceptions about vaccines, that there are worries about vaccines and that often the information trickles down very slowly to the communities we work in. If we isolate the conversation about vaccines to a logistical challenge in developing countries, probably we're only covering one side of the story.

Equally, then, I think we know that when it comes to children, we will only be able to provide the kind of protection services and the kind of health services if their parents are able to go back to work once they're vaccinated. I think it's really important to look at this sort of holistically, as we have said, to not isolate vaccines as a silver bullet, and to look at the way that we will be able to actually get people to be willing to become vaccinated once those vaccines are available.

[*Translation*]

**Mr. Stéphane Bergeron:** You talk about awareness raising as an essential step in a vaccination campaign like the one required in the current COVID-19 crisis. I would say that education is one of the major awareness-raising tools.

However, even in ideal education conditions—such as those in Quebec or in Canada, if I may say so—we see that interest in schooling is at its lowest owing to distance learning.

In countries where the logistics related to distance learning, and even basic learning, are extremely complex, how can this education challenge be met in a context such as the one involving COVID-19?

• (1610)

[*English*]

**The Chair:** Could we have just a brief answer, please? Maybe there will be a chance to come back in the second round.

**Ms. Lindsay Gladding:** Perhaps I can jump in here.

Certainly from my perspective, one of the important things we need to do first is to understand contextually what the barriers are. World Vision has conducted a recent barrier analysis on vaccine uptake, in Myanmar, Bangladesh, Kenya, Tanzania and DRC, and is using that to help national public health efforts to understand why people may be unable or unwilling to access vaccines and to access health care, so that we can very intentionally address those barriers. I was—

**The Chair:** Ms. Gladding, I apologize. We'll have to leave it there in the interests of fairness and time. There may be a chance to come back to this point when Monsieur Bergeron has his second chance to ask questions.

We will now go to Ms. McPherson for six minutes, please.

**Ms. Heather McPherson (Edmonton Strathcona, NDP):** Thank you, Mr. Chair.

I want to thank all of our witnesses for coming today and sharing this with us. I know that next week is International Development Week. If I don't get a chance to see you during the week, I want to thank you now deeply from the bottom of my heart for all of the work you do. Next week as we celebrate your efforts, we'll keep you in mind.

This committee knows that I'm very committed to increasing Canada's official development assistance. I think it's embarrassingly low right now, and I think we heard from the witnesses today that during COVID-19 it's vitally important that Canada's contribution and Canada's commitment be in addition to, not instead of, our official development assistance.

I do have some questions about what could be accomplished if our ODA were appropriate. I think it's important that we get this on the record.

Maybe I'll start with you, Ms. Russell. You spoke of the risk that girls will not return to school, that we will lose some of those gains we've made in terms of girls' enrolment in school. What could be done if we were able to do more to prevent that loss of enrolment as we come out of the COVID-19 pandemic?

**Ms. Taryn Russell:** By enabling us to increase our efforts, we'll be able to ensure that not only all kids who were in school, including girls in those vulnerable groups before the pandemic, are able to return but also that we can pick up the great work that was generally happening around getting more students in school.

Over the past couple of decades, we've made a lot of global progress, including in complex situations like Afghanistan, in terms of getting girls in school at the same level as boys in many places, and really reducing that gap. There is a real risk that we're going to backslide on a lot of the progress made. We know about all the knock-on effects regarding schooling. You've heard this before. It's not just a place to learn. It's a place for children to flee violence, and where we're able to deliver immunization and malnutrition programs in many cases.

We know the interventions that work. Many organizations here are utilizing them. It's just the scale that needs more effort put into it. We did some analysis at Save the Children. It would require \$50 billion worldwide to get all kids back in school who are out of school right now. Those are not just donors, those are national governments prioritizing it in their budgets. It needs to be an all-in effort in terms of how we are using our political will to prioritize these efforts.

**Ms. Heather McPherson:** And to ensure those dollars are there, absolutely.

**Ms. Taryn Russell:** Exactly.

**Ms. Heather McPherson:** One of the things I hear from this is that there is an opportunity with the backslide to lose those gains, so the investment we've already put into women and girls around the world could be lost. When you speak of situations in places like Afghanistan, I completely agree.

I'm going to ask Ms. Pinto the next question in terms of our vaccine outreach, and making sure that people around the world are able to recover equitably from COVID-19 as we go forward. I'm going to quote a survey that was actually done by World Vision, because the data actually talked about how 78% of Canadians think that the Government of Canada needs to increase the amount of money it spends on development assistance, focusing on helping those who are displaced or in refugee camps impacted by COVID-19.

Could Ms. Bodmer-Roy or Ms. Pinto speak a bit about this? What would an increased contribution mean, and how can Canada could do more, making sure there is an equitable rollout of the vaccine, and an equitable response to COVID-19 around the world?

• (1615)

**Ms. Rowena Pinto:** As I've mentioned, Canada is playing a big role right now around vaccines. This can always be increased. Obviously, this problem is as complex as we see in Canada. You can only imagine that as we get into it, and the vaccines start to flow, especially to the developing world, we're going to run into barriers very similar to those in Canada.

Investment requirements will change, and we'll have to be very agile and flexible in terms of our approaches. As someone just mentioned, the number of vaccines, and how you store them, how you transport them, how you deliver them, the amount of doses, all those things are constantly moving targets.

We don't have all the answers right now. Even the price of vaccines is a constantly changing landscape. What we do know is that we are starting to look at what it will actually take to deliver the vaccines effectively. That does not count in terms of the actual pur-

chase of vaccines, but just to get them into the arms of people, because having vaccines is critical.

As you mentioned, people who are in conflict settings or in displaced camps.... That will be a much bigger cost. Canada has a huge role to play.

**Ms. Heather McPherson:** I have one quick question, because I don't have very much time.

Mr. Fischer, could you speak a bit more about the supply chain legislation, and why you think we have not moved forward on the supply chain legislation that was recommended two years ago to the government?

**Mr. Martin Fischer:** I'm conscious of time as well, and can give you a very quick answer.

**Ms. Heather McPherson:** I can come back to this on my next round.

**Mr. Martin Fischer:** Sure, but I can start by saying we have a hard time seeing anything but a lack of political will as a reason, because there's recommendation over recommendation. We realize that COVID set back some of the momentum in Canada, but as we look to 2021 and 2022, I have a hard time seeing what else we need to do other than for the government to pick up that great progress, and indicate that it is willing to do it.

**Ms. Heather McPherson:** Thank you very much for that.

**The Chair:** We will now go into our second round of questions.

I encourage colleagues to continue to respect the time limits carefully because there are some very tight allocations. I want to make sure that a member of each party has a chance to ask a second question in this second round.

The first five minutes go to Mr. Genuis.

**Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC):** Thank you so much to all the witnesses for their work and for their testimony.

At the risk of looking like I'm trying to give Ms. McPherson some of my time for free, I do want to follow up with Mr. Fischer and give him a bit more time on that.

Maybe I'll just make a comment to you first of all.

The Subcommittee on International Human Rights did some extensive work on the situation of the Uighurs. Supply chain legislation was a key part of that discussion. There were some very strong all-party recommendations in a statement that was released.

Although the government hasn't taken action on this, I think you see strong political will from at least everyday members of all parties. I don't know how we crossed that threshold when we have members of all parties—our party, but others as well—pushing on this.

The reality is that Senate bills, private members' bills.... There are just huge delays. I've been working on a fairly simple organ harvesting and trafficking bill that everybody supports, and people have been trying to get this passed for 10 years. There are just delays and procedural issues, which is basically why, unfortunately, you need a government bill to get things done in a timely way around here.

Do you have a comment on that or any feedback? Then I will go to my next question.

• (1620)

**Mr. Martin Fischer:** Thanks for giving me a bit more time.

I think that you're right. When I say "political will", I really mean a strong signal from the federal government that this is a priority and that it is willing to move on it based on various...consensus, as you indicated.

We know that members of the opposition parties are in favour of this. We know that, in private, members of government are in favour of this. In part, the move to the Senate was—you're right—procedural to make sure that it actually gets some airtime.

I know that some members here are active when it comes to petitions. We have a petition on the issue that has 70,000 signatures. Really, when we look at public awareness, I think there are various pieces that have come out over the last few weeks that highlight the PPE risks. You're also right, Mr. Genuis, around the Uighurs; that is a concern.

We saw a quick response, actually, from the government, together with the U.K., when it comes to the Uighurs. Whether that's strong enough, one can debate, but there was a tactical response saying that we will ban those imports. Apparently, it is doable.

**Mr. Garnett Genuis:** Yes.

I'm sorry. I do want to get to another question, but thank you for that. Maybe Ms. McPherson can pick up on it further. I'm certainly of the view that the government's response was not adequate. It was a quick communications response. Again, I suspect many members of the government, at least in private, would agree that more needs to be done.

I have an open-ended question for anyone who wants to answer it.

I'm very interested in our exploring more the role of conflict in undermining development. I think one of the other issues when it comes to education is what the opportunities in an educational setting are for students, perhaps across conflicting communities, to interact with each other, for pro-pluralism messages to be communicated as part of education, and what the losses are in terms of that interaction that come with people's being out of school.

If anybody wants to pick up on that—the role of conflict, pluralism and what we're seeing right now....

**Ms. Tineka Levy:** Yes, I think you're certainly right. Education is a huge vehicle for peace-building. Although there are challenges, undoubtedly, with the pandemic, with school closures' preventing children from accessing physical classrooms, there are, in fact, a lot of low-cost and low-tech modalities that can be launched and that

all of our agencies have been using with great success and with efficacy.

There are simple things like paper-based methodologies, take-home learning packets, and things like that in which gender transformative messages, messages around peace-building, and messages around safety and hygiene to protect children and their families in the context of the pandemic can be embedded. These types of things are really quite necessary. It does take resourcing to be able to implement these things at scale as well, and to train teachers in the use of these modalities.

I hope that answers your question.

**Mr. Garnett Genuis:** Thank you. It did.

I have 15 seconds. Does anyone else want to wade in?

**Ms. Annabelle Bodmer-Roy:** I'll weigh in, just to say quickly that when we're looking at conflict context and the displacement that often results from conflict, it's important, when we're designing education programs, that we're looking at the displaced populations as well as the host communities. Whether that's in the context of internal displacement and host communities within a country, or cross-border and host communities for refugees, we're really trying to ensure that there isn't a "one versus the other" approach and that we're not, for example, providing education for one group at the expense of another group, and likewise for other types of interventions such as immunization or nutrition or protection.

**Mr. Garnett Genuis:** Thank you.

**The Chair:** We'll now go to the next speaker, Ms. Sahota.

Please go ahead for five minutes.

**Ms. Ruby Sahota (Brampton North, Lib.):** Thank you.

My questions are for UNICEF and Ms. Bodmer-Roy.

You've mentioned the importance of vaccine readiness as a part of Canada's global response to ending COVID-19. You've talked about why it's needed, where it's needed, and when it's needed, all of that, but can you speak to how vaccine readiness would be in line with the government's feminist international assistance policy?

**Ms. Annabelle Bodmer-Roy:** Many people have said that women and girls are disproportionately impacted by COVID-19, and I know later on we'll hear from other colleagues further on some of those issues.

We know that gender equality is also one of the inequalities that have been exacerbated in this pandemic. For example, the health of women is adversely impacted through reallocation of resources and priorities including sexual reproduction health services and maternal health services.

We know that unpaid care work has increased. We know, for example, particularly with children out of school—and I can attest to this as a working mother here in Canada—that there have been challenges, and those challenges are reflected around the world.

But at the same time, in many contexts, including conflict in crisis contexts, the responsibility for ensuring that children get vaccinated falls on women, on mothers, on grandmothers, on aunts, or on older sisters sometimes, and so as Canada looks to support vaccine readiness, there must be a specific effort to empower and equip women really to look at vaccine misinformation.

So really ensuring that women, whether it's mothers or grandmothers or women's associations at community levels, have the information to really fight vaccine misinformation at the community level, and ensuring that, when we are looking at equitable access to COVID-19 vaccines, local women's organizations and networks, again at that community level, are consulted to ensure that COVID-19 vaccines reach the most vulnerable are critical parts of readiness.

The other element I would highlight is that it's estimated that 70% of front-line health workers in these contexts are women, and so this means that many women will be taking responsibility for safely distributing and administering COVID-19 vaccines. These health workers are putting themselves on the front line of COVID-19 distribution and they must be protected through adequate training on, for example, vaccine storage, cold chains, distribution and administration, and also ensure that they're equipped with PPE.

They also need to be provided priority access to COVID-19 vaccination themselves so that as they're protecting other people's right to health, their own health is protected.

• (1625)

**Ms. Ruby Sahota:** I was also wondering if you can follow up on your six-point plan and expand on that plan for children.

**Ms. Annabelle Bodmer-Roy:** Thank you.

I mentioned earlier in response to Mr. Bergeron the focus on water and sanitation. Maybe I'll spend some time focusing on the other five areas of the six-point plan.

I'd like to highlight that this is a set of practical and concrete actions to really reunite the world around a common cause, and that is the realization of the SDGs and the Convention on the Rights of the Child.

Of the six priorities, I mentioned water and sanitation, but there are other ones that have been highlighted here today. There is the priority on education to ensure that all children learn, and that includes provision of targeted education support for children in conflict and crisis including displaced children, as well as girls and children with disabilities.

Another priority is to guarantee equitable access to health and nutrition services, including making sure that vaccines are affordable and available to every child. And I would really highlight the importance of ensuring we don't forget about routine vaccinations. We are very concerned that measles, polio, diphtheria and other deadly diseases are really increasing now in conflict-affected countries in particular like Yemen, as my colleague highlighted. That's another priority.

We're also concerned about the mental health of children and young people, which is the third area. And we're concerned about

bringing an end to abuse and gender-based violence, recognizing, too, that gender-based violence has severe mental health impacts. That's our third area, mental health and gender-based violence.

Water and sanitation is the fourth.

There's also a concern around increases in child poverty, and really there we need to focus on inclusive recovery for all, including through an increase to overseas aid commitment and social protection mechanisms like cash transfers to allow children access to education, nutrition services and immunizations.

Finally, and this is really one of the most relevant to this segment of the study, we need to redouble efforts to protect and support children and their families living through conflict, disaster and displacement.

**The Chair:** Thank you.

[Translation]

Mr. Bergeron, go ahead for two and a half minutes.

**Mr. Stéphane Bergeron:** Thank you, Mr. Chair.

I will come back to the education issue.

UNESCO estimates that the vast majority of schools were closed on average for 14 weeks last year. Those mandatory closures affected 90% of students. Some are still affected by those closures.

That lack of schooling, as I was saying, has an impact even in developed countries. The drop-out rate is likely to increase because students are losing interest, despite the available technology.

What may be that situation's impact in developing countries, especially in conflict zones?

Answers to this question were already being provided, so I invite the witnesses to continue.

• (1630)

[English]

**Ms. Taryn Russell:** I can jump in.

As you mentioned, there's been a huge number of children who have been out of school, over a billion. There remain hundreds of millions of children who are in and out of school, and that number keeps changing. I would say it's because of the pandemic, but also in conflict situations we have to think if there are other reasons, too. Violence against schools has been a huge issue in the past year. We've seen instances of schools under attack in countries like Iraq and Afghanistan. In Afghanistan right now, schools are closed because of the winter, so that compounds the issue because many families rely on schools to keep their children warm during the day, and they are struggling there. It's COVID compounded with conflict, compounded with natural disasters and other issues that are really forcing this learning crisis.

As I mentioned, I think what's going to need to happen, especially for these vulnerable groups, and we know who they are—they're girls, children with disabilities who were out of school at alarmingly high rates before the pandemic, refugees and internally displaced children—is they need really targeted supports because it's going to be harder than ever to get them back in school after the pandemic because many of them have already fallen victim to harmful practices. That can be anything from child marriage, which I spoke about at length, but it can also include child labour, trafficking, families that are too poor and their children go back to work. There are many things like that.

I think it's going to require a real concerted effort in talking to communities about what they need to support their vulnerable groups in terms of getting them back in school once it's safe to do so.

[*Translation*]

**The Chair:** Thank you very much, Mr. Bergeron. You're at exactly two and a half minutes, so your time is up.

[*English*]

Our final questioner will be Ms. McPherson, also for two and a half minutes, please.

**Ms. Heather McPherson:** Thank you again, Mr. Chair.

I would like to ask a question of the Save the Children Canada and World Vision Canada teams. We know how important and how vital the work that multilaterals do is. However, we also know that local CSOs, Canadian CSOs, of all sizes, both large and small and medium organizations, often have a closer relationship with the community, are often more nimble and able to turn their programming much more appropriately.

I wonder if both organizations could speak very briefly about whether or not they feel Canada should be directing more aid dollars towards the Canada CSO community and the local CSO community?

Perhaps I could start with Ms. Gladding.

**Ms. Lindsay Gladding:** I appreciate the question.

I think there is definitely room for Canada to increase its support to Canadian civil society, particularly to local organizations. We know that these players are at the front lines in providing services to communities and are influential in the communities.

We have done a significant amount of work with faith leaders and we know that the word of a faith leader carries a lot of weight. When we're talking about barriers to vaccine access or misinformation about COVID-19, the role of faith leaders and local actors in being able to combat that really can't be overestimated. Canada has an opportunity to invest in that front line and to do so with Canadian partners.

**Ms. Heather McPherson:** Thank you.

Ms. Russell.

**Ms. Taryn Russell:** I would just add that Canada should invest where it's going to have the most impact and where it's proven. Multilaterals can have a really fantastic impact when it comes to

delivering on scale. For example, we see Gavi with vaccines and the Global Fund and the great work they're doing around HIV/AIDS, TB and malaria. What we don't want to see are funds not flowing through smaller or medium-sized organizations because there are barriers to doing so, not because it's an issue around impact.

I think what we want to ensure is that there are mechanisms that get set up and make it easier for Global Affairs to make decisions in terms of where the funds are going to flow, based on who is going to benefit the most from that, in many of the ways that Lindsay just reiterated around this, closeness with local leaders and with smaller civil society organizations in-country, for all of those reasons.

• (1635)

**Ms. Heather McPherson:** Thank you.

**The Chair:** That takes us to the end of our scheduled time with panel one. On our collective behalf, I'd like to thank our panellists for their testimony, expertise and, most importantly, for their service.

We will suspend briefly to allow our second panel to come on-board and then resume.

• (1635)

(Pause)

• (1635)

**The Chair:** Welcome back, colleagues.

I'd like to welcome our witnesses for our second panel.

For the benefit of those who have just joined us, I would encourage all participants to mute their microphones when they're not speaking. Direct your comments through the chair, please.

[*Translation*]

I will signal to you with this piece of paper when you have 30 seconds left. Interpretation services are available; you must click on the globe icon at the bottom of your screen.

[*English*]

I'd like to welcome Tanjina Mirza, chief programs officer, with Plan International Canada; Annalisa Brusati, senior technical adviser for child protection, with the International Rescue Committee; Susan McIsaac, president and chief executive officer, and Elias Ayoub, global director, country operations, with Right to Play International.

Ms. Mirza, welcome back to the committee. We will have you start off with introductory remarks of five minutes, please.

**Dr. Tanjina Mirza (Chief Programs Officer, Plan International Canada Inc.):** Thank you so much for giving us this opportunity to speak with you again.

COVID-19 is a child rights issue and the challenge is staggering. The situation is getting worse, so it's wonderful to talk about all of these issues.

As you heard in the previous panel, Plan International is a leading [*Technical Difficulty—Editor*] with other leading [*Technical Difficulty—Editor*] child rights organization. We're united in working together to address this crisis. As I mentioned last November, Plan International is one of the largest child rights organizations in international development striving to end gender inequality and promote child rights. We work in a context heavily burdened by crisis and conflict.

Today I'm going to focus on what we have learned that has increased the vulnerabilities of children, especially girls, over the last 10 months during COVID-19. I would also like to give some points on what we are doing right now to respond to this crisis.

First of all, let me provide you with what we have learned in the last 10 months, especially for children who are most vulnerable—those who are girls, especially—in the conflict and displacement setting with regard to their health, education, food security and income poverty.

Over the last 10 months, we are seeing several points very closely.

Number one is the school closures and safely returning children to school, especially the girls. This is vital in protecting their immediate and long-term health and well-being and their education opportunities. The education window is a small window. If we lose that, it's a very significant loss for the children's future as well as their current lives. Seventy-five million children, predominantly girls, are out of school in 35 countries right now.

The second point is that violence against children and women has surged. It requires strategies for improving reporting, raising awareness, psychological care and victim services. Violence against children is impacting all aspects of their survival [*Technical Difficulty—Editor*], physical and mental health, and of course [*Technical Difficulty—Editor*]. By 2030, it is estimated that 13 million more girls will be entering into early child and forced marriage.

The third point is that girls and women are suffering economic loss in income and social protection during this pandemic, making it even more crucial to promote initiatives and policies that enable girls to remain in school or in training, so that they are ready for future income-generation activities.

Girls are also experiencing greater barriers to essential sexual and reproductive health services. As the health systems are grappling with providing COVID-19 services, this service of sexual and reproductive health is not being prioritized. It needs urgent attention.

Another area that we are seeing is food insecurity. There are growing risks of famine in many parts of the world. It's directly a result of the pandemic. As we know, COVID is not impacting the children directly, but these are the impacts that they're facing because of the COVID pandemic globally.

Last, but not the least, is the need to invest in health systems globally, especially at the primary health care level. More than 80%

of the world's refugees are hosted in low- and middle-income countries, where health systems are not equipped even in day-to-day work. Now with COVID and disease outbreaks, it's become a huge concern.

How are we responding? Plan International Canada has adapted all its programs to adjust to the COVID-19 reality. We are leaders in our approach to integrating gender equality in all aspects, such as health, education, economic empowerment, impacts of climate change, food security, water and sanitation—all focusing on children, especially girls.

We are investing in a big way in gender-responsive health system strengthening, so that not only can they respond to COVID-19 now, but they're resilient for future pandemics. Our gender-responsive approach includes prevention and protection measures, continuity of essential services and access to education on gender-based violence, so that they can prevent child marriage.

We are providing life-saving food assistance to the food insecure population.

• (1640)

Last but not least, we are making sure our education programs are effective, even during the COVID-19 closure. We look forward to the launch of the “together for learning” campaign next week for displaced children.

In conclusion, moving past this pandemic requires unprecedented collaboration and solidarity among all organizations and countries, the government and the NGO sector. We are encouraged by Canadians' international response to the pandemic and consistent commitment to increasing Canada's official development assistance. At Plan International Canada, we will continue to support the urgent needs of girls and children across all the crisis-affected countries.

Thank you so much.

• (1645)

**The Chair:** Ms. Mirza, thank you very much for your opening remarks. We will now turn to Ms. Brusati.

The floor is yours for five minutes, please.

**Ms. Annalisa Brusati (Senior Technical Advisor for Child Protection, International Rescue Committee):** Thank you to the House of Commons for inviting the International Rescue Committee to testify today and for convening this meeting.

We are proud to join the other five organizations testifying, and call attention to the need for a comprehensive agenda for children, particularly those living in humanitarian contexts. We all know that this moment, as we collectively live through an unprecedented global pandemic, is having particular and troubling impacts on children. We have seen the impacts first-hand on our children. We have had to home-school while being concerned about our own livelihoods. We have worried about children we know getting sick or experiencing anxiety. We worry about what effect this time will have on their futures.

In the 40 countries where the IRC works, COVID-19 did not create these types of challenges. It only deepened them. Children living in conflicts and crisis have always dealt with school closures and the burden, stress and trauma of living in uncertainty. Children who have been displaced do not even have the comfort of a home. COVID-19 and the containment measures have layered risk upon risk for these children: learning loss, poor nutrition, school dropout, extreme poverty, social isolation, mental health consequences and drastic increases in the risk of violence within and outside their homes. All of this is happening while it is more difficult for organizations like the IRC to deliver services or identify children who need our assistance.

Child protection professionals who rely on educators and communities to recognize signs of violence against children are finding that traditional entry points to services and support are disrupted, making it harder to identify children in need and reach them with life-saving services.

Even as schools reopen, UNESCO warns that 24 million children and youth may not return to the classroom. These losses are personal—because each child deserves an opportunity for a future—as well as collective. The World Bank estimates that learning losses due to COVID could add up to \$10 trillion U.S.

Girls, already up to 90% more likely not to attend school than their male counterparts in conflict settings, are at particular risk not to return, due to persistent gender inequality.

Children of all ages face particular risks. The early years are vital for brain development and setting children on a path to success in primary schools. They are foundational to productivity and well-being. Adolescence is another critical stage for brain development as children prepare for adulthood, yet in South Sudan, adolescent girls are three times more likely to die in childbirth than to complete their education.

Despite all this knowledge, there is limited actual commitment to prioritize and fund protective services. Child protection services made up only 1.4% of total funding received in 19 humanitarian responses in 2019. The Moving Minds Alliance found that early child development funding in crisis-affected countries represented only 2% of the share of humanitarian aid in 2018. This was before COVID increased competing priorities.

The University of Virginia and Sesame Workshop found that the most drastically under-represented areas of the COVID-19 global humanitarian response plan appeals included children's safety, security, responsive caregiving and early learning.

Canada, as a leader in the humanitarian sector, can and should strengthen the inclusion of holistic services for children and families in both standing humanitarian crises and crises deepened by the impact of COVID. This means translating what we know about the importance of interventions during childhood into policy priorities and increased investments. We echo our colleagues' calls to achieve the increase in ODA to which Canada has committed.

We recommend increasing the share of funding for child protection, so responses can prioritize protection from abuse and violence in and out of the home and support child development and well-being. These interventions must start in pregnancy and continue throughout the life cycle for children and youth.

We support and call on Canada to support the global learning together six-point plan of action and emphasize particularly mental health and well-being for children, caregivers and teachers; addressing how gender inequality impacts education; and particularly during COVID, lessening the digital divide and creating flexible alternatives that can allow children to safely interact with peers and learn.

Immediate and long-term opportunities exist for Canada to show leadership for children. These include adequately funding and maximizing the work of the refugee education campaign that is soon to be launched, and using G7 meetings and Global Partnership for Education replenishment as opportunities to demonstrate Canada's commitment to leadership to support children in humanitarian contexts.

● (1650)

The truth is that children cannot wait. Each day without increased action means more young girls married, more boys leaving school for work and isolated children facing violence alone. Each week without mental health services increases the stress on children and parents. Each month out of school increases the likelihood of lost economic opportunities in the future.

Once more, the IRC commends the House of Commons on holding this meeting and its commitment to strong, actionable solutions for children. We stand by ready to partner in and support the future direction.

Thank you very much.

**The Chair:** Thank you so much, Ms. Brusati, for your opening remarks.

The final set of opening remarks goes to Right to Play International.

Ms. McIsaac and Mr. Ayoub, you have five minutes, please.

**Ms. Susan McIsaac (President and Chief Executive Officer, Right To Play International):** Good afternoon and thank you, Chair.

At Right to Play International, our mission is to protect, educate and empower children to rise above adversity using the power of play. I'm hoping I will be joined shortly by my colleague Elias. Together we thank you for the invitation and for your attention to this very critical issue.

We have been encouraged by Canada's COVID-19 response and its recent commitment to increase ODA investments to support global recovery efforts. Our hope is that this study will offer some useful recommendations to ensure that children and youth can realize their right to be educated, protected, healthy and empowered.

COVID-19 is a health crisis, but the ripple effect on children's learning, mental health and safety cannot be ignored. In times of crisis, schools are often the first public service to be suspended and the last to be resumed. One year into the pandemic, nearly one billion learners are still out of school. That's in addition to the 75 million children and youth who were already out of school in crisis-affected countries. Numbers of this magnitude require an urgent and innovative response.

COVID-19 has exacerbated the already precarious circumstances faced by children who are living in conflict and crisis, putting them at greater risk of illness, child labour, violence and other forms of exploitation. When children and young people are out of school, their mental health, learning, and development also suffer. Without an education in a safe and nurturing learning environment, children and young people lose a sense of belonging and are denied the opportunity to acquire the knowledge and skills they need to reach their full potential. This is particularly true for girls.

Drawing on our 20 years of experience, Right to Play has been taking action to keep children healthy and safe, learning, and mentally strong. In 2020 Right to Play was actually able to expand our reach by adapting our programs to ensure that more children could continue their education at home and receive mental health and psychosocial support to deal with the stress of the pandemic as well as other overlapping crises.

In Mali, Right to Play is working to protect children as political unrest and poverty converge with the pandemic. Mali is one of the poorest countries in the world. Child labour is pervasive. One out of every three children in Mali works instead of going to school. With funding from Global Affairs Canada, our Jam Suka project has been working with families and communities to help children escape from child labour and go back to school. We've seen amazing progress in primary education completion rates, but this year's instability has threatened to undo much of that good work. Our team responded by supporting teachers to move to digital and radio platforms to ensure the continuity of education. We also helped to establish safe online support networks. This allowed children to keep in touch with friends and teachers as well as have a safe way to report abuse or seek mental health support, if needed.

Lebanon is another example of a country reeling from concurrent crises, including the destruction of homes and schools caused by the Beirut blast in August 2020. Even before that explosion, over

50% of Lebanese children and adolescents suffered from anxiety. In times of crisis, supporting children's mental health is the first step to recovery. Play-based methods are found to be highly effective in helping children cope with shock and trauma. Without safety and well-being, children are not able to learn, develop and thrive. Teachers must be equipped to provide this support for children by fostering supportive and playful learning environments.

Taken together, education and mental health support can promote well-being and resiliency, critical thinking, conflict resolution and community building. These skills are vital for all children and youth but particularly those living in settings disrupted by conflict or disaster. There's much more to say on this topic, but I want to leave you with three recommendations.

First, in times of crisis, children's learning and mental health must be prioritized. This means raising the bar on quality education by ensuring that the holistic skills and mental health and psychosocial supports are integrated into playful and conflict-sensitive curriculum and teaching practices.

Second, Canada must immediately increase our cross-sectoral support to prevent and respond to gender-based violence, strengthen child protection systems, and improve mental health and psychosocial support.

Finally, of course, none of the above interventions can be successful without adequate and timely funding. We encourage Canada to deliver on its commitment to increase the international assistance envelope. The world's most vulnerable children are counting on us.

I thank you.

• (1655)

**The Chair:** Thank you very much, Ms. McIsaac.

We will now go to our first round of questions, consisting of six-minute segments.

Mr. Diotte.

**Mr. Kerry Diotte (Edmonton Griesbach, CPC):** Thank you.

Thanks to all of you for being here. You do great work.

I want to start with a very broad question, and it's the basis for all of these questions, I guess.

We see survey after survey showing that most Canadians see foreign aid as being very low on the totem pole, especially now with COVID. Indeed, many would say that we should be spending less money because we're tight for money right now.

Starting with the first speaker, I'm wondering if you could tell me what you would tell somebody who believes that. How would you tell them this is money that would be a benefit to everybody in the world? As I say, it's a fairly broad question, but I'd like your input on it.

**Dr. Tanjina Mirza:** Perhaps I will start.

Thank you for that excellent question.

In this time of crisis, more than ever Canadians actually understand what it means to have—

[*Translation*]

**Mr. Stéphane Bergeron:** Mr. Chair, I have a point of order.

[*English*]

**The Chair:** Ms. Mirza, perhaps I can ask you to hold your mike as close to your mouth as possible. I think there are still some challenges with interpretation. That would be helpful.

[*Translation*]

Thank you very much.

[*English*]

**Dr. Tanjina Mirza:** I'll try to speak closer to the mike.

It is true that during this time of COVID crisis, Canadians, more than ever, understand how the world is connected. Someone is [*Technical difficulty*]. Canadians are also seeing what it means to have kids at home, which we talk about at international development... Many of these issues are, right now, playing out in our own backyard. In terms of that sense of connectivity and interconnectedness, that no one is safe unless everyone is safe, I think Canadians are understanding it much more than before. I think that COVID, in a way, is showing us that interconnectedness all around the world.

People, especially Canadians, are interested to know more about the results of the work overseas that is happening, understanding where the aid money is going, understanding the results. I think it's also a great opportunity for organizations like ours, Plan International Canada, and many around, my counterparts here, to showcase the work we are doing and the major impact that is having around the world, especially for those who are poor and marginalized.

**Mr. Kerry Diotte:** Ms. Brusati.

**Ms. Annalisa Brusati:** Thank you.

I agree wholeheartedly with Ms. Mirza's comments. I think what this pandemic has done is really bring a strong realization of the impact of a change in circumstances, such as having schools closed in our own country, having schools closed in Canada, and what that means for a lot of people in this country.

Reflecting on the impact that COVID has on people who are also living through displacement, living through humanitarian crises, and helping and encouraging people to understand the double impact, the dual suffering that is COVID plus the humanitarian displacement, the humanitarian crises that these populations are living through, is extremely important. It's also extremely important in helping them understand the importance of Canada's place within the global humanitarian community, and the influence and the lead-

ership that Canada can have in directing how humanitarian crises and humanitarian contacts need support to protect children in such a situation as a global pandemic.

Thank you.

• (1700)

**Mr. Kerry Diotte:** Ms. McIsaac.

**Ms. Susan McIsaac:** I would say that I agree with both of the previous speakers.

I have a couple of quick comments.

One, we're more connected globally now than we have ever been because of this. I do think people are acutely aware of what is happening around the world. I think, also, that people, themselves, are feeling the impact of this much more broadly than the health impact, the impact on education and mental health, as well. I think there is an understanding of what is happening globally and the importance of it.

I also think Canadian values are such that we have a caring for the world's most vulnerable people and a responsibility. As difficult as this pandemic has been in the global north, it is exacerbated in the global south and in developing countries. It's very important to a lot of people.

When we reached out at the beginning of the pandemic and throughout, we saw our donations going up. People really understood the impact of this and wanted to help.

**Mr. Kerry Diotte:** That's interesting. I still find it curious. Polls don't lie. They say, "Well, no, this is not the time to be looking it," but it's encouraging that you're saying your giving is going up, which is interesting.

Ms. McIsaac, you talked about a billion children being out of school due to COVID, on top of the billion who are already out of school in Africa. What can be done about that? That is a huge problem. We all know it's probably very simply that schools are closed, as many are in other parts of the world, but is there any particular thing that can be done to tackle that massive problem?

**The Chair:** Mr. Diotte, that's your time, but I'll allow a really brief answer, if that's possible.

**Ms. Susan McIsaac:** Actually, I'm going to ask my colleague Elias, who has joined us, to jump in, because he is runs our programming.

**Mr. Elias Ayoub (Global Director, Country Operations, Right To Play International):** Yes, sure, and I'll be really quick on this.

It requires a nimbleness on the part of organizations to be able to adapt their programming to engage not just teachers in education, but to look at engaging parents as well. A lot of the learning is going to happen inside the home, and that's your access point to be able to impact that learning.

Really quickly, on your previous question, as somebody who was born in Lebanon but lived in Canada for 16 years and then moved back to Lebanon, I think it's very important that we maintain the Canadian values of actually reaching out to other countries and helping them, and recognizing the interconnectedness that exists in the world today, which COVID has highlighted in a major way.

Thank you.

**The Chair:** We'll have to leave it there. I'm sorry, but these are very tightly timed allocations.

We now go to Mr. Fonseca for six minutes, please.

**Mr. Peter Fonseca (Mississauga East—Cooksville, Lib.):** Thank you, Chair; and to the witnesses, thank you for your testimony.

When we look at how monumental an impact COVID-19 has had on the world, we look at Canada and we see where we have our gaps, but we have all these public institutions, levels of government, NGOs, and so on, everybody really working together to be able to address this crisis, this pandemic.

What I'm asking of the three witnesses is to give us some insight, give us a glimpse into when we go to these conflicted, fragile countries where there are so many displaced people, where children are finding it difficult to get an education, to go to school, and so on, and where you might not have really any control over those institutions, or lack of institutions, be it their education system, health care system, government or what's happening with testing, everything that has happened here that might not be happening in other places.

I'm going to ask the three of you, the three who are presenting, to give us a global scan as to how you've reallocated or what you've done with your resources to address how you can have the greatest impact on the ground. I heard a little from Ms. McIsaac in terms of what you're doing in Mali, but what I'm asking now of the three witnesses is to take us right onto the ground. What are you doing with those dollars? How have you reprioritized to address COVID-19 where you might not be able to even get into some of these places?

We can start with Ms. Brusati.

• (1705)

**Ms. Annalisa Brusati:** COVID was a shock and an opportunity for us to rethink all our programming, the way we design our programs and the way we implement them.

It required very quick adaptations. We lost the opportunity to...obviously, schools, as we all know. Also, with schools came the loss of contact with children, the ability to identify children who needed support and the ability for us to work to bring children together for psychosocial support and mental health services.

The way IRC has adapted its programming has been—as one of our colleagues said—very much working through parents and caregivers and them to provide support to their children. We provided social and emotional learning packs to parents. We provided support through different countries in different ways, such as through radio, community focal points, local organizations and the local

partners we've always worked with that had feet on the ground to really provide that support to the caregivers within the home.

We also worked through community focal points to identify children who needed support. There are certain services that we strongly advocate that are life-saving services even with containment measures, such as case management and child protection services. These must continue even with the containment measures. It was a question of how we could provide those services in the households to the child directly, while protecting our staff, the child and the family they are with.

It was really adapting our approaches to ensure that we respect the containment measures, but also that we continue to reach those children who are most in need.

**Mr. Peter Fonseca:** Thank you, Ms. Brusati.

Ms. McIsaac, I know that Right To Play has a big focus on physical education, which improves mental health, etc. I would like to hear from you on how you have been able to adapt to that on the ground because of COVID and the restrictions, etc.

Maybe we can have Mr. Ayoub from Lebanon tell us a little bit about how it's really happening on the ground. What have you had to change and how have you had to adapt to this steep learning curve?

**Ms. Susan McIsaac:** Thank you.

I am actually going to turn it to Elias.

I'll just say that we had to immediately make all kinds of adjustments to reflect the current context and the new reality.

He's living it there in Lebanon and also works closely with our colleagues across Africa and the Middle East. Elias, do you mind offering some tangibility?

**Mr. Elias Ayoub:** Definitely. I think it builds upon a previous response, as well, in terms of being able to provide that support and aid directly into the household.

We work in a variety of different contexts. For example, in Tanzania we relied on radio in a big way to be able to disseminate the messages required from a health perspective. We even used pickup trucks with speakers on them and had one of our coaches with a microphone drive around the village and disseminate positive health messages.

In Lebanon, where tech is more possible, we did rely on different platforms through technology to be able to also reach the children and their parents.

In Jordan, we worked [*Inaudible—Editor*] around physical education, like you mentioned. We were able to actually to reach all children inside Jordan.

There's a variety, depending on the context. They're not always easy, but we've managed to respond in a good way.

**The Chair:** Thank you very much.

[*Translation*]

Mr. Bergeron, go ahead for six minutes.

• (1710)

**Mr. Stéphane Bergeron:** Thank you very much, Mr. Chair.

I would once again like to thank the witnesses for being here. Their testimony is certainly informative for our current study. I also thank them for the work they are doing with vulnerable populations around the world.

We have been discussing education, access to drinking water, and health care with you and with previous witnesses. As one of you pointed out, these are problems that predate the pandemic, but they have been exacerbated by it. Among other things, we have discussed the difficulty in bringing young people to school, especially those who are living in conflict zones. Once again, this situation is exacerbated by the pandemic. As one of you said, interest levels are dropping even among our students owing to distance education. In places where those conditions are non-existent on the ground, the level of disinterest must be even higher.

Before the pandemic, young people were probably already being driven to move toward the labour market or engaged in human trafficking networks. We can assume that the pandemic will have exacerbated all that, as well. Ms. McIsaac was talking about the situation in Mali.

How can we deal with the closing of schools, young people's disinterest in education, the knee-jerk reaction to get a job or the fact that some are caught in human trafficking networks, given the pandemic and even more difficult conditions it brings with it?

**Ms. Annalisa Brusati:** Thank you for the question.

[*English*]

Yes, the COVID pandemic has taken us back. We have many programs that have been working for years to get children into school—children who are out of school back into school—and really support that reintegration into education. There are a lot of options that we can look at to generate that interest in returning to school and to work to address the social norms around education, especially for girls but for children in general.

I think, in a situation like this, it also needs to be coupled with work to support family livelihoods where families have either lost their livelihoods completely and are relying on their children's labour and the work that the children are doing, or are subsidizing the reduced livelihoods with their children's work.

It's looking at a holistic approach where we're supporting the family in increasing...and supporting them in their livelihoods and in their opportunities to meet their basic needs, while also addressing and supporting reintegration into school, looking at accelerated learning programs and other support, including non-formal education opportunities for children who may have been out of school for a very long time and need that additional support to be able to reintegrate into the formal education system.

[*Translation*]

**Mr. Stéphane Bergeron:** Would any other witnesses like to comment?

[*English*]

**Ms. Susan McIsaac:** I'll make a quick addition.

One of the things that we did do immediately when the pandemic started and we realized that we'd be teaching remotely, or working with teachers remotely, was to move to a lot of different approaches that were more interactive and peer-based. We looked for ways through technology, but also with whatever material was available, to engage children in as interactive a type of learning as possible.

We're always focused on play-based, child-centred learning. This took it to the next level because we understood that children would become disengaged, so it became a priority for us to make it as engaging as possible. I think it's a great point that you've made, sir.

• (1715)

[*Translation*]

**Mr. Stéphane Bergeron:** Thank you.

Ms. Mirza, do you want to add anything?

[*English*]

**Dr. Tanjina Mirza:** I think those were great points that were raised.

The old-fashioned radio came in very handy in West Africa. For many of our programs, whether they're in Mali, Senegal, Burkina Faso or northern Nigeria, the radio is very popular and we have used it a lot. In places that Mr. Ayoub also mentioned, like Jordan refugee camps, we have used e-tablets where the connectivity is better. In each country, we have tried to use context-specific education support, not only for the families but for the teachers.

One important point to realize in mobilizing the community is to use the religious elders, the traditional healers and the grandmothers. These are social influencers. When you start talking to them and involving them in the programs, they have a tremendous impact on making sure the children are not left out of school.

I'm a refugee myself. As a child growing up and going to school years ago, I experienced exactly these kinds of accelerated learning programs myself. It's so important to keep the children, especially girls, at school because once you lose that generation—that learning window is small—you can't get it back.

Plan International Canada and many of the colleagues we have mentioned do this year in and year out in many countries. Plan is responding in over 50 countries. We already have local partners and thousands of volunteers who are part of the communities. They know how to navigate it better. I think that outreach and the presence we already had globally have served us very well during COVID because we can pivot in each country and context differently.

**The Chair:** Thank you.

[*Translation*]

Thank you very much, Mr. Bergeron.

[*English*]

Our final questioner in the first round is Ms. McPherson for six minutes, please.

**Ms. Heather McPherson:** Thank you very much, Mr. Chair.

I just want to start by commenting on a comment that was made by one of my colleagues about how Canadians are not supportive of international development and contributions to that. As someone who's worked in the sector for most of my career, I'd just like to say that I believe Canadians are much further ahead than government in terms of their support. I would encourage all of the panellists who have joined us today to send in those polls that we all have access to that show the huge support Canadians have for international development and our commitment there.

We've heard so much about the impacts of COVID-19 and I think it's been very, very clearly articulated that the biggest impacts have been on girls, on displaced populations and on refugee populations, but also predominantly on girls. I'd like to ask Ms. Mirza if she could talk a little bit about how Plan is adapting the field programs for girls because of COVID-19?

**Dr. Tanjina Mirza:** We had to pivot, like many of my colleagues mentioned earlier, very quickly within the pandemic. That was where the NGO's agility really worked, because within months we were able to change and pivot all our programs.

For the girls, the biggest one we were focusing on—and continue to focus on—is keeping them in school, whether it's remote learning, radios—as we talked about—or all kinds of other mechanisms, because we know if girls stay in school, the likelihood of them getting married early will be reduced. Already in the pandemic, we are seeing a huge increase in suspected early forced marriage. Keeping girls in school was a big one.

Distance learning was possible in some countries, such as in Ghana. We had remote learning in northern Ghana but it's not always possible in all contexts. Internet connectivity is not equal around the world so you have to be very context-positive. It was not available in all places.

The second program that we've focused on a lot for girls—especially adolescent girls, who tend to be forgotten—is the access to comprehensive sexual and reproductive health services. The health systems in developing and especially fragile contexts are poor as it is. With COVID, the sexual and reproductive health services were almost forgotten. There's the necessity to continue access to those services, which means training the front-line health workers, providing PPE, making sure there's understanding about this disease and raising awareness in the community as well as in the family about COVID. That was a huge task in the first few months.

The third one that I wanted to highlight is on food security. We are seeing huge surges in lack of food in many parts of the world. It's interesting because it wasn't due to COVID in that community but to the supply chain and the connectivity all around the world. It has created huge challenges. We are providing a lot of special food services and food assistance through vouchers and cash programs, and we are making sure women and girls are getting those.

Those are some quick examples from around the world to make sure the girls are kept safe at home because, as we heard earlier, there is a rise in gender-based violence at home. Home is the place they were, yet they were not always as safe as we would have liked them to be. Ensuring those kinds of services and awareness are

available for girls, especially adolescent girls, is a big priority and remains so.

Thank you.

• (1720)

**Ms. Heather McPherson:** Thank you, and thank you for all the work Plan does on behalf of women and girls around the world. It's very important.

Ms. McIsaac, I'd like to give you an opportunity to talk a little bit about how Right to Play International has also been able to pivot its work during COVID. Can you talk a little bit about the proportion of displaced children and those living in conflict situations and the access they had to education while the schools were closed?

**Ms. Susan McIsaac:** Initially, we did a lot of work to pivot in terms of focusing literally on hygiene, on keeping kids learning, on remote learning, and on psychosocial support. We knew instantly that there would be a need for children to have real mental health supports. A lot of the programming efforts went into that remote learning and ensuring that children had that support.

At this point, I feel compelled to call on Elias and bring him into this. He is such a leader in our program area.

Elias, do you want to touch on a few things that we've done?

**Mr. Elias Ayoub:** Yes. Thank you, Susan.

There was [*Technical difficulty—Editor*] also around working with youth in some of the countries we're in, especially when you're talking about youth refugees and youth who are impacted by crises. Even prior to COVID, they were often dealing with the issue of a lack of hope. A lot of youth around the world are finding it very difficult to think about what their future holds. I think COVID has exacerbated that feeling among youth and children in a lot of the countries where we operate.

What we've tried to do remotely, what we've tried to adapt our programs to do, is to provide more opportunities for youth to be leaders and to be solution-oriented, providing solutions to the many issues in their communities. Just from the small sample we've seen in many of the countries we're working in, we've seen a lot of positive results from youth-led initiatives and the work of youth in contributing to solving their own issues. I think that's a very positive development [*Technical difficulty—Editor*] and we hope in the future.

**Ms. Heather McPherson:** Thank you very much.

**The Chair:** That takes us to the end of our first round. We have very little scheduled time left with our witnesses. I propose that for the second round, we take the remaining time and simply divide it equally to give each member representing an official party two minutes—one minute for a question and one minute for an answer.

With your consent, let's proceed that way to take advantage of the remaining 10 minutes.

Go ahead, please, Mr. Diotte.

**Mr. Kerry Diotte:** Dr. Mirza, you talked about gender-based violence and gender-based issues. I'm wondering what the special challenges are in dealing with this when you have many societies that might not see genders as equal. For instance, some societies would ask why you should send a girl to school. What are the special challenges there, and what can be done about that?

**Dr. Tanjina Mirza:** That's a great question. Interestingly, I think people everywhere do want to send their children to school. There are barriers that remain for all children, but more so for girls.

Just raising awareness about the importance of education has been tremendous work. This whole gender integration is not just about targeting girls. We have focused heavily at Plan International on male engagement and raising awareness with traditional elders. They often tend to be men. Father figures, spouses, grandfathers—they have tremendous power in decision-making at home. When we want to talk about raising awareness on this, it's not just at the household level but also at the community level with religious leaders and traditional elders.

At the policy level, oftentimes the education policies are not very supportive. For instance, in some countries, when unmarried girls get pregnant, they are not allowed back in school. It's important to make sure that those barriers are removed at the policy level. We almost need a multi-layered, multipronged approach to keeping all children in school, but especially girls.

• (1725)

**The Chair:** Thank you very much.

Ms. Saks.

**Ms. Ya'ara Saks (York Centre, Lib.):** Thank you, Mr. Chair.

Thank you to all of our witnesses who have taken time today. The work you do is absolutely incredible.

I really appreciate the time we're taking in this session to really talk about mental health and the important aspects of that.

Ms. Brusati, I'm fascinated with the work of IRC, specifically with the Sesame Workshop program. I see it as a unique opportunity to address intergenerational trauma as a result of conflict and how family dynamics impact early childhood learning.

I know we don't have a lot of time, but could you briefly share the impact of this absolutely incredible program?

**Ms. Annalisa Brusati:** Thank you.

Our Sesame program has reached children across the Middle East, across the countries affected by the Syrian crisis, in Iraq, Jordan, Lebanon and within Syria itself, really working to support young children's mental health and well-being, as well as support-

ing and providing guidance to caregivers and parents around how to work with their children, how to play with their children, how to interact with their children and really encouraging that nurturing care and that nurturing relationship between caregivers and children.

I don't have exact statistics in relation to the specific impact this program is having. I don't have the actual numbers we've reached, but I'd be happy to share those numbers after today's discussion.

**The Chair:** Brilliant. Thank you very much.

Monsieur Bergeron.

[*Translation*]

**Mr. Stéphane Bergeron:** Thank you, Mr. Chair.

Ms. Brusati, in answer to my previous question, you talked about satisfying basic family needs, which surely include access to food. However, certain conflict zones, including Yemen, find themselves in a situation of extreme insecurity in terms of food supply.

How do you think the COVID-19 crisis will have exacerbated food supply issues in conflict zones?

If time permits, other witnesses could also answer my question.

[*English*]

**Ms. Annalisa Brusati:** Yes, COVID has exacerbated meeting basic needs and families' ability to provide nutrition for their children. We've carried out several simple assessments through our teams and through child protection focal points that we have in countries, and we have seen that child neglect and child labour are two of the top child protection priorities that have come out so far, as being exacerbated by the COVID pandemic.

When we look at child neglect, it's very much linked to the fact that parents and caregivers need to continue going out to work, and so are leaving their children on their own, as well as not being able to provide sufficiently for their children, including from a nutritional perspective. Child labour has also increased exponentially, in part because children are at home. Parents often take their children with them to work, as well as the more exploitative labour that we've seen children falling into.

**The Chair:** Thank you very much, Ms. Brusati.

[*Translation*]

Thank you very much, Mr. Bergeron.

[*English*]

Finally, Ms. McPherson, it is your turn for another two minutes.

**Ms. Heather McPherson:** Thank you, and I'll try to be as quick as I can.

Ms. Brusati, thank you for your work.

You spoke today about how displaced children have always suffered from school closures and from an increased risk of violence, and you said that COVID has deeply increased these impacts. You also spoke of the multi-trillion-dollar cost of not having children in school. I'm delighted and excited about the together for learning campaign that will look at refugee and displaced children, but is there anything else we need to know about the impacts on children if we don't act with the necessary urgency, and maybe the potential gains if we do act decisively and adequately?

• (1730)

**Ms. Annalisa Brusati:** At IRC, we did a really strong campaign at the beginning of the COVID pandemic around the shadow pandemic of violence that we're seeing as a direct result of the containment measures. When we talk about violence, it's violence against children within the home and an increase in GDV. What we're seeing is a reduction in the gains we've made since the millennium development goals and in the SDGs as well.

If we do not invest in protection services, in support services and in education services for these children, we're going to lose the investments we made through the millennium development goals and the SDGs. We're going to be going back 20 to 30 years in the gains we've made, and all the investments that we've made in the last 20

to 30 years are going to be seen going backwards. It's impossible to quantify the loss that means for both the children of today and also the future economically for our countries, as well as for the countries where we're working and the conflict settings where we work.

**The Chair:** Thank you very much.

On our collective behalf, colleagues, I'd like to thank the witnesses for their appearance today, for their testimony, for their expertise and their incredible service.

We all would have liked to have had more time with you, but it was extremely useful.

[*Translation*]

I would also like to thank our amazing interpreters for their work, especially considering the sound quality issues. I really appreciate it. I want to thank them for the support they are providing to the committee.

[*English*]

Colleagues, with that, thank you. Enjoy your evening. Keep safe.

We stand adjourned until our next session.

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