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Editorial

Schools as Sanctuaries: Education Continuity as Psychosocial Intervention in Conflict Settings

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In contemporary armed conflicts across the Middle East and beyond, the decision to reopen or sustain schools has evolved from a purely educational concern into a recognized public-health priority. Evidence from Gaza, Lebanon, Sudan, and Iran demonstrates that schools function not only as sites of instruction but as critical platforms for restoring routine, mitigating toxic stress, and supporting the developmental and psychosocial recovery of children exposed to prolonged violence (1).

The scale of disruption is unprecedented. According to UNESCO, an estimated 97.5% of schools in Gaza have been damaged or destroyed, leaving hundreds of thousands of children without structured learning and more than one million requiring mental health and psychosocial support (1-3). In Lebanon, over 1,100 educational facilities have been repurposed as shelters, while hundreds remain closed or inaccessible. Sudan continues to experience one of Africa's most severe education crises, with the majority of schools closed and large numbers of teachers unpaid for extended periods. Globally, the Global Coalition to Protect Education from Attack documented more than 8,500 attacks on education in 2024–2025—a rise of over 40% from the previous reporting period—affecting students, teachers, and education personnel across multiple countries (4).

These attacks erode the perception of educational spaces as safe and neutral. The deliberate or indiscriminate targeting of schools and related facilities constitutes a grave violation of international humanitarian law, including the Fourth Geneva Convention, which mandates special protection for civilian educational institutions and the principles of the Safe Schools Declaration (2, 5). Recent events in Iran illustrate this vulnerability with tragic clarity. On 28 February 2026, a strike on Shajareh Tayyebeh Primary School in Minab killed approximately 168 children and staff members, while a subsequent strike on a sports hall in Lamerd—then being used by student athletes—resulted in further civilian deaths, including children. Such incidents, occurring alongside the systematic destruction of educational infrastructure in Gaza, underscore that schools have become frontline casualties of modern warfare, with irreversible consequences for an entire generation.

The pathways of harm are well documented. Chronic exposure to violence, displacement, and the anticipation of attack generates toxic stress that impairs cognitive functions essential for learning, including concentration, working memory, and emotional regulation. Concurrently, prolonged school closures disrupt peer relationships, adult mentoring, and the protective structure of daily routines, amplifying risks of post-traumatic stress symptoms, anxiety disorders, aggression, and social withdrawal. Learning losses accumulate in years rather than months, with intergenerational consequences for human capital and social cohesion.

International guidance, particularly the Inter-agency Network for Education in Emergencies (INEE) Minimum Standards for Education (2024 edition), emphasizes that quality education in emergencies provides physical, psychosocial, and cognitive protection (6). Domain 2 standards explicitly require learning environments that are secure, promote wellbeing, and are linked to health, nutrition, and protection services.

Table 1: Health-Promoting Schools Crisis Response Framework (HPS-CRF): Schools as Sanctuaries

Health-Promoting School (HPS) Domains	Phase 0: Preparedness (Pre-crisis)	Phase 1: Acute Emergency Response	Phase 2: Protracted Crisis / Transitional Recovery	Phase 3: Recovery and Resilience Building
1. School Leadership, Governance and Policies	• Develop and institutionalize a School Crisis Management Plan and Emergency Response Protocols • Conduct regular evacuation drills and simulation exercises • Assess and map school vulnerabilities to potential military attacks and armed conflict.	• Activate the School Crisis Management Team • Temporarily suspend punitive attendance and disciplinary policies • Implement civil protection and emergency evacuation procedures.	• Adapt and prioritize the curriculum by reducing non-essential content • Implement flexible support and enrolment policies for affected, displaced and refugee learners.	• Develop a comprehensive School Resilience Plan for future emergencies • Institutionalize school-based mental health interventions within the educational Programme.
2. Physical Environment and Safety	• Conduct preventive structural safety assessments • Identify alternative safe access and evacuation routes.	• Assess structural safety and secure access routes (Safe Routes) • Establish Temporary Learning Spaces (TLS) where required.	• Strengthen and rehabilitate classrooms and school facilities • Ensure adequate Water, Sanitation and Hygiene (WASH) services, including safe drinking water, sanitation facilities and wastewater management.	• Fully reconstruct damaged educational infrastructure • Ensure accessible and inclusive learning environments for students with disabilities, including conflict-related disabilities.
3. Psychosocial Environment	• Train all school personnel in Psychological First Aid (PFA) • Develop peer-support protocols and psychosocial support plans.	• Deliver Psychological First Aid (PFA) through trained teachers and school personnel • Establish predictable daily routines to reduce toxic stress and restore a sense of safety.	• Establish peer-support groups • Create Child-Friendly Spaces (CFS) to support children's wellbeing and recovery.	• Provide specialized mental health services for Post-Traumatic Stress Disorder (PTSD), grief and trauma-related conditions • Implement programmes that strengthen social cohesion, mutual support and community connectedness.
4. Health Literacy, Life Skills and Curriculum	• Integrate emergency preparedness education into the regular school curriculum.	• Teach self-care, personal safety and active coping skills during emergencies • Prioritize foundational literacy, numeracy and other essential learning competencies.	• Provide education on stress management and resilience-building skills • Integrate health literacy together with personal and social hygiene into blended learning programmes.	• Restore the comprehensive curriculum while maintaining resilience-building components • Assess and address accumulated learning loss through targeted remedial education programmes.
5. School Health Services and Referral Systems	• Identify, map and register regional referral health facilities and support services.	• Rapidly screen students for severe psychological distress, acute trauma and shock • Refer high-risk students to emergency health, mental health and humanitarian services.	• Establish school-based mental health referral systems • Provide nutritional supplementation and mental health support services.	• Conduct comprehensive assessments of students' physical, mental and developmental health • Continuously monitor students' mental health using validated tools (e.g., the Strengths and Difficulties Questionnaire [SDQ]) and psychosocial screening instruments.
6. Family and Community Engagement	• Develop community engagement plans and establish local partnership agreements to support schools during armed conflict or other emergencies.	• Maintain transparent communication channels to reduce rumours, parental anxiety and uncertainty • Engage parents in school transportation safety and student protection measures.	• Mobilize Parent–Teacher Associations (PTAs) to support temporary learning spaces • Collaborate with community organizations, faith-based institutions and local leaders to strengthen support systems.	• Strengthen school–family–community partnerships to promote social recovery and resilience.• Implement community-based health literacy programmes.
★ Cross-cutting Domain: Teacher and School Staff Wellbeing	• Provide pre-crisis Psychological First Aid (PFA) training for teachers and school personnel.	• Rapidly assess teachers' mental health, reduce workload and mitigate occupational burnout • Provide dedicated Psychological First Aid and psychosocial support for school staff.	• Establish Balint groups and structured peer-support programmes for teachers • Ensure timely payment of salaries and provision of staff support incentives.	• Screen teachers for secondary traumatic stress, compassion fatigue and occupational burnout • Deliver professional development, psychosocial recovery and resilience-building programmes for teachers and school staff.

Comparative experience from Bosnia, Ukraine, and other protracted conflicts shows that carefully adapted in-person or hybrid schooling can reduce parental separation anxiety when transparent safety protocols, safe-route information, and regular caregiver communication are provided. Curriculum prioritization of foundational literacy and numeracy, life skills, psychological first aid, and stress management has proven more feasible than maintaining pre-crisis syllabi. Temporary or mobile learning spaces have successfully substituted for destroyed infrastructure in multiple settings.

These principles align with recent multi-sectoral policy discussions in Iran concerning school continuity amid regional insecurity and the compounding effects of earlier pandemic-related disruptions. Priority actions identified include expanding school-based mental health screening and referral pathways, safeguarding the wellbeing of teachers (who experience secondary trauma), simplifying overloaded curricula, strengthening structural safety standards for educational facilities, and establishing clear media guidelines to reduce rumor-driven parental fear (Table 1). International evidence consistently identifies parental confidence as a decisive determinant of attendance (3-6).

Implementation must remain strictly context-sensitive. In high-intensity conflict zones, full reopening may be unsafe, necessitating decentralized community or home-based learning networks consistent with INEE guidance on equitable access. In lower-intensity or recovery phases, phased return with flexible attendance policies—without penalizing absences linked to security alerts—preserves both physical safety and the psychosocial benefits of school presence (6). Monitoring frameworks should track not only enrollment and learning outcomes but also indicators of student and teacher resilience and reductions in emergency mental health referrals.

The strategic choice is therefore clear. Policymakers can either permit conflict to inflict cumulative developmental injury on an entire generation or deliberately reconstitute schools as platforms for recovery and protection. Evidence from multiple contemporary crises, reinforced by INEE, UNESCO, and GCPEA frameworks, indicates that the latter approach—grounded in intersectoral coordination, adaptive design, and respect for international humanitarian law protecting education—constitutes both an educational and a public-health strategy of primary importance (3-6).

Authors' Contribution

All authors have contributed equally to the conception of the work, drafting the manuscript and reviewing it critically. All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work, such as the questions related to the accuracy or integrity of any part of the work.

Declaration of AI

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