



Save the Children

THE HIDDEN IMPACT OF COVID-19



ON CHILD RIGHTS

A GLOBAL RESEARCH SERIES

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The Hidden Impact of COVID-19 on Child Rights

Response overview

31,683

public responses including

13,477

child responses aged 11-17



The study was implemented in **46** countries and resulted in the largest and most comprehensive survey of children and families during the COVID-19 crisis to date.

KEY FINDINGS

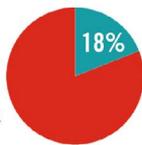
Rights to life

1 in 3 children report eating food less than before the pandemic.

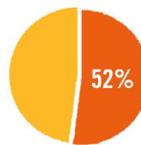


Only 18% reported no barriers to accessing food/medicine.

Barriers to food/medicine
No barriers



1 in 2 (52%) households reported that food was too expensive.



1 in 2 (55%) reported needing sanitiser or soap, and 1 in 5 reported needing water delivery.



Right to non-discrimination

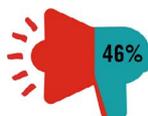
COVID-19 aggravates the conditions of the most vulnerable groups who are facing more barriers to accessing healthcare and support than their peers. Households with refugee or internally displaced person status, and urban poor appear to be disproportionately affected. They were more likely to report challenges accessing services, and more at risk of income loss, school drop out and violence.

Rights to information and be heard

Higher proportion of children in urban area (12%) vs rural area (5%) reporting "the adult do not talk to me about COVID-19"

Less than half (46%) of children said they were listened to when talking to their family about COVID-19, one third (34%) said their opinion was asked, and two-thirds (65%) were able to ask adults in their household about COVID-19.

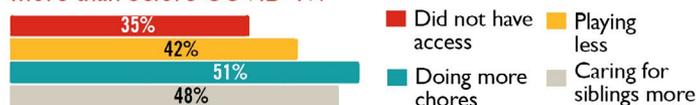
Being listened to Opinion was asked Able to ask adults



Significant relationship found between children feeling worried and parents or caregivers "do not talk to me" about COVID-19.

Rights to play and leisure

More than one-third (35%) of parents/caregivers reported that their child did not have access to an outside space to play, 2 in 5 (42%) children reported playing less than before the pandemic, 1 in 2 (51%) children reported doing more chores than before COVID-19, 1 in 2 (48%) children reported caring for siblings more than before COVID-19.



About the research

The research sampled three distinct population groups:
1. Save the Children program participants.
2. specific population groups of interest to Save the Children.
3. the general public.

A representative sample of Save the Children program participants with telephone numbers or email addresses was obtained in 37 of the 46 countries. The results presented in this report focus on data from our representative sample of 17,565 parents/caregivers and 8,069 children in our program participants group.

Wellbeing

74%

of children reported feeling **more worried** than before the pandemic.

59%

of children reported feeling **more sad** than before the pandemic.

60%

of children reported feeling **more bored** than before the pandemic.

47%

of children reported feeling **less hopeful** than before the pandemic.

Right to adequate standard of living



15% living in overcrowded houses, with more than 5 people per room.

Disabilities

Almost

1 in 10

Freedom of Association

More than half (54%) of the children reported not keeping in touch with friends.

54%

amongst the parents/caregivers with disabilities had to separate from their children due to the outbreak of COVID-19, twice as many as those without a disability.

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PHOTO: LEI TAPANG / SAVE THE CHILDREN

EXECUTIVE SUMMARY

About the Study

C COVID-19 has spread rapidly within and between countries across the globe. Governments worldwide have implemented measures to contain the spread of COVID-19 including school closures, home isolation/quarantine and community lockdown, all of which have secondary impacts on children and their households. Save the Children launched a global research study to generate rigorous evidence on how the COVID-19 pandemic and measures implemented to mitigate it are impacting children's health, nutrition, learning, well-being, protection, family finances and poverty, and to identify children's and their family needs during these times. The research also captures children's views and messages for leaders and other children.

The research was implemented in **46 countries** and results in the largest and most comprehensive survey of children and families during the COVID-19 crisis to date, with **31,683 parents and caregivers and 13,477 children** aged between 11-17-years-old participating in the research. The research sampled three distinct population groups:

1. Save the Children programme participants;
2. Specific population groups of interest to Save the Children;
3. The general public.

A representative sample of Save the Children programme participants with telephone numbers or email addresses was obtained in **37 countries**. Purposive samples of specific population groups that Save the Children work with, for example people living in camps for displaced persons or urban slums, were also obtained in some countries. Additionally, a convenience sample of the general public was obtained.

This report is one in a series presenting findings from the Global COVID-19 Research Study. The results presented in this report focus on implications for Child Rights, drawing on data from our **representative sample of 17,565 parents/caregivers and 8,069 children in our programme participants** group. Comparisons with our general public sample are made in some places. The research presents differences in impact and needs of children by region, age, gender, disability, minority group, indicators of poverty and more.

Dear Mr. President
Your ministers really
underestimated the virus when it
first hit the world.
Please, now it's your turn
to take responsibility for
underestimating the pandemic.

— Girl, 15 years old, Indonesia

Key Findings



Right to information and to be heard: Slightly less than half (46%) the children said they were listened to when talking to their family about COVID-19, only one-third (34%) said their opinion was asked, and only **2 in 3 (65%) were able to ask questions about COVID-19.**



Freedom of association: More than half (54%) the children reported not keeping in touch with friends.



Right to play and leisure: More than one-third (35%) of the parents and caregivers reported that their child does not have access to outside space to play. 2 in 5 (42%) children reported playing less than before the pandemic. Half (51%) the children reported doing more chores than before and just under half (48%) reported caring for siblings more than before COVID-19.



Right to life, survival and development: One-third of the children reported eating food less than before (35%). Only 1 in 5 (19%) parents and caregivers reported no barriers to accessing food/medicine, and food was too expensive for half (52%) the households. More than half (55%) the households reported they had no sanitiser/soap and 1 in 5 (20%) had no water.



Well-being: **Almost three quarters (74%) of the children reported feeling more worried than before the pandemic**, almost 2 in 3 (62%) children felt less happy and almost 1 in 2 (47%) felt less hopeful than before. More than half felt more bored (60%) and more sad (59%) than before the pandemic. **Half (51%) the children surveyed reported being deprived of social interaction with their friends and peers-** they reported not getting to speak to or meet their friends in person or virtually, during the outbreak of the COVID-19 virus.



Right to adequate standard of living: 2 in 3 (65%) households reported needing money or vouchers, while almost 1 in 5 (19%) needed financial advice/support and 38% needed job/employment support.



Right to education: A quarter (26%) of the parents and caregivers reported not having any learning materials for their children. Children of parents or caregivers with a disability (70%) were more likely to report a lack of learning materials, than children of caregivers or parents without any disability (48%).



Right to protection from violence: A fifth (21%) of parents and caregivers reported using negative or violent parenting with their children. **A third (33%) of parents/caregivers with a disability reported that there was violence in the home.**



Right to non-discrimination: Analysis between different minority groups found that **households with refugee or internally displaced person (IDP) status reported greater risk** of school dropout, violence and income loss.

Key Recommendations

Introduce specific measures to support children whose rights are most at risk. Governments must not discriminate against different groups of children including by omission or neglect. They must build COVID-19 mitigation plans that include specific measures to support children who are most at risk of infringements of their rights to education, life and survival; right to be heard; their right to access information; freedom of association and assembly; and to ensure that the 'best interests of the child' principles are always adhered to. This should be done in advance of expected subsequent waves of COVID-19.

Strengthen social protection and health systems. The poorest, most vulnerable, marginalised and deprived groups face more challenges and constraints than other groups, and systems must be tailored to provide relief to those with the greatest needs. In the wake of the pandemic, governments have an important opportunity to strengthen social protection measures and to build social safety nets that will cushion the shock from future pandemics.

Mobilise emergency finance. Immediate action is needed to mobilise financing from governments and development partners to respond to the health, social and economic crisis caused by COVID-19. The financial response should protect and promote children's rights, address gender inequality, and target households with disabilities.

Provide accurate, child-friendly information regarding COVID-19 and response measures. Children should have access to independent sources of information and not be solely dependent on adults in their family to share information with them. Study findings show that talking to children about COVID-19 is important to reduce their levels of worry.

Prioritise the 'best interests' of the child. Children's best interests should be taken into account in all measures taken by the government in response to COVID-19. This includes involving children in deciding what is in their best interests. Governments must ensure that international human rights law and standards are at the centre of all responses to COVID-19, and that public measures limiting the freedom of movement or impacting economic activity are necessary, proportional and are in place only for a limited time.

Key Programme Recommendations

Target support for those at risk of being 'left behind'. Marginalised groups need tailored support to prevent exacerbating inequalities. Governments must proactively take into account social contexts, socio-demographic categories, social processes, and social systems to address and challenge inequity and discrimination.

Understand and mitigate existing inequalities. There is a clear need to address intersecting inequalities to ensure governments 'Do No Harm' and do not discriminate. Rising inequalities exacerbated by COVID-19 threaten children's futures and the transition to a peaceful, just and sustainable society. Programming will need to adapt to and respond to the global study findings; this is especially pertinent to how we encourage children to participate in family life and decision-making.

Include children in programme design, monitoring and decision-making. Quarantine and lockdown decisions are disproportionately affecting children's lives yet they are rarely included in decision-making processes.

Provide child-friendly spaces. Well-being is a critical component of child rights. Creating safe spaces for children can help them play, meet their friends safely and protect their well-being beyond the home.

Monitor government responses. Accountability mechanisms should be strengthened as a matter of urgency. The work of existing national and global child rights mechanisms, including children's ombudspersons, child rights commissioners, the UN Committee on the Rights of the Child and others should be scrutinised to ensure that they operate at an optimal level influenced directly by children, including those that are most deprived and marginalised.

Key Recommendations from Children

The children's responses collected through this study provided a window into their worries, concerns and the dilemmas they were grappling with during this time. Their expertise and insights revealed the interrelated dimensions of the impact of COVID-19 on their lives and those of their families and communities. These children were not consumed with worries about themselves alone but threw a wide lens on their perspective of COVID-19 and its impacts on their home, food, education, household finances, health systems and weak infrastructures. Children also recalled existing world crises beyond COVID-19 including terrorism, earthquakes, displacement and poverty.

Governments, leaders and decision-makers across all spheres impacting children's lives must create spaces, strengthen mechanisms, and secure enabling, safe environments for children, inclusive of the most deprived and marginalised children in societies, to have their voices heard. The children's responses can be framed around five overarching recommendations:



Educate Us!

Priority one: Children called on governments to secure children's access to education, to resume school when safe to do so, and to provide materials and support for learning, including remote learning.

"I would ask the leader to allow teachers back to school and put in place measures that will protect us and enable us to learn. To ensure that our families have food since there has been a shortage."

(Girl, 16 years old, Kenya)

"Help children with their education so that they can be the destiny of the country."

(Boy, 17 years old, Senegal)

"If schools are to be opened the government should prioritise the safety of pupils. Provide adequate masks for the children and hand-washing stations for schools."

(Girl, 13 years old, Kenya)



Provide for Us!

Priority two: Children called for equitable provision of support to families struggling financially, including the provision of and security of jobs, jobs for young people, and financial support for basic needs and services including food, healthcare and education. Children called for multi-dimensional responses and recovery strategies that are focused on tomorrow, as well as today's generation of children and families, with a particular focus on the most deprived and marginalised children.

"I would ask them to continue giving us guidelines, and especially show special consideration to internally displaced people, since most services do not usually reach us."

(Boy, 16 years old, Somalia)

"To find a way to help children like my brother and me who are migrants, and my mother who doesn't have a real job, others who need help, children on the streets, grandparents that need help and attention, and especially children like my little sister who requires psychological help so that she can communicate like us, for us to have opportunities to go to school and be able to study. Jobs for our parents so that they don't fight, shout or abuse each other."

(Boy 11 years old, Colombia)



Keep us Healthy!

Priority three: Children called for health systems to be strengthened, the response to COVID-19 to be accelerated, treatment to be accessible, food and water to be provided to all the children and their families, and the continuation of clear and accurate messaging related to COVID-19 and how to stay safe.

"I would like to tell them about issues related to food security and health services. They should try to extend such facilities even in this quarantine and after quarantine because many people are dying in this situation due to starvation and lack of health services."

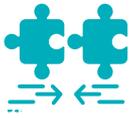
(Boy, 17 years old, Nepal)

"Please pay closer attention to the children. Throughout this time, we've only heard about the COVID-19 rules, and they've only increased panic. They were also only dealing with political issues. No one bothered about our mental and physical health."

(Girl, 14 years old, Kosovo)

"Strengthen health systems."

(Boy, 16 years old, Senegal)



Protect Us!

Priority four: Children called on world leaders not to forget the children most in need, including the poorest children, the children living on the streets, the orphans, children with disabilities, and refugees. Children called for protection against all forms of violence.

“When we are at home, we are more exposed to violence and hunger which has worsened our poverty. Please support homes and not make put laws without considering the poor.

(Girl, 17 years old, Sierra Leone)

“That they think about the health of girls and boys who do not have conditions for protection, and the rights to live without violence and with the freedom of expression are fulfilled.

(Girl, 11 years old, Nicaragua)



Involve Us!

Priority five: The children’s responses in the global survey were a call to world leaders to value their voice, and to listen and involve them in all matters and decisions important to them. Society cannot afford to exclude today’s generation of children in decisions impacting their lives, survival and development today and tomorrow. Children’s messages seek to hold leadership accountable for their actions and the fulfilment of children’s human rights.

“My message for leaders is that, I’m speechless since they don’t take us into account.”

(Boy, 17 years old, El Salvador)

Despite the fear, impacts and consequences of COVID-19, children have shown extraordinary resilience, harnessed strength, courage and empathy, demonstrating a sense of vision and hope for the future and supporting each other, their families and communities to navigate this crisis. Children’s insights and expertise carry a tremendous weight and value, demanding attention, response, and accountability. Their lens goes beyond the immediate face of COVID-19 to its multifaceted impacts. Children have the right to the highest standard of healthcare, to be protected, to survive, to be educated and to be heard. The children’s responses in this study clearly demonstrate how children from marginalised groups – including refugees, children who are displaced, children with disabilities and children living in poverty – are more affected and vulnerable than the overall population of children.

COVID-19 has disrupted the enjoyment of rights for many children, especially those that are most deprived and marginalised. The UN Convention on the Rights of the Child (UNCRC) makes it explicit that all children, in all contexts are entitled to the rights it sets out. The General Principles of the UNCRC – which govern the interpretation of all other rights – clearly state that children have the right to life, survival, and development (Article 6), to have their best interests taken into account (Article 3), not to be discriminated against (Article 2), and to participate in decisions effecting their lives (Article 12).

Without urgent action, the combination of a global pandemic and the economic equivalent of the Great Depression threatens the wholesale reversal of progress achieved under the Sustainable Development Goals (SDGs), with grave consequences for the fight against poverty. For example, the projected impact of the COVID-19 pandemic on multidimensional poverty (SDG 1: No Poverty) will have serious effects across the SDGs, including on SDG 2 (Zero Hunger), SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), SDG 5 (Gender Equality), SDG 8 (Decent Work and Economic Growth), SDG 10 (Reduced Inequalities) and SDG 16 (Peace, Justice and Strong Institutions). Preventing these outcomes will require renewed attention to child rights and the need for equity and justice to be driving principles of recovery packages, in line with the pledge to Leave No One Behind.

“A lot of strength, comrades! Be in solidarity with others, demand the fulfilment of rights equally for each person.”

(Girl, 17 years old, Paraguay).



INTRODUCTION AND AIMS

Study Background

On 30 January 2020, the World Health Organisation (WHO) Director General declared the outbreak of coronavirus disease (COVID-19) a Public Health Emergency of International Concern (PHEIC) (WHO, 2020a), and on 11 March 2020, declared the COVID-19 outbreak a global pandemic (WHO, 2020b). The PHEIC remains in place at the time of writing. The number of cases and deaths from the coronavirus outbreak continues to rise exponentially. As this report is being written, in late August, 2020, nearly 22 million people from more than 200 countries have been infected and nearly 800,000 have died (WHO, 2020d).

The global coronavirus COVID-19 outbreak is already having a serious impact on the global and national economies, health systems, education systems and more – and ultimately on the fulfilment of children’s rights. A number of governments have implemented measures to contain the spread of COVID-19, ranging from social distancing and behavioural changes to home isolation/quarantine, school closures, business closures and community lockdown. Around 1.5 billion children and youth were affected by school closures in the first half of April 2020 (UNESCO, 2020a).

In addition to the immediate impacts on their health rights and those of their caregivers, the social and economic disruptions caused by the outbreak of COVID-19 present a range of other risks to children’s right to education and to their protection and wellbeing. These may be derived directly from the outbreak, from measures taken to respond to it and from wider economic and other disruption (remove ref). The WHO (2020c) coordinated Global Research Roadmap summarises the available literature on this topic:

These measures all have secondary impacts. Quarantine, for instance, has impacts on the mental [5–7] and physical health [8] of populations... A rapid systematic review of publications reporting previous events of quarantine for infectious disease outbreaks, identified how knowledge of the disease, clear information regarding quarantine procedures, social norms, perceived benefits of quarantine, perceived risk of disease, and ensuring sufficient supplies of food, medicines and other essentials were important factors to promote adherence to the uncomfortable realities of quarantine measures [10]. Others have highlighted the critical role of trust, interpersonal and international cooperation that emerge in response to a collective effort in tackling a major public health crisis [11].

(WHO and R&D Blueprint, 2020: 60)

Research Purpose

This research report presents selected findings from a large-scale cross-thematic research study on the impact of the COVID-19 pandemic on children and their families. The purpose of this study is to understand:

1. The impact of school closures, home isolation/quarantine and community lockdown on children’s health, nutrition, learning, wellbeing and protection.
2. The economic impact of the COVID-19 pandemic on households with children.
3. The health, psychosocial, learning and protection needs of children during times of school closures, home isolation/quarantine and community lockdown.
4. Children’s right to be heard when talking about COVID-19.
5. Children’s messages for leaders and other children around the world.

This knowledge will be used by Save the Children and shared with governments, donors, partners and other stakeholders, to inform the development of a variety of information products, services, programmes and policies across multiple sectors.

Research Questions

This research report presents findings addressing the following Child Rights related research questions:

1. How have children's rights to participate in the family been affected by COVID-19?
2. How have children's rights to be heard and participate in society been affected by COVID-19?
3. How has confinement and lockdown impacted children's rights to leisure and well-being?
4. How does social interaction impact children's feelings?
5. Are governments upholding their obligation to minority groups?
6. How is the right to non-discrimination being affected by COVID-19?

Child Rights and COVID-19

This report is one of a series of research reports developed to highlight the impact of COVID-19 on children's rights and well-being from the perception of parents, caregivers and children contacted through the Save the Children Global COVID-19 Study. The report interrogates the effects of governments' COVID-19 response measures, whether governments are upholding their obligation to minority groups, whether children's civil and political rights, including their right to be heard have been impacted, and whether the right to non-discrimination has been negatively affected by COVID-19. It relies on self-reported data from 17,565 parents/caregivers and 8,069 children. Children's voices are a particular focus.

The imperative to investigate children's well-being from a rights-based approach lies at the foundation of Save the Children. Save the Children was established to provide relief to children in 1919 in the long shadow of the First World War and the Spanish flu. By 1923, its founder Eglantyne Jebb recognised that the delivery of services alone was insufficient: *"We cannot possibly go on saving children for ever and ever. It will be heart-breaking indeed if we have only saved them from starvation one year in order to leave them to starve the next."* Her resolution that *"...we should claim certain rights for children and labour for their universal recognition"*, led in time to the adoption in 1989 of the UN Convention on the Rights of the Child (UNCRC), and continues to underpin international endeavour for children globally.

With the near universal ratification of the UNCRC today, states are legally obliged to adopt the Convention into national legislation, thereby ensuring that all the rights in the Convention are addressed by the state itself as the main duty bearer, and by caregivers, parents or legal guardians of children through laws, policies, and administrative procedures. The UNCRC still applies during times of crisis, and children's rights should still be upheld, protected and fulfilled, and duty bearers and caregivers should ensure protective measures in such situations to their maximum extent.

These critical rights and principles of the UNCRC are enshrined in Agenda 2030 – the universal, collective blueprint adopted by all states to create a just, inclusive and sustainable future for our children. The SDGs are a vehicle to drive the realisation of the right of all children to survive, learn and be protected. As multiple reports have now highlighted, had the world been on track to meet the SDGs, which integrate the indivisible social, economic and environmental pillars of sustainable development, our response to the public health crisis and socio-economic impact of the pandemic might have been stronger. Today, a global pandemic is marking the lives of a generation of children. Children's rights to survive, learn, stay safe and be heard have been disrupted at best, and at worst violated by the pandemic and the measures that governments have taken

to address it. COVID-19 has made clearer than ever that it is fundamental for adults to recognise children's special and distinct rights¹ in order that the impact of the pandemic on all children, but particularly those who are already deprived and subject to discrimination and marginalisation, is minimised, and to ensure that they are not pushed further behind. The pandemic has underlined the importance of international standards. While COVID-19 justifies temporary school closures and community lockdown for children, the limits to such measures should be strictly regulated by human rights principles and adhering to the legally binding child rights enshrined in the UNCRC.

"It is clear that the most deprived and marginalised children are being hit the hardest by the pandemic, exacerbating existing inequalities and pushing the most vulnerable children even further behind." - **Inger Ashing, Save the Children International Chief Executive**

To better understand the impact on international commitments to child rights, the report analyses the survey findings around the four general principles of the UNCRC as reflected in the following Articles:

- **Article 2:** (Non-discrimination): all rights to be recognised for each child in the jurisdiction without discrimination on any ground;
- **Article 3.1:** the *best interests of the child* to be a primary consideration in all actions concerning children.
- **Article 6:** right to life and maximum possible survival and development;
- **Article 12:** children's right to be heard in all matters affecting the child;

The report also analyses how children and their parents and caregivers express impact on other fundamental rights for child development, like the rights to: non-discrimination (Article 2); the best interests of the child (Article 3); life and maximum possible survival and development (Article 6); rights associated with the right to be heard and to give their opinion about matters that affect them (Article 12); freedom of expression (Article 13); freedom of association and peaceful assembly (Article 15); children's right to privacy (Article 16); right to information (Article 17); protection from violence (Article 19); the right to social security (Article 26) and adequate standards of living (Article 27); the right to access education (Article 28); and finally, children's rights to play and leisure (Article 31).

The findings of this report, measured against these Articles, show that **children are disproportionately affected by blanket responses to COVID-19 that do not sufficiently take into account how they impact children's rights, particularly children from the groups that are most marginalised and deprived.** The findings also show the resilience and resolve of children in times of crises, and their views on what governments should be doing in response.

The report recommendations, guided by the voices of the respondents to the survey – particularly the views and expertise of children – focus on addressing inequality and discrimination, and ensuring that the state delivers children's rights through the delivery of public services in times of crisis. These recommendations provide guidance on the next steps needed to build, respect, protect and fulfil the rights of all children, in all contexts.

¹UN Convention on the Rights of the Children (UNCRC), UNCRC's General Principles, including Article 12 (right to be heard); children's civil rights as freedoms (Articles 7, 8, 13-17, 39), rights to be protected from violence (e.g. Articles 19, 24, 28, 34, 37, 39); participation (e.g. Articles 12, 23 and 29)

RESEARCH DESIGN AND METHODS

This section provides a summary of the study research design and methods. The full Study Methods Report describes the methods and sample in detail, as well as the limitations of the design and methods. The full Study Methods Report is available at: <https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series>.

This study was approved by the Save the Children US Ethics Review Committee (SCUS-ERC-FY2020-33). Approval was also obtained from local Independent Review Boards in the countries where the research was undertaken, if such bodies existed.

Study Populations and Scope

This research study was carried out among current programme participants of Save the Children-led or partner-led programmes in the 37 countries listed in Table 1. The study was implemented only in those countries where local Save the Children staff could quickly mobilise resources to carry out the study. These countries were not randomly selected and are therefore neither representative of all countries across the world, nor representative of all countries in which Save the Children operates.

Region	Countries where the Research was Implemented among Save the Children Programme Participants
Asia	Afghanistan, Bangladesh, Cambodia, India, Indonesia, Laos, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka
East and Southern Africa (ESA)	Ethiopia, Kenya, Malawi, Mozambique, Somalia, South Sudan, Uganda
West and Central Africa (WCA)	Burkina Faso, Niger, Senegal, Sierra Leone
Middle East and Europe (MEE)	Egypt, Lebanon, Syrian Arab Republic Albania, Kosovo
Latin America and the Caribbean (LAC)	Bolivia, Brazil, Colombia, and Dominican Republic, El Salvador, Paraguay, Peru
North America	United States of America
Pacific	Papua New Guinea, Solomon Islands

The survey questionnaire and Participant Information Sheet were translated using a back-translation process into 28 languages to facilitate uptake in all countries where the research was implemented.

Sampling, Recruitment and Data Collection Mechanisms

The research was designed to obtain a representative sample of current Save the Children beneficiaries. Remote data collection methods had to be used due to the presence of COVID-19 and the risk of contracting

or transmitting COVID-19 during in-person data collection methods. The study population was therefore necessarily reduced to only those programme participants with remote contact details (phone number or email) listed at the individual or household level. For this reason, the research can only be considered as representative of Save the Children programme participants with remote contact details in those countries where the study was implemented.

A random sample of current programme participants across all programmes (derived from a programme database of programme participants with contact details) was obtained in the majority of countries. A stratified random sample of current programme participants across all programmes (derived from a programme database of programme participants with contact details) was obtained in a few countries.

There were only two eligibility criteria for participation in the study:

1. Adult respondents (aged 18 and above) had to be parents and/or caregivers of children aged 0–17 living in the same household (Part 1 of the survey);
2. Child respondents had to be aged 11–17 (Part 2 of the survey).

Data was collected through a single online SurveyMonkey (Enterprise version) survey either directly completed by the respondents themselves or indirectly via an interviewer. The majority of beneficiaries, in the majority of countries, were reached by phone and invited to participate in the study. In these cases, an interviewer would talk through the survey and enter the participants' responses directly into the online survey on their behalf. Programme participants were also invited to participate in the study after being sent the survey link by email, text messaging, WhatsApp or other instant messaging platform. They could then complete the online survey in their own time using a device of their choice.

Permission for in-person interviews was granted in Papua New Guinea due to the absence of COVID-19 cases at the time of the study. The Papua New Guinea sample therefore included all beneficiaries, regardless of whether or not they had remote contact details. A census of all current programme participants was obtained in the United States of America. The United States population was invited to participate in the study through a printed flyer with a QR code linking to the online survey.

The minimum requirements for participation in the study were a confidence level of 90% and margin of error of 5%. For the majority of countries, this meant a minimum sample size of 273 adult respondents. A detailed description of the sampling approach and final response numbers per participating country are listed in the full Study Methods Report.

Limitations of the research design

The sample is skewed:

- Towards programme participants with stable internet and/or phone access and who were willing to absorb the cost of receiving phone calls or using their data plan.
- Towards those who can speak or read and write in the languages that the survey has been translated into, and against those who cannot. To overcome this, effort was made to translate the online survey into a range of languages, and to engage interviewers who could speak local languages/dialects, verbally translate the survey questions (following a written and tested translation) and then enter the participant responses into the more mainstream language in the online survey on the participant's behalf.
- Towards those with time and interest and against those with limited time and less interest (self-selection bias).

This unfortunately biases the study sample against the most marginalised and deprived. Similarly, the sample is also skewed against those with certain disabilities. To foster inclusivity, survey respondents could engage the assistance of another when participating in the survey.

The Survey Questionnaire

Data was collected through a single survey divided into two parts. The first part was for the adult parent or caregiver and gathered household level information, as well as information specifically about the parent/caregiver and children in their care. This part of the survey questionnaire also prompted the parent/caregiver to think about one particular child ('the indexed child') and answer some specific questions about them related to COVID-19. Prompts in the survey were designed to prioritise the capture of data on school-age children, while still facilitating the collection of data on an even spread of children of different ages.

If the adult parent/caregiver had a child aged 11–17, then they were asked whether they consented to their child answering some additional survey questions (the second part of the survey). If the adult parent/caregiver consented, they passed the survey to their child, who then went through an assent process before being asked to answer the children's questions.

Only one adult and one child (aged 11–17) per household could complete the survey. If the adult had more than one child aged 11–17, then they could choose which child would complete the children's section of the survey.

There are various limitations with the questionnaire structure that are discussed in the full Study Methods Report. A notable limitation is that the survey questionnaire did not ask whether the child respondent was the same individual as the indexed child. This is a limitation of the survey that prevents comparison between the adult reports on the child and the child self-reports. The Washington Group Short Set of Questions on Disability (WG-SS) were used to disaggregate data for disability². The WG-SS was asked of the adult respondent and about the indexed child by proxy of the adult respondent. Child respondents did not respond to WG-SS, preventing data disaggregation for the child respondent by disability.

Being a self-report survey, there will likely be response bias, particularly for survey questions around parenting, family relationships, violence and income losses. Self-reporting of income bias can involve a combination of expectation bias, privacy concerns and the general challenge of accuracy of reporting income from people (mainly rural and informal sector) with multiple income sources without triangulation.

Data Collected

The survey was designed to capture information across multiple sectors or themes, including household economies, health and nutrition, child education and learning, child protection and child rights. The Child Rights report will also draw on information from other sectors to reflect on if and how children's rights were impacted in all thematic areas and what that means for their overall well-being. The survey questionnaire is presented in the full Study Methods. An overview of the data collected in the survey is as follows:



Household-level information (reported by the adult parent/caregiver)

- **COVID-19 interventions:**
 - Number of weeks in schools closed
 - Number of weeks confined (told not to leave) at home
 - Number of weeks all shops closed (except medical and food)

²Person with disability is defined as 'those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'.

- **Geography, migration and displacement:**
 - Current country and settlement type
 - Migration and displacement due to COVID-19
 - Children being separated from their parents/caregivers due to COVID-19
- **Household composition:**
 - Number and gender of adults and children in the household
 - Habitable rooms and crowding
- **Household wealth and economic impact of COVID-19:**
 - Income lost and income sources lost due to COVID-19
 - Whether or not household members have had trouble paying for basic needs due to COVID-19
 - Government support and social protection
- **Children and household members' physical health and nutrition:**
 - Barriers to accessing medical care, medication, food, nutrition and other health items/supports
- **Child rights:**
 - Other items/supports needed by households to ensure that child rights are upheld
 - Space for children to play outside



**Individual-level information on the parent/caregiver
(reported by the adult parent/caregiver)**

- **Adult respondent demographic information:**
 - Gender
 - Age
 - Belonging to or identifying as belonging to a minority group
 - Disability status
 - Relationship to child/children in care
- **Parents'/caregivers' well-being and perceptions of family relationships:**
 - Parents' and caregivers' feeling and worries
 - Changes in relationships with children and in the household
 - Violence in the home



**Individual-level information on the 'indexed child'
(reported by the adult parent/caregiver)**

- **Indexed child's demographic information:**
 - Gender
 - Age
 - Disability status
 - Chronic health condition
- **Children's learning and education:**
 - Attendance at school prior to COVID-19
 - Access and use of learning materials
 - Teacher's remote support for home-based learning
 - Parent/caregiver support for children's home-based learning

- Perceptions of children's learning
- Likelihood of children returning to school after COVID-19
- **Children's well-being, and family relationships:**
 - How children feel and sleep since COVID-19
 - Changes in children's behaviour and sleep since COVID-19
 - Children's contact with friends and doing activities for fun
 - Whether parents/caregivers talk to their children about COVID-19
 - Children's safe use of the internet



Individual-level information on the child respondent (reported by the child themselves)

- **Child respondent's demographic information:**
 - Gender
 - Age
- **Children's learning and education:**
 - Whether children feel that they are learning at home
 - What helps or stops children from learning at home
- **Children's well-being:**
 - What children do to have fun
 - What children miss and miss out on by not attending school
 - Children's contact with friends
 - How children describe their home situation
 - What children have enjoyed the most about being at home
- **Children's rights:**
 - Children's right to be heard when talking about COVID-19
 - Children's messages for leaders and other children around the world

Data Analysis

Probability weighting was used to weight the beneficiary sample against the total beneficiary population. Regression analysis was performed using the F-Statistic test in STATA. A p-value of <0.05 was used to denote statistical significance.

The quotes featured in this report were selected following qualitative analysis of five open-ended survey questions answered by the child-respondents. The qualitative analysis employed a conceptual content approach to identify key themes that children described. A framework method supported this approach, whereby a pre-emptive thematic framework, protocol and coding template were developed to support consistency in coding by numerous analysts coding for different countries and languages. The framework allowed flexibility to code inductively and therefore new emerging themes could be added during the coding process. All of the children's open-ended responses were examined and coded, irrespective of any perceptions on saturation point. Quotes and case studies reported as a result of the qualitative data analysis are consistent with these key themes, or are noted as particularly salient and important to the child respondent.



STUDY SAMPLE NUMBERS AND CHARACTERISTICS

Data were collected from 17,565 adult respondents and 8,068 child respondents, from across the seven regions in which Save the Children operates: Asia, Eastern and Southern Africa, West and Central Africa, Latin America and the Caribbean, the Pacific and North America. The detailed characteristics of the programme participant respondents are presented in Table 4 below. More detailed breakdowns of the sample numbers and characteristics by region are presented in a separate Sample Characteristics report, available here (<https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series>).

Variable	Adult respondent (Parent/Caregiver)		Child Respondent (11-17)		Indexed Child	
	Number of adult respondents	Percentage of adult respondents	Number of child respondents	Percentage of child respondents	Number of indexed children	Percentage of indexed children
Total	17,565	100	8,069	100	16,110	100
Region						
Asia	6,915	39.4	3,686	45.7	6,559	40.7
ESA	3,274	18.6	1,588	19.7	3,084	19.1
WCA	1,372	7.8	646	8.0	1,282	8.0
LCA	3,047	17.3	1,129	14.0	2,716	16.9
MEE	2,166	12.3	794	9.8	1,772	11.0
Pacific	251	1.4	140	1.7	235	1.5
North America	518	2.9	81	1.0	444	2.8
Europe and Others	22	0.1	5	0.1	18	0.1
Gender						
Female	10,554	60.1	4,336	53.7	8,075	50.1
Male	6,055	34.5	3,619	44.9	7,945	49.3
Prefer not to say/Other	62	0.4	11	0.1	90	0.6
Non-response	894	5.1	103	1.3	-	0.0
Age						
0-1	N/A	N/A	N/A	N/A	809	5.0
2-4	N/A	N/A	N/A	N/A	1,591	9.9
5-10	N/A	N/A	N/A	N/A	4,932	30.6
11-14	N/A	N/A	4,531	56.2	4,770	29.6
15-17	N/A	N/A	3,398	42.1	4,008	24.9

Variable	Adult respondent (Parent/Caregiver)		Child Respondent (11-17)		Indexed Child	
	Number of adult respondents	Percentage of adult respondents	Number of child respondents	Percentage of child respondents	Number of indexed children	Percentage of indexed children
18-24	1,154	6.6	N/A	N/A	N/A	N/A
25-29	2,197	12.5	N/A	N/A	N/A	N/A
30-39	6,363	36.2	N/A	N/A	N/A	N/A
40-49	4,514	25.7	N/A	N/A	N/A	N/A
50-59	1,804	10.3	N/A	N/A	N/A	N/A
60+	744	4.2	N/A	N/A	N/A	N/A
Non-response	789	4.5	140	1.7	-	0.0
Disability status						
Has disability	997	5.7	N/A	N/A	623	3.9
Does not have disability	15,337	87	-	-	12,582	78
Non-response	1,231	7.0	8,069	100.0	2,905	18.0
Has a chronic health condition						
Has health condition	N/A	N/A	N/A	N/A	1,087	6.7
Does not have health condition	N/A	N/A	N/A	N/A	14,921	92.6
Non-response	N/A	N/A	N/A	N/A	-	0.0
Family member belongs to a minority group						
Yes	4,588	26.1	2,168	26.9	4,318	26.8
No	10,400	59.2	5,041	62.5	10,098	62.7
Prefer not to say	540	3.1	202	2.5	498	3.1
Non-response	2,037	11.6	658	8.2	1,196	7.4
Relatively poor						
Poor (below median wealth index)	6,278	35.7	3,506	43.5	6,278	39.0
Not-poor (on or above the median wealth index)	5,762	32.8	3,425	42.4	5,762	35.8
Non-response	5,525	31.5	1,138	14.1	4,070	25.3
Settlement type						
City	5,099	29.0	2,268	28.1	4,863	30.2
Large or small town	2,912	16.6	1,218	15.1	7,618	47.3
Village	8,593	48.9	4,364	54.1	2,755	17.1
Don't know	172	1.0	79	1.0	155	1.0
Non-response	789	4.5	140	1.7	719	4.5

RESULTS

Across the world, children are in lockdown or quarantine due to government measures in response to the COVID-19 pandemic. While lockdowns and quarantine measures may be necessary to contain the virus and maintain public health, the measures have primary and secondary impacts that violate children's rights enshrined in the United Nations Convention on the Rights of a Child (UNCRC).³ This report focuses on the four general principles of the UNCRC, seeking to organise results in this manner.

Article 12: Children's Right to be Heard

Article 12: 'Children's right to be heard in all matters affecting the child' is being impacted by COVID-19 at the household level. Only 1 in 2 (58%) children said that they could express their concerns, less than 1 in 2 (46%) children said they were listened to, and 2 out of 3 (65%) child respondents said they could ask questions.

Article 6: Right to Life, Survival and Development

Violations of children's right to life and maximum extent possible survival and development present the greatest concerns (Article 6). This study found that 1 in 3 (35%) children report eating food less than before the pandemic. Barriers to accessing food or medicine were reported by 4 in 5 (81%) parents and caregivers and food was too expensive for 1 in 2 (52%) households. The results linked to Article 6 showed clear perceptions of violations of children's right to life, as according to study participants, some states had not ensured the availability of affordable food and medicine to the population during the pandemic. In times of a global health crisis, to prevent deaths of children and young people, ensuring that all children in all contexts have adequate access to healthcare.

Children's right to adequate standard of living has also been impacted. Two-thirds (65%) of the households report needing money or voucher support, 1 in 5 (19%) respondents reported needing financial advice/support, and 38% needed job/employment support coming out of the pandemic to support their livelihoods.

Article 2: Children's Right to Non-discrimination

Article 2: For each child in the jurisdiction, the right to be recognised without discrimination on any grounds (non-discrimination) is being adversely affected by COVID-19 measures.

- Children identified as living in poor households reported less well-being than children in non-poor households. Children from poor households reported eating food less (39%), sleeping less (12%), doing less things for relaxation (34%), and exercising less (34%). These children report spending more time doing chores (50%) and taking care of siblings (55%).

³UNCRC *ibid.*

- Respondents from displaced communities were more likely to report challenges accessing services than respondents that had not been displaced. Almost one quarter of the displaced respondents reported difficulties in accessing in-person health services (23%) compared to 14% of non-displaced respondents. Challenges accessing counselling and mental health services were reported by 15% and 12% of the displaced respondents, compared to 9% and 8% of the non-displaced respondents respectively. Difficulty accessing medication was reported by 41% of the displaced respondents, compared to 27% of the non-displaced respondents. Households with refugee status appear to have been disproportionately affected regarding access to health, with almost all (97%) the respondents in refugee households reporting challenges, compared to three-quarters (75%) in non-refugee status households.
- Among those who had lost their income since the beginning of the pandemic, those in urban locations were more likely to report heavy financial losses. Three quarters of the adult respondents who lived in urban areas (77%) had lost more than half their income, compared to 63% of the rural residents who incurred similar losses.

The results linked to Article 2 on non-discrimination demonstrate that the most marginalised respondents had been the most severely affected by COVID-19. Based on the experiences of respondents, the states as the main duty bearers for delivering children’s rights had not been successful in addressing inequalities that would help marginalised children and families to withstand the impacts of COVID-19 better. The reported inequity in the outcomes of COVID-19 on different participant populations demonstrates the importance of emphasising equity when advocating governments on children’s rights. Governments need to put in place laws, policies, and administrative procedures and budgets that dictate specific measures to support those children and families most marginalised, both in and beyond emergencies.

Article 3: The Best Interests of the Child

Article 3: The best interests of the child to be a primary consideration in all actions concerning children has not been taken into account sufficiently in determining certain COVID-19 virus response measures by the states such as school closures, quarantine and curfews, and how those affect children’s rights.

- School closures have impacted learning for children around the world. These impacts are more severe for children without access to critical resources such as internet access or learning materials. A quarter (26%) reported that they did not have any learning materials. Consequently, 4 in 5 (83%) children reported that they were learning “a little bit” to “nothing at all” since schools closed. Findings indicate school closures have resulted in violations of the right to education for children and could potentially have life altering impacts on the development of children.
- Households identified as poor were more affected by income loss than the overall population and were more likely at 57% to have lost more than half their income than those identified as non-poor (45%). Among poor households, those in urban areas were the most likely to report having lost more than half their income as a result of COVID-19 (68%).

Article 3 on the best interests of the child, applies to all the children within a state’s jurisdiction without discrimination. Findings in relation to Article 2 (non-discrimination) underscored the importance of states enacting legislative and administrative measures to meet the particular needs of those children and households experiencing the most deprivation and marginalisation.



What are children’s perspectives on the COVID-19 situation and what messages for leaders and other children do they want to share?

The children surveyed want to be heard. World leaders must listen to the voices of children and value their inputs in all matters and decisions that are relevant to their lives. Society cannot afford to exclude today’s generation of children in decisions impacting their lives, survival, and development today and tomorrow. Children’s messages seek to hold leadership accountable for their actions and the fulfilment of children’s human rights. The global survey included five open ended questions for children to respond to. In each section the answers to the open-ended questions were provided in a box with an icon to draw attention to them.

“Dear Mr. President, your ministers really underestimated the virus when it first hit the world. Please, now it’s your turn to take responsibility for underestimating the pandemic.”

— Girl, 15 years old, Indonesia

Article 12: Children’s Right to be Heard in all Matters Affecting the Child



How have children’s rights to participate been affected by COVID-19?

Article 12, together with the child’s right to freedom of expression and to seek and impart information (Article 13), and other civil rights, such as the freedom of association (Article 15), underscore children’s status as individuals with fundamental human rights, and views and feelings of their own. States are required to adopt the UNCRC articles into national legislation, and should therefore facilitate children’s participation so that they are heard and their views taken into account by the state and their caregivers. This means that laws and policies should give children the right to remedy or complaint if they are not heard – including in their household – when decisions affect them, such as curfews and other limitations by parents. As rights holders, children can always claim their rights under the UNCRC in relation to the state and their caregivers.

Emerging trends in how governments are responding to COVID-19 show that while trust in governments has risen around the world⁴, we are seeing a reversal in accountability and transparency. At a time when governments need to be open, transparent, responsive and accountable to the people that they are responsible for protecting, there is a reported closing of civic space and participation. Many of

“My message for leaders is that, I’m speechless since they don’t take us into account”

— Boy, 17 years old, El Salvador

⁴Edelman (2020), Edelman Trust Barometer 2020 Spring Update: Trust and the COVID-19 Pandemic, Edelman, <https://www.edelman.com/sites/g/files/aatuss191/files/2020-05/2020%20Edelman%20Trust%20Barometer%20Spring%20Update.pdf>

the emergency laws and other extraordinary measures adopted in response to the virus restrict fundamental rights and freedoms of children and their communities⁵.

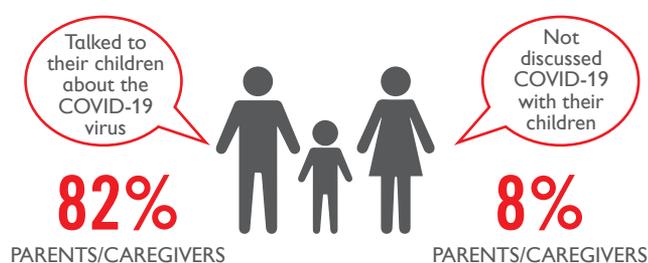
Every child has the right to reliable information from a variety of sources. According to the International Centre for Non-Profit Law, many governments' emergency measures have created new barriers to public information⁶. Knowing the facts about COVID-19 and lockdown measures is key to being properly prepared and protecting children and their families. Children's rights to be informed and to be heard require targeting and adapting information, counteracting rumours and misinformation, as well as providing safe and effective means for children to raise their voice⁷.



Are children's rights to information on COVID-19 being met?

COVID-19 has highlighted the importance of access to information, and the risks associated with misinformation. Governments are accountable for providing access to appropriate information to children to uphold children's right to information under the UNCRC. About the access to other sources of information that child respondents reported,

they would normally turn to school (teachers and peers) and friends, but these have been disrupted by school closures and lockdown measures. More than half the child respondents (54%) reported that they had been deprived of social interaction with their friends and peers.



4 in 5 parents and caregivers (82%) reported that they had "often" and "sometimes" talked to their children about the COVID-19 virus. Only 8% of the parents/caregivers reported that they had not discussed COVID-19 with their children. The majority of parents and caregivers reported talking to their children about COVID-19, upholding their Children's right to information. There was no significant difference across the regions included in the study, with the exception of Latin America and the Caribbean (LAC) where 9 in 10 (90%) parents and caregivers reported talking "often" or "sometimes" to their children about COVID-19, compared to approximately 8 in 10 (76%) parents/caregivers in other regions.

Children's responses reflected their parents'/caregivers'. More than half stated that they could express their concerns (58%) and ask questions (65%). Just less than half reported that they were listened to (46%), 1 in 3 reported that they were asked their opinions (34%), and 1 in 5 reported that they were making decisions together with their caregivers (20%). Only 7% of the children reported that adults in their house did not talk to them about COVID-19 at all. Among the regions, LAC also stood out positively in children's responses to questions about how adults talked to them, especially in terms of being able to express their opinions, to ask questions, being listened to and making decisions together. Older adolescents aged 15-17 years were more likely to report that they were able to express their concerns (62%) than children aged 11-14 years (45%).

⁵CIVICUS (2020), 'Civic Freedoms and the COVID-19 Pandemic: A Snapshot of Restrictions and Attacks', available here: <https://monitor.civicus.org/COVID19/>

⁶COVID-19 Civic Freedom Tracker (2020), International Center for Non Profit Law, available here: <https://www.icnl.org/covid19tracker/?location=&issue=11&date=&type=>

⁷Article 12 states that children have the right to be heard in matters which affect their lives right to express those views freely in all matters affecting the child: "States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child".



How do adults talk to children about COVID-19?

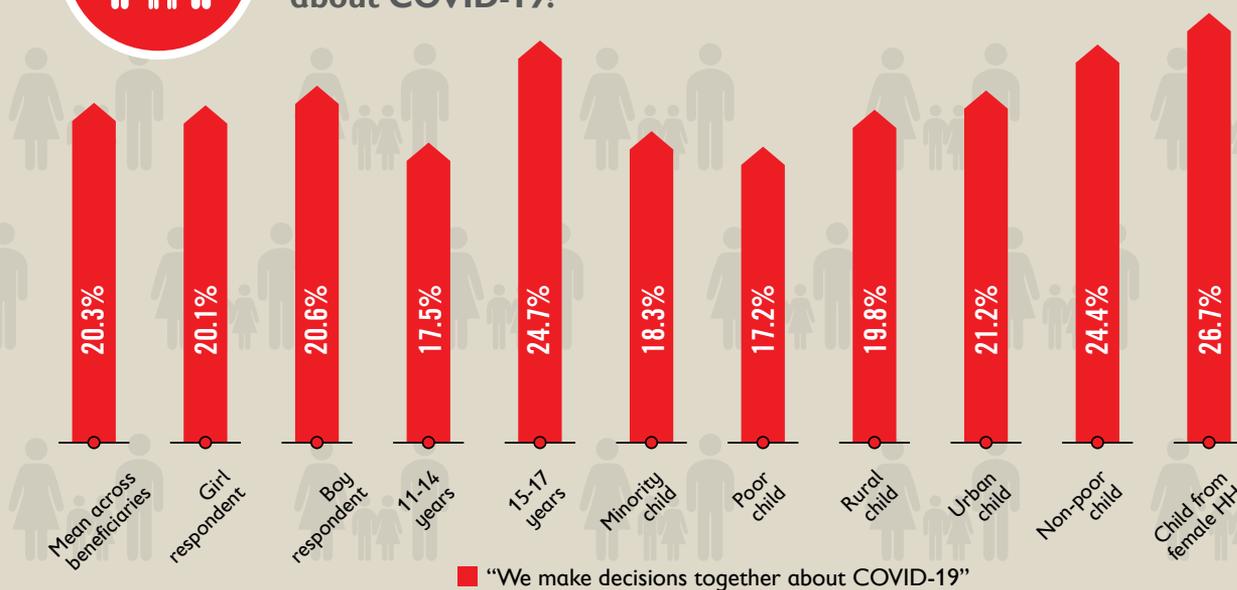
The responses above present a general picture of an environment where children are informed about COVID-19, including opportunities to share concerns and ask questions. However, the study also found that less than half the children felt that they were listened to, **only 1 in 3 (34%) children reported that they were asked their opinions, and just 1 in 5 (20%) children were involved in making decisions** together with adults in their house. The study found that most children were worried about how the COVID-19 virus and response impacted them and their families, and that their ability to participate in society was curtailed by lockdowns or quarantine measures. The right of children to participate in decision-making in all matters that affect their lives is a well-established legal principle⁸. Quality spaces and a conducive political, social and cultural environment must be created, including through addressing adults' attitudes to child participation, to uphold this right.

The Figure below shows how outcomes differed between traditionally disadvantaged subgroups of children and their less-disadvantaged counterparts. **Children living in poor households had slightly fewer opportunities to be heard while children in urban areas appeared to more opportunities to be heard, although 10% of the child respondents in urban areas reported, “adults in my household do not talk to me at all about COVID-19”.**

The responses by households with children with a disability were similar to responses from other children, except in relation to making decisions together. Children in households where at least 1 child had a disability were more likely to report that they were involved in joint decisions (34%), than children in households where no disability was reported (20%). Positive results from the study showed that half the girls (51%) with a disability reported that they made decisions together with adults in their house, compared to 28% of the boys.



Figure 1: How do adults in your house talk to you about COVID-19?



⁸Save the Children (2020), 'The Right of Children to Participate in Public Decision-Making Processes', <https://resourcecentre.savethechildren.net/library/right-children-participate-public-decision-making-processes>



What are Children Saying Adults in their Home can do “differently during the outbreak of COVID-19?”

The majority of children’s responses to the question, “*What can adults in your home do differently during the outbreak of COVID-19?*” were related to children’s and parents’ well-being. Responses suggested spending more time with children, taking COVID-19 more seriously, and to play, listen to and talk to children.

A 12 year old girl from Kosovo stated “*They can play with us kids, and help us understand our homework better*”. Similarly, a 15 year old boy from Mexico said, “*Talk more to the children, be more patient and supportive at all times*”.

A few responses focused on health including water, sanitation and hygiene (WASH), where children wanted their parents to take COVID-19 more seriously and follow health/social distancing guidelines. A 14 year old girl (from the Dominican Republic) advises parents, “*Protect yourself, don’t forget to use face masks and surgical gloves; don’t gather in groups*”, while some children wanted their parents to support them more in their studies and provide learning material.

A small group of children expressed concerns related to wanting adults to be more positive, lose their temper less and give them less domestic work. An 11 year old girl from Sierra Leone said “*there was peace at home earlier, but now when there is no money or food, quarrels are frequent and sometimes violent among adults and children*”.

A correlation was found between children who reported that adults in their house “*listen to me*” when talking about COVID-19, and reporting feeling “*more safe*” than before the pandemic (21%), which was not the case for the children who reported that parents “*do not talk to me*” about COVID-19 (16%). **There were also statistically significant correlations between children reporting that their parents or caregivers “do not talk to me” about COVID-19 and feeling more worried than before the pandemic. This suggests that parents have a crucial role to play in children’s understanding of the pandemic and that speaking to and listening to children in conversations about the pandemic can support children’s well-being.** This also suggests that access to information on COVID-19 and being “*listened to*” and “*talked to*” are important factors in children’s understanding of response measures and their feelings of worry and safety.



Have children’s rights to participate in society been affected by COVID-19?

Research shows that keeping in touch with friends, either in person or virtually, is crucial for children’s well-being, especially during teenage years⁹. Peer-to-peer interaction is also strongly related to their right to meet, associate and socialise; the freedom to seek, receive and impart information and ideas of all kinds; The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child’s choice. As Child Rights Now have stated, ‘if governments are serious about delivering the UN Sustainable Development Goals (SDGs), which is our promise to the children of today, they must recognise that the UNCRC is indivisible from the SDGs’¹⁰. Governments need to listen

⁹Orben, A., Tomova, L., and Blakemore, S. J. (2020). The Effects of Social Deprivation on Adolescent Development and Mental Health. *The Lancet Child and Adolescent Health*. Available at: <https://linkinghub.elsevier.com/retrieve/pii/S2352464220301863>

¹⁰Child Rights Now! (2020), *A Second Revolution, Thirty Years of Child Rights and the Unfinished Agenda*, October 2019, available here: <https://child-rights-now.org/>

to and respond to children – by supporting children’s participation and voice at the family and community level, and by upholding their rights to the freedom of expression and opinion.

Friends and peers are where children often find support, where they can share ideas and feelings as well as information. **The study findings show that the COVID-19 outbreak and measures taken to respond to the virus have seriously impacted the right to association and information of children.**

Half the children (51%) report that they are deprived of social interaction with their friends and peers – and that they did not get to speak to or spend time with their friends in person or virtually since the outbreak of COVID-19. This may have been owing to a number of reasons, including not being able to leave the house, school closures, or not having access to the internet or a mobile phone. The situation was worse for children living in urban areas where 3 in 5 (56%) children reported that they did not stay in touch with their friends since the outbreak of COVID-19. Children in poor households were much more affected (56%) than those in houses classified as non-poor (44%).

There were statistically significant differences in the proportion of boys and girls reporting feeling less happy, less safe and more worried, depending on whether they were able to connect with their friends. Children saw social interaction as a key source of stimulation (and development) and a protective factor from worry. These differences are described in our report on the impact of COVID-19 on child protection and well-being.

For some children, confinement at home meant increased exposure to physical danger. Phone helplines are reporting an increase in calls from children suffering violence and abuse since the pandemic began. Some say they are struggling with depression and mental illness¹¹. Clinical studies indicate that the COVID-19 pandemic is associated with distress, anxiety, fear of contagion, depression and insomnia in the general population. Children’s experiences have been similar. UNICEF’s Upended Lives 2020 Report shows a surge in cases of attempted child and adolescent suicide. In Nepal, police reported a 40% increase in suicide among girls, while a child helpline in Bangladesh intervened in six cases of potential suicide in a single week¹². Studies show that active outreach is necessary, especially for people with a history of psychiatric disorders, COVID-19 survivors and older adults¹³.

In this study, children surveyed in Latin America and Caribbean (LAC) reported lower levels of keeping in touch with their friends than in other regions. According to parents/caregivers in LAC, only 1 in 3 (33%) children kept in touch with their friends; confirmed by children’s

Stress less and enjoy being with family more. The economic situation and job instability make them irritable and make it difficult to be at home. Going to school and being with my classmates was a way of escape.

— Girl, 13 years old, Nicaragua

“I’m scared of leaving the house”

— Boy, 13 years old, urban Senegal

¹¹UNICEF Upended Lives June 2020 Report

¹²UNICEF Upended Lives June 2020 Report.

¹³Sher, L. (2020), The Impact of the COVID-19 Pandemic on Suicide Rates, Leo Sher, QJM: An International Journal of Medicine, hcaa202, <https://doi.org/10.1093/qjmed/hcaa202> Published: 30 June 2020

responses where half the children in LAC (50%) reported that they were not in touch with their friends. Whereas in West and Central Africa (WCA) only 1 in 3 children reported losing touch with their friends (33%), and the results were similar in the Middle East and Europe (MEE) region (32%).

Overall, one quarter (26%) of the children reported that they could meet or play in person but this varied widely across regions. In WCA, around half (53%) the children could meet or play in person, while in LAC, only 3% of the children could do the same. Staying in touch virtually also varied widely across regions with the highest proportion in LAC, where 45% of children were in touch virtually, while only 10% of children were in WCA and 8% in East and Southern Africa.

Intersectional analysis offers important and necessary nuances to understand these findings: disability status, settlement type, economic status and gender were all important determinants of how COVID-19 measures affected 'child programme participants'. According to their parents/caregivers, a third of the boys (31%) with disabilities keep in touch with their friends, compared to 25% of the girls with disabilities. Only 9% of the children from a household with at least 1 child with disabilities reported staying in touch with friends through social media or by phone, compared to 18% of the other child respondents.

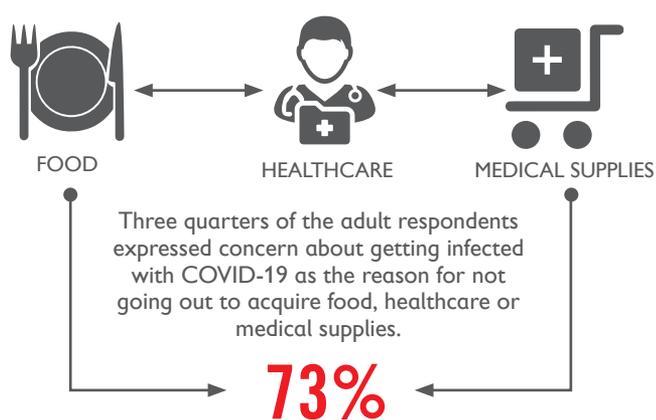
Children living in urban areas had fewer chances to meet their friends – over half (56%) reported they could not meet or speak to their friends in person compared to 45% of their rural peers. Poverty was also an important determinant of social interaction. More than half (55%) the poor children¹⁴ reported that they could not meet their friends, compared to 44% of non-poor children. Poverty also impacted children's access to phones and the internet. Just 15% of the relatively poor children stayed in touch with friends virtually, compared to 21% of the non-poor children.

Article 6: Right to Life, Survival and Development

Article 6 guarantees that every child has the right to life, survival, and development, and that governments have a legal obligation to do all they can to ensure that children survive and develop to their full potential. This section covers Article 6 and all aspects of development, including rights to adequate nutrition and healthcare (Article 24), play and leisure (Article 31), an adequate standard of living (Article 27), a healthy and safe environment, and education (Article 28). **COVID-19 poses a significant threat to children's rights to survival and development, and to the highest attainable standard of health.** Defending children in the midst of this crisis means ensuring the availability and accessibility of life-saving supplies such as medicines, vaccines and sanitation.

Article 24 of the UNCRC: the right to quality healthcare, water and good food

Access to key health services has been disrupted globally by the COVID-19 response. The vast majority (89%) of the adult programme participants reported barriers to healthcare for themselves and their children. Nearly three quarters (73%) of the adult respondents expressed concern about getting infected with COVID-19 as the reason for not going out to acquire food, healthcare or medical supplies. Other important barriers included government restrictions (43%) and the lack of transport (23%). 1 in 10 (10%) respondents reported that

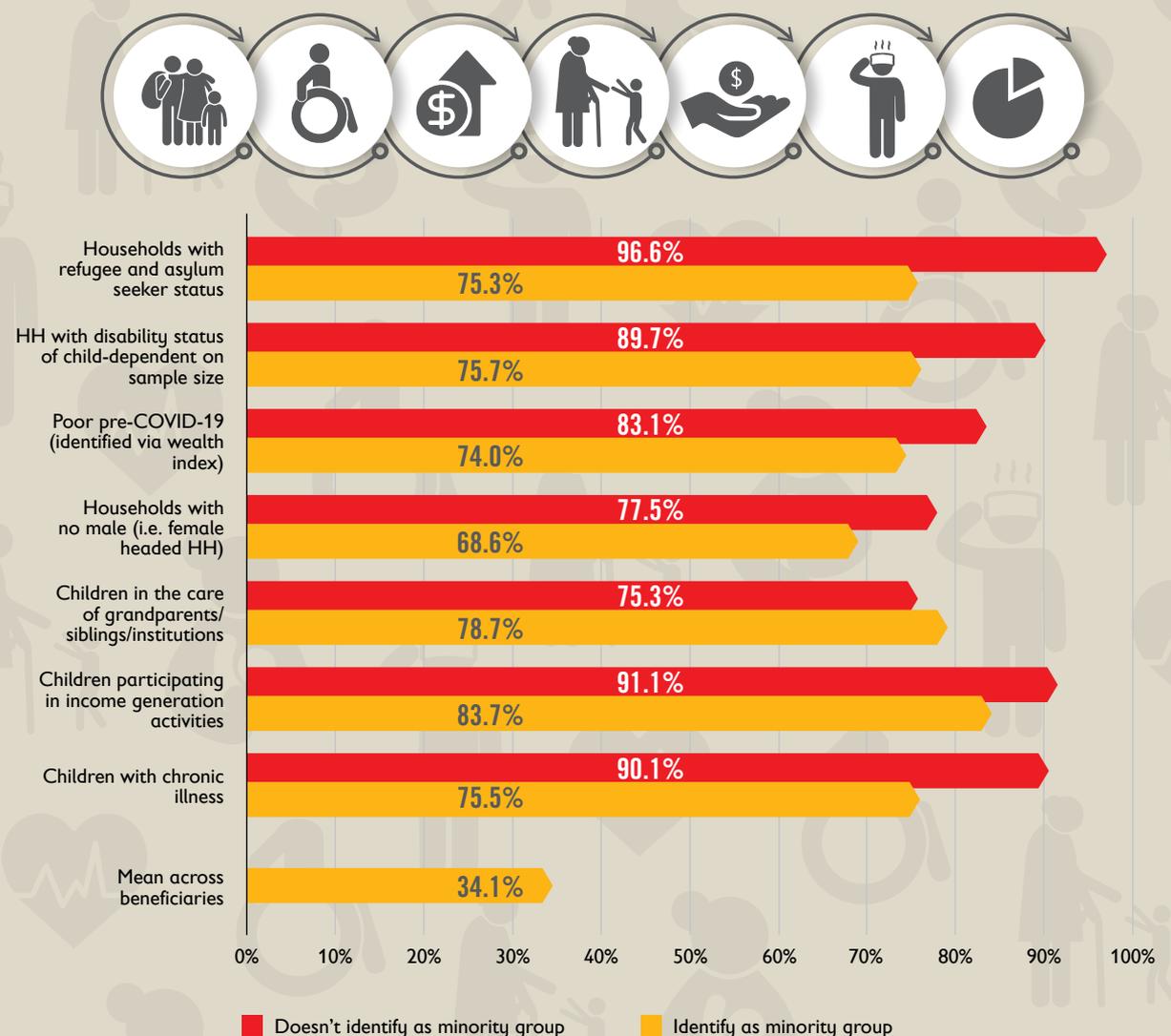


¹⁴Poverty estimations developed by Wealth Index. Poor identified as below median assets.

healthcare centres were closed. This situation aggravates the conditions of the most vulnerable groups who are facing more barriers to accessing healthcare than their peers.

Households with refugee status appear to have been disproportionately affected, and almost all of them (97%) reported barriers to accessing healthcare, compared to three quarters (75%) of non-refugee status households. Almost 1 in 4 (24%) households where either a parent or a child had a disability reported barriers to accessing counselling services, compared to 1 in 5 (21%) households where no disability was reported. States need to be supported to strengthen their healthcare systems so that they can deliver services and justice for all.

Figure 2: Proportion of households with barriers to healthcare, across minority groups



The right to food

Worrying statistics from this survey show that more support is needed for families to ensure children's survival. **This study found that 1 in 3 (35%) children report eating food less than before the pandemic.** There were major differences between different categories of children. Higher proportions of children in poor households (39%) and children living in urban areas (48%) reported eating less often, compared to children overall (35%). Food was generally more readily available and more affordable in rural areas. There were slight though statistically insignificant variations between girls and boys reporting eating food less than before COVID-19, 37% of the girls reported eating less than before, compared to 32% of the boys. This complements similar findings from the general public sample who completed the online survey (children and parents/caregivers who participated in an online survey). 1 in 5 children responding to that survey reported eating food less than before the COVID-19 pandemic.



35%

CHILDREN EATING
FOOD LESS THAN
BEFORE THE
PANDEMIC.

Half the adult programme participants surveyed (52%) reported that food was “too expensive” since the COVID-19 outbreak. Households classified as poor (58%), people in urban areas (62%), and households where at least 1 person had a disability (61%) were more likely to report that food was “too expensive” than respondents in non-poor households, those in rural areas and respondents in households that reported no disability.

Access to water during COVID-19

Finally, one in five of parents/caregivers (20%) indicated that they need access to water delivery, when we asked about the items needed to stay healthy during COVID-19. The need for water delivery to stay healthy during COVID-19 was most commonly reported in ESA (33%) and WCA (35%). This was less common in other regions, reported by 9% of the parent/caregiver respondents in Asia, 13% in MEE and 15% in LAC. Again, respondents with disabilities were more impacted – 3 in 10 adults with disabilities (35%) reported that they were dependent on water delivery to stay healthy.



How has confinement and lockdown impacted children's rights to play, leisure and well-being? (Article 31)

What children do when they are not studying provides an insight into what degree children can exercise their right to rest and leisure, and to engage in play and recreational activities appropriate to their age. The findings show that overall one-third (35%) of the child programme participants report not having access to an outside space where they could play or spend time with friends during the pandemic. There are huge differences between urban and rural areas; in the urban areas, 2 in 3 children reported not having access to outdoor spaces to play, compared to 1 in 5 children in rural areas. Children living in (crowded) urban areas reported fewer opportunities to play or exercise outdoors, compared to children living in rural areas. During lockdown it was still possible for most child respondents in rural areas to go outdoors and even to meet friends.

Children in rural areas reported more opportunities for play and relaxation. Just over one-third (36%) reported that they had “less time to play” compared to more than half (53%) the child respondents in urban areas. Around one-third (31%) of the children reported that they had “less time for relaxation” compared to before the COVID-19 outbreak. Children in poor households (34%) and children in urban areas were again more likely to report having less time for recreation than those in non-poor households or rural areas (37%).

Across the globe, 2 in 5 (42%) child programme participants reported that they spent less time playing compared to before the COVID-19. A much higher proportion of children in ESA (47%), Asia

(40%) and WCA (37%) reported playing less than before the pandemic, than in MEE (30%) and LAC (26%). The right of every child to play in a safe environment is captured in the UNCRC, which stipulates that every child has the right to relax, play and take part in a wide range of cultural and artistic activities. Play is also essential to children’s development because it contributes to the cognitive, physical, social, and emotional well-being of children.

The right to adequate housing, and living environment

The research shows that two-thirds of the programme participants reported living in a household with up to 2 persons per room, and 70% were in a household with more than 2 persons per room. According to the UN Habitat, this is considered cramped as a “dwelling unit provides sufficient living area for the household members if not more than 3 people share the same habitable room”¹⁵. With these cramped conditions combined with severe restrictions on the freedom of movement owing to COVID-19 response measures, the programme

Table 2: Members of the Household per Room

Household Members per Room	All	Female Adults only Households	Male Adults only Households	Mixed Female-Male Households	Relatively Poor	Not Relatively Poor	Rural	Urban
Up to 2	29.4	43.8	38.8	36.2	19.8	44.3	34	19
>2 and <=5 persons	57	46.1	53.4	53.6	62.3	47.3	55.1	61.1
5 or more	13.7	10	7.7	10.2	17.9	8.4	10.9	19.9

participants’ ability to self-isolate was compromised. Among parent/caregiver programme participants, 3 in 10 reported living with up to 2 persons per room. **More than half lived with 3 to 4 persons per room and 14% lived with 5 or more persons per room. Overcrowding could prove catastrophic, as the higher the number of people in one room, the more risks there are of infection.**

Large numbers of household members per room also means that there is less space per person, resulting in less privacy for each individual. Children have less space to do school work, or follow distanced-based learning. It is also likely that stress levels will be higher in crowded rooms¹⁶, creating higher risks for abuse and violence. This trend was also identified in the study. **A positive correlation was recorded among child programme participants reporting any violence in the home, and the number of people per room. While 8% of the children in houses with 2 persons per room reported violence, this more than doubled for children in households with 3 or more persons per room, with 18% of the children living in houses with 3 to 5 persons per room reporting violence.**

Findings indicated a **significant link between children who reported experiencing violence or that violence occurred in their home, and their levels of distress** observed by parents. Parents who reported violence in the home were also likely to report that their children had more problems with impulse control and emotional regulation. Findings showed that households reporting greater violence in the home also reported that children were more than four times more likely to show aggressive behaviour (21%) or violence against others (12%), compared to 5% and 2% respectively in households without any reported violence.

¹⁵The original EGM’s advice considered a range of less than 3 to 4 people per habitable room. When this indicator got operationalised during the MDG 7 Target 7.D’s tracking, overcrowding was fixed at a maximum of 3 people per habitable room (‘minimum of four square metres.’

¹⁶See Reynolds, L. (2005), Full house? How Overcrowded Housing Affects Families, London: Shelter UK, Available at: https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/policy_library_folder/full_house_how_overcrowded_housing_affects_families

Globally, 25% fewer women report access to the internet than men, and in Sub-Saharan Africa, women are 50% less likely to report using the internet than men¹⁷. With the outbreak of the pandemic, there will be more competition in the use of available technology such as radio, TV and mobile phones. The only statistical difference between the genders was evident in households with refugee or asylum-seeker status, or those identified as internally displaced people, where 30% of the girls reported that there was not enough data to do their homework, compared to 25% of the boys and 19% of the non-displaced children. Additional studies show that intra-household asset management favours boys, tending to leave girls behind¹⁸.

Crowded rooms allow less space for relaxation, exercise, sleep and rest. There is evidence to suggest that overcrowding in childhood affects aspects of adult health and education¹⁹. Findings from this study show that poor households had higher numbers of persons per room, with 18% of poor households reporting 5 or more people per room compared to 8% in non-poor households. Almost two-thirds (62%) of the poor households had 3 to 4 persons per room. This was partly due to the fact that poor households typically have smaller dwellings and less rooms than non-poor households. Similarly, urban households generally have a smaller number of rooms per household than in rural areas. This was reflected in the study findings, with 1 in 5 (20%) urban respondents reporting living with 5 or more persons per room compared to 1 in 10 (11%) in rural areas. Almost two-thirds (61%) of the urban respondents reported 3 to 4 persons per room, compared to a little over half (55%) the respondents in rural areas.



What are Children's Messages for Children in Other Countries Affected by COVID-19?

When asked, “*What message do you have for children in other countries affected by COVID-19?*”, just over half the children's responses related to well-being. Children sent messages of empathy, care and support to one another, gave encouragement and hope to each other, and stood in solidarity. The children's resilience was evident in their messages, as well as their courage, strength and determination not to give up. Children encouraged children to:

Stay safe, “*Hello guys, I just want to tell you that this situation does not take us apart, we have to stick together and fight this virus. Stay safe please.*”

(Boy, 16 years old, Indonesia);

Keep studying, “*I would tell them not to worry, and to become ultra-engaged during online lessons. Soon, we'll be back to school and we'll be happy as before. Hello from the bottom of my heart!*”

(Girl, 13 years old, Kosovo);

“Stay hopeful and confident that together we will be able to cope with the consequences that this pandemic has left behind.”

(Girl, 16 years old, Albania);

“We have to be more patient than we've ever been, more connected than we'd ever imagine and most importantly, more respectful to the people that make up our population.”

(Girl, 17 years old, Panama);

Stay connected, “*We are with you*” (Girl, 16 years old, Somalia) (where a sense of solidarity is prominent);

¹⁷See Intel Corporation and Dalberg Global Development Advisors (2020), Women and the Web Bridging the Internet Gap and Creating New Global Opportunities in Low and Middle-income Countries, Available at: <https://www.intel.com/content/dam/www/public/us/en/documents/pdf/women-and-the-web.pdf>

¹⁸https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_children_16_april_2020.pdf

¹⁹Office of the Deputy Prime Minister (2004) The Impact of Overcrowding on Health and Education: A Review of the Evidence and Literature, London: Office of the Deputy Prime Minister, Available at: <https://dera.ioe.ac.uk/5073/1/138631.pdf>

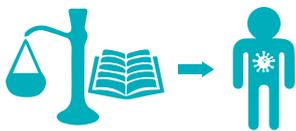
“A lot of strength, comrades! Be in solidarity with others, demand the fulfilment of rights equally for each person.”
(Girl, 17 years old, Paraguay);

Think of each other, *“All children are equal and we have equal rights. Just because some have much better conditions than others, does not mean that there should be discrimination, but instead they should help them. It might seem like a fairy tale, but even if they are in their shoes once, they will understand the tears of the orphans, the homeless, and the poor people who collect things on the streets to earn a living.”*
(Girl, 15 years old, Albania);

“Be mindful to help and share what they have with those who need it the most, and that if something is of no use to you, it might be useful to someone else who has nothing.”
(Girl, 17 years old, Argentina);

Defend their rights, *“Let them fight for their rights.”*
(Girl, 13 years old, El Salvador).

Article 2: (Non- discrimination): All Rights to be Recognised for Each Child in the Jurisdiction without Discrimination on any Grounds



How is the right to non-discrimination being affected by COVID-19?

The non-discrimination obligation requires states to actively identify individual and groups of children who may require special measures for recognition and the realisation of their rights. Looking at the measures taken to address COVID-19 through children’s perspectives exposes the prejudices and beliefs underlying the measures that lead to unfair treatment and inequity. Children are often not taken seriously, not listened to and not heard; children are deprived of interaction with friends and peers; and have a lack of information. Dependent on adults to communicate, children face discrimination in all the areas of their lives through the denial of their right to have their views given due weightage in decisions that affect them.

Intersectional analysis²⁰ offers important insights into how COVID-19 response measures that apply to all children, impacted specific groups of child programme participants differently.

Disability, settlement status, economic status and gender are all important determinants of how governments’ COVID-19 measures affect children and their communities. In any crisis, the young and the most vulnerable suffer disproportionately. Power asymmetries undermine policy commitments, coordination and cooperation around changes for children. Unequal distribution of power and resources can lead to the exclusion of the most deprived children, the accumulation of resources for certain groups of children (e.g. by wealth, ethnicity, gender, geography) and clientelism. **Addressing inequality and reaching the most marginalised and deprived is a critical focus for children’s rights and “building back better” from the COVID-19 pandemic to ensure that we leave no one behind.**

COVID-19 impacts different groups of children with marginalised and deprived characteristics in different ways. To improve policies and response measures for children, an inclusive approach is needed. The table below presents differences in primary outcomes of COVID-19 on seven groups of programme participants included in the study, and identified by individual characteristics, across six key variables:

²⁰Intersectionality is a theoretical framework for understanding how aspects of a person’s social and political identities (e.g., gender, race, class, sexuality, ability, physical appearance, height, etc.) might combine to create unique modes of discrimination and privilege.

Table 3: Differences in Primary Outcomes of COVID-19 on Seven Groups of Programme Participants

Minority group/ identifier of vulnerability	Proportion of households with healthcare and medicine access affected by COVID-19 ²¹	Proportion of children who are at risk of permanently falling out of school due to the COVID-19 pandemic (No and Don't Know)	Proportion of children reporting violence in the home	Proportion of households that have lost at least half their income due to the COVID-19 pandemic	Proportion of children who feel the same or more levels of worry since COVID-19	Proportion of child separation
Mean across Participants	89%	6%	16%	52%	74%	5%
Households with refugee, asylum seeker and internally displaced population status (Migration/ Displaced)	97% Compared to 75% of non- displacement households	22% (adult) 11% (child)	12%	71%	79%	No data
HH with Disability status of indexed child	90% Compared to 76% of households without disability in indexed child	19% (adult) 17% (child)	22%	38%	67%	17%
Poor pre-COVID (identified via wealth index)	83% Compared to 74% of non-poor households	12% (adult) 6% (child)	12%	33%	60%	5%
Households with no male (i.e. female headed HH)	78% compared to 69% of male-headed households	12% (adult) 10% (child)	9%	25%	59%	8%
Children in care of grandparents/ sibling/ institution	75% compared to 79% of households where the child was in the care of a parent	13% (adult) 8% (child)	11%	24% (same as parent)	58%	8%
Children participating in income generation activities	91% compared to 84% of children not getting paid for work	11% (adult) No data child	No data	46%	56%	No data
Children with chronic illness	90% compared to 76% of households where there was not a child with a chronic illness	19% (adult) 17% (child)	15%	31%	68%	16%

²¹Computed from respondents reporting barriers in questions: What barriers are stopping you accessing health care, medication or menstrual products (if applicable) since the outbreak of COVID-19?; What supports can you NOT access, that you and your household need in order to stay healthy during this time?; Have you been able to provide your child with their usual regular health and rehabilitation services since the outbreak of COVID-19?



Are governments upholding their obligations to minority groups?

The results of this study show that governments did not adequately support all children to reach their full potential, and that blanket COVID-19 interventions such as lockdowns were adversely affecting different groups of programme participants, with those in most marginalised and deprived contexts being left furthest behind.

Non-discrimination in access to healthcare

Survey respondents from displaced communities noted greater challenges in accessing in-person health services. Just under one quarter (23%) of the displaced respondents could not access these, compared to 14% of the non-displaced parent/caregiver respondents. Displaced respondents were also more likely to report facing barriers to accessing counselling (15%) and mental health services (12%) than non-displaced respondents (9% and 8% respectively). The displaced respondents were much more likely to report experiencing challenges accessing medication (41%) compared to non-displaced respondents (27%) in LAC, almost half (48%) of respondents stated they were unable to access food or medication due to government restrictions while in the MEE just under one in five (18%) respondents reported the same difficulties.

Parent/caregiver respondents from families with at least 1 child with disabilities also reported access to healthcare being affected (90%), compared to families with no reported disabilities (76%).

Poor households were more likely to report barriers to accessing healthcare (83%), compared to non-poor households (74%). Male adult-only households were less likely to report barriers to accessing healthcare (68%) than mixed (76%) and female-headed households (77%). Caregivers who were not parents were disproportionately impacted, with 79% reporting barriers to access compared to 75% of parent-caregivers.

Almost all (91%) the households with children participating in income generation activities reported challenges accessing healthcare, compared to 84% of the households where children were not getting paid for work. Similarly, almost all (90%) the households with children living with a chronic health condition reported barriers to accessing healthcare compared to three quarters (76%) of the households without a child with a chronic health condition. COVID-19 testing was reported as being accessible to the majority of the respondents (66%). We did not collect data on several underlying factors that may have created barriers to programme participants from deprived and marginalised populations accessing health services, including affordability, restrictions on movement, stigma and discrimination.

A girl aged 14, from Afghanistan, described the interlinkages between poverty and health access in her answer to “*what worries you the most about COVID-19*”. She responded that she worried most about “*getting sick because we are poor and we do not have the money to treat this sickness*”.

Non-discrimination in access to education

The pandemic has disrupted the right to education. According to UNESCO, an estimated 89% of students enrolled in education were out of school due to COVID-19 at the time of writing, including nearly 743 million girls²². **The longer schools remain closed, the less likely it is for the most deprived and marginalised children to return – particularly girls.**

²²UNESCO (2020) ‘Idea: COVID-19 School Closures Around the World will Hit Girls Hardest’; By Stefania Giannini, UNESCO Assistant Director-General for Education, and Anne-Birgitte Albrechtsen, Chief Executive Officer, Plan International.; Published 31/03/2020, Available at: <https://en.unesco.org/news/covid-19-school-closures-around-world-will-hit-girls-hardest>

7 in 10 children from households with at least one child with a disability reported that they were learning “a little bit” to “nothing at all” now that they were not going to school. **More than half the girls (55%) had lost access to learning material compared to 45% of the boys, and half the child respondents reported not having any learning material at all.** Almost 1 in 5 (19%) girls (compared to 12% of the boys) reported that “too many chores” stopped them from learning at home. Children of parent or caregiver respondents with a disability were (statistically significantly) more likely to lack learning material, 38% of the children have “no” learning materials compared to 24% of the children of caregiver or parent respondents without any disability. **In households where at least 1 child had a disability, children were 31% more likely to lack access to learning material than children from households that reported no disability.**

Despite the fact that children should receive some form of (remote) support with distance learning during school closures, 4 in 5 children reported that they were learning “little to nothing” now that they are not going to school. **Two-thirds of parent/caregiver respondents (67%) reported that teachers did not check in on their children at all, and only 19% of them said that teachers were checking in “at least once per week”.** This points to the necessity for governments to ensure that all children have equitable access to quality education in schools or through distance learning. Across the rural-urban divide, there is not much difference in how children assess learning; only 10% of the rural children report learning “as much as when I was at school”, compared to 7% of the urban children. Governments need to prioritise the safe and swift return to school in their COVID-19 response policies to minimise disruptions to children’s lives and harmful practices from taking hold, like child marriage, child labour and exploitation.

Proportion of children who are at risk of permanently dropping out of school due to COVID-19

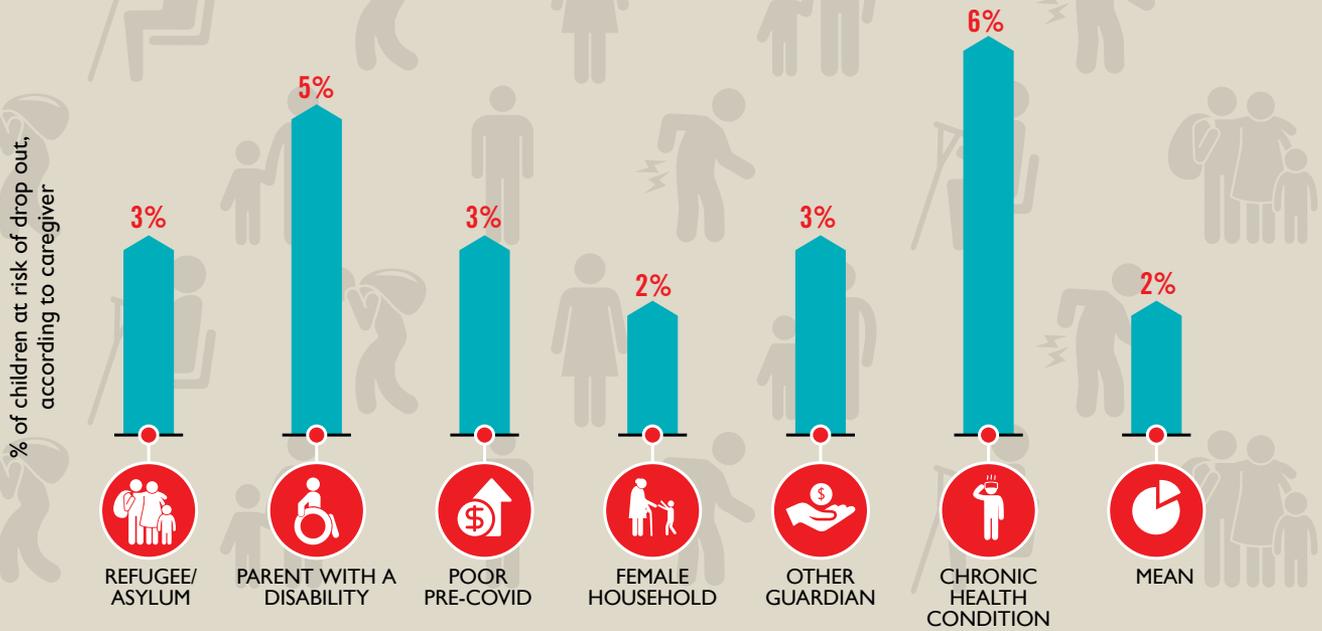
Although the majority of parents/caregivers (94%) and children (95%) were confident that the child would return to school, different minority groups expressed different expectations and uncertainties. More uncertainty of expectation that a child would go back to school was reported by children whose caregiver was not a parent (10%) than children with a parent caregiver (6%). Risk of permanently dropping out of school was particularly pronounced in LAC, where 41% of parents and caregivers did not think their child would return to school (9.7%) or did not know (31.5%).

Most at risk of dropping out were children living with a chronic health condition; **6% of those children were not expected to return to school according to their parent/caregiver.** When child respondents with a chronic health condition were asked, 4% reported a likelihood of not going back to school compared to 2% of children who did not have a chronic health condition. Children living with a chronic health condition were also much more uncertain of whether they would return to school (14%) compared with children who did not live with a chronic health condition (6%).

The next at risk of not returning to school were children in households where a parent/caregiver had a disability. In households where a female caregiver had a disability, 5% of the child respondents reported that they did not think that they would go back to school. Children from households with at least 1 child with disabilities reported a higher likelihood of thinking that they would not go back to school after COVID-19 (3%), than children from households where no disability in children was reported (2%).

According to parent/caregiver respondents, children from households with refugee/asylum seeking status or poor households reported slightly higher levels of expected drop-out (3% for both) than the mean (2% for both). **Only 2% of children from a female-headed household were expected to drop out, which was the same as the overall programme participant population, showing that the gender of household head was not a risk of school drop-out for programme participants.** Findings suggest that continuous access to (alternative) educational services throughout lockdown should be considered in the context of inequalities in information communication technology connectivity and accessibility of learning platforms among the marginalised, deprived, and displaced populations. The slightly lower percentage of displaced females within the survey stating that they will go back to school (90% vs. 95%) also reflects the

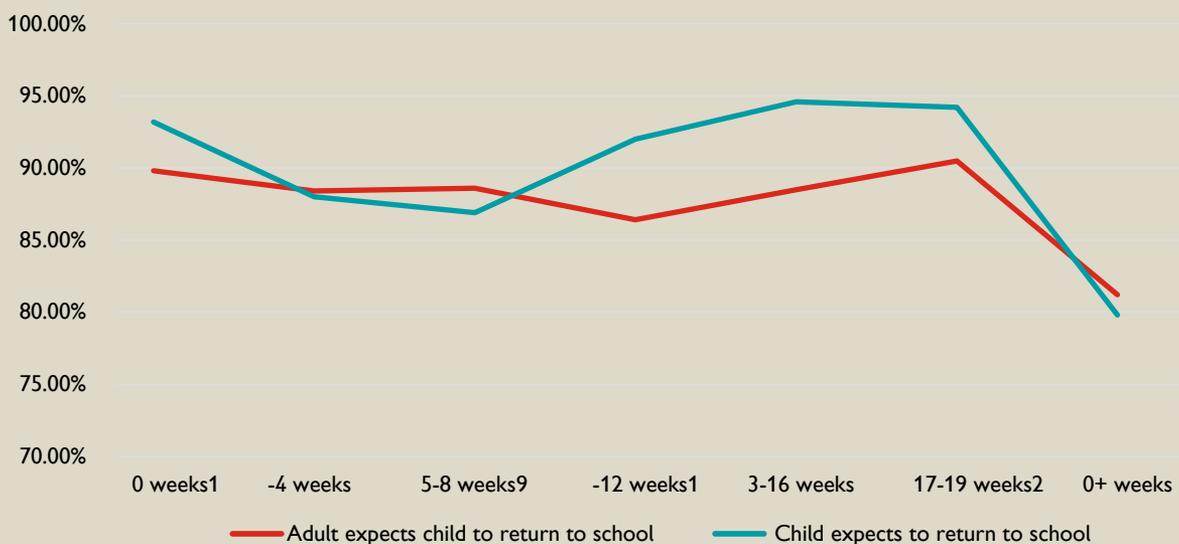
Figure 3: Proportion of Children who are at Risk of Permanently Dropping out of School Owing to the COVID-19 Pandemic, According to their Parent/Caregiver



reality of young, displaced girls being forced away from (online) education to domestic chores when the household income diminishes.

The study results also indicate discrepancies between parents'/caregivers' views on whether children would return to school, compared to child respondents' views. Children were slightly more optimistic than their parents/caregivers that they would go back to school. Overall parent/caregiver respondents reported more uncertainty with 5% reporting "don't know" if their child would go back to school. The largest differences between parent/caregiver respondents' and children's views were found among the refugee and asylum seeker status population studied, and an 11% difference was found between parents and children thinking that children would return to school. Among respondents from poor households, there was a 6% difference between parents' and children's expectations of returning to school.

Figure 4: Expectations of Returning to School over Confinement Period: Parent vs. Child



Parents'/caregivers' expectation of their children returning to school was lower for children with disabilities and for children in households with refugee status, than for other groups. These findings demonstrate the high price paid by children and the risks they incur now that their schools are closed and how those will disproportionately impact the most disadvantaged groups of children. Decisions to operate remotely do not allow equitable access to learning for all children, and arguably do not follow the *best interests* of the child procedures (see next section), as not all children have the assets and the means to access internet or use mobile data, or receive the same caregiver support to follow remote learning. Rising inequalities exacerbated by COVID-19 threaten children's futures and the transition to a peaceful, just and sustainable society.



Children's Letters to Leaders in their Countries

Article 3: Children's Best Interests

The best interest of the child obligates states to ensure that all judicial and administrative decisions, policies and legislation concerning children demonstrate that the child's best interests have been a primary consideration. General Comment no. 14 of UNCRC clarifies what '*the best interest of the child*' means and what it implies.²³ This is a threefold concept: one is the rule of procedure: whenever a decision is to be made that will affect an identified group of children or children in general, the decision-making process must include an evaluation of the possible impact (positive or negative) of that decision on children. The principle requires that state parties shall explain what has been considered to be in the child's best interests, what criteria this is based on, and how the child's interests have been weighed against other considerations such as public health risks. The '*best interests of the child*' demand a continuous process of assessing the impact of policy on children and the enjoyment of their rights, including an evaluation of the impact of the implementation. The findings of this survey contribute to this continuous process of assessing the impact. This section looks at the '*best interests of the child*' through the lens of protecting children from harm²⁴, including the legal obligations governments have under Article 3 that concern the child's needs and any potential impact on their future.

The government's duty to protect all children from violence

A particularly alarming finding in this study was that **nearly one-third (32%) of the households reported that violence had occurred in the home**, including children and/or adults being verbally or physically abused. Regional variations show that 24% of the child participants reported violence in the home in East and Southern Africa region, which is 7.5% higher than other regions. **When schools are closed, social services interrupted and movement restricted, children face heightened risk of exploitation, violence and abuse.** School closures during the Ebola outbreak in West Africa from 2014 to 2016 resulted in spikes in child labour, neglect, sexual abuse and teenage pregnancies²⁵. Findings from this survey suggest that children's right to protection is at risk and not being upheld adequately by states.

Best interests of different groups of children and protection from harm

Child respondents reported slight variations in their protection from harm. In poor households, 17% of children reported violence in the home compared to 15% non-poor households. Findings also show that violence

²³General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (Art. 3, para.1) Committee on the Rights of the Children, (UNCRC), CRC/C/GC/14)

²⁴Also referencing to Article 19 of the Convention of the Rights of a Child- the legal obligations state parties have to protect children from physical and mental violence, neglect, sexual abuse and exploitation, while they are in the care of parents or any other person.

²⁵UNICEF (2020), COVID-19: Children at heightened risk of abuse, neglect, exploitation and violence amidst intensifying containment measures, Press Release, New York: UNICEF Available at: <https://www.unicef.org/documents/technical-note-protection-children-coronavirus-disease-2019-covid-19-pandemic>.

Children were asked, “If you were asked to write a letter to the leaders in your country, what would you say?”. A total of 10718 children responded, with education being their first priority for world leaders. The majority of their responses related to access, provision and the quality of education, including seeing schools reopen, provision of learning materials and support for remote learning.

“I would ask the leader to allow teachers back to school and put in place measures that will protect us and enable us to learn. To ensure that our families have food since there has been a shortage.”

(Girl, 16 years old, Kenya);

“Dear Mr. President or the Ministry of Education, I am a student and I want the schools to be opened. Because, what will this nation become without schools? In schools we can get new things that can be our innovation. I know that it is impossible to study in school in this condition, but I really want to be back to school.”

(Boy, 14 years old, Indonesia);

The children’s second priority for world leaders is the equitable provision of support for children and families struggling financially. The children emphasise that support to children and families should be equitable and fair with a particular focus on the poorest, the children living in slums, on the streets, orphans, and children with disabilities and refugees.

“Please provide face masks and other distance learning educational facilities such as computers and mobile phones to children who can’t afford it.”

(Girl, 13 years old, Sri Lanka);

“I would tell them to worry more about education in this period as well as to support people who have lost their jobs . Poor families should be asked about their needs.”

(Girl, 17years old, Albania);

“I am not in my country, what I would ask is that you please help us because even if we are not from here, we are human beings... I study in this country and someday I will work here, so I think I also have the right to ask the government for support for refugee children like me.”

(Girl, 12 years old, Peru);

“I would call upon leaders to create jobs for the youth.”

(Girl, 13 years old, Albania);

Health was the children’s third priority for world leaders. Children’s messages included calls for improvements related to treatment, the control of COVID-19, and better access to health services.

“I would like to tell them about issues related to food security and health services. They should try to extend such facilities to us even in this quarantine and after quarantine, because many people are dying in this situation due to starvation and the lack of health services.”

(Boy, 17 years old, Nepal);

Unfairness and inequity of access to healthcare was mentioned by children, and exemplified especially in a Somalian girl’s letter: “You have forgotten my village. We don’t have any healthcare facility and many children don’t go to school, so we want a school to be built along with healthcare facilities”.

(Girl, 16 years old, Somalia);

“We need food, water, clothes and health centres”

(Boy, 16 years old, Niger);

“So many people are hungry and do not have enough to eat. I would request leaders to provide food to these people otherwise they might die of hunger.”

(Girl, 15 years old, India);

Children also called on governments to end violence against children, and demonstrated the interconnectedness of the impacts of COVID-19 on their lives.

“When we are at home, we are more exposed to violence and hunger, which has worsened our poverty. Please support homes and not just make laws without considering the poor.”

(Girl, 17 years old, Sierra Leone);

reported by children is more prevalent among those living in households with refugee status (20%) compared to non-refugee status households (16%).

In households where the parent/caregiver had a disability, reporting of violence by the child respondent was much higher, at nearly one-third of the respondents (31%), compared to 16% in the households of parents/caregivers without a disability. Separation of children from their primary caregiver(s) due to COVID-19 was reported by 6% of parent/caregiver programme participants. Caregiver disability, age (60+) and household illness were among significant factors resulting in separation. The disability status of a parent or caregiver has the negative association of increased negative parenting practices, separation from children and violence within the home.

Violence was also more commonly reported among the children in mixed households (21%) than in male-only households (6%) and female-only households (14%). Quarantine and social distancing may further increase these risks as people are confined in closed quarters with abusive partners, family members, parents and guardians. Of those who responded, 4% of the parents/caregivers reported that they were unable to access domestic violence services they needed at the time; this also affects children in those households. Underreporting is also likely. Continued support for gender-based violence and domestic violence service providers should be prioritised to protect children and their families from harm and provide them with the utmost potential to survive and thrive. See the Child Protection Report for a more detailed analysis.



Urban Children – CASE STUDY

Around the world, more than 350 million children are growing up in informal settlements. These children face multiple layers of vulnerability during pandemics. The lack of basic infrastructure—particularly water and sanitation infrastructure—and the density of informal settlements exposes these communities to much higher transmission risks. Social distancing becomes impossible when whole households share a single room and entire blocks share a single tap or toilet. Although the potential for infection is higher in these communities, the most severe impact experienced in informal settlements is from the measures put in place to control the transmission of COVID-19 and not the virus itself. Poor urban households rely almost entirely on cash incomes earned from daily wage labour. A loss of income due to transmission control measures very quickly translates into food scarcity, the threat of eviction from one’s home, and even the loss of access to basic services. All of this can lead to further nutrition and protection risks for children.

Because urban households rely much more heavily on cash for their livelihoods, financial resources are urgently needed to enable them to survive and thrive. The loss of jobs among participants living in urban contexts was significantly more likely (61%) than among participants living in rural areas (32%). Urban dwellers were also more harshly hit by income loss: three quarters of the adult respondents who lost more than half their income were urban residents (77%), compared to 63% of the rural residents who incurred similar losses. The proportion of urban dwellers reporting a need for employment support (51%) was dramatically higher than their rural counterparts (33%).

Households in urban contexts were more vulnerable to food insecurity and their ability to pay for basic needs: 85% of urban respondents reported struggling to pay for food while 76% of rural respondents faced the same challenges. This leads to a larger need for money or vouchers, reported by 71% of parent/caregiver respondents. A significantly larger proportion (82%) of urban respondents reported resorting to negative reduced food coping strategies than rural respondents (67%), this includes food

consumption restriction, skipping meals etc. In addition, a higher proportion of children who lacked access to learning items lived in urban areas (56%) compared to children living in rural areas (47%).

Confinement to the home places children at risk either of neglect, as caregivers may not be able to stay home and provide care for children, or of abuse as the increased stress and anxiety of caregivers might cause them to lash out at children. This is all exacerbated if their home is, for example, a small one-room shack in a slum or a poorly ventilated home in an informal settlement that is shared by many family members. Urban respondents were twice as likely to be living in overcrowded conditions, with 20% of the respondents reporting living in households with at least 5 household members per room, compared to 11% in rural settings. **Parents/caregivers in urban locations reported a higher rate of violence in the home (23%) compared to rural respondents (17%).**

The impact of COVID-19 has been more challenging for children living in urban contexts. The mental health of child respondents in urban contexts was consistently worse than that of peers in the countryside. Urban children were more likely to feel less happy (75%), hopeful (55%), and safe (64%) than before the pandemic, than children in rural areas (55%, 43%, 48% respectively). Children living in urban households reported lack of access to safe outside space to play. Almost 2 in 3 urban children had no access to safe outdoor spaces (63%), whereas the overwhelming majority of rural children did (79%). Children in urban settings also faced a higher risk of isolation during lockdown: just over a third (37%) reported keeping in touch with friends, while almost half (46%) their rural peers did the same. Similarly, just over half the rural children (52%) stayed in touch and/or met friends, compared to less than half (44%) in urban settings.

Urban areas have been at the centre of the COVID-19 pandemic, with 90% of the reported cases. This pandemic has exposed the extreme inequalities in urban contexts. How the world responds to COVID-19 has the potential to change the cities of tomorrow. In the rupture caused by this crisis, is an opportunity to address deeply rooted urban inequalities, reassess the food security of our communities, their access to basic services, to healthcare and their rights to access land and housing. In responding to this crisis, there is an opportunity to build back better, more inclusive, equitable, safer and resilient urban systems.

“Help my father find a job so that he can provide us with food, safe shelter, clothes and a tutor to teach us at home.”

— Girl, 12 years old, Lebanon

Proportion of households that have lost income due to the COVID-19 pandemic

Children have the right to a decent standard of living, the responsibility for which lies with parents or caregivers. However, the pandemic and subsequent lockdown measures have resulted in job losses, reducing parents'/caregivers' ability to provide for themselves and their children. Among programme participants, reported job losses have hit LAC respondents the hardest (66% of respondents affected) followed by ESA (54%), MEE (44%), Asia (36%), North America (24%), WCA (17%), and the Pacific (3%). A quarter (25%) of female-headed households report that they have lost more than half their income, compared to 22% of the male-headed households. Among households relying on children getting paid for work, 46% reported losing more than half their income²⁶. Households with a child with chronic health condition report greater impact, with 31% reporting losing more than half their income compared to households without a child with a chronic health condition (24%).

²⁶Compared to 42.9% amongst children who were not engaged in income generation



Around 3 in 4 (77%) respondents from marginalised and deprived population groups reported income losses due to COVID-19. Belonging to a minority group was shown to represent a risk factor of income losses among programme participants. Reported income losses were higher in households with refugee status (71%) compared to non-refugee status households (23%). Marginalised and deprived groups, the poorest, female-headed households and households reliant on children generating income each reported higher rates of losing their income than their “non-deprived” peers.

Poor households were more likely to report income loss than the overall respondent group, and were almost twice as likely (33%) to report losing more than half their income than non-poor households (19%). Urban families were the most affected – 68% reported having lost more than half their income as a result of the COVID-19 pandemic.

Parents/caregivers with a disability were also disproportionately affected, with 65% reporting to have lost more than half their income. Female parents/caregivers with a disability (67%) were more affected than male parents/caregivers with a disability (62%).

These findings complement wider research by UNICEF and Save the Children that show that millions of parents are struggling to maintain their livelihoods and access basic needs since the outbreak.²⁷ As often in crises, the poorest, most vulnerable and marginalised and deprived groups face more challenges and constraints.

²⁷UNICEF (2020), Children in monetary poor households and COVID-19 (<https://data.unicef.org/resources/children-in-monetary-poorhouseholds-and-covid-19>)

Governments must scale up social protection measures – programmes and policies that connect families to life-saving income, health care, nutrition and education, regardless of their minority status.

Best interests of the child and family separation

According to the UNCRC, children must not be separated from their parents against their will unless it is in their best interests (Article 9). However, the results from this study show that 6% of the families had been separated from their children since the start of the outbreak, and **out of the parents/caregivers who reported children being separated, 9% belonged to minority groups compared to 4% from non-minority groups.** Non-displaced populations were more likely to have moved from their normal place of residence as a result of COVID-19 (17%), whereas respondents from displaced populations, presumably with fewer options for onward movement, did not note high rates of movement due to the outbreak (7%). Of those who moved, higher numbers of respondents who are female in the LAC region reported being separated from their children due to COVID-19 (11%) than any other region. **More than 1 in 10 (17%) parent/caregiver respondents with disabilities reported having to separate from their children due to the outbreak of COVID-19.**

Migrating and Displaced Children

Around the world, there are more than 12 million child refugees and globally, about 70 million people have been forced to flee their homes, many of whom are currently living in overcrowded conditions with limited or no access to healthcare. Many of these children already faced acute deprivations in their access to school, health care, clean water and protective services prior to the outbreak of COVID-19.

COVID-19 poses significant challenges for displaced populations, particularly those living in high density, resource-poor communities, as a result of limited access to services, movement restrictions and poor WASH/living conditions. Particularly in displacement camps or urban slums, scant personal protective equipment and running water in addition to limited ability to socially distance or perform basic preventative hygiene measures, expose populations to greater health risks.

Approximately the same proportion of displaced and non-displaced respondents noted a need for further information on COVID-19. However, survey findings demonstrated that displaced populations felt that they did not have the necessary items to stay healthy in response to the pandemic, being less likely to have masks (57%) compared to non-displaced respondents (46%), sanitiser (61%) compared to (41%) and water supply (26%) compared to (16%). In addition, nearly 1 in 3 (32%) displaced girls reported that they needed access to sanitary products they usually received through school compared to around 1 in 5 (22%) non-displaced girls.

When asked to write a letter to leaders in their country, one boy said he wanted the leaders:

“...to find a way to help children like my brother and me who are migrants, and my mother who doesn't have a real job, others who need help, children on the streets, grandparents that need help and attention, and especially children like my little sister who requires psychological help so that she can communicate like us, for us to have opportunities to go to school and be able to study. Jobs for our parents so that they don't fight, shout or abuse each other.”

Boy, 11 years old, Colombia

The COVID-19 pandemic is highly likely to have long lasting humanitarian and socio-economic impacts on migrant and displaced children. Many stand to lose the right of legal processes that protect them from harm; the security of regular income and stability of livelihoods; access to vital healthcare and services; time in the classroom; and protection from exploitation, abuse and violence.

Children's feelings about COVID-19, the impact on well-being and resilience

Child programme participants were asked a variety of questions regarding their emotions and feelings since the COVID-19 outbreak. This included questions on how happy, sad, hopeful, worried, safe they felt, if they had their own space and time, and how bored they felt. In most instances, there were uniform levels of worry and happiness.

Children's feelings about COVID-19 and the impact on well-being

COVID-19 has undeniably affected children's well-being. **Almost 3 in 4 child respondents (74%) reported feeling more worried than before the outbreak**, almost 2 in 3 (62%) report being less happy. Children reported being less hopeful (47%), feeling more sad (59%) and less safe (53%).

Children's increases in feeling negative feelings more often than they did before the pandemic, mirrors that of their female (88%) and male (83%) parents and caregivers. As the confinement period and weeks of school closure increased, so did children's and parents' reported negative feelings. For the parents and caregivers, this rose from 83% in weeks 1-4 to 95% after weeks 17-19 of school closures; and for children the negative feelings increased from 61% in weeks 1-4 up to 95% in weeks 17-19 of school closures.

Overall, about 1 in 10 (12%) children reported that they were sleeping less than before the COVID-19 virus outbreak. Compared to other regions, WCA and ESA reported higher percentages of children who sleep less (15% and 17% respectively) compared to before the COVID-19 outbreak. However, there are big differences among the children. Children from households where at least 1 caregiver or 1 child had a disability, were three times more likely to sleep less than other children for whom no disability was reported in either the caregiver or the child.

Around 3 in 5 (60%) children reported being more bored than before and about one quarter (24%) felt that they had less of their own space and time than before. Strikingly, children surveyed in ESA reported spending 38% less time on relaxation than before the outbreak, than children in other regions. **There is a clear trend showing that the longer schools were closed, the higher the rate of parents'/caregivers' reporting of sleep changes, changes in appetite, changes in children's ability to handle their emotions as well as more aggressive behaviour.**

"We're already running away from terrorism, and an emerging disease that is hardly controllable is scary."

— Boy, 17 years old, urban Burkina Faso

Increased reliance on children to carry out unpaid housework or chores was reported across regions²⁸. Around half the children surveyed reported spending more time doing chores (54%) and taking care of siblings (48%) than before COVID-19. However, this did not affect all children equally: **61% of the girls reported that they had more chores to do compared to 47% of the boys.** The gap was even wider for displaced children with 65% of the girls reporting doing "more chores" in comparison to 31% of the boys. **More needs to be done to address the disproportionate burden of women's and**

girls' care work. Women already spend 2-10 times more time on unpaid and domestic work than men. This global pandemic has exacerbated the care burden and led to a widening of gender inequalities²⁹.

Children from poor households reported worse outcomes against all indicators of well-being. Compared to their peers overall, they report eating food less, spending less time sleeping, playing, doing things

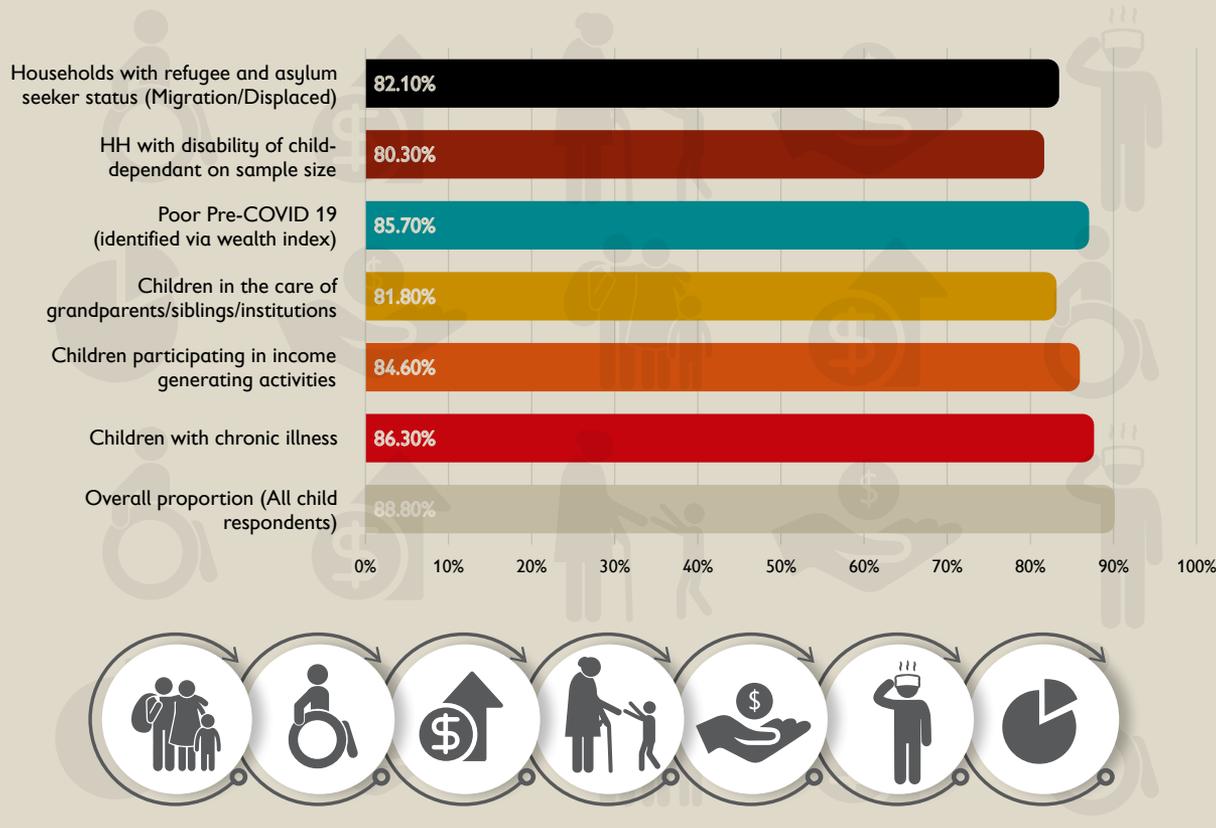
²⁸Care work is an umbrella term that includes household chores, collecting water, firewood, cooking, etc., as well as caring for siblings, other children, adults living with illnesses and/or advanced age, etc.

²⁹COVID-19 Gender Equality Brief, Save the Children April 2020

for relaxation, exercising, and reported spending more time doing chores and taking care of siblings. Girls in poor households were disproportionately affected and were more likely to report doing chores than boys. This points to the fact that the pandemic is amplifying intersecting inequalities. There was no notable difference between older and younger adolescents (between the age groups of 11-14 years and 15-17 years) reporting of chores and taking care of siblings.

Interestingly, children from refugee/asylum seeker status and internally displaced households (displaced children) reported the greatest differences from non-displaced households in almost all emotional states. For example, around three quarters (77%) of the displaced children reported feeling “more sad” and less safe (73%) than before COVID-19 compared to non-displaced children (46% and 37% respectively). In addition, 36% of the parents of displaced boys reported that the boys had “no one to talk to”, compared to 23% of the displaced girls.

Figure 5: Proportion of Child Respondents who Reported Feeling the Same or Increased Levels of Worry since COVID-19



The number of activities parent/caregiver programme participants reported doing together with their children, including reading, art, music, playing and watching TV, was associated with improved relationships with their children. The reporting of improved relationships was significantly higher with the more activities the parent/caregiver programme participants did with their children, at 72% when 4 or more activities were reported, compared to 22% when no activities were reported. This was also

“I am spending a lot of time with my family members, especially with my mother”.

— Girl, 17 years old, rural Bangladesh

highlighted by around one-third of the children who when asked what they had enjoyed the most about this time [during the COVID-19 pandemic], identified themes related to spending more time with parents/family and having a stronger relationship with family.

The child survey results also indicate children's resilience and feelings of happiness. A third (38%) of the children reported feeling as happy as or happier than before, demonstrating their ability to navigate the crisis. Of all the regions, over two-thirds (69%) of the child respondents in LAC reported being as happy (or happier) than before the outbreak. The widest variations in children feeling happy were found in WCA, where 28% of the children reported feeling happier than before, but 53% reported feeling less happy.



What Children are saying they have enjoyed most about this time

Child respondents in the survey were asked an open-ended question, “*what have you enjoyed the most about this time?*”. The majority of the children responded that they enjoyed spending more time with family, felt that stronger family relationships had developed, and they valued playing and studying together as a family.

“The links within the family have strengthened” said a 12 year old boy, from Burkina Faso.

A 12 year old Laotian girl concurred: *“I have more conversation with family and am more happy”*. Similarly, a 17 year old boy from Kosovo shared, *“I really liked the feeling of all of us staying home together for a long period of time. This was something new for me! I've managed to rest and study more!”*

A small minority of responses reflected that children enjoyed more time spent with friends, but for others there has been very little that they have enjoyed during this time. Reasons given were boredom, not being able to go to school, not being able to meet friends and having to undertake too many chores. A 17 year old boy from Ethiopia said, *“It's crisis time, what is there to enjoy?”*

“I am not enjoying anything, truth be told. I am already so bored”.

(Girl, 13 year old, Philippines)

“I enjoy nothing at all since schools closed because I am looking after animals, which will automatically lead me to being a school drop-out”.

(Boy, 16 year old, Kenya)

The quantitative results indicated that children's reported fear levels dropped the longer they were confined. Of those children confined for 20+ weeks, one quarter (25%) reported feeling fear about COVID-19, compared to almost one-third (32%) confined for 1-3 weeks. However, the levels of worry for children remain consistently at around 30% throughout confinement.

“...That my family and I are on the streets because we do not have money for rent, and my parents do not have money to feed me and my siblings, especially my younger (3 year old) brother who is still small and needs to eat.”

— Girl, 12 years old, Colombia

Figure 6: Children Feeling Less Safe, More Worried, over Confinement Period



PHOTO: MARK NJORGE
SAVE THE CHILDREN



What Children are Saying Worries Them the Most at this Time

The majority of the children expressed health worries, including testing positive for COVID-19 and/or a family member or friend testing positive. A girl from Somalia responding to this question shared, *“I am very fearful of testing positive for Corona”*. A 15 year old girl from Cambodia responded, *“What worries me the most is my family getting infected with COVID-19”*.

A considerable number of children shared fears related to the pandemic getting out of control and weak health systems. *“I’m worried about how fragile our healthcare system is.”* (Girl, 16, Somalia);

A 13 year old boy from Afghanistan similarly shared, *“I worry that if the government cannot control this situation it will affect a lot of people and spread over all the districts.”*

Children were also aware that their context would impact on their access to healthcare; for example a 17 year old girl from Somalia said she worried that *“...it [COVID-19] stays and eventually kills us since we don’t have a proper healthcare system, and worst of all, we live in an IDP [internal displacement] settlement where the pandemic can spread faster than in any other place.”*

A considerable number of children also expressed fears related to the social measures in place. A 14 year old boy from Burkina Faso said, *“As a displaced child, with the banning of group gatherings we were worried that living together would be ended.”*

Children also worried about their education and not being able to go back to school. As an 11 year old boy from Kenya stated, *“I am now in Standard 4. I fear I might be told not to proceed to the next class after the school reopens, because I am not learning anything at home. I am now looking after our goats, and I am worried that I might be told to continue to look after goats even after school reopens.”*

Household economies were another shared worry. Children worried that there was not enough food for the family, and about losing household income and not being able to get a job in the future. A 13 year old girl from Egypt responded that her worry was *“...my mother’s sadness, because there is no money or work because of this virus.”*

A few of the responses expressed children’s worries about being separated from family, and a few responses related to girls’ worries about getting married while schools were closed. As shared here by a 14 year old Kenyan girl, *“I am worried about my education, I also feel tired of household chores. I have fears of teenage pregnancy and child marriage; school-going girls are the ones most targeted for marriage owing to school closure.”*

CONCLUSIONS

The findings of this research show that viewed **from their perspective, children are disproportionately affected by blanket approaches of the COVID-19 response**, and that these responses often do not take sufficient account of their impact on children, especially the most marginalised and deprived.

Article 12: Children's right to be heard in all matters affecting the child

This study specifically looked at whether children within their family environment had opportunities to be heard, to be involved in family decision-making on COVID-19 and had access to information regarding COVID-19. The findings show that the COVID-19 virus outbreak and measures taken to respond to the COVID-19 virus have seriously impacted children's rights and undeniably affected their well-being. In particular:

- An overwhelming majority of parents/caregivers did have some communication with their child about COVID-19 and thus were upholding their child's right to information. **4 in 5 of these adults discussed COVID-19 with their children, which was confirmed by the child respondents** who stated that they could express their concerns (58%) and ask questions (65%), that they were listened to (46%), that they were asked their opinions (34%), and that they made decisions together with their caregivers (20%).
- Although children were spoken to about COVID-19, less than half of them felt that they were listened to; only 1 in 3 children were asked their opinions, and just 1 in 5 children were involved in making decisions together.
- **Other sources of information which children would normally turn to such as school (teachers, peers) and friends had seriously been disrupted through lockdowns, school closures and other quarantine measures.** Keeping in touch with friends, either in person or virtually, is crucial for children's well-being, especially during teenage years. Peer-to-peer interaction is also strongly related to their right to meet, associate, socialise, the freedom to seek, receive and impart information and ideas of all kinds. Half the child respondents (54%) reported being deprived of social interaction with their friends and peers during this time. Children should be supported to safely keep in touch with their friends, to support their mental health and well-being, uphold their rights and to ensure their access to information.

Article 6: Right to life and maximum extent possible survival and development²⁹

Although children are resilient and hopeful, this study found that children's right to life, survival, and development to the maximum extent possible were being curtailed, resulting in an increased impact on children's mental health and well-being. The findings showed that:

- **Almost 3 in 4 children (74%) felt more worried than before the outbreak.** Almost 2 in 3 (62%) children reported they are less happy than they were before. Children reported being less hopeful (47%), and feeling more sad (59%) and less safe (53%). About 1 in 10 (12%) children reported that they were sleeping less than before the COVID-19 outbreak.

²⁹Article 6 guarantees the child the fundamental right to life, to survival, and development to the maximum extent possible, and encompasses all aspects of development, including rights to health, adequate nutrition, social security, an adequate standard of living, a healthy and safe environment, education and play (Articles 24, 27, 28, 29 and 31).

- Being confined to the home because of COVID-19 measures also resulted in children being more involved in carrying out unpaid housework or chores. **Almost half the children surveyed spent more time doing chores and taking care of siblings than before COVID-19.** This particularly affected girls. Close to two-thirds (61%) of the girls reported that they had more chores to do compared to less than half (47%) the boys.
- In overcrowded conditions, stress anxiety and violence were more prevalent. **Overcrowding was reported by programme participants in urban locations where 20% of the respondents reported living in households with at least 5 household members per room, compared to 11% in rural settings. Parents/caregivers in urban locations reported a higher rate of violence in the home (22%), compared to rural respondents (16%).**
- The impact of COVID-19 has been more challenging for children living in urban contexts. **The mental health of child respondents in urban contexts consistently fared worse than rural children.** Children in urban areas were more likely to feel less happy (75%), hopeful (55%), or safe (64%) than before, compared to children in rural settings (55%, 43% and 48% respectively). Children living in urban households lacked access to safe outside space where they could play. Almost 2 in 3 urban children had no access to safe outdoor spaces (63%), whereas the overwhelming majority of rural children did (79%). **Children in urban settings also faced a higher risk of isolation during lockdown – only 37% reported keeping in touch with friends compared to 46% of their rural peers.** Similarly, more than half the rural children (52%) stayed in touch with and/or met friends, whereas less than half (44%) did in urban settings.
- **The findings show that overall, one-third (35%) of the children reported that they did not have access to an outside space where they could play or meet each other during the pandemic.** Across the globe, 2 in 5 children reported that they spent less time playing compared to before the COVID-19 outbreak.

Right to life, survival and development: The impact of the pandemic on children’s right to life and survival are among the most worrying findings. Among programme participants, **one-third of the children reported eating food less than before.** Only 1 in 5 households reported no barriers to accessing food/medicine, and food was too expensive for half the households. Half the households (55%) also had no sanitiser/soap.

Right to adequate standard of living: Two-thirds of the households reported needing money or voucher support, while 1 in 5 needed financial advice/support, and nearly 40% needed job/employment support.

Article 2: (non-discrimination): All rights to be recognised for each child in the jurisdiction without discrimination on any ground

Being female, having a disability, belonging to a minority status, living in urban contexts, and poverty all exacerbated the negative effects of COVID-19 preventative measures on children and their families. From the children’s perspective, these measures had led to unfair treatment and inequity, disproportionately affecting the most marginalised and deprived groups including poor households, Households where parents/caregivers worked in the informal sector, the self-employed, and those dependent on daily wages. The results showed that:

- **Children from poor households scored worse in all aspects of well-being.** Compared to their peers overall, they reported eating food less, spending less time sleeping, playing, doing things for relaxation, and exercising, and they spent relatively more time doing chores and taking care of siblings.
- **About 1 in 10 (12%) children reported that they were sleeping less than before COVID-19.** Children from households where at least 1 caregiver or 1 child had a disability were three times more likely to sleep less, than where no disability was reported in the caregiver or the child.
- **Survey findings indicate that displaced populations often had less capacity to adapt in response to COVID-19 measures or consequent socio-economic conditions, than non-displaced populations.** Displaced respondents reported greater challenges in accessing in-person health services; 23% of the displaced respondents had no access compared to 14% of the non-displaced, and



almost all reported barriers to accessing health services (97%) compared to three quarters of (75%) the non-displaced households. The children in households with refugee status also had lower expectations of returning to school than other groups. **Health systems need to be strengthened so that they can deliver services for all.**

- **Urban dwellers were more harshly hit by the economic impacts of the pandemic.** Job loss was significantly more likely (61%) among them than for those living in rural areas (32%), and three quarters of the adult urban residents lost more than half their income (77%), compared to 63% of the rural residents. A higher proportion of urban children (48%) reported eating less compared to child respondents in rural areas (35%).
- **Disability status of either parent or child affected learning outcomes.** Children who had either a parent or caregiver with a disability were 48% more likely to lack learning materials than children with a caregiver or parent without any disability. The expectation of returning to school was lower for children with disabilities, and children from households where at least 1 child had a disability were 31% more likely to lack access to learning materials than those where no disability was reported.
- **Urban children and girls faced discrimination in accessing play and relaxation.** In urban areas, two-thirds of the children did not have access to outdoor spaces to play, compared to 1 in 5 children in rural areas. The girls were less likely to meet friends (45%) than boys (56%).

Article 3: The best interests of the child to be a primary consideration in all actions concerning children

Findings clearly show that the best interests of the child have not sufficiently been taken into account when designing comprehensive responses to COVID-19. In designing public health mitigation such as school closures, quarantine and curfews, children’s rights have been infringed. This study found that:

- Confinement to the home placed children at the risk of abuse, as increased stress and anxiety resulted from lockdown, quarantine, huge loss of family income/or no means to generate income, which could lead adults to vent their frustration on children, and increased domestic violence. **A statistically significant positive correlation was found between reported income loss and reported levels of household violence.** The children’s lack of access to social services, and limited channels for information or reporting violence increased these child protection risks.
- **Decisions to close schools as a public health measure have had a range of negative consequences for children’s learning and wider well-being, and have not been accompanied by adequate support to enable continuous learning and mitigate other effects.** Not all schools had distance learning; a quarter of the child programme participants did not have any learning materials, and only 1 in 5 respondents reported that teachers were checking in at least once per week. It is then not surprising that 4 in 5 children reported they were learning “little to nothing” now that they were not going to school. The findings show the disparity in deprivation of children, being away from school is particularly

damaging for disadvantaged and vulnerable children. Given the lack of assets or means to access the internet or use mobile data across the globe, distance learning currently provides **unequal educational access for children, impacting their equal right to learn.**

- **Poor households were more affected by income loss** than the overall percentage, and were almost twice as likely (33%) to lose more than half their income than non-poor households (19%). Urban families were the most affected by income loss – 68% reported having lost more than half their income as a result of COVID-19.

Research and lessons from previous pandemic responses have shown that children are at heightened risk of exploitation, violence and abuse when schools are closed, social services are interrupted, and movement is restricted³⁰. These implications should have been taken into account and mitigating measures should have been taken, when decisions were made about COVID-19 response measures.

Conclusions from Children's Responses

The children's responses provided a clear window into their worries, concerns and the dilemmas they were grappling with at the time of the survey. Their insights revealed the interrelated dimensions of the impact of COVID-19 on their lives and those of their families and communities. Of the 9,467 children who shared their worries about COVID-19, over half focused on worries related to health for themselves and their peers, and a considerable number expressed fears about the impact of the pandemic on their home, food, education, household finances and weak health systems and infrastructure. Their worries recalled existing world crises beyond COVID-19 including terrorism, earthquakes and displacement, and poverty. Their lens went beyond the immediate face of COVID-19 to its multifaceted impacts, and clearly made links between having no job, no money, no food, dropping out of school, future life opportunities, and extreme poverty.

Children's responses clearly showed how children from marginalised groups were being more severely impacted by the pandemic than the overall population of child programme participants. Children who belonged to minority groups (refugees, asylum seekers, displaced groups), children living in poverty, and children with disabilities provided their perspectives on the impact and the additional challenges and uncertainties that the average population did not face, challenges that appeared not to have been taken into account in COVID-19 responses.

Despite the fears, the impacts and consequences of COVID-19 on children showed resilience and their ability to harness strength and courage. **Just over half the children's messages to other children related to encouragement, well-being, empathy, care and support to each other, as well as solidarity.** Children had a vision and a sense of hope for the future. They displayed extraordinary empathy for children whom they had never met and generations yet to come. Children's perspectives on COVID-19 view the impacts of the pandemic from multiple angles and in relation to a diverse range of contexts including poverty, deprivation and marginalisation.

Children have demonstrated that they bring an expertise that cannot be ignored or neglected when developing and adapting responses to COVID-19 and its consequences. Their insights, their perspectives and their views carry a tremendous weight that demands attention, response, and accountability.

Children have the right to be heard and their responses to this study capture the views of children across the world on the matters important to them.

³⁰UNICEF (2020), COVID-19: Children at Heightened Risk of Abuse, Neglect, Exploitation and Violence amidst Intensifying Containment Measures, Press Release, New York: UNICEF Available at: <https://www.unicef.org/documents/technical-note-protection-children-coronavirus-disease-2019-covid-19-pandemic>

RECOMMENDATIONS

Children's Recommendations

A 'one size fits all' measure is not suitable for children. Children demand leaders to put them at the front and centre of the response, especially those children most at risk of being forgotten, left behind and abandoned during the response to COVID-19, and in the face of its long-term consequences. Children's responses echoed these calls not to forget the child living on the street, the child who is an orphan, the child with disabilities and refugee children. Children called upon adults and governments to take children's perspectives more into account, to be more considerate of the plight of marginalised groups and the need to develop a more inclusive and fair approach in the response to COVID-19.

Children's Recommendations

The children's responses can be framed into five overarching recommendations:



1. Educate Us!

Children called on governments to secure children's access to education, to resume school when safe to do so, and to provide materials and support for learning, including remote learning.



2. Provide for Us!

Children called for equitable provision of support to families struggling financially including the provision and security of jobs, jobs for young people, and financial support for basic needs and services including food, healthcare and education. Children called for multi-dimensional response and recovery strategies focused on tomorrow as well as today's generation of children and families, with a particular focus on the most deprived and marginalised children.



3. Keep us Healthy!

Children called for health systems to be strengthened, the response to COVID-19 to be accelerated, treatment to be accessible, food and water to be provided to all children and families, and the continuation of clear and accurate messaging related to COVID-19 and staying safe.



4. Protect Us!

Children called on world leaders not to forget the children most in need, including the poorest children, children living on the streets, orphans, children with disabilities, and refugees. Children called for protection against all forms of violence.



5. Involve Us!

Children called on world leaders to value their voice, listen to them and involve them in all matters and decisions important to them. Society cannot afford to exclude today's generation of children from decisions impacting children's lives, survival and development today and tomorrow. Children's messages seek to hold leadership accountable for their actions and the fulfilment of children's human rights.

Children's Recommendations on Children's Rights

Child Participation - The Child's Right to be Heard

Children called on governments to respect, value, and listen to the voices of children. Other responses from children in their messages for world leaders included requesting measures to ensure child safety, sharing information on COVID-19, and increasing efforts and coordination to fight COVID-19, including ending corruption in governments, and talking to, listening to, and involving children in decision-making.

In order to respond to these recommendations, governments need to create and strengthen existing infrastructure to enable children to communicate with each other, and advocate on issues that matter to them – recognising these as critical mechanisms to enable children to navigate this crisis and its consequences. Children's meaningful participation in decision-making processes needs to be systematised in local, national and global public decision-making processes, in order to hold every decision-maker impacting a child's life accountable in accordance with the UNCRC and other human rights principles.

My message to leaders in my country...

To take us children more into account, and this is not just for the government officials in my country but those across the world. I think that we children should not suffer from the mistakes that adults make, and we need more support, we need our homes, and should not be lacking so much in resources. If you'd only help our parents have good jobs, we wouldn't be so deprived.

— Girl, 13 years old, Colombia

Most Deprived and Marginalised Children

Governments must uphold children's right to non-discrimination and prioritise the most deprived and marginalised children and families impacted by COVID-19. Measures to prevent them from being even further left behind, discriminated against or marginalised must be put in place and strengthened with immediate effect.

Equitable social protection measures must be administered, reaching the poorest, most deprived and marginalised children and families. Human rights defenders and institutions, including the UN Child Rights Committee, must exercise their powers to prevent generations of children being denied a future.

Recommendations for Governments

Introduce specific measures to support children whose rights are most at risk. Urban areas have been at the centre of the COVID-19 pandemic, with 90% of the reported cases. This pandemic has exposed the extreme inequalities in urban contexts. In the rupture caused by this crisis there is an opportunity to address deeply rooted urban inequalities, and to reassess the food security of our communities along with their access to basic services, healthcare, and land and housing. In responding to this crisis, we urge governments to build back better, more inclusive, equitable, safer and resilient urban systems. Ultimately, it will be the quality of governance and the extent to which systems are able to ensure justice for all that will shape social capital as well as the ability of countries to steer through the crisis.

Governments must start building COVID-19 mitigation plans that include specific measures to support children most at the risk of losing their rights to education, life and survival; to be heard; to access information; freedom of association and assembly; and to ensure the 'best interests of the child' principles are always adhered to. This should be done in advance of the expected subsequent waves of COVID-19.

Strengthen social protection and health systems. The poorest, most vulnerable and marginalised, and deprived groups face more challenges and constraints than others, and our systems must provide more tailored relief. In the wake of the pandemic, governments have an important opportunity to strengthen social protection measures and to build social safety nets that will cushion the shocks from future pandemics.

Mobilise emergency finance. Immediate action is needed to mobilise financing from governments and development partners to respond to the health, social and economic crises caused by COVID-19. The financial response should protect and promote children's rights and gender equality, and should be designed to specifically target groups who commonly fall behind, such as those in extreme poverty, households with disabilities and other minority groups.

Use the SDGs as a framework for recovery. As an established, comprehensive and integrated global framework for addressing some of the biggest challenges of our time including those laid bare by the COVID-19 crisis, the SDGs should be the cornerstone of the global policy agenda. If there was ever a time to recommit to the SDGs and the principles that underpin Agenda 2030 such as universality, interconnectedness, solidarity, human rights, inclusion and equity, and a whole-of-society approach, it is now. We need to scale up implementation and investment in sustainable development, and to use the SDGs as a political framework for recovery. Past progress towards many of the Goals has shown to moderate the severity of the impacts of the pandemic. For example, achieving SDG 6 (access to clean water) and SDG 3 (working toward universal health coverage) are all critical investments that are needed to manage COVID-19.

Ensure that all children have equitable access to quality education, in schools or through distance learning. Governments need to prioritise safe and swift return to school in their COVID-19 response policies to minimise the disruption to children's lives and mitigate the risk of negative coping mechanisms. Financed and continuous access to (alternative) educational services throughout lockdowns should be prioritised, taking into consideration inequalities in the availability of technology and access to learning platforms amongst marginalised, deprived and displaced populations.

Provide accurate, child-friendly information regarding COVID-19 and its response measures. Children should have access to independent sources of information and not be solely dependent on adults in their family to share information with them. Study findings show that talking to children about COVID-19 is critical to reducing their levels of worry.

Prioritise the best interests of the child. Government responses to COVID-19 should follow the 'best interest of the child' principle. This includes re-assessing the impact of policy decisions on children's rights and involving children in deciding what is in their best interests. Governments must ensure that international human rights law and standards are at the centre of all responses to COVID-19, and that public measures limiting the freedom of movement or impacting economic activity are necessary, proportional and in place for a limited time.

Recommendations for Programming

Target support for those at risk of being 'left behind'. Marginalised groups need tailored support to prevent exacerbating inequalities. Programme designs need to proactively take into account social contexts, socio-demographic categories, social processes, and social systems to address and challenge inequity and discrimination.

Understand and mitigate existing inequalities. There is a clear need to address intersecting inequalities to ensure that programmes 'Do No Harm' and do not discriminate. Rising inequalities exacerbated by COVID-19 threaten children's futures and the transition to a peaceful, just and sustainable society. Programming will need to adapt to respond to the global study findings, this is especially pertinent to how we encourage children to participate in family life and decision-making.

Include children in programme design, monitoring and decision-making. Quarantine and lockdown decisions are disproportionately affecting children's lives, yet they are rarely included in decision-making processes.

Provide child-friendly spaces. Well-being is a critical component of child rights. Creating safe spaces for children can provide opportunities for them to play, meet friends safely, and protect their well-being beyond the home.

Monitor government responses. Accountability mechanisms should be strengthened as a matter of urgency. The work of existing national and global child rights mechanisms, including children's ombudspersons, child rights commissioners, the UN Committee on the Rights of the Child and others should be scrutinised to ensure they operate at an optimal level influenced directly by children, including those that are the most deprived and marginalised.

Gender Recommendations for Programming:

- Programming should take into account the varied experiences of women and girls based on their intersecting identities, acknowledging that women and girls with disabilities and displaced women and girls, for example, face additional barriers to accessing resources.
- Partner with women's and girls' rights organisations, invest in their work, and guarantee that they are consulted in policy and programme design and implementation.
- Empower adolescent girls by providing adolescent-friendly messaging on gender-based violence prevention, mitigation and response, as well as sexual and reproductive health information and services.





“WE HAVE TO BE MORE PATIENT THAN WE’VE EVER BEEN, MORE CONNECTED THAN WE’D EVER IMAGINE AND MORE RESPECTFUL TO ALL PEOPLE.”

- A 17 YEAR OLD GIRL FROM PANAMA.

A heartfelt thank you to all the parents, caregivers and children who took part in our global research in these COVID-19 times.

Your candid responses and honesty in expressing your concerns, fears, hope for the future were beneficial & will prove invaluable to develop Save the Children COVID response and advocacy work further.

A heartfelt thanks for all of us at [Save the Children](#)

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