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# A GENERATION AT STAKE



Protecting India's children from the impact of COVID-19



### On the Cover

**Aashima\***, near her night shelter in the capital city.

\* Name changed to protect identity

Photo Credit: Save the Children/CJ Clarke

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# CONTENTS

<b>List of Tables</b>	<b>04</b>
<b>List of Figures</b>	<b>05</b>
<b>Executive Summary</b>	<b>06</b>
About the Study Key Findings Recommendations	
<b>1 Introduction</b>	<b>16</b>
1.1. Background 1.2. Rationale for the Study	
<b>2 Study Methodology</b>	<b>20</b>
2.1. Aim 2.2. Target Groups 2.3. Methodology 2.4. Wealth/Poverty Index 2.5. Ethical Considerations	
<b>3 Save Our Education</b>	<b>24</b>
3.1. Children at Risk of Permanently Dropping Out of School 3.2. Keeping Learning Alive 3.3. Access to Learning Material 3.4. Distance Learning and Access to Internet 3.5. Support from Teachers 3.6. Obstacles in Learning	
<b>4 Livelihood and Social Protection</b>	<b>30</b>
4.1. Economic Impact of the COVID-19 Pandemic on Households 4.2. Impact of the Pandemic on Households' Ability to Pay for Essentials 4.3. Social Protection Systems during the COVID-19 Pandemic	
<b>5 Protecting Children from Violence</b>	<b>34</b>
5.1. Violence Occurring in Homes 5.2. Increase in Negative Feelings 5.3. Changes in Relationship with Children 5.4. Hanging Out with Friends 5.5. Reported Stress or Violence in Household Relationships 5.6. Involvement of Children in Household Chores	
<b>6 Health and Nutrition for All</b>	<b>40</b>
6.1. Impact of the Pandemic on Healthcare Access 6.2. Income Loss and Difficulty in Paying for Healthcare or Medical Supplies 6.3. Struggle in Access to Basic Items 6.4. Access to Nutrition	
<b>7 Voices of Children</b>	<b>46</b>
7.1. Writing to the Leaders of India 7.2. Messages for Children across the Borders 7.3. Responsibilities of Adults during COVID-19 7.4. Most Enjoyed Moments during COVID-19 7.5. Worries Among Children about COVID-19	
<b>8 Conclusion and Recommendations</b>	<b>53</b>
8.1. Conclusion 8.2. Recommendations	

## LIST OF TABLES

Table 1	Access to Learning Material and Poverty	27
Table 2	Support from Teachers and Location of Households	28
Table 3	Obstacles in Learning Faced by Children	29
Table 4	Opportunities with Children to be in Touch with Friends and Location	37
Table 5	Involvement of Children in Household Chores	39
Table 6	Barriers in Accessing Healthcare Services, Medication or Menstrual Hygiene Products	41
Table 7	Barriers in Accessing Meat, Dairy Products, Grains, Fruits and Vegetables	44

## LIST OF FIGURES

Figure 1	Access to Learning Material in Rural and Urban Areas among Children in Programme Participants Group	26
Figure 2	Access to Learning Material by Children in the Migrants' Group	26
Figure 3	Access to Support from Teachers and Poverty	28
Figure 4	Extent of Loss of Income among Programme Participants and Migrants' Group	31
Figure 5	Improvement in Relationship with Children and Poverty	36
Figure 6	Opportunities with Children to be in Touch with Friends and Gender of Children	37
Figure 7	Opportunities with Children to be in Touch with Friends and Poverty	38
Figure 8	Stress or Violence in Household Relationship	38



Photo Credit: Save the Children

# EXECUTIVE SUMMARY

## ABOUT THE STUDY

The world is facing an unprecedented crisis in the form of Coronavirus disease (COVID-19) pandemic. On January 30, 2020, the World Health Organization (WHO) Director General declared the outbreak of COVID-19 a Public Health Emergency of International Concern (WHO, 2020c), and on March 11, 2020, COVID-19 outbreak was declared as a global pandemic (WHO, 2020d). In India, the first case of COVID-19 was reported on January 30, 2020. Ever since, the number of COVID-19 cases continue to rise. India currently has the largest number of confirmed cases in Asia, and has the second-highest number of confirmed cases in the world after the United States of America. The national and state governments have implemented measures to contain the spread of COVID-19 including school closures, home isolation/quarantine and community lockdown, all of which have secondary impact on children and their households.

Save the Children launched a global research study to generate evidence on the impact of the COVID-19 pandemic on children, and identify children's and their family's needs during these times. Overall, 46 countries, including India, participated in this research. India contributed a substantial sample to the global study covering 1,598 parents and 989 children (aged between 11-17 years). The sample from India comprised of marginalised and vulnerable children and their families. The research sampled two distinct population groups:

# 1

### Save the Children Programme Participants:

Data, including surveys of families and children, was collected from the programme participants in 11 Save the Children intervention states and 2 union territories, whose contact details were available with the programme staff. These states were selected across regions, including east, west, north, south and north-east. States included Bihar, Jharkhand, West Bengal, Assam, Rajasthan, Madhya Pradesh, Maharashtra, Uttar Pradesh, Delhi, Jammu & Kashmir, Odisha, Karnataka and Telangana. The total sample for this target group included 992 parents and 754 children aged between 11-17 years.

# 2

### Migrants:

Sample from the target group of migrants were taken from Jharkhand. Respondents included parents and children who were migrating to or had already migrated back to their home state of Jharkhand due to COVID-19. Total sample for this target group included 606 parents and 235 children aged between 11-17 years.

The results presented in this report focus on quantitative data collected from parents and children in the programme participants group and the migrants' group.

Qualitative data, in the form of quotes from children, across the two target groups are also included in the findings.

#### India's Participation in Research

<b>PARENTS</b>	<b>1,598</b>
<b>CHILDREN</b>	<b>989</b>

# KEY FINDINGS

## EDUCATION



### Not Returning to School

One out of ten children said that they would not be returning to school or do not know whether they would return to school once they reopen. This finding is consistent across both target groups.

### Not Using Internet for Learning

Three out of every four children in the programme participants group and the migrants' group were not using internet for learning due to limited access.

### No Support in Learning

Three out of every ten children in the programme participants group and the migrants' group reported that they had no support in their learning.

### Access to Learning Material

Nearly two-thirds of children in the programme participants group had access to some form of learning material. Among those who had access to learning material, two-thirds had access to only one or two types of material. Among the children from migrants' group, 68% had access to some form of learning material, with majority of them reported having access to only one or two types of material. While comparing the relatively poor households and households that are not relatively poor among the programme participants group, a child from a relatively poor household is twice more likely to not have access to any learning material as compared to a child from a household that is not relatively poor.

### No or Inadequate Learning

Eight out of ten parents from the programme participants group reported that children are learning little or nothing at all. A similar scenario was reported by the migrants' group.

### Facing Obstacles in Learning

Four out of every five children in the programme participants group reported facing obstacles to learning. Among the migrants' group, three out of four children reported facing obstacles to learning.

### Increased Burden of Household Chores on Girls

Children reported increased burden of household chores as an obstacle to learning. A girl is twice more likely to report an increase in burden of household chores as compared to boys.

### No Contact with Teachers

More than half of all children from the programme participants group reported having no contact from teachers at all since the closure of schools. Similar situation was reported by the children from the migrants' group. Variation was observed between children of relatively poor households and households that are not relatively poor from programme participants group, wherein 58% children from the relatively poor households did not have a check in from their teacher as compared to 44% children in the households that are not relatively poor.

# KEY FINDINGS

## LIVELIHOOD AND SUSTENANCE



### Loss of Income

In the programme participants group, 78% households reported income loss since the onset of the pandemic. A significant proportion of relatively poor households in programme participants group (84%) reported loss of income as compared to households that are not relatively poor (70%). Among migrants, 91% households reported loss of income.

### Loss of Job

One-third (32%) respondents in the programme participants group reported loss of their job. One in five respondents also shared that besides them another adult member in their family also lost their job. Among migrants, 85% reported loss of their job and 29% reported that another adult member in their family also lost their job.

### Struggle to Pay for Food

More than half the parents (56%) in the programme participants group reported that they are struggling to pay for food. While comparing the relatively poor households and households that are not relatively poor in this group, it emerged that 60% of the relatively poor households were struggling to pay for food as compared to 52% households that are not relatively poor. In the migrants' group, 60% households reported lack of money to pay for food.

### Job Support Requested from the Government

Three out of ten respondents in the programme participants group reported the need of job/employment support. Among migrants, 64% respondents expressed the same need.

### Inability to Pay House Rent

Approximately one in five (18%) households in the programme participants group and one in four (26%) households in the migrants' group reported that they are struggling to pay house rent.

### Received Support from the Government

The findings showed that 43% respondents in the programme participants group and 48% in the migrants' group reported receiving some kind of support from the government before the outbreak of the pandemic.

### Need for Cash Support

One out of every two respondents in the programme participants groups cited the need for cash or cash vouchers. A little more than half (53%) of the relatively poor households as compared to 43% households that are not relatively poor in the programme participants group expressed the need for cash / cash vouchers. Seven out of every ten migrant households expressed the need for cash / cash vouchers.

## PROTECTING CHILDREN FROM VIOLENCE



### Violence at Home

The findings showed that 11% children in the programme participants group and 17% children in the migrants' group reported violence in their homes during the pandemic.

### Increase in Negative Feelings

Three out of every four children in the programme participants group reported increase in negative feelings since the outbreak of the pandemic. Additionally, four out of five children in the migrants' group reported the same.

### Improved Relationship with Children

Nearly half (45%) the parents in the programme participants group reported that their relationship has improved with their children. Variation was observed among the relatively poor and the households that are not relatively poor as 39% parents in the relatively poor households reported improvement in relationship as compared to 53% from households that are not relatively poor. Among migrants, 18% parents reported improvement in relationship with their children.

### No Contact with Friends

More than one-third children in the programme participants group as well as in the migrants group reported that they are not in touch with their friends since the outbreak.

### Low Virtual Contact with Friends

One-third (35%) children in the programme participants group reported being in touch with their friends virtually. Among relatively poor households, 30% children reported to have met their friends virtually while 41% children from households that are not relatively poor reported the same. Among migrants, 20% children reported being in touch with their friends virtually.

### Stress or Violence in Relationship

Three out of ten parents in the programme participants group reported stress or violence in household relationships. A significant proportion of respondents in urban areas (36%) reported stress or violence in household relationships as compared to rural areas (26%). One-third respondents from relatively poor households reported stress or violence in relationships as compared to 27% in the households that not relatively poor.

### Increased Involvement in Household Chores

More than half the children (54%) in the programme participants group reported an increase in involvement in household chores since the outbreak. More girls (58%) reported increased involvement in household chores as compared to boys (46%). Among migrants, 42% children reported increased involvement in household chores.

## HEALTH & NUTRITION DURING PANDEMIC



### Problems in Accessing Healthcare Services

One out of every three respondents from the programme participants group shared that they were facing barriers in accessing healthcare, medication or menstrual products. One out of every two migrants reported problems in accessing these services. A significant proportion of respondents from relatively poor households (35%) from the programme participants group reported facing barriers in accessing healthcare, medication or menstrual products as compared to respondents from households that are not relatively poor (31%). Remote healthcare services play an important role in the event of a lockdown or restrictions on movement. None of the respondents in either target group reported having access to remote healthcare services. One-third of the respondents in the programme participants group reported that they were not able to access COVID-19 tests. Among migrants, 43% respondents shared this concern.

### Struggle in Access to Preventive Supplies

More than two-fifth (44%) of the households in the programme participants group and almost half (47%) of the migrants' group reported not having access to masks. A significantly greater proportion of households in rural areas (47%) as compared to urban areas (39%) reported not having access to masks. About half of the respondents in the programme participants group and migrants reported not having access to sanitiser / soap. In the programme participants group, 7% respondents also cited challenges in securing water delivery while 27% of the migrants reported so.

### Lack of Paying Capacity for Accessing Healthcare

More than one-third respondents (37%) in the programme participants group who lost their income due to COVID-19 reported that they experienced difficulties in paying for healthcare or medical supplies. Among migrants, more than half the respondents shared the same challenge.

### Relatively Poor Diet

Three out of every five respondents from the programme participants group found it difficult to provide their families with meat, dairy products, grains, fruits and vegetables during the pandemic. Among migrants, this scenario was prevalent for three out of four respondents.

### Lack of Nutrition

Loss of income due to the pandemic affected people's access to essential food items and food nutrition supplements. Six out of ten (59%) respondents from the programme participants group shared this concern. More respondents from relatively poor households (62%) reported facing difficulty in accessing food items and food nutrition supplements as compared to 55% among the households that not relatively poor. Among migrants, 74% respondents shared the same challenge.

# RECOMMENDATIONS

## THEMATIC RECOMMENDATIONS

### EDUCATION



- **Providing distance learning programmes to vulnerable children:** It is imperative to provide effective, flexible and inclusive distance learning programmes for the most deprived and marginalised children including children from migrant families. It is important to provide support to parents to ensure continuity of education with the help of digital learning tools.
- **Providing support to teachers:** The teacher and school administration should be provided with resources and support for continuity of education of children through digital and other modern mediums of learning.
- **Psycho-social support:** COVID-19 has led to loss of learning and caused stress among the relatively poor children who have limited access to digital learning or learning material. Thus, there is a need to provide psycho-social support to children and help them catch up with learning levels as well as ensure continuity of education even after schools reopen.
- **Community mobilisation for return to school:** Create an inclusive and gender sensitive 'back to school' campaign. It should include community mobilisation to promote community's confidence in safe re-opening of schools and promote access (and return) to education for the most deprived and marginalised children. There is need to specifically focus on the migrant families as their children are at a higher risk of not returning to school.
- **Conducting learning assessments on return to school:** Provide every child with a learning assessment on their return to school to inform interventions including remedial classes for capacitating them to catch-up with any loss of learning. It is important to ensure enrolment in school of children of migrant families who have returned to their native places.

### LIVELIHOOD & SOCIAL PROTECTION SUPPORT



- **Ensure COVID-19 related assistance and support to vulnerable households and children:** Ensure that vulnerable households, including migrant families, in both rural and urban areas benefit from existing government social protection systems and receive other COVID-19 related assistance and support.
- **Take social protection measures for the worst affected:** Ensure continuity of existing social protection programmes / schemes (including schemes announced during the pandemic) to the eligible families and children. Special efforts are required for the migrant families and their children to ensure their access to entitlements irrespective of native place or place of work.
- **Strengthen social accountability mechanisms:** Place children at the centre of the response and recovery plans by strengthening social accountability mechanisms to support dialogue between children and decision-makers at all levels.

## THEMATIC RECOMMENDATIONS

- **Ensure access to mental health and psycho-social support services:** It is important that mental health and psycho-social support services are made available to children of all ages and their parents / caregivers, including those of migrant families as they are likely to be at greater risk of facing mental health issues.
- **Strengthen referral and reporting systems:** Strengthen the community-level child protection system for children to report violence safely, including when schools are closed.
- **Invest in positive parenting:** Uplift and invest in positive parenting including parenting without violence for children to behave appropriately through teaching, routines, understanding and support. It is important to train and sensitise the concerned stakeholders and service providers to promote parenting without violence.
- **Identify vulnerable children:** It is important to strengthen community-based child protection mechanisms to identify vulnerable children who are either out of school / drop outs or on the verge of engaging in child labour.
- **Child protection services to migrant families:** There is a need to make efforts to provide protection support and services to the children of migrant families.
- **Generate in-depth evidence on child protection issues during COVID-19:** There is a need to generate in-depth evidence on implications of COVID-19 on child protection issues such as child labour, child trafficking, child marriage and other child protection concerns.

- **Take measures to improve coverage of healthcare services:** There is a need to improve equitable coverage of healthcare services by removing financial and non-financial barriers. It is important to prioritise efforts and resources to make services available free at the point of use for vulnerable children and families, including migrant families.
- **Ensure access to preventive supplies:** It is important to ensure that preventive items including masks, sanitiser / soap and water delivery are available. Specific focus is required to provide these to vulnerable children and families including migrant families.
- **Ensure access to safe and nutritious food:** Ensuring food security by continuing existing social protection schemes is important (including those announced during the pandemic) so that the most deprived and marginalised (including migrants) can provide for themselves and for their children's healthy development.

### PROTECTING CHILDREN FROM VIOLENCE



### HEALTH & NUTRITION DURING PANDEMIC



## CROSS-THEMATIC RECOMMENDATIONS



- **Provide uninterrupted access to critical services for the most vulnerable children and their families:** These include access to critical services such as healthcare, nutrition, food security, education, mental health and psycho-social support, protection against violence, social protection and child-sensitive cash transfers to the most vulnerable children, including children from migrant families.



- **Scale-up investments on children:** Considering that COVID-19 and its after effects will continue to impact the lives of children in the near future, there is a need to increase the investments on children. Hence, it is important to ensure that health, nutrition, education and protection services are well-resourced and inclusive.

- **Strengthen the delivery system:** There is a need to strengthen the mechanisms to ensure effective implementation of programmes for children during COVID-19. Ensuring the availability of trained and skilled workforce is crucial to reach out to children. Strengthening the delivery of services to vulnerable children, including children from migrant families is even more important.



- **Build engagement among multi-stakeholders:** A coordinated and synergised effort is required to have state, civil society organisations, private sector, academia, media, community, citizens and children work together to address the violation of child rights during the COVID-19 pandemic and come up with innovative solutions to address this complex problem.



- **Generating evidence on children:** There is a need to invest in building evidence on the impact of COVID-19 on children. Efforts in generating data on children in the context of COVID-19 should be directed at all the critical child rights issues including health, nutrition, education and child protection. There is a need to specifically focus efforts on collecting data on vulnerable children and families, including children from migrant families.



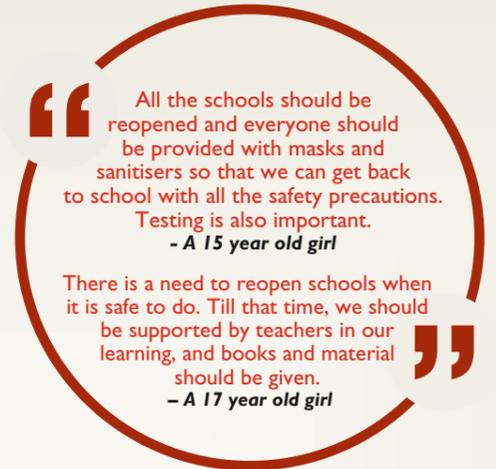
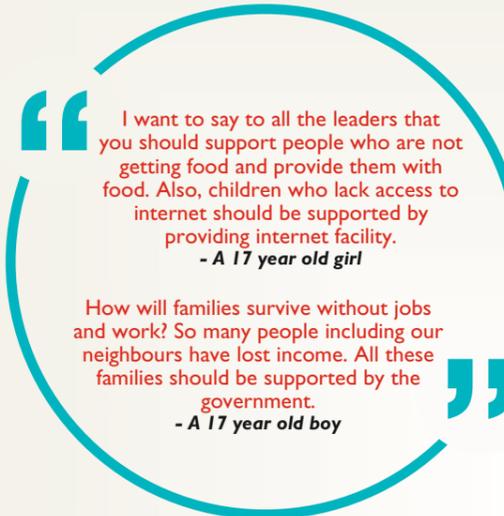
- **Listening to children:** There is a need to listen to the voices of children including girls and children from migrant families. It is important to ensure that dialogue and interaction with children captures their experience and the impact of COVID-19. These experiences and interactions should be used to develop response plans.

## KEY RECOMMENDATIONS BY CHILDREN

The children's responses collected through this study provided an opportunity to them to share their worries and concerns that they were grappling with during this time. Insights received from them reveal the inter-related dimensions of the impact of COVID-19 on their families, communities and service delivery mechanisms. The children's responses are framed around five overarching areas.

### Educate Us!

Children called on the government to ensure children's access to education during school closures, resume school when safe to do so, provide learning materials and have special sessions for improving learning levels.



### Provide for Us!

Children called for social protection support for struggling families, including the provision of jobs, support for basic needs and services including food.



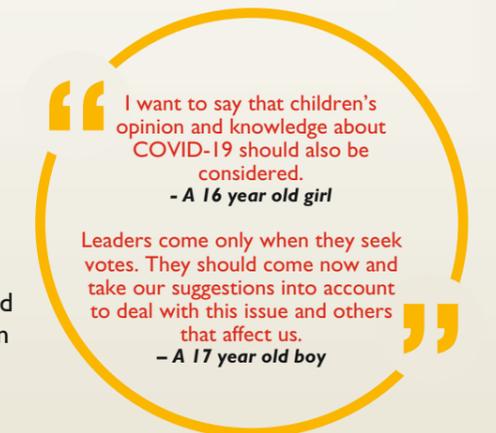
### Keep us Healthy!

Children called on the leaders to strengthen the health system and provide food to all the children and their families. They also asked the leaders to share information related to COVID-19 with them.



### Protect Us!

Children called on the leaders to take steps to ensure their protection including from all forms of violence.



### Involve Us!

Children demand that their voice should be heard and the government should ensure that their participation in decisions and issues that affect their lives.



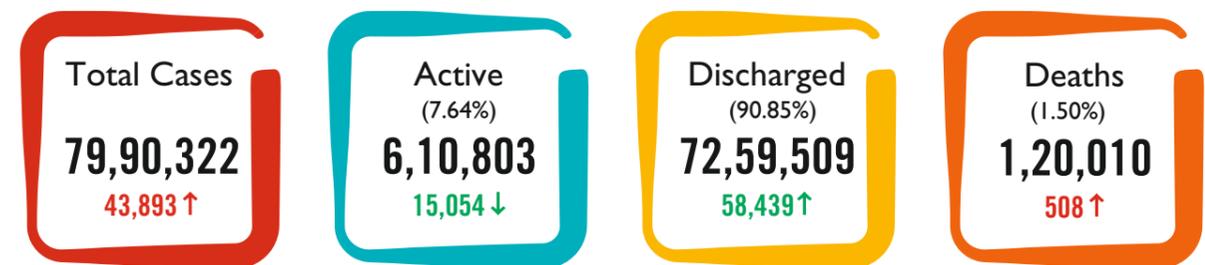
# INTRODUCTION

## 1.1 BACKGROUND

The world is facing an unprecedented crisis in the form of the Coronavirus disease (COVID-19) pandemic. On January 30, 2020, the World Health Organization (WHO) Director General declared the COVID-19 outbreak a Public Health Emergency of International Concern (WHO, 2020c). On March 11, 2020, WHO declared the COVID-19 outbreak a global pandemic (WHO, 2020d).

The first case of COVID-19 in India was reported on January 30, 2020, and ever since then the number of cases continue to rise. India currently has the largest number of confirmed cases in Asia, and has the second-highest number of confirmed cases in the world after the United States of America. As on October 28, 2020, there are about eight million cases of coronavirus in India and more than 1,20,000 people have died due to the disease (Exhibit 1).

### Exhibit 1: Status of Coronavirus Cases in India



Source<sup>1</sup>: Ministry of Health and Family Welfare, Government of India. Accessed on October 28, 2020.

The national and state governments have implemented measures to contain the spread of COVID-19. These measures include social distancing, behavioural changes related to home isolation/quarantine, school closures, business closures and community lockdown (Secon et al., 2020).

## Impact on Children

With respect to the impact of the pandemic on children, in addition to the immediate impact on their health and that of their caregivers, the social and economic disruptions caused by the pandemic present a range of other risks to their wellbeing and education. These risks may be derived directly from the outbreak, from measures taken to respond to it and from wider economic and other disruptions (Save the Children, 2020). The WHO-coordinated Global Research Roadmap summarises the available literature on these measures as follows:

These measures all have secondary impacts. Quarantine, for instance, has impacts on the mental and physical health 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. 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.

WHO and R&D Blueprint, 2020: 60

Children, as a specific group of population, are facing considerable challenges due to the COVID-19 pandemic. While they may be less susceptible to the virus itself, children are profoundly affected by the fallout, including the economic and social consequences of the lockdown and other measures taken to counter the pandemic (Lives Upended, UNICEF 2020)<sup>2</sup>. There are numerous concerns emerging out of this situation, and key among these are the immediate threats to health and nutrition systems, reduced access to education and disrupted learning as a result of school closures, exposure to poverty due to pressure of reduced family income, lack of livelihood opportunities and increased exposure to protection risks. School closures have impacted 247 million children enrolled in elementary and secondary education and 28 million children attending pre-school education in *anganwadi* centres (UNICEF 2020)<sup>3</sup>. Control, containment and mitigation measures also put the psychosocial well-being of children at risk. They also face increased risk of domestic violence, neglect and abuse. The "CHILDLINE 1098" helpline by the Government of India responded to 4.6 lakh calls in 21 days, with a majority of them received during the lockdown period (March 20, 2020 to April 10, 2020) (Outlook, April 17, 2020)<sup>4</sup>. The helpline has seen a rise in call volumes by 50% as compared to their average regular calls (Childline Newsletter, April 6, 2020). Additionally, considering the high burden of undernutrition among children under five years of age in India, COVID-19 and resulting impact of livelihoods and food security is also likely to lead to increase the burden of malnutrition.

## Migration and Children

Imposition of the lockdown and other measures forced millions of people to move back to their homes from urban areas to rural areas. Journey of these people and children has been arduous with many facing abuse and uncertainty even after reaching home. There exist very real fears of disruption in continuity of schooling for children of migrants (The Wire)<sup>5</sup>. Children of the families who were forced to migrate due to lockdown are also at risk of being engaged as child labour. India already has a high proportion of children who are malnourished. Reduced incomes and stressed livelihoods are likely to increase this high burden of malnutrition among children. There are also estimates of increase in child mortality in India due to factors like reduced coverage of routine health services, disruption in life-saving immunisation activities and an increase in child wasting (UNICEF, 2020)<sup>6</sup>.

Food insufficiency has also been a critical cause of concern during the pandemic. As per the rapid assessment survey<sup>7</sup> conducted by Save the Children, about three-fifths of urban households and two-fifths of the rural households reported to have ration for less than two weeks. This lack of ration / food will have negative implications on the nutrition and health of children.

## 1.2 RATIONALE FOR THE STUDY

Although COVID-19 continues to impact the lives of children, comprehensive evidence on same remains a gap. There is lack of data with a specific focus on the lives of children. Save the Children launched a global research study to generate evidence on the impact of COVID-19 pandemic on children, and identify children's and their family's needs during these times. Overall, 46 countries participated in this research. Save the Children India contributed to this global research and generated country-level evidence to bring out the impact of the COVID-19 pandemic and measures implemented to control the spread of virus on children's health, nutrition, learning, wellbeing, poverty and protection.

The study captures the views of (a) children aged 11-17 years of age and (b) parents. It also includes voices of children and their messages for leaders and other children around the world. The sample from India comprised of marginalised and vulnerable children and their families.



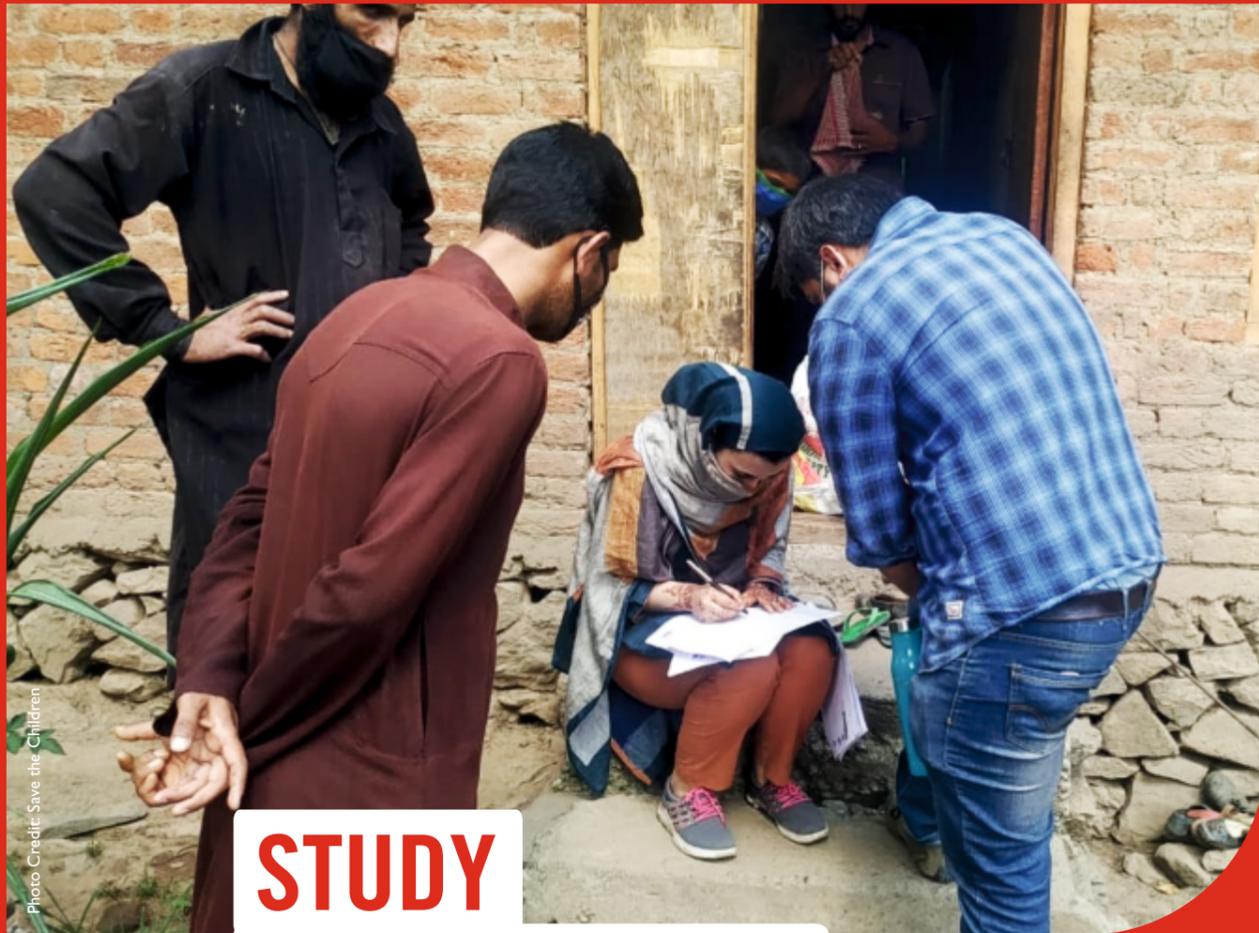


Photo Credit: Save the Children

# STUDY METHODOLOGY

## 2.1 AIM

This research aims to fill a gap in the knowledge of impact of school closures, home isolation/quarantine and community lockdown due to COVID-19 on children's wellbeing and education. The focus of the study was to understand the impact on health, learning and protection rights of vulnerable families and children. The study also aimed to know the needs of vulnerable children during the pandemic, their perspective on the COVID-19 pandemic and their messages for leaders and other children.

## 2.2 TARGET GROUPS

The study focused on two target groups, 1) Programme Participants and 2) Migrants.

### Programme Participants Group

The data for the study was collected from Save the Children's programme intervention areas from 11 states and 2 union territories across east, west, north, south and north-east regions. The study included participants whose contact details were available with the project team. In total, 992 parents and 754 children aged between 11-17 years participated in the programme participants survey across urban and rural locations. Among parents, 57% were women, 40% were men and 3% did not share their gender. Of the children, 63% were girls and 37% were boys.

### Migrants Group

The target group of migrants included those who were migrating or had already migrated back to their home state of Jharkhand due to COVID-19. The database was provided by the state government as Save the Children has signed a memorandum of understanding with them to provide support to the migrants who belong to the state. Save the Children used this database to contact the respondents and collect relevant data. A total of 606 adult respondents (parents) and 235 child respondents (11-17 years) participated in the study. Of the total parents, 8% were women, 91% were men and 1% did not share their gender. Among the children, 45% were girls and 55% were boys.

## 2.3 METHODOLOGY

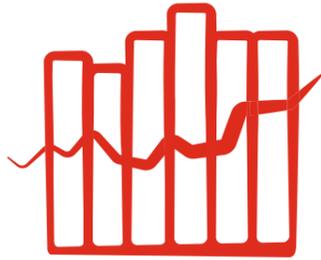
The study adopted a cross-sectional design and primary data was collected through an online survey using SurveyMonkey (Enterprise version). The survey was completed indirectly by an interviewer. Data was collected between June 20, 2020 to July 10, 2020. The study team contacted the programme participants on the phone to request their participation in the study. To collect the data, the interviewers talked through the survey and entered the participant's responses directly into the 19 online survey on their behalf. All standard ethical protocols were followed to ensure that no harm was caused to the respondents during the study. Data privacy was also ensured.

If the parent respondent had a child aged 11-17 years old in their household, they were asked to give consent for the child to answer additional survey questions related to children. If the parent consented and the child gave assent, the child answered the relevant part of the survey, which primarily included questions about the child's own experiences during the pandemic. Only one adult (parent) and one child (aged 11-17 years old) per household were allowed to participate in the survey. If the parent respondent had more than one child who was in this age group of 11 to 17 years, they chose the child would complete the children's part of the survey. As this was a self-report survey, there will likely be response bias, particularly for survey questions on the topics of family relationships and violence.



### Method of Recruitment of Respondents

To recruit participants for the programme participants group, Save the Children's project management information system was utilised to call the participants and invite them to participate in the research. The respondents were randomly selected from the list. To recruit participants for the migrants' group, the contact list of migrants provided by the Government of Jharkhand was utilised to reach the participants.



### Data Collection and Analysis

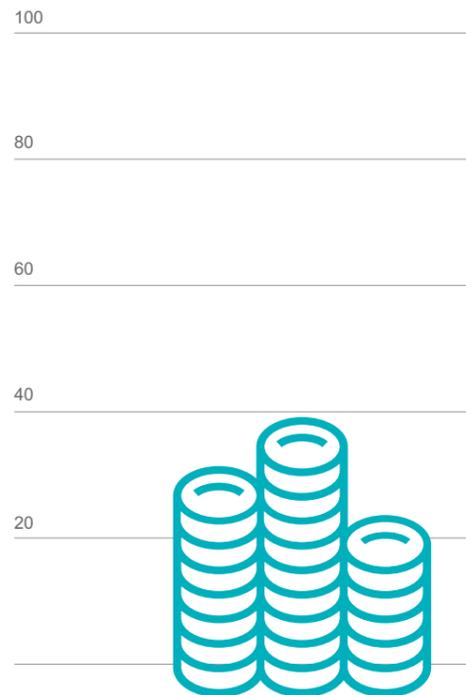
Enumerators asked the survey questions and entered the participants' responses directly into Survey Monkey on their behalf.

For quantitative data analysis, descriptive analysis and inferential analysis were done, which included chi-square test to test significant difference between the variables of interest. For qualitative data, all the children's open-ended responses were examined and coded. Quotations were selected following qualitative analysis of open-ended survey questions answered by the children. Content analysis was undertaken to present qualitative findings. The topics included in this report are the ones shared by the children most frequently. Many illustrative quotations have been included in the report to highlight the children's experiences and perspective.

### Secondary Data

The secondary data included in the report has been derived through literature review.

## 2.4 WEALTH / POVERTY INDEX



A Wealth Index has been developed for this study to categorise households as relatively poor or not relatively poor. The Wealth Index is aligned to the Multidimensional Poverty Index, jointly developed by the United Nations Development Programme and the Oxford Poverty and Human Development Initiative at the University of Oxford, and using the Multiple Indicator Cluster Surveys. The Multidimensional Poverty Index and the Wealth Index constructed in this study are asset-based, reflecting the fact that children's experience of poverty is very different to adults and is more suitably measured by the deprivation they experience across areas of life. The Wealth Index scores were used to create a binary construct with households having a score below the median wealth index were classified as relatively poor and those on or above the median wealth index being classified as households that are not relatively poor. The indicators used to construct the Wealth Index are as follows:

- Number of children in the household
- Belongs to a minority group
- Owns a television
- Owns a computer
- Has internet access
- Number of rooms
- Access government social safety nets before COVID-19
- Has a space outside home for children to play

## 2.5 ETHICAL CONSIDERATIONS

### Review of Protocols by Duly Recognized Ethical Review Committee

Clearance for the study was taken from a recognised ethical review board in India.

### Informed Consent

All parents completed the survey following an informed consent process. The parents were asked to provide consent for one child (aged 11-17 years) to participate in the children's section of the survey. The child completed the children's section following an informed assent process.

### Data Privacy

SurveyMonkey (Enterprise version) was used to collect the data. The data was encrypted.



Photo Credit: Save the Children



Photo Credit: Save the Children

## SAVE OUR EDUCATION

India has made remarkable progress in enrolling children in schools in last two decades. Unfortunately, COVID-19 threatens to wipe these gains. There are also apprehensions that the pandemic may exacerbate the inequalities in access to education, especially for children from marginalised and vulnerable families, including girls. This chapter presents the impact of COVID-19 on the education of children with a specific focus on issues such as children at risk of dropping out of school, access of children to learning material, obstacles in children's learning and availability of support from teachers.

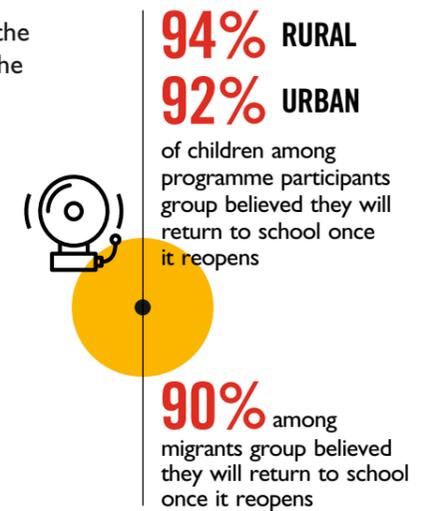
In the findings, adult respondents are referred to as parents and child respondents are referred to as children.

### 3.1 CHILDREN AT RISK OF PERMANENTLY DROPPING OUT OF SCHOOL

While school closures are an effective precautionary measure to contain the spread of COVID-19, evidence from previous emergencies<sup>8</sup> suggest that the longer children are unable to attend learning facilities, the more likely it is they will never return to school<sup>9</sup>.

In this research, vast majority of children among the programme participants group (94% in rural and 92% in urban) believed that they will be returning to school once they reopen, with similar results emerging for girls and boys. However, 3% children reported that they would not be returning to school, and 5% reported that they did not know if they would return to school.

Among migrants, more than 90% children (girls - 94%, boys - 91%) believed that they will return to school once they reopen. However, 5% children reported that they would not be returning to school, and 3% reported that they did not know if they would return to school.



“

**All the schools should be reopened and everyone should be provided with mask and sanitiser.”**

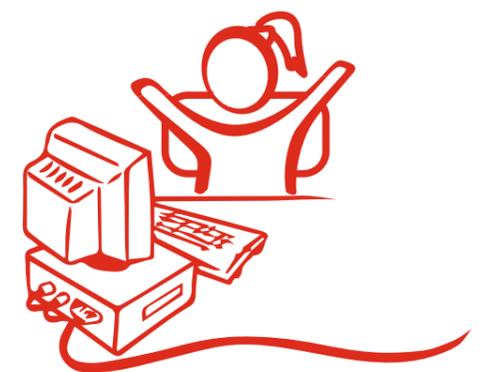
- A 17 year old girl

### 3.2 KEEPING LEARNING ALIVE

Following the closure of educational facilities in India, the national government recommended moving to an online distance learning model. While some schools have adapted this model, many students and teachers are unable to access online learning.

In this study, parents from the programme participants group were asked about the learning their children were doing during school closures. About 79% shared that their children were learning little or nothing at all. While 82% parents in rural areas mentioned that their children were learning little or nothing, in urban areas this stood at 71%. One out of eight (12%) parents in the rural areas and 18% in urban areas felt that their child is learning 'as much as in school'.

Eighty one percent parents in the migrants group felt that either 'their child was learning little or nothing at all'. Two out of ten parents in this group felt that their child was learning 'nothing at all'. Only 6% parents in the migrants group felt that their child is learning 'as much as in school'.

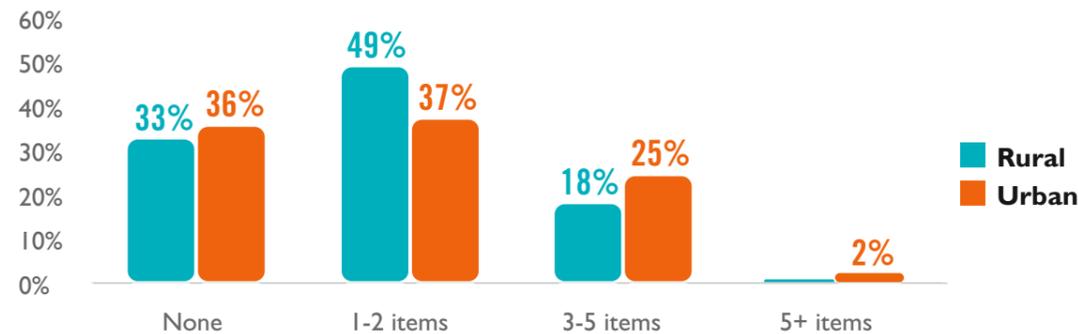


### 3.3 ACCESS TO LEARNING MATERIAL



One-third of the children in the programme participants group did not have access to learning material (Figure 1). In urban areas, 37% children had access to one or two learning materials while in rural areas 49% had access to the same. The most common learning material that children had access to was textbooks (rural - 67%, urban - 64%).

Figure 1: Access to Learning Material in Rural and Urban Areas among Children in Programme Participants Group

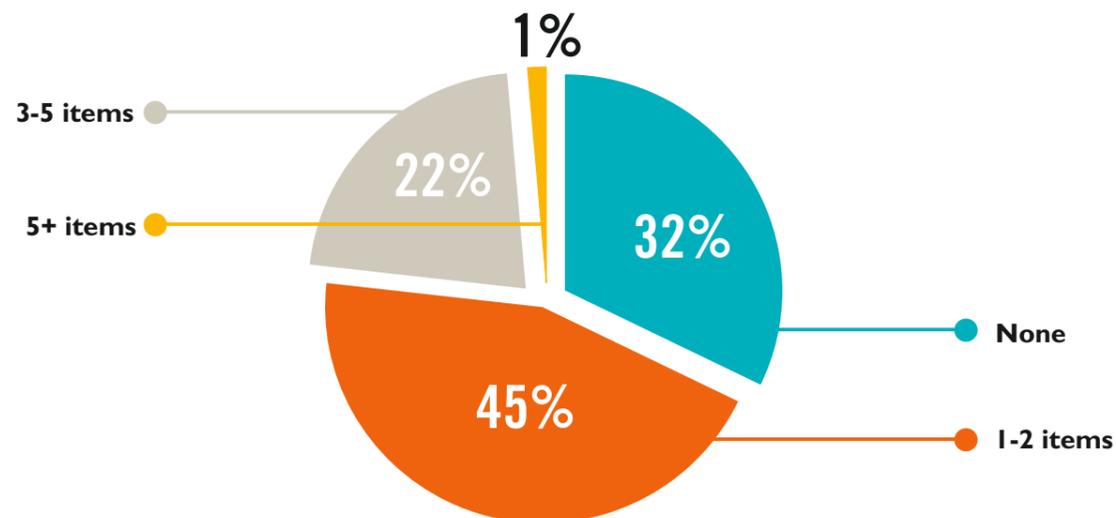


It emerged that girls were less likely to have access to any learning material as compared to boys as 38% girls did not have access to any learning material as compared to 29% boys.



Among children in migrants' group, 32% did not have access to any learning material. However, among children who had learning material, majority of them had access to only one or two types of materials (Figure 2). Majority of the children cited access to textbooks and reading books as learning material.

Figure 2: Access to Learning Material by Children in Migrants' Group



### Access to Learning Material and its Link to Poverty

The findings showed that almost one out of every two children from relatively poor households did not have access to learning material while in families that were not relatively poor, only 22% did not have access learning material (Table 1).

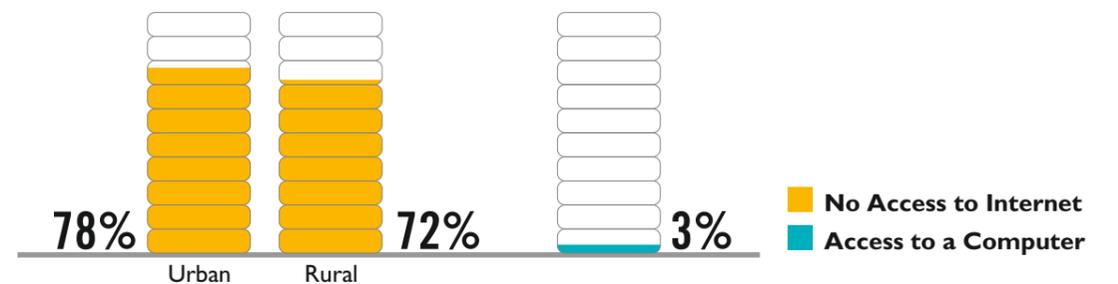
Table 1: Access to Learning Material and Poverty

Access to Learning Material	Programme Participants Group				Total	
	Relatively Poor Households		Households that are Not Relatively Poor		N	%
	N	%	N	%		
None	187	48%	82	22%	269	35%
1-2 items	163	42%	171	45%	334	44%
3-5 items	36	9%	120	31%	156	20%
5+ items	0	0%	09	2%	09	1%
<b>Total</b>	<b>386</b>	<b>100%</b>	<b>382</b>	<b>100%</b>	<b>768</b>	<b>100%</b>

### 3.4 DISTANCE LEARNING AND ACCESS TO INTERNET



From the findings it emerged that three out of every four children in the programme participant group were not using the internet for their learning (rural 72%, urban 78%). The scenario was similar for children in the migrants' group. Despite the dependence of distance learning initiatives on online platforms, just 3% children from the programme participants group as well as the migrants group reported having access to a computer. Many children expressed that they requested their parents for access to the internet and phone or computer.



**(Requesting parents to) get a smart phone so that we may also learn from the online classes, follow precautions properly.”**

- A 13 year old boy

### 3.5 SUPPORT FROM TEACHERS



The COVID-19 pandemic has led to many hardships for teachers, especially those in rural areas. With schools closed, administrations are now relying on virtual platforms to conduct classes. According to a survey by the National Council of Educational Research and Training<sup>10</sup>, one of the factors which hindered learning was that teachers were not well-versed with online teaching methodologies.

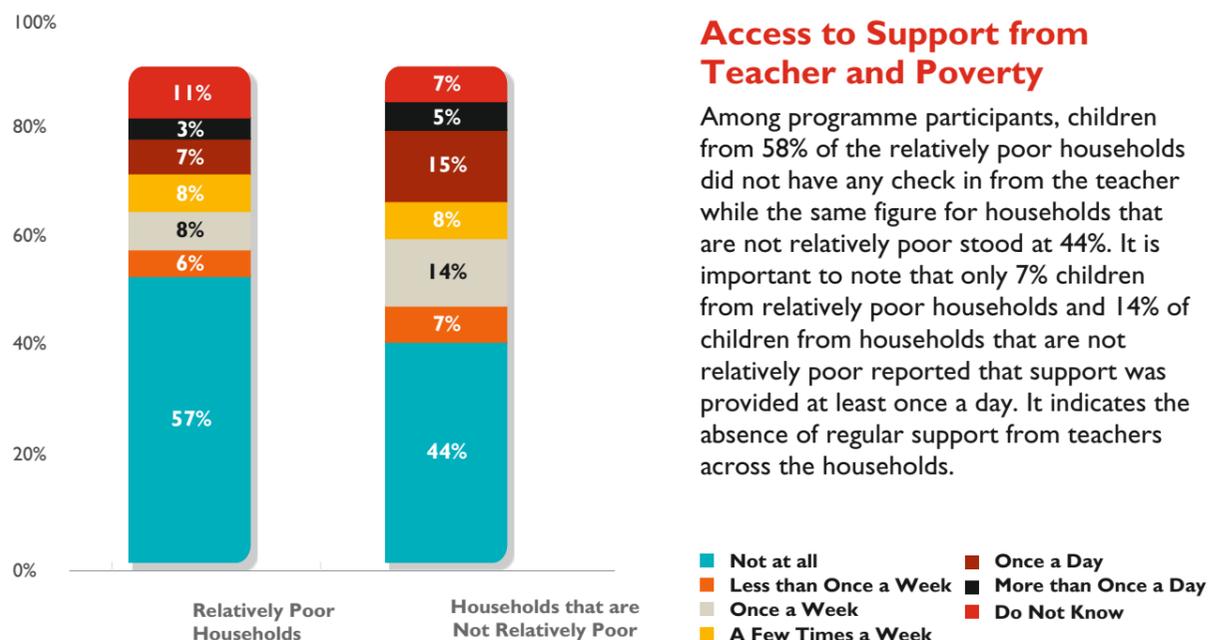
In this study, more than half the children (51%) in the programme participants group reported having no contact from teachers at all since their schools closed (rural - 56%, urban - 44%) (Table 2).

Table 2: Support from Teachers and Location of Households

How Frequently Teacher Checks in	Programme Participants Group						Migrants Group	
	Rural		Urban		Total		N	%
	N	%	N	%	N	%		
Not at all	288	56%	154	44%	442	51%	240	61%
Less than Once a Week	28	5%	27	8%	55	6%	22	6%
Once a Week	53	10%	32	9%	85	10%	21	5%
A Few Times a Week	27	5%	39	11%	66	8%	27	7%
Once a Day	44	9%	53	15%	97	11%	32	8%
More than Once a Day	28	5%	11	3%	39	5%	24	6%
Do Not Know	44	9%	36	10%	80	9%	29	7%
Total	512	100%	352	100%	864	100%	395	100%

Among migrants, six out of ten children reported to have had no contact from teachers at all since their schools closed.

Figure 3: Access to Support from Teachers and Poverty



#### Access to Support from Teacher and Poverty

Among programme participants, children from 58% of the relatively poor households did not have any check in from the teacher while the same figure for households that are not relatively poor stood at 44%. It is important to note that only 7% children from relatively poor households and 14% of children from households that are not relatively poor reported that support was provided at least once a day. It indicates the absence of regular support from teachers across the households.

Total – 728, Relatively Poor Households – 358, Households that are Not Relatively Poor - 370

### 3.6 OBSTACLES IN LEARNING

#### CASE STUDY

#### Learning and Building through the Pandemic

The pandemic has made many children more vulnerable as it is difficult for them to adapt to the new ways of living and learning. Similarly, it is difficult for parents to understand and plan suitable learning activities that will enable the holistic development of their children.

Shagun is enrolled in one of the *anganwadi* centres under Save the Children India’s intervention programme. She has two older sisters and since the lockdown, it has been very difficult for her mother to look after all three of them. Each time her mother answered a call from our project staff, she sounded exhausted and concerned for her children’s learning, as they have migrated from the intervention programme area.

After a few calls, Save the Children India’s project staff began to have conversations with Shagun’s father and sharing ideas for activities that are suitable for the children’s age group. Shagun’s father soon started doing these activities with his children and enjoyed the time he spent with them. He told us that he was proud to be a part of the learning process as it contributed towards the development of his children and Shagun’s mother also enjoyed being a part of her children’s learning and development. Shagun now feels that her mother and father can play with her, which makes her feel like she has another friend.

In the study, 80% children from the programme participants group reported facing one or many obstacles to learning, with 28% children reporting that they had no help available to support them in their learning. With respect to obstacles faced, a significantly greater proportion of children from households in rural areas (34%) reported ‘no help available’ as compared to urban areas (20%) ( $p < 0.05$ ). Similarly, a significantly greater proportion of children from households in rural areas (21%) reported ‘too many chores to do’ as compared to urban areas (9%) ( $p < 0.05$ ).

Among children in the migrants’ group, three out of every four children reported facing one or many obstacles to learning. Over 30% children reported that they had no help available to support them in their learning (Table 3).

Table 3: Obstacles in Learning Faced by Children

Obstacles to Learning	Programme Participants Group						Migrants Group	
	Rural		Urban		Total		N	%
	N	%	N	%	N	%		
Do not Understand Homework	92	23%	96	31%	188	26%	89	40%
No Help Available	139	34%	64	20%	203	28%	67	30%
Not Enough Data	59	14%	53	17%	112	16%	62	28%
Have Paid Work to Do	12	3%	4	1%	16	2%	4	2%
Too Many Chores to Do	84	21%	29	9%	113	16%	20	9%
Not Allowed	0	0%	1	0%	1	0%	220	100%
Nothing	65	16%	86	27%	151	21%	20	9%

With regard to the obstacle of ‘too many chores to do’, significantly greater proportion of girls (19.4%) reported this as compared to boys (9.4%) ( $p < 0.05$ ).



Photo Credit: Save the Children

# LIVELIHOOD AND SOCIAL PROTECTION

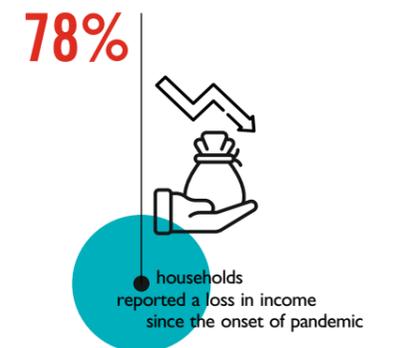
India has reduced the prevalence of poverty in the last few decades. However, the economic impact of COVID-19 will likely push families and children into poverty as the pandemic is worsening many of the existing challenges to people's livelihoods.

This chapter presents the findings on the economic impact of COVID-19 with a specific focus on issues such as loss of income of families due to COVID-19, extent of loss of income, households' ability to pay for essential items and services such as food and house rent, access to government support before COVID-19 and the need for employment support and cash.

## 4.1 ECONOMIC IMPACT OF THE COVID-19 PANDEMIC ON HOUSEHOLDS

### Loss of Income

The COVID-19 pandemic and restrictions by the national and state governments have posed a threat to the livelihoods of many people in the country. From the study it emerged that, four out of five (78%) households reported loss of income since the onset of the pandemic. A significantly greater proportion of women (83%) reported loss of income as compared to men (70%) ( $p < 0.05$ ). A significantly greater proportion of households that are relatively poor (84%) reported loss of income as compared to households that are not relatively poor (70%) ( $p < 0.05$ ). Among migrants, nine out of every ten households (91%) reported an income loss since the beginning of the pandemic.



### Extent of Loss of Income

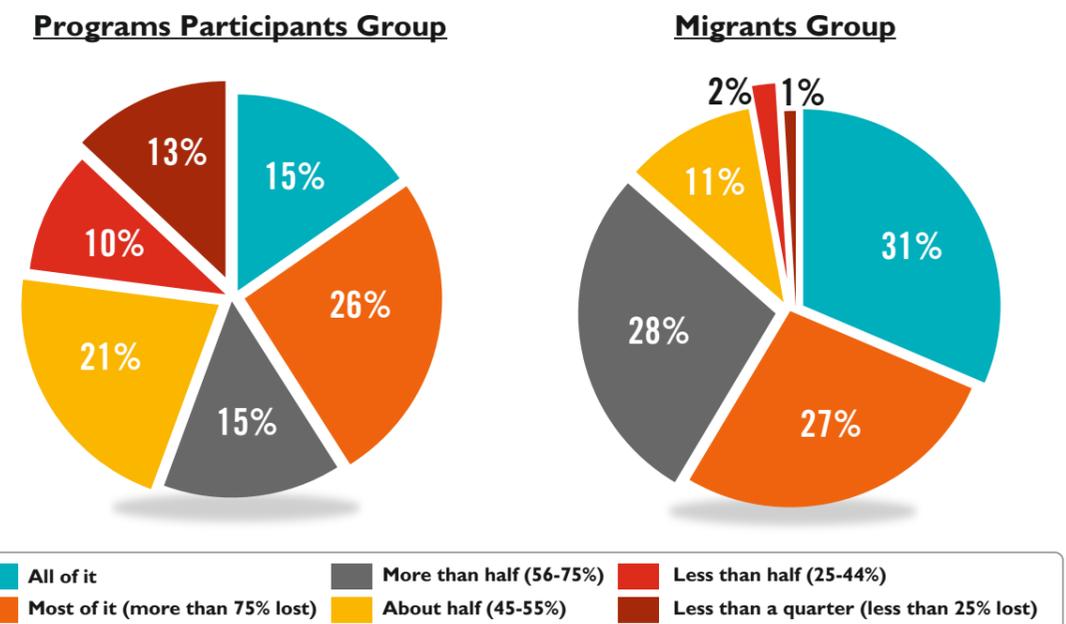
The findings showed that of the households in the programme participants group that reported loss of income, 15% reported loss of all of income and 56% reported loss of all income or more than half of their income. Among the migrants' group, nearly one third respondents (31%) reported loss of all income while as high as 87% respondents reported loss of all income or more than half of their household income (Figure 4).

“

So many people in my village and relatives have lost their income as there is no work to do.”

- A 17 year old boy

Figure 4: Extent of Loss of Income among Programme Participants and Migrants' Group



## 4.2 ECONOMIC IMPACT OF THE COVID-19 PANDEMIC ON HOUSEHOLDS

The pandemic has adversely affected the ability of households to buy essential items and services.

### Struggle to Pay for Food



In this study, more than half of all households (56%) in the programme participants group reported that they are struggling to pay for food. Three out of every five respondents (60%) from relatively poor households

reported that they have been struggling to pay for food while 52% reported this concern from households that are not relatively poor.

Among migrants, two out of every three respondents reported that they are facing challenges in paying for food items.



**“Many people do not have enough food to eat as they have lost income due to pandemic.”**

- A 15 year old girl

**31% URBAN**  
**9% RURAL**

### Location of settlement and difficulty in paying rent

A significantly greater proportion of households in urban areas (31%) reported struggle in paying rent as compared to households in rural areas (9%) ( $p < 0.05$ ).



### Struggle to Pay Rent

Almost one-fifth (18%) of the households in the programme participants group reported that they are struggling to pay for household rent. Among migrants, 26% respondents reported a challenge in paying the rent.

## 4.3 SOCIAL PROTECTION SYSTEMS DURING THE COVID-19 PANDEMIC

In times when COVID-19 is impacting households and many of them are struggling to buy essential items, government support is extremely crucial. The study shows that only 43% households in the programme participants group received any kind of support from the government before the outbreak of pandemic. Of the households receiving government support, 90% shared that government support has remained the same, 3% shared that government support has reduced and 7% shared that it has increased since the pandemic.

A significantly greater proportion of households in rural areas (49%) reported having access to government support before the outbreak of COVID-19 as compared to households in urban areas (34%) ( $p < 0.05$ ), indicating higher access to government support among rural areas. Among the migrants' group, only 48% households were receiving government support before the outbreak of pandemic.

**45% RELATIVELY POOR**  
**38% NON RELATIVELY POOR**



### Poverty and Access to Government Support

A significantly greater proportion of households that are relatively poor (45%) reported receiving government support as compared to households that are not relatively poor (38%) ( $p < 0.05$ ).

## 4.4 NEED OF SUPPORT FROM THE GOVERNMENT

The Union Finance Minister announced a relief package titled 'Atmanirbhar Bharat' (Self-Reliant India) on May 14, 2020. A part of the package focused on improving the conditions of the poor, including migrants and farmers. The central government, under the 'Atmanirbhar Bharat' economic package provided eight lakh metric tonnes of free food grains to eight crore migrant workers whose lives<sup>11</sup> had been upended when the COVID-19 lockdown was suddenly enforced in March. The finance package also promises hygienically prepared three meals a day provided for the residents of Shelters for Urban Homeless during the lockdown w.e.f March 28, 2020.

### Employment Support



The study enquired the households about the support required from the government. Almost one-third (30%) of the respondents in the programme participants group reported the need of job or employment support. A significantly greater proportion of households in urban areas (38%) demanded employment support as compared to rural areas (24%) ( $p < 0.05$ ), which shows that there is a greater demand and need

of job/employment support in urban areas.

Among migrants, 64% households expressed the need for employment support. It shows the pandemic has left the livelihoods of migrant households extremely vulnerable which will have huge implications on the children's access to basic goods and services.

### Support for Cash/Vouchers



Almost half (48%) of the respondents in the programme participant groups cited the need for cash or vouchers, with a similar prevalence in rural and urban areas. As expected, a greater proportion of relatively poor households (53%) expressed the need for cash/vouchers as compared to households that

are not relatively poor (43%). Half the women (51%) reported need of cash / vouchers as compared to 45% men. Seven out of ten households (69%) in the target group of migrants reported the need for cash or vouchers.



**“Without work how will people survive? There is not enough money to buy required items for house. The government should help people.”**

- A 16 year old girl



**“Since (the outbreak of) COVID-19, our parents are not able to buy many things for us as they say that they do not have money with them. It would be good if work can be provided or if government can give some money to families who have lost income.”**

- A 17 year old boy



Photo Credit: Save the Children

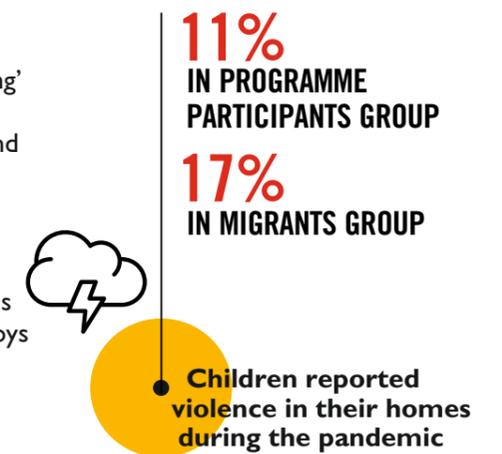
# PROTECTING CHILDREN FROM VIOLENCE

The COVID-19 pandemic and lockdown imposed by the government worsened the risks of violence, abuse and neglect of the most vulnerable population, including children. Children are particularly at risk of facing negative impact of the pandemic and restrictions on their mental health and psycho-social well-being. This chapter aims to present the impact of the pandemic on child protection issues, such as violence occurring at home, mental health and psycho-social well-being of children and child labour.

## 5.1 VIOLENCE OCCURING IN HOMES

Prolonged confinement to homes due to the lockdown has increased stress and irritation among parents, which at times is vented in the form of corporal punishment and violent ‘disciplining’ of children. Stress due to the pandemic and the restrictions are occurring at a time when children are less visible to individuals and professionals who are normally engaged in their protection, and child and family welfare services are disrupted. In the study, 11% children in the programme participants group reported that violence has been occurring in their homes during the pandemic (rural - 14%, urban - 8%). Significantly, a greater proportion of girls reported violence occurring in homes (12.8%) as compared to boys (8.6%) ( $p < 0.05$ ). Reports of violence occurring in homes were slightly higher in households that are not relatively poor (12%) as compared to relatively poor households (10%).

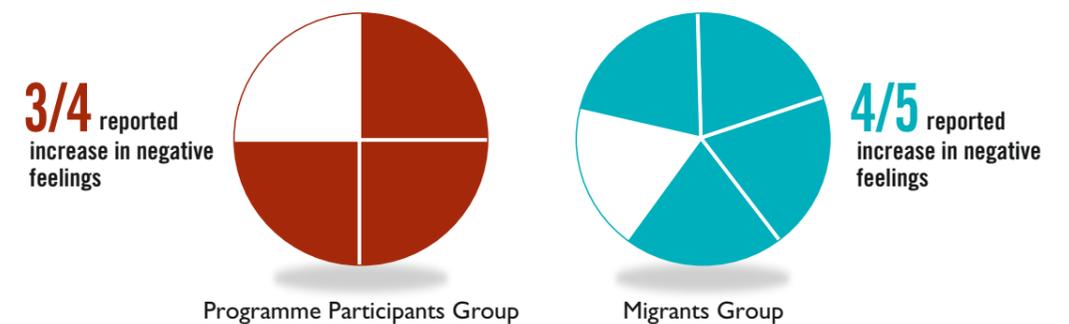
Among migrants, 17% children reported violence occurring in the homes during the pandemic.



## 5.2 INCREASE IN NEGATIVE FEELINGS

As the pandemic continues to spread in India, it will have a multifaceted impact on the psycho-social well-being of children due to constrained access to socialisation, play and physical contact. As per a rapid online perception study on the effects of COVID-19 on children conducted by Child Rights and You, one in every three individuals (37%) reported that children’s mental well-being and happiness are affected due to the lockdown.

In this study, children were asked about change in their feelings since the outbreak of COVID-19. Three out of four children in the programme participants group reported increase in negative feelings (rural – 77%, urban – 74%). Among migrants, four out of every five children reported an increase in negative feelings.



“

At times sense of fear and worry about COVID-19 makes me sad.”

- A 16 year old boy

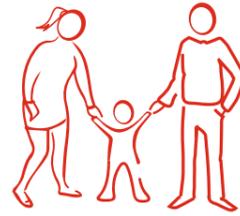
“

Schools are closed so we get bored all the time. We cannot even go out to play with friends.”

- A 16 year old girl

## 5.3 CHANGES IN RELATIONSHIP WITH CHILDREN

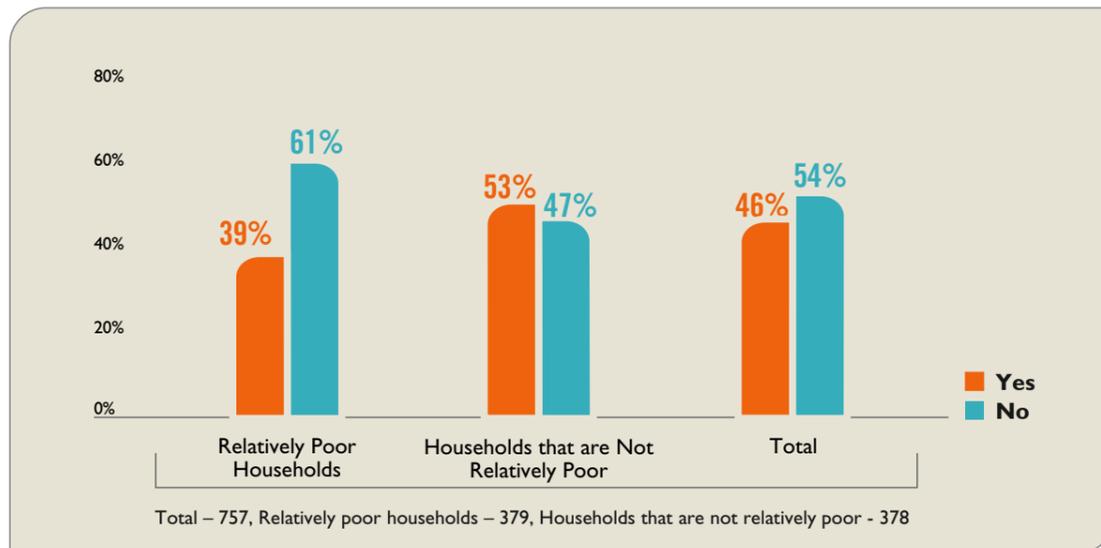
COVID-19 has reshaped personal relationships in unprecedented ways. The lockdown presented an opportunity to bond with the child constructively, and on the other hand, it also induced new stressors on parents which could hamper their capacity to provide care and remain engaged with their children. Children being vulnerable might be at the receiving end of the parents' reaction to the stress which may impact their well-being and relationships.



In this study, parents were asked if they had noticed any change in relationship with their children since the outbreak of COVID-19. Forty five percent parents reported that their relationship with their children has improved during the pandemic. The findings reveal that there is no difference between men's (45.6%) and women's (45.3%) perception of changes in relationship with children during the pandemic. In relatively poor households, 39% parents reported improvement in relationship as compared to 53% in the households that are not relatively poor (Figure 5).

Among migrants, only 18% parents reported improvement in their relationship with their children.

Figure 5 : Improvement in Relationship with Children and Poverty



## 5.4 HANGING OUT WITH FRIENDS

Life in lockdown has necessitated close, constant contact with families and partners, but social distancing measures have isolated people from friends and wider communities. Amidst the lockdown imposed due to the pandemic, children are left with limited options and opportunities to socialise. More than one-third children in the programme participants group reported that they are not in touch with their friends since the outbreak. Only 35% children reported being in touch with their friends virtually.

“Since COVID-19 we hardly get to play and enjoy with our friends. Talking on phone is good but it is not as much fun as playing with them.”

- A 17 year old girl

Among migrants, 20% children reported being in touch with their friends virtually. A greater number of children in urban areas (43%) reported being in touch with their friends virtually as compared to rural areas (30%) (Table 4).

Among migrants, one-third children reported to not be in touch with their friends since the outbreak.

Table 4: Opportunities with Children to be in Touch with Friends and Location

Children keeping in touch with friends	Programme Participants Group						Migrants Group	
	Rural		Urban		Total		N	%
	N	%	N	%	N	%		
Meet or Play in Person	94	23%	40	12%	134	18%	63	28%
Stay in Touch Virtually	119	29%	139	43%	258	35%	46	20%
Both	49	12%	32	10%	81	11%	35	16%
Not in Touch	152	37%	116	35%	268	36%	81	36%
Total	414	100%	327	100%	741	100%	225	100%

In the programme participants group, greater number of girls (38%) were not in touch with their friends as compared to boys (32%).

Additionally, greater number of boys were meeting their friends in person (22%) as compared to girls (16%), and more girls were keeping in touch with friends virtually (36%) as compared to boys (32%) (Figure 6).

Figure 6 : Opportunities with Children to be in Touch with Friends and Gender of Children

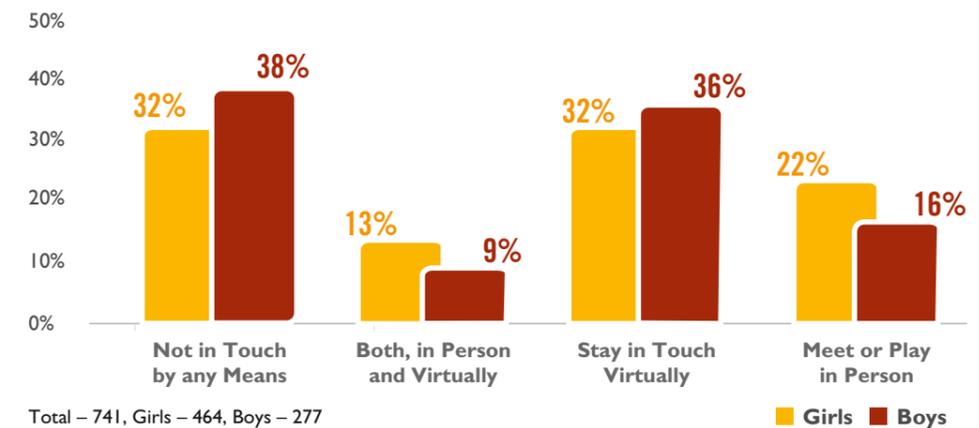
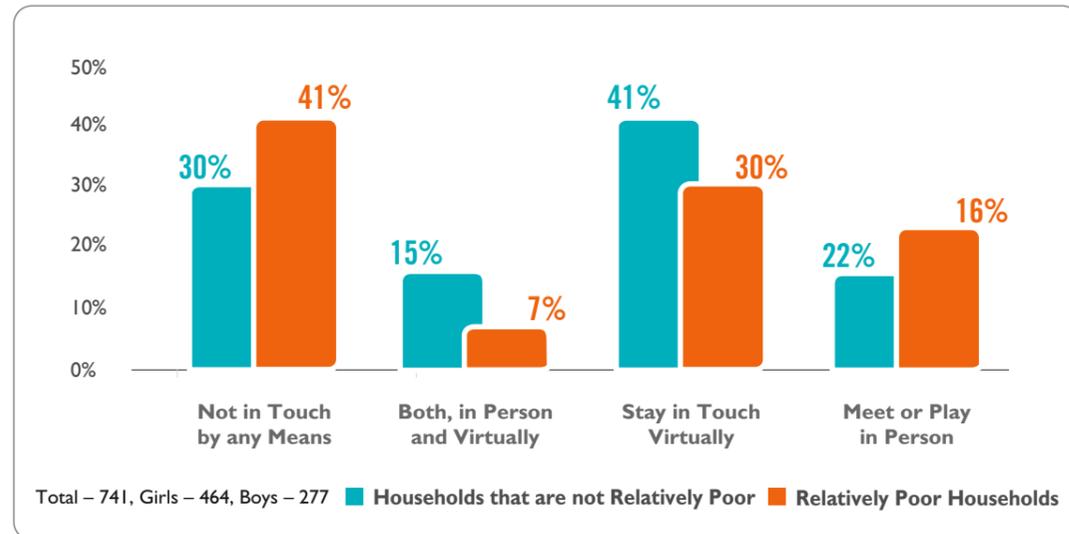


Photo Credit: Save the Children

Figure 7 shows that only 30% children among relatively poor households could meet their friends virtually while this figure for children from households that are not relatively poor was 41%. Moreover, 41% children in relatively poor households were not in touch with their friends through any mode as compared to 30% children from households that are not relatively poor.

Among migrants, 20% children reported that they were in touch with their friends virtually.

Figure 7 : Opportunities with Children to be in Touch with Friends and Poverty



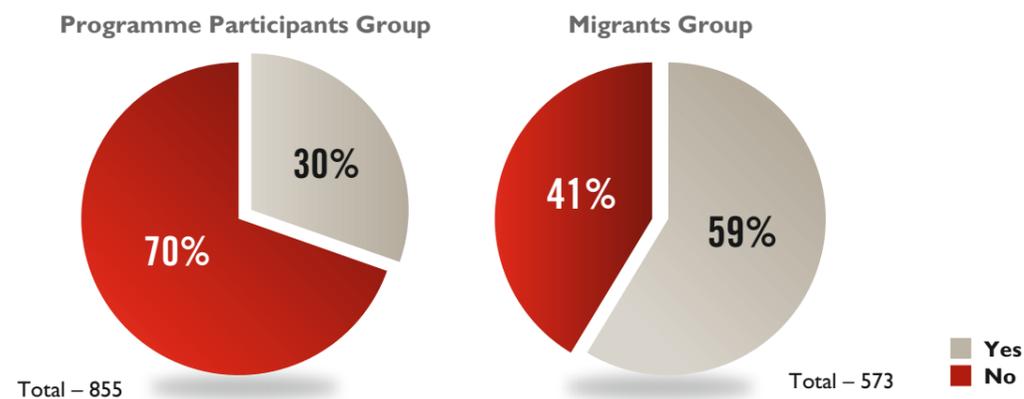
## 5.5 REPORTED STRESS OR VIOLENCE IN HOUSEHOLD RELATIONSHIPS



Stressors related to COVID-19 are threatening the first line of defence that a home provides. Households are struggling to cope with new restrictions on travel and work, concerns over health, food security and financial instability. Levels of stress are likely to be higher among vulnerable families. The situation would be particularly challenging for children who are deprived of parental care in child care institutions or in alternative care, children living in the streets, or children of migrant workers and children who are on the move. Additionally, there will be a disproportionate burden of aftermaths of this pandemic on children coming from lower economic strata of the society.

In this study, 30% parents in the programme participants group reported stress or violence in household relationships (Figure 8).

Figure 8: Stress or Violence in Household Relationship



A significantly greater proportion of respondents in the urban areas (36%) reported stress or violence in household relationships as compared to rural areas (26%) ( $p < 0.05$ ). One-third (33%) parents in relatively poor households reported stress of violence in household relationships as compared to 27% households that are not relatively poor.

One-third (32%) women respondents reported stress of violence in household relationships as compared to 28% men.



**Environment in the house is strange. It used to be better earlier, before the spread of COVID-19.”**

- A 16 year old girl

## 5.6 INVOLVEMENT OF CHILDREN IN HOUSEHOLD CHORES



Increase in economic insecurity due to the pandemic and losses in household incomes are likely to lead to the expectation that children should contribute financially. This, in turn, may potentially result in many children being out of school and being forced to work in farms, factories and other areas, thereby worsening issues related to child labour. There is also evidence which demonstrates that child labour continued despite workplace closures. In India, from March 2020 to May 2020, the national emergency ChildLine for children in distress conducted 3,653 interventions for child labour; nearly half of the children rescued were aged between 11-15 years old, and 10% were children younger than 5 years old<sup>12</sup>.

In this study, children were asked about how much they are involved in the household chores since the outbreak of COVID-19 as compared to before the outbreak (Table 5). In programme participants group, 54% children reported that their involvement in household chores has increased as compared to before the pandemic.

Table 5: Involvement of Children in Household Chores

Involvement in Household Chores	Programme Participants Group						Migrants Group	
	Rural		Urban		Total		N	%
	N	%	N	%	N	%		
More than Before	211	54%	160	54%	371	54%	88	42%
About the Same	137	35%	120	40%	257	37%	94	45%
Less than Before	44	11%	18	6%	62	9%	29	14%
Total	392	100%	298	100%	690	100%	211	100%

In both rural and urban areas, 54% children reported to have an increased involvement in the household chores. More than half (58%) the girls reported increased involvement in household chores as compared to 46% boys.

Among migrants, 42% of the respondents reported more involvement in household chores as compared to earlier.



**Since I am at home all the time as school is closed, everyone keeps asking me to support them by doing household work all the time.”**

- A 15 year old girl



# HEALTH AND NUTRITION FOR ALL

A large number of children and their families lack access to healthcare services and nutrition in India. The fact that India contributes substantially to the global burden of under-five mortality and malnutrition among children below five years of age is reflective of the poor access to basic health services and nutrition. Unfortunately, COVID-19 and its economic impacts are likely to disrupt and derail this already poor access to healthcare and nutrition, especially for vulnerable families. This chapter aims to present the impact of the pandemic on access to healthcare services and nutrition.

## 6.1 IMPACT OF PANDEMIC ON HEALTHCARE ACCESS



Routine health services have been impacted severely during the pandemic. Factors like lockdown, movement restrictions and unavailability of means of transportation have played a key role in affecting access to health services. At the same time, the fear and threat of the contagious COVID-19 infection also contributed as a barrier to accessing basic health services in rural and urban areas<sup>13</sup>.

### Barriers in Access to Healthcare, Medication or Menstrual Hygiene Products

In the programme participants group, one-third of all respondents (33%) shared that they faced barriers in accessing healthcare services, medication or menstrual products. A significantly greater proportion of households in urban areas (37%) reported facing barriers in accessing these services as compared to rural areas (31%) (Table 6).

Table 6: Barriers in Accessing Healthcare Services, Medication or Menstrual Hygiene Products

Facing Barriers in Accessing Services	Programme Participants Group						Migrants Group	
	Rural		Urban		Total		N	%
	N	%	N	%	N	%		
Yes	176	31%	139	37%	315	33%	276	47%
No	317	56%	218	58%	535	57%	287	49%
Do Not Know	71	13%	20	5%	91	10%	24	4%
Total	564	100%	377	100%	941	100%	587	100%

A significantly greater proportion of respondents from relatively poor households (35%) reported facing barriers in access to healthcare services, medication or menstrual products as compared to respondents from households that are not relatively poor (31%) ( $p < 0.05$ ). Among women, 35% reported facing barriers in accessing these services and products as compared to 30% men.

Among migrants, almost half of all respondents reported facing barriers in accessing healthcare, medication or menstrual products.

### Lack of Transport and Barriers in Accessing Medicine

Two out of every five respondents cited the lack of transportation during pandemic as a barrier in accessing medicines. Households in rural areas were more likely to face this barrier as compared to households in rural areas (urban - 27%, rural -50%).

Among migrants, 35% respondents cited this challenge.

### Fear of COVID-19 Infection

The fear of contracting COVID-19 infection also played on the minds of people and affected the access to medicine by restricting movement. In fact, three out of every four respondents cited this as a barrier in accessing medicines in the programme participants as well as the migrants' group.

### Closure of Healthcare Centres and Pharmacies Running Out of Medicines

None of the respondents across both the target groups cited closure of healthcare centres as a barrier. Similarly, none of the respondents in either target groups cited "centres and pharmacies running out of medicines" as a barrier.

## 6.2 INCOME LOSS AND DIFFICULTY IN PAYING FOR HEALTHCARE OR MEDICAL SUPPLIES

In this study, more than one-third of all respondents (37%) in the programme participants group who lost their income due to COVID-19 reported that they had experienced difficulties in paying for healthcare or medical supplies.

“

**In case someone in our family gets infected by COVID-19 then how will we pay for medicines as the family's income has gone down due to COVID-19.”**

- A 16 year old boy

A significantly greater proportion of households in rural areas (41%) reported facing difficulty in paying for healthcare or medical supplies as compared to urban areas (31%) ( $p < 0.05$ ). Slightly higher number of men (39%) cited difficulty in paying for healthcare or medical supplies as compared to women (36%). More than one-third (35%) respondents from relatively poor households as well as households that are not relatively poor reported the same barrier.

Among migrants, more than half of all the respondents reported difficulties in paying for healthcare or medical supplies as a result of loss of income due to the pandemic.

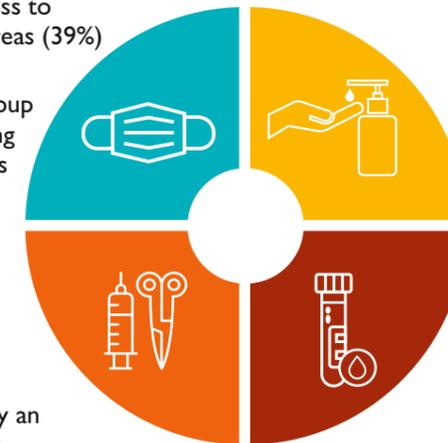
## 6.3 STRUGGLE IN ACCESS TO BASIC ITEMS

Many households reported that they struggling to access basic items like masks and sanitisers.

### Access to Masks

More than two-fifth (44%) of the households in the programme participants group reported not having access to masks. A significantly greater proportion of households in rural areas (47%) reported not having access to masks as compared to urban areas (39%) ( $p < 0.05$ ).

Households in the migrants' group also faced challenges in accessing masks as 47% of the households reported this.



### Access to Remote Healthcare Services

Remote healthcare services play an important role in the event of a lockdown or restrictions on movement. None of respondents in either target group reported having access to remote healthcare services.

### Access to Sanitisers

In this study, 53% respondents in the programme participants group reported not having access to sanitiser / soap. About half the migrant households reported facing challenges in accessing sanitiser/ soap. In the programme participants group, 7% respondents also cited challenges in securing water delivery. Among migrants, 27% of the respondents cited this challenge.

### Access to Covid-19 Tests

One-third of the respondents in the programme participants group reported that they will not be able to access COVID-19 tests. Among migrants, 43% respondents shared this concern.

“

**Not everyone in our community has a mask or soap. They are at risk of getting infected which may spread to others.”**

- A 16 year old girl

“

**Many government hospitals are crowded due to COVID-19 and private clinics are also closed; so how does one get treatment in case of an illness? This is a worry.”**

- A 16 year old girl



Photo Credit: Save the Children



Photo Credit: Save the Children

## 6.4 ACCESS TO NUTRITION

### Barriers to Accessing Meat, Dairy Products

It was observed that availability of food items including meat and dairy products is substantially affected during COVID-19. As per a report by Global Alliance for Improved Nutrition (GAIN)<sup>14</sup>, meat, fish and processed or packaged food were not sufficiently available in India. The study which was conducted in more than 100 GAIN countries, including India, showed that since the outbreak of pandemic, prices have increased for many foods.

### Difficulty in Providing Families with Meat, Dairy Products, Grains, Fruits and Vegetables

Three out of every five households in the programme participants group found it difficult to provide their families with meat, dairy products, grains, fruits and vegetables during the pandemic. The proportion was almost the same in rural and urban areas (Table 7). About 44% respondents in the programme participants group reported that they found food items to be expensive.



Among migrants, three out of four respondents reported that they found it difficult to provide their families with meat, dairy products, grains, fruits and vegetables during the pandemic. Nearly three-fifth of them (57%) reported that they found food items to be expensive.



Table 7: Barriers in Accessing Meat, Dairy Products, Grains, Fruits and Vegetables

Access to Meat, Dairy Products, Grain, Fruits and Vegetables	Programme Participants Group						Migrants Group	
	Rural		Urban		Total		N	%
	N	%	N	%	N	%		
Yes	335	59%	229	60%	564	60%	443	75%
No	212	38%	146	38%	358	38%	140	24%
Do Not Know	17	3%	5	1%	22	2%	5	1%
Total	564	100%	380	100%	944	100%	588	100%

### Food or Critical Nutrition Supplement Affected by Income Loss

Loss of income due to the pandemic has also affected the access of people to food items and critical food nutrition supplements. Almost three-fifth (59%) respondents in the programme participants group shared this concern. Nearly 62% respondents from relatively poor households reported facing difficulty in accessing food items and critical food nutrition supplements as compared to 55% respondents in households that are not relatively poor.

About three-quarters of all respondents in the migrants' group reported that they found it difficult to provide their families with food items and critical food nutrition supplements as a result of loss of income due to the pandemic.



**Our family income has reduced since the spread of COVID-19; however, we can manage to get our meals. But if COVID continues then even getting proper food everyday might become a challenge."**

- A 17 year old boy



Photo Credit: Save the Children



Photo Credit: Save the Children

## VOICES OF CHILDREN

Children's expressions and views are equally important as those of their parents or caregivers. It is important to listen to children and take their opinion into account about decisions related to their well-being. This chapter presents the understanding of children and their views on some key aspects related to COVID-19 and its impact on children.

### 7.1 WRITING TO THE LEADERS OF INDIA

Children were asked to share that what is it that they would like to share with the leaders of the country. One-third (33%) stated that they would ask the leaders to support poor and vulnerable families by providing ration and employment. Many asked the leaders to assist children in their education by providing internet facilities and financial help.

“

**I want to say to all the leaders that you should support people who are not getting food by providing them with food Also, children who lack access to internet should be supported by providing internet facility.”**

- A 17 year old girl

“

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

- A 15 year old girl

“

**How will families survive without jobs and work? So many people including our neighbours have lost income. All these families should be supported by the government.”**

- A 17 year old boy

Some children talked about improving and strengthening the education and health system of the country. Around 22% children requested leaders to open schools with proper safety precautions in place. They also felt that leaders should take steps to provide learning materials to children while their schools are closed.

Children also demanded leaders to ensure protection of children from violence. They also feel that leaders should ensure safety of children to ensure their development.

Among children, many were of the opinion that child participation should be ensured in government's decisions. They further opined that the government should seek their views on key matters related to them. They also expressed that government should share COVID-19-related information with them.

Some children (5%) also said that they would like to request the government to find treatment for COVID-19 as soon as possible. Many shared that controlling the pandemic and providing improved quality health services is critical.

“  
All the schools should be reopened and everyone should be provided with mask and sanitisers so that we can get back to school with all the safety precautions. Testing is also important.”

- A 15 year old girl

“  
I would want them (leaders) to set up hospitals and focus more preventing the spread of coronavirus infection.”

- A 15 year old boy

“  
Ensure safety of the children first, they should be treated as the future of the country and no one should harm them.”

- A 17 year old girl

“  
I want to say that children’s opinion and knowledge about COVID-19 should also be considered.”

- A 16 year old girl

“  
Leaders come only when they seek votes. They should come now and take our suggestions into account to deal with this issue and others that affect us.”

- A 17 year old boy

“  
There is a need to reopen schools when it is safe to do. By that time, we should be supported by teachers in our learning, and books and material should be given.”

- A 17 year old girl

“  
What about the health of people and especially, health of children? I want to ask the leaders to focus on the health system and also to make sure that people get food so that no one in our country suffers because of hunger or lack of health services.”

- A 16 year old girl

“  
Children should be protected from violence and beatings everywhere, including at home and school.”

- A 16 year old boy

## 7.2 MESSAGES FOR CHILDREN ACROSS THE BORDER

Motivation from friends helps to keep the spirits high when COVID-19 tends to bring down one’s enthusiasm. In the scenario where children are feeling stressed, sad and disappointed, a few words of inspiration and cheerfulness can strike a ray of hope. In this study, children were asked about what they like would to say to their peers from other countries.

More than three-fifth (63%) children shared messages for children across the borders on aspects of well-being like staying safe through staying / playing at home. They also conveyed that other children should stay positive and in case someone has got infected, s/he should feel confident of getting well soon. Some messages shared by the children were:

“  
Use mask and sanitiser, study at home and leave home only if extremely necessary.”

- A 17 year old girl

“  
Take safety measures and don't get depressed. Practice social distancing and encourage everyone to do so.”

- A 17 year old girl

One-third (31%) children shared messages on maintaining social distancing, washing hands frequently, using mask, increasing awareness as well as taking timely treatment for the infection. Some children also talked about practicing yoga or exercising regularly so as to increase their immunity.

“  
Take safety measures and don't get depressed. Practice social distancing and encourage everyone to do so.”

- A 17 year old girl



Photo Credit: Save the Children

## 7.3 RESPONSIBILITIES OF ADULTS DURING COVID-19

During the pandemic, every individual has a responsibility towards the society to take precautions and contribute to contain the spread of infection. When children were asked about the things that adults in their home can do differently during the outbreak, around one-third (34%) stated that while at home, adults should contribute towards their children's and their parents' wellbeing, since they are the most vulnerable to COVID-19.

Children also shared that adults should take COVID-19 seriously and help their family avoid getting infected by staying at home so that they don't come in contact with an infected person. Parents should spend time with children, listen to them and talk to them.

“

**Adults should take precautions and proper care of every family member.”**

- A 15 year old boy

“

**They (parents) should stay home and not go outside.”**

- A 16 year old girl

“

**They (parents) can teach their children at home and do some fun activities.”**

- A 12 year old boy

“

**I would expect them to maintain hygiene, wash hands regularly and avoid eating cold food items.”**

- A 13 year old girl

Among the respondents, 15% stated that adults at home should help in maintaining the health of the family members by communicating with them and increasing their awareness on COVID-19, following the precautions as well as ensuring that the family members follow physical distancing, use of masks, washing hands and maintaining hygiene.

Some children stated that adults should remain positive, should be patient and utilise this time to learn a new skill. Very few children (3%) talked about involvement of adults towards children's education. Nearly half the children either had nothing to say or didn't know what to say.

## 7.4 MOST ENJOYED MOMENTS DURING COVID-19

The times of COVID-19 though is stressful for most people, but it has also given the opportunity to appreciate some of the most enjoyable moments with the family. In this study, children were asked about their most enjoyable moments during the lockdown.

The findings suggest that around 80% children talked about improving their overall well-being due to various reasons. Children shared that they were able to spend more time with their parents / families which helped them in building a stronger relationship with them.

Some children utilised the time to play, practice their hobbies and get involved in sports. Children also mentioned that they liked spending this time watching TV, playing video games and being on the internet. A child shared that she enjoyed telling stories to neighbourhood children and developed a new skill of sewing and stitching.

Around one in ten children also mentioned about being happy for not going to school or making use of new modes of learning. Some also mentioned that they liked their parents and caregivers getting engaged in their learning. Among the respondents, 12% had nothing to say or did not respond to the question.

“

**Spending time with parents. Not going to school. There is less homework than earlier and we are following a sleeping routine of our own choice.”**

- A 13 year old girl

“

**Every evening we make delicious snacks and have fun together.”**

- A 17 year old girl

“

**Getting an opportunity to spend more time with parents at home and opportunity to take care of my father.”**

- A 13 year old girl

## 7.5 WORRIES AMONG CHILDREN ABOUT COVID-19

COVID-19 has brought with itself immense uncertainties and anxiety, even in the innocent minds of small children. When asked what they worry the most due to COVID-19, around half of the (48%) children talked about fear / stress due to COVID-19, an issue that requires mental and psycho-social support while others reported stress of not being able to lead a normal life. Fear of death was also quoted as one of the worries by a child.

Nearly one-third of children (32%) stated that they worry about the ill effects of COVID-19 on the health of their family members. As reported by them, they worry about themselves or their family members testing positive for COVID-19.

Some children also mentioned that they were concerned that people are not following the guidelines issued by the government for COVID-19, which will spread the infection further.

One in ten children were worried about their education being affected due to COVID-19. This includes schools not being open, not being able to go to school, limited learning via distance learning, which will hamper their academic progress. Around 4% children were worried about not having enough family income to buy food and other essential items.

**“I am very fearful of testing positive for coronavirus.”**

- A 17 year old girl

**“I am fearful of losing my family.”**

- A 17 year old girl

**“If the treatment of coronavirus is not found then we will have to stay home like this. We will not even be able to go to school.”**

- A 15 year old girl

**“If employment is not available then how will the household expenses be met.”**

- A 17 year old boy

## CONCLUSION AND RECOMMENDATIONS

### 8.1. CONCLUSION

#### Education



- **Not returning to school:** One out of ten children said that they would not be returning to school or do not know whether they would return to school once they reopen. This finding is consistent across both target groups.
- **No or inadequate learning:** Eight out of ten parents from the programme participants group reported that children are learning little or nothing at all. A similar scenario was reported by the migrants' group.
- **Access to learning material:** Nearly two-thirds of children in the programme participants group had access to some form of learning material. Among those who had access to learning material, two-thirds had access to only one or two types of material. Among the children from migrants' group, 68% had access to some form of learning material, with majority of them reported having access to only one or two types of material. While comparing the relatively poor households and households that are not relatively poor among the programme participants group, a child from a relatively poor household is twice more likely to not have access to any learning material as compared to a child from a household that is not relatively poor.
- **No contact with teachers:** More than half of all children from the programme participants group reported having no contact from teachers at all since the closure of schools. Similar situation was reported by the children from the migrants' group. Variation was observed between children of relatively poor households and households that are not relatively poor from programme participants group, wherein 58% children from the relatively poor households did not have a check in from their teacher as compared to 44% children in the households that are not relatively poor.
- **Not using internet for learning:** Three out of every four children in the programme participants group and the migrants' group were not using internet for learning due to limited access.
- **Facing obstacles in learning:** Four out of every five children in the programme participants group reported facing obstacles to learning. Among the migrants' group, three out of four children reported facing obstacles to learning.
- **No support in learning:** Three out of every ten children in the programme participants group and the migrants' group reported that they had no support in their learning.
- **Increased burden of household chores on girls:** Children reported increased burden of household chores as an obstacle to learning. A girl is twice more likely to report an increase in burden of household chores as compared to boys.

## Livelihood and Sustenance



- **Loss of income:** In the programme participants group, 78% households reported income loss since the onset of the pandemic. A significant proportion of relatively poor households in programme participants group (84%) reported loss of income as compared to households that are not relatively poor (70%). Among migrants, 91% households reported loss of income.
- **Loss of job:** One-third (32%) respondents in the programme participants group reported loss of their job. One in five respondents also shared that besides them another adult member in their family also lost their job. Among migrants, 85% reported loss of their job and 29% reported that another adult member in their family also lost their job.
- **Struggle to pay for food:** More than half the parents (56%) in the programme participants group reported that they are struggling to pay for food. While comparing the relatively poor households and households that are not relatively poor in this group, it emerged that 60% of the relatively poor households were struggling to pay for food as compared to 52% households that are not relatively poor. In the migrants' group, 60% households reported lack of money to pay for food.
- **Inability to pay house rent:** Approximately one in five (18%) households in the programme participants group and one in four (26%) households in the migrants' group reported that they are struggling to pay house rent.
- **Received support from the government:** The findings showed that 43% respondents in the programme participants group and 48% in the migrants' group reported receiving some kind of support from the government before the outbreak of the pandemic.
- **Job support requested from the government:** Three out of ten respondents in the programme participants group reported the need of job / employment support. Among migrants, 64% respondents expressed the same need.
- **Need for cash support:** One out of every two respondents in the programme participants groups cited the need for cash or cash vouchers. A little more than half (53%) of the relatively poor households as compared to 43% households that are not relatively poor in the programme participants group expressed the need for cash / cash vouchers. Seven out of every ten migrant households expressed the need for cash / cash vouchers.

## Protecting Children from Violence



- **Violence at home:** The findings showed that 11% children in the programme participants group and 17% children in the migrants' group reported violence in their homes during the pandemic.
- **Increase in negative feelings:** Three out of every four children in the programme participants group reported increase in negative feelings since the outbreak of the pandemic. Additionally, four out of five children in the migrants' group reported the same.
- **Improved relationship with children:** Nearly half (45%) the parents in the programme participants group reported that their relationship has improved with their children. Variation was observed among the relatively poor and the households that are not relatively poor as 39% parents in the relatively poor households reported improvement in relationship as compared to 53% from households that are not relatively poor. Among migrants, 18% parents reported improvement in relationship with their children.
- **No contact with friends:** More than one-third children in the programme participants group as well as in the migrants group reported that they are not in touch with their friends since the outbreak.
- **Low virtual contact with friends:** One-third (35%) children in the programme participants group reported being in touch with their friends virtually. Among relatively poor households, 30% children reported to have met their friends virtually while 41% children from households that are not relatively poor reported the same. Among migrants, 20% children reported being in touch with their friends virtually.
- **Stress or violence in relationship:** Three out of ten parents in the programme participants group reported stress or violence in household relationships. A significant proportion of respondents in urban areas (36%) reported stress or violence in household relationships as compared to rural areas (26%). One-third respondents from relatively poor households reported stress or violence in relationships as compared to 27% in the households that not relatively poor.
- **Increased involvement in household chores:** More than half the children (54%) in the programme participants group reported an increase in involvement in household chores since the outbreak. More girls (58%) reported increased involvement in household chores as compared to boys (46%). Among migrants, 42% children reported increased involvement in household chores.

## Health and Nutrition During the Pandemic



- **Problems in accessing healthcare services:** One out of every three respondents from the programme participants group shared that they were facing barriers in accessing healthcare, medication or menstrual products. One out of every two migrants reported problems in accessing these services. A significant proportion of respondents from relatively poor households (35%) from the programme participants group reported facing barriers in accessing healthcare, medication or menstrual products as compared to respondents from households that are not relatively poor (31%). Remote healthcare services play an important role in the event of a lockdown or restrictions on movement. None of the respondents in either target group reported having access to remote healthcare services. One-third of the respondents in the programme participants group reported that they were not able to access COVID-19 tests. Among migrants, 43% respondents shared this concern.
- **Struggle in access to preventive supplies:** More than two-fifth (44%) of the households in the programme participants group and almost half (47%) of the migrants' group reported not having access to masks. A significantly greater proportion of households in rural areas (47%) as compared to urban areas (39%) reported not having access to masks. About half of the respondents in the programme participants group and migrants reported not having access to sanitiser / soap. In the programme participants group, 7% respondents also cited challenges in securing water delivery while 27% of the migrants reported so.
- **Lack of paying capacity for accessing healthcare:** More than one-third respondents (37%) in the programme participants group who lost their income due to COVID-19 reported that they experienced difficulties in paying for healthcare or medical supplies. Among migrants, more than half the respondents shared the same challenge.
- **Relatively poor diet:** Three out of every five respondents from the programme participants group found it difficult to provide their families with meat, dairy products, grains, fruits and vegetables during the pandemic. Among migrants, this scenario was prevalent for three out of four respondents.
- **Lack of nutrition:** Loss of income due to the pandemic affected people's access to essential food items and food nutrition supplements. Six out of ten (59%) respondents from the programme participants group shared this concern. More respondents from relatively poor households (62%) reported facing difficulty in accessing food items and food nutrition supplements as compared to 55% among the households that not relatively poor. Among migrants, 74% respondents shared the same challenge.

## 8.2 RECOMMENDATIONS

### A. Thematic Recommendations

#### Education



- **Providing distance learning programmes to vulnerable children:** It is imperative to provide effective, flexible and inclusive distance learning programmes for the most deprived and marginalised children including children from migrant families. It is important to provide support to parents to ensure continuity of education with the help of digital learning tools.
- **Providing support to teachers:** The teacher and school administration should be provided with resources and support for continuity of education of children through digital and other modern mediums of learning.
- **Psycho-social support:** COVID-19 has led to loss of learning and caused stress among the relatively poor children who have limited access to digital learning or learning material. Thus, there is a need to provide psycho-social support to children and help them catch up with learning levels as well as ensure continuity of education even after schools reopen.
- **Community mobilisation for return to school:** Create an inclusive and gender sensitive 'back to school' campaign. It should include community mobilisation to promote community's confidence in safe re-opening of schools and promote access (and return) to education for the most deprived and marginalised children. There is need to specifically focus on the migrant families as their children are at a higher risk of not returning to school.
- **Conducting learning assessments on return to school:** Provide every child with a learning assessment on their return to school to inform interventions including remedial classes for capacitating them to catch-up with any loss of learning. It is important to ensure enrolment in school of children of migrant families who have returned to their native places.

#### Livelihood and Social Protection Support



- **Ensure COVID-19 related assistance and support to vulnerable households and children:** Ensure that vulnerable households, including migrant families, in both rural and urban areas benefit from existing government social protection systems and receive other COVID-19 related assistance and support.
- **Take social protection measures for the worst affected:** Ensure continuity of existing social protection programmes / schemes (including schemes announced during the pandemic) to the eligible families and children. Special efforts are required for the migrant families and their children to ensure their access to entitlements irrespective of native place or place of work.
- **Strengthen social accountability mechanisms:** Place children at the centre of the response and recovery plans by strengthening social accountability mechanisms to support dialogue between children and decision-makers at all levels.

## Protecting Children from Violence



- **Ensure access to mental health and psycho-social support services:** It is important that mental health and psycho-social support services are made available to children of all ages and their parents / caregivers, including those of migrant families as they are likely to be at greater risk of facing mental health issues.
- **Strengthen referral and reporting systems:** Strengthen the community-level child protection system for children to report violence safely, including when schools are closed.
- **Invest in positive parenting:** Uplift and invest in positive parenting including parenting without violence for children to behave appropriately through teaching, routines, understanding and support. It is important to train and sensitise the concerned stakeholders and service providers to promote parenting without violence.
- **Identify vulnerable children:** It is important to strengthen community-based child protection mechanisms to identify vulnerable children who are either out of school / drop outs or on the verge of engaging in child labour.
- **Child protection services to migrant families:** There is a need to make efforts to provide protection support and services to the children of migrant families.
- **Generate in-depth evidence on child protection issues during COVID-19:** There is a need to generate in-depth evidence on implications of COVID-19 on child protection issues such as child labour, child trafficking, child marriage and other child protection concerns.

## Health and Nutrition During the Pandemic



- **Take measures to improve coverage of healthcare services:** There is a need to improve equitable coverage of healthcare services by removing financial and non-financial barriers. It is important to prioritise efforts and resources to make services available free at the point of use for vulnerable children and families, including migrant families.
- **Ensure access to preventive supplies:** It is important to ensure that preventive items including masks, sanitiser / soap and water delivery are available. Specific focus is required to provide these to vulnerable children and families including migrant families.
- **Ensure access to safe and nutritious food:** Ensuring food security by continuing existing social protection schemes is important (including those announced during the pandemic) so that the most deprived and marginalised (including migrants) can provide for themselves and for their children's healthy development.

## B. Cross-Thematic Recommendations

- **Provide uninterrupted access to critical services for the most vulnerable children and their families:** These include access to critical services such as healthcare, nutrition, food security, education, mental health and psycho-social support, protection against violence, social protection and child-sensitive cash transfers to the most vulnerable children, including children from migrant families.
- **Scale-up investments on children:** Considering that COVID-19 and its aftereffects will continue to impact the lives of children in the near future, there is a need to increase the investments on children. Hence, it is important to ensure that health, nutrition, education and protection services are well-resourced and inclusive.
- **Strengthen the delivery system:** There is a need to strengthen the mechanisms to ensure effective implementation of programmes for children during COVID-19. Ensuring the availability of trained and skilled workforce is crucial to reach out to children. Strengthening the delivery of services to vulnerable children, including children from migrant families is even more important.
- **Build engagement of multi-stakeholders:** A coordinated and synergised effort is required to have state, civil society organisations, private sector, academia, media, community, citizens and children work together to address the violation of child rights during the COVID-19 pandemic and come up with innovative solutions to address this complex problem.
- **Generating evidence on children:** There is a need to invest in building evidence on the impact of COVID-19 on children. Efforts in generating data on children in the context of COVID-19 should be directed at all the critical child rights issues including health, nutrition, education and child protection. There is a need to specifically focus efforts on collecting data on vulnerable children and families, including children from migrant families.
- **Listening to children:** There is a need to listen to the voices of children including girls and children from migrant families. It is important to ensure that dialogue and interaction with children captures their experience and the impact of COVID-19. These experiences and interactions should be used to develop response plans.

## C. Key Recommendations by Children

The children's responses collected through this study provided an opportunity to them to share their worries and concerns that they were grappling with during this time. Insights received from them reveal the inter-related dimensions of the impact of COVID-19 on their families, communities and service delivery mechanisms. The children's responses are framed around five overarching areas.

## Educate Us!



Children called on the government to ensure children's access to education during school closures, resume school when safe to do so, provide learning materials and have special sessions for improving learning levels.

““

**All the schools should be reopened and everyone should be provided with masks and sanitisers so that we can get back to school with all the safety precautions. Testing is also important.”**

- A 15 year old girl

““

**There is a need to reopen schools when it is safe to do. Till that time, we should be supported by teachers in our learning, and books and material should be given.”**

- A 17 year old girl

## Keep Us Healthy!



Children called on the leaders to strengthen the health system and provide food to all the children and their families. They also asked the leaders to share information related to COVID-19 with them.

““

**I would want them (leaders) to set up hospitals and focus more on preventing the spread of corona infection.”**

- A 15 year old boy

““

**What about the health of people and especially health of children? I want to ask the leaders to focus on health system and also to make sure that people get food so that no one in our country suffers because of hunger or lack of health services.”**

- A 16 year old girl

## Provide for Us!



Children called for social protection support for struggling families, including the provision of jobs, support for basic needs and services including food.

““

**I want to say to all the leaders that you should support people who are not getting food and provide them with food. Also, children who lack access to internet should be supported by providing internet facility.”**

- A 17 year old girl

““

**How will families survive without jobs and work? So many people including our neighbours have lost income. All these families should be supported by the government.”**

- A 17 year old boy

## Protect Us!



Children called on the leaders to take steps to ensure their protection including from all forms of violence.

““

**Ensure safety of the children first, they should be treated as the future of the country and no one should harm them.”**

- A 17 year old girl

““

**Children should be protected from violence and beatings everywhere including home or school.”**

- A 16 year old boy

## Involve Us!



Children demand that their voice should be heard and the government should ensure that their participation in decisions and issues that affect their lives.



**I want to say that children's opinion and knowledge about COVID-19 should also be considered."**

- A 16 year old girl



**Leaders come only when they seek votes. They should come now and take our suggestions into account to deal with this issue and others that affect us."**

- A 17 year old boy

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