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PROTECT A GENERATION



The impact of COVID-19 on children's lives

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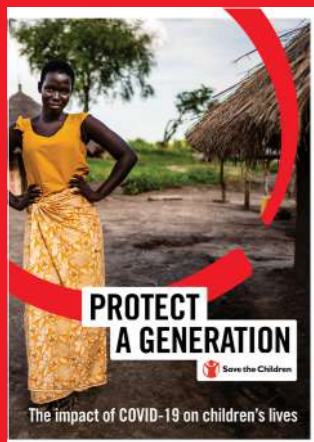
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This report provides a summary of selected findings from Save the Children's Global Research Series on the hidden impact of COVID-19 on children, available at: <https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series>



ON THE COVER
Harriet*, 14, at her home in Bidi Bidi Refugee settlement in Northern Uganda.

*Name changed to protect identity

Photo: Louis Leeson / Save the Children



Like 26 million other children in Ethiopia, Mahadiya, 13, is out of school because of the coronavirus, but thanks to Save the Children's camel library, she is able to continue reading and learning at home.

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Photo: Save the Children

Salam*, 10, and her brother Rami*, 13, learning at home in a camp in North West Syria

EXECUTIVE SUMMARY

An estimated 99% of children worldwide – or more than 2.3 billion children – live in one of the 186 countries that have implemented some form of restrictions due to COVID-19¹. Although children are not at a high risk of direct harm from the virus, they are disproportionately affected by its hidden impacts.

“

We are not living our childhood.”

– 12-year-old girl, Syria

The most marginalised and deprived children have been hit the hardest, and existing inequalities have been exacerbated. Progress that had been made against the Sustainable Development Goals (SDGs) for children is at risk of being disrupted, or even lost. For many children, the impacts of the pandemic will be catastrophic.

Save the Children carried out a global survey of children and their parents or caregivers during the COVID-19 pandemic, to find out the impact that the pandemic is having on their access to healthcare, their education, their family finances

and their safety, and to hear from children themselves on these topics.

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

1. Save the Children program participants with telephone numbers

or email addresses, 2. specific population groups of interest to Save the Children, and 3. the general public.

This report is one in a series presenting findings from the Global COVID-19 Research. The results presented in this report focus on quantitative data from our representative sample of 17,565 parents/caregivers and 8,069 children from 37 countries in our program participants group. Quotes from children across the three samples are also shared.

Survey participants

COUNTRIES

37

PARENTS

17,565

CHILDREN

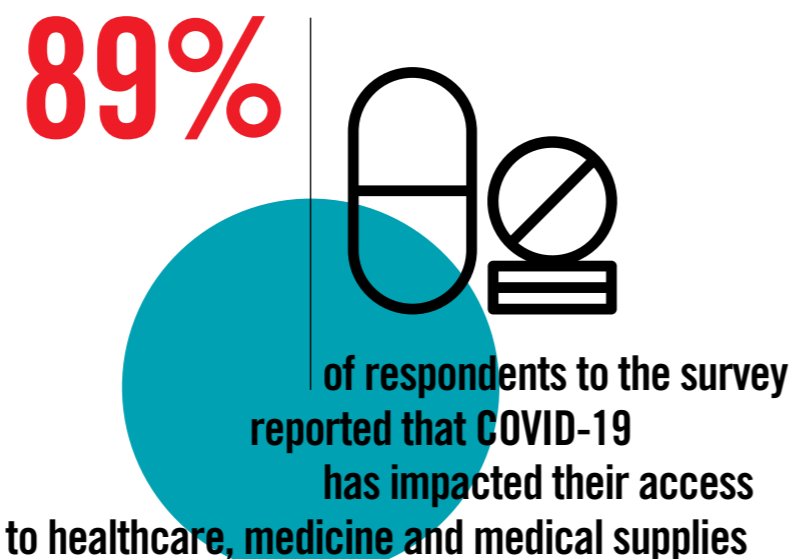
8,069

Children's Agenda for Action

Children's rights, as enshrined in the UN Convention on the Rights of the Child (UNCRC), need to be respected, protected and fulfilled during times of crisis. The children who responded to the global survey made articulate and clear demands of their leaders to deliver on their rights.

Children demand action on education, including the re-opening of schools and improved distance learning, an acceleration in the response to the pandemic and increased access to healthcare, as well as a call for duty-bearers to prioritise poorer families with the provision of social protection.

Children are calling on duty-bearers to protect them from increasing violence as a result of COVID-19 and crucially, to honour their right to be heard and to participate systematically in public decision-making on issues that affect them.



Health and nutrition during the pandemic

As a result of the deprioritisation of non-COVID related healthcare, lockdowns, and fear of contracting the virus, it is predicted that many children will die from preventable causes during the COVID-19 pandemic. Food and economic insecurity also threaten children's access to good nutrition, and malnutrition rates are expected to rise. **89% of respondents to the survey reported that COVID-19 has impacted their access to healthcare, medicine and medical supplies.** This increased for children with chronic health conditions or disabilities, and for poor households.

Further, **almost two thirds (62%) of respondents said that they are finding it difficult to provide their families with meat, dairy products, grains, fruits and vegetables.** The primary reason noted was cost, with **over half (52%) of respondents reporting that food is too expensive.**

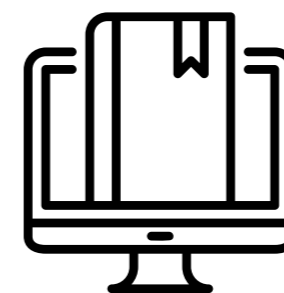
Save Our Education

More than 1.6 billion learners globally have faced school closures due to the pandemic. Save the Children predicts that the unprecedented disruption to children's education will result in at least 10 million children not returning to school, with girls and the most marginalised and deprived children most affected.² For children that do return to school, it is likely that they will miss out on months of learning and experience significant setbacks in their learning. This will particularly affect the poorest children who don't have access to online technology to support distance learning, and are less likely to have access to help at home.

More than 8 in 10 children surveyed felt that they were learning little or nothing at all. This figure was even higher for children living in poor households, displaced children, and girls. **Fewer than 1% of children from poor households said they have access to the internet for distance learning,** despite more than 60% of national distance learning initiatives relying on online platforms.³

40% of children from poor households said that they need help with their schoolwork, but they have no one to help them. This is even more concerning as **two thirds of parents and caregivers reported that their child had received no contact from teachers since their school closed.** Children without access to help with their learning will be left further behind when they return to school.

Fewer than **1%**



of children from poor households said they have access to the internet for distance learning

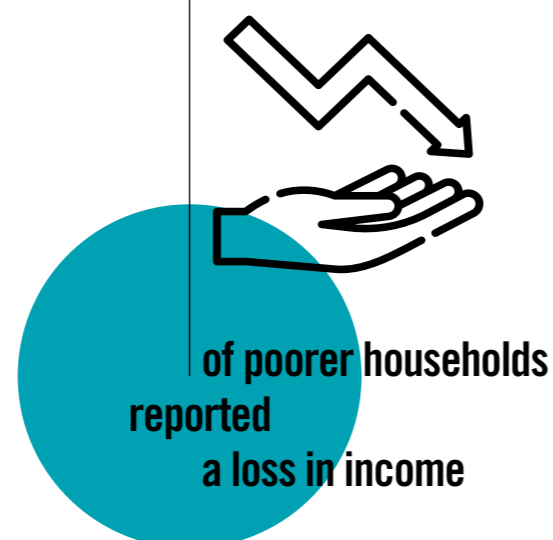
Child poverty and social protection

The COVID-19 health crisis quickly developed into an economic crisis, and Save the Children predicts that the number of children living in poor households could increase by as many as 117 million in 2020 alone.⁴ As well as being a key factor in undermining the economic growth and social capital of a country, child poverty stops children from having access to vital services including health and education, and can result in them being at a higher risk of violence, including child labour and child marriage.

In response to the survey, **more than 3 in 4 households reported an income loss** since the beginning of the pandemic. **Poorer households were more likely to suffer income losses (82%) than those not classified as poor (70%).** Urban households were also disproportionately affected by income loss, with **respondents from urban areas almost twice as likely to say they have lost their job (61%) compared with those in rural areas (33%).**

Although many countries and territories have implemented social protection measures since the outbreak of the virus, coverage does not yet go far enough. In response to the survey, **70% of respondents who suffered economic losses reported that they had not received government support.**

82%



Protecting children from violence

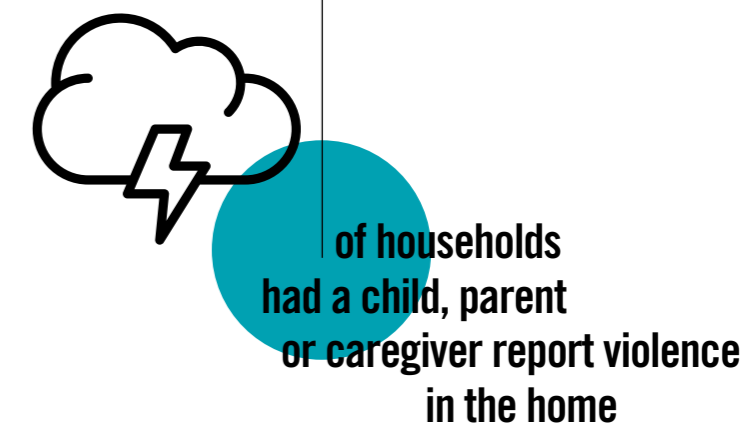
Violence against children was already at pandemic proportions before the outbreak of COVID-19; globally, 1 billion children aged between 2-17 years old experienced physical, sexual or emotional violence or neglect each year.⁵ COVID-19 threatens to exacerbate the risk of violence against children, particularly for those who are already at greater risk of violence – including girls, poor children, children with disabilities, and those in fragile contexts.

Nearly one third (32%) of households had a child, parent or caregiver who said that there had been physical or emotional violence in their home since the start of the pandemic.

Income loss and school closures heightened such violence; **19% of households in which violence was reported to have taken place by children had lost all or most of their household income due to COVID-19 compared to 5% when there had been no loss of income.** Violence in the household reported by children was double the rate when schools were closed (17%) compared with when schools were open and the child was attending in person (8%).

Responses to the survey also suggested that girls were being negatively affected by gender roles in the home. **Almost two thirds of girls (63%) reported an increase in household chores and more than half (52%) reported an increase in time spent caring for siblings and others** since the pandemic began. Girls reported that this **stopped them from being able to study, at twice the rate of boys.**

32%



Recommendations

Save the Children call on all stakeholders to come together to protect a generation of children. Action must be taken at the global and national level to ensure that all countries are able to respond to the pandemic effectively and build back better for children.

Governments, donors, multilateral organisations and all other stakeholders must take action to ensure that all children:

- Have access to strong, resilient and equitable health and nutrition systems that continue to deliver routine services
- Have access to learning whilst out of school, and are able to return to school when it is safe to do so
- Have access to inclusive and resilient social protection schemes
- Are protected from violence and have access to child protection services, including gender-based violence and mental health services
- Are listened to and involved in decision-making processes, as enshrined under the UN Convention on the Rights of the Child

For the full list of recommendations, please see page 80.



FOREWORD

By Inger Ashing, Save the Children International Chief Executive

The COVID-19 pandemic has hit people from all countries and communities around the world. We are all worried about the immediate impact of this crisis, but children in particular are at risk of experiencing damaging consequences for years to come.

As the socio-economic fallout from the pandemic became clear, Save the Children launched a global survey to capture the experiences of children and their families, and understand how children's lives have been changed.

We spoke to more than 8,000 children and 17,000 parents and caregivers in 37 different countries, making our survey the largest and most comprehensive survey of children and families during the COVID-19 pandemic to date. The survey allows us to understand how different children have been affected, as well as to hear from children directly about the biggest issues for them.

It is clear that the most deprived and marginalised children are being hit the hardest by the pandemic, exacerbating existing inequalities and pushing the most vulnerable children even further behind. For too many children, missing school means that they may never return; a parent losing his or her income means children go hungry; and increased pressures and stress on families mean that children experience more violence.

Even in wealthier countries, health systems are overwhelmed and economies have been thrown into recession. In the world's poorest countries, there is a real danger that there will be a reversal of progress made over the last 20 years, and a rollback on rights children rely on to survive, thrive and be safe.

Save the Children is working on the ground to ensure that children are protected during the crisis. This includes providing learning materials for children out of school, working to protect children from violence, and training and supporting health workers in some of the toughest places in the world, including conflict-torn Yemen, and over-crowded communities in Cox's Bazar in Bangladesh. But we know the full impact of the pandemic cannot be solved by aid agencies alone.

Therefore, we are calling on global and national leaders to come together to take action to protect a generation of children, and to make a real difference for children and their families across the world by making sure they continue to have access to health, education, social protection systems and protection from violence, and that their rights are upheld during the pandemic and beyond.

The pandemic knows no borders, and it still poses a global threat. Our shared humanity demands a global response, and throughout the response and recovery to COVID-19, we must work to protect a generation.

INTRODUCTION

The COVID-19 pandemic has put an entire generation of children at risk. Measures that have been implemented to contain the spread of the virus, including nationwide lockdowns and school closures, have caused many disruptions to children's lives. This, coupled with the wider social and economic impact of the pandemic, will have a significant impact on children's right to survive, learn and be protected.

Ayan, 25, holds her son Mohamed*, 13 months, in Ethiopia

Photo: Eduardo Soteras Jalil / Save the Children

“

Take care of us, because our situation is **only getting worse**”

– 16-year-old girl, Lebanon

Although the impacts of COVID-19 have been felt by children and families all around the world, their experience has certainly not been uniform. With even developed countries struggling to cope, there remains the risk that for low-income countries, the impacts of the pandemic could prove catastrophic.

Within countries, poorer and more marginalised children and families are often suffering the most. The pandemic is far from a great leveller; it has revealed and exacerbated existing inequalities and for many of the millions of children living in fragile and humanitarian contexts, and for marginalised groups of children, the impacts of the pandemic threaten to be catastrophic, long-lasting and life-altering.

Whilst most children are not at a high risk of suffering from the immediate health impacts of COVID-19, the pressure that the pandemic has placed on health systems and children's access to routine health services, as well as reduced access to safe and nutritious food, will cause significant increases in child mortality.⁶ For poorer families that face financial and other barriers to accessing healthcare and good nutrition, children will be at an even greater risk.

School closures have been a key aspect of many governments efforts to manage the spread of the virus. Around 90% of all global learners, or 1.6 billion children, have been impacted by the closure of schools, which undermines children's right to learn and impacts their wellbeing.⁷ Children that are the most marginalised are often unable to access distance learning initiatives, which disrupts their learning even further. Protection risks including violence in the home, child marriage and child labour, have also been heightened by school closures, violating children's rights and, when coupled with added pressures on households' incomes, impacting children's ability to return to schools once they reopen.

With national lockdowns and social distancing measures implemented to manage the spread of the virus, the COVID-19 health crisis has quickly turned into an economic crisis. As economies slide into recessions and households lose income, it is estimated that up to 117 million more children are at risk of falling into poverty, with millions more at risk of going deeper into poverty. This means that more children will go hungry, become malnourished, face protection risks, and miss out on essential services.⁸

Violence, particularly violence against women and girls, increases during crises as existing inequalities are exacerbated and families turn to negative coping mechanisms to deal with insecurities and stressors.⁹ The closure of schools mean that children do not have access to the critical safe space they can provide, which can protect children from various forms of violence. Stressors related to COVID-19, including health, food security and financial concerns can exacerbate violence against children in the home, as over-stressed parents and caregivers can become violent and abusive.

In order to find out about how the COVID-19 pandemic, and the measures implemented to mitigate it, are impacting children's health, nutrition, learning, wellbeing, poverty and protection, Save the Children launched a global survey to capture the views of children and their parents and caregivers in our programmes, including children's messages for leaders and for other children around the world.

The survey allowed us to hear about children's lived experience of COVID-19 and the impacts it is having on children and families across the world; understand how different children, including the most marginalised and deprived, have been impacted by the pandemic. The survey is the largest and most comprehensive survey of children and families during the COVID-19 crisis to date, with 17,565 parents and caregivers and 8,069 children aged between 11-17 years old participating.

This report focuses on the impacts that the COVID-19 pandemic has had on children's lives.

CASE STUDY

Impacts of COVID-19 on children living in the occupied Palestinian territory (oPt)

Ahmed* is 14 years old. Two years ago, he was shot in his right leg during the Great March of Return demonstrations in Gaza. Ahmed underwent surgery multiple times, but he still needs medical care abroad. He is unable to travel since the coordination between Palestinian and Israeli authorities ended because of Israel's plans to annex parts of the West Bank.

"I have to travel abroad and have the nerve operation because there are no specialists in Gaza. We are not equipped. Gaza is under siege..."

Coronavirus has affected my daily life, they closed the schools and checkpoints, universities, mosques, for example the physiotherapy [centre] has also been closed. I need treatment. Checkpoints were closed. I need to travel to have an operation. It really affected my life. I hope they find the medicine [I need]."

The closure of schools is also affecting the learning process for children in Palestine. More than half of parents surveyed in the oPt reported that their children were learning 'just a little' during this period, and one in every four children is having difficulty paying for learning materials. Given that 63% of households surveyed in the oPt mentioned a loss of income during the COVID-19 crisis, access to services including learning materials or healthcare, could also be affected.

"I love going to school. I'm in grade 9. I love to see my friends at school. I like Arabic language the most. Coronavirus has affected education so much. We used to go to school. We used to wake up early and go to school."



14-year-old Ahmed* at his home in Palestine

COVID-19 is also having an impact on children's mental health and more psychosocial support is needed. More than half (56%) of children in the oPt said they were more worried than before, and 77% of parents and caregivers indicated that their children were showing an increase in negative feelings.

"My message to all the children around the world whose lives have been affected is - don't give up. God is testing your life. Be strong, be brave, keep it up. Continue with your life. Try to live a normal life. Be successful."

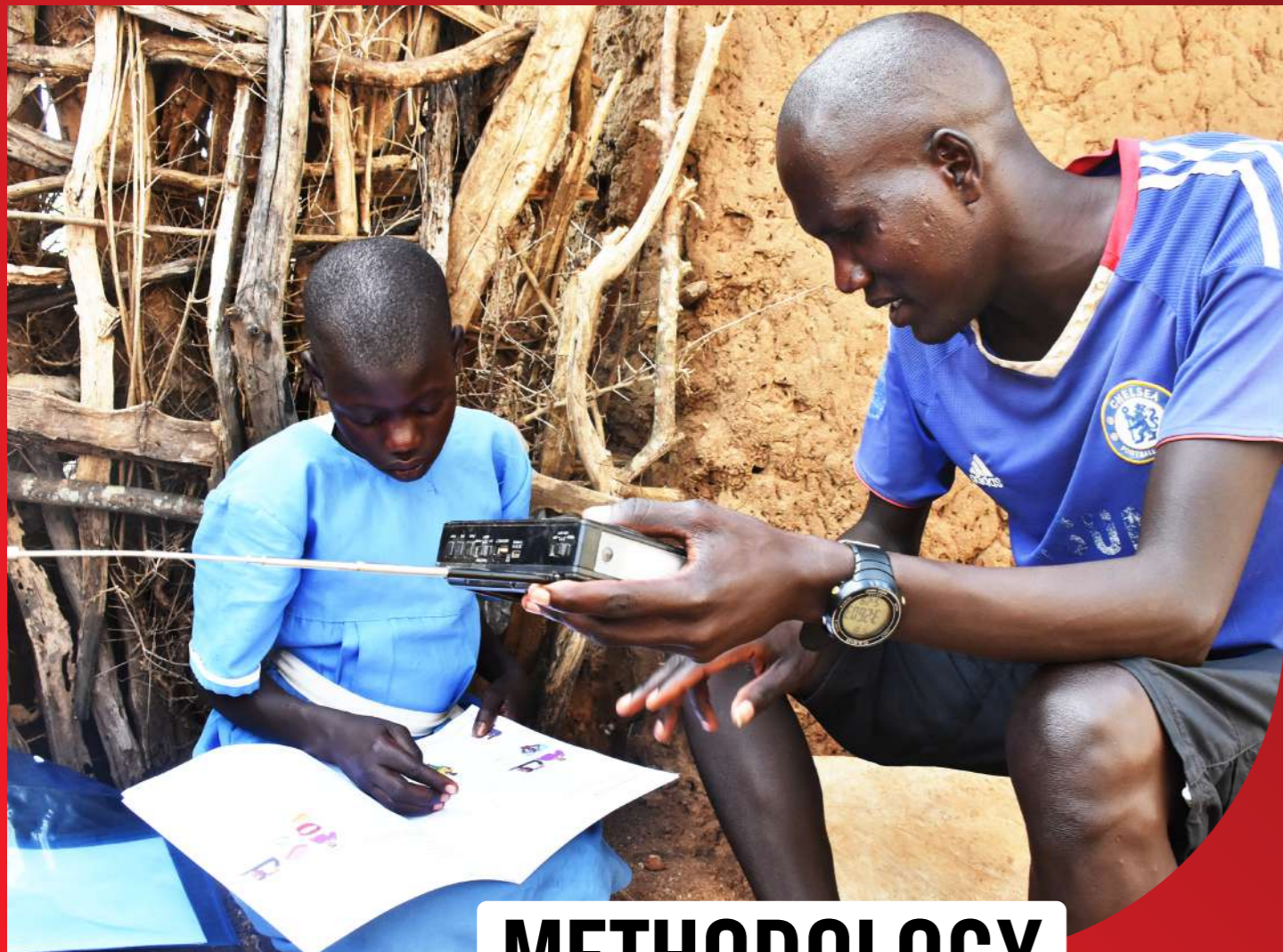


Photo: Malama Mwila / Save the Children

METHODOLOGY

Anna, 12, keeps learning from home in Karamoja, northeast Uganda

In light of the COVID-19 pandemic, Save the Children identified a need to consult with children and caregivers worldwide, to generate evidence on the impact that COVID-19 has had on children’s health, nutrition, education, wellbeing, poverty and protection needs, and to hear children’s messages for leaders about their response to the pandemic.¹⁰

This study was approved by the Save the Children US Ethics Review Committee (SCUS-ERC-FY2020-33). Approval was also obtained by local Independent Review Boards in all countries where the research was implemented, that had locally operating Independent Review Boards.

Save the Children recognise that more could have been included in the survey. However, due to global scope of this study and to ethical concerns, further questions on gender diversity, sexual orientation and other dimensions were not incorporated in this study.

Quantitative data

The quantitative data in this report was gathered from a sample of Save the Children programme participants for whom we had email or phone contact details, in 37 countries across the regions of Asia, East and Southern Africa, West and Central Africa, Latin America and the Caribbean, the Middle East and Eastern Europe, the Pacific, and North America. The countries were not randomly selected and are therefore neither representative of all countries around the world, nor representative of all countries in which Save the Children operates.

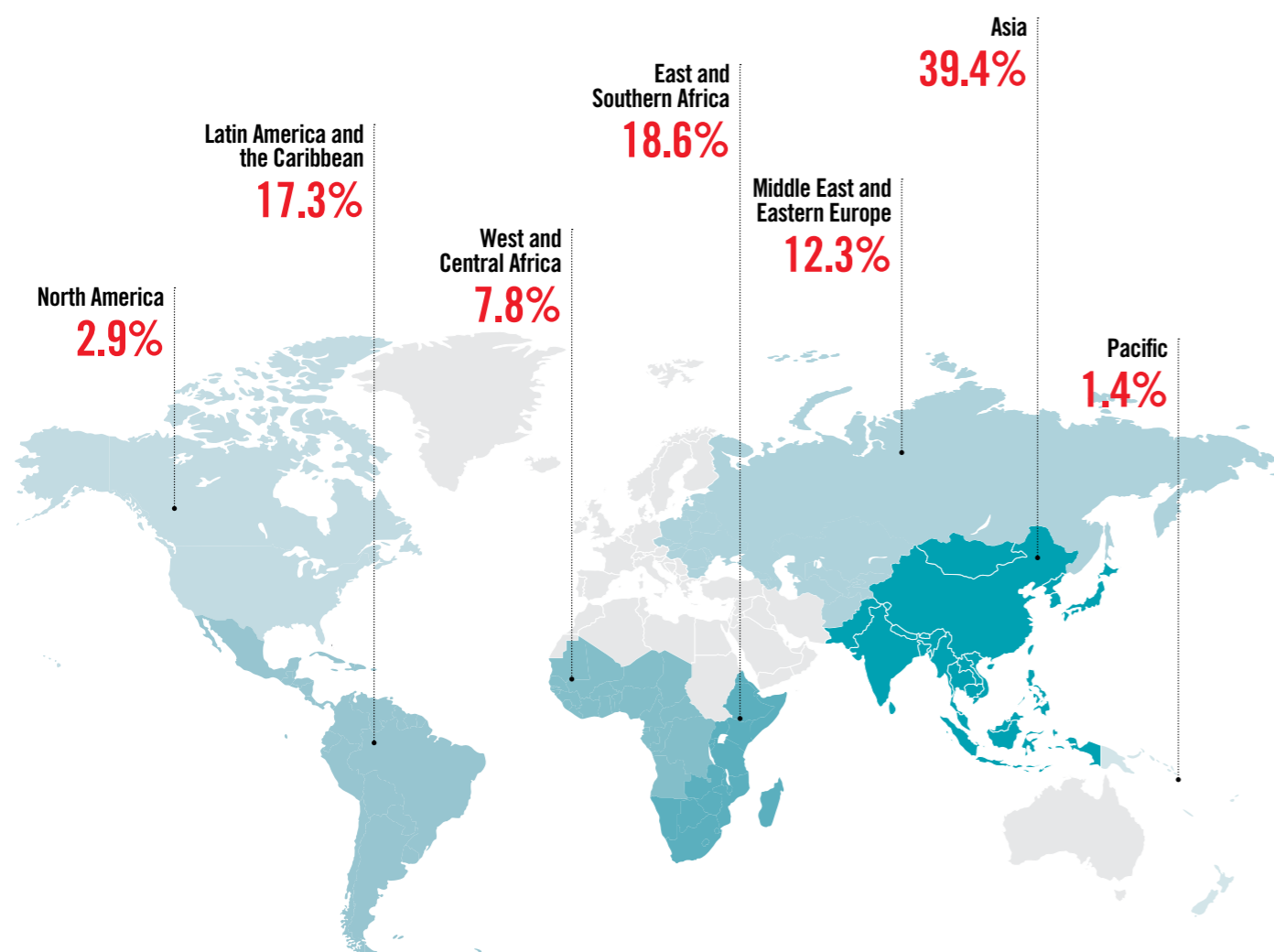
In total, 17,565 parents and caregivers and 8,069 children aged between 11-17 years old took part in the in the programme participant survey.

Of parent and caregiver respondents, 60% were female, 35% male, 0.4% preferred not to say, and 5% did not respond to this question. Of the child respondents, 54% were female, 45% male, 0.1% preferred not to say, and 1% did not respond to this question.



REGIONAL SPLIT OF PARENT / CAREGIVER RESPONDENTS

Percentage of parent/ caregiver respondents



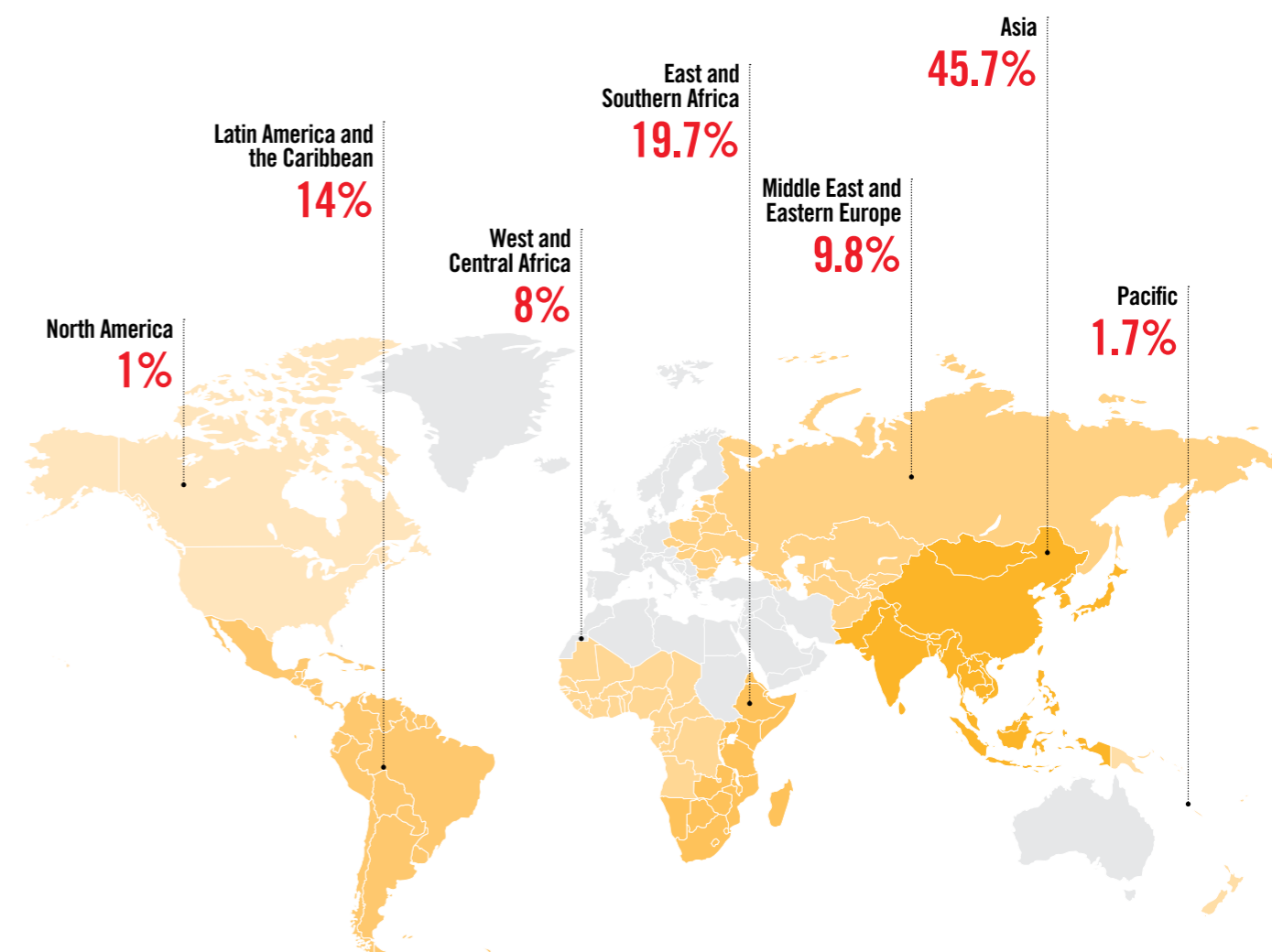
Data was collected through a single survey, divided into two parts. The first part was completed by the parent or caregiver, and gathered household level information, information specifically about the parent or caregiver, and information about the children in their care. This section encouraged the parent or caregiver was encouraged to think about one particular child in their care and answer specific questions about them in relation to COVID-19.

If the adult had a child aged 11-17 years old, they were asked to give consent for that child to answer additional survey questions. If consent was given, the child answered the second part of the survey, which included questions about the child's own experiences during the pandemic.

Only one adult and one child (aged 11-17 years old) per household could complete the survey. If the adult had more than one child that was in this age range, they could choose which child would complete the children's part of the survey.

REGIONAL SPLIT OF CHILD RESPONDENTS

Percentage of child respondents



Data was collected through a single online survey using SurveyMonkey (Enterprise version), and was either completed directly by the respondents themselves or indirectly via an interviewer. The majority of programme participants, in the majority of countries, were contacted by phone and invited to participate in the study. In these cases, an interviewer would talk through the survey and enter the participant's

responses directly into the online survey on their behalf. Programme participants were also invited to take part in the study after being sent the survey link by email, SMS, WhatsApp or another instant messaging platform. They could then complete the online survey in their own time using a device of their choice.

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.

In order to analyse the data, probability weighting was used to weight the sample against the total population. Regression analysis was performed using the F-Statistic test in STATA. A p-value of <0.05 was used to denote statistical significance.

Qualitative data

The qualitative data in this report was collected through the programme participant survey, a separate survey of the general public, and a survey of specific population groups of interest to Save the Children.

The general public survey was conducted in 46 countries where Save the Children operates, and respondents were recruited through:

- Invitations to take part on Save the Children websites and social media platforms
- Emails to Save the Children partners and stakeholders informing them of the study and requesting that they disseminate information about the study to their contacts
- Emails and social media posts to Save the Children staff, encouraging them to participate in the survey and circulate the invite through their own professional and personal networks.

In total, 4,302 parent and caregiver respondents and 2,223 child respondents participated in the general public survey.

The survey was completed online, via SurveyMonkey (Enterprise version). It was in the same form and format as described above for programme participants.

Specific population groups were also targeted in some countries, for example people living in camps for displaced people or urban slums.

Quotations were selected following qualitative analysis of open-ended survey questions answered by child respondents. All of the children's open-ended responses were examined and coded.

The demands for leaders that are included in the Children's Agenda for Action were compiled mostly from the global survey data, and supplemented by Save the Children's other work with children since the start of the pandemic including research reports, live online events, and child-led initiatives such as letter writing. The topics included in this report are the ones that children referred to most frequently. Illustrative quotations have been selected for inclusion in the report in order to give a diverse representation of children's experiences across different countries, genders, ages, wealth brackets and backgrounds.

Amelia rides a bike in the Reach Academy allotment, Feltham





Photo: Malama Mwila / Save the Children

CHILDREN'S RIGHT TO BE HEARD

Mutinta* from Zambia raises her hand during a lesson

All children have rights that are specific to them as children, enshrined in the UN Convention on the Rights of the Child (UNCRC), which need to be respected, protected and fulfilled even during times of crisis. The COVID-19 pandemic has disrupted – and sometimes violated – several children's rights, including their right to be heard. Read the child rights thematic report [here](#).

“

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

– 17-year-old boy, El Salvador

Children's Right to be Heard

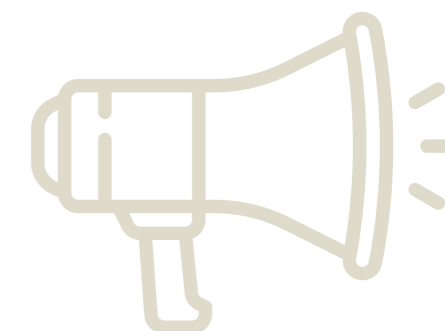
The UNCRC protects children's right to be heard, and for their views to be given due weight in formal decision-making processes that affect them.

The convention also ensures that every child has the right to reliable information in a form that can be understood by them; the right as civil society actors to express themselves; and the right to organise and participate in peaceful assembly to influence change.

8 out of 10 parents and caregivers who responded to our survey said that they discuss the COVID-19 pandemic with their children. This was generally consistent across all regions, but it was highest in **Latin America and the Caribbean**, where **9 out of 10 parents and caregivers reported discussing the pandemic with their children.**

Over half (58%) of child respondents to the survey said that they can express their concerns about the pandemic to family members, and 65% said that they can ask family members questions about it.

With schools closed and social interaction with friends limited due to lockdowns, children's access to sources of information that they may usually rely on have been disrupted.



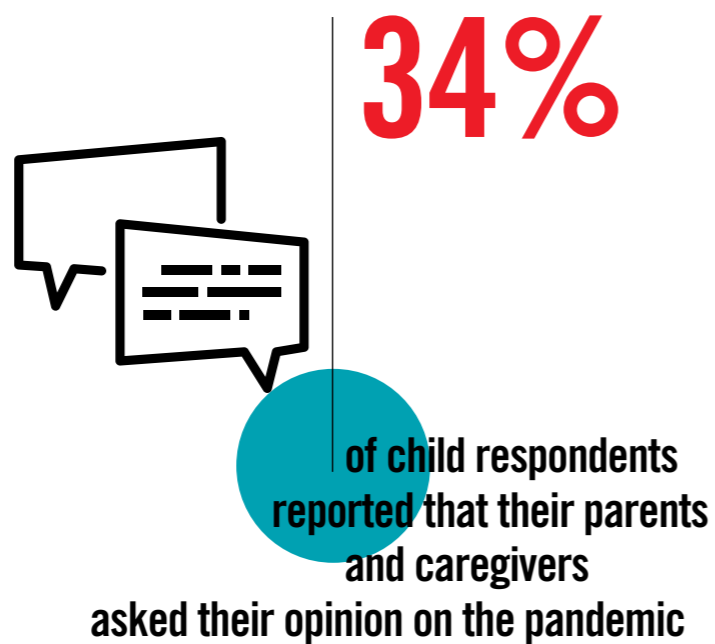
Children, especially adolescents, may turn to social media and the internet more often, which can contain inaccurate information. Children who are unable to access the internet may not receive any information regarding the pandemic. In a Save the Children study in Rwanda, the majority of children reported not being aware of the pandemic, as they do not have access to communication technologies.¹²

“

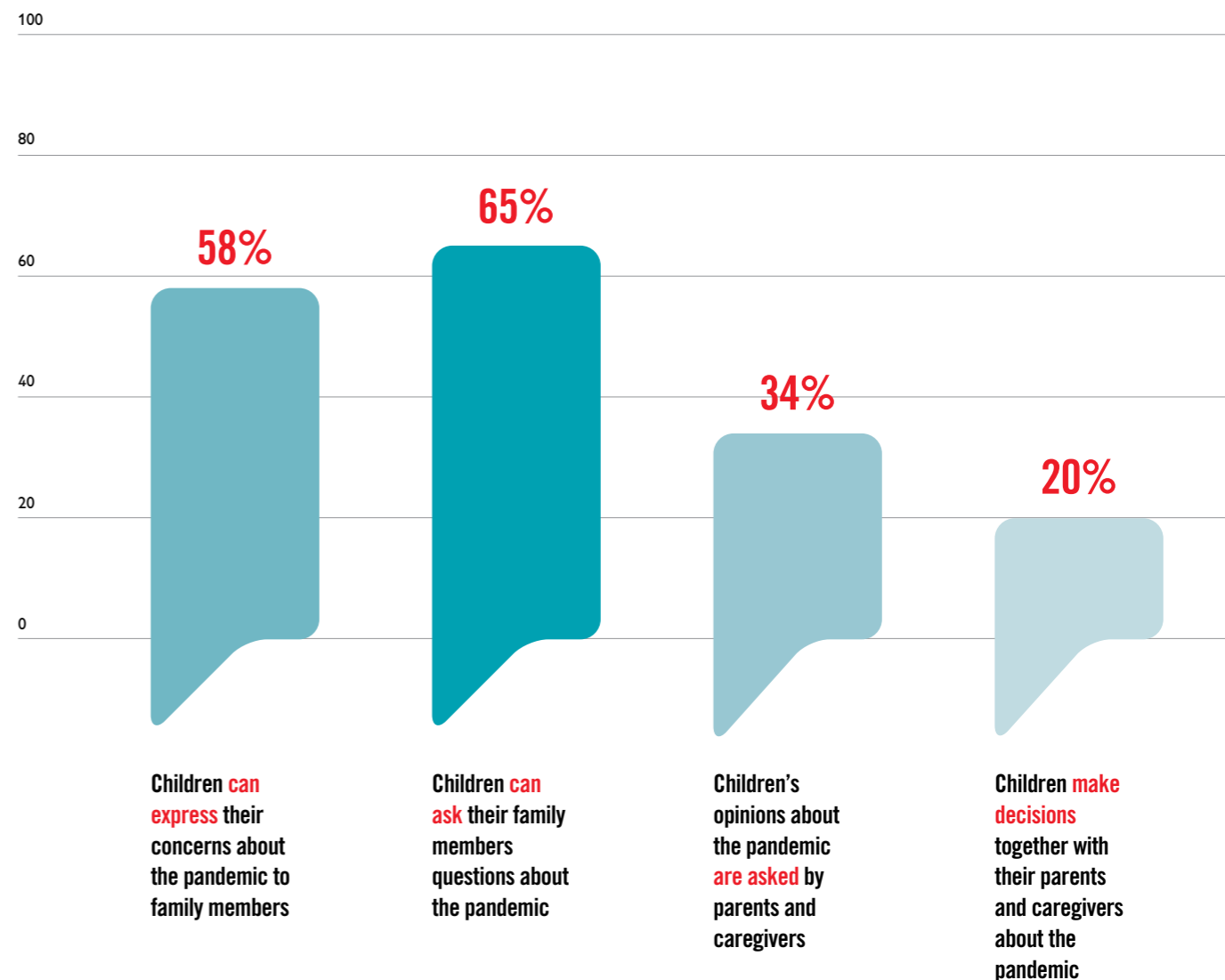
Broadcast truthful and reliable news.”

– 15-year-old girl, Bangladesh

Although the majority of child respondents to the survey feel that they are informed about COVID-19, the majority do not feel listened to. **Just over one third (34%) of child respondents reported that their parents and caregivers asked their opinion on the pandemic, and 20% said they had made decisions together with their parents and caregivers.**



Percentage of child reporting



CHILDREN'S AGENDA FOR ACTION



Photo: Hanna Adcock / Save the Children

Ayda* is part of a girls' club in Harar, Ethiopia, which provides a space for girls and boys to talk about FGM and violence.

“

Work with children more. **We are the future**, and how you treat us now, is how the future will look too.”

– 12-year-old girl, Kosovo

Decisions that have been taken in response to the pandemic have had a major impact on children. Since the beginning of the pandemic, children have been developing and articulating their demands for their governments and other decision-makers in relation to COVID-19.

However, the necessary global and national responses to COVID-19 have significantly restricted children's already limited access to civil society spaces and public policy processes at different levels, where they may engage safely and meaningfully to influence decisions taken about their lives. Even under more normal circumstances, research from Save the Children and Queen's University Belfast shows that many children feel a considerable lack of confidence that adults are listening and taking them seriously.^{13,14}

It is more important than ever that we listen, respect, amplify and act on children's recommended solutions to the challenges that they are facing. Save the Children has found that children's demands for decision-makers focus mainly on five core themes: education, social protection, health, governance, and protection from violence.

These findings are based in part on responses from children to the question: 'if you were asked to write a letter to leaders in your country, what would you say?', and supported by Save the Children's other work to support children to influence change during the pandemic, including reports, live online events, and child-led initiatives such as letter writing. From the demands that children around the world have articulated, an agenda for action is emerging.

EDUCATION



In Save the Children's global survey, children highlighted three key areas of concern. Most demands that children made related to education. Most frequently, children asked duty-bearers to either improve access to distance learning or re-open their schools. A smaller number asked for schools to remain closed due to safety concerns, or for additional investment in education unrelated to COVID-19. Many children emphasised the need for schools to open with proper safety measures in place, and the need for increased opportunities to play during COVID-19.

"Dear country leaders, we need to go to school, we need additional support and catch-up classes to make it." – 13-year-old girl, Burkina Faso

"We ask for governments to spend more money to make sure that we can continue learning while at home by providing radios, TVs and internet learning. They must make sure that children in rural areas and from poor families also get to learn. We want to see mobile libraries passing in our communities delivering books for us to learn." – 17-year-old girl, Zambia¹⁵

"If schools are to be opened, the government should prioritise safety of pupils. Provide adequate masks for the children and hand-washing stations for schools." – 13-year-old girl, Kenya

"We want free dedicated play areas." – 11-year-old boy, occupied Palestinian territory (oPt)

CHILD POVERTY AND THE NEED FOR SOCIAL PROTECTION



The second highest number of suggestions in Save the Children's global survey relate to child poverty, and social protection policies and practices that are designed to assist the poor and vulnerable. Children want decision-makers to address poverty, food and shelter. Many children are calling for leaders to ensure that marginalised and deprived children in particular are taken into account during the crisis and recovery. They demand that internally displaced children, children living on the street, children separated from their parent or caregiver, and children living in remote areas are particularly cared for, with a focus on children with disabilities and refugee children:

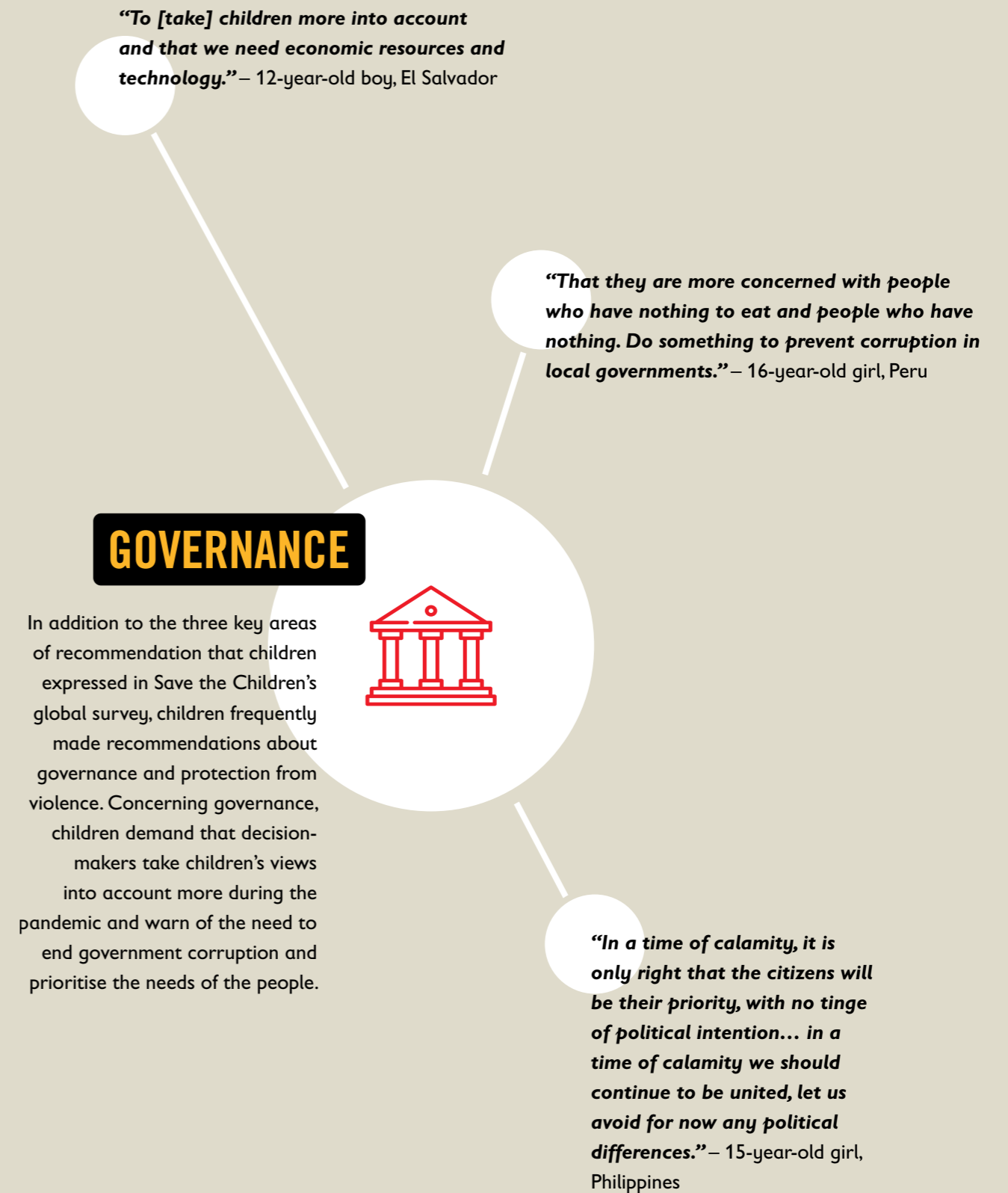
"Dear country leaders, we need to go to school, we need additional support and catch-up classes to make it." – 13-year-old girl, Burkina Faso

"The only thing I would say is to... provide social food assistance to the families who really need it." – 16-year-old girl, Albania

"There should be more programs for people of the country, the people have the right to a happy life. There is unfair pricing, this should be controlled. There is also increasing inequality, which has resulted in poverty. Governments should ensure food for those who are in quarantine." – 16-year-old boy, Nepal

"I'd ask for more opportunities for persons with disabilities. Our life is always in quarantine." – 17-year-old girl, Kosovo

"I am not in my country, what I would ask is that you please help us because even if we are not from here, we are human beings. I study in this country and someday I will work here, so I think I also have the right to ask the government for support for refugee children like me." – 12-year-old girl, Peru



“That they think about the health of girls and boys who do not have conditions for protection, and the rights to live without violence and with freedom of expression are fulfilled.” – 11-year-old girl, Nicaragua

“War should be ended, children should be enrolled in school, helping poor people, we are tired of war and enemies. Peace should come and there should be cohesion among our people.” – 13-year-old girl, rural Afghanistan

PROTECTION FROM VIOLENCE



On the subject of protection from violence, children have three key areas of recommendation for decision-makers. The first is around protection from gender-based violence, where children call for an end to violence against girls and the prevention of child marriage. Their second demand is for an end to war and a focus on bringing about peace. Thirdly, children ask for an end to all violence against children, that they are cared for and protected.

“Open schools and madrasas. I fear early marriage.” – 12-year-old girl, Kenya¹⁷

Photo: Hanna Adcock - UK Stories Team



Sofia*, 15, stands outside her home in Huanuco, Peru. She talked about girls' rights at a Save the Children event in Sweden.

These quotations provide a picture of what children want from their leaders in response to the COVID-19 crisis. Children want decision-makers to listen to their demands; to take action to improve their access to education during and after the crisis; to support children and their families living in poverty; to ensure equitable access to healthcare including mental health support; to accelerate their reaction to the response; and to protect children from violence.

When children speak and tell us what needs to change, they are often not listened to by adults. It is up to global leaders at all levels to make children's right to be heard

and to influence public decisions on COVID-19, a reality for all children irrespective of who they are and where they live. Global leaders must invest in children's participation and create conducive and inclusive spaces for this purpose; systematically strengthen children's agency to participate in decision-making processes; respect children's rights to express themselves and to organise, engage in peaceful assembly and access age-appropriate information; and demonstrate accountability and provide feedback to children following their involvement.¹⁸ Children are acutely aware of their own needs and have concrete suggestions for solutions

to the problems that they face. They are entitled to a stronger role in decision-making processes that affect their lives.



Photo: Mustafa Saeed / Save the Children

DELIVERING HEALTH AND NUTRITION FOR ALL

Malnourished Axmed*, 11 months, visits a mobile health centre, Burao, Somalia

As well as the direct health risks of COVID-19, children are primarily at risk because of the indirect impacts of the COVID-19 pandemic. Many more children will die from preventable causes, including malaria and pneumonia, because essential, routine services have been deprioritised and families face increased barriers to access. Food shortages and economic uncertainty also threaten children's access to good nutrition. Read the health and nutrition thematic report [here](#).

As well as the direct health risks of COVID-19, children are primarily at risk because of the indirect impacts of the COVID-19 pandemic. Many more children will die from preventable causes, including malaria and pneumonia, because essential, routine services have been deprioritised and families face increased barriers to access. Food shortages and economic uncertainty also threaten children's access to good nutrition.

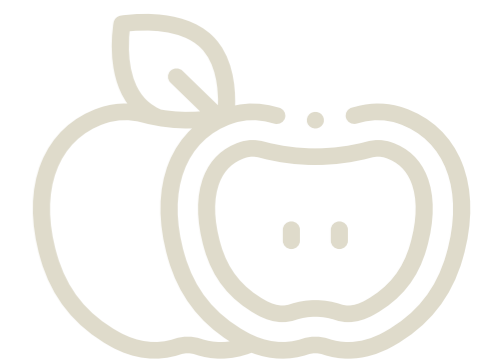
Substantial progress has been made since 1990 in reducing the number of deaths of children under age 5, with the under-five mortality rate dropping by 59% from 1990 - 2018.¹⁹ However, 5.2 million children under age 5 still died in 2019, with many of these deaths caused by preventable causes, including diarrhoea, pneumonia and malaria.²⁰ Children from the poorest families living in low- and middle-income countries are nearly twice as likely to die before their fifth birthday as children from wealthier families.²¹ Before the pandemic, at least half of the global population lacked access to basic health services, and around 100 million people globally have been pushed into extreme poverty due to healthcare costs.²² People living in

low-income countries can suffer from both a high rate of disease and low access to healthcare – for example, Africa suffers more than 22% of the global burden of disease, but has access to just 3% of the world's healthcare workers.²³

After many years of decline, the prevalence of world hunger has increased since 2015, and before the pandemic, 820 million people in the world were still suffering from hunger.²⁴ In 2019, 144 million children under age 5 were stunted, and 14 million children under age 5 were affected by severe wasting.²⁵ Children with disabilities are disproportionately impacted, and are three times more likely to be underweight and twice as likely to be stunted than children without disabilities.²⁶ The climate crisis is also worsening nutrition outcomes for children; in 2019, floods, landslides, droughts and cyclones left at least 33 million people severely food insecure in East and Southern Africa.²⁷

COVID-19 is putting an unprecedented burden on health systems around the world and causing disruptions to essential routine health and nutrition services,

which could result in children, particularly the most marginalised, missing out on life-saving services. Further, rising economic insecurity and food shortages due to the pandemic are preventing families from providing their children with the nutrition that is needed for their physical and mental development.



Impact of the pandemic on healthcare access

In many countries, essential routine services, including vaccinations, sexual and reproductive healthcare services, and maternal, newborn, child and adolescent health and nutrition services, have been disrupted due to the pandemic. According to WHO, 90% of 105 countries that responded to WHO reported disruptions of essential health services during the pandemic, with low- and middle-income countries more affected than high-income countries.²⁸ Routine immunisations are one of the worst affected services, with at least 68 countries experiencing disruptions. This could result in an estimated 80 million children being left unvaccinated following the pandemic.²⁹ Suspending essential treatments will result in outbreaks of other diseases. In the Democratic Republic of Congo (DRC), the Ebola crisis with a combination of other existing outbreaks, including measles, malaria and cholera, weakened an already fragile health system.³⁰ It is likely that the already stretched health system will pivot to prioritise the COVID-19 response, potentially resulting in another spike in these outbreaks and other diseases.³¹

As well as disruptions, social distancing measures, local lockdowns, and fear of contracting COVID-19 at healthcare facilities are preventing people from accessing critical health and nutrition services, and there have also been reports of health facilities being temporarily closed or suspending non-COVID healthcare, for example in Ethiopia.³² This is supported by responses to the survey, with **almost 9 in 10 (89%) respondents reporting that their access to healthcare, medicine, and medical supplies had been impacted as a result of the COVID-19 pandemic.**

According to the survey findings, children with pre-existing health conditions and disabilities have also experienced reduced access to essential care and assistive devices, due to lockdowns and the prioritisation of COVID-19 treatments. **95% of households with children with a chronic health condition reported that their access to healthcare had been impacted** by the pandemic, and **45% stated that their child was unable to access regular**

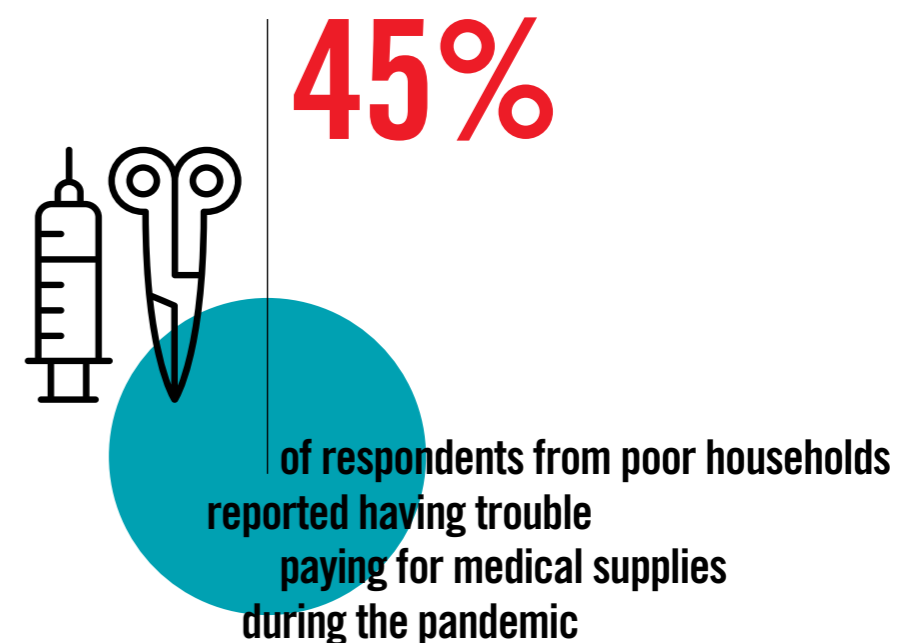
health and rehabilitation services. 96% of households with children with disabilities reported reduced access to healthcare, with almost 6 in 10 (59%) unable to access regular health and rehabilitation services.

Universal health coverage allows whole populations to have access to health services without facing financial hardship³³ – a critical factor in the development of a country – whilst ensuring that no one is left behind. Despite all UN Member States agreeing to try to achieve universal health coverage by 2030 under the SDGs and at the High-Level Meeting on Universal Health Coverage in September 2019,³⁴ around half of the people in the world do not have access to healthcare and in many countries, health care costs remain a huge barrier, preventing the poorest from accessing care.³⁵ The COVID-19 pandemic is worsening this situation. In response to the survey, **more than one third of respondents to the global survey reported that they had faced barriers in**

accessing healthcare, medication or menstrual products during the pandemic. They reported the closure of healthcare centres resulting in not being assessed or treated (12%), and a shortage of required medication at healthcare centres and pharmacies (15%).

In response to the survey, **more than 9 in 10 (93%) of households that have lost over half their income during the pandemic reported that they had experienced difficulties in accessing health services due to COVID-19**, suggesting that cost was a barrier to them accessing healthcare. Additionally,

45% of respondents from poor households reported having trouble paying for medical supplies during the pandemic, which is likely due to rising costs of essential items due to shortages and increased economic security for many. User fees are also likely to impede a country's ability to manage the pandemic, as the more vulnerable either cannot or chose not to be tested or treated due to the costs involved.



CASE STUDY

Universal health coverage in Mali

Photo: Juozas Cernius/Save the Children



Children in Mali are given Anti-Malaria medication at a village pre-school

Ramata, age 19, is an internally displaced person who suffers from recurring migraines, loss of appetite, and stress. Her children are sick, and her husband does not make enough money to cover their medical expenses. Because her village was under attack, she fled to neighbouring Sévaré, close to Mopti, leaving everything behind.

“Because we didn’t have enough money, I even sought out traditional medicines that never worked.”

Because of Save the Children’s engagement with the European Civil Protection and Humanitarian Aid Operations (ECHO) and the strides the organisation has made in pushing the government of Mali to develop universal health care, Ramata and her children have received medicine.

“Today thank god, thank Save the Children, for helping us with our medical expenses. My children have received medicine and it is a huge relief.”

Financial barriers are one of the main causes of maternal and under-five mortality. Before the universal health policy was implemented in Mali in 2017, most Malians had to pay at least 45% of their health costs themselves, which resulted in fewer people accessing or using health services.

Since 2012, Save the Children has been active in advocating for universal health coverage in Mali, with the objective of reducing the rate of high maternal and child mortality, which in 2012 was among the highest in the world.

The universal health policy in Mali removes user fees and has the potential to improve the current coverage of health services, reaching an estimated 300,000 more children, mothers and newborns.

Ramatu is just one of many beneficiaries of the policy adjustment for universal healthcare in the country. Thanks to our civil society organisation partners, international partners and the ECHO project, she and her family received their medical treatment free of cost.

Access to nutrition for children

Already high levels of hunger and malnutrition have been exacerbated by the COVID-19 crisis. The global pandemic has put unprecedented pressure on already strained food systems, and the UN is predicting that the world will see a global food emergency and famines of ‘biblical proportions’ as a result.³⁶ With 135 million people already experiencing acute food insecurity prior to the pandemic, there is a very real risk that it will worsen the food insecurity crisis and result in long-lasting health implications.³⁷

The pandemic has resulted in the loss of purchasing power for many, due to falling household incomes and higher food prices.³⁸ This is supported by the survey findings, which revealed that **almost two thirds of surveyed households (62%) found it**

difficult to provide their families with meat, dairy products, grains, fruits and vegetables during the pandemic. The primary reason reported was cost – **over half (52%) of these respondents found that food items were too expensive.**

Prior to the pandemic, an influx of rural-urban migration had led to increasing urban poverty and food insecurity, with these populations having unmet needs for health, nutrition, and sanitation.³⁹ Despite stunting once mainly being prevalent in rural areas, one in three stunted children now live in urban areas.⁴⁰ This is supported by the survey findings; **three quarters of respondents living in urban areas said they were finding it difficult to provide their children**

with meat, dairy products, grains, fruits and vegetables. With lockdowns causing food shortages and driving food prices up, and the hit that many households incomes have taken, existing food insecurity will be heightened for many urban poor, which will result in children not having access to the nutrition they need to support their mental and physical development, potentially resulting in life-time implications for children.

“

Help families to survive.”

– 15-year-old boy, Senegal

Access to nutrition for children

According to WHO, in around 50 countries with available data, essential services for moderate and severe malnutrition experienced disruptions.⁴¹ In countries gripped by conflict, such as Yemen, existing nutrition problems are being exacerbated by the COVID-19 crisis. Analysis carried out by Save the Children found that the number of children receiving essential care for severe malnutrition has dropped by 74% since March 2020, and it is predicted that 27,500 children will miss out on vital, life-saving treatment every month.⁴²

Health system disruptions due to the pandemic have also affected access to breastfeeding services⁴³ and maternal care, which has resulted in misconceptions and the spread of misinformation around the risk of breastfeeding in several countries.⁴⁴ This is despite the WHO providing clear guidance on breastfeeding since the outbreak of the virus.⁴⁵ Further, there have been reports that breast-milk substitute (BMS) companies have exploited the pandemic and misinformation to promote their products.⁴⁶

Of all respondents to the survey, **60% reported that at least one of their children was being breastfed prior to the COVID-19 outbreak.** Of these, the **vast majority (94%) said that they were able to continue to breastfeed their child during the pandemic.** However, **nearly half (49%) of respondents did say that they had concerns around breastfeeding,** with the primary concern being the risk of transmission of COVID-19 to the baby, with **28% of respondents citing this as a concern.**



28%

of respondents had concerns that breastfeeding risked transmitting COVID-19 to the baby

Recommendations for delivering health and nutrition for all

RECOMMENDATIONS FOR NATIONAL GOVERNMENTS

- Improve equitable coverage of health and nutrition services, by removing financial and non-financial barriers to accessing services and prioritising efforts and resources to make services available free at the point of use, at least for vulnerable children and families and those with pre-existing health conditions
- Increase domestic public investment in strong and resilient health and nutrition systems, which is critical in preparing for and responding to public health emergencies, as part of wider efforts to deliver quality, essential services for all, as part of universal health coverage
- Ensure that essential routine services, such as maternal, newborn and child health, reproductive and sexual health, mental health support, immunisation and nutrition including counselling and support for infant and young child feeding, which are critical for child and maternal survival, are maintained and strengthened during the COVID-19 outbreak
- Provide guidance on appropriate and timely support for infant and young child feeding in line with WHO guidance and protect breastfeeding by upholding the standards and recommendations of [the Code](#) and subsequent related World Health Assembly (WHA) resolutions.
- Ensure that safe and nutritious food is affordable and accessible for all by financing and scaling up social protection schemes, alongside measures to address livelihoods and food system challenges
- Ensure all health and nutrition information and guidance is accessible to all, including children and people with disabilities
- Provide safe and legally mandated spaces for civil society organisations and communities, including in particular children, to engage in decision making and monitoring of health and nutrition service provision and in the development and dissemination of health information, as key stakeholders in achieving universal health coverage and good nutrition for all.

**RECOMMENDATIONS FOR ALL
STAKEHOLDERS, INCLUDING DONORS**

- Prioritise flexible financing and technical support to strengthen the capacity of national health and nutrition systems and domestic resource mobilisation efforts to increase the fiscal space for health and nutrition
- Prioritise the most vulnerable countries, including those with weak health systems and those in fragile or conflict-affected settings, to enable preparedness, response and continued delivery of essential health and nutrition services, free at the point of use
- Use international and national platforms to call for the removal of user fees and provide guidance on how countries can make progress in this regard
- Meet long-standing aid commitments and continue to prioritise wider investments and support for health systems and child survival to protect and prioritise the delivery of essential services, ensuring that multilateral organisations support is aligned with comprehensive and universal health and nutrition services. Renewed, long-term commitments to nutrition can be made via [Nutrition for Growth](#)
- Protect civil society space and support and finance the systematic strengthening and mobilisation of civil society organisations and communities, with children at the forefront, to hold their governments to account on child survival commitments and resources and ensure that no one is left behind
- Ensure sufficient investment and support for the development of vaccines and treatments for COVID-19 with provisions to guarantee equitable and affordable access for low-income countries (LICs)
- Protect, promote and support infant and young child feeding – particularly breastfeeding.



Ubah*, 33, and her children in Puntland, Somalia



Photo: Save the Children Colombia

SAVE OUR EDUCATION

School children in Colombia

An entire generation's education has been impacted by the COVID-19 pandemic, with some moving to distance learning as schools remain closed and others receiving no formal education at all. The impact of this will last longer than the duration of the pandemic; **nearly 8 in 10 (77%) parents or caregivers responding to the survey believe that their children have learned little or nothing since schools closed**, and millions face never returning to school once they reopen. Read the education thematic report [here](#).

Prior to the pandemic, education around the world was already in crisis. Progress in getting children into school has stalled in the past decade; even before the pandemic started, 258 million children and young people were out of school - around one in six of the global school age population.⁴⁷ Girls face some of the greatest barriers to accessing education, and they are twice as likely to never step foot in a classroom as boys.⁴⁸ Just 10% of children with disabilities were in school, and these children often face barriers to access and issues with inclusivity of education.⁴⁹

Even when children were in school, many were not receiving quality education. In 2018, the World Bank estimated that over half of children in low- and middle- income countries were not proficient in reading at age 10.⁵⁰ When looking at just low-income countries, this rises to 80%.⁵¹ The situation was even worse for many children living in unstable contexts including conflict, who face many barriers to accessing education, including attacks on schools, the destruction of school facilities and displacement.⁵²

School closures have been a key part of governments' response to control the spread of COVID-19, and have resulted in 1.6 billion learners worldwide being out of school at the peak of school closures – approximately 90% of the entire student population.⁵³ School closures caused by the pandemic will exacerbate existing inequalities and set progress back even further, particularly for the most marginalised and deprived children. Save the Children predicts that almost 10 million children will not return to school following the pandemic, due to the increasing numbers of children and families that are pushed into poverty because of COVID-19, and this is likely to be an underestimate.⁵⁴ For children that do return to school, many – particularly the poorest and most vulnerable – will experience significant setbacks in their learning, entrenching inequalities between groups of children.



Children at risk of permanently dropping out of school

In response to the survey, **the vast majority of child respondents (95%) said that they believe they will return to their school once it reopens, with similar responses for girls and boys.** However, **2% of children reported that they would not return to school, and 4% said that they did know if they would.**

Children, in particular the poorest and most marginalised children, face many risks when out of school that may prevent them from ever returning. At a time when poverty is rising, children may be required to take on extra caregiving responsibilities or they may be forced into child labour to help increase family finances. Girls face an increased risk of gender-based violence, including adolescent pregnancy and child marriage. Some families may not be able to afford school fees or the resources needed for schooling, and others may be worried about the health risks of sending their child back to school.

Being out of school is one of the known drivers of violence against children, including child marriage, FGM, and child labour.⁵⁵ Not only does being out of school put children at a greater risk of violence, but it can also prevent children from ever returning to school.

Following the Ebola crisis in West Africa, school closures led to an increase in rates of gender-based violence, including child marriage and adolescent pregnancy. In Sierra Leone, there was an increase of 11,000 adolescent pregnancies, which resulted in school enrolment rates for girls aged 12-17 dropping up to 50% in some areas.⁵⁶

95%



of child respondents said that they believe they will return to their school once it reopens

Keeping learning alive

Four in five countries with school closures have implemented distance learning alternatives to support children's learning at home, however, these often do not go far enough or are not inclusive enough to enable children to continue to learn.

When asked how much they were learning during school closures, **more than 8 in 10 children said that they were learning little or nothing at all. Just 10% of parents and caregivers reported that their child was learning as much as they were in school, with just under 1 in 5 saying that their child was learning nothing at all.**

Although many countries have developed distance learning alternatives to support children's learning at home, more than 60% of national distance learning alternatives that have been implemented rely on online platforms – which many children are unable to access.⁵⁷ Girls, displaced children, and the poorest children are often unable to access the internet or the necessary technology to access such distance learning platforms.

Globally, girls have less access to technology than men, boys and women, and this is worst in low-income countries, where the gender digital divide is 33%.⁵⁸ Girls sometimes report social barriers that prevent them from accessing technology, including harassment and stigma, based on assumptions that they will use the technology to contact men and boys.⁵⁹

Further, in response to the global survey, **just 0.8% of children from poor households said that they use the internet for distance learning, compared to 19% of non-poor children.** Distance learning initiatives must take into account barriers that the most marginalised and deprived children face in accessing technology, ensuring that low- and no-tech options are available and used, including paper-based learning materials, radio and TV.

“

Help all children, so that we can do better with our education. I don't have internet access or tech, so I haven't learned much over the past months.”

– 15-year-old girl, Colombia

CASE STUDY

Learning and building through the pandemic, Save the Children India

Photo: Rajan Zaveri / Save the Children



Children and their mothers play together at a South Indian preschool, or 'Anganwadi'

The pandemic has made many children more vulnerable and uncomfortable, as it is difficult for them to adapt to the new ways of living and learning. Similarly, it is difficult for parents and caregivers 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 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 away 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 enjoyed these activities and started trying out activities of his own. He told us that he was proud to be a part of the learning process and development of his children and Shagun's mother also enjoyed being a part of her children's learning and development. Shagun now feels that both mother and father can play with her, which makes her feel like she has another friend.

80% of children who responded to the survey reported facing an obstacle to learning. The most common obstacle, reported by 37% of children, was that they needed help but had no one to help them. This figure rose to **40% for children living in poorer households.** Often, wealthier parents are more likely to have the time and knowledge to support children with home learning, as well as better access to technology to support learning online.⁶⁰

In a Save the Children study carried out in Lebanon, just 30% of parents or caregivers said that they could support their children in maths, reading and writing during home-schooling, which means that the majority of children did not have support across these core subjects.

Nearly three quarters of children who responded to our survey said they had access to some form of learning material, although the majority just had access to one or two types

of material. The most common learning material that children had access to was **textbooks (68%), followed by reading books (42%).**

Despite the reliance of distance learning initiatives on online platforms, just **7% of children surveyed said they have access to an educational app for a mobile phone or tablet, and 2% have access to an educational programme for a computer.**

LEARNING MATERIALS

Percentage of children reporting access

68%



Textbook

42%



Reading book

7%



Educational app for a mobile phone/ tablet

2%



Educational programme for a computer

Significantly, **just over one in four children did not have access to any learning material at all.** As many as **44% of children in the Middle East and Eastern Europe, and 42% of children in West and Central Africa, did not have access to any learning materials.**

37% of parents and caregivers from poor households reported that they had trouble paying for learning materials, in comparison to **26% of respondents from non-poor households.**

Further, **two thirds of parents and caregivers reported that their child had received no contact from teachers since their school closed.** This figure was even higher in East and Southern Africa, where more than **8 in 10 children had received no contact from their teachers.**

Evidence shows that the longer children were out of school, the more likely their parents or caregivers were to report that there had been no contact from their teachers. **60% of children who had been out of school for 1-4 weeks has received no contact from teachers, compared to 84% of children who had been out of school for 17-19 weeks.** This may be because some teachers in some cases have lost their jobs as governments have cut public budgets.⁶¹ Teachers can also have limited means to contact students, with both children and teachers struggling to access the internet, mobile phones, and radio communications. Contact with teachers is critical to ensure that children's educational learning continues, particularly for the most poor and marginalised children and when children have been out of school for extended periods of time.

“

Mama, Papa are so worried to arrange laptops, tablets for online classes, paying more for internet and full fee to school are too much”

– 12-year-old boy, Pakistan

Recommendations for education

RECOMMENDATIONS FOR ALL STAKEHOLDERS, INCLUDING DONORS

- Agree, implement and fund a global COVID-19 education action plan, ensuring that a coordinated global education response keeps learning alive, supports every child to return to school when it is safe to do so, and builds back better and more resilient education systems. The plan should be available on a public website, with progress tracked and reported on regularly
- The World Bank's shareholders should provide a supplementary International Development Association (IDA) budget of around \$35 billion over the next two years, with at least \$10 billion in grant financing
- G7 and other Organisation for Economic Co-operation and Development (OECD) donors should contribute at least \$10 million per country to the Global Partnership for Education to help fund its emergency response to COVID-19. This should be separate and in addition to funding for their 2021 replenishment
- To fulfil Education Cannot Wait's funding gaps for the COVID-19 response and for the remainder of its strategic period up to the end of 2021, it requires from donors an additional \$300 million to its global fund and \$2 billion in-country to support multi-year resilience programmes

RECOMMENDATIONS FOR NATIONAL GOVERNMENTS

Keep learning alive during school closures through inclusive distance learning:

- Provide effective, flexible and inclusive distance learning programmes, including digital learning, interactive radio instruction and printed learning materials, with a focus on reaching the most marginalised children including girls, the youngest children, children with disabilities, internally displaced children and refugees. These should support early learning, mental health and psychosocial support, child protection, and public health objectives and address harmful gender norms

- Ensure that distance learning strategies include support for parents' and teachers' roles in children's learning at home through development and promotion of tips, resources and activities
- Ensure the continued payment and incentives of teachers and school staff during and after school closures, to retain existing teachers and provide training and support for distance learning programming with the right resources and guidance.

Support every child to return to school when it is safe to do so:

- Create inclusive and gender-sensitive 'Back to School' campaigns, which include community mobilisation to promote community confidence in safe school re-opening and promote access (and return) to education for the most marginalised children, in particular girls
- Provide every child with a learning assessment on their return to school to inform blanket and targeted interventions including catch-up classes, remedial programmes, and accelerated education programmes
- Support the roll-out of absence monitoring systems in schools and linked to existing education monitoring systems that identify children who are experiencing barriers to accessing education due to COVID-19 school closures
- Scale up child protection case management programmes to identify children who have not returned to school due to COVID-19 or were previously not in school and to support the most vulnerable children and their caregivers affected by the crisis
- Scale up coverage and types of social protection to support families most affected economically by COVID-19 to help keep the most marginalised groups of children who are at highest risk of dropping out with access to education and to protect them from future threats to children's education due to conflict and natural and everyday hazards, including climate change and health pandemic
- Address gender-related barriers to education including laws, policies, and harmful social norms that prevent girls from continuing their education if they are pregnant, married, or child mothers
- Provide professional development and support for teachers so that they can adapt to new circumstances in schools as part of the frontline response and recovery.

Ensure all children are healthy, safe and well while out of school and when they return:

- Provide food to children who normally rely on school meals, via take-home rations, vouchers or cash schemes
- Provide sexual and reproductive health and rights programming that includes the safe distribution of menstrual hygiene kits to girls, as well as empowerment campaigns, addressing stigma and specifically targeting gender-based violence
- Ensure that child protection reporting and referral systems, can be adapted for times of school closure, and are reinforced when schools are reopened, to support children who may have faced increased violence and stress during COVID-19 restrictions and confinement
- Coordinating to ensure psychosocial support services are provided with education actors (including teachers and school management) being able to identify and refer children most severely affected by the crisis to more specialised child protection and mental health services (particularly those children who have been affected by increased violence and exploitation during the pandemic)

CHILD POVERTY AND SOCIAL PROTECTION

The COVID-19 pandemic has impacted many economies around the world, with lockdowns and restrictions on the movement of people resulting in many people losing their source of income. **More than 3 in 4 households who completed our survey reported income loss due to the pandemic**, with poorer households, including the urban poor, being hit the hardest. Read the child poverty thematic report [here](#).

12-year-old Zipporah* walks to school in Turkana Central

Photo: Jordi Matas / Save the Children

“

My father and brother are no longer employed due to corona, and there are a lot more people in the same situation and have households to provide for and they need money”

– 15-year-old girl, Egypt

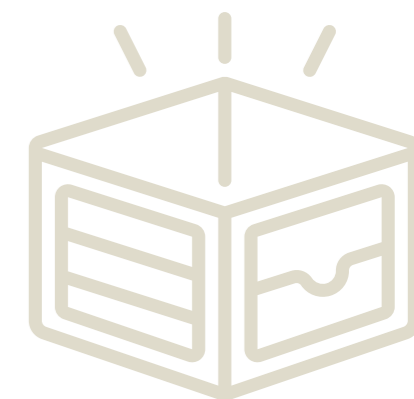
The pandemic has had an unprecedented impact on the global economy. Estimates suggest that by the end of 2020, world trade will drop by up to 32%, foreign direct investment will decline by up to 40%, and remittances to low- and middle-income countries will fall by 20%.⁶² Nationally, many countries have been catastrophically hit. For example, the impact has been devastating across the Pacific. It was projected that GDP would grow between 3 and 4%, but have instead contracted – by 2% in Papua New Guinea, 6% in Solomon Islands.⁶³ Vanuatu and Fiji are forecasting dramatic reductions of 10% and 15% respectively.⁶⁴

Even before the pandemic hit, 586 million children were living in poor households.⁶⁵ The COVID-19 crisis will see millions more parents and caregivers around the world struggle to meet their children’s basic needs.

The World Food Programme (WFP) predicts that the number of people suffering from food insecurity could increase to 265 million⁶⁶ and Save the Children predicts that the number of children living in poor households could increase by as many as 117 million in 2020 alone, with the largest increases in South Asia and Sub-Saharan Africa.⁶⁷

Effective social protection systems are crucial for safeguarding the most deprived and marginalised people, not just when crises hit, but also to help strengthen their resilience against future shocks. However, in many countries social protection systems are limited in coverage and are not prepared for large-scale economic shocks such as COVID-19. For example, prior to the pandemic, children in Africa had just a 1 in 10 chance of having any access to social protection and many of the existing

social protection systems were not shock-responsive.⁶⁸ In humanitarian situations where governments are weak and have limited or no capacity to provide social protection systems, populations rely on humanitarian aid that is already stretched beyond capacity.



SOCIAL PROTECTION

Social protection refers to the public policies, programmes and systems that help adults and all children to: (1) reach and sustain an adequate standard of living; (2) improve their ability to cope with risks and shocks throughout their life; and (3) claim their rights and enhance their social status.

Social protection floors are nationally defined, sets of basic social protection guarantees that aim to prevent or alleviate poverty, vulnerability and social exclusion. The four basic guarantees include as a minimum:

- a. Access to quality essential healthcare, including maternity care;
- b. Basic income security for children;
- c. Basic income security for people of working age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability; and
- d. Basic income security for older persons.

There is significant and ever-growing evidence to suggest that giving regular cash transfers to families can help to reduce child mortality, prevent chronic malnutrition, increase access to education and reduce various forms of harm to children, including early marriage and child labour.⁶⁹ Social protection targeted at children can also bring wider benefits, such as increasing birth registrations, vaccination coverage, and supporting the economic empowerment of women.⁷⁰

Child poverty and deprivation is one of the major factors that undermines greater productivity, broad-based economic growth, and social capital and cohesion across the world today. We know that a child who grows up in poverty is far less likely to secure a decent job and to be in good health in the future. By contrast, investing in inclusive social protection systems from infancy, alongside provision of high-quality public services including health and education, will enable a country to reap long-term rewards from a more skilled and healthy workforce, and to recover more effectively from future shocks. The wellbeing of a society improves most when that society chooses to invest in children.

Calculations show that universal child benefits (UCBs) would have a significant impact on the reduction of child poverty and inequality in countries with high child poverty rates, and where children represent a high share of the population.⁷¹ An exercise for 14 middle-income countries showed that UCBs financed by 1% of GDP led to a fall in the child poverty headcount by as much as 32% in some countries.⁷²

With the socio-economic impacts of COVID-19 resulting in millions of households at risk of sliding into poverty, it is essential that governments, and non-governmental organisations (NGOs) in humanitarian situations, scale up their social protection programmes. They must ensure that these programmes are inclusive and gender-responsive to reach the most vulnerable families, and work towards implementing UCBs to ensure that all children, including the most marginalised and deprived, have access to social protection in line with the UN Convention on the Rights of the Child and Sustainable Development Goal 1.3.

Economic impacts of the COVID-19 pandemic on households

In response to the survey, more than **3 in 4 households (77%) reported an income loss** since the start of the pandemic. Of these, 20% said they had lost all of their income, a further 30% had lost most of their income (more than 75%), and a further **had lost between half and three quarters of their income (56-75%)**. The region where respondents were most affected by income loss was Asia, where **85% of respondents reported losing income**, followed by West and Central Africa at **77%**.

Responses to the survey also showed that **poorer households were somewhat more likely to suffer income losses due to COVID-19 (82%), compared to**

those that are not classified as poor (70%), although the financial impacts of the pandemic clearly cut across wealth groups.

Furthermore, those living in urban contexts have been more harshly hit by income losses. **Almost 9 in 10 (88%) of those living in urban areas reported in the survey that they had lost income. Those living in urban areas are almost twice as likely to have lost their job (61%) compared with respondents in rural areas (33%)**. This may be because the vast majority of the urban poor work in the informal sector, which has been hardest hit by measures put in place to manage the spread of the pandemic, including social distancing

and community lockdowns.⁷³ Those working in the informal sector often depend on their daily earnings and do not typically have access to savings or to social protection that would help them manage economic shocks like those brought about by COVID-19.⁷⁴

Impact of the COVID-19 pandemic on households' ability to buy essential items and services

Economic losses are preventing households from buying and accessing essential items and services. A staggering **96% of respondents reported that they had trouble paying for an essential item or service during the pandemic, with one third (33%) struggling to pay for nutrition supplements and 35% struggling to pay for healthcare.** The highest proportion of respondents who struggled to pay for both food and healthcare were in West and Central Africa.

8 in 10 (81%) of respondents reported having trouble paying for food. For poor households, this increased to 85%. In many countries, food insecurity is driven by food shortages caused by a breakdown in supply chains during the pandemic, and the loss of jobs. In Afghanistan, the price of wheat flour and cooking oil has increased by up to 23% due to food shortages and over a third of the population – including 7.3 million children – are facing food insecurity.⁷⁵ Even before the pandemic, 5.26 million children in Afghanistan needed some form of humanitarian support and COVID-19 is exacerbating this existing issue.⁷⁶

The closure of schools is also putting increased pressure on families to provide food for children who may otherwise have received free school meals. **89% of respondents whose children had been out of school for 20 weeks or more reported that they had trouble paying for food.** Many vulnerable children rely on food provided at school as their only or main meal of the day, so it substantially contributes to their daily nutrition intake.⁷⁷ With more children out of school, and COVID-19 resulting in even more families sliding into poverty, hunger and malnutrition amongst children will continue to increase.

“

Please provide food and support for vulnerable households.”

– 14-year-old girl, Somalia

CASE STUDY

Child benefit pilot in Somalia

Photo: Mustafa Saeed / Save the Children



Hassan*, 12, and Aluna*, AllaAmin IDP, Somaliland

Somalia has endured many years of conflict and repeated humanitarian crises. Although there is not yet formal social protection in Somalia, Save the Children is working with key stakeholders to build the foundation for long-term solutions to tackle child poverty.

Save the Children has supported government stakeholders in Somalia with capacity building and training, evidence and learning initiatives, and vital resources to support the way forward for government owned and led social protection schemes that are child sensitive. In 2019, the Federal Government of Somalia launched the Somalia Social Protection Policy, which paves

the way for inclusive, and child sensitive social protection schemes. As a member of the Peer Review Committee, Save the Children was pleased to support the government in realizing this inclusive policy that is backed by a strong vision and commitment to invest in human capital and build a social contract.

Social protection systems during the COVID-19 pandemic

The pandemic has resulted in unprecedented momentum for social protection programmes, with more than 200 countries and territories putting in place or planning the introduction of social protection measures since March 2020. Unfortunately, social protection coverage does not yet go far enough, and it is not inclusive enough to meet the different needs of marginalised

groups. However, the movement to implement and strengthen social protection systems provides an opportunity to begin to put in place more universal social protection systems, including universal child benefits.

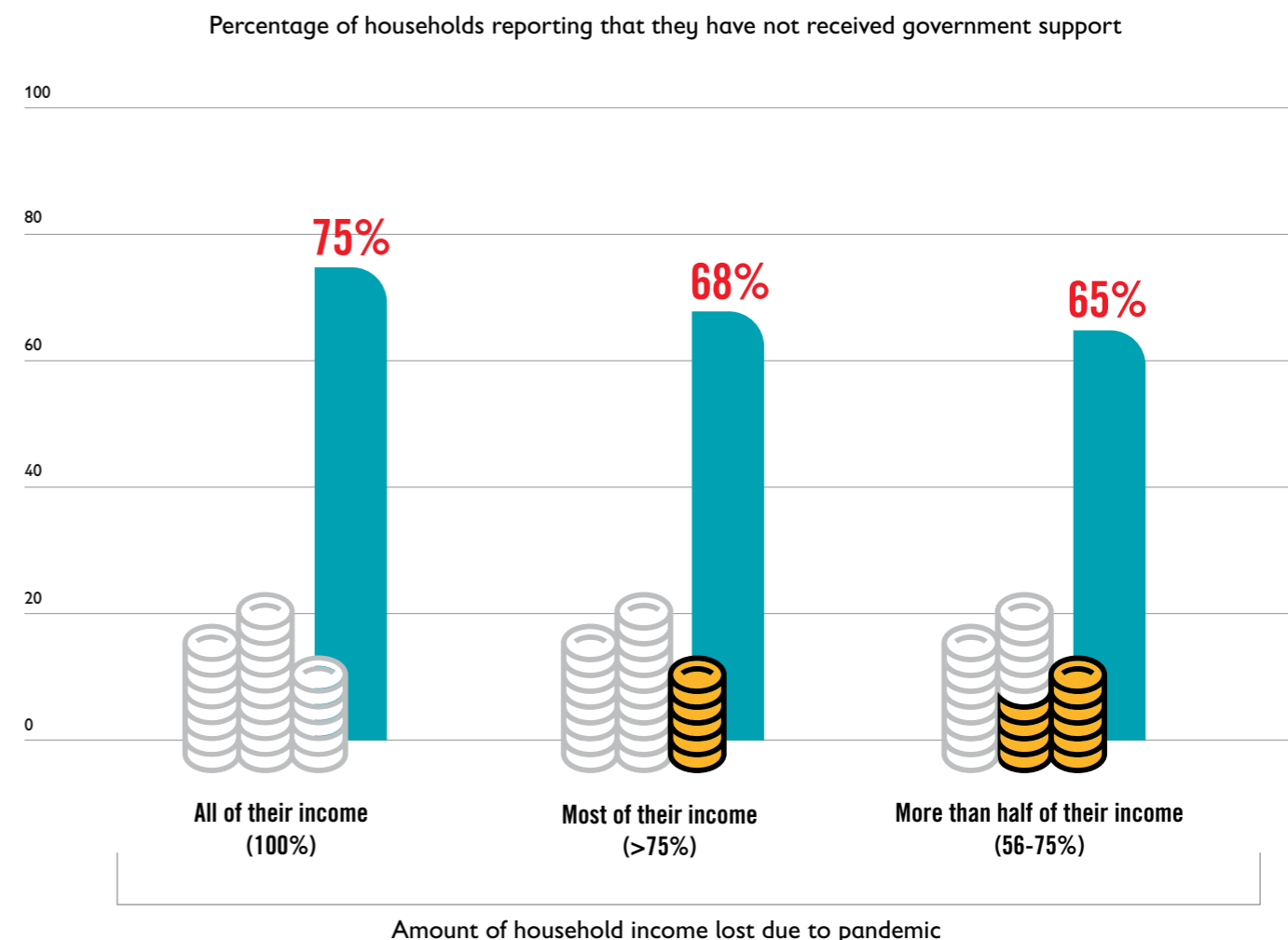
Government support is not currently reaching a significant number of people who have been economically impacted by the pandemic. This is supported by the survey findings; **70% of respondents who suffered economic losses due to the pandemic said they had not received government support.** This increased for households that had lost a higher proportion of their income; **75% of respondents that said they had lost all of their income said they had not received government support, compared with 68% of people who lost most (more than 75%) of their income, and 65% of those who lost more than half (56-75%) of their income.**

70%



of respondents who suffered economic losses due to the pandemic said they had not received government support

ACCESS TO SOCIAL PROTECTION AFTER LOSING HOUSEHOLD INCOME



Despite the fact that people living in urban areas are more likely to have incurred income losses, just **22% reported that they had received government support.** This may be because the pandemic disproportionately impacted those in informal employment, who typically do not benefit from social protection systems.⁷⁸

“

Support the poor who suffer the most and help everyone equally”

– 16-year-old girl, Peru

Child poverty and social protection recommendations

RECOMMENDATIONS FOR NATIONAL GOVERNMENTS

- Governments should urgently take stock of their current social protection provisions for children and put in place ambitious but feasible measures for financing expanded coverage, working towards universal child benefits
- Governments should urgently develop costed, multi-year plans to achieve a progressive expansion in the coverage of social protection schemes for children, aiming towards universal child benefits and financial commitments of at least 1% of their GDP over the medium- to longer-term
- Governments and those providing technical assistance should ensure that lessons from the COVID-19 pandemic are learned, and design social protection programmes and systems to be more shock-responsive. This will encompass a wide range of actions, including measures such as:
 - strengthening and keeping more up-to-date social registries that can quickly identify and reach households in need in the event of a shock, including referrals of children and families identified through child protection case management;
 - putting forecast-based action systems in place that can scale-up support in anticipation of future shocks in order to help prevent households from needing to engage in harmful, negative coping mechanisms particularly those affecting children's nutrition, access to school, and exposure to violence, child labour and child marriage;
 - ensuring there are preparedness plans with agreed procedures for all programmes to flex and respond in the event of different shocks; and
 - strengthening the digitisation of payment mechanisms to not only increase financial inclusion of households, but to also ensure that they can be reached even in the event of large shocks.

RECOMMENDATIONS FOR ALL STAKEHOLDERS, INCLUDING DONORS

- For countries that will struggle to expand social protection coverage in the short-term due to severe fiscal constraints, we call on governments, donors and development partners to agree a package of support, through a combination of debt cancellation and by giving support to a global fund for social protection
- We call on governments that are experiencing humanitarian crises and all humanitarian actors to, wherever possible, work towards developing or strengthening government-led, shock-responsive social protection systems that will be more effective in building the long-term resilience of households and protect them for future shocks
- Where humanitarian assistance continues to be required, we call on these same actors to ensure that humanitarian assistance is designed to align and be complementary to any existing social protection measures, with a view to strengthening them over time.

PROTECTING CHILDREN FROM VIOLENCE

Violence, abuse, neglect and exploitation of children increase exponentially in crises, and existing vulnerabilities and gender inequalities are exacerbated as social structures are disrupted. School closures and lockdowns have interrupted children's access to protective systems and at the same time, the consequences of the pandemic have dramatically increased stressors on families. This is resulting in an increase in the risk of violence at home, and also in negative coping strategies such as child labour and child marriage. Read the child protection thematic report [here](#).

Sophia*, 2, is held by her mother Mary*, 29

Photo: John Mwangi / Save the Children

“

Ensure safety of children first, **children are the future of the country.**”

– 14-year-old girl, India

Prior to the COVID-19 pandemic, 1 billion children aged 2-17 years old experienced physical, sexual or emotional violence or neglect each year.⁷⁹ This includes about four in five children between the ages of 2 and 14 being subjected to some kind of violent discipline at home;⁸⁰ 12 million girls that marry before their 18th birthday each year;⁸¹ 85 million children that are engaged in hazardous child labour;⁸² and 149 million children that live in high-intensity conflict zones, experiencing and witnessing violence that includes killing and maiming, child recruitment, and sexual violence.⁸³ While rates vary widely worldwide, in most countries that collect data 1 in 5 girls aged 15-19 has experienced violence from an intimate partner.⁸⁴ Further, children with disabilities are almost four times more likely to experience violence than children that do not have a disability.⁸⁵

Child protection, however, is a chronically underfunded sector, despite the well-known economic impacts of violence against children.⁸⁶ It receives just 0.6% of Overseas Development Aid,⁸⁷ and 0.53% of humanitarian funding.⁸⁸ According to the Global Status Report on Preventing Violence Against Children, while 89% of countries are committed to multi-sectoral action to end violence against children, and 80% of countries have a national plan in at least one sector, only 20% of countries have funded those plans.⁸⁹ The COVID-19 pandemic is likely to further squeeze already limited funding, resulting in protection systems being stretched even further.

The COVID-19 pandemic threatens to revert what little progress has been made towards SDG 16.2 on ending violence against children, and SDG 5.2 and 5.3 on efforts to end gender-based violence, including child marriage, female genital mutilation, and other harmful practices against women and girls. The UN Population Fund (UNFPA) estimates show that COVID-19 will result in an additional 13 million child marriages and 2 million cases of female genital mutilation (FGM) between 2020-2030.⁹⁰



CHILD LABOUR, ADOLESCENT PREGNANCY AND CHILD MARRIAGE INCREASE IN UGANDA

In the Nwoya district in northern Uganda, reports show that the number of cases of violence against children have significantly increased since schools closed at the end of March due to the pandemic. The number of adolescent pregnancies per month has almost doubled, from 107 a month from January - March, to 208 a month from April - June. In addition, the number of child marriage cases have more than doubled, and the number of child labour cases have tripled.⁹¹

32%



of households had a child, parent or caregiver who said that there had been violence in the home since the start of the pandemic

Children experiencing violence in the household

Violence by parents or caregivers is the most common form of violence experienced by children. It is expected that stressors related to COVID-19, including anxieties around restrictions of movement, health, food security and income, could exacerbate violence against children, both increasing the risk to children already in abusive and neglectful households, and increasing the potential for parents or caregivers experiencing stress to become violent or abusive.⁹²

In response to the survey, **nearly one third (32%) of households had a child, parent or caregiver who said that there had been violence in the home since the start of the pandemic**, including children and/ or adults being hit or verbally abused. The number of households with a parent or caregiver respondent who said there was violence varied significantly across regions; in the Middle East and Eastern Europe, **(30%) reported violence in the home**. Violence against children is typically underreported, and these responses likely only represent some of the violence experienced and witness by children who participated in the survey.⁹³

The survey findings also suggest that the loss of income during the pandemic has been a major stressor. **19% of households in which children reported that violence had taken place had lost more than half of their household income due to COVID-19**, compared to **5% of them reporting violence in homes with no loss of income**.

Being out of school can also be a driver of increased violence against children. Schools can create protective environments for children, and evidence shows that supporting girls to stay in school can protect them from being married before age 18 and from adolescent pregnancy, and protect children from child labour.⁹⁴ This is supported by the findings of the global survey; **violence in the household was reported by children at over double the rate when schools were closed (17%) compared with when schools were open and the child was attending in person (8%)**.

Psychosocial impact of COVID-19 pandemic on children

Children have been overwhelmingly affected by negative feelings as a result of the pandemic and the disruption to their lives, including socialising and school.⁹⁵ In response to the survey, **more than 8 in 10 (83%) of children reported an increase in negative feelings**.

children whose schools were open and they were attending in person were less likely to report an increase in negative feelings (56%), compared to those whose schools were closed (84%).

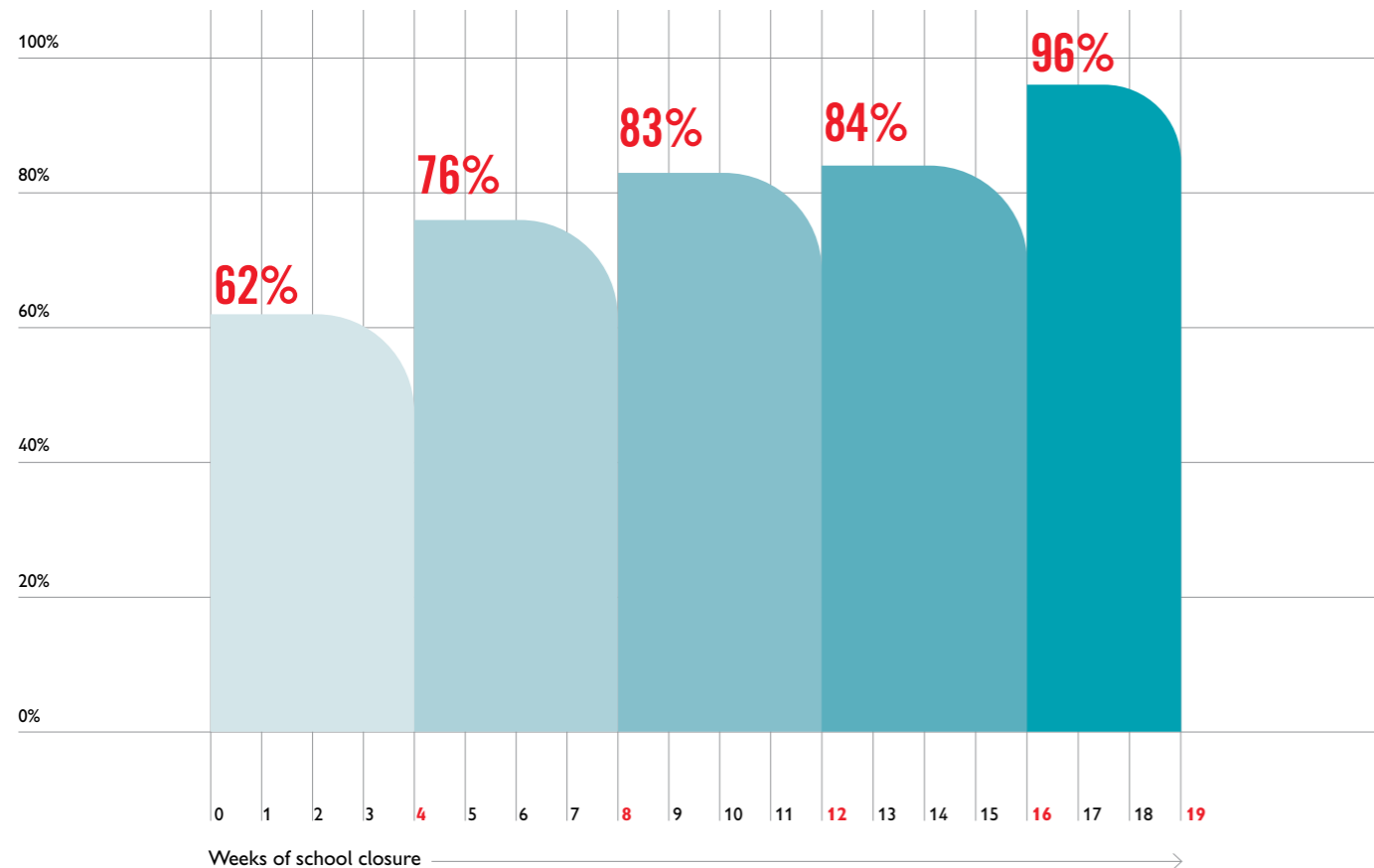
The disruption to their education from being out of school is one of the most significant stressors for children.⁹⁶ In a Save the Children study in Kenya, a third of children were worried about their education, particularly around poor performance once schools do re-open and forgetting what they had learnt.⁹⁷ Similarly, the global survey found that **the longer schools were closed, the higher the level of reported increase in negative feelings, ranging from 62% when schools had been closed for 1-4 weeks, to 96% when schools had been closed for 17-19 weeks**. Further,



[I wonder] if everything will be the same after the outbreak ends"

– 16-year-old girl, Peru

Proportion of children reporting increase in negative feelings



The longer that schools were closed, **parents and caregivers were more likely to report that their child had experienced sleep changes, changes in appetite, changes in their ability to handle their emotions, and showing more aggressive behaviour.**

Another important factor that the global survey found in reducing children's sadness and hopelessness was whether they had contact with their friends and could play. **More than half of children who responded to the survey who were not in touch with their friends or playing less often reported feeling less happy, more worried and less safe.** For children that see their friends in person and interact virtually, **just 5% reported feeling less happy, 5% feeling more worried, and 6% feeling less safe.** Just one in six children who were able to play at the same level as before reported feeling less happy, less hopeful, and less safe.

Separation of children from their families due to COVID-19

Short-term containment measures, illness and loss caused by the pandemic is expected to result in an increase in the number of children who are separated, or at risk of being separated, from their parents or caregivers during the pandemic.

6% of parents and caregivers who responded to our survey reported that they had been separated from their children due to the pandemic. This varied regionally, with **9% of those in East and Southern Africa saying they had been separated.**

Separation from children also **increased where a parent or caregiver had a disability (17%), if they were foster carers (17%), when the parent or caregiver was older (9% for 60+ year olds), were from a minority group (9%), or when an adult in the household had fallen sick (11%).**

Nearly **one quarter (23%) of respondents that said they had moved during the pandemic also reported being separated from their children,** compared to **5% of those that had not moved.** This was even more pronounced in East and Southern Africa, **with more than one third (36%) of parents and caregivers who moved reporting separation.**

“

Mom has gone abroad for work. Being separated from her is worrying”

– 13-year-old boy, Sri Lanka

Negative coping mechanisms and gendered roles

With the pandemic resulting in a drop of income for many households, as well as children being out of school, it is expected that families will turn to negative coping mechanisms including child labour in an attempt to increase family finances. The International Labour Organisation (ILO) predict that there may be an increase in child labour for the first time in 20 years,⁹⁸ and that for every 1% increase in poverty, there may be a corresponding 0.7% increase in child labour.⁹⁹

As well as being a violation of children's rights, child labour can prevent children from returning to school. **2% of child respondents to the survey reported being engaged in paid work.** Among those children that didn't think they would **return to school, being in paid work was stated as the reason for 9% of them, whereas paid work was relevant for just 2% of children who think they will return to school.**

Girls are less likely to participate in paid work than boys, however harmful gender-based norms can result in the burden of domestic work and childcare falling on girls.¹⁰⁰ With children out of school and likely increases in family members falling sick, it is likely that there will be an increase in girls carrying out domestic duties during the pandemic, potentially exposing them to the virus and threatening their education.¹⁰¹

63%



of girls reported an increase in household chores

This is supported by the survey findings; **almost two thirds of girls (63%) reported an increase in household chores**, compared with **fewer than half of boys (43%). More than half (52%) of girls reported an increase in the time that they spend caring for siblings or others since the pandemic began**, compared with **42% of boys.**

“

I am worried about my learning. I also feel tired of home chores. I have fear of teenage pregnancy and child marriage; school girls are the most targeted ones in marriage due to school closure”

– 14-year-old girl, Kenya

In response to the survey, **20% of girls reported having too many chores to do to be able to learn**, compared with **10% of boys.** Although boys are more likely to be involved in child labour than girls, boys have more time to play, study or do what they choose than girls because of the longer hours that girls spend on household chores.

CASE STUDY

Kadiatu, age 17, Sierra Leone

Photo: Ben White - UK Creative

Kadiatu*, 18, outside her home in a slum community in Freetown, Sierra Leone



Kadiatu, age 17, was discouraged when she heard about the coronavirus. The idea that another virus could be infiltrating the country reminded her of Ebola.

When Ebola cases began to increase in Sierra Leone, Kadiatu was forced to work to feed her family, who were financially impacted by the closures in her town. Her school closed to prevent the risk of transmission, much like with COVID-19, and she got pregnant by a boy whose family was financially stable.

“My family and I were desperate; we hardly had enough money for food. When I asked my mother for food, she would tell me that I’m a big girl, so I should find ways of bringing in money to feed the family.”

“My parents needed me to work and what could I do? We could barely have enough food to eat. I took over the responsibility of caring for the family. And that’s how I got pregnant.”

However, she has vowed that this time history will not repeat itself, and thanks to Save the Children, she is even motivating other girls to not make the same decisions that she did.

The Second Chance Project, funded by the Danish International Development Agency (DANIDA), seeks to reduce the negative effects of teenage pregnancy in eight slum communities in Freetown. In the Rokupa Wharf area of Freetown, Save the Children also runs various projects to reduce child marriage, as well as nutritional programmes.

Because of the Second Chance Project, Kadiatu was able to get food and supplies at the height of the COVID-19 pandemic, instead of going out and looking for work and potentially becoming pregnant in the process.

“So now I do a small, small, sensitization with the help of The Second Chance project. I talk to girls in my community to convince them not to make the same decisions I did.”

During the peak of the COVID-19 pandemic, Save the Children distributed food and non-food items to more than 400 child mothers and teenage girls in vulnerable Western Area communities in Freetown.

Humanitarian contexts

The impact of COVID-19 on child rights and child protection will be even greater in humanitarian contexts, including those where there is armed conflict. For children living in conflict zones, the pandemic is now one more thing to fear as the horrors of war continues. Containment measures are harder to enforce across porous borders, and in areas where governments lack legitimacy and control. The impact of border closures on the delivery of essential, external humanitarian aid will weaken already fragile health systems, which will become overwhelmed by the scale of need.

Despite calls from the UN Secretary-General and UN Security Council, armed conflict has not stopped because of the pandemic, and public health measures can affect peoples ability to move, find safety, and access essential services. In the short term, a global ceasefire would put an end to such conflict, and would allow critical, life-saving aid to reach the most vulnerable communities and support them in their response to the pandemic.

The illness and death of family members and caregivers, and the collapse of livelihoods and subsequent impoverishment will force families and children to more extreme forms of survival including early marriage, sexual exploitation, and greater vulnerability to recruitment by armed forces and armed groups. This is supported by the Global Protection Cluster, who reported violence against children in 23 of their operations, and child marriage in 15 operations.¹⁰²

Children from refugee and internally displaced populations are particularly vulnerable to negative coping strategies. With the impact that COVID-19 has had on the economy, refugee families will be pushed even further into poverty, and child labour will increase amongst these communities. In Jordan, 72% of refugee households are food insecure or vulnerable to food insecurity¹⁰³ and child labour rates amongst Syrian refugees in the country are high, with children engaging in the worst forms of child labour, including street work.¹⁰⁴

Before the pandemic, evidence showed how girls living in refugee and IDP camps are at a heightened risk of violence as they are more likely to be unaccompanied or separated from their families or caregivers than girls in stable settings.¹⁰⁵ As already weak protection services become further stretched, or cease to exist, during the pandemic, these existing issues will be further intensified. Rising economic insecurity and obstacles in accessing essential items and services is resulting in increased gender-based violence (GBV) in refugee and IDP camps, including exploitation and abuse. In Cox's Bazar, it has been reported that the number of GBV cases, including child marriage, have increased during the pandemic.¹⁰⁶

Mental health and psychosocial support (MHPSS) services have limited ability to cope with or adapt to the increased need for support that the pandemic is creating, particularly in fragile contexts. This was already the case prior to COVID-19, with countries such as South Sudan, for example, having more than one million children already experiencing psychosocial distress, but just three practicing psychiatrists and 29 psychologists country-wide.¹⁰⁷

Despite such increasing risks in humanitarian contexts, child protection and gender-based violence protection and child protection are desperately underfunded – although there are examples of increased funding, between 2010-2018 an estimated average of 0.53% of humanitarian aid went to child protection, and just 0.06% to GBV.¹⁰⁸ With regards to specific Covid-19 global humanitarian response plans, as of August 2020 only 12% of critical protection work was funded.¹⁰⁹

“

“We need love and peace now more than ever.”

– 11-year-old girl,
occupied Palestinian territory (oPt)

Protecting children from violence recommendations

RECOMMENDATIONS FOR ALL STAKEHOLDERS, INCLUDING DONORS

- Prioritise and support well-resourced and inclusive, gender-sensitive child protection and gender-based violence and mental health services, and designate the social service workforce (both formal and informal) as essential workers, with humanitarian access to reach girls and boys who need protection support. This must include increasing the numbers and the reach of skilled, trained, gender-sensitive child protection workers, tailoring gender-based violence services to the needs of adolescent girls and addressing barriers to access for persons with disabilities and other vulnerable groups
- Scale-up urgently needed flexible funding for child protection programming, mental health and psychosocial support and gender-based violence prevention, mitigation and response. This must include funding services for addressing violence against children, as well as children and caregivers' MHPSS in humanitarian response plans for COVID-19 and recovery. This includes funding community level organizations mobilizing front-line protection for children
- Use data to ensure that COVID-19 response and recovery efforts are inclusive and do not exacerbate the particular vulnerability of children during this pandemic, including through harmful social and gender norms, discriminatory practices and inequalities, and that quality services reach those who are most vulnerable, including people with disabilities;
 - Innovative, adapted and inclusive data collection and reporting mechanisms should be supported
 - Collected data should be disaggregated by sex, age-group and diversity, to ensure that future investments are data driven, informed by gender analysis, and targeted to the most vulnerable and marginalised children and families, including those with disabilities
 - Further research should be conducted on the impact of COVID-19 on children's protection, including in conflict and humanitarian settings
- Listening to children, including adolescents, particularly girls, children with disabilities, those in minority groups and children in conflict settings, through support for dialogue, children's safe and meaningful participation in decision-making, and for further research, to take the experience of the impact of COVID-19 on children and families into account in designing response plans

- Placing child protection and social welfare provisions as central components within national and local level infectious disease emergency preparedness plans
- Ensuring all aspects of child protection systems – including laws and policies, law enforcement agencies and child protection services – take into account the violence experienced by women and children in the home during the pandemic
- Integrating gender sensitive and age-appropriate child protection messaging in Covid-19 risk communication and community engagement, training frontline health professionals in psychological first aid and detection and referral of child protection and gender-based violence risks
- Ensuring that education and child protection sectors are enabled to proactively work together to put child-friendly, effective protection response mechanisms in place that can function through school structures and outside them, particularly within plans to transition children and girls in particular, back to school/education safely
- Ensuring that child protection risk factors are understood and integrated into social protection and child benefit programmes, with the objective of helping prevent and mitigate violence against children, exploitation and family separation and promote adequate care
- Strengthening integration of high-quality mental health and psychosocial wellbeing programmes with gender-sensitive child protection systems and services to prevent, mitigate and respond to gender-based violence
- Designing and implementing gender equality programming to transform harmful gender norms and address roots cause of gender-based violence and other violence against children. This programming should include engaging with men, boys, and local community leaders, as well as religious and traditional leaders, and grassroots women's, girls and children's organisations
- Accountability to children, including through implementation of the UN Security Council Resolution 2532 demanding a cessation of hostilities & recognising the Secretary-General's global ceasefire appeal; as well as the Secretary-General's "Global Ceasefire" on domestic violence and commitments of UN Member States.

Nimo*, 4, is measured with a muac band by Saado, a health worker in Adi'Adays, Somaliland



Photo: Peter Moru / Save the Children

RECOMMENDATIONS

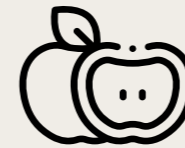
Peter* and his father Marino learning from home in Karamoja, northeast Uganda

The impact that COVID-19 is already having on children's lives is alarming, and has the potential to cause long-lasting disruption to children's access to health and nutrition, education, protection from violence, and may result in millions of children sliding into poverty.

Although all children are experiencing disruptions, as this report shows, for the most marginalised children – particularly the poorest children and girls – the pandemic is exacerbating existing inequalities, leaving them further behind.

SAVE THE CHILDREN CALL ON ALL STAKEHOLDERS TO COME TOGETHER TO PROTECT A GENERATION OF CHILDREN.

HEALTH AND NUTRITION RECOMMENDATIONS



- Governments, donors and multilateral organisations should increase investment and support for strong, resilient and equitable health and nutrition systems, towards universal health coverage, including the removal of barriers to access (such as user fees)
- Governments should maintain and strengthen the delivery of essential health and nutrition services critical for child survival during the COVID-19 pandemic and beyond
- Governments should provide safe and legally mandated spaces for civil society organisations and communities, including children, to engage in decision-making for health and nutrition service provision and in the development and dissemination of health information, as key stakeholders in achieving universal health coverage and good nutrition for all.

EDUCATION RECOMMENDATIONS



- Governments and donors must agree, implement and fund a global COVID-19 education action plan, ensuring that a coordinated global education response keeps learning alive, supports every child to return to school when it is safe to do so, and builds back better and more resilient education systems. The plan should be available on a public website, with progress tracked and reported on regularly
- The World Bank's shareholders should provide a supplementary International Development Association (IDA) budget of around \$35 billion over the next two years, with at least \$10 billion in grant financing
- G7 and other Organisation for Economic Co-operation and Development (OECD) donors should contribute at least \$10 million per country to the Global Partnership for Education to help fund its emergency response to COVID-19. This should be separate and in addition to funding for their 2021 replenishment.

- To fulfil Education Cannot Wait's funding gaps for the COVID-19 response and for the remainder of its strategic period up to the end of 2021, it requires from donors an additional \$300 million to its global fund and \$2 billion in-country to support multi-year resilience programmes
- National governments should produce and implement fully funded, national COVID-19 education response and recovery plans, with targeted action to ensure that girls and the most marginalised children are able to keep learning through distance learning initiatives and return to school.

SOCIAL PROTECTION RECOMMENDATIONS



- Governments should urgently take stock of their current social protection provisions for children and put in place ambitious but feasible measures for financing expanded coverage, working towards universal child benefits
- Social protection programmes that are expanded or developed should be designed in a way that allows them to respond to future shocks
- Governments experiencing humanitarian crises, and all humanitarian actors, must increase efforts to ensure that their responses are designed to support and link up with government social protection schemes.

PROTECTING CHILDREN FROM VIOLENCE RECOMMENDATIONS



- Prioritise and support well-resourced and inclusive child protection, gender-based violence and mental health services, designating the social service workforce as essential workers with humanitarian access to reach all children needing protection support
- Scale-up urgently needed flexible funding for child protection programming and gender-based violence prevention, mitigation and response and mental health and psychosocial support in COVID-19 response plans
- Use data to ensure that COVID-19 response and recovery efforts are inclusive and do not exacerbate the particular vulnerability of children during this pandemic, including through harmful social and gender norms and that quality services reach those who are most vulnerable, including people with disabilities.

CHILD PARTICIPATION RECOMMENDATIONS



- Governments must protect and uphold all of children's rights under the UN Convention on the Rights of the Child
- Governments must ensure children's right to participate in decision-making processes, including their right to express themselves, organise, engage in peaceful assembly, and to access age-appropriate information

In order to ensure that all countries are able to respond effectively to the pandemic as highlighted in the above recommendations, and build back better for children, donors must take action to suspend, and potentially cancel, debt repayments for developing countries.

DEBT RECOMMENDATIONS



- All creditors, both official and commercial, should offer an immediate cancellation of all principal repayments, interest and charges for the remainder of 2020
- The G20 should support countries to stop making debt payments to external lenders
- The World Bank should work with the IMF to strengthen the Debt Service Suspension Initiative, to secure a freeze of \$48 billion of debt service payments during 2020/2021
- The World Bank should work with UNICEF and national governments to create a facility that converts suspended debt service payments into investments for children. This would ensure that money freed up from debt savings is invested in priority areas including health and nutrition, education, social protection and protection from violence.

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