Save the Children

THE HIDDEN IMPACT OF COVID-19

ON CHILD POVERTY

A GLOBAL RESEARCH SERIES

Save the Children believes every child deserves a future. Around the world, we work every day to give children a healthy start in life, the opportunity to learn and protection from harm. When crisis strikes, and children are most vulnerable, we are always among the first to respond and the last to leave. We ensure children's unique needs are met and their voices are heard. We deliver lasting results for millions of children, including those hardest to reach.

We do whatever it takes for children – every day and in times of crisis – transforming their lives and the future we share.

Prepared for Save the Children International by

Primary author
Lavinia Loperfido

Other contributing authors
Dr Melissa Burgess (Principal Investigator), Nicole Dulieu, Chiara Orlassino, Dr Munshi Sulaiman (Statistician), Dr Silvia Mila Arlini.

Acknowledgements

Core research team: Dr Melissa Burgess (Principal Investigator), Muhammad Hassan Qaiser, Shanmugapriyah Thiyagarajah, Dr Silvia Mila Arlini, Munshi Sulaiman (Statistician), Guillaume Rachou (Project Management), Ebrima Saidy (Governance), Suyeon Lee (Intern).

Technical research design advice: Dr Hadley Solomon (Ethicist), Saori Iwamoto, Stacie Gobin, Michael O'Donnell, Jonathan Fain, Dr Paul Bouey.

Thematic advice: Katherine Armeier, Silvia Paruzzolo, Burcu Munyas, Oliver Fiala, Dr Luke Harman, Lilly Schofield, Disa Sjoblom, Shelagh Possmayer, Vigitha Renganathan, Manuela Marin. Disability: Martina Orsander, Henok Zeratsion, Bharti Mepani.

Regional expertise and implementation: Daniel Kariuki (Eastern and Southern Africa); Abdoul Harouna, Ingy Akoush and Teresa Amorim (West and Central Africa); Shatha El-Fayez (Middle East and Europe); Paula Smits (Latin America and the Caribbean); plus a large team in all participating countries.

Communications, media and participant recruitment: Madhu Kalra, Tamara Amalia, Allison Zelkowitz, Kristiana Marton.

Qualitative data analysis: Jessica Chia, Narmeen Adeel, Sayeed Shahzada, Christine Truong, Sonja Horne, Marla Smith, plus a large team in all participating countries.

Editing: Gabrielle Szabo, Keyan Salarkia.

Suggested citation

Loperfido, L. and Burgess, M. (2020), The Hidden Impact of COVID-19 on Child Poverty. London, Save the Children International.

Published by

Save the Children International
30 Orange Street, London WC2H 7HH, United Kingdom
Email: info@savethechildren.org
Website: www.savethechildren.net

Cover photo: Lei Tapang/Save the Children

Design: GrasshopperDesign.net

Contents

The Hidden Impact of COVID-19 on Child Poverty

Response overview

31,683
public responses including

13,477
child responses aged 11-17

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

About the research

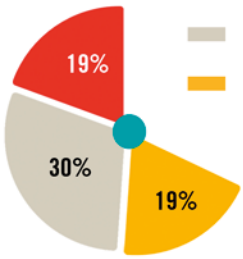
The research sampled three distinct population groups:
1. Save the Children program participants.
2. specific population groups of interest to Save the Children.
3. the general public.

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

KEY FINDINGS

Income loss

Three-quarters (77%) of households reported an income loss since the start of the COVID-19 outbreak.



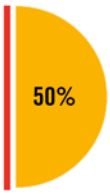
- Between half and three-quarters (56-75%)
- Most of it (more than 75%)
- All of it

1 in 5 parents/caregivers lost all of their income.

A higher proportion of respondents from female-headed households (58%) lost their job compared to mixed households (36%).

Among those who lost income:

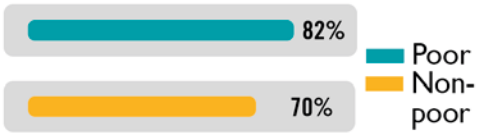
Half (50%) of parents/caregivers with disabilities lost their job.



83%
of parents/caregivers with disabilities lost more than half of their income.

85%
of parents/caregivers who lost income reported losing one whole source of income.

Higher proportion (82%) of respondents who can be classified as poor lost income due to COVID-19, compared to who are not poor (70%).



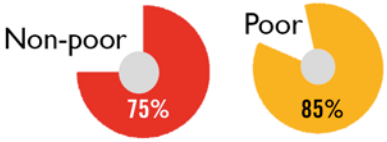
Three-quarters of those who lost all of their income are not receiving government supports.

Trouble paying for essential needs

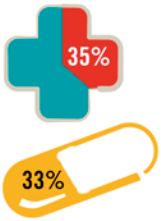
Percentage of adult respondents with a disability struggle to pay for

46% Health care
30% Medical supplies
32% Utility bills
19% Disability services
10% Assistive devices
11% Care workers

Four in five are struggling to pay for food (81%).

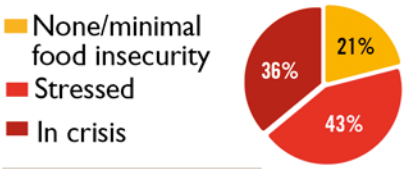


85% of parents/caregivers from poor households reported having trouble paying for food, compared to 75% from non-poor households.

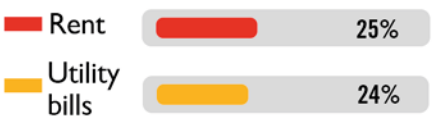


One-third are struggling to pay for health care (35%) and nutrition supplements (33%).

Four in five households (79%) are in food insecurity stress or crises.



A larger proportion of households 'in crisis' are in urban areas (57% vs 25% in rural areas), and from minority groups (41% vs 34%).



One-quarter have difficulties paying their rent (25%) and utility bills (24%)

Executive summary

ABOUT THE STUDY

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

The research was implemented in 46 countries and resulted 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 and 17 participating in the research. The research sampled three distinct population groups: 1. Save the Children programme participants; 2. specific population groups of interest to Save the Children; and 3. the general public.

A representative sample of Save the Children programme participants with telephone numbers or email addresses was obtained in 37 of the 46 countries. Purposive samples of specific population groups that Save the Children work with, for example people living in camps for displaced persons or urban slums, were also obtained in some countries. Additionally, a convenience sample of the general public was obtained.

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

KEY FINDINGS

Most programme participants have lost income due to COVID-19 containment measures.

- Three-quarters (77%) of households reported an income loss since the start of the COVID-19 outbreak.

Among those who lost income:

- 19% of respondents lost between half and three-quarters of their income (56%–75% lost), 30% lost most of it (ie, more than 75% of income lost) and 19% lost all of it;[1]
- The majority (85%) reported losing at least one whole source of income (ie, job, remittances, etc.);

- The majority (83%) of adult respondents with disabilities lost more than half of their income;
- Half (50%) of all adult respondents with disabilities lost their job;
- A higher proportion (82%) of respondents who can be classified as poor lost income due to COVID-19, compared to the proportion of respondents who are not poor (70%).

COVID-19 exacerbates existing gender inequalities.

- A significantly higher proportion of respondents from female-headed households[2] (58%) lost their job compared to mixed households (36%).

Additionally:

- A higher proportion of female-headed households are 'stressed' from a food security perspective than mixed households.
- Children reporting needing learning materials and counselling are more likely to come from female-headed households than from mixed households.
- Higher proportions of female-headed households struggled to pay for disability services (6%) and care workers (4%) due to income losses caused by COVID-19, compared to male-headed and mixed households.
- Nearly two-thirds (63%) of girls compared to 43% of boys reported having more chores to do and 52% of girls versus 42% of boys reported increased caring duties towards siblings and others.

Programme participants are struggling to pay for children's essential needs.

Nearly all (96%) respondents reported struggling to pay for specific items due to income losses caused by COVID-19. Of these:

- Four in five (81%) are struggling to pay for food;
- One-third are struggling to pay for health care (35%) and nutrition supplements (33%);
- One-quarter have difficulties paying their rent (25%) and utility bills (24%);
- The majority (85%) of adult respondents from households that can be classified as relatively poor struggle to pay for food, compared to 75% from the non-poor ones;
- A higher proportion (71%) of respondents from households that can be classified as relatively poor reported needing money or vouchers, compared to 59% of non-poor respondents;
- Adult respondents with a disability struggle to pay for health care (46%), medical supplies (30%), utility bills (32%), disability services (10%), assistive devices (12%) and care workers (17%).

Most programme participants indicate household food insecurity.

- 21% of respondents were not stressed/had minimal food insecurity,[3] 43% were stressed and 36% were extremely stressed or 'in crisis';
- A larger proportion of urban dwellers are 'in crisis' (57%), compared to those who live in rural areas (25%);
- 47% of adult respondents with a disability were 'in crisis' compared to 35% of adult respondents without a disability (35%);
- 41% of adult respondents from minority groups were 'in crisis' compared to 34% of those who do not belong to minority groups.

Children have an increased chores and caring burden.

- More than half of the children we reached told us that their domestic chores burden has increased compared to before COVID-19, with girls more affected than boys. Almost half of the children reported that their caring duties towards siblings and others have increased.

Children's access to learning materials has been reduced.

- Half of the children we could reach do not have access to learning materials which were previously provided by schools. Additionally, following the closure of schools, children have lost access to necessary items previously provided by their school, such as meals and sanitary products.

Government support is not reaching many of those in need.

- Government social protection support does not seem to reach a significant proportion of the programme participants who have been hardest hit;
- Three-quarters (75%) of those who lost all of their income are not receiving government support;
- Urban dwellers are more likely to have incurred income losses, but the proportion of respondents who have received government support since COVID-19 is higher among rural households (32%) than urban households (22%).

PHOTO: LEI TAPANG/SAVE THE CHILDREN

RECOMMENDATIONS

Recommendations for government and donor policy

- Protect current investments in social protection. Scale up further to expand child benefits. Make special provisions to reach children and households who are particularly vulnerable and excluded, including through temporary cash assistance.
- Ensure that vulnerable households in both rural and urban settings benefit from government social protection systems and other COVID-19 cash assistance and livelihood support.
- Address specific deprivations and vulnerabilities of the most marginalised and deprived households, especially those that have only female adults or only male adults or have members with disabilities. Apply an inclusive, disability-, gender- and child-sensitive lens.
- Provide educational support to uphold children's right to education by providing opportunities for children to continue their education through online platforms wherever possible and ensuring other forms of communication such as radio or mobile phone technology and paper-based learning packs are available for those children who do not have access to the internet.
- Ensure key messages on education are provided in accessible formats to parents and caregivers with disabilities and to parents of children with disabilities.
- Ensure that the response to COVID-19 does not perpetuate harmful gender norms, discriminatory practices, stigmatisation and inequalities, or risk increasing chores burdens and child labour rates for girls and disadvantaged groups.
- Guarantee access to basic food and markets by considering long-term, costed nutrition plans which better integrate nutrition within the health system and other relevant sectors and providing children with access to food even when markets are closed.
- Place children at the centre of response and recovery plans by strengthening social-accountability mechanisms to support dialogue between children and decision-makers at all levels.

Recommendations for programming

In responding to COVID-19, organisations able to provide direct assistance should support children in this pandemic by:

- Providing support to vulnerable households and children through cash assistance or in-kind food distributions to cover basic food needs during the COVID-19 pandemic. Whenever possible, organisations should work closely with governments to ensure these efforts align with and strengthen existing social protection systems to enhance sustainability and long-term impact.
- Ensuring that COVID-19-related food security and cash assistance programmes include disability and households with only female adults or only male adults as key priorities for beneficiary selection, given the findings that they are disproportionately affected by COVID-19. Consider providing additional cash or food top-ups for these families as well.
- Supporting children and families to access basic goods and services by distributing items previously provided by schools to children who have lost access to them, such as free meals, sanitary products, health advice and counselling services.
- Distributing the necessary learning equipment to children to enable them to continue their learning through online or other modalities.
- Providing equitable access to psychosocial support by ensuring access for girls and boys to counselling services and referral pathways to access psychosocial support and protection to victims of violence.

PHOTO: MARK WAHWA/SAVE THE CHILDREN

Introduction and aims

STUDY BACKGROUND

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

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

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

> *These measures all have secondary impacts. Quarantine, for instance, has impacts on the mental [5–7] and physical health [8] of populations… A rapid systematic review of publications reporting previous events of quarantine for infectious disease outbreaks, identified how knowledge of the disease, clear information regarding quarantine procedures, social norms, perceived benefits of quarantine, perceived risk of disease, and ensuring sufficient supplies of food, medicines and other essentials were important factors to promote adherence to the uncomfortable realities of quarantine measures [10]. Others have highlighted the critical role of trust, interpersonal and international cooperation that emerge in response to a collective effort in tackling a major public health crisis [11].*
>
> (WHO and R&D Blueprint, 2020: 60)

RESEARCH PURPOSE

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

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

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

RESEARCH QUESTIONS

This research report presents findings addressing the following child poverty-related research questions:

- What are the economic impacts of the COVID-19 pandemic on households with children?
- What social protection mechanisms do households with children have access to?
- What are the coping strategies of households with children?
- Can households with children pay for their essential needs?
- What are the economic needs of children during these periods?
- How could the COVID-19 pandemic affect livelihoods moving forward?
- What is the care burden on households with children?

PHOTO: ALI ADAMOU/SAVE THE CHILDREN

School closures across the world have exposed the gaps between children who have access to remote learning and those who don't. COVID-19 has also put many young girls at heightened risk of early marriage and other forms of exploitation.

Research design and methods

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

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

STUDY POPULATIONS AND SCOPE

This research study was carried out among current programme participants of Save the Children-led or partner-led programmes in the 37 countries listed in Table 1. The study was implemented only in those countries where local Save the Children or partner staff could

TABLE 1: COUNTRIES WHERE THE RESEARCH WAS IMPLEMENTED

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

quickly mobilise resources to carry out the study. These countries were not randomly selected and are therefore neither representative of all countries across the world, nor representative of all countries in which Save the Children operates.

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

SAMPLING, RECRUITMENT AND DATA COLLECTION MECHANISMS

The research was designed to obtain a representative sample of current Save the Children beneficiaries. Remote data collection methods had to be used due to the presence of COVID-19 and the risk of contracting or transmitting COVID-19 during in-person data collection activities. The study population was therefore necessarily reduced to only those programme participants with remote contact details (phone number or email) listed at the individual or household level. For this reason, the research can only be considered as representative of Save the Children programme participants with remote contact details in those countries where the study was implemented.

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

There were only two eligibility criteria for participation in the study:
1. Adult respondents (aged 18 and above) had to be parents and/or caregivers of children aged 0–17 living in the same household (Part 1 of the survey);
2. Child respondents had to be aged 11–17 (Part 2 of the survey).

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

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

The minimum requirements for participation in the study were a confidence level of 90% and margin of error of 5%. For the majority of countries, this meant a minimum sample size of 273 adult respondents. A detailed description of the sampling approach and final response numbers per participating country can be found in the full Study Methods Report, available at: https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series.

LIMITATIONS OF THE RESEARCH DESIGN

The sample is skewed:

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

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

THE SURVEY QUESTIONNAIRE

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

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

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

There are various limitations with the questionnaire structure that are discussed in the full Study Methods Report (available at: https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series). A notable limitation is that the survey questionnaire did not ask whether the child respondent was the same individual as the indexed child. This is a limitation of the survey that prevents comparison between adult reports on a child and the child's self-reports. The Washington Group Short Set of Questions on Disability (WG-SS) was used to disaggregate data for disability.[4] The WG-SS was asked of the adult respondent and about the indexed child by proxy of the adult respondent. Child respondents did not respond to WG-SS, preventing data disaggregation for the child respondent by disability.

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

DATA COLLECTED

The survey was designed to capture information across multiple sectors or themes, including household economies, health and nutrition, child education and learning, child protection and child rights. The survey questionnaire is presented in the full Study Methods Report (available at: https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series). An overview of the data collected in the survey is shown in Table 2 below.

TABLE 2: OVERVIEW OF DATA COLLECTED IN THE SURVEY

Level of variable	Household level	Individual level		
Respondent	**Parent**	**Parent**	**Parent**	**Child**
Subject of variable	**Household**	**Parent**	**Indexed child**	**Child participant**
Item	• Schools closed (weeks) • Home quarantine (weeks) • Stores closed (weeks) • Geography, migration and displacement • Country/settlement type • Migration and displacement due to COVID-19 • Parent/child separation due to COVID-19 • Number/gender of adults • Number/gender of children • Number of habitable rooms • Household wealth • Income lost (amount) • Income lost (sources) • Ability to pay for basic needs • Coping strategies in home • Government support and social protection floors • Household physical health and nutrition • How many household illnesses since COVID-19 • Barriers to medical care • Barriers to medications • Barriers to food and nutrition • Barriers to other health/ sanitation items • Medical care, medication and other health/ sanitation items needed	• Gender • Age • Minority status • Disability status • Relationship to children in household • Parent's/caregiver's wellbeing and perceptions of family relationships • Parent's/caregiver's feelings and worries • Changes in relationships with children and in the household • Violence in the home	• Gender • Age • Disability status • Chronic health condition • Children's learning and education: • Attendance at school prior to COVID-19 • Access to and use of learning materials • Barriers to learning • Teacher remote support for home-based learning • Parent/caregiver support for children's home-based learning • Perceptions of children's learning • Likelihood of children returning to school after COVID-19 • Children's wellbeing and family relationships • How children feel and sleep since COVID-19 • Changes in children's behaviour and sleep since COVID-19 • Children's contact with friends and doing activities for fun • Children's safe use of the internet • Child rights • Whether parent/ caregiver talks to their children about COVID-19 • Breastfeeding and infant nutrition practices, concerns and needs	• Gender • Age • Children's learning and education: • Whether children feel they are learning at home • What helps or stops children from learning at home • Children's wellbeing: • What children do to have fun • What children miss and miss out on by not attending school • Children's contact with friends • How children describe their home situation • What children have enjoyed most about being at home • Children's rights: • Children's right to information about COVID-19 • Children's right to be heard when talking about COVID-19 • Children's messages for leaders • Children's messages for other children around the world

MEASURES, INDICES AND SPECIFIC VARIABLES

Details of measures, indices and specific variables are included in the full Study Methods Report (available at: https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series). The Reduced Coping Strategies Index, Wealth Index and child labour are specifically described here.

THE REDUCED COPING STRATEGIES INDEX (rCSI)

The Reduced Coping Strategies Index (rCSI) score is a proxy indicator that assesses the extent to which households rely on harmful coping strategies in the presence of food insecurity. The index reflects both the frequency of each behaviour (ie, how many days over the last seven days the coping strategy was used) and severity (ie, how serious the strategy is). The five standard coping strategies and their severity weightings are shown in Table 3 below.

TABLE 3: REDUCED COPING STRATEGIES INDEX INDICATORS AND WEIGHTS

Behavioural indicator/coping strategy	Severity (weighting)
Eating less preferred foods	1.0
Borrowing food or money from friends or relatives	2.0
Limiting portions at mealtimes	1.0
Limiting adult intake	3.0
Reducing the number of meals per day	1.0

Respondents were asked to report how many times they had used each of the above strategies in the previous seven days. The rCSI raw scores are calculated by multiplying the frequency with which a behaviour was used by the universal severity weight, then summing the weighted scores for each coping strategy. The maximum raw score for the rCSI is 56, ie, a household that used all five strategies every day for the last seven days would have a raw score of 56. The mean rCSI score is used as a descriptor for food insecurity among survey respondents.

The scores on the rSCI were analysed using the Integrated Food Security Phase Classification (IPC) Acute Food Insecurity Reference Table cut-off points for rCSI. This is a standardised scale to measure the severity of food security, nutrition, and livelihood crises. The IPC reference table identifies five levels of hunger severity: 1. Minimal/None; 2. Stressed; 3. Crisis; 4. Emergency; 5. Catastrophe/Famine. For the purpose of this analysis, a score of 0–3 is considered to be experiencing minimal food insecurity, 4–18 is considered stressed and 19 or more is considered to be in crisis.

WEALTH INDEX

A Wealth Index has been developed for this study to identify households that can be classified as relatively poor or not-poor. The Wealth Index is aligned to the Multidimensional Poverty Index (MPI), jointly developed by the United Nations Development Programme and the Oxford Poverty and Human Development Initiative (OPHI) at the University of Oxford, and captured by the Multiple Indicator Cluster Surveys (MICS) surveys. Both the MPI and the Wealth Index constructed in this study are asset-based, reflecting the fact that children's experience of

McClean, 10, with hygiene kit. Like every other child in Zimbabwe, McClean's life has been disrupted by the pandemic. She is not going to school and is not able to play with her friends in the neighbourhood. McClean and her young brother Eddie are among 650 children from their rural area who received hygiene kits from Save the Children.

poverty is very different to adults' and is more suitably measured by the deprivation they experience across areas of life. The indicators used to construct the Wealth Index and their factor loadings are presented below.

The Wealth Index scores were then used to create a binary construct with households that can be classified as relatively poor having a score below the median wealth index and households classified as not-poor being on or above the median wealth index.

CHILD LABOUR

Children's engagement in labour was measured based on child respondents selecting 'getting paid for work' or 'having too many chores to do' as response options to the question 'what stops you from learning at home?' Due to the nature of the study, a full measure of the child labour situation, including distinguishing between different types of labour (including hazardous work) and the change in actual time spent working, could not be included. The findings presented in the report are therefore limited to the specific question asked in the survey and might therefore not be representative of the true scale of the child labour situation.

DATA ANALYSIS

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

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

PHOTO: SAVE THE CHILDREN/GCCU

Study sample numbers and characteristics

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

TABLE 4: SAVE THE CHILDREN PROGRAMME PARTICIPANTS, WORLDWIDE SAMPLE

Variable	Adult respondent (parent/caregiver)		Child respondent (11–17 years of age)		Indexed child	
	Number of adult respondents	Percentage of adult respondents	Number of child respondents	Percentage of child respondents	Number of indexed children	Percentage of indexed children
Total	**17,565**	**100**	**8,069**	**100**	**16,110**	**100**
Region						
Asia	6,915	39.4	3,686	45.7	6,559	40.7
ESA	3,274	18.6	1,588	19.7	3,084	19.1
WCA	1,372	7.8	646	8.0	1,282	8.0
LAC	3,047	17.3	1,129	14.0	2,716	16.9
MEE	2,166	12.3	794	9.8	1,772	11.0
Pacific	251	1.4	140	1.7	235	1.5
North America	518	2.9	81	1.0	444	2.8
Europe and others	22	0.1	5	0.1	18	0.1
Gender						
Female	10,554	60.1	4,336	53.7	8,075	50.1
Male	6,055	34.5	3,619	44.9	7,945	49.3
Prefer not to say/other	62	0.4	11	0.1	90	0.6
Non-response	894	5.1	103	1.3	–	0.0

continued on next page

Variable	Adult respondent (parent/caregiver)		Child respondent (11–17 years of age)		Indexed child	
	Number of adult respondents	Percentage of adult respondents	Number of child respondents	Percentage of child respondents	Number of indexed children	Percentage of indexed children
Age						
0–1	N/A	N/A	N/A	N/A	809	5.0
2–4	N/A	N/A	N/A	N/A	1,591	9.9
5–10	N/A	N/A	N/A	N/A	4,932	30.6
11–14	N/A	N/A	4,531	56.2	4,770	29.6
15–17	N/A	N/A	3,398	42.1	4,008	24.9
18–24	1,154	6.6	N/A	N/A	N/A	N/A
25–29	2,197	12.5	N/A	N/A	N/A	N/A
30–39	6,363	36.2	N/A	N/A	N/A	N/A
40–49	4,514	25.7	N/A	N/A	N/A	N/A
50–59	1,804	10.3	N/A	N/A	N/A	N/A
60+	744	4.2	N/A	N/A	N/A	N/A
Non-response	789	4.5	140	1.7	–	0.0
Disability status						
Has disability	997	5.7	N/A	N/A	623	3.9
Does not have disability	15,337	87	–	–	12,582	78
Non-response	1,231	7.0	8,069	100.0	2,905	18.0
Has a chronic health condition						
Has health condition	N/A	N/A	N/A	N/A	1,087	6.7
Does not have health condition	N/A	N/A	N/A	N/A	14,921	92.6
Non-response	N/A	N/A	N/A	N/A	–	0.0
Family member belongs to a minority group						
Yes	4,588	26.1	2,168	26.9	4,318	26.8
No	10,400	59.2	5,041	62.5	10,098	62.7
Prefer not to say	540	3.1	202	2.5	498	3.1
Non-response	2,037	11.6	658	8.2	1,196	7.4
Relatively poor						
Poor (below median wealth index)	6,278	35.7	3,506	43.5	6,278	39.0
Not poor (on or above the median wealth index)	5,762	32.8	3,425	42.4	5,762	35.8
Non-response	5,525	31.5	1,138	14.1	4,070	25.3
Settlement type						
City	5,099	29.0	2,268	28.1	4,863	30.2
Large or small town	2,912	16.6	1,218	15.1	7,618	47.3
Village	8,593	48.9	4,364	54.1	2,755	17.1
Don't know	172	1.0	79	1.0	155	1.0
Non-response	789	4.5	140	1.7	719	4.5

The Pacific and North America have not been covered in this study due to small sample sizes.

PHOTO: LEI TAPANG/SAVE THE CHILDREN

Results

There is a real danger that the gains of the last decade will be wiped out by the economic impact of the pandemic in low- and middle-income countries and that achievement of the SDG 2030 objectives will be compromised. While children do not seem to be severely affected by the pandemic in terms of health (although emerging evidence suggests that COVID-19 poses a health threat to them as well), they are becoming the biggest victims of its social and economic impacts. COVID-19 will likely push children into poverty or exacerbate existing deprivation from both a monetary and a multidimensional poverty angle.

The economic crisis that has unravelled with the pandemic is exacerbating many of the existing challenges to people's livelihoods. Survey findings show that policy responses need to address not only the immediate health effects of the pandemic, but also the growing long-term impacts on poverty.

The current analysis offers a global overview of the needs and challenges faced by our programme participant population linked to their experiences of poverty. The findings will support programme development, policy, advocacy and fundraising efforts to devise and tailor responses in the context of COVID-19.

CONTEXT

COVID-19 will likely push children into poverty or increase the depth of poverty experienced by children already living below the poverty line. Lockdown and quarantine measures to contain the pandemic are affecting families' ability to sustain their livelihoods and make ends meet. Analysis conducted in early 2020 revealed that even before the pandemic, 586 million children – almost one in three children in low- and middle-income countries – were living in families that could not make ends meet. New projections show that without urgent action to protect families, the number of children living in monetary poor households could soar by 90–117 million in 2020, with a middle estimate of an additional 105 million children living in poverty this year.

Food insecurity is also expected to increase, particularly in African sub-regions already heavily affected. According to the World Bank (2020a), trade restrictions could drive Africa's agricultural production down by 3–7%. Sub-Saharan Africa is particularly affected, with 50% of the global food-insecure population located on the continent even before the pandemic started (FSIN, 2020). The World Food Programme (WFP) estimates that the number of people suffering from acute food insecurity could increase from 135 million to 270 million this year, while the number of children under five suffering from acute malnutrition might surge by 10 million, a 20% increase (WFP, 2020a; WFP 2020b). The Lancet (2020) predicts that an additional 6.7 million children under five could suffer from wasting and become dangerously undernourished this year due to the socioeconomic impacts of COVID-19. The Food and Agriculture Organization (FAO, 2020) warns that the economic shocks caused by the pandemic might lead to an extra 14–80 million malnourished people.

Evidence suggests that time out of school will exacerbate inequalities – adversely affecting the almost 346 million children who normally depend on free school meals, together with others who lack access to technology and other support for home learning (Guttman and Albrectsen, 2020; Save the Children, 2020a; IPC, 2019). In addition, girls and women continue to face major challenges at home and work – with a higher burden of care, lower-paid and more insecure work, and higher risk of violence in the home, with gender-based violence already described as the "shadow pandemic" (Milford and Anderson, 2020). COVID-19 could lead to an additional 13 million child marriages over the next 10 years (Cattan et al., 2020; SC, 2020b).

Poverty is a leading determinant of vital outcomes across key areas of children's wellbeing. To this purpose, the study has developed a Wealth Index[5] to serve as covariate to disaggregate data from survey findings by wealth (WFP 2020c).

1. What are the economic impacts of COVID-19 on households with children?

More than three-quarters (77%) of Save the Children's programme participants who were accessible by phone or email reported a loss of household income since the start of the COVID-19 outbreak. Of these, **85% reported that an entire source of household income had been lost**.

Of the households that lost an income source, 43% of the parent/caregiver respondents had lost their job, 32% had another adult in the household who had lost their job, 11% were no longer receiving remittances from friends or family and 4% of households had a child who had lost their job.

FIGURE 1: PROPORTION OF RESPONDENTS WHO REPORTED THE LOSS OF A HOUSEHOLD INCOME SOURCE SINCE THE START OF THE PANDEMIC

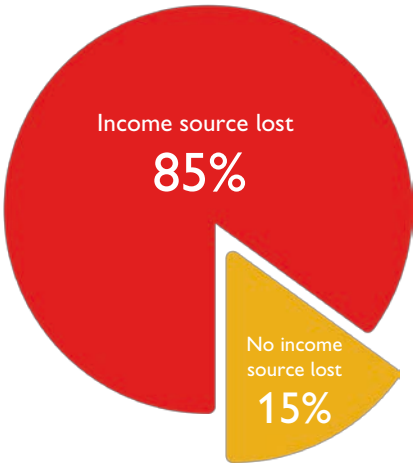
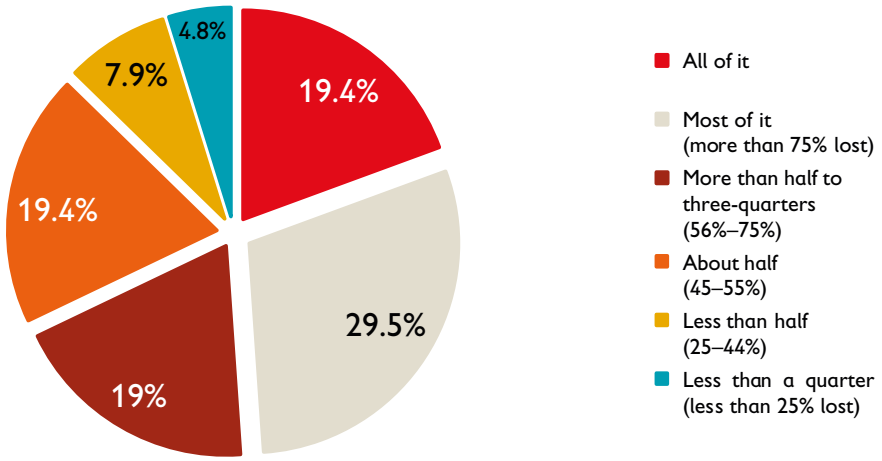


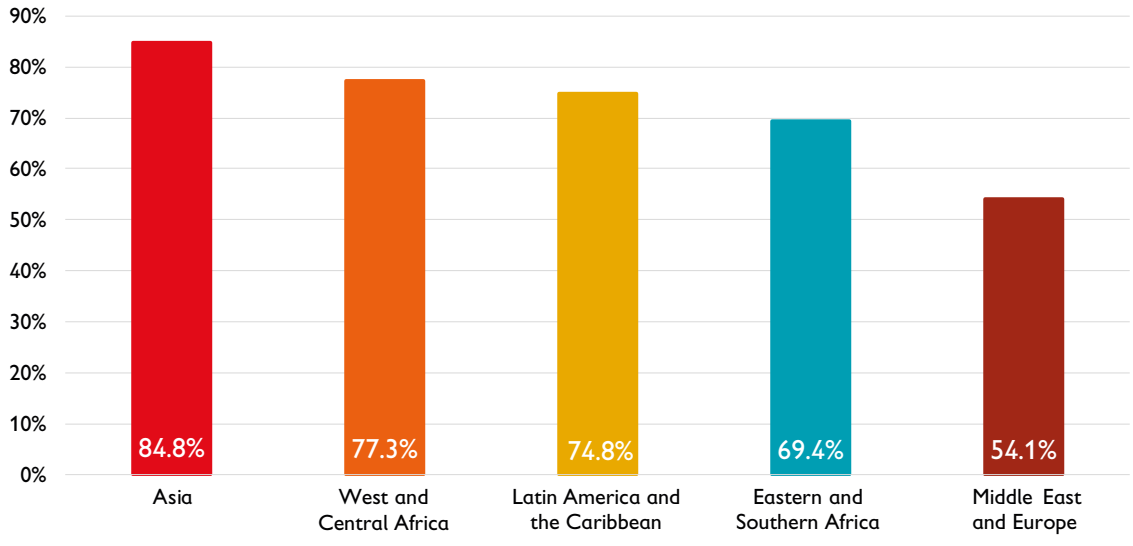
FIGURE 2: PROPORTION OF DIFFERENT HOUSEHOLD INCOME LOSS INCURRED DUE TO COVID-19, GLOBALLY



Among our programme participant population, respondents in Asia were most affected by income losses – 85% of respondents in this region reported an income loss – followed by West and Central Africa (77%), Latin America and the Caribbean (75%), Eastern and Southern Africa (69%) and the Middle East and Europe (54%). Figures for North America and the Pacific have not been included due to sample sizes being too small.

In terms of severity of the financial loss incurred, the sharpest losses (more than half of household income) appear to be concentrated in Latin America and the Caribbean where 60% of households were affected, followed by Asia (55%) and Eastern and Southern Africa (50%). Job losses hit Latin America and the Caribbean respondents the hardest (66% of respondents affected), followed by Eastern and Southern Africa (54%), the Middle East and Europe (44%), Asia (36%) and West and Central Africa (17%). The Pacific and North America are not included due to small sample sizes.

FIGURE 3: PROPORTION OF HOUSEHOLDS WHO HAVE LOST INCOME DUE TO COVID-19 BY REGION



Of the total number of respondents who reported an income loss, **19% lost between half and three-quarters of their income** (56–75% of income lost), **30% lost most of it** (ie, more than 75% lost) and **19% lost all of it**.

A higher proportion of respondents who lost more than half of their income reported losing their job (53%), compared to the proportion of those who do not belong to these households (24%).

INCOME LOSSES AND GENDER

In addition to its immediate adverse impact on women's and girls' health, **the COVID-19 pandemic has been seen to further exacerbate existing gender inequalities related to poverty** across the world. In low- and middle-income countries, women are more likely to be informally employed: 92% of women are employed in this way (Bonnet, F., Vanek, J., Chen, M., 2019). During crises, daily wage earners are likely to lose their jobs and be unable to access formal income replacement mechanisms such as furlough schemes. The biggest threat to food security and livelihood is faced by daily wage earners and women. In addition, women working in agriculture often have restricted mobility, lower access to productive inputs, information and liquidity than men. In times of crisis, their farm productivity and food security will likely be hit hard.

Our findings show that a **significantly higher proportion of respondents from female-headed households (58%) lost their job, compared to respondents from mixed households (36%)**.

This analysis suggests that, overall, **women tend to have been more affected, and more adversely affected, by the economic effects of the COVID-19 pandemic**.

INCOME LOSSES AND POVERTY

The majority (82%) of the households that can be classified as relatively poor (below median wealth index) **incurred an income loss due to COVID-19**, compared to those which can be classified as non-poor (on or above median wealth index) and have lost income **(70%)**.

If we look at the amount of income losses incurred, a higher proportion of households that can be classified as **poor** according to our wealth index **lost more than half their income (57%)**, compared to **non-poor households (45%)**.

INCOME LOSSES AND URBAN DWELLERS

Looking at our findings by **settlement type**, **urban dwellers were more harshly hit** by income loss. 88% of respondents residing in urban areas report losing income, compared to 72% among rural dwellers. Significantly, **more urban dwellers are likely to have lost their job (61%)** than rural dwellers (33%) – which could also be a reflection of the fact that many rural people would not use the term 'jobs' to describe their sources of income. **Three-quarters of urban respondents (77%) lost more than half of their income**, compared to 63% of rural respondents.

INCOME LOSSES AND DISABILITY

Adult respondents with disabilities are highly represented among those hit by the economic repercussions of the pandemic. **Adult respondents** with disabilities were also more severely hit by economic fallout and job losses. Of the respondents who reported losing a whole source of income, **50% of adult respondents with disabilities reported losing their job due to COVID-19, compared to 42% of respondents without disabilities**. Further, 49% of adult respondents with disabilities reported another adult in the households losing their job. **More than four in five (83%) of adult respondents with disabilities lost more than half of their household income.**

The findings indicate that caregivers with disabilities are also more than twice as likely to see their remittance flows curtailed at the same time compared to their counterparts without disabilities (28% for respondents with disabilities compared to 10% for respondents without).[6]

In addition, **households with at least one child with disabilities** appear to have incurred substantial income losses: more than half (54%) of adult respondents from these households reported losing their job.

INCOME LOSS AND INTERSECTING INEQUALITIES

Of the respondents who reported losing a whole income source, 48% of female respondents with disabilities had **lost their job** and 55% of women with disabilities have **another adult in their households who had lost their job**.

When asked if "your household lost any income sources since the COVID-19 pandemic", high proportions of women with disabilities reported losing **remittances** from family and friends (with a caveat on a sub-set of ten countries driving this result).

CORRELATION BETWEEN INCOME LOSS AND CHILD OUTCOMES

INCOME LOSSES AND VIOLENCE

Our findings show that the economic shocks endured during the pandemic have some correlation with increases in violence against both adults and children, as well as increases in domestic chores and caring duties – particularly for girls – and reduced mental health and wellbeing.

Nearly one in five (17%) households that incurred **any** income loss had a child reporting violence in the home. This compares to just 11% of households who did not incur any income loss.

Almost one in three households (31%) that have a respondent parent or caregiver with a disability had one child who reported violence at home, compared to 16% of households where the respondent parent or caregiver did not have a disability. A similar trend emerges among adult respondents, with 22% of households that had lost more than half of their income having parents or caregivers who reported violence at home, compared to 15% of respondents from households that did not lose as much.

Adults reporting reduced psychosocial wellbeing, increased stress and negative parenting are more likely to come from households that have lost more than half of their income than from households that have not incurred such losses (93% of adult respondents from households that lost more than half of their income reported reduced psychosocial wellbeing, 53% reported increased stress and 24% reported negative parenting). Similarly, households that have incurred heavy income losses are associated with an increase in negative feelings reported by children.

Although our survey did not ask about gender-based violence for ethical and practical reasons, we know that risks of gender-based violence (GBV) can be heightened during times of crisis and isolation, when women remain confined with abusers and cannot access essential support mechanisms (AllianceCECPHA et al., 2020; ChildFund et al., 2020). Ongoing containment measures have already driven a spike in domestic violence rates, the so-called "shadow pandemic", and this is likely to increase (Milford and Anderson, 2020). As highlighted in a recent Save the Children brief (2020b), increases in instances of GBV have already been reported in many countries and are on the rise (UNICEF, 2014). Lack of access to Sexual and Reproductive Health Services (SRHS) is expected to result in an increase in unwanted pregnancy, which in turn puts more stress on household resources (UNFPA, 2020).

INCOME LOSSES, EDUCATION AND CHILD LABOUR

When we asked children about obstacles to learning at home, 3% of children from households incurring income losses reported having paid work to do, compared to 1% of children from households that did not incur income losses. The finding is statistically significant.

Children in paid work are less confident about the prospect of going back to school: the proportion of children engaged in paid work who think they will not go back to school is higher (9%) than the proportion of children in paid work who think they will go back to school (2%).

Our data also showed that 6% of child respondents living in a household that lost more than half its income do not know if they will go back to school or even say they don't think they will go back after COVID-19 is over. This compares to 4% of children from households that lost less than half their income.

"Previously I was withdrawn from school due to family and economic reason [...] I did get daily work job but currently lost due to COVID-19. Life is complicated for me."

16-year-old boy, rural area, Ethiopia

2. How could the COVID-19 pandemic affect food security and livelihoods?

Our findings indicate that COVID-19 threatens livelihoods, access to markets and food security for those surveyed. This complements a recent report from FAO and WFP warning that hunger threatens to soar to devastating levels in 25 countries in the coming months due to the impact of the pandemic. Most of the 25 hotspots named in the report are in West Africa, the Sahel and East Africa, including the Democratic Republic of Congo, Mozambique and Zimbabwe.

In addition to the income losses previously discussed, our findings confirm that the COVID-19 pandemic has exacerbated **barriers** to food access. **More than half (52%) of respondents said that food is too expensive.** Markets running out of the food people need is a problem for 15% of respondents, while market closures were mentioned as a barrier by 14% of respondents.

We found a statistically significant positive correlation between **male-headed** and female-headed households, with both reporting that food is too expensive, compared to mixed households.

> **"There is food insecurity and no relief. We received some food relief but it is not enough. Some marginalised groups caste are given more; why the support is not equally provided?"**
>
> 16-year-old girl, rural area, Nepal

Adult respondents with **disabilities** are particularly affected by the economic changes. As a consequence of these changes, **61% of adult respondents with disabilities reported that food is too expensive**. One in five (21%) respondents **with disabilities** mentioned market closures as the main barrier.

More than half (58%) of adult respondents from households that can be classified as relatively poor (below the median wealth index) **reported food price increases as the main barrier to accessing food**, compared to 47% of respondents living in households classified as not-poor.

In addition, **59% of respondents who lost more than half of their income** due to COVID-19 **told us that food prices are a barrier**, compared to 44% of those who have not incurred such income losses. Further, 17% of respondents from households that can be classified as poor reported markets and shops running out of the food they need as an obstacle, compared to 12% of respondents from households classified as not-poor.

As is consistent with other findings in this report, the respondents likely to be most heavily hit are those living in **urban** settings: **62% of those who reported that food prices are too high lived in urban areas**, as opposed to 47% of respondents who lived in rural areas reporting the same barrier. Estimates from the World Bank also forecast that urban communities will be the hardest-hit initially (World Bank, 2020b).

3. Can households with children pay for their essential needs?

As a result of income losses caused by COVID-19, households are struggling to pay for essential items more than they were before the COVID-19 pandemic. Almost all respondents (96%) reported having trouble paying for at least one item due to income losses caused by COVID-19.

Of these, 35% of adult respondents reported having trouble paying for healthcare and 33% for critical nutrition supplements, whereas a quarter have been negatively affected in their ability to pay their **rent** (25%) and have been impacted in their ability to pay their utility bills (24%).

Among respondents who reported having trouble paying for essential items due to income loss caused by COVID-19, the vast majority **(81%) reported that they are struggling to pay for food**.

81% of adult respondents reported struggling to pay for food due to income losses caused by COVID-19.

A strong majority of **households** that can be classified as relatively **poor struggle to pay for food** (85%). This is compared to 75% of respondents from non-poor households. Similarly, 37% of poorer households reported struggling to pay for nutrition supplements compared to 27% of respondents from non-poor households.

Living in an **urban setting** significantly affects the ability of respondents to afford food: **85% of urban dwellers reported having trouble paying for food, compared to 78% of rural dwellers**.

> "My parents don't have a regular job that allows them to buy food for me. Only my dad works as a daily labourer, sometimes my mom goes to the market to ask vendors to help us and give her free vegetables to eat, and now for my dad it's harder to pay the rent of the house where we live."
>
> 11-year-old boy, rural area, Colombia

> "My family and I are on the streets because we don't have money for rent, and my parents don't have money to feed me and my siblings, especially my younger 3-year-old brother who is still small and needs to eat."
>
> 12-year-old girl, urban area, Colombia

Households that have lost more than half their income are disproportionately affected – of those who reported struggling to pay for essential items, **87% of respondents from households that lost more than half their income are struggling to pay for food**, compared to 68% of those that have not incurred such losses.

A high proportion (82%) of respondents from households that did not have any learning resources available to children also reported having trouble paying for food.

The highest proportion of respondents who are having trouble paying for both food and healthcare is found in West and Central Africa (92% and 61% respectively), followed by Asia (83% and 40% respectively) and Eastern and Southern Africa on food specifically (79%).

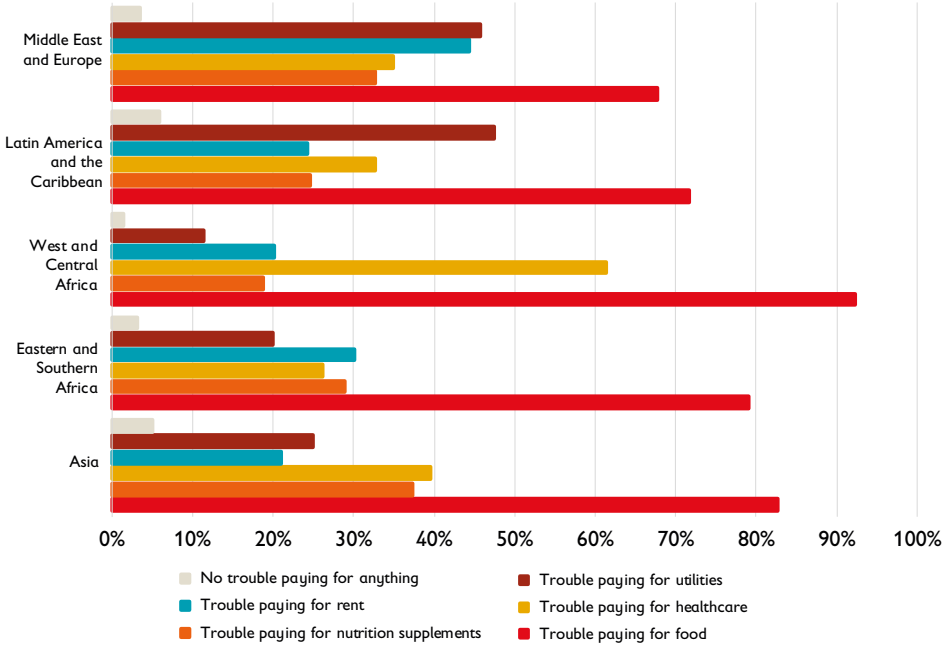
Higher proportions of **female-headed households** struggled to pay for disability services (6%) and care workers (4%) due to income losses caused by COVID-19, compared to male-headed and mixed households.

We found a statistically significant correlation between adult **respondents with a disability** and difficulty paying for health care, medical supplies and utility bills. High proportions of adult respondents with a disability struggle to pay for these three items (46%, 30% and 32% respectively), compared to the proportions of respondents without a disability (35%, 23% and 24% respectively).

Among respondents who reported having trouble paying for specific items, a higher proportion of respondents who had to move due to COVID-19 struggle to pay for utility bills (37%), compared to those who haven't moved (24%).

It is important to note that constraints on household income, and subsequent ability to pay for essential items, may lead to certain groups within households being prioritised over others. This

FIGURE 4: PROPORTION OF RESPONDENTS STRUGGLING TO PAY FOR ITEMS BY REGION (NOT EXCLUSIONARY)



could include a preference for certain genders to remain in school or be encouraged to work, and diminished access for women and girls to menstrual hygiene and sexual health services. Daily decisions made by households are likely to be gendered, and the impact of economic stress on these decisions is likely to negatively affect some groups more than others. Among the specific vulnerabilities that women and girls face in time of crisis, where choices need to be made about spending of household resources, women's access to menstrual hygiene products may be deprioritised.

There seems to be no difference in ability to pay for food between respondents with disabilities and those without disabilities.

We conducted an analysis by country to ascertain the struggles to pay for items faced by adult **refugees**. Despite sample sizes being very small, we preferred this approach as we wanted to use refugee data only in the countries where we had both refugee and non-refugee respondents. Table 5 below summarises the results.

TABLE 5: PROPORTION OF ADULT RESPONDENTS FROM REFUGEE AND NON-REFUGEE HOUSEHOLDS WHO EXPERIENCED DIFFICULTY PAYING FOR SPECIFIC ITEMS DUE TO INCOME LOSSES CAUSED BY THE PANDEMIC

Country	Trouble paying for food (Answer: Yes)	Trouble paying for nutrition supplements (Answer: Yes)	Trouble paying for healthcare (Answer: Yes)	Trouble paying for medical supplies (Answer: Yes)	Trouble paying for fuel (Answer: Yes)	Trouble paying for rent (Answer: Yes)	Trouble paying for utilities (Answer: Yes)	Trouble paying for learning resources (Answer: Yes)	Trouble paying for disability services (Answer: Yes)	Trouble paying for care workers (Answer: Yes)
Lebanon										
Refugee-status households	71.1% (27)	**76.3% (29)**	39.5% (15)	**57.9% (22)**	31.6% (12)	**78.9% (30)**	**60.5% (23)**	**68.4% (26)**	**34.2% (13)**	**15.8% (6)**
Non-refugee-status households	55.2% (37)	43.3% (29)	22.4% (15)	22.4% (15)	28.4% (19)	28.4% (19)	32.8% (22)	23.9% (16)	3% (2)	1.5% (1)
Philippines										
Refugee-status households	**90.7% (39)**	**62.8% (27)**	**62.8% (27)**	**60.5% (26)**	16.3% (7)	0% (0)	20.9% (9)	58.1% (25)	**16.3% (7)**	**7% (3)**
Non-refugee-status households	73.7% (126)	45.6% (78)	35.1% (60)	28.7% (49)	25.1% (43)	11.7% (20)	53.2% (91)	46.2% (79)	2.3% (4)	1.2% (2)
Sierra Leone										
Refugee-status households	100% (23)	**78.3% (18)**	**78.3% (18)**	**87% (20)**	**78.3% (18)**	**91.3% (21)**	**87% (20)**	**78.3% (18)**	0% (0)	4.3% (1)
Non-refugee-status households	96% (192)	24.6% (49)	55.8% (111)	34.7% (69)	29.6% (59)	29.1% (58)	25.6% (51)	43.7% (87)	1% (2)	2% (4)
Somalia										
Refugee-status households	63% (43)	1.4% (1)	20.5% (15)	11% (8)	2.7% (2)	11% (8)	5.5% (4)	**37% (27)**	0% (0)	1.4% (1)
Non-refugee-status households	81.5% (106)	2.3% (3)	24.6% (32)	16.9% (22)	2.3% (3)	20% (26)	6.9% (9)	8.5% (11)	0% (0)	0% (0)
South Sudan										
Refugee-status households	90% (9)	40% (4)	40% (4)	70% (7)	0%	20% (2)	20% (2)	20% (2)	0% (0)	10% (1)
Non-refugee-status households	88.7% (157)	32.8% (58)	50.8% (90)	52.5% (93)	24.9%	23.7% (42)	10.2% (18)	27.1% (48)	2.3% (4)	8.5% (15)

Note: figures in bold are statistically significant; figures between brackets are absolute numbers.

continued on next page

Country	Trouble paying for food (Answer: Yes)	Trouble paying for nutrition supplements (Answer: Yes)	Trouble paying for healthcare (Answer: Yes)	Trouble paying for medical supplies (Answer: Yes)	Trouble paying for fuel (Answer: Yes)	Trouble paying for rent (Answer: Yes)	Trouble paying for utilities (Answer: Yes)	Trouble paying for learning resources (Answer: Yes)	Trouble paying for disability services (Answer: Yes)	Trouble paying for care workers (Answer: Yes)
Syria										
Refugee-status households	50% (7)	42.9% (6)	42.9% (6)	**50% (7)**	50% (7)	50% (7)	42.9% (6)	42.9% (6)	14.3% (2)	**28.6% (4)**
Non-refugee-status households	63.5% (148)	34.8% (81)	33% (77)	30.2% (70)	21% (49)	37.8% (88)	25.3% (59)	22.4% (52)	5.6% (13)	7.7% (18)
Afghanistan										
Refugee-status households	86% (37)	32.6% (14)	58.1% (25)	34.9% (15)	18.6% (8)	34.9% (15)	7% (3)	**46.5% (20)**	0% (0)	0% (0)
Non-refugee-status households	80.8% (168)	46.2% (96)	58.2% (121)	32.2% (67)	17.8% (37)	25% (52%)	31.7% (66)	28.4% (59)	1.9% (4)	4.3% (9)
Bangladesh										
Refugee-status households	88.9% (24)	**88.9% (24)**	22.2% (6)	18.5% (5)	3.7% (1)	7.4% (2)	0% (0)	11.1% (3)	0% (0)	0% (0)
Non-refugee-status households	94.3% (316)	34.9% (117)	50.4% (169)	26.3% (88)	9.6% (32)	29.3% (98)	20% (67)	34.4% (114)	0.3% (1)	0.6% (2)
Peru										
Refugee-status households	77.8% (28)	25% (9)	33.3% (12)	19.4% (7)	5.6% (2)	77.8% (28)	44.4% (16)	11.1% (4)	**8.3% (3)**	0% (0)
Non-refugee-status households	69% (191)	17.7% (49)	32.9% (91)	18.8% (52)	13.7% (38)	63.5% (176)	56.3% (156)	19.9% (53)	1.4% (4)	2.2% (6)
Colombia										
Refugee-status households	87.2% (177)	**50.7% (103)**	**36% (73)**	22.2% (45)	12.3% (25)	87.2% (177)	55.7% (113)	27.6% (56)	5.9% (12)	5.4% (11)
Non-refugee-status households	86% (557)	39.4% (255)	27% (175)	20.5% (133)	8.2% (53)	86.1% (558)	52% (337)	25.8% (167)	3.4% (22)	3.2% (21)
Laos										
Refugee-status households	90% (9)	**40% (4)**	10% (1)	**40% (4)**	10%	0% (0)	20% (2)	10% (1)	0% (0)	0% (0)
Non-refugee-status households	88.2% (142)	13% (21)	9.3% (15)	11.7% (19)	5.6%	0% (0)	58.4% (94)	10.6% (17)	0.6% (1)	0.6% (1)
Burkina Faso										
Refugee-status households	100% (56)	0% (0)	0% (0)	0% (0)	5.4% (3)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
Non-refugee-status households	93.8% (315)	10.4% (35)	78.9% (265)	12.5% (42)	13.7% (46)	25.6% (86)	0% (0)	6.3% (21)	0% (0)	0.6% (2)
Egypt										
Refugee-status households	78.8% (67)	38.8% (33)	52.9% (45)	30.6% (26)	24.7% (21)	96.5% (82)	58.8% (50)	9.4% (8)	3.5% (3)	100% (85)
Non-refugee-status households	0% (0)	100% (1)	0% (0)	0% (0)	0% (0)	100% (1)	100% (1)	0% (0)	0% (0)	100% (1)
Albania										
Refugee-status households	52.9% (9)	29.4% (5)	11.8% (2)	5.9% (1)	11.8% (2)	17.6% (3)	52.9% (9)	11.8% (2)	0% (0)	0% (0)
Non-refugee-status households	43.5% (60)	19.6% (27)	23.2% (32)	15.2% (21)	15.2% (21)	11.6% (16)	33.3% (46)	18.1% (25)	7.2% (10)	3.6% (5)

4. How has the pandemic affected children's wellbeing and their future?

WHAT IS THE IMPACT OF COVID-19 ON EXISTING GENDER INEQUALITIES?

Another repercussion of the economic shocks and disruption caused by the pandemic is the increased chores and caring burden experienced by children – girls in particular are disproportionately impacted.

Women already perform a disproportionate amount of household tasks and childcare, spending two to ten times more of their time on unpaid caregiving and domestic work than men (Save the Children, 2020c).

During the pandemic such dynamics have been exacerbated (Save the Children, 2020c). This has put some women at risk of being unable to continue work, leading to increased poverty. Women and girls take on primary responsibility for the household chores burden, caring for sick relatives or younger out-of-school children and managing food, health and sanitisation within the household. This, together with lack of access to information, services and resources, can further entrench existing gender inequalities and dramatically increase the risks of gender-based violence (GBV), child marriage, unwanted pregnancies and being pushed into harmful work (Save the Children, 2020c).

Crises can interrupt girls' access to education and affect the trajectories of adolescent girls at a critical life juncture. Prolonged periods spent out of school put girls at increased risk of gender-based violence and unintended pregnancies (UNFPA, 2020). It has been estimated that significant levels of lockdown-related disruption over six months could leave 47 million women in low- and middle-income countries unable to use modern contraceptives, leading to 7 million additional unintended pregnancies. Six months of lockdowns could result in an additional 31 million cases of gender-based violence (UNFPA, 2020).

This study shows that since the start of the pandemic children in our programmes who took part in our survey, and girls in particular, have experienced increases in both **household chores** and **caring** duties for siblings and other family members.

More than half **(54%) of our child respondents** reported **having more chores to do than before COVID-19**, and nearly half **(48%) reported more care duties towards siblings and others**.

Eastern and Southern Africa (57%), West and Central Africa (55%) and Asia (52%) are the regions where the increase in household chores for children has manifested more visibly. There is a similar picture for increased caring duties, with 52% of child respondents confirming a change in Eastern and Southern Africa, 48% in West and Central Africa and 45% in Asia.

Girls were more likely than boys to report an increase in their **chores burden compared to before the pandemic** and to have more **caring duties than before**. **Nearly two-thirds** (63%) of girls, compared to 43% of boys, reported having more chores to do and 52% of girls versus 42% of boys reported increased caring duties towards siblings and others.

There are no substantial differences in chores burden or caring duties between children from minority groups and children not belonging to minority groups. However, **girls from minority groups were more than twice as likely as boys from minority groups to experience**

a heavier chores burden and to have increased caring responsibilities. Conversely, boys from minority groups were less likely than boys not from minority groups to experience an increased chores burden (41% versus 49%).

Children from **poor households** were more affected: 50% reported an increased caring burden towards siblings or relatives compared to 43% of children from non-poor households.

Children from households where **teachers were not in contact** at all for regular check-ins were more likely to have reported increased chores and care responsibilities than before COVID-19.

Among those children who reported thinking they would not go back to school, 9% had paid work to do, compared to 2% who did not have paid work.

WHAT ARE THE MENTAL HEALTH OUTCOMES OF POVERTY AND COVID-19?

Our findings show an association between income loss and decreased mental health and psychosocial wellbeing for both adults and children.

Approximately one in five (21%) children from households that lost more than half their income reported being 'happy', compared to 29% of children from households that did not incur such losses.

More than two-thirds (69%) of children from households that lost more than half their income reported feeling 'less happy' than before the pandemic, compared to 55% of children from households that did not incur income losses. Similarly, a smaller proportion of children (19%) from households that had lost more than half their income reported feeling about as happy as before, compared to 31% of children from households that did not incur such losses.

A higher proportion of children from households that had lost more than half of their income reported an increase in negative feelings (87%), compared to the proportion of children who do not come from those households (79%).

Similarly, a higher proportion of adult respondents from households who had lost more than half of their income reported stress in the home (53%), compared to the proportion of respondents who do not belong to these households (38%).

> **"My mother's anxiety caused by her, my father and brothers leaving their jobs scares me, especially that my little brothers have many needs to attend to. I want to go back to school and for my father to go back to work."**
>
> 17-year-old girl, urban area, Egypt

RETURN TO SCHOOL

Our study shows that, among our child programme participants, 89% of children were in school before the onset of COVID-19. **Nearly all (95%) of the children who were in school pre-COVID-19 felt confident and hopeful that they will go back to school** when the pandemic is over. There was no significant difference between girls and boys.

If we look at the **geographical distribution** of child respondents in low- and middle- income countries, the picture is much more varied, with a smaller proportion of children feeling confident about their return to school in the Middle East and Europe (85%) and the smallest proportion in Latin America and the Caribbean (65%), compared to children who live in Asia (95%), West and Central Africa (97%), and Eastern and Southern Africa (97%). If we look at the country-level results,[7] adults feel least hopeful about their children's return to school in Colombia (59%) and El Salvador (57%), while 99% of adult respondents in Kenya, Uganda, and Burkina Faso think their children will go back. This stands in contrast with out-of-school rates, which Save the Children data estimates at 6% for Latin America and the Caribbean, 17% in South Asia and 27% in sub-Saharan Africa in 2020.

If we compare children's answers to those of their parents and caregivers, we see a similar picture. **The vast majority (94%) of caregivers** told us that they **think their children will go back to school** after the pandemic.

However, as we saw in children's responses, the picture looks different if we consider the regional breakdown of the responses. **Only 59% of respondents in Latin America and the Caribbean think their children will return to school**, compared to 84% who live in the Middle East and Europe, 94% in West and Central Africa and 96% in both Eastern and Southern Africa and Asia.

A smaller proportion of **female caregivers with disabilities** (89%) think their children will return to school, compared to the proportion of male caregivers with disabilities (96%).

PHOTO: SAVE THE CHILDREN

As a part of the COVID–19 response, Save the Children Lebanon began distributing learning kits to ensure children have access to basic learning materials during this crisis, The Beirut and Mount Lebanon Country Office conducted a door-to-door approach to distribute learning materials.

5. What are the coping strategies of households with children?

By integrating the rCSI analysis and the IPC cut-offs, it emerges that out of the total sample of respondents, **21% of respondents were not stressed/had minimal food insecurity, 43% were stressed and 36% were 'in crisis'**.

From a regional perspective, in West and Central Africa 34% of adult respondents were stressed and 60% were 'in crisis'; in the Middle East and Europe 30% were stressed and 59% 'in crisis'; in Latin America and the Caribbean 35% were stressed and 51% 'in crisis'; in Eastern and Southern Africa 46% were stressed and 40% 'in crisis' and in Asia 42% were stressed and 32% 'in crisis'.

From a food security perspective, 43% of adult respondents were stressed and 36% were 'in crisis'.

We enquired about five coping strategies and it emerged that, overall:

- 76% of adult respondents relied on less expensive/less preferred food;
- 56% borrowed food from friends or relatives;
- 52% reduced adult food consumption in order to feed children;
- 65% reduced portion size of meals;
- 57% skipped meals.

Female-headed households were more negatively affected – we found a positive correlation between female-headed households being both stressed and 'in crisis', compared to mixed and male-headed households: 40% of female-headed households were stressed versus 28% of mixed and male-headed ones and 44.2% of female-headed ones were 'in crisis' compared to 43.8% of their counterparts.

There is also a significant positive correlation between female-headed and male-headed households being 'in crisis' compared to mixed ones – households with only female or only male adults are both more negatively impacted than mixed ones.

Adult **respondents with disabilities were more likely to be** negatively affected: 47% were 'in crisis' compared to 35% of adult respondents without disabilities.

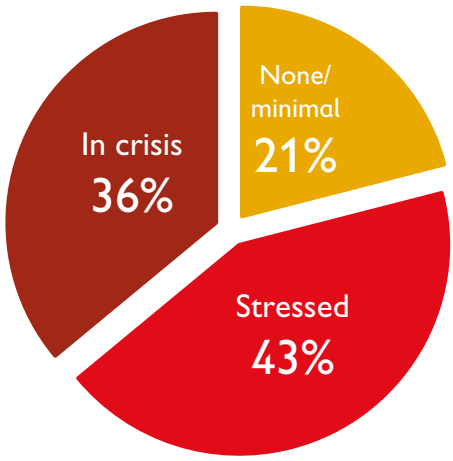
A higher proportion of adult respondents from **minority groups were 'in crisis' (41%)**, compared to the proportion of adult respondents who do not belong to minority groups (34%).

A higher proportion of relatively poor households were stressed (45%) compared to not-poor ones (37%). Similar proportions of poor and not-poor households were classified as 'in crisis' (37% of relatively poor households versus 38% of non-poor ones).

"We are foreigners from Venezuela and I would write to the government of Peru to help us because we are a vulnerable family sometimes my parents don't eat because they give the food to us [...] Before I used to go out with my mother and my brother to beg with a lot of shame and crying not for money but to support us with food. This is a need that we have, everything is very difficult."

12-year-old urban girl, Peru

FIGURE 5: PROPORTION OF ADULT RESPONDENTS WHO EXPERIENCED NO/MINIMAL FOOD INSECURITY, WERE STRESSED AND WERE 'IN CRISIS'



Households who had **lost more than half of their income** were almost twice as likely to be 'in crisis' as households who did not incur such a loss (44% versus 22%).

A higher proportion of rural households (49%) are 'stressed' than urban ones (32%). However, a **larger proportion of urban dwellers (57%) are 'in crisis'**, compared to those who live in rural areas (25%). This is possibly due to the fact that people in urban areas have less access to food and land and are highly represented in informal work and jobs in close contact with the public, which were highly affected by the pandemic.

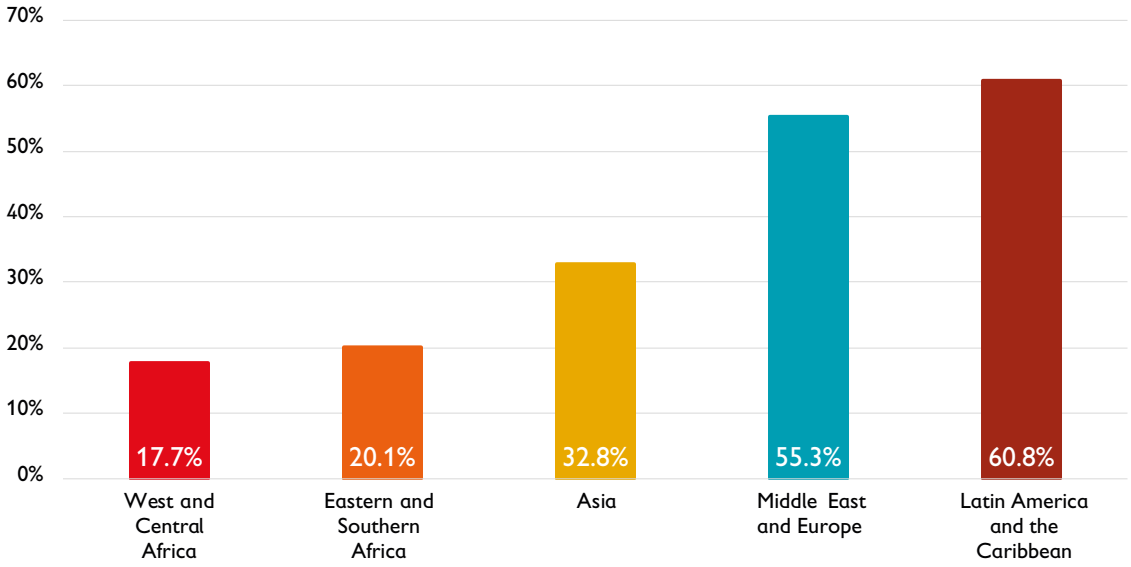
Adult respondents who moved due to COVID-19 are also disproportionately affected, with 48% being 'in crisis' versus 36% of those who did not move.

We also found a positive correlation between markets closing or running out of food and households being stressed, meaning that the use of negative coping strategies is also, to a certain extent, linked to shocks on the supply side of the economy.

6. What access to social protection do households with children have?

Programme participants' access to government support was captured in this survey using the validated SDG indicator and question formulation on social protection floors.[8] Adult programme participants were asked, "Since the outbreak of COVID-19, how many people in your household are receiving government benefits, grants or transfers or disability pensions?" The study participants in different regions reported a varied picture regarding the government social assistance they have received since COVID-19. The Middle East and Europe and Latin America and the Caribbean appear to have the highest proportion of individuals receiving government social protection support and African countries the lowest.

FIGURE 6: PROPORTION OF PROGRAMME PARTICIPANTS (ADULTS AND CHILDREN) WHO HAVE RECEIVED SOCIAL PROTECTION SUPPORT SINCE COVID-19 BY REGION



Despite significant overall income losses being reported, social protection coverage remains low for programme participants in need. Significantly, 70% of programme participants who incurred income losses due to the pandemic had not been receiving government support since then.

Further, respondents who had incurred the heaviest losses were more likely to not be receiving government support, specifically those below:

- 75% of respondents who lost all of their income
- 68% of respondents who lost most of it
- 65% of respondents who lost between half and three-quarters of their income (56%–75%).

Although our findings are not nationally representative, they suggest that government support may not be reaching a significant proportion of programme participants who have been badly hit by the pandemic. One explanation for this may be that the pandemic is known to have particularly impacted those in informal employment, including in urban areas. These people typically may not benefit from social protection programmes due to their lack of coverage through contributory mechanisms and challenges in gaining access to social protection support which targets poor individuals or households.

Looking at social protection support provided from a **poverty** lens, it appears that more individuals from households that can be classified as relatively poor are getting social protection support: 32% of adult respondents are receiving support, compared to 25% of individuals from households that can be classified as not-poor. However, the proportion of individuals who come from households that can be classified as poor and are not receiving government support remains substantial (68%).

Regarding respondents with **disabilities**, when programme participants were asked how many people in their household were receiving government benefits, transfers or disability pensions before the outbreak of COVID-19, 44% of adults with disabilities reported they were in receipt. When asked how many people in their household were receiving government benefits, grants or transfers since the outbreak of COVID-19, 40% of adults with disabilities who reported receiving government support before COVID-19 reported they are now in receipt. External research shows an increase in social protection support (Gentilini, U. et al., 2020). Our study result indicates contradictory findings; however, sample sizes are too small to infer conclusions. Further research is needed at country level to assess social protection coverage and access.

Looking at adult respondents from minority groups and households with members who identify as belonging to a **minority group**, a higher proportion are receiving social protection support compared to their counterparts not from a minority group.

A higher proportion of programme participants from **rural** households (32%) appear to receive government support than the proportion of programme participants from **urban** households (22%).

We also collected qualitative data, including open-ended questions for children in our survey; two questions of interest to this study on child poverty were:

- What worries you the most about the COVID-19 outbreak?
- If you were asked to write a letter to leaders in your countries, what would you say?

Importantly, the issue that most worried children was health and nutrition, whilst the most recurrent request they would like to make to country leaders was that they **provide support to families struggling financially**. Children from marginalised groups and children living in poverty were vocal about the need to focus on the specific challenges they faced and the need to apply an equitable approach to the support provided.

The request for financial help to the families hit hardest was one of the two key requests, together with reopening schools, that children expressed most powerfully.

SOCIAL PROTECTION SUPPORT AND ABILITY TO PAY FOR ESSENTIAL ITEMS

In terms of adequacy of the government support provided, it appears that governments' social protection schemes rolled out in response to COVID-19 are not likely to be making a noticeable difference in outcomes for our programme participant group.

Our findings show that a high proportion of adult respondents receiving government social protection support post-COVID-19 still struggle to pay for food (79%).

A similar picture emerges if we consider the ability to pay for healthcare, medical supplies and learning resources for children. Regarding utility bills, the adult respondents who are receiving social protection support are even more likely to struggle to pay these than those who do not receive such support (28% versus 23% respectively). This could be explained by the fact that those in need of social protection are typically poorer but it also shows that despite receiving social protection, for many this support may still not be adequate to cover basic costs of living.

PHOTO: GIANFRANCO FERRARO/SAVE THE CHILDREN

7. What are the economic needs of children and households during the pandemic?

Almost two in five **(38%) needed a job or employment support during this time**. A much bigger proportion of adult respondents, **almost two-thirds (65%), reported needing money or vouchers**, possibly because, despite not having lost a job or despite having financial support, the money they have is not sufficient. One-tenth (10%) of people living in West and Central Africa reported being in need of a job or employment support, rising to 37% in Latin America and the Caribbean and 40% in Asia and Eastern and Southern Africa.

Female-headed households were less likely to not need any items: 26% compared to 46% of mixed households.

Adult respondents in the youngest **age bracket**, 18–24 years of age, are the most likely to be in need of a job or employment support (44%). Two-thirds **(66%) of women with disabilities reported needing money or vouchers** compared to 59% of men with disabilities.

Almost two-thirds (65%) of adult respondents reported needing money or vouchers.

Urban respondents are significantly more affected by financial hardship, with 77% of them reporting needing money and 51% reporting needing a job, compared to 60% and 33% respectively of respondents in rural areas.

As we would expect, adult respondents from households that can be classified as relatively **poor** struggled more than not-poor ones: 71% from poor households needed money or vouchers compared to 59% from the not-poor ones.

Households that have lost more than half their income due to COVID-19 face more difficulties: 75% of respondents from these households reported needing money or vouchers compared to 56% of respondents from households that did not experience these losses; these respondents were also more than twice as likely to need a job.

A correlation was found between respondents needing parenting support and those needing money and vouchers. When asked what support parents/caregivers needed during this time, a higher proportion (72%) who reported needing parenting support also needed money or vouchers.

In countries where **refugees** are present, we conducted an analysis which shows that a higher proportion of households with refugee status reported needing money or vouchers and financial advice compared to households with no refugee status. Table 6 below summarises the main findings; findings in bold are statistically significant.

These findings reiterate the importance of maintaining a focus on the most deprived and marginalised groups in policy responses, and a strong need for cash assistance programming specifically.

TABLE 6: PROPORTION OF HOUSEHOLDS WITH REFUGEE STATUS NEEDING MONEY/VOUCHERS AND FINANCIAL ADVICE COMPARED TO HOUSEHOLDS WITH NO REFUGEE STATUS

Country	Support needed: money/vouchers (%)	Support needed: money/vouchers (absolute n.)	Support needed: financial advice (%)	Support needed: financial advice (absolute n.)
Laos				
Refugee-status households	**50%**	20	2.50%	1
Non-refugee-status households	30.9%	82	33.60%	89
Lebanon				
Refugee-status households	**95.3%**	61	**46.9%**	30
Non-refugee-status households	81.7%	94	30.4%	35
Sierra Leone				
Refugee-status households	**100%**	23	**60.9%**	14
Non-refugee-status households	78.9%	191	28.1%	68
Somalia				
Refugee-status households	**66.7%**	68	**25.5%**	26
Non-refugee-status households	33.1%	106	13.1%	42
Bangladesh				
Refugee-status households	81.8%	27	**36.4%**	12
Non-refugee-status households	80.9%	304	7.7%	29
Burkina Faso				
Refugee-status households	**1.8%**	1	**0%**	0
Non-refugee-status households	87.0%	349	19.50%	78
Afghanistan				
Refugee-status households	**58.5%**	31	26.4%	14
Non-refugee-status households	72.7%	216	28.3%	84

Country	Support needed: money/vouchers (%)	Support needed: money/vouchers (absolute n.)	Support needed: financial advice (%)	Support needed: financial advice (absolute n.)
Colombia				
Refugee-status households	90.2%	231	36.7%	94
Non-refugee-status households	86.0%	716	36.6%	305
Egypt				
Refugee-status households	66.9%	85	74.8%	95
Non-refugee-status households	100%	4	100%	4
South Sudan				
Refugee-status households	66.7%	22	**18.2%**	6
Non-refugee-status households	64.1%	205	39.4%	126
Syria				
Refugee-status households	65.8%	25	23.7%	9
Non-refugee-status households	69.4%	374	16.0%	86
Philippines				
Refugee-status households	71.1%	32	22.2%	10
Non-refugee-status households	73.8%	144	29.2%	57
Peru				
Refugee-status households	71.1%	32	22.2%	10
Non-refugee-households	73.8%	144	29.2%	57
Albania				
Refugee-status households	40.9%	9	31.8%	7
Non-refugee-households	30.7%	66	25.6%	55

EDUCATION

The economic crisis caused by the pandemic is also having a devastating impact on children's education and learning. The world is currently experiencing the biggest global education emergency for generations, with over 90% of the world's children missing out on education due to the pandemic. This is devastating for the most deprived and marginalised children, particularly girls, children living in conflict, displaced children and children with disabilities. Our recently published *Save our Education* report (Save the Children, 2020a) presents a stark picture of how the largest education crisis ever could develop, projecting that **increased levels of poverty will push up to nearly 10 million children to drop out of school forever by the end of 2020 – and will drive a $77 billion education funding gap for the world's poorest children**. Education is beyond doubt one of the main areas that governments and the international community need to prioritise in their policy and funding responses.

The closure of schools has had huge repercussions on the lives of children across the world. Millions of children are now out of education, exacerbating a situation that was already critical before COVID-19; many do not have access to online resources and millions may never go back to school. This can have a wide range of child protection implications (for example increases in gender-based violence, child labour and child marriage) but it also creates new deprivations, or accentuates existing ones, with repercussions on children's livelihoods. This is because many children were relying on items and services previously provided by schools, such as school meals, sanitary products, health advice and counselling and have now lost access to these items and services.

LUNCH

School closure does not only have an impact on children's education; it also affects access to wider services and assistance. For example, **many children are missing out on school meals**: out of all child respondents, 10% of children reported losing access to lunch. Focusing only on child **respondents from households with at least one child with a disability**, almost one in five **(19%) reported losing** access to school meals (lunch).

A high proportion **(18%)** of children from households with **at least one girl with a disability** reported losing access to lunch. Similarly, a big proportion **(21%)** of households with **at least one boy with a disability** have a child who has lost access to lunch.

Children from **urban** areas are more likely to have lost access to school meals compared to children from rural households (16% of children from urban areas compared to 7% of children from rural ones).

Our findings show that higher proportions of children who come from households that **lost more than half of their income** lost access to learning materials (55%), sanitary products (21%) and lunch (13%), compared to the proportions of children who do not come from households that incurred such losses (45%, 12% and 7% respectively for the three items listed).

LEARNING MATERIALS

In terms of learning items children had access to during the pandemic and in what proportion, 56% of child respondents reported using textbooks, 44% reading books, 23% the internet, 18% TV programmes, 16% phone apps, 6% radio programmes and 5% computers. However, access is not equitable among all groups of children. According to parents/caregivers, around a third **(35%) of children with disabilities (both girls and boys) had no access to learning materials**, compared to 25% of children without disabilities.

Around half of the child respondents told us they **have lost access to learning materials** previously provided by their school, with a larger proportion of children in Eastern and Southern Africa (66%), the Middle East and Europe (59%) and West and Central Africa (54%) being more affected.

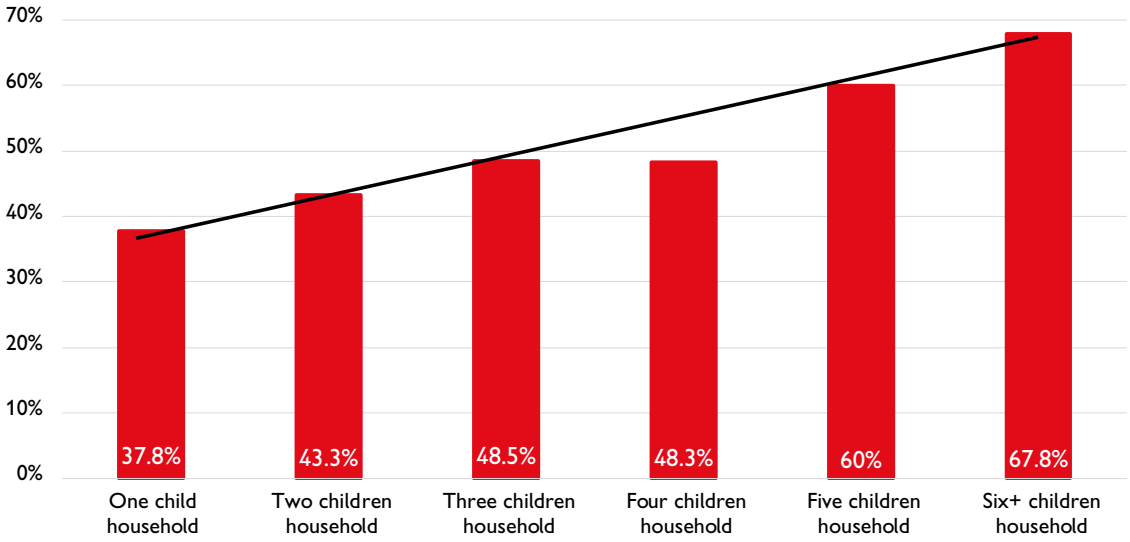
A higher proportion of girls lost access to learning materials previously provided by their school **(55%)**, compared to boys (45%).

There is no appreciable age difference among child respondents reporting lack of access to learning materials.

A higher proportion of **girls lost access to** lunch (13% girls lost access compared to 7% of boys).

The **number of children** in a household shows an inverse relationship with the number of learning materials available to them, with **38% of children from households with one child** reporting having lost access to learning materials, **but up to 68% of children from households with six children or more reporting losing access**.

FIGURE 7: PROPORTION OF HOUSEHOLDS IN WHICH A CHILD REPORTED HAVING LOST ACCESS TO LEARNING MATERIALS, BY NUMBER OF CHILDREN IN THE HOUSEHOLD



A higher proportion (58%) of child respondents who had parents or caregivers needing parenting advice reported losing access to learning resources, compared to children who lost access to learning items but did not have parents/caregivers expressing the same need (47%).

A higher proportion of children of parent/caregiver respondents with disabilities (70%) reported losing access to learning materials than children of parent/caregiver respondents without disabilities (48%).

Two-thirds of children (66%) from **female-headed households** reported a lack of **access to learning materials**, compared to 44% of those who come from mixed households; and

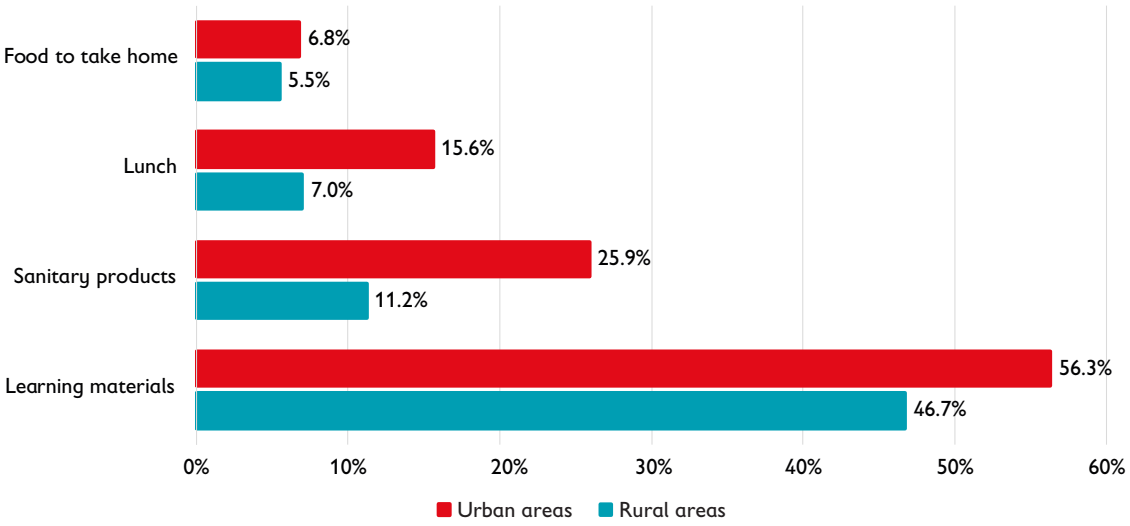
more than one in five children (22%) from female-headed households did not have access to counselling any more, compared to 14% who are in mixed households.

Children from urban areas were more likely to lack access to learning items compared to children living in rural areas (56% versus 47%). Importantly, after several weeks of school closure, children were more likely to have lost access to learning materials compared to shortly after school closure.

The urban/rural divide that we see for access to learning materials is the same with regards to access to lunch and to sanitary products. **Children who lack access to these items previously provided by schools are more likely to live in urban areas.**

Also, a higher proportion of **girls** lost access to sanitary products compared to boys (23% of girls compared to 9% of boys), to lunch (13% of girls versus 7% of boys) and to health advice (14% versus 9%).

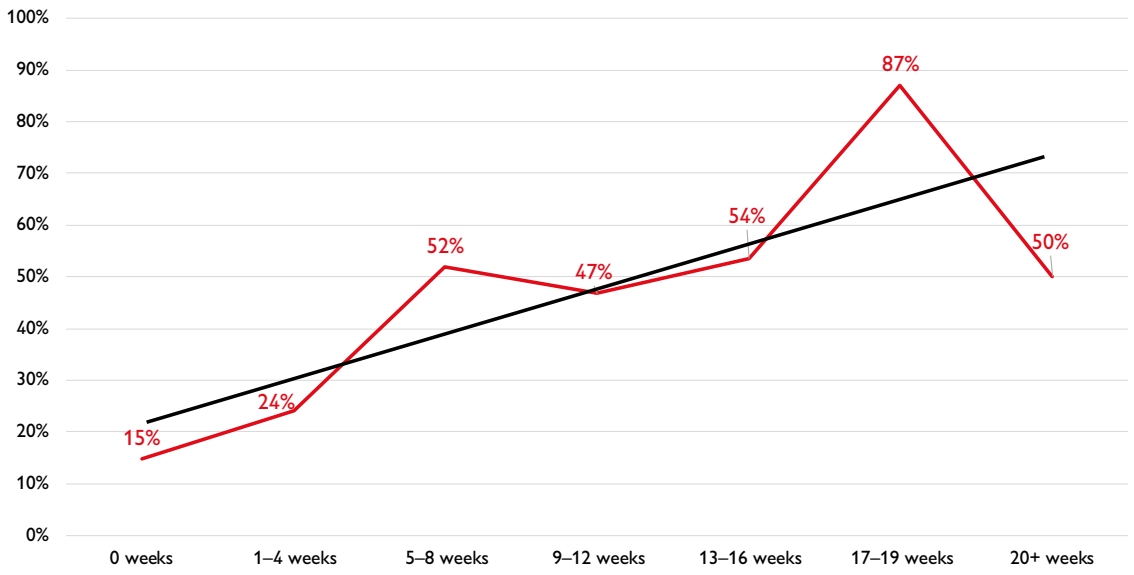
FIGURE 8: PROPORTION OF CHILDREN WHO NEED ACCESS TO ITEMS PREVIOUSLY PROVIDED BY SCHOOL, BY LOCATION OF HOUSEHOLD



"[…] I beg you to oversee the distribution of basic food items provided to underprivileged citizens, so it can be sent to those who really need and deserve it, and there is no fraud in this matter. I also beg you to make a regulation about the remote learning that benefits the people, both upper middle and lower middle-class people, also both people in urban areas and in the remote areas. […]"

17-year-old boy, rural area, Indonesia

FIGURE 9: PROPORTION OF CHILDREN WHO NEED ACCESS TO LEARNING MATERIALS BY WEEKS OF SCHOOL CLOSURE



> "I thank you very much for welcoming me in this country. I just ask you to not put so many obstacles in our ability to continue our studies and enjoy benefits like any other Colombian child. I am not to blame for everything that is happening in my country. I have a suitcase full of dreams and a future full of hopes."
>
> 15-year-old boy, urban area, Colombia

REFUGEE AND DISPLACED CHILDREN

In the countries where **refugee** children are present, we conducted an analysis to see if there were differences between refugee children and non-refugee children. Findings show that refugee children appear more affected with regards to lack of access to certain items. Table 7 on page 46 summarises the results by country.

Particularly in displacement camps or densely populated urban areas, sparse personal protective equipment and running water, in addition to limited ability to socially distance or perform basic preventative hygiene measures, expose populations to greater health risks. It should be noted that approximately the same proportion of displaced and non-displaced respondents noted a need for further information on COVID-19. However, survey findings demonstrate that **displaced populations felt they did not have the necessary items to stay healthy** in response to the pandemic, being less likely to have masks (57% of displaced populations did not have masks, versus 46% of non-displaced respondents), sanitiser (61% versus 41%) and water supply (26% versus 16%).

TABLE 7: PROPORTIONS OF CHILDREN FROM REFUGEE AND NON-REFUGEE HOUSEHOLDS WHO LOST ACCESS TO ITEMS AND SERVICES PREVIOUSLY PROVIDED BY SCHOOLS

Country	Item needed					
	Learning materials	Sanitary products	Lunch	Food to take home	Counselling	Health advice
Bangladesh						
Refugee-status households	**83.3% (10)**	**33.3% (4)**	**16.7% (2)**	0% (0)	0% (0)	0% (0)
Non-refugee-status households	31.7% (52)	3.7% (6)	3.7 (6)	2.4% (4)	12.8% (21)	13.4% (22)
Lebanon						
Refugee-status households	80.6% (25)	**22.6% (7)**	22.6% (8)	**25.8% (8)**	**19.4% (6)**	**19.4% (6)**
Non-refugee-status households	62.5% (35)	7.1% (4)	8.9% (3)	5.4% (3)	8.9% (5)	3.6% (2)
Peru						
Refugee-status households	16.7% (1)	16.7% (1)	0% (0)	**50% (3)**	33.3% (2)	16.7% (1)
Non-refugee-status households	51.3% (40)	2.6% (2)	15.4% (12)	12.8% (10)	34.6% (27)	10.3% (8)
Sierra Leone						
Refugee-status households	78.3% (18)	**69.6% (16)**	**73.9% (17)**	**82.6% (19)**	**82.6% (19)**	8.7% (2)
Non-refugee-status households	77.4% (120)	34.2% (53)	31% (48)	20% (31)	33.5% (52)	21.9% (34)
Somalia						
Refugee-status households	**100% (20)**	15% (3)	10% (2)	0% (0)	**40% (8)**	**35% (7)**
Non-refugee-status households	52% (51)	7.1% (7)	6.1% (6)	1% (1)	17.3% (17)	2% (2)
Afghanistan						
Refugee-status households	84% (21)	20% (5)	0% (0)	4% (1)	12% (3)	4% (1)
Non-refugee-status households	68.3% (140)	23.4% (48)	0.5% (1)	2.9% (6)	18.5% (38)	10.2% (21)
Albania						
Refugee-status households	50% (4)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
Non-refugee-status households	35.4% (34)	3.1% (3)	2.1% (2)	3.1% (3)	21.9% (21)	10.4% (10)
Colombia						
Refugee-status households	47.6% (30)	17.5% (11)	42.9% (27)	23.8% (15)	27% (17)	6.3% (4)
Non-refugee-status households	42.7% (70)	12.8% (21)	40.2% (66)	36% (59)	29.9% (49)	5.5% (9)

Note: figures in bold are statistically significant; figures between brackets are absolute numbers

Country	Item needed					
	Learning materials	Sanitary products	Lunch	Food to take home	Counselling	Health advice
Philippines						
Refugee-status households	4.3% (1)	0% (0)	0% (0)	0% (0)	4.3% (1)	8.7% (2)
Non-refugee-status households	12.5% (13)	1% (1)	1.9% (2)	1.9% (2)	6.7% (7)	6.7% (7)
Syria						
Refugee-status households	62.5% (5)	12.5% (1)	12.5% (1)	0% (0)	12.5% (1)	25% (2)
Non-refugee-status households	68.1% (158)	11.2% (26)	6.5% (15)	2.6% (6)	16.4% (38)	9.5% (22)
South Sudan						
Refugee-status households	60% (12)	30% (6)	10% (2)	15% (3)	30% (6)	35% (7)
Non-refugee-status households	55.1% (103)	26.7% (50)	28.9% (54)	26.7% (50)	27.3% (51)	23.5% (44)
Egypt						
Refugee-status households	68.1% (32)	0% (0)	4.3% (2)	2.1% (1)	14.9% (7)	6.4% (3)
Non-refugee-status households	N/A	N/A	N/A	N/A	N/A	N/A

PHOTO: SAVE THE CHILDREN

PHOTO: MALAMA MWILA/SAVE THE CHILDREN

Regional highlights

West and Central Africa

ADULT RESPONDENTS

- More than **three in four (77%)** adult respondents reported an **income loss** due to COVID-19
- **70% of individuals** from households that can be classified as relatively **poor** lost **more than half** their income, compared to 57% of individuals who lost the same but are from not-poor households
- **73%** of adult programme participants from **minority groups** lost **more than half of their income**, compared to 60% of respondents who are not from minority groups
- **70%** of **urban** dwellers reported losing **more than half of their income**, compared to 64% of rural ones
- **92%** of adult respondents reported that they **found it hard to pay for food**
- **59%** of respondents struggle to pay for **healthcare**
- **60%** of adult respondents were 'in crisis' from a food security perspective and **34%** were stressed

CHILDREN

- **54%** of children reported needing **learning materials** – **60%** of girls compared to 44% of boys
- Of the children who **do not have access to essential items** (learning materials, lunch, sanitary products, health advice etc.):
  - a bigger proportion is **female**
  - the majority belong to **poor** households
  - a bigger proportion come from households that **lost more than half of their income**
  - a significant portion lives in **rural** areas

Eastern and Southern Africa

ADULT RESPONDENTS

- **69%** of adult respondents **lost income** due to COVID-19
- **71%** of female respondents **lost income** compared to 66% of their male counterparts
- **56% of female** respondents **lost their job** compared to 48% of their male counterparts
- 52% of parents/caregivers reported that food is too expensive
- **The vast majority (84%)** of adult respondents in urban areas are **struggling to pay for food**, compared to 75% who live in rural areas
- **86%** of **respondents with a disability** are **struggling to pay for food**
- Of the **respondents with a disability**, 94% reported relying on less preferred and less expensive foods; 89% borrowed food or relied on help from a friend or relative; 90% limited portion size at mealtimes; 84% restricted consumption by adults in order for small children to eat; 89% reduced the number of meals eaten in a day

CHILDREN

- **High proportions of girls** from **minority groups need items or services previously provided by schools such as learning materials, food to take home, lunch and health advice**
- **57% of children** reported an **increase in domestic chores** and **53%** of children reported an **increase in caring duties** post-COVID-19

Asia

ADULT RESPONDENTS

- **85%** of adult respondents **lost income** due to COVID-19
- Of the programme participants who reported an income loss, **65% lost more than half of their income**
- **83%** of respondents **struggle to pay for food**
- **59%** of adult respondents from households that lost **more than half** of their income reported **stress or violence** at home, compared to 42% of programme participants coming from households that did not incur such losses

CHILDREN

- **34%** of children surveyed need **learning materials**, specifically:
  - **41% of girls** versus 28% of boys
  - 37% of children in **rural** areas versus 28% of children in **urban** areas
  - **Indonesia** is particularly affected: **72% of children** reported needing learning materials
- **10%** of children reported needing **health advice**
- **52%** of children reported **an increase in their domestic chores burden** since the start of the pandemic, with **girls more likely** to be affected than boys (65% of girls versus 38% of boys)

Middle East and Europe

ADULT RESPONDENTS

- **54%** of adult respondents reported an **income loss** due to COVID-19
- 59% of households with members who identify as belonging to a **minority group lost more than half of their income**, compared to 32% of households that do not identify as such
- 55% of households with at least one adult with a **disability** have **lost more than half of their income**[9]
- **44%** of adult respondents and **7%** of **children** had lost their job
- **68%** of adult respondents reported **struggling to pay** for **food** and 48% said food is too expensive
- **59%** of respondents were 'in crisis' from a food security perspective and **30%** were stressed

CHILDREN

- **59% of children** reported having **lost access to learning materials** following school closure
- **51% of children** reported having an **increased chores burden** at home compared to before the pandemic
- **Girls** are **twice as likely as boys** to experience an **increased chores burden** at home
- **49% of girls** have **increased caring duties** towards siblings or others compared to 28% of boys

Latin America and the Caribbean

ADULT RESPONDENTS

- **66%** of adult respondents reported having lost income due to COVID-19
- **88%** of female-headed households had an adult respondent reporting losing their job, compared to 79% of male-headed households
- **51%** of adult respondents **reported losing their job**; **78% of households where at least one parent/caregiver or child has a disability**[10] had an adult losing their job
- **61% of respondents who moved** due to COVID-19 **struggled to pay their rent**, compared to 22% of people who struggled to pay it but didn't move
- **51%** of adult respondents were 'in crisis' from a food security perspective and **35%** were stressed

CHILDREN

- **65%** of children feel hopeful that they will be able to go back to school
- **28%** lost access to **learning materials previously provided by schools**
- **31%** of children lost access to **counselling services**
- **50%** of children reported an **increased chores burden** at home
- **45%** of **female-headed** households have children experiencing **increased caring duties**, compared to 16% of male-headed ones having children experiencing the same
- 36% of children from **poor households** reported **increased caring duties** at home, compared to 24% of children from not-poor ones

Conclusions

> "All children are equal and we have equal rights and why some have much better conditions than others not. They should not discriminate them but if they can they should help them, and if this would seem like a fairy tale they should be at least once be on their feet and then you can understand the tears of the orphans, the tears of the homeless, of the poor people who collect things on the streets to earn a living."
>
> 15-year-old girl, rural area, Albania

POVERTY IMPACTS OF COVID-19

The economic impact of COVID-19 has been widespread and severe. The majority of children and adults with whom Save the Children work globally will have been affected in some way. However, these findings show that some groups are particularly at risk from negative impacts of the COVID-19 pandemic. Many of these groups are those traditionally worst-affected by crises and those with underlying vulnerabilities.

This report has shown that female-headed households are more likely to have lost their jobs, that children – particularly girls – have experienced an increase in the domestic chores and caring burden, and that many children, but especially girls, have in part or totally lost access to education, learning resources and other vital services provided by or at school. Rather than levelling the differences between groups, the pandemic has widened existing gender inequalities.

In addition to this potential widening, our findings show that disability is another crucial factor, with adult respondents with a disability reporting greater income losses, job losses and a reduced ability to pay for essential items.

Similarly, urban respondents were more likely to report a greater proportion of income losses – with more urban households experiencing a loss of more than half of household income. While both urban and rural households reported difficulties paying for food and essential items, again urban respondents were more likely to struggle to pay for food, medicine and accommodation.

Perhaps unsurprisingly, we found a correlation between severe income losses and decreased psychosocial wellbeing in both adults and children. Violence at home was reported by both adult and child respondents coming from households that had lost more than half of their income. While problematic in its own right, this finding is even more concerning given the decreasing access to crucial infrastructure for counselling, support and protection – especially at school.

Globally, from a food security perspective, 21% of adult respondents experienced no or minimal food insecurity, 43% were stressed and 36% were 'in crisis'. Adult respondents with disabilities, from minority groups, urban dwellers and respondents who had moved due to COVID-19 were more likely to be 'in crisis'. As a result of food insecurity, adult respondents used negative coping strategies such as relying on less expensive/less preferred food; borrowing food and money; reducing adult food consumption in order to feed children; reducing portion size of meals; or skipping meals.

Although social protection is a key resource to insulate communities from the hardship of crises, our findings show that a high proportion of respondents who had sustained severe income losses were not receiving any support. Of those that did receive support, a large proportion of respondents still struggled to pay for food and other essential items. Social protection is not reaching a significant proportion of those who have been hardest hit and, where it is provided, it may not always be sufficient to address basic needs and protect children from harm, deprivation, exploitation or abuse.

IMPROVING ACCESS TO EXISTING GOVERNMENT SOCIAL PROTECTION AND SUPPORT AMONG THE MOST MARGINALISED AND DEPRIVED

According to programme participants studied, government social protection support is not reaching a significant proportion of programme participants badly hit by the pandemic. Although our findings are not nationally representative, initial results indicate that those most in need – households that can be classified as relatively poor, and those where there are people with disabilities – may not be adequately supported. Targeting of social assistance means that poor households are now more likely to be receiving benefits, however, governments need to ensure that that coverage is increased and that the support provided is longer-term. Given

PHOTO: SAVE THE CHILDREN

From its territorial offices, Save the Children Colombia distributed food and hygiene kits to children and families as part of the coronavirus response.

that 35% of respondents report barriers in access to healthcare and 81% report barriers to affordable food, government support needs to address the barriers faced by the most deprived and marginalised children and their caregivers to access existing social protection schemes; and, in particular, it needs to improve access for people living with disabilities.

Given the high losses incurred by women and the specific challenges they face in terms of allocation of resources within the household, the risk of violence and limited access to networks of support and credit, **governments should ensure that new social protection support packages are gender-sensitive**. Inequity in impacts faced by women and girls due to COVID-19 and access to social assistance should be taken into account when designing social protection packages to address challenges and vulnerabilities. The level of household income loss and household poverty status should also inform the design of social protection support.

Study results show that, in regards to negative coping mechanisms, a higher proportion of adult **respondents with a disability** are 'in crisis' (47%) compared to the proportion of adult respondents without a disability (35%), suggesting that their ability to 'bounce back' from the pandemic is limited. With a high number of the population studied having incurred income losses (77%), and four in five respondents saying that they are struggling to pay for food due to an income loss caused by COVID-19, we recommend that **social protection schemes and other cash assistance programmes should be designed to be shock-responsive** (ie, able to quickly adapt to meet emerging needs), in order to enhance the economic resilience of households.

Crucially, we need to remember that to reduce multi-dimensional poverty, focusing on **child-sensitive social protection** is also key. As a recent Save the Children brief points out, this is essential because social protection is a universal right;[11] child-sensitive social protection is a proven way to reduce the multiple dimensions of child poverty; and it allows us to create effective linkages with basic services and social services. Given the overall barriers to services and unequal barriers in access to basic services, this approach would reduce unequal access to services. To build back better and address the social protection coverage gap, countries must protect current investments in social protection and **scale up further to expand child benefits and make special provisions to reach children who are particularly vulnerable and excluded**, including children who are marginalised within their families or communities due to their gender, disability, race or ethnicity.

The expansion of child-sensitive social protection is also key to achieving the Sustainable Development Goals and it is reflected in at least five of the 17 SDGs. Children represent half of the world's population living in extreme poverty (ie, living on less than $1.90 per day) and are dependent upon adults for their welfare. Adults need to be enabled to adequately support children's development and wellbeing and invest in children. Finally, reducing multi-dimensional poverty and achieving sustained improvements in the welfare of children can only happen when governments themselves invest more in their own social protection systems alongside basic services. Efforts to monitor children's rights as per the Convention on the Rights of the Child thus need to include analysis of equitable access to social protection that takes into consideration intersectional identities, especially pertaining to barriers experienced by families living with disability. Where government social protection systems do not exist, humanitarian programming will need to cover gaps – including through cash assistance and food security interventions.

Recommendations

RECOMMENDATIONS FOR POLICY

Save the Children has a crucial role to play, in coalition with its partners, to increase awareness and understanding of social protection among the public, civil society and politicians, to build broad-based support for policies to address the economic needs of households and to advocate for the **increased coverage** of social protection. We advocate that government leaders, including high-level decision makers, must step up immediate efforts to protect children from the impacts of the COVID-19 pandemic by:

DESIGNING CHILD-SENSITIVE, SHOCK-RESPONSIVE SOCIAL PROTECTION BY:[12]

- Designing social protection schemes and policies in a way that allows for them to respond quickly and effectively to future shocks (ie, to be shock-responsive).
- Prioritising the basic needs of children to address hunger and the losses generated by COVID-19 through social protection schemes, such as cash transfers.[13]
- In countries where government social protection mechanisms do not exist, or countries without a functional government, filling the gaps with humanitarian aid through targeted cash assistance programming.
- Prioritising basic healthcare needs of the most deprived and marginalised children, such as through child grants and free basic health and maternity care.
- Addressing specific deprivations and vulnerabilities of the most marginalised and deprived households (eg, families with caregivers and/or children who have disabilities) by applying an inclusive, **disability-**, **gender-** and **child-sensitive** lens in the design of social protection packages and ensuring quality basic services are reaching those who are most vulnerable, including people with disabilities.

PROVIDING EDUCATIONAL SUPPORTS TO UPHOLD CHILDREN'S RIGHT TO EDUCATION UNTIL SCHOOLS CAN BE SAFELY REOPENED BY:

- Providing opportunities for children to continue their education through online platforms wherever possible, including specific additional support to the poorest households and to girls, who may be at risk of education deficits.
- Ensuring other forms of communication such as radio or mobile phone technology and paper-based learning packs are available for those children who do not have access to the internet. This is especially important given the unequal access to learning materials and online availability found in this study.
- Ensuring key messages on education are provided in accessible formats to parents and caregivers with disabilities and to parents/caregivers of children with disabilities as well as adapting and providing accessible and inclusive approaches to remote learning to ensure that children with disabilities do not fall behind or permanently drop out of education.

- Ensuring that the response to COVID-19 does not perpetuate harmful gender norms, discriminatory practices, stigmatisation and inequalities, or risk increasing chores burdens and child labour rates for girls and disadvantaged groups.

GUARANTEEING ACCESS TO BASIC FOOD AND MARKETS BY:

- Considering long-term, costed nutrition plans which better integrate nutrition within the health system and other relevant sectors.
- Ensuring that children are able to consume nutritious food to prevent long-term damage that will harm them and generate substantial social costs in the future. This means providing children with access to food even when markets are closed. The COVID-19 pandemic came at a time when global food security was already under strain. Sustained inadequate food and nutrient consumption is one of the major drivers of undernutrition, which can have lifelong effects.
- Ensuring that health systems are able to provide adequate information on nutritious foods in accessible formats to parents and caregivers with disabilities and parents/caregivers of children with disabilities as well as nutrition and feeding mechanisms pertaining to different types of disabilities.

PLACING CHILDREN AT THE CENTRE OF RESPONSE AND RECOVERY PLANS, INCLUDING THROUGH:

- Strengthening social-accountability mechanisms to support dialogue between children and decision-makers at all levels, so that the reality of the experience and impact of COVID-19 for children and their families can be heard and responded to.
- Ensuring children's voices are heard, as enshrined in the UNCRC. As children's top message to leaders was to provide financial support to their families, this should be addressed. Efforts should specifically aim to ensure inclusion in such dialogues of children from poorer households and those with disabilities.

PHOTO: MARK NJOROJE/SAVE THE CHILDREN

Save the Children staff and health officials distributed infection prevention and control items to health facilities at Mathare North Hospital in Nairobi. The items included hand sanitisers, handwashing stations, gloves and masks.

RECOMMENDATIONS FOR PROGRAMMING

In responding to COVID-19, organisations able to provide direct assistance should support children in this pandemic by:

SUPPORTING CHILDREN AND FAMILIES TO ACCESS BASIC GOODS AND SERVICES

- Providing support to vulnerable households and children through cash assistance or in-kind food distributions to cover basic food needs during the COVID-19 pandemic. Whenever possible, work closely with governments to ensure these efforts align with and strengthen existing social protection systems to enhance sustainability and long-term impact.
- Ensuring that COVID-19-related food security and cash assistance programmes include people with disabilities and female-headed households as key priorities for beneficiary selection, given the findings that these groups are disproportionately affected by COVID-19. Consider providing additional cash or food top-ups for these families as well.
- Distributing items previously provided by schools to children who have lost access to them, including free meals, sanitary products, health advice and counselling services.
- Distributing the necessary learning equipment to children to enable them to continue their learning through online or other modalities.
- In programmes and policy responses, consider addressing women's reduced access to **menstrual hygiene products** when supply chains are disrupted (Menstrual Health Alliance India, Dasra, 2020).

PROVIDING EQUITABLE ACCESS TO PSYCHOSOCIAL SUPPORT

- Ensuring access for girls and boys to counselling services and referral pathways to access psychosocial support and protection to victims of violence in a way that can be easily and safely accessed by individuals with disabilities, girls and minorities.
- Initiating collaboration with representative organisations of persons with psychosocial disabilities as a complement to public services for the purpose of ensuring access to relevant services and referral pathways.

DELIVERING ASSISTANCE AT SCALE, AND FOR THOSE WHO NEED IT MOST

- Supporting governments to scale up cash transfer programming and help governments to maintain increased coverage over the longer term through social protection systems.
- Where government social protection mechanisms do not exist, or in countries without a functional government, providing humanitarian aid through targeted cash assistance and other food security and livelihood support.
- Providing support to households in the geographic locations worst hit by the pandemic. This pandemic has exposed the extreme inequalities in urban contexts. We have an opportunity to address deeply-rooted urban inequalities, reassess the food security of communities, their access to basic services, to healthcare and their rights to access to land and housing.
- Collaborating with representative organisations of persons with disabilities to ensure that their constituents are aware of available support and rights to social protection and that cash transfer programmes and the coverage of social protection systems include disability situation analysis, identification of households with disabilities in need and accessibility measures for service provision.

References

Andrew, A., Cattan, S., Costa Dias, M., Farquharson, C., Kraftman, L., Krutikova, S., Phimister, A. and Sevilla, A. (2020), *Learning during the lockdown: Real-data on children's experiences during home learning*. Institute for Fiscal Studies, IFS Briefing Note BN288. https://www.ifs.org.uk/uploads/Edited_Final-BN288%20Learning%20during%20the%20lockdown.pdf.

Bonnet, F., Vanek, J. and Chen, M. (2019), 'Women and Men in the Informal Economy: A Statistical Brief', p. 5. Manchester, UK: WIEGO. https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_711798.pdf.

Burgess, M., Qaiser, M.H., Thiyagarajah, S., Arlini, S.M. and Sulaiman, M. (2020), *The hidden impact of COVID-19 on children: Research design and methods*. Save the Children International, London. https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series.

ChildFund, Plan International, Save the Children, SOS Children's Villages, Terre des Hommes and World Vision (2020), *Policy Brief: Ending Violence against Children and COVID-19*. https://reliefweb.int/sites/reliefweb.int/files/resources/Ending%20violence%20against%20children%20and%20COVID-19%20publication.pdf.

European Institute for Gender Equality (2020), *Economic hardship and gender*. https://eige.europa.eu/covid-19-and-gender-equality/economic-hardship-and-gender.

Food and Agriculture Organization of the United Nations (FAO) (2020), *Simulating rising undernourishment during the COVID-19 pandemic economic downturn*. http://www.fao.org/policy-support/tools-and-publications/resources-details/en/c/1275857/.

Gentilini, U., Almenfi, M., Dale, P., Lopez, A.V., Mujica, I.V., Quintana, Ro. and Zafar, U. (2020), *Social Protection and Job Responses to COVID-19: A Real Time Review of Country Measures*. COVID-19 Living Paper published June 12, 2020. World Bank Group, Washington, D.C. http://documents.worldbank.org/curated/en/590531592231143435/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-June-12-2020.

Global Network Against Food Crisis, Food Security Information Network (FSIN) (2020), *Global Report on Food Crisis*. https://docs.wfp.org/api/documents/WFP-0000114546/download/?_ga=2.154797048.1301946824.1588076164-1675438494.1585556900.

Guttman, C. and Albrectsen, A. (2020), *Covid-19 school closures around the world will hit girls hardest*. https://en.unesco.org/news/covid-19-school-closures-around-world-will-hit-girls-hardest#:~:text=As%20COVID%2D19%20forces%20school,pregnancy%20and%20early%20and%20forced.

Human Rights Watch (2020), *COVID-19 and Children's Rights*. Published April 9 2020. https://www.hrw.org/news/2020/04/09/covid-19-and-childrens-rights.

Integrated Food Security Phase Classification (IPC) Global Partners (2019), *Integrated Food Security Phase Classification Technical Manual Version 3.0. Evidence and Standards for Better Food Security and Nutrition Decisions*. Rome. http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/manual/IPC_Technical_Manual_3_Final.pdf.

The Lancet (2020), *Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality*, Vol 396 August 22, 2020. https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931647-0.

Menstrual Health Alliance India, Dasra, Change.org (2020), *COVID-19 hits women's access to menstrual hygiene products*, blog post. https://www.indiawaterportal.org/articles/covid-19-hits-womens-access-menstrual-hygiene-products.

Milford, M. and Anderson, G. (2020), *The shadow pandemic: How the covid-19 crisis is exacerbating gender inequality*. UN Foundation. Published 14 April 2020. https://unfoundation.org/blog/post/shadow-pandemic-how-covid19-crisis-exacerbating-gender-inequality/.

Save the Children (2020a), *Save our Education*. Save the Children, London. https://resourcecentre.savethechildren.net/node/17871/pdf/save_our_education_0.pdf.

Save the Children (2020b), *Adolescent Girls and COVID-19: GBV Risks and Response*. Save the Children, London. https://www.savethechildren.org/content/dam/usa/reports/health/adolescent-girls-and-gbv-covid-fact-sheet.pdf.

Save the Children (2020c), *COVID-19: Gender Equality Matters*. Save the Children, London. https://resourcecentre.savethechildren.net/node/17091/pdf/covid19_gender_equality_brief_final_april_1.pdf.

The Alliance for Child Protection in Humanitarian Action (AllianceCECPHA), End Violence Against Children, UNICEF, WHO (2020), *COVID-19: Protecting Children from Violence, Abuse and Neglect in the Home, Version 1, May 2020*. https://www.unicef.org/media/68711/file/COVID-19-Protecting-children-from-violence-abuse-and-neglect-in-home-2020.pdf.

United Nations Educational, Scientific and Cultural Organization (UNESCO) (2020), *Education: From disruption to recovery*. https://en.unesco.org/themes/education-emergencies/coronavirus-school-closures (Accessed 24 March 2020).

United Nations Population Fund (UNFPA) (2020), *Millions more cases of violence, child marriage, female genital mutilation, unintended pregnancy expected due to the COVID-19 pandemic*. https://www.unfpa.org/news/millions-more-cases-violence-child-marriage-female-genital-mutilation-unintended-pregnancies.

United Nations Children's Fund (UNICEF) (2014), *A Statistical snapshot of violence against adolescent girls*. https://www.unicef.org/publications/files/A_Statistical_Snapshot_of_Violence_Against_Adolescent_Girls.pdf.

United Nation Statistics Division (UNSDA). (2020), *The Sustainable Development Goals Report 2020*. https://unstats.un.org/sdgs/report/2020/finding-transformative-pathways-in-turbulent-times/.

UN Women (2020), *COVID-19 and Ending Violence against Women and Girls*. https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006.

World Bank (2020a), *COVID-19 (Coronavirus) Drives Sub-Saharan Africa Toward First Recession in 25 Years*. Press release, 9 April 2020. https://www.worldbank.org/en/news/press-release/2020/04/09/covid-19-coronavirus-drives-sub-saharan-africa-toward-first-recession-in-25-years.

World Bank (2020b), *COVID-19 will hit the poor hardest. Here's what we can do about it.* https://blogs.worldbank.org/voices/covid-19-will-hit-poor-hardest-heres-what-we-can-do-about-it.

World Food Programme (WFP) (2020a), *Coronavirus threatens global surge in malnutrition, jeopardizing future of an extra 10 million children*. Press release, 20 May 2020. https://www.wfp.org/news/coronavirus-threatens-global-surge-malnutrition-jeopardizing-future-extra-10-million-children.

WFP (2020b), *World Food Programme to assist largest number of hungry people ever, as coronavirus devastates poor nations*. Press release, 29 June 2020. https://www.wfp.org/news/world-food-programme-assist-largest-number-hungry-people-ever-coronavirus-devastates-poor.

WFP (2020c), *Global Monitoring of School Meals During COVID-19 School Closures*. https://cdn.wfp.org/2020/school-feeding-map/index.html (Accessed 31 July 2020).

WFP, FAO (2020), *FAO-WFP Early Warning analysis of acute food insecurity hotspots*. Press release, 17 July 2020. https://www.wfp.org/news/new-report-shows-hunger-due-soar-coronavirus-obliterates-lives-and-livelihoods.

WHO (2020a), *Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)*. Press release, 30 January 2020. https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov).

WHO (2020b), *WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020*. Press release, 11 March 2020. https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020 (Accessed 24 March 2020).

WHO (2020c), *A Coordinated Global Research Roadmap: 2019 Novel Coronavirus*. Press release, 2020. https://www.who.int/blueprint/priority-diseases/key-action/Coronavirus_Roadmap_V9.pdf?ua=1.

WHO (2020d), *WHO Coronavirus Disease (COVID-19) Dashboard*. https://covid19.who.int/ (Accessed 18 August 2020).

World Vision International (2020), *Unmasking the Impact of COVID-19 on Asia's Most Vulnerable Children*. https://www.wvi.org/sites/default/files/2020-08/WV%20AP%20Unmasking%20Report%20240820_final.pdf.

Endnotes

[1] Categories presented to respondents were: "All of it", "Most of it (more than 75% lost)", "More than half (56–75%)", "About half (45–55%)", "Less than half (25–44%)" and "Less than a quarter (less than 25% lost)". When we use the expression "more than half of their income" we intend from 56% to 100%, unless indicated otherwise.

[2] In this study we refer to female-headed headed households as to households with only female adults; the same applies when we refer to male-headed households.

[3] Measured using the reduced Coping Strategies Index.

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

[5] Wealth indices are considered effective indicators of a household's social-economic position and are widely used in household surveys such as DHS and MICS.

[6] This finding could be explained by a sub-set of countries driving and skewing the total result.

[7] Countries for which we had at least 270 respondents.

[8] SDG indicator 1.3.1 *Proportion of population covered by social protection floors/systems, by sex, distinguishing children.*

[9] Sample size: 161 respondents; finding is statistically significant.

[10] Sample size: 201 respondents; finding is statistically significant.

[11] The right to social protection is enshrined in human rights, including the UN Convention on the Rights of the Child (1989), the Universal Declaration on Human Rights (1948) and Article 28 of the UN Convention on the Rights of Persons with Disabilities.

[12] Affordability of these schemes will pose a challenge to governments but must be considered a priority; the international community for its part should help with debt cancellation and other measures such as setting up a Global Social Protection Fund. For more detailed understanding of Save the Children's advocacy messaging on CSSP please see: https://savethechildren1.sharepoint.com/:w:/r/what/humanitarian/_layouts/15/Doc.aspx?sourcedoc=%7B1EA2FDFA-9D30-464B-9B9A-D262A4A8C5E8%7D&file=04.05%20SCI%20Global%20Approach%20to%20CSSP.docx&action=default&mobileredirect=true.

[13] Over time, children should have access to more comprehensive support that addresses their specific needs and vulnerabilities throughout their life course.

Save the Children

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

- A 17 YEAR OLD GIRL FROM PANAMA.

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

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

A heartfelt thanks for all of us
at Save the Children

Click Here