



Save the Children

UNDER THE SAME SKY

How a Year of Covid-19 Affected Asia-Pacific Children

Acknowledgments

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INTRODUCTION

On 11 March, 2020, the Director-General of the World Health Organization (WHO), Tedros Adhanom, declared the novel coronavirus outbreak a global pandemic[1], WHO's highest level of alarm.

In the months that followed, a multi-dimensional societal emergency affecting the lives of hundreds of millions of families in multiple ways convulsed the world on an unprecedented scale. By early April 2020, over 50% of the global population was in lockdown, leading to severe economic impacts almost everywhere. By 5 March, 2021, more than 115 million people had been infected, and 2.5 million had died[2].

Continental Asia hosts the majority of the world's most polluted cities. But as countries imposed lockdowns, factories closed their gates and congested urban roads fell silent and empty. From Delhi to Dhaka, Karachi to Kuala Lumpur, the usual blanket of unhealthy haze was temporarily lifted. The sight of clear skies provided a glimpse of how the world might look if humanity broke its fossil fuel addiction and treated the natural environment with more respect.

Yet, while the skies brightened, the pandemic cast its shadow across the world with no respect for borders or nationality. But this apparently uniform threat has varied greatly in its impact on the daily lives of children. Factors such as gender, socio-economic status, access to basic services, internet access, as well as the impact of familiar hazards such as typhoons and floods, has led to a myriad of different stories across Asia-Pacific. The speed and stringency of government-led actions has often been critical.

Thankfully, children have been largely spared from the severe symptomatic reactions to infection seen more commonly among older people. However, owing to the social and economic impacts of the pandemic, including school closures, loss of livelihoods, and disruption to critical health practices such as childhood vaccinations, millions of children, especially in middle- and low-income countries in Asia-Pacific, risk being among the pandemic's most severely affected survivors. For some, the impacts may be lifelong.



One year on, immense challenges persist. Schools for more than 168 million children worldwide have been completely closed for almost a whole year owing to COVID-19 lockdowns – 62 million of them in Asia-Pacific[3]. The disruption to learning, access to protective services and school meals for vulnerable pupils, as well as children's social and emotional development continues to compromise their lives and futures.

As COVID-19 vaccine programmes start roll out across the world, this brief reflects on how the pandemic has affected children's lives in Asia-Pacific and what coping strategies were adopted, highlighting some instructive testimonies from children themselves.

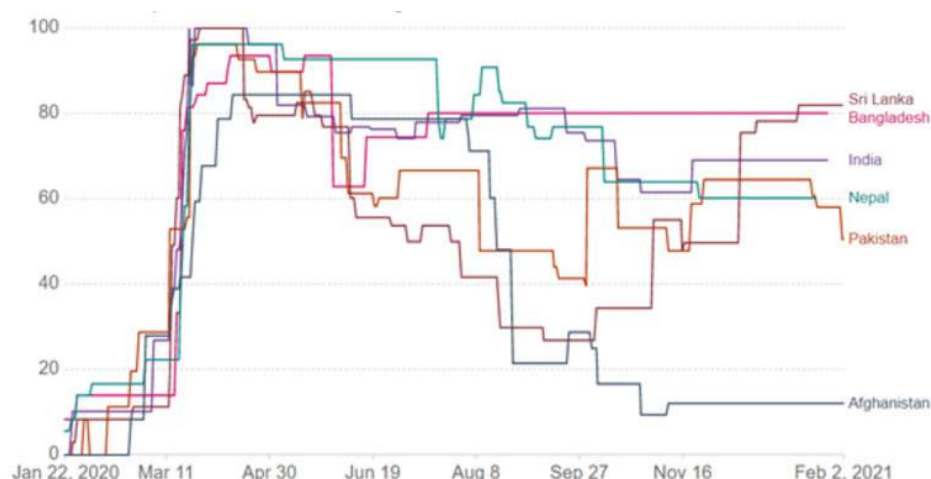
This brief notes the various kinds of risks and impacts triggered by the pandemic, especially in relation to school closures. It studies some key approaches governments took to respond to the pandemic, and recognises some of the better ways in which some countries were able to meet children's needs. This brief also looks at some lessons to inform how governments and societies can build back better from the pandemic and reduce both the risk and impact of such crises in the future.

PART I. GOVERNMENT RESPONSES

The biggest and most populous region in the world, Asia-Pacific has had mixed experiences in coping with the pandemic. Countries have taken different approaches in constraining the spread of infections. Hence people's lives, including those of children, have been affected in different ways across the region.

According to the Government Stringency Index developed by the Oxford COVID-19 Government Response Tracker (OxCGRT)[4], most countries in East and Southeast Asia such as China, the Republic of Korea, Thailand, and Vietnam began imposing strict measures before the WHO declaration on 11 March, whereas those in South Asia (such as Afghanistan, Bangladesh, India, Nepal and Pakistan) and the Pacific region (e.g. Fiji and Vanuatu) largely did so afterwards (see graphs below).

Thereafter, countries in East Asia, Southeast Asia and South Asia generally adopted more stringent approaches to school closures, workplace restrictions and travel bans than countries in the Pacific. One of the major factors in successful infection management has been the ability to impose control measures quickly and strictly. On that front, East Asia and Southeast Asia performed better than South Asia and the Pacific.

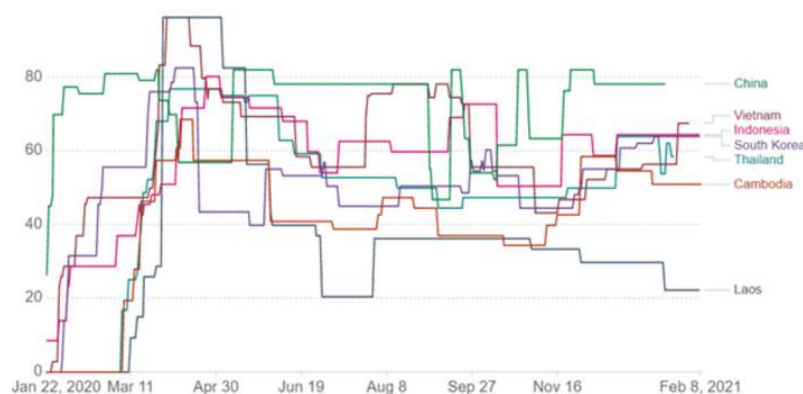


Source: Hale, Webster Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker - Last updated 8 February, 06:23 (London time)

Note: This index simply records the number and strictness of government policies, and should not be interpreted as 'scoring' the appropriateness or effectiveness of a country's response.

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Figure 1: Government Stringency Index for South Asia



Source: Hale, Webster Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker - Last updated 9 February, 07:00 (London time)

Note: This index simply records the number and strictness of government policies, and should not be interpreted as 'scoring' the appropriateness or effectiveness of a country's response.

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Figure 2: Government Stringency Index for Southeast and East Asia



Source: Hale, Webster Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker - Last updated 21 February, 14:00 (London time)

Note: This index simply records the number and strictness of government policies, and should not be interpreted as 'scoring' the appropriateness or effectiveness of a country's response.

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Figure 3: Government Stringency Index for The Pacific



1.1 Case study: Laos

The Lao People's Democratic Republic provided an example of a decisive early response that has been extremely successful. By 23 February 2021, in a country with 7.1 million people, there were a total of 45 Covid-19 cases reported with zero deaths[5] — a remarkable achievement.

Since the first known cases of COVID-19 were publicly confirmed in January 2020, the government of Laos has been closely monitoring the regional and international situation as well as responding to the pandemic and its lasting effects. Two task forces were created: the Task Force on Preventing and Controlling the Spread of COVID-19 led by the Deputy Prime Minister, and the Task Force Committee on Economic Impact Assessment, led by the Minister of Planning and Investment. The government of Laos imposed a national lockdown in mid-March 2020 with all travel banned, schools suspended, non-essential businesses closed, and all international borders shut.

This was done before Laos confirmed its first two cases on 24 March 2020, with only 17 additional cases confirmed thereafter. After no evidence of community transmission, restrictions began to be lifted and by mid-June 2020 almost all constraints had gone. Since its initial cases, Laos has seen no community transmission with all further cases originating from outside the country and detected during the mandatory quarantine enforced for all returning travellers.

Schools were closed for nearly eight weeks following a government order on 18 March, 2020[6], and then went through a phased reopening. During the closure, the Ministry of Education, in partnerships with UNICEF, Save the Children, and other non-governmental organisations (NGOs), made efforts to ensure no children were deprived of education, including by launching educational television and radio programmes.



1.2 Case study: China

Following the outbreak of COVID-19 in Wuhan, China in December 2019, the Chinese government took prompt and decisive measures to contain the spread of the virus, including school closures. On 27 January 2020, the Ministry of Education in China announced the postponement of school re-opening days[7].

The Ministry of Education acted quickly to issue a series of policies and provide guidance for local education bureaus and schools to take actions on prevention and control of COVID-19. On 12 March, the Ministry of Education issued[8] the Guideline for Primary and Middle Schools on Prevention and Control of COVID-19, which was the official technical reference containing specific information on measures that schools could take before and after reopening.

During the school closures, the national government launched the **Disrupted Classes, Undisrupted Learning Initiative** to promote teaching and learning at home for children. The authorities also provided a series of digital resources for parents and teachers through the National Public Service Platform for Educational Resources, an online platform developed since 2012. Other online learning platforms and resources were also provided. For example, the Ministry of Education also made the e-version of the textbooks for primary schools freely available.

Thanks to stringent disease prevention measures, the COVID-19 outbreak was largely under control in China in a relatively short period of time. Schools at different levels in mainland China were gradually reopened from late March to June 2020, allowing students to go back to school. Although some cities experienced lockdowns later owing to smaller scale outbreaks, the disruptions only lasted a short time.

The provincial education departments decide the phasing and dates of school reopening for different grades, depending on the urgency of ensuring academic learning and the risk level. Responsibility in assessing whether schools are ready to open lies with county or district government or education bureaux. Considering the sporadic outbreaks in some provinces/cities after late March 2020, this decentralized approach – instead of a one-size-fits-all model – has allowed local government to adjust the timing of school closures and reopening swiftly. Among other consequences, this has enabled children to return to school and minimize loss of learning.



1.3 Case study: Bhutan

Bhutan's preparedness and response to the pandemic, which saw only one COVID-19-related death — despite having the world's two most populous countries and high case rates in its vicinity — is a remarkable success story that underlines the important role of dynamic leadership, compassion, and community solidarity.

Around midnight on 6 March 2020, Bhutan confirmed its first case of COVID-19: a 76-year-old US tourist. Just over six hours later, some 300 possible contacts, and contacts of contacts, had been traced and quarantined – an extraordinarily swift reaction.

The response to the COVID-19 pandemic in Bhutan was personally overseen by His Majesty the King of Bhutan and the Royal Government of Bhutan. Respectively, the COVID-19 response to gender-based violence was overseen under the patronage of Her Majesty the Queen and Her Majesty the Queen Mother of Bhutan.

Amid nationwide lockdowns and restricted mobility to contain the spread of the COVID-19 virus, there was an observed increase in gender-based violence in Bhutan. Overseen by Her Majesty, Queen Gyaltsuen Jetsun Pema Wangchuck, emergency shelters were set up in all 20 districts of the country to house those who felt unsafe, and to protect those in need during the lockdown.

Simultaneously, the National Commission for Women and Children (NCWC) and Ministry of Health led efforts to address gender-based violence and child protection issues. Many civil society organizations provided much needed support services. Since the onset of the pandemic, the NCWC has been providing critical services through the 24/7 Child Helpline 1098 to women and children needing case management and psychosocial support services.





A multisectoral task force developed and disseminated advocacy messages through national television, radio and social media which has helped raise awareness on the occurrence and proliferation of domestic abuse and violence against women and girls during the pandemic.

Overall, this combination of strong leadership, targeted action and teamwork helped underpin a remarkably successful response to the COVID-19 pandemic.



1.4 Case study: Fiji and the Pacific islands

Recognizing the limited capacity of their health systems to handle COVID-19 outbreaks, the governments of Pacific island countries were quick to enact virus containment measures including lockdowns and border closures. As a result, the health impact on Pacific island countries has been limited, but the shutdown of the profitable tourism sector, in particular, has wreaked economic havoc.

By mid-2020, 115,000 Fijians – or one-third of the country's workforce – had been made unemployed or had their working hours reduced. Fiji's national revenue fell by 16% in 2019/20 and is projected to fall by a further 39% in 2020/21. A baseline 19% drop in GDP is projected for the coming year.

These economic pressures are exacerbated by Pacific island countries' vulnerability to the impact of climate change and disaster risks including many natural hazards such as cyclones, earthquakes, tsunamis and volcanic eruptions, droughts, coastal flooding and sea-level rise.

In Fiji, Save the Children has been implementing shock-responsive cash transfers as a pillar of its approach to disaster preparedness. Through much of 2020, the programme sought to support families affected by COVID-19-related economic contractions, but in December 2020, Tropical Cyclone Yasa battered the large Fijian island of Vanua Levu and destroyed homes, schools and crops.

Save the Children collaborated with the Fiji Council of Social Services (FCOSS) and Non-Governmental Organisations (NGOs), government, UN agencies and the private sector (primarily Vodafone) to rapidly pivot the programme to reach people affected by TC Yasa with shock-responsive mobile money transfers. The programme sought to catalyse further impact by providing technical assistance to the Government of Fiji to strengthen existing social protection systems, including by identifying crisis-affected communities; digitising existing and new registrations; performing data management and analysis to ensure targeting of priority groups (i.e. female-headed households, survivors of gender-based violence, people with disability, and the sick and elderly).

SAVE THE CHILDREN'S WORK: BANGLADESH

A landmark year, 2021 marks the 50th year for Bangladesh's independence as well as for Save the Children operations in the South Asian state. To support the pandemic recovery, Save the Children has led the formation of a 15-member coalition of leading national and international NGOs to drive a nation-wide 'Safe Back to School (SB2S)' campaign.

Soon after the first COVID-19 case was identified, a nation-wide school closure was declared on 17 March 2020 alongside the national lockdown. Although the government was quick to introduce distance learning through different means (in line with the COVID-19 Response Plan, Ministry of Primary and Mass Education, 2020), overall 41.9 million children participating in different education systems and levels were still affected by the mass closure.

While providing necessary technical support to help a safe return of students, Save the Children has convened a national coalition for re-opening of schools with a particular focus on school readiness. This aims to ensure health safety, learning recovery, the provision of mental health and psychosocial support (MHPSS), community readiness to minimize dropouts, and local civil society organisations' readiness to synergize NGO efforts for maximizing reach and impact.

A special emphasis has been placed on marginalized and deprived children and their return to school. There has been a series of stakeholder consultations, inclusive of children, since November 2020, which culminated in a high-profile launch of the national coalition of the SB2S campaign in February 2021. The government made an announcement on 27 February to re-open school on 30 March 2021 [10]. Save the Children and coalition partners have planned a nationwide dissemination of awareness messages before, during and after re-openings to ensure the safe return of students to schools.

SAVE THE CHILDREN'S WORK: CAMBODIA

The school closure has affected more than three million students from preschool to grade 12 in Cambodia. Although distance and e-learning are being provided, the survey regarding impacts of COVID-19 on children taken by Save the Children in Cambodia revealed that the majority of children (90%) were learning little at home, with 36% of children reported as burdened by too many chores at home that hindered learning[9].

As part of our response, Save the Children in Cambodia has been helping vulnerable girls and boys to access continuous learning, providing digital devices, facilitating learning circles, and training teachers and school management committees about continuous learning.

Save the Children has been convening education sector civil society organisations through the Continuous Learning Working Group to share best practices and advocate to the Ministry of Education to support the learning of the most vulnerable children, and to increase investment on adaptive learning and limited prolonged school closures.

We have been supporting the voices of children and youth, in collaboration with the Ministry of Education, Youth and Sports on a 'Back to School' campaign since September 2020 along with Joining Forces alliance of NGOs.

Save the Children has also been supporting the Ministry of Education, Youth, Sports and Education in assessing the impact of COVID-19 in the education sector through a national level study along with UNICEF, ensuring that most deprived and marginalized children are also able to return safely to school.

PART 2. CHILDREN'S VIEWS & EXPECTATIONS

*Some names have been changed

Su-Huin 10, Republic of Korea

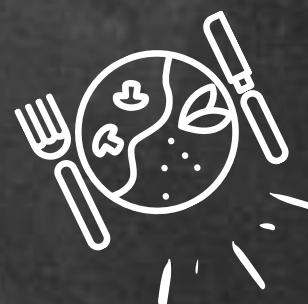
"Just like before Corona [sic], I still wake up at 7.30 AM, eat with my grandmother, wear a mask and leave for school by 9.00 AM. At school, I still talk to my friends and homeroom teacher - we cannot run around or make loud noises at school."

"When Corona 19 [sic] was severe, we packed our own lunch boxes from home and ate them at school and we each ate quietly because of the delivery of one-person lunch boxes - I didn't eat at the school cafeteria."

Su-Huin goes to a 'cram school' with her friends after school at 3.30 PM and returns home by 5.00-6.00 PM. "Sometimes I invited a small group of my friends to my house and we played together inside the house."

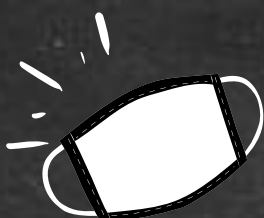
"After dinner with my grandmother at home, I do the homework that my cram school & school teacher gave me. Then I usually watch some YouTube videos on my smart phone and go to bed around 9.00 PM."

Other Korean children like Ttung-Yi, a 10-year-old boy also in primary school, noted that when school was closed, they often played games online and watched TV, which meant he went to bed later than usual.



Chenda* 11, Cambodia

"I want the government to help my school with masks, hand sanitizer, and soap to help us protect ourselves from COVID-19."



Chenda* studies in the community group learning classes. She also studied online with her friends. However, she says studying online was not really effective because they all found it hard to connect to the internet. She and her fellow pupils also struggled to keep up with lessons because it was not in a physical classroom.



"I would be happy to go back to the school again, because at school I can get together with my friends and teachers again." In the afternoon, Chenda* would usually go to her friend's house nearby to study and read books together. During the spread of COVID-19, she felt worried when she went out to meet her friends to study and play.



"It is more comfortable for me to study at school since it is in-person, and the teacher can clearly explain things."





Rama* 14, Nepal

Rama studies in a secondary school in Nepal. Before COVID-19 struck Nepal, Rama's school started at 9.00 AM and she had to travel to school but since COVID-19, she joins classes online. Rama says she misses playing badminton in her spare time in her neighbourhood these days but she does play piano at home with her brother.

As a result of different types of lockdown in Nepal, children have had to face a completely different way of life. Rama says she previously enjoyed borrowing books from libraries as well as going out to eat with her parents. Such activities had to be curtailed because of the COVID-19 threat.



Tasnim 17, Bangladesh

Tasnim is a school student from a town in the north of Bangladesh. Tasnim would usually wake up early at around 6.00 AM and prepare for school before the COVID-19 pandemic. Since the outbreak, she has tried to maintain a similar routine but as there is no school, she tries to self-study or take online classes.

"Before, I could go to school, learn from my teachers at first hand, discuss problems with them and study by myself after that," Tasnim told Save the Children.

"I could understand how well I learnt by my results in the exams. As the school is closed now, lessons are harder to understand. Although there is an opportunity to attend classes online, the quality of learning may have dropped compared to the previous time because of various problems."

Children's education has been disrupted due to COVID-19 because of school closures. But beyond academic study, schools provide an array of opportunities for extra-curricular activities which have been compromised as well. Tasnim describes herself as a debate enthusiast but says opportunities for such activities have been hit.

"I was engaged in educational activities including debate. Although there is an opportunity to attend debate competitions online, it does not become entertaining because of various technical problems. There is no scope to perform extra-curricular activities now."



PART III. MULTIFACETED CHANGES IN CHILDREN'S LIVES

The pandemic first triggered an extraordinary public health crisis. By July 2020, there were approximately 11 million confirmed cases and more than 520,000 fatalities reported worldwide, making it the worst pandemic in 100 years. By March 2021, the number of infections globally had increased tenfold and deaths had exceeded 2.5 million.

In order to stem this human toll, governments triggered various countermeasures including the closure of businesses, educational institutions, and cultural activities, as well as strict constraints on public movement and air travel. By early April 2020, over 50% of the global population was in lockdown, with severe implications for economic activity everywhere.

The restrictions on movement and economic activity had myriad impacts on children and their families, ranging from disruptions to routine health and nutrition services – including vital childhood immunisation programmes – as well as loss of income.

The impact of school closures alone had immense and often unseen impacts on children. By April 2020, more than 1.3 billion children were unable to attend school[11]. This in turn has had multiple secondary impacts, including loss of learning, disruption to emotional and psychological development, and an increase in violence against children in many different forms.

Such challenges have tended to affect children from poor and marginalised households – and girls in particular – disproportionately.



I'm afraid of getting ill and being unable to go to school because of a reduction in family income.

-Dimas, 12, Indonesia*

3.1 Education and learning disruptions

To contain the spread of the pandemic, many governments around the world closed schools and deployed distance learning from March 2020 onwards. Worldwide school closures affected over 1.5 billion learners (both schoolchildren and older students) in 172 countries, which accounted for 87% of the world's student population in April 2020[12].

“Never before have we witnessed educational disruption on such a scale.”[13] said UNESCO Director-General Audrey Azoulay in March 2020.

According to UNESCO, as of 25 January 2021, the world had experienced an average of 22 weeks of complete and partial school closures, which equals the loss of two-thirds of an academic year[14].

Save the Children's analysis[15] shows that in South Asia, children went through around 110 days without any education. In East Asia and the Pacific, children lost an average of 47 days. In Central Asia, children lost out on an average of 45 days.

In Indonesia, Myanmar and Bangladesh, children lost more than 39 weeks of study in schools. In the Philippines, schools remained completely closed nationwide throughout most of 2020, and at the time of this report's publication in March 2021 were due to remain closed until COVID-19 vaccines became available[16].

Children in Pacific Island countries, however, experienced a much shorter length of learning disruption, which on average has been seven weeks of complete and partial school closures[17].

The impacts of the long duration of massive school closures on children in most countries have been multifaceted, and potentially irreversible and lifelong unless effective remedial action is taken quickly.

Undoubtedly, one of the most direct and significant impacts of the pandemic on children has been the disruption of education and learning.

“

I am worried about losing a whole academic year due to COVID-19.

”

-Amir*, 15, Nepal





The government must meet the needs of children especially in our studies. We live in rural areas, and we don't have access to distance learning.



-Joana*, 12, Philippines

When schools are closed and learning is moved online, children's education becomes more dependent on the home environment and parents than usual. This is especially critical for children in kindergartens and primary school aged 3-12.

At the same time, online education has created various challenges for teachers. For example, according to the Survey of School Teachers' Views on Online Learning and Student Mental Wellbeing amid COVID-19 Related School Adaptations collected by Save the Children Hong Kong between 21 September and 10 December 2020, most teachers (68%) were unprepared for the shift to online learning with little or no experience teaching virtual classes when the school suspensions began, and teaching methods have still not been perfected.

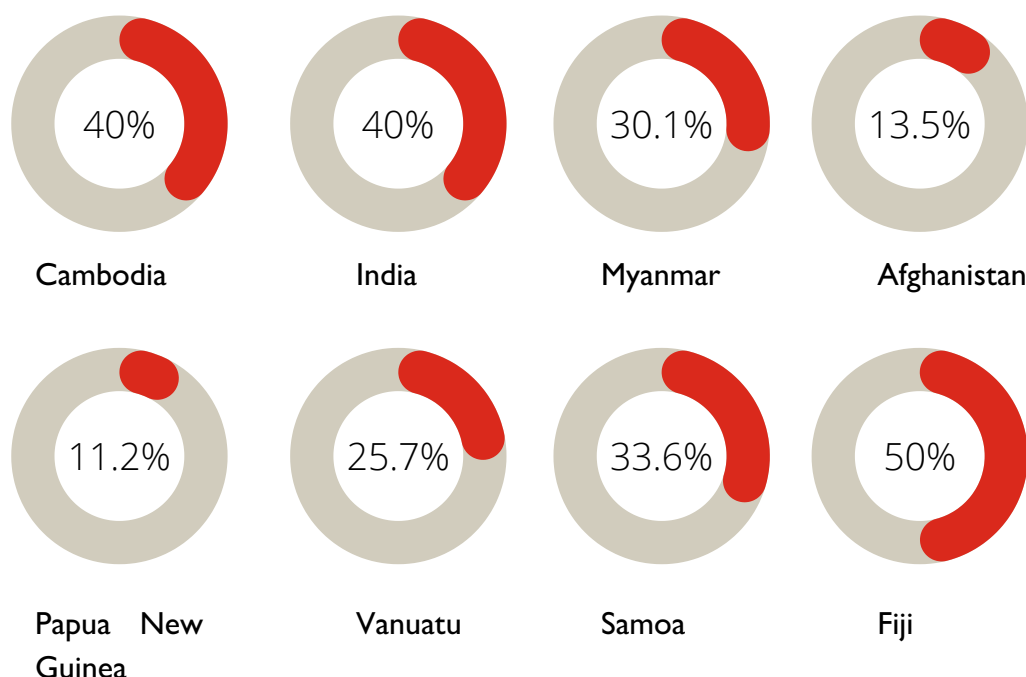
More than one third of respondents (37%) reported that when supporting learning online, they were less able to identify and support the diverse learning needs of students and that many students (44%) have more difficulty focusing on class during virtual lessons[18].

The effectiveness of learning is at least in part related to the quality of the physical home environment and access to on-line facilities. Time, availability and social capital are also required from parents to supervise children's learning or even take over the teaching role if schools lack the capacity to provide distance support.

Parents' support to and day-to-day interaction with children are crucial in improving the latter's social-emotional development as well as cognitive skills such as emergent literacy. This is especially the case as pupils don't have the opportunity to talk to their classmates, friends and teachers that they usually have in school.

Children from vulnerable households and in low-income and poor countries have been facing the biggest challenges of home learning. For many, online learning is still considered a luxury because they lack internet connectivity or appropriate devices (e.g. laptops, tablet computers, smartphones, etc.).

And the internet penetration rate remains low in most Asia-Pacific countries. According to the World Bank, the proportion of individuals using the internet in 2019 was 40% in Cambodia, 40% in India[19], 30.1% in Myanmar and 13.5% in Afghanistan. In the Pacific region, the ratio stands at only 11.20% in Papua New Guinea, 25.72% in Vanuatu, 33.61% in Samoa and 49.96% in Fiji[20].



Percentage of Asia-Pacific internet usage in 2019

Children from less advantaged families tend to experience more learning loss during summer break than advantaged ones, studies show[21]. This is especially true when children in vulnerable families receive less support from parents during long-time school closure. Extended confinement will only exacerbate the existing digital divide and learning inequalities.

Moreover, for millions of children, although the school closures are temporary, the disruption can have long term effects. Save the Children's own analysis from our Save Our Education campaign launch report in 2020 suggests that approximately 10 million children may never return to school because of the economic impact of the pandemic - and we expect that to be a significant underestimate[22]

When schools reopen, assessments conducted by teachers will be vital to identify learning gaps and inform remedial programming and learning opportunities so that all children catch up to their appropriate levels quickly.



3.2 Emotional and psychological development challenges

The stress and anxieties associated with the COVID-19 pandemic and the long-term school closures have had significant negative effects on children's emotional and psychological development.

Before the pandemic and school closures, children could go to school, talk to classmates and exchange ideas. They could also go to the park or outside space and play with friends. These various forms of social interaction and daily communication play an important role in fostering children's mental health, emotional and psychological development, especially in their early childhood.

But COVID-19 shattered this normality: children have been confined at home for more than 25 weeks on average in Asia. In Bhutan and the Philippines, children have not gone to school for nearly one year.

The University of Oxford investigated the impacts of COVID-19 one-month lockdown on children's mental health by interviewing parents and carers through the COVID-19 Supporting Parents, Adolescents, and Children in Epidemics (Co-SPACE) survey. Interviewees reported that children aged 4-10 years had experienced increased emotional, behavioural, and restlessness/attention difficulties. They said children were feeling unhappy, worried, experiencing separation anxiety, and experiencing physical symptoms associated with worry[23].

Another study, by exploring several potential mental and emotional consequences of disease outbreaks such as COVID-19, H1N1, AIDS, and Ebola, indicated the prevalence of severe anxiety or depression among parents and acute stress disorder, post-traumatic stress, anxiety disorders, and depression among children. The more adverse experiences in childhood, the greater the risk of developmental delays and health problems in adulthood. The problems include cognitive impairment, substance abuse, depression, and non-communicable diseases, etc[24].



When the virus spread in Da Nang, I had to stay at home and my parents lost their jobs.



-Tien*,9,Vietnam



Credit: Save the Children

3.3 Violence against children

In the pre-pandemic era, over one billion children (aged 2–17 years) globally experienced sexual, physical, or emotional violence each year[25]. According to WHO, evidence indicates that the pandemic has increased that number in the past year[26].

Two factors can primarily explain the increased risk of violence and abuse against children. The first is parental losses of earnings and related financial pressures. Measures imposed to contain viral transmission restricted economic activity leading to millions of job losses and widespread reductions in income. The resulting financial insecurity often increased caregivers' stress levels and the likelihood of using violence against children and others within the household.

Secondly, children's increased presence at home raised their exposure to caregivers already prone to violence. The prolonged school closures also denied children access to school-based resources, including services that pupils can use to report abuse and obtain support.

Child protection, however, is a chronically underfunded sector, despite the well-known economic impacts of violence against children. It receives just 0.6% of Overseas Development Aid and 0.53% of humanitarian funding. According to the Global Status Report on Preventing Violence Against Children, while 89% of countries are committed to multisectoral action to end violence against children, and 80% of countries have a national plan in at least one sector, only 20% of countries have funded those plans. The COVID-19 pandemic is likely to squeeze already limited funding, resulting in protection systems being stretched even further[27].

In the past year, authorities have seen an increasing number of cases of violence and abuse against children in many Asia-Pacific countries. In the Philippines, a country found by UNICEF to be one of the biggest producers of child pornography, the government said that the number of online sex abuse instances against children had more than tripled under the national lockdown from 1 March to 24 May 2020[28].

Improve school-based websites so that we can attend online classes more effectively.

-Mayeesha*, 15, Bangladesh





In **Thailand**, domestic violence cases nearly doubled during its lockdown with more than 28,000 calls in March and April 2020 flooding the 24-hour helpline[29].

In **India**, the government-led Childline India Helpline received over 92,000 SOS calls on child abuse and violence in just 11 days of the country's shutdown[30], and the demand for violent content involving minors, including child pornography, jumped as much as 200 per cent, claimed by the India Child Protection Fund (ICPF) in April 2020[31].

In **Indonesia**, even prior to the pandemic, 60 per cent of children between the ages of 13 and 17 reported one form of violence (physical, psychological/emotional or sexual) during their lifetime, according to the Ministry of Women and Children's Empowerment of Indonesia[32].

In **Fiji**, law enforcement authorities recorded 1,644 cases of crimes against women and reported that children were the victims of 573 crimes in 2020[33].

PART 4. GENDERED IMPACTS ON CHILDREN

The COVID-19 pandemic has had gender-specific impacts on children. Girls, especially those from vulnerable families in low-income and poor countries, face disproportionate impacts of the pandemic. Even before the pandemic hit, the process of addressing the issues regarding girls was under threat, although we have seen improvements in girls' health, nutrition and education in recent years.

However, the pandemic has been slowing down or even reversing progress towards gender equality made over in recent decades, as is highlighted in the report '**Because We Matter: Addressing COVID-19 and Violence Against Girls in Asia-Pacific**'[34] published jointly by Save the Children and PLAN International in July 2020.



Credit: Save the Children

Adolescent girls face an especially high risk of not returning to school in South Asia, where longstanding difficulties prevent them from accessing school and completing their education. Bangladesh has the third-highest prevalence of child marriage in the world, and the second-highest absolute number of women married or in a union before the age of 18, while India has the highest absolute number of women married under 18 worldwide[37]. Girls in these two countries have experienced some of the longest complete or partial school closures: 38 weeks in Bangladesh and 47 weeks in India respectively as of January 2021, according to UNESCO[38].

As a result of school closures and other impacts of the COVID-19 pandemic, a dramatic surge in child marriage and adolescent pregnancy is expected. In its 'The Global Girlhood Report 2020: How COVID-19 is Putting Progress in Peril' Save the Children projected that an additional 2.5 million girls would be at risk of child marriage over the next five years[39]. South Asia accounts for the highest number of expected child marriages. Nearly one million girls in the region are expected to be married off while aged under 18 in the next five years.

4.1 Lost education and girl brides

For many girls, school is more than just a key to a better future. It is a lifeline. But various factors have put pressure on girls to drop out of school and permanently lose the opportunity to build a way of life that meets their aspirations. UNESCO projects that as many as 11 million girls might not return to school after the pandemic owing to its unprecedented disruption to their education[35].

As the pandemic hit the global economy hard and damaged millions of livelihoods, girls faced disproportionate challenges. These included increased household and child-caring responsibilities, early and forced marriage and/or unintended adolescent pregnancy in certain contexts, and sexual exploitation and abuse when schools were closed for a long period of time[36].



Studying online was not really effective because I had a hard time connecting to the internet and I struggled to keep up with the lesson.

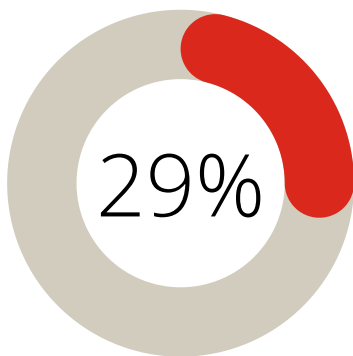
-Kanica*, 11, Cambodia



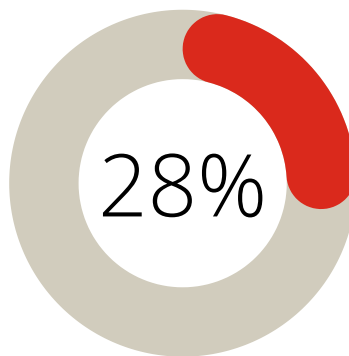
4.2 Gender-based violence against girls

The term 'gender-based violence' broadly refers to any act that is perpetrated against a person's will and is based on unequal gender norms and power relationships. Girls are also more likely to be victims of violence and abuse. Even before COVID-19, gender-based violence was a prevailing issue in many countries and the world.

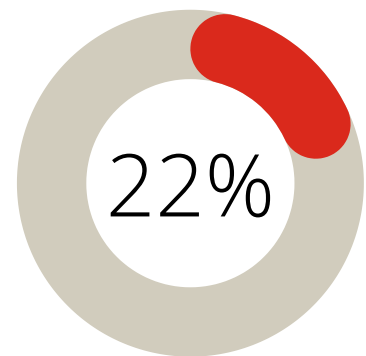
In continental Asia, Afghanistan, Bangladesh and Myanmar are the top three countries where 29%, 28% and 22% of girls experience gender-based violence respectively[40]. Elsewhere, Fiji has one of the highest rates of gender-based violence in the world. Of all sexual violence cases reviewed from 2015-2018 in this country, 73.6% of survivors were children, particularly girls[41].



Afghanistan



Bangladesh



Myanmar

Percentage of top three countries in Asia with highest rates of gender based violence

The COVID-19 pandemic has increased gender-based violence and this is projected to grow. Particularly, when schools remain closed, the risks of different forms of sexual exploitation and abuse increases for adolescent girls[42]. In Bangladesh, between January and September 2020, a total of 919 women and children were victims of rape, according to Odhikar, a local human right organization[43], and among the victims, 325 were women and 569 were children. Noticeably, the rape of children is nearly two times higher than that of adult women; and 21 women and 18 children were killed after being raped.

Children are also facing increased online violence and sexual exploitation as school closures exposed to children significantly more time online. Taking advantage of children spending more time unsupervised online, perpetrators are seeking to groom and exploit children through sexual coercion and sextortion. Girls are particularly vulnerable to online sexual exploitation and abuse where they make up 90% of children in online films, photos and other material featuring child sexual abuse[44].





PART 5. COOPERATION FOR GLOBAL RECOVERY

5.1 COVID-19 vaccines

The pandemic has already caused the loss of 4.5 million lives and disrupted billions more. Equitable access to vaccines both between and within countries, particularly to protect health care workers and those most-at-risk as a first priority, is a key way to mitigate the public health and economic impacts of the pandemic effectively and sustainably.

Although the number of vaccinations administered has been rising quickly in many countries from week to week, it is notable that many countries have still not started vaccine rollout. There are varying reasons for this, including limited supply of vaccines to meet global demand and many high-income countries securing doses at the expense of low-income countries, including the COVAX Facility, which was set up to help ensure global equitable distribution of vaccines.

As a result, many low-income countries whose vulnerable populations and high-risk groups continue to face serious risks. As shown in the following two tables, some countries in Asia-Pacific haven't started the vaccination process, and the overall pace is relatively slow.



If the treatment of Coronavirus is not found, then we will have to stay at home like this. We won't even be able to go to school.



-Shalini*, 15, India

Table 1. Countries started vaccination (as of 5 March, 2021)

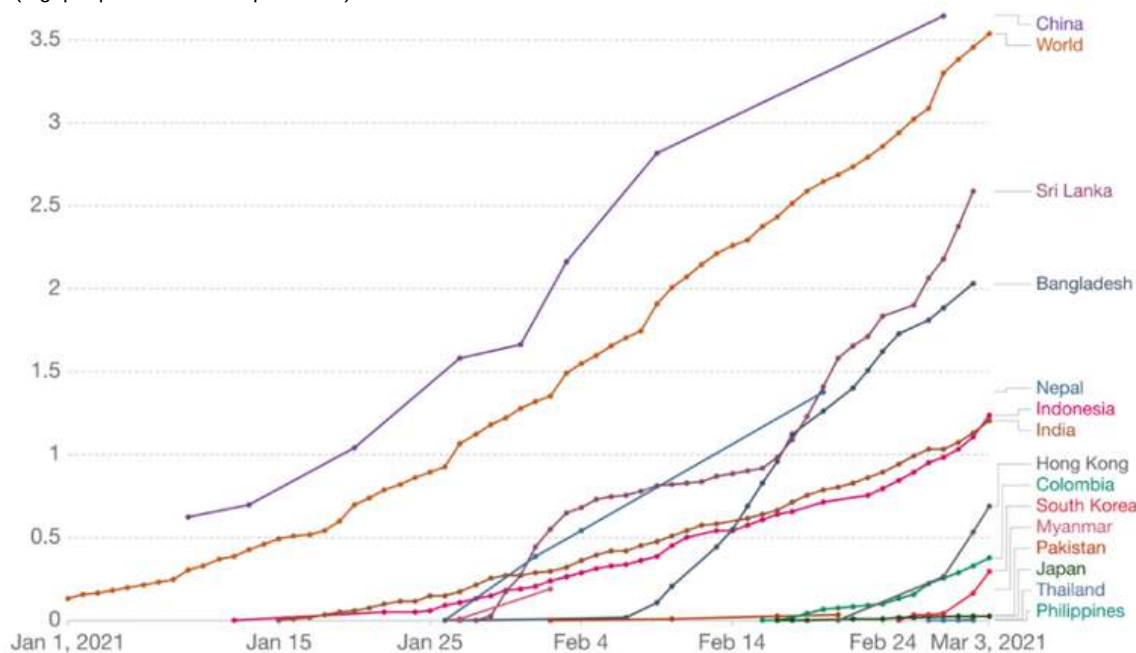
Countries	Vaccine type	Start date	Cumulative COVID-19 vaccination doses administered per 100 people	Priority groups
China⁴⁵	Sinovac Sinopharm	15 Dec, 2020	3.65	Health workers, police officers, firefighters, customs officers, cargo handlers, as well as transport and logistics workers.
Sri Lanka⁴⁶	Covishield Pfizer	28 Jan, 2021	2.59	Health workers and the tri-forces, police and security forces
Bangladesh⁴⁷	Covishield	7 Feb, 2021	2.03	Health workers, public officials and transportation workers
Nepal⁴⁸	Sinopharm Covishield	18 Feb, 2021	1.38	Health workers
Indonesia⁴⁹	Sinovac, Covishield and Novavax	14 Jan, 2021	1.24	Health workers and public officials
India⁵⁰	Covishield and Covaxin	16 Jan, 2021	1.20	First phase: health workers and frontline workers. Second phase: people above 60 and those who are above 45 with co-morbidities
Hong Kong (China)⁵¹	Sinovac Tozinameran Covishield	26 Feb, 2021	0.69	vulnerable groups and high-risk groups (e.g. elderlies, healthcare workers)

Cambodia⁵²	Sinopharm	9 Feb, 2021	0.38	Frontline health workers and government officials
Republic of Korea⁵³	Pfizer Covishield	26 Feb, 2021	0.17	Healthcare workers and the elderly
Myanmar⁵⁴	Covishield	26 Jan, 2021	0.19	Front-line health workers
Pakistan⁵⁵	Sinopharm Covishield Sputnik-V	Received shipment on 1 Feb, 2021, hasn't started yet	0.03	Front-line health workers, military
Japan⁵⁶	Pfizer	17 Feb, 2021	0.03	Frontline health workers and senior citizens
Philippine⁵⁷	Sinovac Pfizer Covishield	1 Mar 2021	<0.01	Cabinet officials, health workers, military and police personnel

Table 2. Countries haven't started vaccination (as of March, 2021)

Countries	Vaccine types	Start date	Cumulative COVID-19 vaccination doses administered per 100 people	Priority groups
Bhutan⁵⁸	Covishield	Received vaccines on 20 Jan, 2021	No data	NA
Vietnam⁵⁹	Covishield	Approved on 1 Feb, 2021	No data, but a total of 30 million doses will be imported in the first half of 2021	Frontline health staff
Laos⁶⁰	Sinopharm	Received on 9 Feb, 2021	No data	NA
Afghanistan⁶¹	Covishield Sinopharm	23 Feb, 2021	No data	Frontline health workers
Fiji⁶²	No vaccine	Expected to get vaccine by the second half of this year	No data	Frontline workers and people aged 60 years and above

This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).



Source: Official data collated by Our World in Data - Last updated 4 March, 11:43 (London time)

Figure 4: Cumulative number of COVID-19 vaccination doses administered per 100 people in Asia-Pacific

The COVID-19 pandemic requires multilateral solutions to contain the current virus and strengthen health systems for future outbreaks as well as equitable distribution of the COVID-19 vaccines. The pace at which the vaccines need to be produced and distributed with a certain priority in mind, cannot be achieved without global leadership.

The Access to COVID-19 Tools Accelerator (ACT-A) is a ground-breaking global collaboration to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines. COVAX, the vaccines pillar of ACT-A, is co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO[63].

The ACT-Accelerator was set up to contain the COVID-19 pandemic faster and more efficiently by ensuring that successful diagnostics, vaccines and treatments are shared equitably across all countries[64]. At the same time, it is supporting the building of manufacturing capabilities, and buying supply, ahead of time so that 2 billion doses can be fairly distributed by the end of 2021.

The WHO/COVAX allocation framework aims to guide global allocation decisions and ensure equitable access. Countries that engage in vaccine nationalism risk undermining this. Governments and manufacturers should support the sharing of COVID-19 health technology, related knowledge, intellectual property and data (e.g. through C-TAP), and to prioritise investment and collaboration with developing country manufacturers to increase manufacturing capacity and supply to meet global demand for vaccines.

To ensure the equitable prioritisation of vaccines in countries, the WHO Strategic Advisory Group of Experts on Immunization (SAGE) roadmap for COVID-19 vaccinations in the context of limited supply recommends prioritising front-line health workers and the elderly, followed by other vulnerable and high-risk groups. The roadmap includes teachers and school staff as a priority group of essential workers, which for the vaccine in areas with community transmission once frontline health workers and older populations are vaccinated. This will be vital for keeping education staff safe at school and to help reduce the unprecedented level of disruption to children's learning and wellbeing due to school closures.

Unless governments ensure that all population groups are included in their national COVID-19 vaccination and allocation plans, certain marginalised and vulnerable communities risk missing out – undermining wider recovery efforts. Such groups include refugees, Internally Displaced Persons, migrants, asylum-seekers, stateless persons, and other neglected communities and groups, who should be supported regardless of legal status or documentation.

5.2 Essential childhood vaccines

Obtaining routine vaccinations is extremely important in early childhood. Vaccinations not only protect children from deadly diseases, such as polio, tetanus, and diphtheria, but they also keep other children safe by eliminating or greatly decreasing dangerous diseases that used to spread from child to child. WHO recommends at least 10 vaccines that infants and children[65] should be given to protect them against 15 vaccine-preventable diseases.

However, even before the pandemic, far too many children were missing out on essential vaccinations. Some of the figures speak volumes about children's vulnerability. Nearly 25% of the world's unimmunized or partially immunized children – about 4.5 million – live in South Asia[66]. Sporadic outbreaks of vaccine-preventable diseases, including measles and diphtheria, have already been seen in parts of Bangladesh, Pakistan and Nepal[67].

Secondary impacts of the pandemic have led to disruptions to essential health services, with routine childhood immunizations are one of the worst affected services, with at least 68 countries experiencing disruptions. This could result in an estimated 80 million children being left unvaccinated following the pandemic. For example, by July 2020, Bangladesh had already suspended the national immunization day and other mass vaccination campaigns for three months[68].

Suspending essential treatments may result in outbreaks of other diseases in some countries[69]. Indeed, some children are likely to die if they cannot get these essential vaccines on time. Save the Children calls on governments and other stakeholders to work together to ensure vaccine-preventable diseases in childhood are not forgotten amid the COVID-19 pandemic response. Instead, all necessary measures should be taken to strengthen the procedures for routine childhood vaccinations, including ensuring that COVID-19 vaccine investment supports long-term sustainability and reach of other routine immunisations and health services.





5.3 Building back better health systems

Even before the pandemic struck, children faced huge health challenges. In 2019, 5.2 million children under five died, most from preventable causes[70]. More than 190 million children under five – just over a quarter of children in that age group globally – were stunted or wasted[71]. Half of the world's population did not have access to basic health services.

During the pandemic, countries have faced the impossible dilemma of having to prioritise COVID-19 and its treatment over other deadly diseases, with health resources and health workers diverted to respond to the pandemic. Hence the challenges already facing children – especially from poor and marginalised communities – have inevitably been exacerbated by the impact of the COVID-19 pandemic.

For example, local social restriction regulations in Indonesia meant that integrated health posts were closed for months and health and nutrition services have been disrupted. This increased the risk of malnutrition and outbreaks of disease among young children. A survey conducted by the Ministry of Health and UNICEF found that in nearly 84% of the reporting health facilities, immunisation services were significantly disrupted.

Strong and resilient health systems are widely recognised as critical in responding to COVID-19 and will be essential in the fight against future pandemics. Public investment in health systems is the most equitable way to finance Universal Health Coverage (UHC) and ensure financial protection for the most vulnerable people.

Despite recessions hitting donor countries as they themselves grapple with the impacts of the pandemic, development aid must continue to be a stable and transformative resource for low- and middle-income countries, supporting them to build back better from the pandemic. Financing and support from donors should be coordinated and aligned to national priorities to help build and sustain comprehensive and universal health and nutrition services. It must also help strengthen domestic resource mobilisation and health financing systems.

5.4 The not-so-green recovery

To revitalise stalled or contracting economies, governments around the world had collectively announced almost \$15 trillion in economic stimulus by February 2021 [72]. But global cooperation is also needed to ensure that the post-pandemic economic recovery is sustainable and protects the rights and futures of today's 2.2 billion children and those of generations to come.

To achieve that goal, we need to understand the crucial role such massive economic recovery efforts can play not only in reducing the risk of future pandemics but also in protecting those extraordinary investments from an even more devastating worldwide catastrophe.

COVID-19 is the latest in a long series of viruses of animal origin to cause a major outbreak of the disease in humans – a series that includes HIV (linked to monkeys and chimpanzees), swine flu (pigs), SARS (bats), MERS (camels), and Ebola (primates). It is suspected that COVID-19 – a novel coronavirus similar to SARS and MERS – originated in bats.

As Save the Children highlighted in its report '[COVID-19 Pandemic: Lessons from Asia-Pacific](#)' [73] in July 2020, numerous scientific studies have found that the number of emerging infectious diseases had increased significantly in recent decades [74]. More than 60% of such diseases were of animal origin – zoonotic diseases – and the majority of these were from wildlife. WHO notes that in the past decade as many as 75% of infectious diseases in humans were of zoonotic origin [75].

Scientists point to a combination of factors to explain this, including population growth and rapid urbanisation. But a key factor is the increased interactions between people and wildlife, primarily driven by human disruption of the natural environment through activities such as deforestation, as well as different kinds of pollution. Such activities lead to loss of natural habitats, disruption of ecosystems, and the forced migration of wildlife (or their capture for trade and consumption).

Another factor disrupting nature and making outbreaks of disease more likely is climate change, driven by humanity's emissions of carbon dioxide and other greenhouse gases that, without radical reductions, threaten a planetary catastrophe.

Credit: Pitoyo Susanto/Save the Children



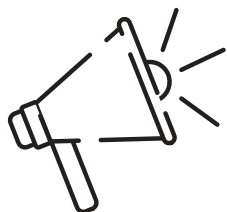
Among other responses to the climate and nature crisis, Save the Children supports children and youth campaigning to protect their rights and futures from such threats[76].

Such considerations have already prompted numerous governments to call for a green pandemic recovery that accelerates economic decarbonisation and restores nature. An Oxford University study, whose research team included Nobel-prize winning economist, Joseph Stiglitz, showed that such an approach would also be better for jobs and growth than traditional stimulus practices[77].

However, an analysis of G20 countries and 10 other national economies published in February 2021 showed that out of the total \$14.9 trillion in stimulus announced so far, \$4.6 trillion was being spent on sectors that have a negative impact on climate and biodiversity such as agriculture, carbon-based energy, and transport. The Greenness of Stimulus Index published by think tank Vivid Economics found that less than \$1.8 trillion of the stimulus spending had been "green". Perversely, today's pandemic recovery is making future crises more likely.

Recent announcements by some governments, including in Western Europe, the US, Canada, China, Japan, and the Republic of Korea, offer some hope, although contradictory investments in sectors such as coal undermine some countries' positive efforts. Collectively, the world needs to take far bolder and more consistent actions to accelerate environmental restoration and economic decarbonisation and ensure that the unprecedented sums being spent today do not sow the seeds of future crises.





RECOMMENDATIONS

Governments must prioritise school reopening and support every child to return to school, including boys and girls from marginalised and vulnerable groups, when it safe to do so. We will ultimately win the battle against the virus but will lose the war against the pandemic for a generation if we do not ensure that children return to school safely and receive appropriate remedial support to make up for lost learning.

Governments must create targeted interventions and expand social protection to help keep children in school, particularly the most marginalised groups of children who are at highest risk of dropping out. Social protection measures, such as cash transfers, school feeding, school grants and so on, should be scaled up and gender-sensitive by targeting the most marginalised and deprived ones.

Governments and communities must uphold the continuity of protection services, especially for girls and young women, with specific reference to updating sexual and gender-based violence and other gender-related reporting and referral pathways. COVID-19 intervention should not compromise and decrease the commitments and investments made to child protection and girls' empowerment in Asia-Pacific.

Governments should prioritise the equitable rollout of vaccination, following the WHO SAGE roadmap. The SAGE roadmap lists teachers and school staff as a priority group once frontline health workers and older populations are vaccinated. This will be vital for keeping education staff safe at school and help reduce the unprecedented level of disruption to children's learning and wellbeing due to school closures. National governments should follow the WHO SAGE roadmap to guide decisions on vaccine prioritisation within their country and develop national plans, including ensuring that all population groups are included in their plans.

Governments must ensure routine health and nutrition services, including immunization and childhood vaccination, are not disrupted by the COVID-19. Governments should also ensure COVID-19 vaccine investment supports the long-term sustainability and reach of other routine services.

Backed by the donor community, governments should increase domestic public investment in strong and resilient health and nutrition systems. This is critical in preparing for and responding to public health emergencies, amid wider efforts to deliver good-quality essential services for all, as part of universal health coverage.

International financial institutions and donors must increase development assistance allocations and expand debt relief for the most financially constrained countries. Increased financial support and debt relief will enable the governments to expand social protection programmes and social safety nets for vulnerable and marginalised households, and sustain inclusive education for all children, including resources for expanding internet connectivity and access as a public good.

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- Alice*, I 2, Myanmar