

Beyond Masks

Societal impacts of COVID-19
and accelerated solutions for
children and adolescents

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Introduction and scope

The end of 2019 marked the advent of the global COVID-19 pandemic, which is affecting every country and continent of the world with illness, isolation and death. Measures to contain the pandemic have and are resulting in rising economic hardship and unemployment, movement restrictions, misery, hope, and a flurry of government and society reaction. Hard-pressed health facilities have struggled to cope with the mortality and morbidity caused by the pandemic. The sudden shock and the short-, medium- and long-term ramifications on economies and societies are still unfolding as new waves of infection ripple through Europe, the United States and elsewhere.

The impact of the COVID-19 pandemic on children is still unfolding

Children remain at profound risk of the direct and indirect consequences of COVID-19. While children have been found to fare better than adults in terms of the physical effects of the virus,¹ the psychosocial and economic impacts are still unfolding. The more we learn, however, the clearer it becomes that children are greatly affected by the pandemic in all aspects of their lives.

This review explores the societal impacts of the pandemic on children, drawing on the existing literature – both of COVID-19 and other health crises – to guide child-sensitive responses. It also focuses on effective and feasible interventions, providing insight into the diverse domains of children’s lives that can be affected and which will require attention and action. In so doing, the report aims to support governments, practitioners, development partners, young people, academia and societies at large with reliable evidence and possible solutions to mitigate the impacts of COVID-19 on children during this turbulent period.

This report provides an overarching appraisal of the impacts of and responses for COVID-19 on children and adolescents, and their families and communities. The authors have sought to apply as wide a lens as possible to cover the diverse realities and experiences of children today. However, the rapid nature of the review means a fully in-depth review of each theme and topic was not possible. The document aims to provide a landscape review to inform national COVID-19 response

plans and country instruments to ensure the continued advancement of the rights of children across nations and contexts. It is linked to several detailed reviews and analyses undertaken by the UNICEF Innocenti Research Centre which address specific outcomes for children in domains such as child protection, violence, poverty, mental health, education and others. For more detailed reviews of these topics, please see relevant reports in the UNICEF Innocenti COVID-19 publication series in Figure 3 on page 16 and at www.unicef-irc.org.

At the time of writing this report, the state of the COVID-19-specific evidence was limited. While there are many opinion pieces and small-scale studies on the ramifications of the pandemic on children, the research literature is largely concentrated on adult experiences. There is also a large body of research focusing on the biomedical impact on children,² but less on the psychosocial impacts.

This report was developed in the early days of understanding the impact of COVID-19 on the lifecycle of the child: in pregnancy, infancy, childhood and adolescence.³ In pregnancy, it is important to look at infection and physical symptoms⁴ as well as long-term outcomes.⁵ For children generally, the psychosocial impact of COVID-19 is becoming clearer,⁶ along with economic burden and high financial losses at a family and community level.⁷ From children’s perspectives, some of the biggest impacts are likely to result from school closures and enforced and prolonged domestic lockdown cutting off access to peers, leisure activities and alternative sources of caregiving.



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The pandemic is exacerbating pre-existing vulnerabilities for marginalized and disadvantaged children and families

The emerging evidence suggests that COVID-19 is causing heightened vulnerability to poor child outcomes among those who are already marginalized or disadvantaged. The pandemic does not occur in a vacuum but impacts most in communities where there are pre-existing vulnerabilities, inadequacies, shortages and

shortcomings. The literature on previous health crises describes elevated vulnerability among those families already experiencing mental health problems, experiencing substance abuse problems, living in poverty, in poor housing, experiencing food insecurity, experiencing social marginalization, with limited access to healthcare and quality social services, and with multiple risks.⁸ Even where provisions exist, such as universal health-care services or social infrastructure, these may be strained, diverted or destroyed.⁹

Methods and analytic framework

OVERVIEW

The framework in *Figure 1* presents a simple depiction of the potential impact of COVID-19 on children. Recognizing Bronfenbrenner’s¹⁰ seminal **socio-ecological** framing, children exposed to the pandemic are situated within families and communities. A multi-level social ecology around the child gives rise to determinants that contribute to both pre-existing vulnerabilities as well as resilience.

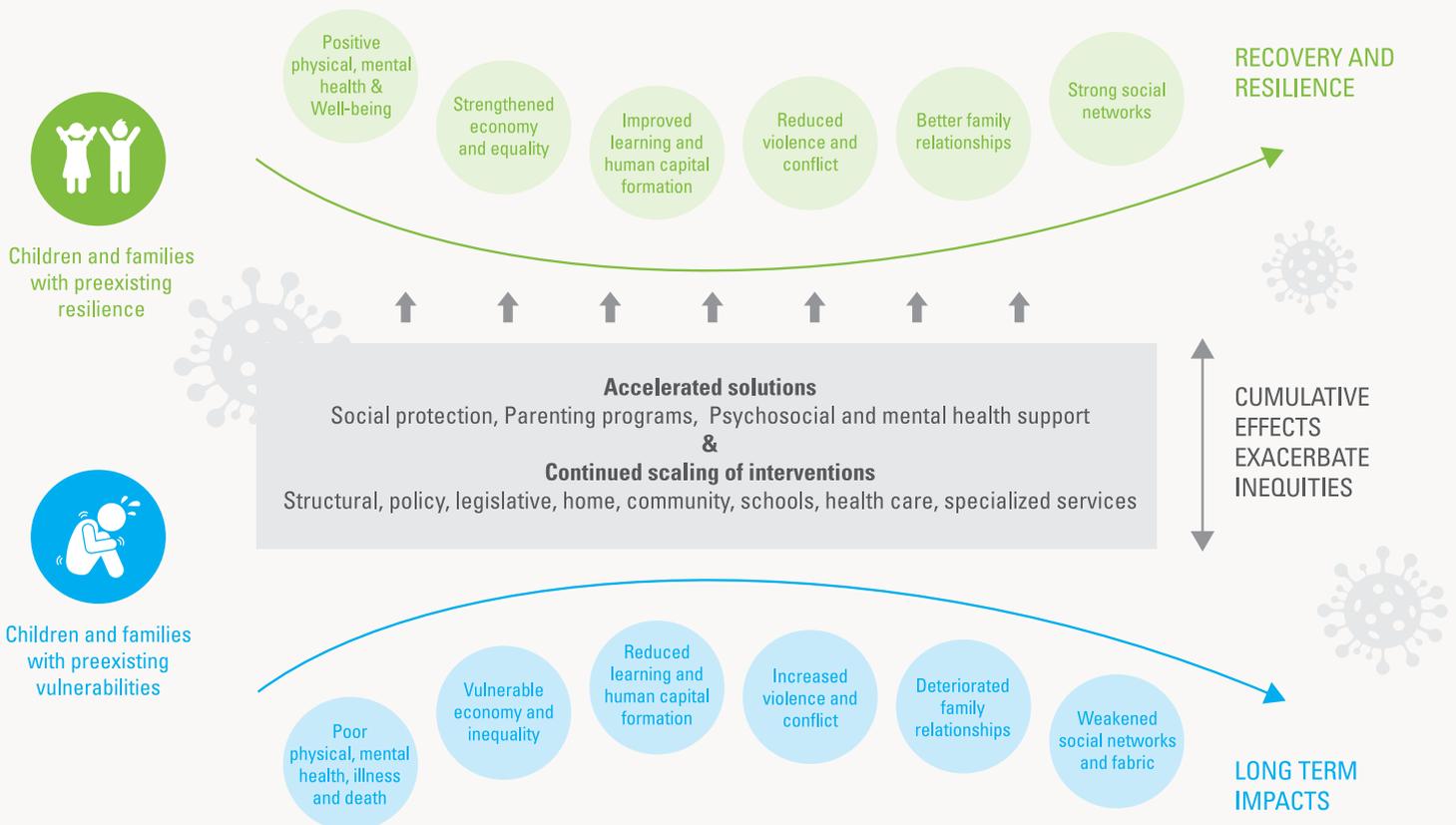
Over time and as the pandemic unfolds, children are subject to multiple influences across their **life-course**¹¹ giving rise to positive and negative trajectories – depicted by the green and blue arrows. Elder’s work on the life course has contributed to understanding the history and timing of influences on children’s experiences, the nature of cumulative risks and opportunities and recognizing the appropriate ages and stages during which events and interventions may have greatest impact on children’s development and well-being.

Six life domains are identified, and which form the structure of the report– physical and mental health and wellbeing; economy and equality; learning and human capital formation; violence and conflict; family relationships and lastly social networks. Progress in these six domains can be improved through accelerated solutions as well as continued scaling of interventions as depicted in the grey box.

The **Social Determinants Approach**¹² developed by Marmot and colleagues recognizes that inequities do not arise by chance. With structural determinants intersecting, action is required across multiple sectors to tackle these drivers of inequities. Interventions described as accelerators promote multiple drivers for maximal impact, thereby aggressively reducing the gap between the blue and green trajectories, and ultimately contributing to reduced inequalities.

The initial findings were compiled in July 2020 in response to the urgent need to better understand the

Figure 1. Societal impacts of COVID-19 can contribute to inequalities in child well-being



Note: These infographics are meant to be illustrative only. The impacts vary considerably depending on the context in which they occur, and the specific characteristics of exposures and impacts. These images do not imply strength of association nor causality.



Sarah Jannat Iqbal,
an 11-year-old student from
Sheffield (UK),

designed and conducted an online survey via Google Forms, comprising 15 questions on the social, emotional, physical health and educational impacts of the lockdown and the COVID-19 situation on children and adolescents. Her aim was to ensure that young people's experiences were understood and heard by policymakers. One hundred and sixty-two students (60 per cent female; ages 5–15) participated in the survey, which was distributed via teachers and sharing on social media between April and May 2020.



98% of children and adolescents were confined to the house during lockdown, with 90 per cent staying with one or both parents

82% indicated socially missing friends and relatives during the time of the lockdown, with 43 per cent staying in touch via their phone or social media.

Regarding mental health, 72 per cent indicated they were “concerned or worried”, and 13 per cent said they were scared, though 15 per cent indicated not being bothered by the situation. Seventy-five per cent were worried that they themselves, their family or their friends may get ill from coronavirus, and 31 per cent worried about dying as a result.

There were significant impacts on physical health behaviours, with 47 per cent of young people engaging in no or minimal exercise, 55 per cent snacking more than usual and 24 per cent indicating having gained weight. Ninety-three per cent also stated their daily screen time had increased, for educational or entertainment purposes, or both. However, more than half of children and adolescents also engaged regularly in exercise with their family (34 per cent) or via online sessions (17 per cent).

88% of students felt the lockdown affected their education, despite 74 per cent receiving home or online education. Eighty-three per cent missed seeing their friends and social activities in school – but although they were generally keen to go back, 52 per cent only wanted to return once the virus had completely gone away. Among those sitting exams specifically, 72 per cent indicated feeling concerned, worried or sad, but 28 per cent were happy not to be experiencing exam stress.

impact of COVID-19 on children. Since then, more research has become available which this review is unable to capture. Given that the pandemic was still in its infancy then, it was important to use existing knowledge of previous pandemics, while placing a premium on the quality of evidence, including prioritizing gold standard evidence. The authors also incorporated qualitative insights, including first-person testimony from children and adolescents, to better understand the evolving impact of COVID-19 on them. Given the very rapid timeline, the review was unable to examine evidence in languages beyond English.

Our methods combine detailed literature reviews and primary research with children and adolescents. The evidence is synthesized from previous challenges from infectious diseases such as Ebola, Zika, Middle East respiratory syndrome (MERS) and human immunodeficiency virus (HIV); poverty, child development and socio-economic analyses; generalized insights, effective interventions, and scaled responses to inform child-sensitive

COVID-19 responses. Given the broad scope of this review – societal impacts and interventions for children, families and communities – and the need for expediency, we did not use a full systematic review, meta-analysis or GRADE method for assessing the quality of evidence.

EVIDENCE REVIEWS

Guiding principles

This review has two guiding principles: **evidence-based** and **solution-focused**. Each of its sections is structured with a summary of the evidence base for impacts on children and adolescents, followed by a summary of the current good evidence for effective solutions. At the beginning of each section is an ‘at a glance’ evidence matrix. This provides a swift and focused comparison of key proven and promising interventions and their impacts on children and adolescents across various COVID-19-affected areas.

Process

First, the authors conceptualized the impacts of COVID-19, as described in *Figure 1*. This helped to focus in on areas of important impact. Second, a team of researchers with specific subject expertise in evidence from low- and middle-income countries from the United Kingdom Research and Innovation's Global Challenges Research Fund (UKRI GCRF) Accelerate Hub conducted evidence syntheses on each focus area through literature reviews (see front inside cover for contributors). Although systematic reviews serve an important purpose in public health and other disciplines, the deadly and urgent nature of this pandemic required the review of multiple distinct areas of social impact and interventions in a very short timescale. Consequently, the authors collaborated with various experts to conduct literature reviews in their areas of expertise: identifying experts in the field from the Global South and North, and utilizing their expertise, reviewing and writing skills. This is an effective strategy for addressing the need for rapid high-quality evidence and allowed high-level subject expertise from experts who are engaged directly in the COVID-19 response. The review and writing process incorporated the following processes:

- ▶ In-depth literature reviews (including both published and grey literature) for each area on impacts and solutions.
- ▶ Contributors used keyword searches and systematic reviews of relevant databases, prioritizing randomized controlled trials and high-quality controlled studies or pre-post studies, including:
 - available evidence from the current COVID-19 pandemic;
 - evidence from prior epidemics: HIV/acquired immunodeficiency syndrome (AIDS), tuberculosis (TB), Ebola and Zika;
 - evidence from low-resource settings and contexts of weak service infrastructure; and
 - evidence from new digital technologies.
- ▶ Interventions were then synthesized across reviews, tabulated for each theme area and combined across theme areas to provide swift evidence summaries.
- ▶ Cross-review synthesis was conducted to identify shared and differing outcomes and solutions.

Accelerator solutions are proven to address multiple societal impacts of crises on children and adolescents

With the COVID-19 having multiple societal impacts, it may become essential to move away from searching for interventions that improve one outcome at a time for children and adolescents.¹³ When the goal is to improve multiple outcomes that have been affected

by the COVID-19 pandemic, it is best to search for interventions that improve these multiple outcomes simultaneously or at least a few at a time.¹⁴

'Development accelerators' are provisions, interventions or policies which improve multiple target outcomes. The idea was proposed by the United Nations Development Programme (UNDP) as it considered how countries with limited resources could approach improving the many targets outlined in the Sustainable Development Goals (SDGs).¹⁵ This approach may become even more relevant today as we need to rapidly respond to challenges on multiple fronts in the recovery from COVID-19.

Searching for accelerators requires us to take a step back and consider common causes of COVID-19-related challenges. For example, if we seek to help students return to school, we may think of providing books and stationery; if we seek to improve access to healthcare, vouchers for travel; and food baskets to address nutrition. But if we step back, we may think of cash transfers to amplify the impacts across the range of outcomes. At times, the search for accelerators requires us to consider what combination of interventions is required. Individuals, families and communities may be struggling in multiple interacting ways and only a package of interventions will lead to improvements.

Evidence from the HIV/AIDS pandemic suggests the potential of accelerators for groups of children and adolescents living with chronic, stigmatized illness and in sustained poverty. Identified accelerators were cash transfers, good parenting (in particular, good monitoring and supervision by primary caregivers), mental health and psychosocial support, and safe and quality education environments, with some evidence for school nutrition services. Each one of these showed prospective associations with improved outcomes across three or more domains of child well being covered in this report. These are set out in the *Figure 2* on page 8 for the impacts of cash transfers, safe and quality education and positive parenting and other interventions.

For this review, we re-ran primary analyses (led by Professor M. Orkin) to estimate impacts of cash transfers and positive parenting in combination, with the consideration of COVID-19-related movement restrictions that limit many children's access to school-based provisions. With the combination of these two key evidence-based provisions, we see positive impacts across eight COVID-19-related outcomes: child abuse, substance abuse, mental health, retention in HIV care, school progression, high-risk sex, and violence victimization and perpetration.



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We also see similar impacts of combined social protection and sexual reproductive health mentoring/support in the Ebola epidemic. Evidence from a World Bank randomized trial of the BRAC intervention in Sierra Leone found positive impacts on seven challenges shared with COVID-19, including sexual exploitation, school enrolment and literacy. Further work is essential to examine whether and how these identified accelerators work when systems of service delivery at the government or community level are unable to function due to COVID-19 restrictions.

Effectiveness and feasibility of solutions

Emergency responses often have less robust evidence, due to urgency and concerns about the ethical implications of research methods such as randomized trials in these contexts. However, COVID-19 has shifted from what was initially thought of as a short-term crisis into a longer-term global challenge, with likely future pandemics to follow. This emphasizes the necessity to collect monitoring and evaluation data, and to build in evaluation wherever possible. In situations where randomized trials are not possible, quasi-experimental techniques can provide valuable evidence. In prior epidemics, such as Ebola and Zika, qualitative and ethnographic research was vital in understanding where public health interventions were failing and identifying points of entry for successful prevention and response services.

COVID-19 requires rapidly implementing new initiatives,

or initiatives in new contexts, for instance introducing psychosocial and educational programmes to support children returning to schools.¹⁷ COVID-19 also requires adapting existing programmes and services, such as moving education and parenting support to online and mobile tools to reduce in-person interactions.¹⁸ As pandemic stages and guidance shift, services may undergo multiple cycles of change, while also being constrained by reduced resources.¹⁹ It will be important to conduct real-time implementation research on factors that can promote and hinder effective implementation using COVID-19-adapted delivery platforms, such as staff training and leadership support.^{20 21 22} Implementation research and related fields also provide tools for generating “**practice-based evidence**”,²³ for example, through plan–do–study–act cycles that support continuous quality improvement.²⁴ Guidance is also available on how to systematically spread and scale interventions to reach wider populations and embed in existing delivery systems.^{25 26 27} Remote delivery can provide new opportunities for routine digital data collection, also reducing the burden on practitioners,²⁸ although this is likely to be more feasible for some challenges and less for others. At the same time, where possible, there is real value in including community members and staff delivering services in studying and improving implementation to create collaborative and actionable knowledge.

Youth voices

The review incorporates and triangulates child, adolescent and youth voices in three ways. First, we reviewed

available literature on children’s voices during the pandemic, including original research conducted with and by children themselves.²⁹ A keyword search of grey literature focusing on child and adolescent experiences within COVID-19, and child-led research focusing on COVID-19, were undertaken across multiple search engines. Two researchers screened report titles for inclusion within this overview. Full-text manuscripts of relevant reports were then screened and themes emerging, inclusive of demonstrative quotes, were collated.

Second, we conducted primary research, led by Dr Lesley Gittings, with South African adolescents and young adults (n = 12, ages 18–25) who are members of teen advisory groups (ethical approval University of Cape Town HREC226/2017, University of Oxford IDREC R48876/RE002 and R48876/RE003). Telephone, in-depth, semi-structured interviews to discuss the experiences and challenges of COVID-19 were conducted in 2020 during the time when South Africa was under full lockdown. Child and adolescent inputs, from the sources above, collaborated throughout the review to triangu-

late, support, interrogate and question the emerging evidence base.

Building research capacity

An important part of our response to COVID-19 is to build capacity in low- and middle-income country (LMIC) settings to respond to health crises using the best-quality evidence.³⁰ This report actively engages early-career researchers from 12 low- and middle-income countries (LMICs) in three regions who conducted subject-specific reviews and contributed to writing and analysis, as well as senior researchers from the United Kingdom Research and Innovation’s Global Challenge Research Fund (UKRI GCRF) Accelerate Hub. By building knowledge, capacity and youth involvement, this report aims in its own design to contribute to this global effort.

Limitations and caveats of the analysis

The rapid methodology of the review focuses on short-term effects and responses, and is best viewed as a guide to the potential societal risks that children are facing and corresponding options for policy responses

This document reflects a rapid literature review conducted in July 2020, supplemented by reviews from UNICEF staff and others in August-October 2020. Much of the content was generated by an extensive consultation with a wide range of researchers working with the United Kingdom Research and Innovation’s Global Challenge Research Fund (UKRI GCRF) Accelerate Hub, which provides rapid and robust insight. As such it gathers together an array of evidence that can be useful for policymakers and other key stakeholders in ensuring that responses to the COVID-19 crisis are increasingly child responsive. Given the rapidity of the study, it does not meet the methodological rigour of systematic review or GRADE analysis.

Caution is needed when applying the analysis and argumentation to the local context. The very rapid review methodology employed is not without limitations and focuses on short-term effects and responses. The scope was necessarily broad given the multiple ways in which the pandemic affects children, but some areas will deserve attention beyond the scope of this review. In other areas, the available evidence (See Figure 3 for UNICEF Office of Research-Innocenti’s research on COVID-19 and children, and a link to its new research library on this theme.) at the time of writing and review was patchy, and consequently some recommendations are based on a narrow knowledge base. As the crisis continues and the global situation evolves and oscillates, longer-term strategies will need to be incorporated.

The document’s purpose is to serve as a springboard for discussion and action, and there are already many other bodies of learning in health, education,

protection and other aspects of child rights and well-being that will need to be applied to action with greater depth and consideration.

Given the newness of the pandemic and its rapid evolution, part of the early literature was speculative in nature and knowledge will grow with experience and empirical evidence. Early insights are also limited as the pandemic evolves and changes and subsequent outcomes may alter effects or result in effects which were not evident early on. And although other pandemics can provide insight, there are obvious limitations as each pandemic differs in multiple ways.

Figure 3. What we have learned: UNICEF Office of Research-Innocenti Publications on Societal Impacts of COVID-19 on Children and Adolescents and the UNICEF Innocenti Children and COVID-19 Research Library

The Beyond Masks report complements detailed reviews undertaken by UNICEF Office of Research-Innocenti and others that address outcomes for child in domains such as education, health, parenting, child protection, social protection, digital engagement, mental health, ethics and other themes. The publications listed show the broad range of research undertaken by UNICEF Innocenti on COVID-19 and its impacts and implications for children in 2020 and up

to the time of this report's release in mid-November 2020. A wider selection of relevant publications, including UNICEF Innocenti's joint collaborations with other organizations, can be found on UNICEF Innocenti's curated Children and COVID-19 Research library, a database dedicated to collecting the best research from around the world on COVID-19 and its impacts on children and adolescents <<https://www.unicef-irc.org/covid-children-library/>>

Theme and Title	Publication Type	Link
EDUCATION		
COVID-19: How prepared are global education systems for future crises?	Research Brief	< https://www.unicef-irc.org/publications/1138-covid-19-how-prepared-are-global-education-systems-for-future-crises.html >
COVID-19: A reason to double down on investments in pre-primary education	Working Paper	< https://www.unicef-irc.org/publications/1137-covid-19-a-reason-to-double-down-on-investments-in-pre-primary-education.html >
COVID-19: How are countries preparing to mitigate the learning loss as schools reopen? Trends and emerging good practices to support the most vulnerable	Research Brief	< https://www.unicef-irc.org/publications/1119-covid-19-how-are-countries-preparing-to-mitigate-the-learning-loss-as-they-reopen.html >
COVID-19: Effect of school closures on foundational skills and promising practices for monitoring and mitigating learning loss	Working Paper	< https://www.unicef-irc.org/publications/1144-covid19-effects-of-school-closures-on-foundational-skills-and-promising-practices.html >
Promising practices for equitable remote learning: Emerging lessons from COVID-19 education responses in 127 countries	Research Brief	< https://www.unicef-irc.org/publications/1090-promising-practices-for-equitable-remote-learning-emerging-lessons-from-covid.html >
What we have learned: Overview of findings from a survey of Ministries of Education on national responses to COVID-19	Interagency Report	< https://www.unicef-irc.org/events/what-have-we-learnt-overview-of-findings-from-a-survey-of-ministries-of-education-on-national-responses-to-covid-19.html >
CHILD PROTECTION		
Impacts of Pandemics and Epidemics on Child Protection: Lessons Learned from a rapid review in the context of COVID-19	Research Brief	< https://www.unicef-irc.org/publications/1103-brief-impacts-of-pandemics-and-epidemics-on-child-protection-lessons-learned-review.html >
Impacts of Pandemics and Epidemics on Child Protection: Lessons Learned from a rapid review in the context of COVID-19	Working Paper	< https://www.unicef-irc.org/publications/1137-covid-19-a-reason-to-double-down-on-investments-in-pre-primary-education.html >
HEALTH		
Does COVID-19 affect the health of Children and Young People more than we thought; The case for disaggregated data to inform action	Research Brief	< https://www.unicef-irc.org/publications/1108-does-covid-19-affect-the-health-of-children-and-young-people-more-than-we-thought.html >
The Evolving Epidemiologic and Clinical Picture of SARS-COV-2 and COVID-19 Diseases in Children and Young People	Working Paper	< https://www.unicef-irc.org/publications/1107-the-evolving-epidemiologic-and-clinical-picture-of-sars-cov-2-and-covid-19-disease.html >
PARENTING		
Childcare in a Global Crisis: The impact of COVID-19 on work and family life	Research Brief	< https://www.unicef-irc.org/publications/1109-childcare-in-a-global-crisis-the-impact-of-covid-19-on-work-and-family-life.html >
Parental Engagement in Children's Learning: Insights for remote learning response during COVID-19	Research Brief	< https://www.unicef-irc.org/publications/1091-parental-engagement-in-childrens-learning.html >
SOCIAL PROTECTION		
Supporting Families and Children beyond COVID-19: Social protection in Southern and Eastern Europe and Central Asia	Research Report	< https://www.unicef-irc.org/publications/1139-supporting-families-and-children-beyond-covid-19-in-eca-countries.html >
A rapid review of economic policy and social protection responses to health and economic crises and their effects on children: Lessons for the COVID-19 pandemic response	Research Report	< https://www.unicef-irc.org/publications/1139-supporting-families-and-children-beyond-covid-19-in-eca-countries.html >
ETHICS		
Ethical Considerations for Evidence Generation involving Children in the COVID-19 Pandemic	Discussion Paper	< https://www.unicef-irc.org/publications/1086-ethical-considerations-for-evidence-generation-involving-children-on-the-covid-19.html >
Ethics and Digital Contact Tracing and Surveillance	Working Paper	< https://www.unicef-irc.org/publications/1096-digital-contact-tracing-surveillance-covid-19-response-child-specific-issues-iwp.html >
Ethics and Digital Contact Tracing and Surveillance	Research Brief	< https://www.unicef-irc.org/publications/1098-digital-contact-tracing-surveillance-covid-19-response-child-specific-issues-irb.html >
MULTIDIMENSIONAL		
COVID-19 and Children, in the North and in the South	Discussion Paper	< https://www.unicef-irc.org/publications/1087-covid-19-and-children-in-the-north-and-the-south.html >



Health and well-being

EVIDENCE-BASED INTERVENTIONS	IMPACTS OF COVID-19			
	Social health			
	Illness & loss	Health service access	Sexual health	Mental health
Social protection		●	●	●
Parenting programs		●	●	●
Food & nutrition programs		●		
Mental health support	●	●		●
Multi-month prescriptions		●	●	
Violence programing			●	

At-a-glance: proven and promising solutions to the impacts of COVID-19

COVID-19 ADAPTED DELIVERY PLATFORMS	
	Social health
Digital/phone-based support	●
Inclusion with emergency relief (i.e. food)	●
Inclusion with essential services	●

Legend: ● Especially strong evidence ● Good initial evidence

Survival and physical health



“

Our lives are all at risk, we need to just stay at home, be in our houses. As soon as you feel anything strange, sore throat or anything you need to run and go to the clinic. Even when you get to the clinic, when you are there you will be with people who are sick, you are just putting yourself in a worse situation.

”

(Young woman, South Africa, primary data)

OVERVIEW

Children can both be infected by and transmit the SARS-CoV2 virus

SARS-CoV2 – which causes the disease COVID-19 – is an airborne virus with high infectivity rate. Infection can carry a severe toll,³¹ with variable burden from asymptomatic carriers, through mild, severe and acute illness with well-established respiratory assault and fatality and lingering symptoms. Emerging data highlight that some groups in some countries are particularly burdened based on age distribution, pre-existing health conditions, social and economic factors, and race and other vulnerability factors.

The literature on children is more piecemeal, but consistently has accounts of lower infection, lower severity and rare fatality.³² However, there are numerous accounts of paediatric burden showing children can both be infected by and spread the virus.³³ A review of 24 studies showed that children were less affected in terms of infection susceptibility and, as a result of asymptomatic or mild infection, there is limited medical attention or focus even as the number of paediatric cases rises globally.³⁴

COVID-19 response may crowd out access to regular child-related healthcare services such as immunization and maternal and newborn care

The diversion of attention to the COVID-19 response has also affected children as access to usual services and support/caring pathways is disrupted. Hygiene and handwashing (including water, sanitation and hygiene (WASH) services) are also of immense importance in the COVID-19 response but are beyond the scope of this social impacts report – although we discuss in detail the needs for adaptation of WASH for children and adolescents with disabilities in the section on human capital.

Greater attention is required to understand the full impact of hospitalization and illness on children, and of illness and death among their caregivers, relatives and community

While there is an emerging understanding of paediatric illness and a growing science around treatment, the insight into child burden has a biomedical skew, with less contemplation of the psychosocial ramifications on those in the first decades of life. For the few children who are ill, the impact of hospitalization and illness



“

COVID-19 is becoming a religious issue in India, with blame being directed towards Muslim communities for causing the pandemic in the country.

”

(Girl, India)

needs understanding. In addition, illness burden and death among their caregivers, relatives and community will affect them with long-term consequences.

Lessons from both HIV and Ebola show that attention needs to be paid to such intergenerational shifts. For example, HIV and AIDS resulted in a high death toll of young parents, and grandparents were often brought in to provide care.³⁵ COVID-19 may also affect family structure and function where the elderly relatives are disproportionately vulnerable and care involvement between grandparents and children may be disrupted or altered.

It is also important to consider and anticipate stigma associated with COVID-19 infection and perhaps illness. For example, in some cities, healthcare workers are shunned as people fear their exposure. In others, when data suggest higher concentrations of disease in population subgroups, this may result in population avoidance of such subgroups. These misguided reactions to emerging data need to be addressed. Stigma is often associated with distancing that occurs in society between those with and without illness.³⁶ Social reactions of judgement, distancing and avoidance are often fed by fears of contagion, links between groupings and illness vulnerability and pre-existing societal judgements, blame, and self-protection.³⁷

PROVEN AND PROMISING INTERVENTIONS

There is some evidence in the disaster literature that parents and caregivers can be taught to provide mental health support for their child in the aftermath of a sudden-onset crisis.³⁸ Interventions used for example in HIV and Ebola included widespread high-level campaigns for dispelling myths, providing accurate information and endorsing appropriate reactions. There are various interventions operating at an individual, household and community (school particularly) level looking at reducing stigma and enhancing acceptability and compassion. However, the evidence base remains limited for children and adolescents.³⁹ For bereavement interventions, there is good evidence on bereavement-specific group work.⁴⁰ New, specifically COVID-19-focused work has resulted in helpful guides for communication with children about illness and bereavement, based on available evidence.⁴¹



Access to health services and adequate nutrition

The current evidence indicates that the direct health impact of COVID-19 on children and adolescents is generally lower than for adults, but there are worrying signs that young adults are increasingly at risk of infection

There is a growing body of evidence, although mostly from high-income countries (HICs), that children and adolescents are at lower risk than adults of both contracting COVID-19 and experiencing severe illness or mortality if infected. But this situation is constantly evolving, and our knowledge of the epidemiological impact is severely limited by low testing rates among young people.

While the pandemic continues to rage, several key considerations are important when children and adolescents fall ill. Local, regional and national responses to the COVID-19 pandemic have resulted in overburdened healthcare systems, disruptions in healthcare provision and redirected resources. Examples such as disrupted access to immunization provision may have long-reaching ramifications. Immunization will be more costly to deliver given COVID-19 safety requirements, but a recent modelling paper for Africa estimates that the prevention of child deaths from the continuation of routine immunization will far outweigh mortality risks due to COVID-19.⁴² Catch-up approaches will be needed for delayed schedulable services such as immunization and micronutrient supplementation. Restoring and revitalizing essential health services must be a key element of the response to the pandemic and to prepare health systems for an eventual vaccine.

Patterns of infection are quite different across different geographies⁴³ with more COVID-19 impact on children⁴⁴ than originally thought. There is a need for child- and adolescent-specific data that can provide a better picture of the health impact of COVID-19 on children and young people and inform the response.⁴⁵ Such data are often not available, and this creates a primary stumbling block. For example, during the HIV epidemic, data were collected for the age group 15–24 years. This has had the long-term problem of conflating adolescents (15–19) with young adults (20–24) and may have blurred specific needs.

Poor and disadvantaged children are at nutritional risk during the COVID-19 pandemic. School closure is interrupting school food and nutrition programmes. Lock-down and isolation may limit food distribution opportunities directly and reduce family income and the ability to purchase food indirectly. National policies may interfere with the general food delivery pathways, interrupting sup-

ply and affecting prices and thus affordability. With food security linked to child cognitive performance⁴⁶ as well physical aspects of well-being, it is imperative that poor and disadvantaged children and adolescents receive interventions such as cash transfers and nutritious affordable or free meals to support their nutrition and growth.

Children living with HIV and other chronic illnesses could be particularly at risk from COVID-19

Children living with HIV may be particularly at risk from the COVID pandemic.⁴⁷ Preliminary data from South Africa suggest that people living with HIV and those who have TB are nearly three times more likely to die of COVID-19-related complications (2.75 and 2.58 times respectively).⁴⁸ Children and adolescents living with HIV continue to perform poorly across the testing, treatment and care spectrum.⁴⁹ Furthermore, modelling studies estimate that HIV service disruptions in LMICs could lead to a 10 per cent increase in HIV-related deaths over five years, mainly stemming from interruptions in antiretroviral therapy (ART).⁵⁰ A six-month ART interruption could increase HIV-related deaths and mother-to-child transmission of HIV in sub-Saharan Africa by approximately 1.6 times over one year.⁵¹

Access to testing for illnesses such as HIV and TB is critical to initiating life-saving medication. This can be done including through decentralized point-of-care (POC) diagnostics of COVID-19 including through multi-disease testing platforms (such as HIV/TB/HPV) in remote areas and in refugee camps. For those on HIV treatment, interruptions increase the risk of co-infections and related morbidity and mortality, as observed during the 2014–2016 Ebola pandemic.⁵² Data on outcomes among children and adolescents living with HIV who are adhering to an effective treatment regimen are not available, though preliminary clinical cases suggest similar outcomes for the broader population.²⁴ However, given the challenges of initiating, adhering to ART, and reaching and maintaining positive treatment outcomes in this age group, children and adolescents living with HIV, TB, cancer and other illnesses requiring treatment must be supported to access essential services during the COVID-19 pandemic. Psychosocial stressors, combined with restrictions in movement, social isolation, and challenges with access to food, shelter and support may result in poor treatment access, adherence and, ultimately, increased mortality. This is particularly important given the potential for repeated infection peaks, uncertain infection patterns and response in many resource-limited settings, suggesting social restrictions may be in place until late 2021 or early 2022.

PROVEN AND PROMISING SOLUTIONS

Ensuring continuity of health interventions is imperative ...

In this context, ensuring continuity of essential services through health facilities, but directly to families and communities, is central to ensuring the survival and long-term well-being of children and adolescents living with chronic illnesses during COVID-19. Several measures can mitigate the challenges to continued service provision during this pandemic: well-established and evaluated models include community-based service delivery in ART groups or by peer supporters such as mentor mothers and community adolescent treatment supporters. As the link between health facilities and communities, these peer supporters have been mobilized during COVID-19 to provide home and community delivery of ART. Multi-month prescriptions and dispensing, and decentralization from centralized (hospital) to differentiated (i.e., community or home delivery) service provision, are more feasible in the context of lockdowns, which mandate limited mobility, and will reduce clinic visit frequencies and burden on healthcare facilities. Task-shifting and task-sharing models have been utilized to good effect in the HIV response and may be adapted for the COVID-19 response. Social protection and food provision are well-established interventions to mitigate against shocks.

For adolescents living with HIV, continued access to sexual and reproductive health services and commodities is central. Integration of services and provision of products (e.g., HIV self-testing kits, condoms or sexually transmitted infection treatment kits) as part of other

community efforts may result in fewer sexually transmitted infections and opportunistic infections, unintended pregnancies and, as a result, reduced new infections among children of adolescents and young mothers living with HIV.

... as is peer, psychosocial, mental health and parenting support

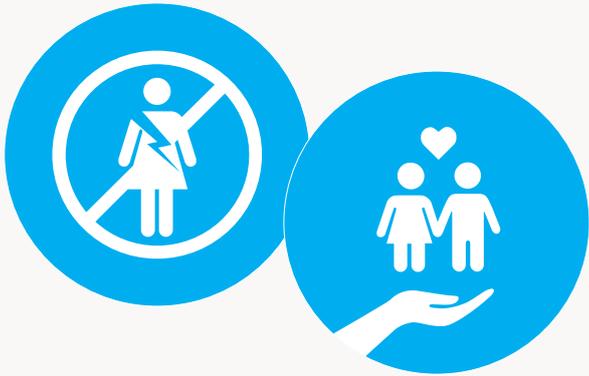
Shifting to mobile and/or remote support provision through adolescent-friendly communication (contents and delivery platforms) is critical so those who are most vulnerable can continue to access the support they are used to getting, such as through adherence clubs and peer supporters. Promising examples are emerging, including the use of social media.⁵³

Psychosocial and mental health support for children and adolescents living with chronic illnesses and their caregivers is also key to ensuring that children and adolescents respond to this pandemic with resilience. The role of peers, and their ability to communicate remotely, is central to ensuring that – even when support through social proximity is not possible – children and adolescents can weather the effects of isolation.

Parenting support – by improving children’s and adolescents’ relationships with their caregivers – is also likely to encourage better adherence to and continuation of treatment and care. Provision of ‘replacement’ or emergency social protection measures known to support adherence, including school meals, food parcels and social grants (i.e., cash grants), is likely to address some of the structural inequalities that this pandemic is exacerbating.



Sexual and reproductive health



“

Some young women who are out of jobs have resorted to early marriage or even prostitution for survival. This is very worrying. I would like to see safety nets for vulnerable young people so we could access grants from the government or other organizations to start our own businesses during this time.

”

(Christine, Uganda)

[We Are Restless, 2020]⁵⁴

Based on experiences during the 2014–2016 Ebola pandemic, the massive shock to livelihoods, food security and economic opportunities due to COVID-19 are likely to result in higher rates of transactional sex, concurrent sexual partnerships and gender-based violence among adolescents and young people.^{55 56} Combined with disruptions in healthcare access, particularly family planning and contraception, these structural drivers may result in a higher number of unintended pregnancies among 10- to 24-year-old adolescents and young women.⁵⁷ Notably, these pregnancies will happen in the context of different relationships: casual encounters, long-term partnerships and child marriage. It is also likely that the dislocation caused by the pandemic may leave vulnerable adolescents and young people at higher risk of experiencing intimate partner violence, economic dependency and emerging mental health issues.⁵⁸

COVID-19 could see a rise in child marriage and unintended pregnancies, and reductions in sexual and reproductive health services amid lockdowns, recession and diversion of resources to address the pandemic

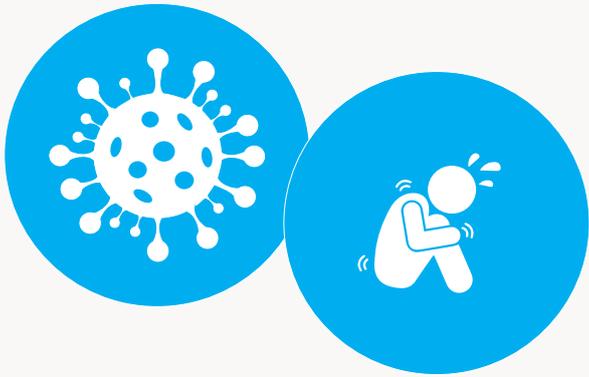
Data from prior pandemics have documented increases in unsafe abortion, which, in turn, are linked to greater risk of maternal morbidity and mortality.⁵⁹ Resource reallocation and prioritization may reduce access to pre-exposure prophylaxis (PrEP) and voluntary medical male circumcision (VMMC),⁶⁰ risking higher rates of HIV infection and associated mortality and morbidity for both young men and their partners. Moreover, the COVID-19 pandemic has already had adverse effects on sexual

and reproductive health care provision: lockdowns and the associated travel/transportation restrictions have resulted in disrupted production and limited stocks of contraceptive products, including condoms.²⁸ Sexual and reproductive health care providers may be redeployed to provide COVID-19 or related essential services. Like other pandemics, COVID-19 shines a spotlight on the deepest structural inequalities in our societies, with its negative impacts mapped on to existing morbidities. Estimates from 132 LMICs suggest a 10 per cent reduction in sexual and reproductive health service access and use due to the pandemic, with some providers estimating interruptions of up to 80 per cent.²⁸ These reductions are particularly jarring among adolescents and young people,⁶¹ who already faced higher unmet family planning needs,⁶² particularly in HIV-endemic communities.⁶³

PROVEN AND PROMISING SOLUTIONS

Access to social protection measures such as school meals, cash transfers and emergency food relief may reduce rates of transactional sex, multiple concurrent partnerships and gender-based violence at home and in relationships. As such, the role of child-sensitive social protection should remain a strong component of the response to COVID-19. In addition, this pandemic may also provide avenues to implement some of the adolescent-friendly and novel approaches, for which there is growing evidence of effectiveness. These include adolescent-responsive services,⁶⁴ HIV self-testing⁶⁵ and differentiated services.⁶⁶

Mental health (including a focus on especially high-risk groups)



“

Sometimes I sit in a quiet corner and then I cry. Then I try and gather my thoughts 'ok, fine ... you need to man up, you need to face this, even if you face it alone, you need to face it ...

”

(Boy, South Africa)

The effects of the pandemic on individuals, communities and societies are leading to increased mental health problems. These may manifest in a variety of ways. Existing mental health problems are likely to be exacerbated by the pandemic and conditions associated with it. New mental health problems may arise directly from fears about the pandemic, as a pernicious and unintended consequence of response measures, the impact on living conditions, socialization and economic factors, and from the ensuing recession. Efforts to address the pandemic may also restrict access to mental health services, straining capacity and resources.

The COVID-19 crisis is intensifying mental ill health among children and adolescents

While mental health effects of COVID-19 are likely to be widespread among the general population, specific groups of individuals have been identified as particularly high risk. These include individuals who contract the virus and must face both its physical effects and potentially quarantine; individuals with existing mental health conditions; pregnant women; those in vulnerable positions (e.g., refugees, displaced persons); and individuals with disabilities. Adolescents have also been identified as a potentially high-risk group for mental health conditions, and subgroups of adolescents that fall into the above categories may be particularly vulnerable to poor or worsening mental health.

Studies show that children and adolescents have a range of COVID-19-related worries, including about the future in general and their own prospects in particu-

lar, their own health or the health of their friends and families, their education, and economic impacts of the crisis.^{67 68 69} A youth-led study from the United Kingdom (n = 162) indicated that 72 per cent of children were worried and 13 per cent felt scared, while 15 per cent were not bothered.⁶⁷ In a second study (n = 2,572), 35 per cent of young people said that their mental health had got worse, 50 per cent reported no change and 15 per cent a change for the better.⁷⁰ In a parallel study from Finland, 27 per cent (n = 3,129) felt their mental well-being during the COVID-19 crisis was bad or fairly bad, with this proportion lying at 43 per cent in low-income families.⁶⁶ However, a fourth study from the United Kingdom concluded that some children tended to be happier in lockdown. A large national United Kingdom study tracking mental health in households over time was able to compare time trends with a web survey one month into the United Kingdom lockdown and found increased prevalence of clinically significant levels of mental distress (from 18.9 per cent in 2019 to 27.3 per cent in April 2020), and noted that the greatest increase was in the 18- to 24-year-old group, women and people residing with young children.⁷¹

Children and adolescents living with chronic illness, disability or existing psychological disorders are likely to be at elevated risk of mental health distress

Adolescents living with HIV and other chronic illnesses may be at higher risk of mental health issues and have faced stress during the pandemic in many countries related to reduced access to treatment/drug refills and existing psychosocial support services. In terms of the

impacts of specific vulnerabilities, having symptoms associated with COVID-19 has been linked to higher rates of anxiety and depression and studies with COVID-19 patients show high levels of post-traumatic stress symptoms (PTSS). This is also likely to be the case specifically for adolescents, considering evidence from previous health epidemics. The pandemic may have accentuated trends that pre-date the arrival of COVID-19, such as the under-provision of services for people with severe mental health problems.⁷² Educational, social and employment disruptions may affect hopes, dreams, aspirations and motivation. The oscillating nature of COVID-19 protection steps over time may create disruptions that take an emotional toll.

As mentioned above, negative mental health effects of COVID-19 may also be worse for young people with existing psychological disorders, especially those whose treatment may have been interrupted as a result of the pandemic. Specific stressors linked to quarantine include

fear for one's own health and infecting others, isolation and boredom, financial loss and stigma; these can lead to negative and long-lasting psychological effects, such as PTSS, confusion and anger. Self-isolation can also result in anxiety and sleep problems among adolescents because of increased screen time, irregular eating habits and reduced physical activity.

These challenges can be further exacerbated among adolescents with disabilities, who may not be able to maintain physical distancing or access basic services or therapy. Moreover, adolescents with learning or cognitive disabilities may not be able to fully understand the situation brought about by COVID-19, or effectively use available virtual channels for communication. It is vital to keep mental health in mind⁷³ with provision for those with mental health problems as well as consideration for the workforce delivering care.⁷⁴ Easing of restrictions may result in relief, but also compensatory risky behaviours.





“

As youth, we have seen how COVID-19 is affecting the mental state and health of people whether they are young or old. As a result, we decided to start a Facebook page in which we engage youth through book discussions and ask them how they are doing during the COVID-19 situation. This is also a space where they can openly share their thoughts anonymously. For those without social media, we support them by broadcasting daily meditations and inspirational quotes to give some hope.

”

UNMGCY 2020

[United Nations Major Group for Children and Youth, 2020]⁸⁸ SELF Movement, <www.unmgcy.org/youth-initiatives/2020/4/30/self-movement-save-emotional-and-mental-lags-of-filipinosnbsp>.

Coping strategies include use of social media, keeping busy and seeing the positives in the situation

Overall, the data from HICs suggest that, while some children demonstrated resilience, a significant cohort of children and adolescents appear to be suffering mental distress related to the COVID-19 crisis. It should also be noted that the current crisis could worsen existing mental health problems, both in children⁷⁵ and their families. The aforementioned study from Finland indicates that 25 per cent of children, their families or their family members had needed support with everyday life since the crisis began, a figure that rose to 47 per cent for low-income families. Some indicated that their usual mechanisms for coping with mental health problems (e.g., spending time with friends or engaging in hobbies) were not available during lockdown, exacerbating their distress.

When children and adolescents are asked about actions that support or undermine their mental health, some identified that media exposure could cause distress, while 34 per cent said the use of social media improved their well-being.^{76 77} A range of strategies for coping with the effects of lockdown and/or distress were described, including keeping busy, spending time/talking online with friends or family, watching TV/playing games, exercising, learning new skills, spending time outdoors, seeing the positives in the situation and being kind.^{74 78}

PROVEN AND PROMISING SOLUTIONS

There is growing evidence from child and adolescent health research in very resource-limited settings of the value of combining task-sharing (community provision) and transdiagnostic approaches to common mental health distress.⁷⁹ There is also increasing focus on the value of services to address other social issues identified in this review (such as social protection to mitigate poverty) on mental health, including in emergency settings.^{80 81}

The choice of intervention to support adolescents should depend on the specific challenges faced. eHealth interventions could be effective for adolescents able to access and use these, because of their acceptability among adolescents, familiar interface and privacy for sensitive issues. This has been highlighted through the assessment of several apps developed for adolescent mental health. Community-based interventions, working with adolescents and their caregivers, could serve as an effective response for adolescents living with disabilities or for severe cases of mental health disorders. The need for home visits or other in-person contact should be assessed on a case-by-case basis; appropriate safety measures such as physical distancing and personal protective equipment (PPE) would need to be taken and, where possible, sessions should occur outdoors or in well-ventilated spaces, as well as in spaces allowing

sufficient privacy.⁶⁹ Of note, studies from HICs indicate that the necessities of social distancing may have led to services being disrupted for some children and adolescents with pre-existing conditions, or treatment being postponed, and that some may have lost financial resources enabling therapy.⁷⁴ This needs to be kept in mind when planning future efforts.

Schools can have a pivotal role in identifying mental health distress, offering interventions and reducing stigma

Evidence from disasters⁸² and from the broader mental health literature for low-resource settings suggests that, especially in LMIC contexts with limited resources, schools may pose an important point of contact for screening a broader population of children and adolescents for mental health problems, and for implementing low-level and/or universal interventions, while reducing stigma and reaching children who may otherwise be difficult to target.⁸³ More intensive support can then be targeted at those at higher risk.⁸⁴ With increasing and

rolling school closures, in some contexts school systems may still be a valuable way of reaching children through remote education, while in others this route will not be feasible.

For instance, COVID-19, with the allied societal changes for children, may present a challenge regarding emotional regulation⁸⁵ – the process whereby children experience and express emotions and which can affect adaption to school, new environments and to threats. A recent meta-analysis of school-based universal interventions demonstrated both improved social and emotional as well as behavioural effects together with increases in academic performance markers. These studies have also shown effects in humanitarian settings.⁸⁶ Based on these studies, perhaps emotional learning around COVID-19 impacts could be adapted to these established interventions and provide a source for evidence-based improvement.





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Economy and equality

EVIDENCE-BASED INTERVENTIONS	IMPACTS OF COVID-19	
	Economic	
	Macro-economic impacts	Poverty & nutrition
Social protection	●	●
Parenting programs		●
Food & nutrition programs	●	●
Mental health support		
Multi-month prescriptions		

At-a-glance: proven and promising solutions to the impacts of COVID-19

COVID-19 ADAPTED DELIVERY PLATFORMS	
	Economic
Digital/phone-based support	●
Inclusion with emergency relief (i.e. food)	●
Inclusion with essential services	●

Legend: ● Especially strong evidence ● Good initial evidence

Macroeconomic impacts

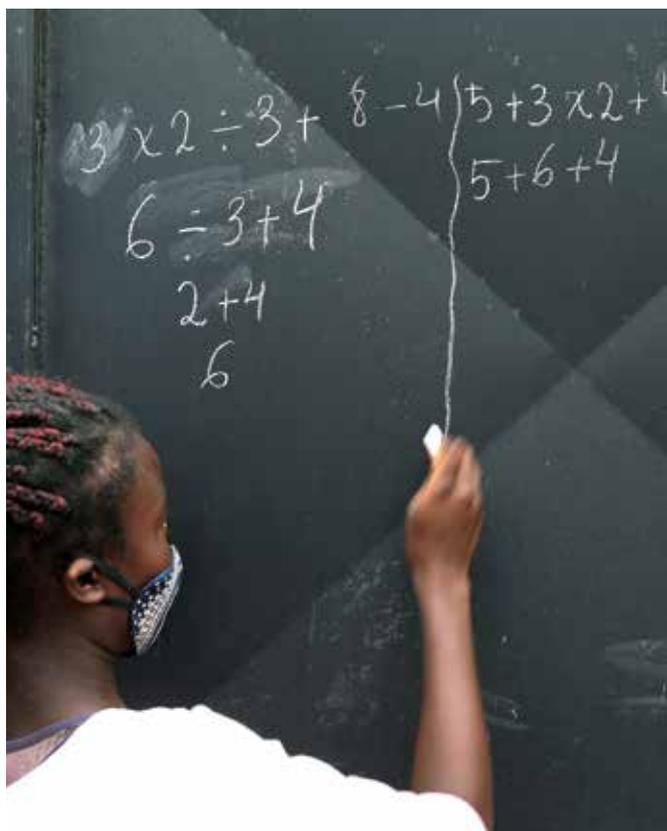
The COVID-19 crisis is vastly exacerbating child poverty and inequality and threatening future prosperity

The COVID-19 crisis is having a devastating impact on economies and widening already marked inequalities among and within countries and communities. Measures to slow the spread of the pandemic have imposed restrictions on mobility in most countries at some point in 2020, with negative impacts to economic growth on a global scale.⁸⁹ The World Bank has predicted that there will be a 5.2 per cent contraction in global gross domestic product in 2020. High-, middle- and low-income economies have been adversely impacted by numerous pressures, including strained healthcare systems, damage to tourism and trade, disruptions to food systems, reduced capital flows, increasing unemployment, restricted financial conditions, and escalating debts.⁹⁰

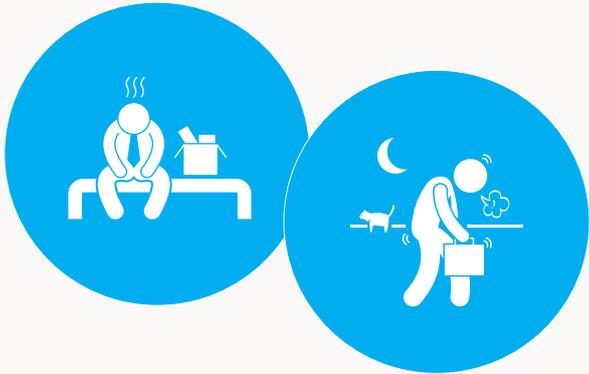
But while all countries have been impacted economically by the pandemic, its economic implications are not distributed equally. Those households and individuals that were most vulnerable and impoverished prior to the pandemic are likely to be those who are most at risk of further harmful impacts brought on by its economic effects.⁹¹ The COVID-19 pandemic has brought additional demands on existing social welfare systems at global, regional, national and community scale. With no sign of abating, the pandemic will have strong negative implications on poverty and nutrition for children and adolescents in both the short and longer term.^{92 93} As human, financial and logistical resources are diverted to the COVID-19 response, essential services for children and women – including healthcare, nutrition and social protection – risk being reduced, disrupted or suspended. In addition, physical distancing rules and restrictions on mobility adopted in response to the pandemic may impact on the social welfare system's ability to deliver services such as healthcare and education, disrupt the production and distribution of key goods and services, and negatively influence care-seeking behaviours and access to care.

It is imperative that governments invest in child-focused systems for both short-term support and long-term recovery

While there is an immediate necessity to mitigate pressures on health and social systems to address basic needs, the long-term impacts of the pandemic should also remain a consideration. It is imperative that governments and other stakeholders support and invest in children and adolescents, to meet their rights, assure their human capital and promote long-term global recovery. It is therefore essential to adapt and invest in child-focused systems, inclusive of health, education and child protection, that can be implemented at scale. Further safeguards will be required for the most vulnerable children and adolescents including displaced children, children with disabilities, children within institutional care and minority groups.



Poverty and undernutrition



People now get half salaries:
the lucky ones, jobs have been lost
and livelihoods hardened with
loans also piling up.



(Alitubeera, Uganda)

[Restless Development, 2020]⁹⁴

Worldwide, governments have implemented stringent restrictions on movement to slow the spread of COVID-19 and flatten the pandemic curve. School closures and lockdown measures are estimated to have saved millions of lives.⁹⁵ However, they have also had severe impacts on broader social and economic outcomes including job, income and food security, living conditions, and access to social and healthcare services.^{96 97 98} Low-resourced and single-parent households have been particularly affected.

Alleviating extreme poverty, and helping poor and vulnerable groups to cope with the crisis, is now a crucial part of moderating further morbidity and mortality related to the economic and social consequences of COVID-19.^{99 100} A severe global economic recession will prolong the social and economic impact of COVID-19, exacerbating inequities particularly for the most deprived and vulnerable adolescents (e.g., disabled, orphaned).¹⁰¹ These impacts have the potential to disproportionately and unjustly affect disadvantaged children and families in LMIC settings, and severely widening already vast disparities.

PROVEN AND PROMISING SOLUTIONS

There is increasing recognition that large-scale social protection is an effective and feasible response to sudden-onset shocks such those posed by COVID-19,¹⁰³ as well as in generalized settings of poverty and marginalization.¹⁰⁴ Social protection programmes have a key role to play in poverty and undernutrition responses,

especially in economic crisis situations. Cash transfer programmes are a popular form of social protection that have been used in both this and previous crises, with proven positive and life-saving effects.^{105 106 107}

Social protection has emerged as a viable and proven buffer against sudden-onset crises such as the COVID-19 pandemic

Cross-country analysis shows that stronger national social protection systems can reduce the direct health risks from infectious diseases such as TB and HIV.^{108 109} This may have implications for supporting children and adolescents during the pandemic. A key pathway that cash transfers are thought to act on risk of TB infection is via improving food security, both in terms of food quantity and dietary diversity,^{110 111 112} boosting immune systems and treatment success. As well as reducing peoples' vulnerability to TB, cash transfers also support adherence to medication regimens.^{113 114} Findings from the HIV literature are specific to adolescent populations, whereas findings from the TB literature have a broader population focus. Economic support during treatment of illness helps to avoid catastrophic household consequences of hidden health costs and thus prevent further impoverishment from illness.^{115 116}

Cash transfers have also been found to improve adolescent psychological well-being, another key disease risk factor.¹¹⁷ Evidence suggests that starting access to cash transfers at an early age is most beneficial for

child and adolescent outcomes.¹¹⁸ Evidence also points to the added value of combining cash transfers with psychosocial interventions for more holistic effects.¹¹⁹¹²⁰ Cash transfers have been found to improve educational attendance and prevent withdrawal of children from school in response to crises.¹²⁴ Enhanced school attendance has knock-on effects on risky sexual behaviours and HIV risk, particularly among adolescent girls.¹²³ There is also evidence from the Ebola crisis and from the HIV epidemic that provision of social protection can reduce risky sexual behaviour related to economic needs of households. For adolescent girls, social protection enables them to better avoid transactional sexual exploitation as a means of providing for their households.^{125 126}

In addition to cash transfers, support with feeding programmes, nutritional supplementation and parenting programmes have shown some positive impacts in HIV and Ebola. Although the randomized trial evidence is more focused around adults, studies in high-HIV settings have shown that access to food may act in similar ways to cash transfers, although in the context of COVID-19, there may be different challenges associated with transport, travel and infection risks. There is also evidence from low-income settings of the value of breastfeeding counselling, vitamin A supplementation, micronutrient supplementation and the treatment of severe acute malnutrition. Evidence from Côte d'Ivoire and South Africa has shown positive impacts of combining parenting programmes with economic strengthening,^{127 128} suggesting possibilities for combining programmes to provide support to families, children and adolescents.

A wide range of options exist for applying social protection in diverse contexts

The options for social protection provision depend on the setting.¹²⁹ Several countries have already implemented innovative solutions in response to COVID-19. In Brazil, for example, electronic cards normally used to transfer cash to families for school materials are also being used to transfer money for school meals.¹³⁰ Harnessing digital technology improves equity and efficiency and overcomes the infection control challenges associated with COVID-19.¹³¹

In many countries, and in fragile and conflict settings, digitalized cash transfer systems are not feasible in the short term at least, and urgent research is required to identify how best to reach large populations with the most effective forms of social protection. Social protection research groups have discussed adaptations required to existing national social protection programmes to improve their impact during COVID-19. These raise

the possibility of governments engaging with local and NGO sectors to identify the most vulnerable households that may slip through formal social protection programmes. They also strongly recommend that existing conditional cash transfer programmes become unconditional during this period.¹³²

Social protection is not a 'magic bullet', and responses should be coordinated with supply-side activities aimed at keeping local food and drug markets functioning. Evidence suggests that poverty alleviation using cash transfers may be effective for avoiding further preventable child morbidity and mortality,¹³³ and it is imperative that governments consider strongly adding social protection options to their arsenal of measures to address the pandemic's economic and social impacts.¹³⁴



Learning and human capital development

IMPACTS OF COVID-19

	Human capital		
	Education	Career opportunities	Disabilities
Social protection	●		●
Parenting programs	●		●
Food & nutrition programs	●		
Mental health support	●		
Violence programming	●		
Educational Programs	●	●	●
Youth engagement		●	

EVIDENCE-BASED INTERVENTIONS

**At-a-glance:
proven and promising solutions to
the impacts of COVID-19**

COVID-19 ADAPTED DELIVERY PLATFORMS

	Human Capital
Digital/phone-based support	●
Inclusion with emergency relief (i.e. food)	
Inclusion with essential services	

Legend: ● Especially strong evidence ● Good initial evidence

Education



“

... it's very frustrating not to know where your future is going ... it's very stressful not knowing where your life is heading ... my main concern with my life is education because [I] know if I can educate myself I can change my situation and do better. Not knowing when will school open is very stressful ...

”

(Boy, South Africa)

“

Life has changed now because we stay at home. As a person who was determined with going back to school to change my life for the better, but now my life is stuck ... It is clear it is going to be a long struggle for us studying people, the study load will be a lot now ... That scares me a lot because it won't be easy for me to catch up on all my learning areas and write all of them, all at once. A lot of people will fail the subjects with how things are now.

”

(Girl, South Africa)



The COVID-19 pandemic has caused mass disruption to education and learning for children and young people worldwide

Efforts to control the spread of COVID-19 have resulted in school closures in 194 countries, affecting up to 90 per cent of the world's students in mid-2020.¹³⁵ Although the easing of lockdowns in Europe and elsewhere from mid-2020 onwards prompted a return to school in the autumn for millions of children, the escalation of the virus in Europe in particular since late September 2020 began to see a partial reversal of this trend. Depending on how the pandemic is contained, it is possible that many children will again face school closures.

This disruption is likely to have a range of adverse impacts. Children spend more time in schools than any other setting besides the family home; the longer schools are closed, the more likely the disruptions will impact on children's education and their longer-term achievements. For instance, it may affect school completion rates for adolescents from disadvantaged and vulnerable communities, hurting their career options and choices. And it may make it more challenging for some children to return to school since, lacking the option of schooling, they opt to – or are forced to – engage in the labour market to contribute to the family income.

School closures have also disrupted children’s social networks, provision of essential services and well-being pathways

School closures not only disrupt education but also social relationships and networks, school-based provision of other services, and emotional and well-being pathways. These may include the ability to maintain and benefit from friendships, disruptions and discontinuity with teachers and staff who may be role models as well as emotional supporters in addition to their educational role, and removal of pathways for care and attention in the case of elevated need. Schools also often provide an access point for other services such as food and nutrition services, interventions for sexual and reproductive health for adolescents, or emotional well-being projects such as bullying prevention, all of which will be disrupted by closures. While a systematic review on school closure and practices has been carried out, it concentrates on the measure in terms of disrupting virus spread rather than exploring the societal or mental health ramifications for school pupils and staff.¹³⁶

Schools in many countries are more than simply a place of curriculum learning. For many children and adolescents living in communities characterized by endemic violence and households with high levels of interpersonal violence and violence directed at them, schools are places of safety and security. In many poor communities, schools stay open after the end of the school day to provide homework spaces, and a measure of safety where communities have high levels of violence.

Schools are the place where impoverished and disadvantaged children often receive the most nutritious meal of the day. School feeding programmes and social protection schemes to alleviate hunger and loss of income have multiple beneficial effects on child health, well-being and educational outcomes.¹³⁷ Up to 72 countries are already implementing alternative feeding and income support during COVID-19.¹³⁸

Despite the best efforts of many governments to continue school feeding during lockdown, the logistics and distribution challenges of this have meant it has frequently not happened – with negative implications for child nutrition and stunting. The World Food Programme estimates 346 million school children globally are missing out on school meals; school closures are also projected to exacerbate food insecurity and poor nutrition among poor children in HICs.¹³⁹

School closures are also resulting in learning loss, heightened protection risks and mental distress

Children and adolescents may pay the price of learning loss in both the short and longer term. Measures are being introduced to partly offset this loss by applying interim provisions, but these vary dramatically according to resources, planning, facility access and support. Longer-term learning loss may affect skills, progression through examinations and qualifications, and have knock-on effects down the years in terms of educational progression and employment. Learning loss may have more serious consequences for children who are already disadvantaged.¹⁴⁰ A World Bank analysis simulating the potential impact of COVID-19 school closures on schooling and learning outcomes suggests that the pandemic could result in 0.6 years lost of schooling adjusted for quality. This would reduce the global average number of years of schooling adjusted for quality from 7.9 years to 7.3 years – causing a loss of \$872 in average yearly earnings, and diminishing life cycle earnings for the cohort of learners by approximately \$10 trillion (at 2017 present value purchasing power parity).¹⁴¹

Not being in school also puts children in danger in other ways. Anecdotal evidence from other pandemics indicates that adolescent girls are especially vulnerable to exploitation, child labour, and sexual and gender-based violence.¹⁴² Qualitative evidence from Ebola and emerging qualitative evidence from COVID-19 in Uganda highlight that young people in resource-constrained communities may be less likely to return to school and instead have their education prematurely curtailed, marrying early or having more transactional sexual relationships as a means of generating income.¹⁴³ Poor children also disproportionately miss out on education, and evidence from HICs suggests that attainment gaps resulting from time out of school exacerbate inequalities in achievement.

While schools are often a site of connection to friends and teachers, and the loss of these is likely to negatively impact children’s mental health,¹⁴⁴ for some children who experience violence and harassment at school, closures may be a welcome reprieve. On the other hand, for children with abusive caregivers, spending more time at home will mean more exposure to violence.¹⁴⁵ During the Ebola epidemic, there is a suggestion that levels of household violence increased. Consequently, school closures may have wide-reaching effects on young people’s lives that warrant addressing.

PROVEN AND PROMISING SOLUTIONS

School closures have transformed how children spend their time and their access to learning and other services such as immunization and meals distributed at school. The range of responses to school closures have been diverse. These include virtual or substituted learning, home schooling delivered by caregivers, no education but learning through leisure, and no education and limited learning by other means. The time spent on education during lockdown by caregivers varies according to the age of the child, competing needs, resource availability and socioeconomic status.

A key recommendation of the UN system, supported by multiple agencies including UNESCO and UNICEF, and other partners, is school reopening or keeping schools open, always with safety as a paramount consideration. A framework has been developed through this joint agency collaboration to inform policymakers of when and how to reopen schools, and integrate this as part of national planning to address the COVID crisis. Adaptation and flexibility are requisites to respond to local needs and conditions, and ensure a safe and quality learning environment for children.¹⁴⁶

The considerations in school reopening relate to infection control as well as prevention of further learning losses. In Europe and elsewhere, many schools reopened in September and October, even as concerns remain about the potential for COVID-19 to spread through schools. As Europe experiences a resurgence of the pandemic at the time of writing, schools in some countries are beginning to be closed. A cost-benefit analysis is needed on whether to close or reclose schools, when and how to open them, and infection control measures that are appropriate and feasible when children return to school¹⁴⁷ as, currently, school closure policy and reopening are conducted differently across the world – with little evaluation.¹⁴⁸ A recent UNICEF report has summarized promising practice for equitable remote learning by examining education responses in 127 countries.¹⁴⁹

Nonetheless, remote learning remains out of reach of many children, with 31 per cent of schoolchildren world unable to be reached by remote learning programmes, due to a lack of necessary household assets (e.g. internet, TV) or policies geared to their needs. And only 24 per cent of lower secondary age students – mainly those living in high or upper middle income countries, or in the wealthiest households of lower middle income and low income countries – were reached with online learning solutions during school closures. Hence the urgent need and recommendation to get children safely back in school.¹⁵⁰



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For pre-schoolers, there is an urgent need to return to in-person learning: this is the level of education that has struggled most from the COVID pandemic, as it is the least well suited to remote learning solutions. Even in pre-COVID times, early childhood education was the most underfunded – by both governments and donors – of all education levels, despite being the period where studies have consistently proven has the highest return on investment. Before the pandemic, 175 million of the world's pre-school age children – almost half of that cohort – were not in school. And even though 40 per cent of countries do not provide remote learning opportunities in pre-primary education, there are evidence informed solutions for the millions of children without connectivity.¹⁵¹

Children experiencing violence and other hardships are often linked to child protective services via schools. During closures, alternative services such as toll-free telephone helplines might provide some support for children experiencing abuse. Interventions to reduce use of violence by adult caregivers,¹⁵² and to support children to stay in school to avoid transactional or otherwise risky sex¹⁵³ are needed to create positive, enabling environments for children that allow them to continue to pursue their education.

Career planning, choice, skills and digital opportunities



“

Coronavirus is a big complication for our daily learning because all our schools are closed. To continue learning, we can just read books and do some research on the internet. But having access to the internet is not possible for all children in Mali because many of them live in poor conditions and therefore they can't study online.

”

(Salamat, age 15, Mali)

The current COVID-19 pandemic has affected different industries, including job sectors popularly run by and providing likely career choices for youth and older adolescents.¹⁵⁴ Affected industries include infrastructure, marketing, hospitality, transport and tourism, and the informal business sector.¹⁵⁵ In the long run, adolescents are likely to shy away from careers that are perceived to be precarious and unreliable.

There is little conclusive evidence, from COVID-19 or other health epidemics, on the alternatives to traditional careers that are affected by health-related economic shocks. But qualitative and anecdotal evidence suggests new possibilities. Sectors less affected by the pandemic, such as food supply, information communications technologies and security services, are likely to become more popular among young people as potential careers, particularly if the pandemic is prolonged. Due to the pandemic, adolescents currently spend more time than ever before online¹⁵⁶ and this could favourably sway them towards careers that can be conducted either solely or partially online. This may have the potential benefit of expanding job opportunities, enabling young people to access labour markets regionally or internationally.

The growing centrality of digital interactions in several spheres of social life has gained new dimensions. Those who have access to the internet saw an increase in their online activities, and particularly for children and adolescents, the impacts of this transition are decisive. With around 1.5 billion students unable to attend school in person,¹⁵⁷ distance teaching is emerging as a strategy to compensate for this reality.¹⁵⁸ However, the diffusion of digital skills and resources in contemporary societies is slowed by the unequal

distribution of digital devices and telecommunications infrastructure, widening an already deep digital divide across countries and within national contexts.^{159 160}

The digital world has become ever more central to the lives and futures of children and young people in the COVID-19 era

Despite the barriers to evening out inequalities and improving access to immediate and lifelong opportunities through digital inclusion, there are immense socioeconomic opportunities for adolescents in online innovative activities. In several countries, young entrepreneurs, characterized by their ability to creatively foresee alternatives to complex issues, are collaborating in redesigning digital environments. They are participating in competitive programming and hackathons, developing software, and creating media content.^{161 162}

Other groups of online entrepreneurs use digital business solutions to improve operational efficiency. They rely on existing digital platforms and social media to sell their products, communicate with customers, improve human resource management, and reach consumers and stakeholders in the context of remote work.¹⁶³ The existing digital tools present an open avenue of opportunities for these adolescents to thrive online. Yet, it remains a challenge to find adequate policies and programmes to democratize opportunities. The diffusion of appropriate digital skills training programmes through relevant, locally grown, scalable interventions and programming might not only be important, but urgent. This will enable all adolescents – not just a few – to fully engage in online entrepreneurship and learning, enhancing their chances of success in the historical context of increasing digitalization of our society.

Children and young people with disabilities

People with disabilities, including children and adolescents with disabilities, and their caregivers, are at increased risk of the adverse effects of the COVID-19 pandemic. Children with disabilities are at higher risk for child maltreatment,¹⁶⁴ and the lack of social control, increased pressure on caregivers and increased time spent out of school and care, and in the home, seen during lockdowns, can increase this risk.¹⁶⁵ The requirements of pandemic management may present challenges for those with disabilities, associated with their needs in terms of support, aids and reliances. Challenges may be related to isolation, communication, disruptions in education and care, interference with coping strategies (such as masks mitigating against lip reading), and the disproportionate compromise due to closures of schools, social services, health services and transport services.

PROVEN AND PROMISING SOLUTIONS

Disability-inclusive WASH: Water, sanitation and hygiene (WASH) interventions are a central aspect of the COVID-19 response. But WASH access is a challenge for many people with disabilities.^{166 167} Barriers to accessing WASH interventions for children and youth with disabilities include physical barriers in the design of WASH facilities, environmental factors such as steps around WASH stations or on the way to hand-sanitizing or ablution stations, and hygiene policies and interventions that overlook the needs of people with disabilities. Accessible information is also important, and WASH-related information, especially on handwashing, should be in accessible formats for children and youth with different types of disabilities, including audio, written, pictorial and simplified formats for persons with intellectual disabilities.

Programme designers should be aware of the WASH-related challenges that may be experienced by people with disabilities and their caregivers during COVID-19. Indeed, disability inclusion needs to become a key consideration when designing COVID-19



response programmes, and inclusion measures must be fully resourced. Assistance needs to be provided to children and adolescents with disabilities, and their caregivers, to enable them to carry out COVID-19 protective and preventative measures. All WASH facilities and services, including handwashing stations and bathing facilities, and COVID-19 communication and programme delivery processes should be made accessible to children and youth with disabilities following national and international standards. It is possible to learn from past crises and epidemics (including WASH in the wake of natural disasters) and use these learnings to inform disability-inclusive programming and policies during the COVID-19 response.

Disability-inclusive social safety nets and social protection responses: The COVID-19 pandemic and associated lockdowns are leading to large-scale eco-

nomie downturn, loss of jobs and shifts in the broader employment environment. Many people's livelihoods have been significantly affected, resulting in calls for interventions to address the short- and long-term economic effects of the pandemic. Food aid, unconditional cash transfers, unemployment assistance and expansions to existing social protection programmes are some of the measures documented in response to the pandemic.¹⁶⁸ Failure to adequately include people with disabilities and account for the needs of households with children and adolescents with disabilities in these responses will lead to widening inequalities.¹⁶⁹ Programmes that are not universal in design must consider whether their targeting strategies are disability inclusive (for instance, means testing to establish eligibility for relief programmes must take into account the impacts of disability on people's means and as such incorporate estimates of disability-related extra costs



into means assessments).¹⁷⁰ Enrolment procedures, information on how to utilize benefits, and delivery of social protection and relief interventions need to be designed with accessibility to caregivers of children and young people with disabilities in mind.

Disability-inclusive education during and post-lockdown: School closures due to the COVID-19 pandemic have left an estimated 1.5 billion children out of school, including many children with disabilities. Compounding the challenges of being out of school engendered by the pandemic, most people with disabilities live in LMICs, where access to education is an ongoing challenge, regardless of lockdowns. Children with disabilities were already disproportionately out of school and, as such, children with disabilities face a greater risk of being left behind than children without disabilities.¹⁷¹

As noted, in response to school closures, distance learning approaches have been implemented in a variety of settings (although there is a socioeconomic gradient to the feasibility of such approaches). Children and adolescents with disabilities are at risk of exclusion from education if distance learning programmes are not accessible or don't adequately account for the learning needs of youth with disabilities.¹⁷² Educators need to be supported to ensure that distance learning platforms are safe and accessible to children with disabilities and teachers need to be trained on supporting children with disabilities remotely. Moreover, the lack of accessibility features in remote learning solutions and reliance on technologies not readily available to children in LMICs requires attention and solutions. UNICEF recommends providing quality, effective, low-cost, low-tech and no-tech solutions in a manner which takes into consideration safe handling and distribution practices.

Finally, it is important to note that children and adolescents with disabilities often require a range of complementary care, physical and educational therapies, and these are often only available at their school. Resources need to be allocated to ensure that there is continuity in these services when schools are closed. A valuable resource is: <www.worldbank.org/en/topic/disability/publication/pivoting-to-inclusion-leveraging-lessons-from-the-c-ovid-19-crisis-for-learners-with-disabilities>.

Supporting caregivers to support children and adolescents with disabilities: The mental health and well-being of adults are not impervious to the effects of the COVID-19 pandemic, and emerging research¹⁷³ suggests that people of all ages around the world are likely to be experiencing elevated stress and mental health symptomatology as a consequence of the pandemic, lockdowns and associated stressors (economic and social).¹⁷⁴ The mental health, coping and parenting skills of caregivers of children with disabilities are significant determinants of their children's well-being. Yet, in the context of international lockdowns, school closures and economic downturn, caregivers of children with disabilities are not only facing the same stressors as other adults and parents, they are also under increased pressure to fulfil a complex caregiving role, as the majority of supportive services for children with complex needs are being disrupted. Caregivers of children with disabilities, particularly children with developmental and/or intellectual disabilities, need additional support in managing care and education of their children at home, and their own mental health and psychosocial well-being must be supported.





Violence and conflict

IMPACTS OF COVID-19

	Violence		
	Child abuse	Gender-based violence	Conflict affected areas
Social protection	●	●	●
Parenting programs	●		●
Mental health support			●
Violence programming	●	●	
Educational programs			●

EVIDENCE-BASED INTERVENTIONS

At-a-glance: proven and promising solutions to the impacts of COVID-19

COVID-19 ADAPTED DELIVERY PLATFORMS

	Violence
Digital/phone-based support	●
Inclusion with emergency relief (i.e. food)	●
Inclusion with essential services	

Legend: ● Especially strong evidence ● Good initial evidence

Child abuse

The available evidence suggests that the measures taken to contain the pandemic have been accompanied by increased violence against children and women. Protection practitioners and advocates had long warned of this, in part due to evidence from previous epidemics and mobility restrictions that have shown an increased risk for neglect and lack of parental care and increased exposure to sexual, physical and emotional violence, intimate partner violence among adolescents, and domestic violence among caregivers in the household.¹⁷⁵

In addition, increases in gender-based violence during the pandemic will profoundly impact parental capacity and children in homes where abuse is taking place.¹⁷⁶ However, some reviews have shown mixed findings with a call to understand the temporal order of the violence and the disaster.¹⁷⁷

Calls to child helplines have risen markedly during the pandemic, suggesting a rise in violence or threat of domestic violence against children and adolescents

Children's increased violence risk is associated with economic stress, disaster-related instability, social isolation, increased exposure to exploitative relationships and reduced options for support.¹⁷⁸ For COVID-19 specifically, however, there is insufficient data to ascertain whether there has been an increase in violence. Calls to child helplines, an integral part of child protection systems, have increased in some countries, but decreased in others. A recent review of intimate partner violence, which affects children witnessing it in the home, also showed mixed findings of the impact of the pandemic on violence in the home.¹⁷⁹ With a second wave lockdowns well underway in Europe and elsewhere, there is an urgent need to better understand this phenomenon – particularly amid returns to partial or full lockdowns in Europe and elsewhere.

It is broadly expected that girls will be at particularly high risk of child marriage due to loss of livelihoods¹⁸⁰ and increased risk for trafficking.^{181 182} Evidence from the 2014–2016 Ebola outbreak in West African countries re-

vealed a decrease in female genital mutilation triggered by quarantine conditions and social distancing/physical distancing policies.¹⁸³ The impact of COVID-19 would be important to monitor particularly among vulnerable girls and especially in the light of target 5.3 on eliminating harmful practices.

Gender-based violence

Restrictions and lockdown measures to curb the spread of COVID-19 have led to an increase in the reporting of violence in families across the world. Femicides, child homicides and reports of intimate partner violence to police, hotlines or shelters doubled or even tripled across sub-Saharan Africa.^{184 185 186} This is not surprising, as evidence suggests that violence against women and children both tend to increase in emergencies.¹⁸⁷ Adolescents are especially vulnerable to experiences of violence, both in their first intimate relationships by their partner¹⁸⁸ and in their own families through physical disciplining or witnessing violence between their parents.¹⁸⁹

Lockdowns and social isolation measures may have resulted in increases in violence against children and gender-based violence

COVID-19-imposed social isolation and lockdown measures are likely to increase adolescents' levels of violence exposure, as they are placed in constant and close contact with their partners or families, unable to fully access their social and peer support and safety nets. In addition, knowledge about the potential health and economic consequences of COVID-19 has increased stress and anxiety, known triggers of violence, both among adolescents themselves and those around them. Even the easing and ending of lockdown measures will not change this, given recession and economic uncertainty.^{190 191}

Children in areas affected by conflict

One in every six children in the world lives in a region plagued by conflict.¹⁹² The world's current conflict-ridden regions are mostly located in LMIC settings such as Syria, Yemen, the Democratic Republic of the Congo, Somalia, Cameroon and North-east Nigeria. Children living in these regions are disadvantaged in terms of access to healthcare systems and basic amenities. The difficulties and daily uncertainties with living and access to healthcare are further compounded by the current COVID-19 pandemic.¹⁹³

The pandemic has compounded the already disadvantaged situations of children in areas affected by conflict

Previous studies of the impact of epidemics on children living in conflict-ridden areas reveal far-reaching consequences on their socioemotional and cognitive development.¹⁹⁴ In the Democratic Republic of the Congo, where – along with long-running internal conflict – an Ebola epidemic has lasted for many years, healthcare

services have become harder to access, daily activities for children (such as attending school and playing with friends) are disrupted, and many children affected by Ebola directly or indirectly are stigmatized and isolated.¹⁹⁵ Conflict settings may need special attention in addition to those in humanitarian situations. Migration and non-conflict emergencies may need to be considered as well.

PROVEN AND PROMISING SOLUTIONS

It is difficult to assess the impact of the COVID-19 pandemic on child protection services, which may play a central role in mitigating the above described risks of abuse and violence exposure resulting from the COVID-19 situation. Evidence in the United States suggests that system resources are under considerable pressure, as agencies and child protection workers do not have the capacity to provide necessary services to support families.¹⁹⁶ Moreover, due to staying in proximity with perpetrators, victims may not have the opportunity to disclose their abuse safely.¹⁹⁷ Shortfalls in service capacity also affect investigations of child maltreatment. This



can be further compounded by an increased risk of child maltreatment due to lack of childcare, inability of parents to attend group-based parenting programmes or benefit from family home visits, inability of parents to access substance use disorder treatment, and potential breakdowns of foster placements due to increased pressure and lack of respite opportunities due to the pandemic.¹⁹⁸ There are several evidence-based interventions to reduce violence against children¹⁹⁹ during and after conflicts, pandemics or natural disasters. These include parenting programmes (aimed at any primary caregiver), delivered by lay workers, which improve parent–child relationships, decrease violent discipline, reduce caregiver stress, and improve child behaviour and child and caregiver mental health.^{200 201} (See box below for an example of a COVID-19-related response.) Extending and reinforcing social safety nets through food voucher schemes or emergency cash grants have been shown to reduce financial pressures on families and increase financial independence of women in abusive relationships.²⁰²

Promising interventions have shown that violence can be halved through dedicated community mobilization, education, parenting and cash transfer programmes.^{203 204 205} These include making helpline services available 24/7, including through chat functions or other social media outlets, tailored radio/social media campaigns on how to get help, provision of PPE to shelter staff, police awareness campaigns on the heightened risk due to lockdown, proactive contact with previous survivors and perpetrators to check in with them, and offers of counselling services in the open air and with an appropriate social distance.

A systematic review of interventions to reduce and prevent gender-based violence (GBV) among adolescents in countries with HIV epidemics showed moderate reductions in GBV for sexual health and social empowerment interventions, by themselves and with an economic strengthening component.²⁰⁶ Empowerment interventions targeted at girls have also reduced sexual exploitation in the context of Ebola in Sierra Leone. GBV services, community mobilization strategies and risk mitigation should be considered where good, safe and accessible services are reconfigured and made available.

In order to support vulnerable families during and after lockdown, mechanisms for surveillance, reporting and intervention are crucial. In addition, evidence from other humanitarian settings suggests a need for increased coordination and collaboration between different sectors providing services to children, as well as the integration of services targeting violence against children into health systems to ensure child protection risks are identified

and addressed. It is also vital to ensure child protection systems have the capacity and resources to respond to increased demand for support services. An emergency plan should be in place before a pandemic, ready for implementation during a pandemic and evaluated both during and after.²⁰⁷ Child protection systems should be prepared for a surge in violence against children during and after lockdown. As such, an increase in staff and availability of response hotlines may be required, as children may have difficulties accessing other outreach resources.²⁰⁸ Funding and training of first responders is necessary to establish services where they do not yet exist, and to continue already-established high-quality support. Expanding shelter and temporary housing opportunities for survivors of domestic violence and their children and providing alternative care for children unable to remain with their families should be considered critical to mitigate the impacts of violence on children. Responding to risks of online exploitation is also essential, and there are valuable resources available through the Global Partnership to End Violence Against Children: <www.end-violence.org/>.



Family relationships

EVIDENCE-BASED INTERVENTIONS	IMPACTS OF COVID-19			
	Family relationships			
	In utero & pregnancy	Parenting/ caregiving	Adolescent parenting	Institutions/on the streets
Social protection	●	●	●	●
Parenting programs	●	●	●	●
Food & nutrition programs	●		●	
Mental health support	●	●		
Violence programming		●		●
Educational programs			●	●

At-a-glance: proven and promising solutions to the impacts of COVID-19

COVID-19 ADAPTED DELIVERY PLATFORMS	
	Family relationships
Digital/phone-based support	●
Inclusion with emergency relief (i.e. food)	●
Inclusion with essential services	●

Legend: ● Especially strong evidence ● Good initial evidence

Pregnancy and infancy

The current COVID-19 pandemic has had widespread impacts on pregnancy, early childhood²⁰⁹ and parenthood. Pregnant women and families are experiencing substantial uncertainty and anxiety,²¹⁰ with social isolation measures removing them from support structures. Reduced access to antenatal care and fear of healthcare facilities²¹¹ suggest risks of unsafe delivery, low immunization coverage and child developmental conditions being detected at later stages, as found in the Ebola epidemic.²¹² In some countries, newly delivered infants of women with COVID-19 are being separated from their mothers for up to two weeks' isolation/quarantine. Given the extremely low risk infants face in terms of becoming infected with the virus, this is not only not necessary but has profound implications for the early initiation and duration of exclusive breastfeeding, and also interrupts the key pathways of early caregiver–child bonding and attachment that are so key for child and adolescent development.

The pandemic is having negative effects on pregnancy, early childhood and mothers, especially for poor and disadvantaged women and children

For all caregivers of children, the measures required to reduce infections have likely increased risks of isolation, mental health distress and violence against children,²¹³ although there is currently little substantive evidence. Using evidence from previous health emergencies, it is possible to project child mental health distress related to illness, death and disruption of family support networks such as grandparents, who may be especially important in the perinatal stage. The HIV/AIDS pandemic has shown that illness-related stigma is a major component in parent and child distress.²¹⁴

There are several evidence-based interventions to support parenting during pregnancy and the perinatal period that have been effective in the HIV/AIDS pandemic and in contexts of extreme poverty. Effective parenting support programmes delivered by lay workers²¹⁵ target parent–infant engagement, cognitive and motor stimulation, and parent (particularly maternal) mental health,²¹⁶ with positive impacts in the medium and long term.²¹⁷

A systematic review of interventions to improve the mental health of postpartum women showed that, in LMICs, supervised non-specialist workers could improve both the levels of maternal depression and onward benefits to the child's interactions, development, growth, and uptake of immunization and reduction of specific health challenges (such as diarrhoeal incidents).²¹⁸ The interventions all involved the utilization of non-specialist health and community workers who were trained and supervised. These interventions are already delivered in low-resource contexts but will require adaptation to social distancing/physical distancing measures.

There is strong evidence for the positive impacts of social protection and nutrition provision for women during pregnancy and for mothers and children during infancy, including benefits for child health, growth and long-term opportunities. These may be particularly important for adolescent mothers and their children, who remain often at highest risk in contexts of economic and health instability.



Parenting and caregiving of children and adolescents



“

I am not worried;
my mummy tells me it's her job to worry.

”

(Boy, age 7, Wales)

[Children's Parliament, 2020]²¹⁹

Parenting is a fundamental and wide-reaching predictor of child and adolescent well-being, as well as life opportunities and health.²²⁰ COVID-19 has negatively and variously impacted parenting globally and the pressure on childcare has reached the point of a 'global crisis'.²²¹ Moreover, emerging evidence from the pandemic, and established evidence from HIV/AIDS and mental health fields, suggests that psychological distress related to health emergencies can limit parental capacity to engage with children, and increase irritability, anger and negative parenting tendencies such as neglect and abuse.²²²

Fears of infection, illness and death related to the pandemic have increased levels of anxiety and depression globally, including among parents. Parents experiencing sudden, COVID-19-related bereavement are also lacking support from family members. In other circumstances, such support enables them to grieve without having to simultaneously cope with family or parenting responsibilities. In addition, fear and distress associated with the economic consequences of COVID-19, such as unemployment, poverty²²³ and economic shocks to households,²²⁴ are associated with increased violence against children.²²⁵ Previous health emergencies such as Ebola have shown increases in violence related to school shutdowns compounded by lockdowns where families have been constrained in small living spaces for long periods of time.²²⁶ Furthermore, supportive and preventative services have often been closed or are minimally functioning.

Parents are feeling the strain in multiple ways from the pandemic, and this can spill over into their childcare

Research has consistently shown that families in fragile circumstances are most vulnerable to the impacts of

parenting stress. In this pandemic, this cohort is likely to include families in poverty, families already experiencing conflict, and parents who lack support from other adults in caring for children or adolescents. It is also likely to include families in vulnerable groups, such as refugees or undocumented populations.

Parents working as essential service providers are also experiencing considerable stress and strain. A cross-sectional survey of 2,700 healthcare professionals in 60 countries working on the front line against COVID-19 found that 51 per cent suffered burnout, which was associated with work impacting household activities.²²⁷ During interviews, healthcare workers concerns included fear of being exposed to COVID-19 at work and in turn infecting their family, access to childcare during increased work hours and school closures, and support for other personal and family needs as work hours and demands increase.²²⁸

When schools and preschools remain closed even as lockdowns ease, but economies open to a degree, the childcare implications are profound. In South Africa, for example, hundreds of thousands of domestic workers have had to return to work as the lockdown eased earlier this year, but without the safety net of crèches and schools – which remained closed – to care for their children. Consequently, countless children are being left with suboptimal care and without educational stimulation. Parents are being confronted with the impossible decision of having to weigh up working to receive a salary with leaving their child in situations that may compromise their child's safety.

PROVEN AND PROMISING SOLUTIONS

Systematic reviews have shown that quality parenting programmes are an effective approach to improving parenting and reducing parental stress and violence in all settings.²²⁹ Further adaptations include text message, app-based and community-led social media parenting programmes. Although systematic reviews have found remote parenting programmes to be effective in HICs,^{230 231} further research is needed to assess the effectiveness of these programmes in LMIC contexts and in the context of COVID-19.

Other evidence shows that social protection – in the form of cash transfers or other forms such as food and

education support – is associated with improved parenting in contexts such as the HIV/AIDS epidemic.²³² More broadly, family-friendly policies can provide enabling environments to allow families to provide nurturing care.

Access to safe, quality and affordable childcare support is also likely to be essential in the response to COVID-19, and particularly important for working parents in the long term as restrictions continue. It is essential that further research and programming are developed to identify effective ways to provide childcare and education that limit infection risks, provide nurturing environments for children and adolescents – and give some relief for parents.



Adolescent pregnancy and parenting



“

The young fathers and the young mothers ... In this quarantine it is hard for young people who are being a breadwinner because there is no time for them to go out to hustle, to find something to eat. Some of them sleep with an empty stomach in their home. It's kind of hurtful because no one can support them ... What the thing is they will go and borrow money, which will get interest. So that's how difficult it is I'm just seeing right now.

”

(Young man, South Africa)

Adolescent pregnancy (10–19 years) remains a global public health issue, having implications for both parent and child.²³³ Pregnancy and birth complications are a leading cause of morbidity and mortality among female adolescents, and have implications for individuals, their children,²³⁴ community participation (i.e., schooling) and wider society.^{235 236} As previously stated, the ongoing COVID-19 pandemic has generated widespread threats for child marriage, early pregnancy, child rearing and child development.²³⁷ Over the next decade (2020–2030), the United Nations Population Fund has predicted that the pandemic may result in an additional 13 million child marriages,²³⁸ with attendant implications for adolescent pregnancy and parenting.

The pandemic is likely to result in a rise in adolescent pregnancies, intended and unintended, in large part linked to economic instability

The pandemic is likely to result in a rise in the number of adolescent pregnancies, with data already showing increases in places such as Kenya and the Caribbean. This is in line with evidence from previous disasters and emergencies, which have been associated with a rise in adolescent pregnancies. For example, school closures during the Ebola epidemic resulted in an additional approximately 18,000 adolescent pregnancies in Sierra Leone.²³⁹ Evidence shows that – as economic instability rises due to shocks such as the pandemic – adolescent girls face heightened risks such as abuse,²⁴⁰ child marriage²⁴¹ and transactional sex,²⁴² all of which are drivers of adolescent pregnancy.²⁴³

Disruption within family planning services because of reduced access to clinical services, disrupted contraception supply chains, and limited access to sexual and reproductive health information is also projected to lead to a rise in the number of unintended pregnancies.²⁴⁴ Rising rates of adolescent pregnancy result in additional considerations regarding antenatal services, adolescent well-being, child development and parenting (inclusive of both adolescent mothers and adolescent fathers).

PROVEN AND PROMISING SOLUTIONS

There are evidence-based interventions to reduce unintended pregnancy among adolescents. These include consideration of the effectiveness of combined approaches such as sexual and reproductive health education and access to contraception.²⁴⁵ The integration of sexual health programming into parenting support interventions has also been effective in promoting safe sexual behaviour.²⁴⁶ Within resource-poor settings, economic interventions such as cash transfers or assistance with school costs have previously been found to be effective in reducing the rate of child marriage.²⁴⁷ Likewise, economic interventions,²⁴⁸ and economic interventions in combination with additional provision i.e., financial education,²⁴⁹ have been found to be effective in reducing engagement in transactional sex.

Children in institutional care or on the streets

Across the world many children are outside of family care and it is important not to forget their needs. Some children live on the streets and will face special challenges in the time of COVID-19, which may be especially marked in contexts where isolation and social distancing/physical distancing are national responses to the pandemic.²⁵⁰ Other children may be placed in a variety of forms of institutional care, from large orphanages to group homes.²⁵¹ Despite the global efforts over many decades to provide such children with family care and reintegrate them into families,²⁵² the COVID-19 pandemic may have a sudden and profound impact on their situation. The pandemic may prompt added challenges within the institutions in which they reside, or sudden transitions back to family or precarious contexts without the benefit of planning and ongoing support.

Children outside of family care require special attention during the pandemic, and their needs must be included in child-sensitive responses to the crisis

There have been several reviews showing that institutional care is associated with challenges for child development, both cognitive development and social/emotional growth.^{253 254} Such problems may be triggered by some of the reasons why the child was placed in the institution in the first place – poverty,

parental death or victims of violence. Further, their vulnerability may be exacerbated by a lack of appropriate care and protection in under-resourced institutions.²⁵⁵ Considerations for violence prevention²⁵⁶ are important for such children, especially heightened with conditions surrounding COVID-19. It is also important to ensure that these children and their specific needs are considered and included when essential services, such as nutritional support, routine healthcare and education, are being restored.

PROVEN AND PROMISING SOLUTIONS

Interventions for children in institutions have shown specific benefits. Randomized controlled trials of the removal of children from large institutions to family care with supportive training have shown adjustment and catch-up.²⁵⁸ Alternative placement seems to be the most promising intervention to redress cognitive challenges, yet this is not a panacea.²⁵⁹ There is limited literature on interventions within institutions to reduce harsh punishments and violence, and where there are any interventions, they are confined to legislative change and implementation (together with monitoring and enforcement) or specific staff training to improve the quality of care.²⁶⁰ There is also evidence that intervening early on to prevent institutionalization may be a promising strategy, supported by measures to reduce poverty, improve education access, and better prevent child abuse and neglect.





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Social networks

At-a-glance: proven and promising solutions to the impacts of COVID-19

EVIDENCE-BASED INTERVENTIONS	IMPACTS OF COVID-19		COVID-19 ADAPTED DELIVERY PLATFORMS	
	Social networks		Social networks	
	Making meaning	Social networks		
Mental health support	●	●	Digital/phone-based support	●
Educational programs	●		Inclusion with emergency relief (i.e. food)	
Youth engagement	●	●	Inclusion with essential services	

Legend: ● Especially strong evidence ● Good initial evidence

Social restrictions



“

We are in quarantine, and we can't go out. The situation is very bad. People are experiencing anguish and desperation at home. At the beginning of the quarantine, people were behaving well, but as time passes, many people are not respecting the lockdown, and these people are putting others at risk.

”

(Natalia, age 16, Peru)

In order to limit the spread of COVID-19, in most countries a range of measures have been implemented with dramatic societal effect. These include stay-at-home lockdowns, crèche/kindergarten/school closures, social distancing/physical distancing requirements from loved ones and loss of access to public life/community structures, redeployment of healthcare resources to the COVID-19 response, introduction of health protection measures such as face coverings and handwashing, restrictions on travel and movement, and closures of many leisure and social gathering venues. All of these may affect the extent to which children and young people are able to access and harness their social support networks which, in turn, may affect their quality of life. Closure of facilities for healthcare, development checks and immunization services may have long-term effects on child well-being.

Lockdowns are likely to be associated with increased physical inactivity among children and young people, with negative consequences for their health

Lockdown may be related to physical inactivity and result in long periods when youth are sedentary.²⁶¹ This will have consequences for their health and general well-being, for it is well established that physical activity and

sedentary behaviour affect quality of life for children and adolescents.²⁶² Due to COVID-19, children and youth may find themselves residing in confined spaces with little possibility of running around, exercising or playing sport. Economic constraints and supply difficulties may affect access to food which may in turn affect energy levels.

Children are also experiencing the negative effects of closures of public, leisure and cultural spaces and reduced mobility

Many countries are experiencing multiple closures, affecting both social fabric and social opportunities. Separate attention has been given to school closures, but children are also impacted by closures of facilities for sports and entertainment, reduced travel, and limited access to shops, meeting places and spaces. Social gatherings may be banned, limited or not possible within the restrictions. Even when the restrictions are lifted, financial changes may obstruct access to such social activities.

But it is not only the experience of socializing activities that brings pleasure and learning, but the anticipation, planning and memories. For younger children, the place and company to carry out simple play may be affected. Interactions with broader family members, grandparents,

Mixed findings on COVID-19 lockdown activity from the United Kingdom

In the United Kingdom, a youth-led report⁶⁷ described that 47 per cent (n = 162) of pupils engaged in no or minimal physical exercise during lockdown, with 34 per cent exercising with their family and 17 per cent following regular online physical education (PE) lessons. More than half (55 per cent) of the children and adolescents sampled increased their snacking habits and more than 9

in 10 (93 per cent) reported spending more time in front of screens. This was corroborated by findings from a Children's Parliament study (n = 7,666, split into two waves) in which children reported feeling less energetic, engaging in less exercise and feeling less cheerful.²⁶³ A third survey (n = 1,000) reported however that children tended to eat more fruit and vegetables (in

deprived areas: + 20%) and less take-away food than before, and were more likely to get the recommended amount of sleep.⁶⁸ A final study indicated that 48 per cent (n = 9,913) were spending more time than usual being active,⁷⁵ highlighting mixed findings even within the United Kingdom.

cousins, community members or new social contacts may be cut off. Even when contact is possible, the requirement for distancing may reduce physical contact and children may not benefit from affection, hugs and feelings of belonging as they restrain their reactions. Much learning is created through trial and error, exploration and rehearsal. These opportunities may be stilted while social distancing/physical distancing has been enacted as a prevention measure.²⁶⁴

Care must be taken to reduce stigma and discrimination against children and adolescents who have been infected with the virus

In the aftermath of social distancing/physical distancing, communities need to take care that this does not become a stigmatizing action, enhancing discrimination and xenophobia against those children and young people – and/or their family members – who have been infected with the virus. Lessons from other conditions and circumstances show the importance of this. A recent review of stigma and HIV summarized interventions and their efficacy, specifically community-level interventions alongside

interpersonal and intrapersonal levels.²⁶⁵ These lessons could be applied to the COVID-19 response. The review authors suggest three strategies to balance public health responses and avoid stigma, namely: reduce "othering" with stigma-reducing messages while fostering empathetic approaches; cautious consideration of enforcement; and conceptualizing travel and movement bans to avoid disproportionately targeting the already stigmatized.

Positive impacts of the COVID-19 situation include more family time, greater community spirit and active engagement in acts of kindness by children and young people. In contrast to the negative effects reported from lockdowns and other COVID-19-related measures, there has also been a range of positive experiences associated with the COVID-19 situation. These included having more time for play or to pursue hobbies, building better family relationships, spending more time outdoors, a better community spirit/being more open to speak to neighbours, and learning new skills.^{68 69 75 263} Of note, a substantial number of children and young people also engaged in positive actions, such as sending encouraging messages to others or making a video to make someone smile.⁷⁵

“
Being outside, exploring,
climbing, exercising more in the
outdoors. More relaxed, less
rushing about.
”

(Girl, age 9, Wales)



“
I have formed a closer relationship
with my parents. The community
has really come together. Has made
me appreciate the small things.
”

(Girl, age 15, Wales)

Peers and peer support

“

Keeping busy helps. If you're doing fun things you don't think about the virus. We have made kindness rocks and we're going to give them to my friends. On their doorsteps. I think I would say to other kids, take this time to hang out with your mum and dad. Make memories.

”

(Jack, age 11, New Zealand)⁷⁷



“

If you have friends to speak to then speak to them and let them know you are thinking of them. Even just a couple of update texts from my friends made me feel so much better.

”

(Anonymous, UK)⁷⁴

[Early Insights, 2020]²⁶⁷ [The Spinoff, 2020]²⁶⁸

In addition to the potential negative psychological effects of its health and economic consequences, the COVID-19 pandemic can negatively affect youth mental health through increased social isolation and loneliness resulting from lockdowns, school closures, social distancing/physical distancing and self-isolation.^{269 270 271} Moreover,

it can deprive young people of tangible support provided through their social networks. Social networks, and the support derived from these networks, have been linked to better mental and physical health in various populations, including adolescents.^{272 273 274}



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Disruption to social networks and relationships and social isolation can have numerous adverse effects on children

The effects of social relationships on health can emerge in childhood and extend throughout life.²⁷⁵ Youth and older adults often depend on instrumental, emotional and informational support and companionship from family, peers, neighbours and other members of their community to cope with illness and other stressors.²⁷⁶ Young adults are more likely than any other age group to use social media as a means of social interaction,²⁷⁷ reflecting their heightened need for social connection and acceptance among their peers.²⁷⁸

Adverse mental (and potentially physical) health effects of social isolation are likely to be worse for specific groups of vulnerable children and youth, including youth with pre-existing mental health disorders,²⁷⁹ those who have

contracted the disease and are self-isolating,²⁸⁰ youth in households where adults are absent (for example because caregivers have been hospitalized or are essential workers), those dependent on school lunches or other social protection through schools, and employed youth whose income-generating activities may be lost or suspended as a result of lockdowns.

The COVID-19 pandemic is also likely to further increase virtual communication and reduce in-person contact in the short and possibly longer term. This risks leaving further specific groups of adolescents more vulnerable, for example young people who are particularly dependent on in-person support (e.g., adolescents with disabilities or in need of in-person care) and adolescents in more resource-deprived or geographically isolated households, without access to social media through internet or phone connectivity.²⁸¹

PROVEN AND PROMISING SOLUTIONS

Interventions should be informed by what has worked in previous health crises to promote positive social resources and resilience, paying attention to the specific needs of the most vulnerable groups of children and adolescents.²⁸² Educational and non-educational interventions must promote high-tech, low-tech and no-tech solutions in order to reach youth currently out of school and detached from their social networks. Based on evidence of effectiveness and acceptability, it would be useful to further develop telephone and online support and family programmes, online moderated chat-based forums and mobile phone applications using SMS (text messaging).²⁸³

Creative solutions are needed to reach young people without phone or internet access. Partnerships between local government, schools and other community organizations could be employed to increase access to information technology among learners and deliver meals to the most vulnerable households.¹⁸⁷ During the Ebola crisis, for example, Liberia and Sierra Leone tackled the digital divide by providing access to education via radio broadcasts²⁸⁴ and similar initiatives are being considered for the current pandemic.²⁸⁵ In-person community outreach may be necessary in extreme cases, though of course physical distancing and other protective measures should be employed.²⁸⁶

Storytelling and related creative activities can provide powerful forms of relief and release in situations of isolation and deprivation such as those experienced by millions of people under the COVID-19 lockdown. Research conducted by the UKRI GCRF Accelerate Hub has shown that telling stories, including online, is itself an effective outlet for children and young people when they are anxious, as in the rapidly changing and stressful situation of the pandemic. Stories help to manage the fear and worry they feel.¹⁷⁵ Storytelling and poetry also give structure to experiences that feel structureless, such as the boredom of lockdown.²⁸⁷

Narrating or telling stories about the crisis has become an important coping mechanism for young people

During lockdowns, many young people have turned to narrating the crisis. Stories shared on social media became an important platform for young South Africans to articulate their needs, as the report **SA Youth were asked** underlines.²⁸⁸ The research shows that they particularly valued hopeful stories of recovery involving people “like them”.

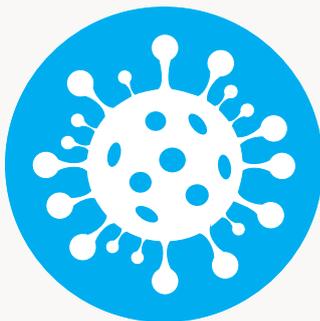
For some young people, lockdown brought experiences of confusion and increased precarity, poverty and violence. In these situations, government instructions could feel distant and alienating. By contrast, sharing personal stories helps to manage stress and share anxiety. A poetry initiative in the United Kingdom produced **Unmute**, a story of the lockdown in poetry.²⁸⁹ The participating young poets used poems and stories to talk about shared fears and nightmares. The young people enjoyed looking forward to the future together. They dreamed together remotely about touching each other again.

The ‘Stories in Transit’ project in Sicily works with young West and North African refugees. Their activities show that telling stories from a range of different cultures improves young people’s well-being in situations of confinement and stress.²⁹⁰ Notably, these stories do not need to be their own stories. Even stories that bear no relationship to their lives were reported by young people to support well-being and social integration.

Participatory research suggests that, when interventions tune into the stories of young people, this can have a positive impact on how they see themselves. This includes stories told and shared online during the COVID-19 crisis. There is a strong case for storytelling to form a crucial part of the delivery of services during a pandemic. Narratives are important to protect and enhance the services that give young people a voice and a platform through which to articulate, express and develop their own understandings of the world – perhaps even more so during times of social isolation.



Conclusions and recommendations



Additional deaths
TB, Malaria, HIV,
Cancer



Increased
mental health
distress



Exposure to
Violence



Social protection
needs



Educational
losses



Increased
Poverty



Family effects

There is no precedent for this pandemic. Our evidence reviews show that every element of the world of children is affected – survival and health, learning and education, protection, empowerment and participation. The sudden high level of need, and massive societal impact of the pandemic on children, is exacerbating existing inequalities. Children and adolescents who were disadvantaged before the pandemic hit are now facing even greater hardship and marginalization. Moreover, the pandemic is not only affecting their present but also threatening to undermine their future.

This unprecedented pandemic requires an array of evidence-based solutions, including those based on the experiences of past health crises and economic shocks

Our review finds that there are evidence-based, low-cost, scalable interventions with demonstrated effectiveness in mitigating multiple challenges worsened by COVID-19. These are at individual, household, community and societal levels. However, the context of intervention delivery has changed substantially. We examine where interventions can be adapted for delivery in contexts of sustained poverty, weakened government capacity, social distancing/physical distancing and movement restrictions. Here, rapid innovation and evidence-building is needed to adapt evidence-based interventions to a COVID-19 context. Many of the interventions will explore the use of digital adaptation and efforts to reduce the digital divide, while infrastructure strengthening will be a prerequisite for much of the rapid response when virtual resources are utilized.

It is also critical that we collect disaggregated data on children and young people and invest in research to better understand the impact of COVID-19 on their health and well-being. To ensure we target these policies effectively and prioritize the needs of the most vulnerable children, we must first build up an accurate picture of how the pandemic is affecting them. Emerging data on and empirical analysis of the impact of the pandemic on children are already beginning to shape the policy response. But there is still too little of this and it is therefore vital to use evidence from prior epidemics and resource-poor contexts

to guide our responses and supportive actions. By identifying accelerator provisions – social protection, parenting support, safe and quality education environments and psychosocial/mental health support and others – we can strategically aim to mitigate the negative consequences of COVID-19 on children and adolescents.

UNICEF’s Six-Point Plan to Protect our Children against the impact of the pandemic

To this end, and building on the commitment from 172 United Nations Member States to protect children, **UNICEF is launching a Six-Point Plan to Protect our Children** from the worst effects of the pandemic, calling on governments and partners to:

1. Ensure all children learn, including by closing the digital divide.
2. Guarantee access to primary health care and make vaccines affordable and available to every child.
3. Support and protect the mental health of children and young people and bring an end to abuse, gender-based violence and neglect in childhood.
4. Increase access to clean water, sanitation and hygiene and address environmental degradation and climate change.
5. Reverse the rise in child poverty and ensure an inclusive recovery for all.
6. Redouble efforts to protect and support children and their families living through conflict, disaster and displacement.

Action on the Six-Point Plan is urgently needed now, but with a long-term vision as the emergency shifts from a short-term crisis into a longer-term global challenge which, by addressing equitably, inclusively and sustainably, we can help to protect the future for all children and young people.

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