

Executive Summary

Beyond Masks

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

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OVERVIEW

All children are being affected by the COVID-19 pandemic, often in multiple ways

The COVID-19 pandemic is a universal crisis that has been devastating for children, families and communities, and shows no signs of abating as 2021 approaches. Examining the available evidence to understand the potential and actual societal effects on children and identifying viable evidence-based solutions are critical pathways to inform timely policy and programmatic responses. This Executive Summary of the UNICEF Innocenti report **Beyond Masks: Societal impacts of COVID-19 and accelerated solutions for children and adolescents** provides a review of literature on the societal impacts of the COVID-19 pandemic, as well as past health and economic shocks, and possible solutions for mitigating impact at individual, household and societal levels.

The evidence base on the societal impacts of the pandemic is still nascent. For children, it is weaker still, largely due to the paucity of age-disaggregated data and the relatively low number of paediatric studies, particularly in low- and middle-income countries and especially beyond the biomedical sphere. Consequently, in order to best inform child-sensitive responses, we also examined evidence from prior epidemics and shocks to find insights to inform the current COVID-19 crisis. We looked at the prior societal impacts of previous infectious disease epidemics, including Ebola, Zika, SARS, MERS and tuberculosis, and particularly HIV/AIDS where there is a very robust evidence base.

While there are promising signs of potential breakthroughs for vaccines, rapid non-invasive tests and treatment options – all of which will help to slow and address the impacts of the pandemic – it is likely to be a long time before these interventions are available to all children and families, and particularly the poorest and most disadvantaged. As a result, there is an urgent need to find scalable and cost-effective solutions to the continued and deepening impact of the COVID-19 crisis on them.

Evidence on the pandemic's impact is still emerging, and responses can be usefully informed by reviews on evidence-informed responses that have been effective in previous crises

The framework in Figure 1 presents a simple depiction of the potential impact of SARS-CoV2 on children. Recognizing Bronfenbrenner's¹ 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**² 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**³ 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 seek out multiple drivers to maximal impact, thereby aggressively reducing the gap between the blue and green trajectories, and ultimately contributing to reduced inequalities.

We conducted an extensive review of the current COVID-19 literature in July 2020, which was followed by an internal UNICEF review in August-October 2020. This confirmed that COVID-19 has created new challenges for children and adolescents through its impact on household income, healthcare disruption and school closures, restricted mobility and mental health, and uncertain economic and social prospects for their future. The pandemic has also massively exacerbated existing disparities, such as poverty, housing, hunger, learning, mental health distress, violence, bereavement and social isolation, and made challenges that were previously affecting smaller groups of high-risk children – such as severe parenting stressors – into near-universal global experiences.

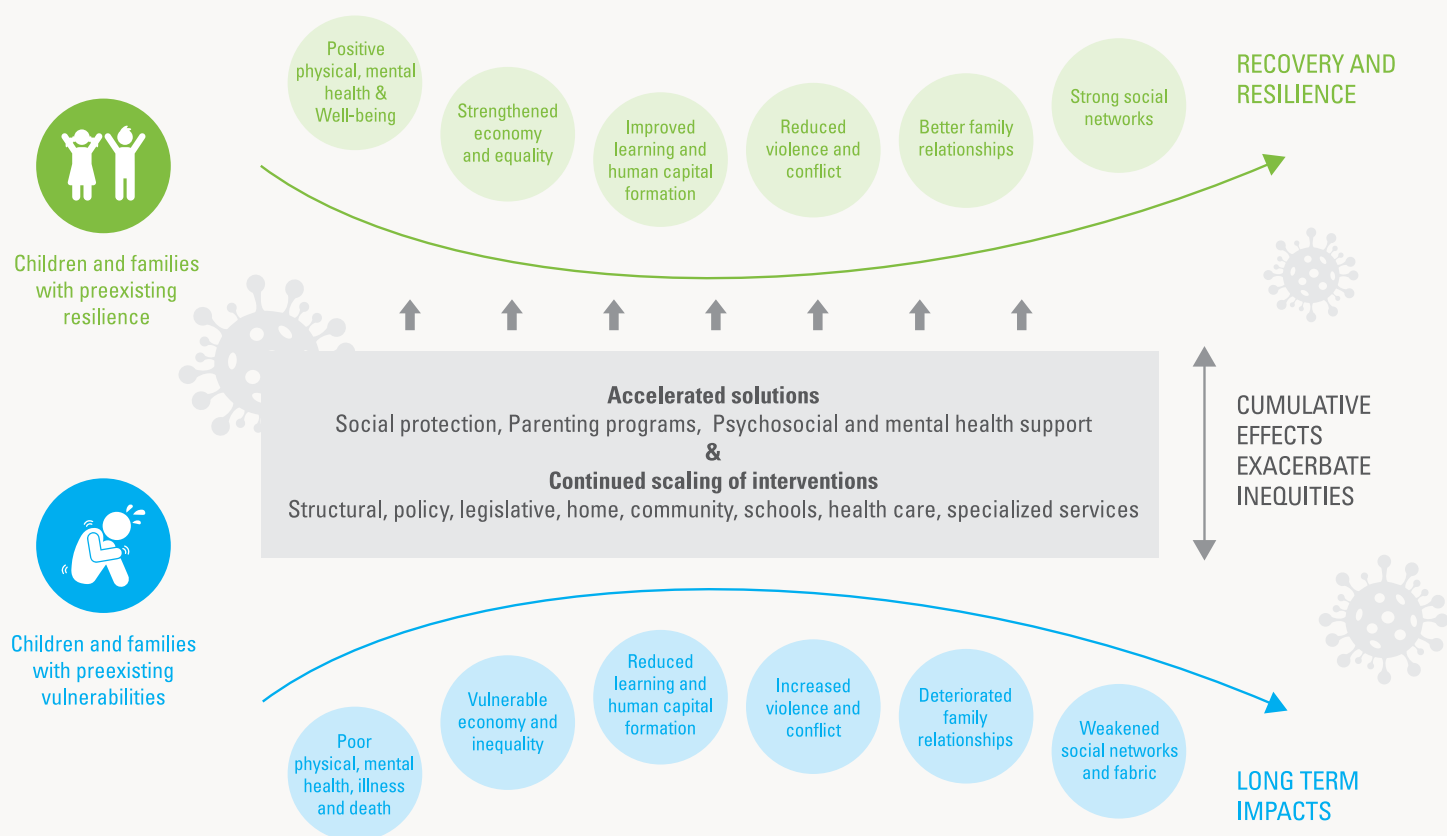
Our review also examined effective responses for children during previous periods of economic crisis, with a firm focus on the evidence base from low- and middle-income countries in particular. It drew on knowledge on social norms, gender, economic challenges, effective interventions, policies and provisions, and gathered evidence from the growing social protection knowledge

base. We found that there are sound evidence-informed responses applied during previous epidemics and global shocks that have resonance for this pandemic.

One way that these responses can be most effective is to adopt an ‘accelerator approach’, identifying those with the best evidence for effectiveness across multiple impact pathways of COVID-19. The review found that among the strongest accelerators for mitigating the impact of COVID-19 are social protection (especially cash transfers and nutrition), **parenting programmes, psychosocial or mental health support and safe and quality education environments, including school feeding**. Such interventions can be provided through government or community-level services, with increasing evidence of the essential role of community-based service delivery during the pandemic. These interventions are not just important solutions to mitigate the impact of shocks and stressors on children, but also enhancers of children’s agency and rights in any context.

Caution is needed when applying the review and argumentation, including on the accelerators, to the local

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.

context. The very rapid review methodology employed is not without limitations and focuses on the short-term effects and responses. The scope was necessarily broad given the multiple ways in which the pandemic affects children, and the necessity to look at these effects on the whole child. Other papers released by UNICEF Innocenti in 2020 provide in-depth examinations of the impact of the pandemic on child protection, education and physical health, and social protection;⁴ a forthcoming paper will also be published on COVID-19 and children's mental health. As the crisis continues and the global situation evolves and oscillates, new evidence and longer-term strategies will need to be incorporated.

HEALTH AND WELL-BEING



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Children can both be infected by and transmit the SARS-CoV2 virus, with some signs that adolescents are at a higher risk of infection compared with younger children

Early data on the prevalence of COVID-19 among children seemed to indicate that children were not a major cause of concern within the crisis. Their share of national burdens appeared extremely low, and even when they caught coronavirus, they were largely asymptomatic and experienced lower severity from its effects. However, as the pandemic has spread and more age-disaggregated data have become available, it is clear now that children and adolescents must be recognized as a vulnerable group that can both be infected by and transmit the SARS-CoV-2 virus, which leads to COVID-19. A new UNICEF study on data from 87 countries reveals that 1 in 9 known COVID-19 infections are among children and young people under 20.⁵ Children's mortality from COVID-19 remains thankfully rare, but there is emerging evidence which suggests that children living with HIV and other chronic illnesses could be particularly at risk of mortality from COVID-19. In addition, there is solid evidence that on relatively rare occasions the virus can make children extremely ill in

what is described as multi-system inflammatory syndrome in children (MIS-C).

COVID-19 responses have strained, disrupted and limited access to vital child health services such as immunization and maternal and newborn care

Across the world, the urgent healthcare response to contain the COVID-19 pandemic is crowding out regular healthcare services such as routine immunization and maternal and neonatal care. For children and women this can be devastating: the absence of such vital services as emergency obstetric care and adequate nutrition in infancy can have fatal or lifelong consequences. Ensuring continuity of quality healthcare to children and women is therefore imperative, both through health facilities and directly to families and communities. 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-19.⁶ Catch-up approaches will be needed for delayed schedulable services, such as immunization and micronutrient supplementation, and there are signs that this is already occurring. Restoring and revitalizing essential services must be a key element of the response to the pandemic and to prepare health systems for an eventual COVID-19 vaccine.

Essential mental health services provided through health facilities, schools and other modalities directly to families and communities are central to children's well-being

As the literature shows, there are many societal and psychosocial ramifications of the health impacts of the COVID-19 pandemic on children that require further study and understanding. These include the fallout from the illness and death of their caregivers, relatives and other community members; the interruption of school food and nutrition programmes due to school closures and lockdowns; reduced physical accessibility due to lockdowns or mobility restrictions; and increased mental health distress due to isolation, anxieties about the present and future, and other stressors. Those with pre-existing mental or physical ill health, or marginalized by poverty, gender, disability or other factors, are at particular risk of their conditions being exacerbated by the pandemic.

Innovative approaches are required to address many of these challenges during this unprecedented global pandemic. Such strategies are emerging. The literature reveals growing evidence of the value of combining task sharing (community provision of healthcare services) and transdiagnostic approaches to common mental

health distress. There is also increasing focus on the value of services to address other social issues – such as social protection for poverty reduction, and parenting support – which can result in better adherence to care-seeking and behaviour change, and continuation of treatment and care. Provision of support measures, including such interventions as food parcels, e-Health consultations and mobile mental health support from peers, are promising interventions to support children and adolescents during the turbulence wrought by the pandemic.

ECONOMY AND EQUALITY



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

The COVID-19 pandemic is having a devastating impact on economies and employment and has laid bare the stark inequalities among and within countries and communities. Those children and households who were most vulnerable and impoverished prior to the crisis are also most at risk of further harmful societal and individual impacts brought on by its economic effects. 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, are at risk of being reduced, disrupted or suspended. In addition, physical distancing and restrictions on mobility adopted in response to the pandemic have impacted on the social welfare system's ability to deliver services such as healthcare and education, disrupted the production and distribution of key goods and services, and negatively influenced healthcare-seeking behaviours and access. The severe global recession in 2020 will deepen and prolong the social and economic impact of the pandemic, and further exacerbate inequities, particularly for the most deprived and vulnerable children and adolescents.

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

Alleviating extreme poverty and helping poor and vulnerable children and communities to cope with the pandemic must now become a critical part of the COVID-19 response in all countries. There is strong evidence that large-scale social protection is an effective and feasible response to sudden-onset shocks such as those posed by COVID-19, as well as in generalized settings of poverty and marginalization.⁷ A broad range of literature shows that national social protection systems have been able to reduce the direct health risks from other infectious diseases such as tuberculosis and HIV, improve food security and dietary diversity, enhance school attendance and prevent school withdrawal during crises, and improve psychosocial well-being among adolescents. There is also evidence from both the HIV epidemic and the Ebola crisis that provision of social protection can reduce risky sexual behaviour related to the economic needs of households.⁸

Evidence also suggests that starting access to cash transfers at an early age is most beneficial for child and adolescent outcomes, combining these with interventions such as feeding programmes, nutritional supplementation and parenting programmes, and psychosocial interventions.⁹ Many governments are already strengthening existing social protection or implementing innovative schemes in response to the crisis. But given the strong evidence of the benefits of this measure for a wide range of child rights, it is imperative that governments consider strongly doing more in this sphere to address the pandemic's economic and social impacts.

LEARNING AND HUMAN CAPITAL DEVELOPMENT

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According to the World Bank, human capital consists of “the knowledge, skills, and health that people accumulate throughout their lives, enabling them to realize their potential as productive members of society.”¹⁰ Much of the foundation of this capital is set in childhood through quality healthcare, nutrition and nurturing, learning and education opportunities with skills appropriate for the jobs market, and attention to children’s social and emotional development.

The COVID-19 pandemic has caused massive disruption to learning and human capital development for children and young people worldwide

The COVID-19 pandemic is hitting human capital development hard across the world, particularly in the formative years for children and adolescents. In addition to the health and economic impacts previously described, the pandemic is taking an enormous toll on children’s education and learning. Among the unprecedented facets of this crisis have been the worldwide closures of schools, which at one time or another in 2020 affected 194 countries as part of national and subnational efforts to control the spread of the pandemic. Although the easing of lockdowns in Europe and elsewhere from mid-2020 onwards promoted a return to school in the northern hemisphere autumn for millions of children, the resurgence of the virus in Europe in recent months, and outbreaks elsewhere, are beginning to result in a partial reversal of this reopening. Depending on how the pandemic is contained across the world, it is possible that many children will again face school closures in the coming months.

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

This disruption is likely to have a range of adverse effects. Children generally spend more time in school than any other setting beside the family home. The longer schools are closed, the more likely the disruptions will impact on not only their learning in the short term but also 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, temporarily lacking the option of school, they have already chosen or are forced to engage in the labour market to contribute to the family income. Poor children also disproportionately miss out on education, and evidence from high-income countries suggests that attainment gaps resulting from time out of school exacerbate inequalities in educational achievement.¹¹

But school closures affect children in ways beyond the absence or remoteness of learning. They also disrupt social relationships and networks, school-based provision of other services such as food, medicines, and sexual and reproductive health interventions, 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 educative function, and removal of pathways for care and attention in case of elevated need. Schools also 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.

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

For many children and adolescents living in communities characterized by endemic violence and households with high levels of interpersonal violence and violence directed against them, schools can be places of safety and security. Anecdotal evidence from previous epidemics and shocks indicates that adolescent girls are especially vulnerable to exploitation, child labour, child marriage, and sexual and gender-based violence.

The range of responses to school closures has been diverse, covering virtual or substituted learning, home schooling by caregivers, no education but learning through leisure and no education at all. But there is a

long way to go in finding appropriate models of non-school-based learning for different contexts, countries and individual children, and much will depend on the evolution of the pandemic in determining which approaches are adopted – with the aim of keeping all children and adolescents learning and supported. Children living with disabilities will require specific attention as they and their caregivers are at increased risk of the adverse effects of the COVID-19 pandemic related to disruptions in mobility, education, care and social services.

The COVID-19 pandemic may have reverberations on career choices, with a veering towards those careers which may have been less affected by the pandemic

The COVID-19 pandemic is likely to have reverberations for adolescents' career choices. Anecdotal and qualitative evidence suggests that young people may shy away from traditional careers that have been heavily affected by the pandemic, at least in the short term – including hospitality, transport and tourism. In turn, they may become more attracted to sectors that have been less affected by the pandemic, including food supply, information and communications technology and security services.

With the pandemic prompting children and adolescents to spend more time online than ever, this could favourably sway them to careers that can be conducted solely or partially online. Distance learning, once seen as a second-best option to in-person education, is emerging as a strategy to compensate for the new realities in all spheres of education and skill development. But the diffusion of digital skills and resources is slowed in all countries by both economic and social inequality, and barriers to access to the internet from unequal distribution and cost of devices, expense of services and disparities in telecommunications infrastructure.

Despite the barriers to evening out inequalities and improving access to immediate and lifelong opportunities through digital inclusion, there are immense socio-economic opportunities for adolescents in online innovative activities. Hackathons, software development and creation of multimedia content are but three of the many promising avenues among the myriad of digital tools that present an open avenue of opportunities for children and adolescents to thrive online. The challenge will be to find ways to make such opportunities more equitable and inclusive, enabling all children, and not just a few, to fully engage in the digital world to learn and grow, while also being protected from online risks and harms.

VIOLENCE AND CONFLICT



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Calls to child helplines have risen markedly during the pandemic

At the outset of the global wave of lockdowns in early 2020, there was considerable and understandable concern about the prospect of increased violence against women and children. Protection practitioners had long warned of this as pandemic took hold, in part due to the evidence from previous epidemics and mobility restrictions that resulted in an increased risk of stress and decreases in well-being of caregivers, heightened exposure to sexual, physical and emotional violence, and intimate partner violence among adolescents and in the household. In addition, increases in gender-based violence during the pandemic will profoundly impact parental capacity in homes where abuse is taking place. Evidence from previous natural disasters indicates an increase in domestic and family violence of up to 50 per cent in the post-disaster aftermath for a period of up to 12 months.¹²

However, the available evidence suggests a mixed picture. 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.¹³ 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.

The pandemic has compounded the already disadvantaged situation of children in areas of armed conflict

The pandemic is also having a devastating impact on children in areas affected by conflict. These contexts are among the most challenging for realizing child rights to

survival and health, essential services, protection from violence and harm, and participation. One in every six children in the world lives in a region experiencing conflict. Previous studies of the impact of epidemics on children living in conflict-ridden areas reveal far-reaching consequences on their socio-emotional and cognitive development. For example, in the Democratic Republic of Congo, where long-running and brutal internal strife co-existed with a years-long Ebola epidemic prior to COVID-19, the pandemic has caused further disruption to healthcare services, access to education and social interaction, and many children affected by Ebola directly or indirectly are already stigmatized and isolated.¹⁴ Conflict settings, as well as humanitarian, refugee and migrant, and non-conflict emergency contexts, will require attention during the pandemic to ensure that children and adolescents remain protected from violence, abuse and harm.

It is not only difficult to assess the risks COVID-19 poses to children's protection, but it is also difficult to assess the impact on child protection services, which have a critical role in mitigating harms and enhancing safeguards. A study from the United States suggests that child protection system resources are under considerable pressure as stretched agencies and protection workers do not have the capacity to provide necessary services to support families.¹⁵ Shortfalls in service capacity also affect investigations of child maltreatment.

Reducing violence against children is possible during emergencies such as the pandemic with proven and innovative interventions

There are evidence-based interventions to reduce violence against children during emergencies such as pandemics, conflicts or natural disasters. Many of these focus on parenting programmes, delivered by lay workers, which have been shown to improve parent-child relationships, decrease violent discipline, reduce caregiver stress, and improve child behaviour and child and caregiver mental health. 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.

Promising interventions have shown that violence can be halved through dedicated community mobilization, education, parenting and cash transfer programmes.¹⁶ 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 personal protective equipment (PPE) to shelter staff, police awareness campaigns on the heightened risks due to lockdown, proactive con-

tact with previous survivors and perpetrators to check in with them, and offers of counselling services in the open air outside and with an appropriate social distance. It is also vital to ensure that child protection systems have the capacity and resources to respond to increased demand for support services. Responding to online protection risks is also essential, and there are valuable resources available through the Global Partnership to End Violence Against Children.

FAMILY RELATIONSHIPS



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The pandemic is causing major disruptions to family relations and structures, exerting widespread impacts on pregnancy, childhood and parenting. For pregnant women, reduced access to antenatal care or fear of getting infected in health facilities, and the uncertainty and anxiety over the pandemic, are leaving many of the disadvantaged isolated from support structures and skilled healthcare personnel.

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

For parents, lockdowns and increasing unemployment or underemployment due to furloughs are increasing levels of anxiety and depression. School closures have also added to their burden of childcare and provision of nutrition to replace school feeding programmes. And when schools and kindergartens remain closed even as lockdowns ease and economies open up to a degree, the childcare implications can be 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 own children. Parents are thus being confronted with the impossible decision of having to weigh up working to receive an income against leaving their children in situations of suboptimal care and lacking adequate educational stimulation.

Research shows 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 experiencing conflict and those lacking support from other adults in caring for children and adolescents. It is also likely to include families in vulnerable groups, such as refugees and 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 affects caregivers' ability to undertake childcare and household activities.¹⁷

Access to safe, quality and affordable childcare is often a vital service to help support children during the pandemic

Evidence shows that parenting programmes are an effective approach to improve parenting, and to reduce parental stress and violence in all settings. Systematic reviews have found remote parenting programmes to be effective in high-income settings, but further research is required to determine the effectiveness of such schemes in low- and middle-income country contexts and in the context of COVID-19.

Of equal importance is access to safe, quality and affordable childcare support, particularly for working parents. It is essential that further research be undertaken to identify effective parenting support, including childcare and remote learning, which limits infection risks, provides nurturing environments for children and adolescents, and provides relief in terms of both time and resources for parents.

SOCIAL NETWORKS



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The social restrictions imposed by lockdowns and other responses to slow the spread of COVID-19 have disrupted children's social networks and relations. Such networks are vital and important to children's social, emotional and cognitive development, as well as their quality of life.

Lockdowns are likely to be associated with increased physical inactivity among children and adolescents, with negative consequences for their health and well-being

Many children are experiencing multiple closures, affecting not only schools but also public, leisure and cultural spaces, and severely reducing mobility. This in turn is raising concerns about increased physical inactivity among children and adolescents, with negative consequences for their physical health and mental well-being – for it is well established that physical activity and sedentary behaviours affect quality of life for children and adolescents. A youth-led report from the United Kingdom showed that 47 per cent of pupils engaged in no or minimal physical exercise during that country's first lockdown.¹⁸

Adverse mental (and potentially physical) health effects of social isolation are likely to be worse for specific groups of vulnerable children and adolescents; these include adolescents with pre-existing mental health disorders, those who have contracted the disease and are self-isolating, adolescents 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 youths 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.

Disruptions to social networks and relations, and social isolation can have numerous adverse effects on children and adolescents

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, 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.

On the other hand, in contrast to the negative effects reported from lockdowns and other COVID-19-related measures, there have 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 speaking to neighbours, and learning new skills. Of note, a substantial number of children and young people have also engaged in positive actions, such as sending encouraging messages to others or making a video to make someone smile.

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. Educational and non-educational interventions must promote high-tech, low-tech and no-tech solutions in order to reach young people 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).

Narrating their experiences of the crisis has become an important coping mechanism for children and adolescents

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

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 United Kingdom Research Initiative's Global Challenge Research Fund (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. Storytelling and poetry also give structure to experiences that feel structureless, such as the boredom of lockdown.

UNICEF'S SIX-POINT PLAN FOR CHILDREN DURING THE COVID-19 CRISIS

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 are 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 adolescents 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 and psychosocial/mental health support, safe and quality education environment and others – we can strategically aim to mitigate the negative consequences of COVID-19 on children and adolescents.

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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