

# COVID-19: ITS IMPACT ON CHILDREN

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POLICY BRIEF

2020

## BACKGROUND

The Director General of the World Health Organisation declared COVID-19 a global pandemic<sup>1</sup> on 11<sup>th</sup> March, 2020. Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus (WHO 2020). Governments and communities around the world are struggling to contain the spread of the COVID-19 virus, which threatens to undo decades of economic and social progress. From the first case that was identified in November 2019 in China to more than 70 lakh confirmed cases across the world (as on June 10<sup>th</sup>, 2020)<sup>2</sup> COVID-19 has touched almost every country.

This is a crisis of unprecedented nature with no easy solution to surmount it. Though there are examples of prior global pandemics, such as the Spanish Flu of 1918, there is limited documentation available on the detailed response of countries and its impact on local/global economy. The Spanish Flu of 1918 claimed 12 million lives in India.

In the past, India has witnessed pandemics, endemics as well as outbreaks. One such pandemic originated in India in the year 1817. Between 1817-1860 this pandemic had seven waves travelling to Russia, England and Germany killing about 15 million

people. The small pox endemic of 1974, killed nearly 15,000 people across India and accounted for over 86% of the cases in the world<sup>3</sup>. As of June 10<sup>th</sup>, 2020, the number of COVID-19 infected cases in India had spiked up to 2.76 lakh cases<sup>4</sup> with a death toll of 7719. This pandemic has a direct impact on current and future holistic wellbeing of children.

In the current situation of COVID, it is also observed that because of the imposition of lockdown worldwide, the economic growth has come to a standstill. Children today may not be the face of this pandemic, but they are at high risk becoming its biggest victims. The pandemic is having a profound effect on the wellbeing of children across all ages, and socio-economic backgrounds. This is a universal crisis and, for some children, the impact will be lifelong. Moreover, the harmful effects of this pandemic will not be distributed equally. They are expected to be most damaging for children in the poorest communities, and in the poorest neighbourhoods, and for those in already disadvantaged or vulnerable situations.

The COVID-19 pandemic presents the greatest test that the world has faced since the Second World War and the formation of the United Nations<sup>5</sup>. There are two identified ways through which COVID is impacting the lives children :

1 A pandemic is an epidemic of disease that has spread across a large region, for instance multiple continents or worldwide, affecting a substantial number of people. A widespread endemic disease with a stable number of infected people is not a pandemic. Widespread endemic diseases with a stable number of infected people such as recurrences of seasonal influenza are generally excluded as they occur simultaneously in large regions of the globe rather than being spread worldwide. An epidemic is the rapid spread of disease to a large number of people in a given population within a short period of time (<https://pib.gov.in/PressReleasePage.aspx?PRID=1625744> )

2 <https://covid19.who.int/>

3 <https://www.who.int/en/news-room/fact-sheets/detail/cholera>

4 <https://www.coronatracker.com/country/india/>

5 UN Policy Brief :The Impact of COVID on children, 15 April 2020



- > **Children and their parents/guardians getting COVID** : Data reflects that the relative risk of children contracting the COVID-19 infection is relatively low. The direct impact of COVID-19 infection on children has, to date, been far milder than for other age groups. Preliminary data from observed cases in China and the US suggest that hospitalization rates for symptomatic children are between 10 and 20 times lower than for the middle aged, and 25 and 100 times lower than for the elderly and of hospitalized patients, children are the least likely to require critical care.<sup>6</sup> Much more common has been for children to tragically lose a parent, family member, or caregiver to COVID-19. The psychosocial impacts of such loss on children should not be overlooked.
- > **The current and long term socio-economic fallout on protecting child rights due to measures taken to prevent and curb COVID** : The pandemic has put a severe strain on an already fragile health system in India. As a result, resources are being diverted towards care of COVID positive patients, often at the cost of standard health care for pregnant women and children. The corona warriors (frontline workers like health care givers, police, cleaners, power and water works staff etc.) are facing extra burden of work and more risk of infection, and their children have no choice but to adapt to alternate care arrangements. Children living in slums, institutions and remote areas already had limited access to quality

health and education services. With this lockdown and disruption of basic services; they are at far higher risk of getting excluded. Social distancing and lockdown measures, restrictions of movement and border closures, and surveillance strategies are all affecting children in myriad ways.<sup>7</sup> Most of the basic services to children including schooling, nutrition programmes, maternal and newborn care, mass immunization services, sexual and reproductive health services, alternative care facilities for routine health management and community-based child protection programmes have been either partially or completely suspended.

The stalling of child protection services comprises a serious setback to preventive as well as redressal and rehabilitative services. Though national child helpline number (1098) is active but the supportive arrangements to take action for rescue of distressed children are not functioning due to COVID-19 preventive measures. Case management for children requiring supplementary personalized care, including those living with disabilities, and victims of abuse have also been paused, leading to suffering of many children.

The impact of the pandemic extends far beyond the sphere of physical health. The pandemic is having profound effects on children's mental well-being, their social development, safety, privacy, economic security, and beyond, as we explore in the following section. While children are not the face of this pandemic, its broader im-

6 UN Policy Brief :The Impact of COVID on children, 15 April 2020

7 UN Policy Brief :The Impact of COVID on children, 15 April 2020



pacts on children risk being catastrophic and amongst the most lasting consequences for societies as a whole.<sup>8</sup>

When it comes to indicators related to child health, one finds that child mortality was already high in developing countries prior to this crisis. Of the estimated 6.3 million children under the age of 15 years who died in 2017, 1.14 million (18.09%) were from India.<sup>9</sup> We lived in a world that failed to care adequately for children; where one in every three children is malnourished (stunted)<sup>10</sup>; children are not reaching age-appropriate learning levels<sup>11</sup>; and two out of every five children below the age of 5 years do not have birth registrations<sup>12</sup>. The longer the current crisis continues, the more dramatic the impacts on these children, as economies struggle and government spending is restricted. Children living in refugee settlements or other crowded conditions are also extremely vulnerable. In active conflict situations, the pandemic or the response to it may increase the push and pull factors for child recruitment, as well as sexual ex-

ploitation and abduction. What started as a public health emergency has snowballed into a formidable test for global development and for the prospects of today's young generation.<sup>13</sup>

All the aspects discussed above will impact the achievement of Sustainable Development Goals (SDGs) unless concerted efforts are made. The economic loss due to COVID-19 might push many families back to multi-dimensional poverty thus reversing the progress made against goal (ending poverty) and all the SDGs related to children's health, education, nutrition and protection.

This policy brief will further focus on the combined effects of these aspects on children's rights: child health & nutrition, education, child protection, early childhood care and education, and child participation. Each section details the possible impact on said focus area and brings out relevant recommendations.

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8 UN Policy Brief :The Impact of COVID on children, 15 April 2020

9 UN child mortality report ,sep 2018

10 NFHS4,2015-16

11 National Achievement Survey 2017 <http://www.ncert.nic.in/programmes/NAS/NAS.html>

12 NFHS4,2015-16

13 UN Policy Brief :The Impact of COVID on children, 15 April 2020



## HEALTH AND NUTRITION

As per Census 2011, India, with a population of 121.1 Cr, has 13.59% (16.45 Cr) of its population in the age group 0-6 years and 30.76% (37.24 Cr) in the age group 0-14 years<sup>14</sup>. Also, India is the home to the largest number of adolescents (10-19 years) in the world. As mentioned earlier, though, children are not reported as getting infected by COVID yet it is directly impacting their survival, health and nutrition significantly due to the breakdown in economic machinery worldwide. Among children also, the more vulnerable will bear even more brunt. The impact of COVID-19 is not equal, even among children, the access to health care facilities and nutritional meals is limited when it comes to the poor and vulnerable children. Among these the girl children are further marginalised and even more vulnerable are children in institutions, and children with disabilities.

In the Indian context, India has made some improvements in the recent past in terms of reduction in Infant Mortality Rate (IMR), Under-5 Mortality Rate (U5MR) towards realising the Sustainable Development Goals (SDGs). IMR has reduced from 40 per thousand live births in 2013 to 32 per 1000 live birth 2018<sup>15</sup>. During 2005-2016, U5MR reduced from 74 to 50 deaths per thousand live births in India<sup>16,17</sup>

While infant mortality is closely linked with maternal and child health facilities, antenatal care and new-born care; under-5 mortality is linked with factors such as immunization, poverty and childhood morbidity. Under-5 mortality is also an indicator of assessing social practices, public policies and their effectiveness- together, indicating the overall quality of life.

Reduced household income will force poor families to cut back on essential health and food expenditures. Malnutrition among children continues to be a pressing public health challenge in India. Drawing again on the forecast for global economic growth from the International Monetary Fund and the historical relationship between GDP growth and infant mortality in the developing world, the UNICEF has warned that an additional 6,000 children could die daily globally from preventable causes over the next six months as the COVID-19 pandemic weakens the health systems and disrupts routine services in year 2020 compared to a pre-pandemic counterfactual scenario. This would effectively reverse the progress achieved over the last 2 to 3 years in terms of reducing infant mortality within a single year.

UNICEF has stated that even before the COVID-19 pandemic, measles, polio and other vaccines were out of reach for 20 million children below the age of one every year. Globally, over 13 million children below the age of one did not receive any

14 'Children in India, 2018' Ministry of Statistics and Programme Implementation, Govt. of India. [http://www.mospi.gov.in/sites/default/files/publication\\_reports/Children%20in%20India%202018%20E2%80%93%20A%20Statistical%20Appraisal\\_26oct18.pdf](http://www.mospi.gov.in/sites/default/files/publication_reports/Children%20in%20India%202018%20E2%80%93%20A%20Statistical%20Appraisal_26oct18.pdf)

15 SRS Bulletin. [https://censusindia.gov.in/vital\\_statistics/SRS\\_Bulletins/SRS%20Bulletin\\_2018.pdf](https://censusindia.gov.in/vital_statistics/SRS_Bulletins/SRS%20Bulletin_2018.pdf)

16 IIPS, ICF. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: International Institute for Population Sciences 2017.

17 IIPS, ORC-Macro, National Family Health Survey (NFHS-3), 2005-2006: India. Mumbai: International Institute for Population Sciences 2007.



vaccines at all in 2018<sup>18</sup>. Given the lockdown measures taken by the Government of India, the hospitals are not able to continue routine checkups. Anganwadi Centres (AWCs) have also halted/limited other services except for distribution of food items and nutrition support as per the Government order. Hence, a disruption in mass immunisation activities can severely impact child survival. Measures taken under the National Health Mission, the universal immunisation programme (UIP) and recently 'Mission Indradhanush<sup>19</sup>', have resulted in the improvement in immunization levels over the decade of 2005-06 and 2015-16. Given the dependency on public health facilities like AWCs and Public Health Centres (PHC), due to ongoing pandemic, the routine immunisation of the children is going to be affected significantly. Meanwhile, children and adolescents with chronic illnesses, including those living with HIV, are at risk of reduced access to medicines and care.

The National Health Mission (NHM) aims to facilitate universal access to equitable, affordable and quality healthcare services. Community Health volunteers called Accredited Social Health Activists (ASHAs) have been engaged under the mission for establishing a link between the community and the health system. ASHA is the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services in rural areas. ASHAs have particularly been successful in bringing people back to Public Health System. The RMNCH+A strategy under NHM en-

compasses all interventions aimed at reproductive, maternal, newborn, child, and adolescent health under a broad umbrella, and focuses on the strategic lifecycle approach.

The lockdown in response to the COVID-19 pandemic resulted in the closure of several Community and Public Health Centres (CHCs and PHCs). Even if the centres would open, public transport was suspended which seriously restricted access to health services. The health workers and other frontline workers were deployed for door-to-door COVID surveillance, diverting them from their roles in providing counselling services related to Infant and young child feeding (IYCF), facilitation of provisions under the Janani Shishu Suraksha Karyakram (JSSK), full immunization of infants and children against vaccine preventable diseases, Vitamin A administration, prevention and management of routine childhood diseases, infections and anaemia and management of child malnutrition.

The lockdown and subsequent closure of ICDS (Anganwadi Centres), have affected initiatives such as SABLA or Scheme for Adolescent Girls and provisions under the Rashtriya Kishor Swasthya Karyakram (RKSK). Therefore, access to information and products for management of menstrual health and hygiene such as sanitary napkins, sexual and reproductive health counselling, managing teenage pregnancies, IFA tablets, Nutrition & Health Education, Life-skills has also been restricted. Data indicates that 28 per cent of adolescents in the country suffer from

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18 <https://www.unicef.org/gambia/press-releases/over-13-million-children-did-not-receive-any-vaccines-all-even-covid-19-disrupted>

19 For details click: [https://www.nhp.gov.in/mission-indradhanush1\\_pg](https://www.nhp.gov.in/mission-indradhanush1_pg)



some form of Anaemia, and adolescent girls had a higher prevalence of Anaemia-40%, compared to boys-18% (CNNS 2019).

The interruption of these critical health services to children would have a significant impact on progress achieved on critical indicators related to Infant Mortality Rates, Maternal Mortality Rates, Total Fertility Rates and child malnutrition.

Disruption in the economic activities due to the lockdown measure is going to impact economic security at the household level and thus, will affect food security. The food security is again directly linked with the physical well-being of children. This may further deteriorate India's rank in Global Hunger Index. Global Hunger Index 2019 Report already ranked India 102 out of 117 countries in the Global Hunger Index (GHI) 2019 that is placed at much below to its South Asian neighbours such as Nepal, Bangladesh, and Pakistan. For government and civil society organisations the biggest challenge in COVID times will be towards ensuring food security of children and communities in vulnerable areas.

Water, sanitation and hygiene (WASH) services are also at risk of disruption by lockdown measures, posing further threats to children's health through water-borne diseases. As per the National Health Mission data, around one lakh children die due to diarrhoea in India, every year. Over 700 children under the age of five die every day from diarrheal diseases related to inadequate WASH services,<sup>20</sup> out of total

global deaths 19.5% are in India and this number could rise sharply if existing services collapse. This is especially alarming given the critical role of hygiene in preventing infection and controlling the spread of COVID-19. Safely managed water, sanitation, and hygiene (WASH) services are an essential part of preventing and protecting human health during infectious disease outbreaks, including the current COVID-19 pandemic.

One of the most cost-effective strategies for increasing pandemic preparedness, especially in resource-constrained settings, is investing in core public health infrastructure, including water and sanitation systems. Good WASH and waste management practices, that are consistently applied, serve as barriers to human-to-human transmission of the COVID-19 virus in homes, communities, health care facilities, schools, and other public spaces.

Statistics on handwashing in India reveal that while almost all households in India have washbasins, only richer and more educated households in urban areas use soap to wash hands. Only 2 out of 10 poor households use soap compared to 9 out of ten rich households. These disparities are further deepened due to inequities stemming from caste, with Scheduled Castes and Tribes reporting the lowest use of soaps for handwashing in India. Frequent handwashing for 20 seconds being one of the key preventive measures for COVID-19<sup>21</sup>, it is a cause of concern for its not going to be easy to induce handwashing habit in communities. Given the disrupted water and sanitation services, many

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20 IIPS, ICF. National Family Health Survey (NFHS-4), 2015–16: India. Mumbai: International Institute for Population Sciences 2017

21 [www.mohfw.gov.in](http://www.mohfw.gov.in)



children might succumb to diarrhoea and other preventable hygiene related diseases like typhoid and jaundice.

The 'Atmanirbhar Bharat Abhiyan' or Self-Reliant Indian Mission is the key policy initiative by the Government of India in response to the COVID-19 pandemic. The measures related to containment of the pandemic include leveraging IT to provide tele-calling services for health consultations, increasing production and supply of PPE kits and release of funds for testing kits, health insurance for the poor, and other essential items. In the context of preparing for future pandemics, the Government of India plans to increase investment in public health, establish infectious disease hospital blocks across all districts, strengthening laboratories for surveillance of pandemics, encouraging research and implementation of a national digital blueprint. The Central government would also support states in strengthening health and sanitation services in urban areas.

While these are critical measures that have been announced, it would be important that quality services are made available to the most vulnerable. Besides basic infrastructure, India's health system has also been facing a serious human resource crunch (RHS 2017). Therefore, the investment in creating and recruiting qualified human resource would have to be a critical component of investing in public health.

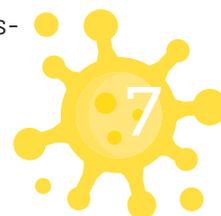
An analysis of this year's Union Budget analysis 2020 reflects that child health has received low priority within the overall allocations for children. The increase in absolute terms is a mere 5.37 crores over last year, and 5% of the total Ministry's budget. This points to the low priority given to children's health in Union budget estimates for 2020-21. Aspects such as adolescent

health are catered to by the NHRM Flexipool, the allocations for which remained stagnant at Rs. 2982 crores despite showing positive utilisation trends reflected in Actuals for 2017 and 2018. Further, the budget for Scheme for Adolescent Girls in fact saw a decline from 300 crores to 250 crores. Investment in child health was already low, and the requirement for catering to children's health has in fact increased due to the COVID-19 pandemic. Hence, budgetary allocations for child health would have to be ramped up accordingly.

## RECOMMENDATIONS

During COVID-19 when all focus is on preventing COVID, it is important that essential child healthcare services must be ensured by taking a combination of measures and adopting alternate models. Local governance can play a very crucial role here in implementing and strengthening the alternative arrangements and ensuring uninterrupted access to these essential services.

- > While birth dose vaccinations were being provided across India, immunization services were disrupted. These services need to be brought back at the earliest either by providing the services at doorsteps and/or by scheduling them on a specific day and time in the health facility. This could be publicised using various media platforms as well as through word of mouth.
- > Online training may also be suggested for outreach workers to ensure the uninterrupted delivery of provisioned services. The online platform can also be used to guide health workers in door to door tracking and adminis-



- tering immunisation/vaccines and other health care services. The health care service providers should be provided with PPE kits to safeguard them against COVID-19.
- > Amidst the COVID-19 crisis, mobile app based tracking of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) and children with Acute Respiratory Infection (ARI) should be strengthened and linked with emergency referral services so that children can get referred and deported to hospitals.
  - > Safe water supply, sanitation and hygiene services and medical waste management in health care facilities are essential to deliver quality health services. This will also protect patients, health workers and staff and will prevent further transmission patients, health workers and staff, and to prevent further transmission of COVID in health care facilities and at community level. Support is required to ensure that services are not disrupted and products such as soap and alcohol-based hand rubs are available.
  - > Temporary health care facilities, relief sites and quarantine sites need to ensure provision of water for drinking, sanitation and hygiene needs. There should be ample provision of personal hygiene kits, clean toilets and clean surroundings. Public and private bodies need to come together to reach out to these vulnerable groups with the support of civil society organisations.
  - > The ongoing communication and preparedness campaign by the government related to hand-washing, food hygiene and safe water practices is critical and needs to be continued. However, states should ensure that materials for hand washing and hygiene include fixed and portable hand washing facilities with soap and alcohol-based hand rub and uninterrupted water supply. For sustenance, use of on-site water treatment should be encouraged. This is very essential especially in public spaces such as schools, markets, and transport stations.
  - > It is imperative that the State ensures low-cost water services to communities, health care facilities and schools that currently lack access to a reliable and safe water supply to enable hand-washing, hygiene and disinfection. Community water access points/water kiosks (potentially including provision of soap) in unserved urban and rural areas, and for unserved health care facilities and schools may be considered. The suggested options include : (i) provision and operation of compact water treatment plants; (ii) construction and operation of water points to deliver water in strategic urban or rural points; (iii) provision and operation of trucks for water delivery (bottled, sachets) and water tankers.<sup>22</sup>
  - > Services related to Sexual and Reproductive Health (SRH) has been severely affected and needs to be prioritized urgently. This is especially relevant in the context of adolescent girls. Therefore, tele-counseling and in-

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22 WHO policy brief, April 2020, WASH (Water, Sanitation & Hygiene) and COVID-19



- formation support on SRH and menstrual health & hygiene, access to contraceptives and family planning methods, provision of sanitary pads and IFA tablets at household level must be revived at the earliest.
- > Convergence of key 'nutrition-sensitive' and 'nutrition-specific' interventions as stated in the National Nutrition Strategy, 2017 would be key to addressing issues related to household food security as well as issues related to malnutrition. Issues related to access, eligibility criteria, distribution of food grains, pricing etc. within the Public Distribution System (PDS) need to be addressed on a priority basis.
  - > Promotion of indigenous food platters would be important now more than ever as it will enable communities to rely on locally available nutritious food which would help address malnutrition alongside addressing issues of ecology and sustainability.
  - > Since most health resources have been diverted towards battling the COVID-19, availability of basic health services need to be revived, especially when it comes to the poor and migrants. This will enable diagnosis and treatment of other illnesses and ailments as well as tackle other underlying conditions such as hypertension, heart disease and diabetes which typically add to complications if combined with COVID-19.
  - > Several helpline numbers and tele-calling services have been initiated by the Ministry of Health and Family Welfare, Human Resource Development and others which should be publicized widely. In addition to these, alternate methods of psychosocial support at community level and referral mechanisms must be developed with the help of local governments for those already suffering with mental health conditions as well as new cases that might emerge hereafter.
  - > Civil Society Organisations' role is critical in providing authentic information from verified sources, supporting in busting myths and misconceptions and also spreading awareness regarding services and initiatives by the government. Identification of eligible children and families and linking them to appropriate services is another critical area where civil society can help strengthen outreach and uptake of government services.



## EDUCATION

With COVID-19 pandemic in India, all school facilities, be it government or private, came to a standstill. Children comprise nearly 40 percent of our population, and the closure of schools will impact children in the short as well as long term, especially for those who come from marginalised sections. India is grappling with challenges related to school closures, modalities of reopening them and the delivery of quality education for all its children.

When it comes to school education, it could be said that India has had an uneven distribution of schools with substantially higher number of primary schools as compared to the number of upper primary ones. The ratio of primary to upper primary schools is 1.97 (U-DISE 2016-17). With the notification of the Right to Education Act in 2010, India invested in setting up educational infrastructure, esp. towards universal access to elementary education. This investment paid off in terms of availability of primary schools and accelerated enrolment, but retention and completion of elementary education was still a struggle owing to access and availability of schools especially at upper primary levels. The data speaks for itself as Net Enrolment Ratio (NER) at elementary level is 85.8 whereas Retention Rate is 70.6% (UDISE 2016-17). There are over 1 lakh single teacher schools and more than 5 lakh schools which are without requisite number of teachers as per RTE norms (U-DISE 2016-17). Data also reveals that close

to 18.5 per cent school teachers at elementary level still do not have the requisite qualifications (U-DISE 2016-17).

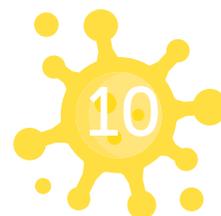
At the secondary level of schooling, proportion of government schools to total schools at secondary level is a 41.2% and retention rate drops to 55.5% (U DISE 2016-17). Data on school dropout rates reveals that dropout rates at primary level are 4.13% which rise to 17.06% at secondary level with figures being substantially higher for the vulnerable groups (19.36% for SC and 24.68% for ST groups)<sup>23</sup>. Access and affordability of education becomes especially significant in the context of vulnerable groups and girls since cost of education here includes the opportunity cost of sending the child to school as well as cost of books, uniform, availability and affordability of transportation etc. (CRY 2018)<sup>24</sup>.

The National Achievement Survey 2017 shows a progressive dip in students' average academic performance from Class 3 to Class 10<sup>25</sup>. Thus, when the issue of India's learning crisis in education is discussed, it is important to note that it is a consequence of several interlinked factors such as availability of teachers, their qualifications, support available to teachers, attendance and retention of children, basic school infrastructure, learning material and so on. Issues of discrimination or abuse in schools add further complexities to the experience of schooling for many children attending schools across government and private facilities.

23 Educational Statistics at a Glance, 2018, MHRD, GoI;  
[https://mhrd.gov.in/sites/upload\\_files/mhrd/files/statistics-new/ESAG-2018.pdf](https://mhrd.gov.in/sites/upload_files/mhrd/files/statistics-new/ESAG-2018.pdf)

24 Educating the Girl Child : Role of Incentivization and other Enablers and Disablers, CRY 2018  
[https://www.cry.org/wp-content/uploads/2019/03/Educating\\_The\\_Girl\\_Child.pdf](https://www.cry.org/wp-content/uploads/2019/03/Educating_The_Girl_Child.pdf)

25 [http://nas.schooleduinfo.in/dashboard/nas\\_ncert#/](http://nas.schooleduinfo.in/dashboard/nas_ncert#/)



Since the nation-wide lockdown brought in by the COVID-19 pandemic, schools have been closed, much like all other public services and spaces. The closing down for schools during the summer months coincides with school vacations; and they are likely to remain closed till schools are prepared enough to ensure safety of children from contracting the disease and all other services within schools are restored. The preparedness of the education system to deal with such an unprecedented calamity was low and therefore it stands at the risk of losing out on many of the gains accrued over the last few decades. There are chances of learning inequalities becoming wider, discontinuation of education leading to increased vulnerability to health & nutrition deficits and child protection risks thereby reinforcing the cycle of poverty. As the family would gear-up to bridge the losses accrued in family income due to reduced wages or loss of livelihood, children would also be pulled in economic activities or fringe activities to support parents in earning. Thus, increasing number of school drop-outs.

The situation of adolescent girls' education was already poor prior to the pandemic. Around 39.4 percent of adolescent girls in the 15-18 age group are not attending any educational institution, and a vast majority – around 65 percent – of them are “either engaged in household activities, are dependents, or, are engaged in begging, etc” (NCPCR 2018). Due to COVID lockdown and economic recession in households, it is likely that household responsibilities on girls will increase and even those girls who were enrolled and attending schools

may eventually drop out. There is also high risk of increase in underage marriage especially of girls from poor families in order to avoid the burden of feeding her and in light of safety concerns. An early marriage is a precursor of high possibility of teenage pregnancy which is severely detrimental to health of adolescent /young mothers and her to be born children.

The situation of children with disabilities is even more complex as catering to their education needs requires specific training. Data suggests that in India at present, three-fourths of the children with disabilities at the age of 5 years and one-fourth between 5-19 years do not go to any educational institution. The number of children enrolled in school drops significantly with each successive level of schooling. There are fewer girls with disabilities in schools than boys with disabilities in school. Significant gaps therefore remain, even though successive government schemes and programs have brought large numbers of children with disabilities into schools (UNESCO 2019)<sup>26</sup>. The COVID-19 prevention measures, has further restricted their access to learning.

In order to ensure continuation of learning, teaching has moved to digital platforms, either through online teaching methods, government portals, television channels and so on. The recently announced 'Atmanirbhar Bharat Abhiyan' further builds on options for remote learning by expanding the number of television channels provided by portals like SWAYAMPRAKASHA DTH, DIKSHA, private DTH channels and e-textbooks. However, remote- teaching has its own challenges for the teacher as

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26 <https://unesdoc.unesco.org/ark:/48223/pf0000368780?posInSet=1&queryId=61d8f754-79af-400a-ae81-8b3700e24397>



well as the students. Several children attending government schools are first generation learners and do not necessarily have the support or the means to learn remotely. The National Sample Survey (NSS) round 75th on 'Key Indicators of Household Social Consumption on Education in India' indicates that only 10.7 percent of the households have computer and only 23.8 percent have Internet facility. The digital literacy in terms of knowledge and ability to operate computer (16.5%) and to use the Internet (20.1%) was equally low (MoSPI, 2019). NSS survey also highlighted a significant digital divide in terms of area of residence and socioeconomic categories. Thus, though the digital medium of alternative schooling is being promoted amidst COVID-19 crisis, the success of it depends considerably on the digital ecosystem (CRY 2020)<sup>27</sup>. When it comes to girls, only 29% of all internet users in the country are female (UNICEF 2017). The 42 percentage point "digital gender gap" among internet users in India is far more extreme than the global divide. For the most part, this gap is a result of deep-seated cultural barriers, particularly in rural India (UNICEF 2017).<sup>28</sup> Thus, remote learning platforms may not be in the best interest of children from vulnerable groups, especially girls.

Further, the social skills and peer to peer learning, sharing and caring have gone amiss in virtual environment. This is creating acute stress and anxiety in young minds. Add to this the issues of children with disabilities, and the challenge of creating accessible inclusive digital content only gets bigger, widening the digital divide.

Since most teachers are also teaching remotely for the first time, and have limited or no training to do so, the quality of teaching is also likely to get affected. The government-run pre-service and in-service teacher training programmes were not designed keeping in mind requirements of remote learning. As discussed earlier, there is a shortage of qualified teachers. Children enrolled in such schools face a huge risk of compromising on their learning. And for those children, who do manage to attend online teaching, are at risk of facing online abuse and harassment in the absence of a strong online teaching policy. The Rights of Persons with Disabilities Act, 2016 identifies as many as 21 different categories of disabilities, each with its unique challenges and requirements. While developing e-content for children with visual and hearing impairment is as per the recent announcement it would be important to also find solutions for children with disabilities from other identified categories.

The 'Atmanirbhar Bharat Abhiyan' also proposes to launch 'Manodarpan' to provide psychosocial support of students, teachers and families for mental health and emotional wellbeing. Given the increasing number of calls to various helplines, including CHILDLINE 1098, this initiative seems promising and would be useful if designed and implemented inclusively.

Certain measures through the PM eVidya initiative on using platforms such as radio, community radio and podcasts will surely help expand the reach to an extent. Developing of e-content for visually and

27 [https://www.cry.org/wp-content/uploads/2020/05/Report-CRY\\_COVID-19-Study.pdf](https://www.cry.org/wp-content/uploads/2020/05/Report-CRY_COVID-19-Study.pdf)

28 [https://www.unicef.org/publications/files/SOWC\\_2017\\_ENG\\_WEB.pdf](https://www.unicef.org/publications/files/SOWC_2017_ENG_WEB.pdf)

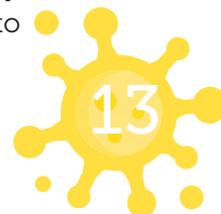
hearing impaired children is also welcome. The Abhiyan also proposes to develop a 'New National Curriculum and Pedagogical framework for school, early childhood and teachers. Additionally, the National Foundational Literacy and Numeracy Mission for ensuring that every child attains Learning levels and outcomes in grade 5 by 2025 will be launched by December 2020'. Both these elements have also been included in the draft National Education Policy 2020. While these are undoubtedly critical initiatives, these remain restricted to early childhood or pre-school education ending at primary education. Data from across the globe points towards issues such as increasing drop outs among older children, bridging the learning gap and ensuring all children are brought back into schools, India's policy measures in response to the COVID-19 pandemic cannot restrict themselves only to primary education. This would not only be in violation of the existing fundamental Right to Education of all children up to the age of 14 years as guaranteed by the Constitution, but also potentially enhance inequities in education. These moves would risk reinforcing child protection issues and poverty.

A look at budgetary allocations for children shows that education has been receiving the highest share. However, it is far from the recommended allocation of 6% of India's GDP. The Economic Survey 2019-20 reveals that education budgets hover at 3.1% of total GDP and if India is to truly capitalise on the 'demographic dividend', and reverse the losses caused by the COVID-19, investments in education must be increased manifold. Efforts during a crisis like COVID demand investment in addition to existing ones, to ensure retaining previous education gains and building back stronger to improve educa-

tion access and delivery to the most marginalised children.

## RECOMMENDATIONS

- > Several schools in India are being used as quarantine centres while there are others that do not meet basic infrastructural norms. The Ministry of Human Resource Development has directed the NCERT to develop guidelines for reopening of schools. This is a much needed step and these guidelines and protocols must be drafted with a view to enhance existing measures of safety, accessibility for children with disabilities, WASH facilities and protocols for safe preparation and distribution of mid-day meals. It would be essential to sanitise the buildings, ensure working of all infrastructures and enhance them wherever possible, so that children are able to come back to safer and more inclusive schools.
- > In order to bring back all children back to schools, it is imperative that Local Authorities designated under the Right to Education Act along with School Management Committee tracks all children who have been enrolled in schools as well as enrolls those who are out of school. These efforts can be strengthened by converging with other programmes such as the Integrated Child Protection Services in ensuring all children especially girls are able to access schools once they reopen.
- > While remote teaching is being used as one of the important ways to impart education and maintaining continuity for children, it is essential for State to



- provide Accelerated learning programmes or 'special training' under the Right to Education Act to close the learning gaps that existed before schools closed due to COVID as well as the during the nation-wide lockdown. These programmes would be a bridge to enable age-appropriate education of children, increase retention rates of children, especially girls and children from marginalised communities as well as improve their learning outcome.
- > Scholarships and cash incentivisation is a good measure to bring children back to school and retain them. However, several scholarships schemes continue to provide the same amount of money despite inflation. It would be helpful to children from marginalised communities and migrant laborers who are dependent on the government school system to continue with their education, if these scholarship amounts were revisited keeping in mind rising costs. Further if remote and online teaching is call of future, then families from marginalised communities would have to be incentivised so as to gain access to the equipment (smartphones/ laptops) etc. required to access these digital platforms under initiatives such as 'Digital India' and also ensure electrification of all households. The devices must be given the way government provides books, uniforms, etc. to vulnerable children.
  - > Immediate admission/linkage of children of the migrant workers should be established with the nearest schools to enable them to access nutrition and other entitlements. The government should also establish a village-based mechanism to maintain data of migrant families and children in the age group of 3-18 years, who would need to be enrolled in Anganwadis and schools post lockdown.
  - > Schools must be instructed to track all enrolled children, especially girls, once normalcy returns to ensure that no child drops out. School reopening plans must be gender-sensitive. Girls should be fully supported to return to education through flexible learning, catch -up courses and accelerated learning opportunities. It may also involve follow up of school enrolment register to identify and follow up with those girls who have not returned to school. Community sensitization should continue as part of distance learning to ensure that parents, leaders and other community members are aware of the importance of girls' education.
  - > Since the COVID-19 pandemic has disrupted children's lives to varying degrees, it could be used as an opportunity to build life-skills education into the curriculum to all children in an age-appropriate manner. This will equip children with critical skills like coping with stress and emotions, empathy, interpersonal communication, decision-making, problem solving and leadership skills which will enable them to navigate their world during as well as after this pandemic.
  - > Civil Society Organisations can play a critical role in supporting government efforts especially when it comes to working with School Management Committees and Local Authorities in tracking out of school children, spreading awareness and facilitating

access to incentives, community sensitization in support of continuing girls' education and so on

- > The Ministry of Human Resource Development along with civil society should revisit the draft National Education Policy, 2020 from the lens of enhancing school resilience and disaster preparedness. It should also build a case for extending the ambit of the Right to Education Act from pre-school to higher secondary education as that is the most sustainable manner

of achieving universal education of comparable quality. This would also include developing strong school level child protection policies from a perspective of dealing with online safety and humanitarian crises supported by adequately trained staff. Additionally, if remote-teaching through digital platforms is going to see an increase, stringent online teaching protocols must be developed to ensure children's safety online.



## PROTECTION

Child protection is the protection of children from violence, exploitation, abuse and neglect. Article 19 of the UN Convention on the Rights of the Child provides for the protection of children in and out of the home. UNICEF defines a 'child protection system' as: the set of laws, policies, regulations and services needed across all social sectors – especially social welfare, education, health, security and justice – to support prevention and response to protection-related risks. These systems are part of social protection, and extend beyond it. At the level of prevention, their aim includes supporting and strengthening families to reduce social exclusion, and to lower the risk of separation, violence and exploitation. Responsibilities are often spread across government agencies, with services delivered by local authorities, non-State providers, and community groups, making coordination between sectors and levels, including routine referral systems etc., a necessary component of effective child protection systems<sup>30</sup>.

Prevention of child abuse many a times may be more cost-effective than response and it is a common phenomenon that prevention is often overlooked in a humanitarian crisis. We are well aware of the fact that before the COVID-19 crisis we were already falling short in providing adequate care and safety to our children and since the continuum of vulnerability has now increased multi-fold, the chances of children falling from safety net has correspondingly increased. Children during

and after any humanitarian crisis face many protection risks including separation from families, trafficking, physical or sexual abuse, psychosocial distress or mental trauma, commercial exploitation, and in many cases even death. The safety and protection of children decreases with nature and scale of the emergency and increases with quality and functioning of pre-existing child protection mechanisms, and most importantly capacity of the State to respond along with community level preparedness. Given the immediate and long-term risks arising from the COVID-19 pandemic, it is important to pay enough attention to protect children from violence, abuse, exploitation and neglect.

A peep into the lives of children before COVID 19 pandemic shows us 1.01 Crore (4 percent) of 5-14 year children (MoSPI, 2018) and 2.2 Crore (22 percent) of children between 15-18 years were working (Census of India 2011). 30 percent of currently married women in the country were married before 18 years of age (Census 2011). 50 percent children have experience sexual abuse (MWCD, 2007). 32,608 cases were registered under POCSO Act and Other Sexual offences which is one-third of all offences against children (NCRB, 2017). In 94 per cent of the POCSO cases, the perpetrators were known to the victims (NCRB, 2017).

The COVID-19 pandemic has further increased the vulnerability of those children already at risk as loss of livelihoods and deteriorated financial health of families will increase the threat of child labour, child marriage, child trafficking and sexual

<sup>30</sup> United Nations Economic and Social Council (2008), UNICEF Child Protection Strategy, E/ICEF/2008/5/Rev.1, par. 12-13.

exploitation and commercial exploitation. This may further increase societal discrimination against certain marginalized groups.

Globally the total deaths are increasing rapidly, which means those many children are directly losing their parents, or caregivers. Children are also observing high levels of stress and anxiety in their families and immediate surroundings. There is a greater need of providing psychosocial care to children and impact of such loss on children should not be overlooked. In the situation of lockdown and movement children may be facing physical, psychological and sexual violence and neglect at home. There is emerging evidence that violence against children is increasing in all different forms, from domestic violence and abuse at home to excessive use of force by law enforcement while enforcing lockdown decisions against street children. In the words of the UN Secretary General, "What began as a health crisis, risks evolving into a broader child-rights crisis."

Under the Juvenile Justice system of India, Children in Need of Care and Protection are eligible for support through the Child Protection Services Scheme [erstwhile Integrated Child Protection Services (ICPS) Scheme]. The National Commission for Protection of Child Rights (NCPCR) is mandated to monitor the rights of all children, especially those from vulnerable communities. Guidelines have been issued by the NCPCR for children of migrant workers, those living on streets, in institutions under the Juvenile Justice System

and residential schools<sup>31,32</sup>. There have also been directives from the Supreme Court<sup>33</sup> for children in Child Care Institutions (CCIs), Shelter Homes and Observation Homes. The institutional mechanism under the ICPS in collaboration with civil society organisations are striving to reach out to these vulnerable groups. However, the challenges for implementation of these guidelines and directives stem from poor human and financial resourcing, absence of accurate data, restrictions in movements and inter-departmental coordination to name a few. It also points to the limited reach of the safety net available for children at present and the need to strengthen preventive mechanisms so that no vulnerable child falls through the cracks in the first place.

The Child Protection Committees, different child protection units under ICPS, various schools, etc. have always raised the issues of lack of counsellors and psychologists to provide mental health or psycho-social support to children, parents and caregivers. Helping children to strengthen their coping mechanisms and making communities resilient is going to be a challenging work in the coming days for government and civil society while dealing with issues related to children.

The country is currently witnessing exodus of migrant labourers and their families including children. Street children and children who are already missing, or fled their homes may be unaccompanied or separated from their families before, during or after their journey during this period.

31 <https://ncpcr.gov.in/showfile.php?lang=1&level=1&sublinkid=1983&lid=1904>

32 <https://ncpcr.gov.in/showfile.php?lang=1&level=1&sublinkid=1982&lid=1903>

33 <https://www.indialegallive.com/constitutional-law-news/supreme-court-news/supreme-court-issues-directions-prevention-children-covid-19-94696>

Separated and orphaned children are also particularly vulnerable to trafficking and other exploitation like forced begging and child labour. India's workforce is governed by the informal sector. Loss of livelihood and lack of adequate financial and social protection support will force the families putting their children in the workforce to aid survival. The pandemic has already started affecting the quality standards in the labour market which will further lead to deterioration in the working conditions. This will increase the demand for cheap labour making child and adolescent labourers an easy target as they are cheapest labour force in the country. Precautionary measures like restrictions of movements will also force agricultural labourers to seek help of their children during the months of harvest.

As older children take responsibilities to contribute to the family income, the numbers of out-of-school children is also likely to increase. Unless a strong community-based tracking mechanism is followed, there are high chances of children getting into child labour and not returning to schools.

The economic and emotional distress caused by the COVID-19 pandemic might also make children easy prey to traffickers as they may be more easily exploited. Traffickers may also lure and negotiate with the children's caregivers to agree to voluntarily or willingly enter into a trafficking arrangement, without child's knowledge and refrain.

The Supreme Court of India has directed

states (April,20)<sup>34</sup> to review the situation of children in institutions and assess the need of releasing children in all forms of detention wherever possible during the COVID-19 emergency. Children are at a high risk of getting into labour, or being exploited by predators to involve them in anti-social activities. Adolescents may face age-specific risk factors such as increased risk-taking behaviour or sexual and gender-based violence.

About 260 million children and young people in India have been affected by the closure of schools due to the COVID-19 lockdown. Several of these are now taking online classes and also socialising online. Spending more time on virtual platforms can leave children vulnerable to online sexual exploitation and grooming, as predators look to exploit the COVID-19 pandemic. A lack of face-to-face contact with friends and partners may lead to heightened risk-taking behaviours such as sending sexualised images, while increased and unstructured time online may expose children to potentially harmful and violent content as well as greater risk of cyber-bullying. Children and parent's presence on internet has massively increased during COVID 19 lockdown and equally increased the need of creating awareness about adopting safe and responsible behaviour online and supporting children to develop digital skills and resilience. Handbooks on cyber-safety have been developed by the Central Government<sup>35, 36</sup> but these need to be widely publicised, translated and circulated across the country to ensure safety.

34 Suo moto writ petition (civil)no.4 of 2020, <https://main.sci.gov.in> , civil appeal no.7968

35 [http://ncert.nic.in/pdf/Safetolearn\\_English.pdf](http://ncert.nic.in/pdf/Safetolearn_English.pdf)

36 [http://cbseacademic.nic.in/web\\_material/Manuals/Cyber\\_Safety\\_Manual.pdf](http://cbseacademic.nic.in/web_material/Manuals/Cyber_Safety_Manual.pdf)

Discrimination, mainly gender discrimination, has been part of many children's lives in our country, followed by the others. As per the Census, 2011 the child sex ratio (0-6 years) has shown a decline from 927 females per thousand males in 2001 to 919 females per thousand males in 2011. The skewed sex ratio remains a matter of concern despite years of targeting the safety of girl child and promoting it through campaigns like Beti Bachao Beti Padhao. Gender plays a critical role in how children are treated and how their rights are respected within families and communities. Gender also impacts family dynamics and care arrangements for children putting girls at higher risk. Pre-existing gender inequalities incline to increase during a humanitarian crisis. For example, a pandemic of this nature will present unique challenges that can increase child marriage mostly amongst girls, both in the acute and recovery phases, and boys may be more vulnerable to child labour and commercial exploitation.

Adolescent girls may face multiple challenges like the loss of household income, higher risk of violence in the household and problem accessing schools. Boys may get chance to continue studies through remote or online methods but girls will be forced to be involved in household chore, sibling care and other care activities leading to the situation that girls may not ever return to schools. The financial insecurities, breakdown of social networks, safety concerns and fear of losing 'honour' may gradually increase and so as desire of parents to marry their daughters out of fear and poverty.

The total child protection budget for the year 2020-21 was Rs. 1904.35 crores. The bulk of allocations under child protection are made towards the Integrated Child

Protection Services Scheme. Most of the funds allocated within this scheme are directed towards running Child Care Institutions (CCIs) with very little funds directed to other aspects under the ICPS. With the COVID-19 crisis, investments would have to be increased in schemes such as fostercare, aftercare and sponsorship to protect children who may have lost care-givers to the pandemic. Additionally, child care institutions would also have to be strengthened to care for additional children who might reach these spaces. Beti Bachao Beti Padhao is one of the flagship schemes of the government to protect girls and address decline child sex ratio. However, allocations for this scheme declined in this year's allocations. With increasing protection risks for girls, investment in this scheme would have to be stepped up along with strong monitoring frameworks to ensure its implementation.

Since the pandemic has increased the risk of child labour, a corresponding budgetary investment would also have to be made in the National Child Labour Project by expanding it to all Districts, especially the COVID hotspots in order to rescue and rehabilitate child labourers.

## RECOMMENDATIONS

- > There are increased chances of many children getting separated from families, becoming orphans or falling out of safety net. The state needs to be prepared to provide enough child care homes/facilities, improve quality and safety standard of child care homes, child sponsorship and foster care. Additionally, the Ministry of Women and Child Development should issue advisories for Child Welfare Committees, Juvenile Justice

Boards and State Governments in keeping with the directions of the Supreme Court directions with regard to children in observation homes and child care institutions<sup>37</sup>.

- > For the transit camps and sites developed for migrant workers, it is essential to ensure protection of children from trafficking, physical and sexual abuse and neglect. It is imperative to advertise child helpline numbers at all these sites. Officials must be sensitised about the possible issues and oriented about addressing child protection issues at least referrals of cases to relevant authority.
- > Government must ensure that child protection services are deemed 'essential services' and must be made accessible to all children during quarantine, lockdown and after removal of restrictions.
- > Child Protection Committees at district and block levels should be activated to monitor child protection and keep track of the children in their outreach.
- > There is an urgent need to initiate a massive public education and awareness campaign on safety and protection of children to combat violence, prevention of child maltreatment, and responding abuse. Local governance systems like panchayats and urban governance units, resident welfare associations, etc. should be given directed to display child helpline numbers and regularly announce it. Use of technology like radio, television to reach to children and masses should be made.
- > The government and civil society organizations need to prepare for capacity building of all duty bearers who give face-to-face service to children on basic counseling skills and tips on psychosocial care and addressing the issues of children about anxiety, insecurities and stress. In addition, all online / telecalling services for psychosocial and mental health support initiated by the Ministry of Health and Family Welfare<sup>38</sup> and Ministry of Human Resource Development (Manodarpan)<sup>39</sup> must be widely publicised and made accessible
- > Government and civil society need to activate local self-governance unit like panchayats to keep the records of families and children entering and existing from the villages/slums. This will help to keep track the children and expedite follow ups. This includes identification of children with disabilities as they have the same human rights as all children. There are strong chances of a rise in number of missing children, school drop outs, trafficking incidents and child labourers, unless a strong tracking mechanism is developed.
- > More guidance and tools are required for parents and care givers on how to better protect children online and off-

37 Supreme Court Order dated 3rd April 2020  
[https://main.sci.gov.in/supremecourt/2020/10820/10820\\_2020\\_0\\_4\\_21584\\_Order\\_03-Apr-2020.pdf](https://main.sci.gov.in/supremecourt/2020/10820/10820_2020_0_4_21584_Order_03-Apr-2020.pdf)

38 <https://nimhans.ac.in/pssmhs-helpline/>

39 <https://mhrd.gov.in/covid-19/>



line, including how to respond to and report the incidents of online abuse and misconduct.

- > To improve and strengthen online safety preparedness, in addition to handbooks for children on cybersafety, capacities of educational institutions need to be built, to reflect on online risks and potential harms facilitated through online classes and take appropriate technical measures – such as parental control tools, age verification, safety-by-design, age-differentiated experiences, adequate filters, etc.
- > Safety of children in shelter homes and on the migration routes is essential. Members of Village Level Child Protection Committees (VCPCs) must be tasked for tracking children at risk, especially girls who are vulnerable to early marriage or trafficking. VCPCs should conduct door-to-door roll-call while maintaining physical distance to ensure that children at risk, es-

pecially girls, are present in their homes to prevent trafficking. Childline or Police or the local Child Welfare Committee should be informed when risks are identified. The staff of these entities would need to be declared essential workers and provided with necessary protective equipment to play this role.

- > Gender responsive social protection interventions such as basic income grants and cash transfers may be very much helpful to reduce the risk of adolescent girls being married off to cope-up with economic and social burden.
- > Measures such as financial support to families, relaxation of school fees, incentive based schemes for children, supporting innovative learning opportunities, minimizing income losses will reduce the probability of children being forced to enter workforce.

## EARLY CHILDHOOD CARE AND EDUCATION

Early childhood refers to the formative stage of first six years of life, with well-marked sub-stages (conception to birth; birth to three years and three years to six years) having age-specific needs, following the life cycle approach.<sup>40</sup> It is the period of most rapid growth and development and is critical for survival. Growing scientific evidence confirms that there are critical stages in the development of the brain during this period which influence the pathways of physical and mental health and behaviour throughout the life cycle. Deficits during this stage of life have substantive and cumulative adverse impacts on human development. Early Childhood Care and Education (ECCE)<sup>41</sup> encompass the inseparable elements of care, health, nutrition, play and early learning within a protective and enabling environment. It is imperative to accord priority to ECCE and invest in it since it is the most cost effective way to break the intergenerational cycle of multiple disadvantages and remove inequity, leading to long term social and economic benefits.

In India, the public channel is the largest provider of ECCE services, through Integrated Child Development Services (ICDS) which is the world's largest programme mandated to provide ECCE. ECCE services

are also delivered through private and non-governmental service providers.<sup>42</sup>

The proportion of child population in the age group 0-6 years at the national level is 13.12 percent where the rural child population comprises of 14.11 percent of the total while the urban child population accounts for 10.93 percent. (GOI census 2011). Currently, a total of 13.77 lakh ICDS (Anganwadi) centres are operational in the country with strength of 13.02 lakh workers and 11.84 helpers (PIB 2019)<sup>43</sup>. The ICDS Scheme offers a package of six services, viz.

- > Supplementary Nutrition
- > Pre-school non-formal education
- > Nutrition & health education
- > Immunization
- > Health check-up and
- > Referral services

The COVID prevention measures have resulted in the closure of Anganwadi Centres in most places, bringing all the above services to a halt. It is needless to say that the services being provided through ICDS centres are for both mother and children.

During COVID lockdown, responsibility of care, early stimulation, pre-school education and nutrition of younger children is completely on their families. As families struggle for survival, responsive parenting is under grave threat. Young children are delinked from health and nutrition services.

40 National Policy on ECCE, 2013, Government of India

41 The GOI National policy defines, ECCE= Early Childhood Education (ECE)=Early Childhood Development(ECD)=Early Childhood Care and Development(ECCD)=ICD(Integrated Child Development), all promoting holistic development of young child.

42 National Early Childhood Care and Education (ECCE) Policy , 27 Sep 2013

43 <https://pib.gov.in/PressReleasePage.aspx?PRID=1578557>

With looming threat of COVID infection, everything has been put on-hold and preventing COVID has become main concern.

Frontline workers are going an extra mile at this time of crisis to home deliver 'Take Home Ration' to the beneficiaries-children, pregnant and lactating mothers. However, this is half of the nutrition service that is provided to these beneficiaries in "normal" times and movement restrictions have made the delivery of services rather erratic. The food distribution is now limited to Panjiri<sup>44</sup> and Groundnuts only, that too in limited quantities.<sup>45</sup> Children who were mainly dependent on ICDS centres for their one full meal and daily nutrients are not getting enough to fill the stomach. These children are highly vulnerable to compromised nutritional standards and may be prone to various childhood diseases due to lack of sufficient diet. Keeping track of Severe Acute Malnutrition (SAM) children is becoming increasingly difficult, and there is a high risk that Moderate Acute Malnutrition (MAM) will fall in SAM category. Malnourished children will be more vulnerable to this virus. India might see an increase in maternal and neonatal/child mortality due to resources being directed towards addressing the current crisis. Same is with pregnant women who are not getting their IFA and calcium tablets.

In India where already rate of immunisation of children from 12 to 23 months is 62% (NFHS4,2015-16), far behind the national target of 100%, the pandemic is likely to negatively impact the momentum

gained for immunisation and may undo the gain made in previous years.

Further, the stalling of early childhood education services will have long-term impact on mental and social well-being of children. Contemporary research has shown that early education—particularly among disadvantaged children—improves not only cognitive abilities, but also critical behavioural traits like sociability, motivation and self-esteem.<sup>46</sup>

This pandemic can be used as an opportunity to strengthen the early childhood care and education programme by building parental skills on early stimulation and early learning. ECCE professionals have the opportunity to build on what children already know from interaction at home and their surroundings and parents thus motivating them to further build cognitive capabilities, according to the National Association for the Education of Young Children (NAEYC).

The negative fallout of COVID 19 preventive measures like social distancing and lockdown has effect on younger children's mental health, which is another cause for concern. For young impressionable children caught at the apex of this crisis, there is a genuine prospect that its effects will permanently alter their lives. Children facing acute deprivation in nutrition, protection or stimulation, or periods of prolonged exposure to toxic stress are likely to develop lifelong challenges as their neurological development is impaired. Also, those children who would experience

44 Panjiri is a nutritional supplement made from whole-wheat flour fried in sugar and ghee.

45 COVID impact on Early Childhood Care and Education report, National ECCE group, April 2020

46 National Bureau of Economic Research, Schools, Skills and Synapses [accessed June 2019] <https://www.nber.org/papers/w14064>



family breakdowns during this period of heightened stress are at risk losing the sense of support and security unless efforts are made in that direction.

Efforts in addressing the needs of younger children are tied to budgets allocated for them. In terms of budgetary allocations for child development this year, the allocations for ICDS scheme increased from Rs. 19427.75 (BE 2019-20) to Rs 19916.41 (BE 2020-2021). Poshan Abhiyan has received an allocation of Rs. 3700, an increase of Rs 300 crore from last year's sum of Rs. 3400 crores. These are important investments in early childhood care and education, and yet improvement in nutritional indicators would only come from interventions by adequately trained personnel and quality infrastructure. The COVID-19 has disrupted these services for children to a very large extent, and investments would have to be increased for the next few years to understand and mitigate the losses to health, nutrition and educational requirements of younger children. Investments would also have to be increased in building capacities of parents for early stimulation and creating the right protective environment for younger children.

## RECOMMENDATIONS

- > Alternative methods (e.g. Odd-even) may be adopted for ensuring that the services provisioned under direct nutrition programmes such as such as through the POSHAN Abhiyan are backed-up by the Targeted Public Distribution System (TPDS) reach timely to the needy.
- > It is essential to prioritize the continuity of child-centred services, with a particular focus on equity of access
  - particularly in relation to nutrition programmes, immunization, maternal and newborn care, and creche or other care services for younger children. The online platforms should be utilised to provide practical support to parents and caregivers, including how to talk about the pandemic with children, how to manage their own mental health and the mental health of their children, and tools to help support their children's learning. This will help parents and young children cope with stress and anxiety ensuing from the pandemic.
- > It is also important to reimagine ECCE programs on how to provide nurturing care in physical distance mode. Especially new skills are required for frontline ECCE workers to be able to provide psychosocial healing. The government should focus on training parents on responsive parenting so that in future too there is increased home based support.
- > The ECCE frontline workers and educators are going through the same stress as educators of older children who often get more recognition and better pay. This is the time to recognize how critical their work is and to advocate for them in terms of better remuneration and working environment. Therefore, moving forward, improving ICDS infrastructure, increasing honorarium of Anganwadi Workers and Helpers, and filling vacant positions would be critical. They should also be supported and kept motivated through telephonic conversations.

## CHILD PARTICIPATION

The pandemic COVID-19 is a unique disaster wherein impact is not localised and accessing help from un-affected areas is challenging. Neither service providers nor beneficiaries are spared from risk of infection. The preventive measure of COVID-19 is as simple as social distancing and its extreme: lockdown, yet it is enough to disrupt the usual routines and bring down economies. However, in these troubled times, India's leaders and civil society has come together to beat COVID-19. As authorities build strategies and responses to COVID-19, attention must be placed on how structures might marginalise certain groups of children and youth and increase their vulnerability. This requires considered attention on how decisions related to COVID-19 affects children and youth differently based on a variety of factors including gender, ethnicity, disability, legal status, and poverty. Inclusion of the most marginalised groups, including children with disabilities, girls, minorities and street children, is imperative. Given the nature of pandemic when the major focus is on ensuring social distancing and providing basic or essential services, child right organisations and State should not forget the immense value of following the principle of Child Participation. Even before COVID-19 spread, many organisations and state agencies have encouraged and utilised child and youth groups for public awareness and bringing reforms at community level. Due to lockdown and restricted movement the unavailability of platforms for children to share their views,

concerns and suggestions has been immensely impacted.

Thus, during the COVID-19 crisis also, it is important to keep existing child- and youth-led groups engaged. Sharing resources and platforms with them so they can generate positive, child-friendly COVID-19 response and action is vital. India holds much respect on international platforms for being among the first countries to develop National level disaster reduction plan. It is the only country so far to have produced implementation plans showing its dedication to the cause of Disaster Risk Reduction with principles of inclusion and participation from vulnerable<sup>47</sup> groups based on the UN Sendai Framework for Disaster Risk Reduction (2015-30).

Even during COVID-19, it must not be forgotten that inclusion is a commitment to involve and support all children and youth in risk assessment, planning and response. It includes recognising and responding to factors that keep some children and youth from safely, equally and ethically participating in decision-making and implementation as equals – especially in regard to gender, age, disability, ethnicity, poverty and socio-economic status, displacement, caste, sexual orientation, geography, etc. The involvement of children and youth will be a strategic effort to address and reduce intersecting inequalities and layered exclusions that increase vulnerabilities before, during and after COVID-19 pandemic.

Child and youth led strategies and actions often seek to reach and include community members that are most at risk, especially

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47 UNISDR report on Sendai framework ,Japan



in areas of health, nutrition, WASH (water, sanitation and hygiene), prevention of sexual and gender-based violence and harmful practices, and child protection. Peer-to-peer support recovery programmes prepared by trained adolescents and youth are often effective in helping reduce post-traumatic stress disorder, anxiety, depression and alcohol or drug addiction exacerbated by pandemic like COVID-19. Supporting children and youth in actions that bring relief and restore normalcy during and after COVID-19 should not be just a checkbox activity. Their participation is a valuable proposition as it brings real and necessary benefit to communities and upholds their legal rights as outlined in the United Nations Convention on the Rights of the Child.

The existing children groups and youth clubs are best suited to lead Child protection actions. Through their formal and non-formal channels, they can prevent and respond to physical, sexual and psychological violence and harmful practices that affect children and youth. The possible issues can include neglect; separation; abandonment; abuse; illegal adoption; educational disruption; psychological distress and mental disorder; domestic, peer, sexual or gender-based violence; physical and humiliating punishment; trafficking; economic exploitation, such as child labour; displacement or abduction into conflict and child, forced and early marriage.

When children and youth themselves feel confident, empowered, knowledgeable and in control of decisions and their own bodies, especially in high hazard and risk-prone areas like small and cluttered living spaces, transit camps for migrant workers, children held for work and children in institutions, they can develop strategies for protection.

Children must be encouraged to use their voice in decisions that affect them, including those that relate to protection issues. The involvement of children in tracking movement of their peers, sharing the information with responsible adults and timely action by adults and duty bearers can easily avoid negative coping strategies in response to crises such child marriage, child labor and trafficking.

## RECOMMENDATIONS

- > In all activities that seek meaningful child participation, it is imperative for civil society and State to create and support opportunities for voice, space, audience and influence.
- > During COVID-19 while grappling with different issues of finding coping strategies for child abuse and reaching the socially remote communities, it is very important for State agencies to consciously work for empowering adolescents and youth to be prepared to take actions during future emergencies.
- > From a very young age, children want to express and share their ideas. As they develop and gain knowledge, their ability for expression and responsibility grows. For meaningful participation in emergency preparedness, the activities must move from mainly participatory consultation processes in early childhood to activities that include more responsibilities for self-led engagement by and for youth. CSO can play very crucial role in this.
- > The existing child rights organisations and coalitions should bring together children and engage them in partici-

patory consultations with age-appropriate feedback loops on the use and impact of their contributions. Older adolescents and young adults may participate in discussions and deliberations and add their views on addressing issues of COVID-19 pandemic.

- > Targeted actions should also be taken to ensure that girls as well as young women, boys and young men, including those who are non-binary and have disabilities are able to participate fully, share their ideas in safe spaces and are empowered to speak out.
- > State, Civil Society and Private bodies must provide safe spaces for children the time after COVID-19 lockdown lifts can be critical for children and youth both in the short- and long-term.
- > The State along with child rights groups and coalitions of civil societies should develop age-responsive education materials on COVID-19 and

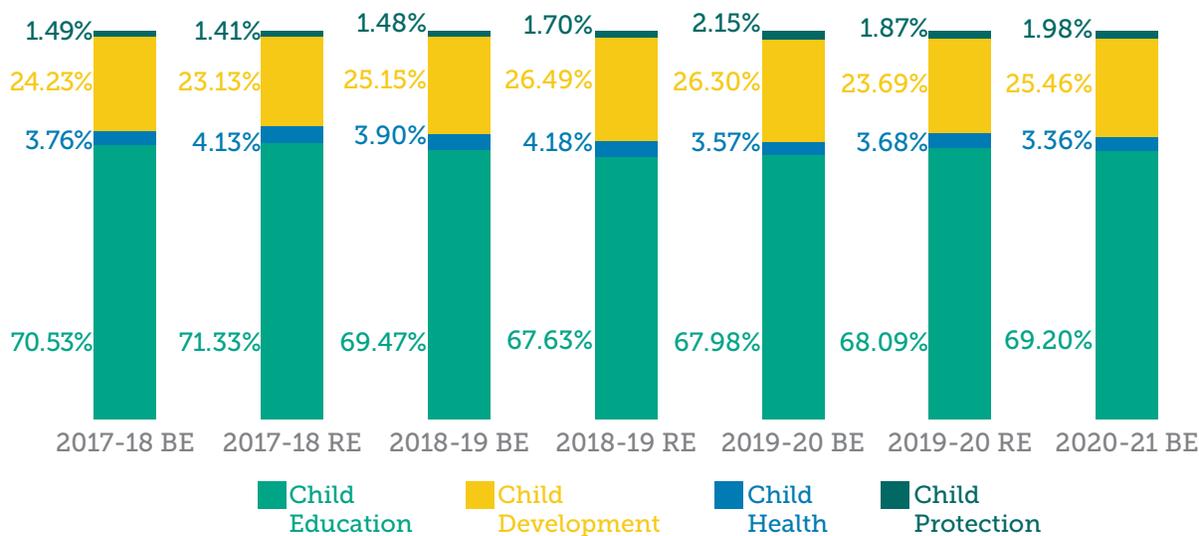
also impart skills with meaningful child participation to create safer schools and homes. This includes creating favourable circumstances and environments for inclusion and holding service delivery authorities to account for gaps in systems and services that support child and youth wellbeing and development.

- > Children in need of care and protection, often, express their views differently than adults. The teachers, social workers or frontline workers should be trained in working through ethical, child-friendly processes of communication – in ways that ensure their safety – to help identify the protections children might need. This might include drawing, active listening or other creative processes keeping in mind the social distancing.

## BUDGET FOR CHILDREN

The total Budget for Children has been around 3 per cent of the Union Budget and in the year 2020-21, the proportion of Child Budget in the overall Union Budget hit the lowest in the last five years at a paltry 3.16 per cent. The National Plan of Action for Children recommends that allocations for children should be 5% of GDP. However, budget for children have remained stagnant at 0.43% of GDP for the last two years.<sup>48</sup> The sectoral allocations reflecting these trends are represented in the graph.

With significant resources being diverted towards, research and treatment of COVID, and in building back the economy, it is critical that children are not left out. The recently announced Atmanirbhar Bharat does make a mention of increasing public investment in health and strengthening the education system. These commitments must be reflected in an increase in overall budgets for children across all areas including education, development, health & nutrition and child protection.



Component-Wise Distribution Within Child Budget

48 Decoding the Priorities: An Analysis of Union Budget 2020-21, Centre for Budget Governance and Accountability, February 2020

# CRY RESPONSE TO THE COVID-19 PANDEMIC

CRY has been addressing complex child rights violation issues through its approach of 'self, society and system'. Our response to COVID 19 pandemic also focuses on this three tier approach. A very clear picture is emerging from the communities where one can see increased levels of anxiety and insecurities at individual (self) level amongst children and families, including heightened risk to child abuse, neglect, exploitation and psychological distress. There is also a disruption of livelihoods leading to increased economic fragility of households, erosion of social capital, disruption or limited access to basic services, competition over procuring and securing resources, limited access to community support services and basic amenities are key challenges. The 'System' is struggling to manage the resources both financial and human resources. The reduced access to social protection services, lack of care givers or overburdened frontline workers, availability and quality of services needs to be addressed in the coming days with the help of government, civil society and private sector.

CRY has been trying to highlight and address vulnerabilities of the children with policy makers/influencers and CSO fraternity. CRY recently conducted a National level perception study on 'The Effects of COVID-19 on Children'. Different aspects of health, education, psychosocial care, online safety issues were covered in the study. This study will further strengthen its program initiatives and reach out to

policy makers so that children in country are provided basic services. CRY has been active in field along with its partner NGOs since the first phase of the lockdown was announced, by generating awareness, providing relief and advocating for relevant issues.

During the pandemic, besides relief work, CRY implementation strategy focuses on building resilience at the community level through varied interventions. The life-skills programme aims to provide adolescents with accurate information related to COVID, in addition to creating modules to strengthen communication skills, addressing trauma and other stress factors. Tele-counselling services are being provided for psychosocial support to children and their families. CRY is working on an engagement plan with parents to capacitate them on life skills and other thematic areas so that importance of child participation established at community level. The focus will also be on making efforts to promote grain banks and seed banks, collective farming and community kitchen to address aspects of food and nutritional security. It is also working on strengthening vigilance at community level through community members and children's collectives to ensure children's safety during the pandemic as well as later.

At all the levels of self, society and society, CRY has been creating awareness on social distancing, hygiene practice, sanitisation, use of mask, ways to protect oneself based on government advisories/guidelines during the lockdown. CRY has also been undertaking immediate Relief work through distribution of dry ration, soaps, handwash, sanitary napkins, hot cooked meals, mask and workbooks & play materials for children.

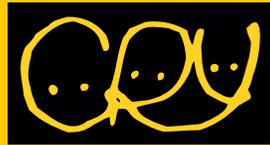


CRY and CRY grassroots partners have been closely working with the government system and supporting it to reach out to the vulnerable. These efforts include advocating with District/Block/Municipality officials for the distribution of PDS ration, Take Home Ration from ICDS, Mid-day Meals, screening and health checkups of migrant workers and jobs in NREGS.

In the coming days meticulous efforts will be made to bring voices of children and communities to policy makers and influencers on availability, access and gaps to services/entitlement.



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CRY - Child Rights and You is an Indian NGO that believes in every child's right to a childhood - to live, learn, grow and play. For over 4 decades, CRY and its 850 initiatives have worked with parents and communities to ensure Lasting Change in the lives of more than 3,000,000 underprivileged children, across 19 states in India. For more information please visit us at [www.cry.org](http://www.cry.org).