

LIVES UPENDED

How COVID-19 threatens the futures
of 600 million South Asian children

JUNE 2020

LIVES UPENDED

How COVID-19 threatens the futures
of 600 million South Asian children



Children from a Delhi slum queue for free food during the nationwide lockdown: June 15, 2020

The lives and futures of children across South Asia are being torn apart by the Covid-19 crisis. While they may be less susceptible to the virus itself, children are being profoundly affected by the fallout, including the economic and social consequences of the lockdown and other measures taken to counter the pandemic.

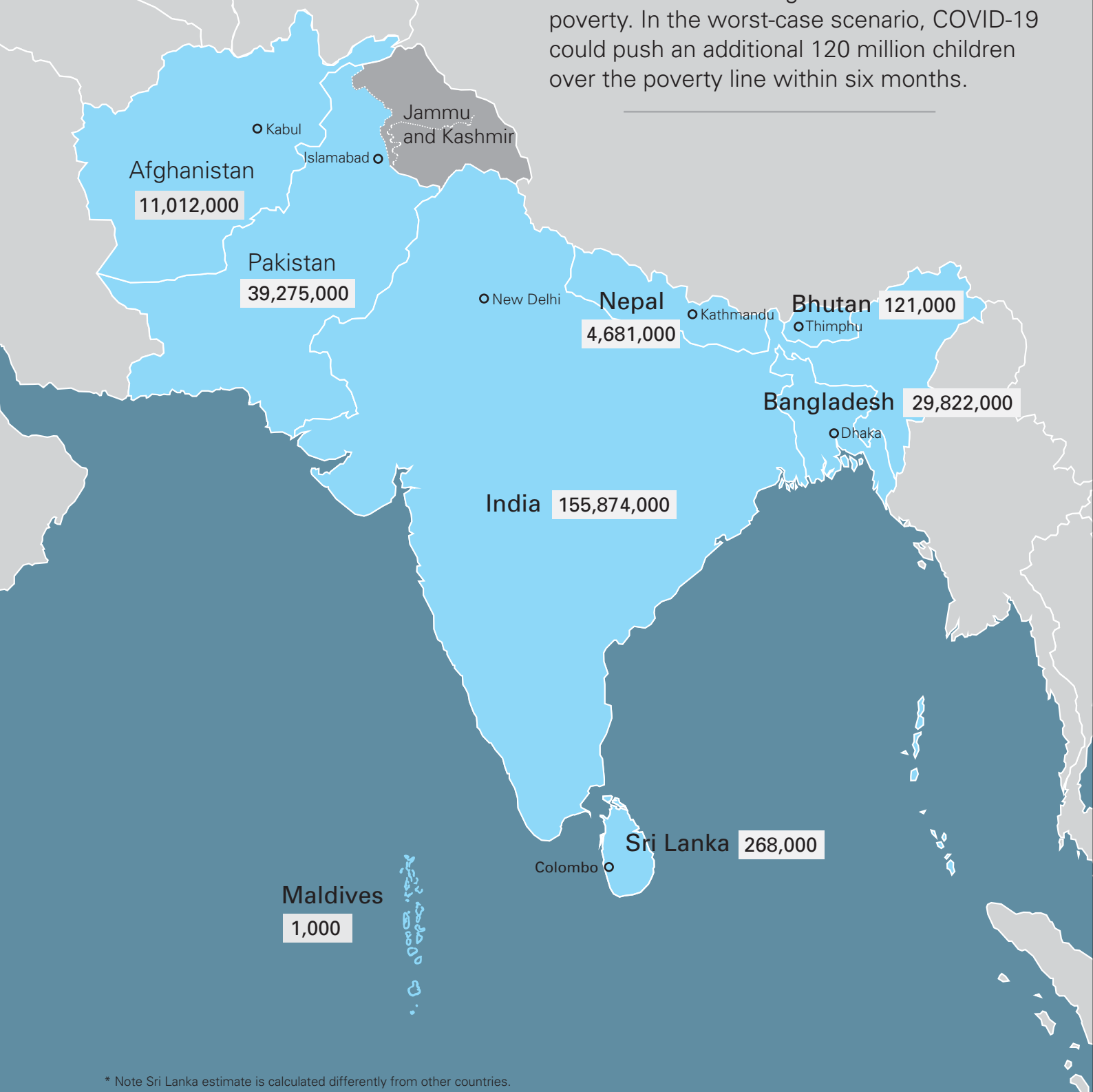
Decades of progress on children's health, education and other priorities risk being wiped out. Yet the crisis has also presented opportunities to expose and tackle some of the longstanding challenges facing children in the region, especially those from the most vulnerable communities.

Contents

INTRODUCTION	7
HEALTH	10
Disrupted services heighten risk from other diseases	
NUTRITION	14
Poor families face worsening food insecurity	
WATER SANITATION AND HYGIENE	18
Soap and water keep virus at bay	
EDUCATION	22
Remote learning helps meet children's education needs	
CHILD PROTECTION	26
Hidden pain of children under lockdown	
YOUTH & COMMUNITY ENGAGEMENT	30
Partners in confronting the pandemic	
UNICEF CALL TO ACTION	34
COVID-19: UNICEF SOUTH ASIA IN ACTION	36
COVID-19: UNICEF 2020 FUNDING STATUS	37

South Asia: Children living in poverty

In 2016, around 240 million children across South Asia* were living in multi-dimensional poverty. In the worst-case scenario, COVID-19 could push an additional 120 million children over the poverty line within six months.



* Note Sri Lanka estimate is calculated differently from other countries.

The information shown on this map does not imply official recognition or endorsement of any physical, political boundaries or feature names by the United Nations or other collaborative organizations. UN OCHA and affiliated organizations are not liable for damages of any kind related to the use of this data.

Introduction

Of all the countless lives upended by COVID-19, those of 600 million children in South Asia are surely among those affected most profoundly. The pandemic continues to tighten its grip on a vast region that is home to roughly one quarter of the world's population. No country – even the most prosperous – is being spared. Yet the destructive consequences for the lives, hopes and futures of its youngest citizens are already apparent.

Some of the most vulnerable children – including many from migrant families – felt the side-effects of COVID-19 from the moment nationwide lockdowns were put in place to control the spread of the disease. Markets, workshops, farms and factories closed, leaving children and families stranded. For many, the fear and uncertainty continues. Some minorities find themselves stigmatized and accused of causing or spreading the pandemic. Deep rooted inequalities in societies are being exposed.

Only a tiny number of children are so far infected by COVID-19. But sickness and deaths from other established diseases – such as wasting, pneumonia and measles – are rising as health facilities focus on dealing with the coronavirus. Some clinics are still functioning, but the suspension of public transport means many sick children cannot get the treatment they need. Pregnant women who fear becoming infected by the coronavirus at public health facilities are resorting to unsafe deliveries at home.

With most schools still closed, more than 430 million children have been shut out of their classrooms. Lessons delivered via remote learning are helping fill the gap, but poor connectivity and inadequate coverage leave some children struggling to keep up. Plans to reopen educational facilities are complicated by the lack of handwashing facilities and the need to make the studying environment safe.

For some children, confinement at home spells physical danger. Phone helplines are reporting more calls from children suffering violence and abuse. Some say they are struggling with depression and mental illness. Children living in camps for refugees and the displaced are having to cope without many of the services that protect them in normal times.

But these consequences only foreshadow what is to come. A looming global recession threatens to hit South Asian economies hard, leading to surging increases in unemployment and poverty, potentially throwing the region's broader development into reverse.

“The side-effects of the pandemic, including the lockdown and other measures, have been damaging for children in numerous ways,” said Jean Gough, UNICEF Regional Director for South Asia. “But the longer-term impact of the economic crisis on children will be on a different scale entirely. Without urgent action now, COVID-19 could destroy the hopes and futures of an entire generation.”



A migrant family returns to their home village in Madhya Pradesh, India

© Hindustan Times / Getty Images

In recent years, rising levels of prosperity and economic growth produced significant health, education and other advances for children in South Asia. Improvements in antenatal and new born care saved the lives of an estimated 100,000 babies in 2018 and 2019. The number of lower secondary age children (and of girls) who were out of school fell by 1.7 million between 2016 and 2018, while there is evidence too of declining numbers of child marriages.

Besides endangering this progress, COVID-19 is exposing the region's deeper social and economic frailties. Even before the pandemic struck, more than 240 million children in South Asia* were categorised as poor. That number will swell as income from overseas worker remittances and tourism dries up, cutting into household incomes, and reducing the money that families can spend on health care, good nutrition and education.

In early May, a UNICEF survey in Sri Lanka showed that 30 per cent of families had already reduced their food consumption. A similar number reported having lost all their income. Another survey in Bangladesh revealed similar results.

In the worst-case scenario, the number of South Asian children living in poverty could grow to more than 360 million within six months. That would put hopes of achieving the targets set by the UN Sustainable Development Goals beyond reach. Already, half a billion people in South Asia are categorised as food insecure. But this number is set to rise sharply, leading to substantial increases in rates of malnutrition unless mitigating steps are taken.

Some South Asian countries have responded by expanding existing social security schemes or introducing new emergency programmes.

A child is screened for COVID-19 before leaving Delhi with his family



However, the current level of fiscal responses has been inadequate, and some countries have offered almost nothing. As a result, national economies risk suffering deep recessions while families will suffer, with millions of children bearing the brunt.

Solutions do exist: One of the easiest and fairest would be a package of universal income transfers directed at the most vulnerable members of the population, in particular children, older people and persons with disabilities.

An emergency Universal Child Benefit (UCB) would be an important component of this package and would ensure that the vast majority of households across South Asia can access a minimum level of income support.

Analysis across five countries in South Asia indicates that a UCB costing 2 per cent of GDP over six months would provide the recipient population with an average of between 18 and 46 per cent of their pre-COVID expenditures, with particularly high benefits for the poorest members of society.

"Putting such measures in place now will help the countries of South Asia transition faster from the humanitarian crisis caused by COVID-19 to a resilient and sustainable development model, with long term benefits to child wellbeing, the economy, and social cohesion." Said Gough.

*Note: Includes children in seven countries. No data available for Sri Lanka.



Health



Testing a child for COVID-19
at a medical centre in Dhaka,
Bangladesh

Disrupted services heighten risk from other diseases

It isn't just the monsoon rains that have been making life difficult for community health worker Bina Rana. The suspension of public transport due to COVID-19 means that reaching the eight health centres she serves in a remote area of northern Bangladesh requires a long journey on foot, including wading across rivers and flooded fields.

"There are no boats or buses so it's physically tiring," said Rana who carries a heavy coolbox on her shoulder containing vaccines against tetanus, polio, measles and other diseases.

The lack of transport is only one reason why immunisation coverage in Bangladesh and other parts of South Asia has fallen since COVID-19 arrived. Sometimes its because parents fear they or their children might become infected with the coronavirus if they visit health centres. In April, Bangladesh reported a 49 per cent reduction in the number of children receiving routine vaccinations compared to the previous month, and 55 per cent less than in February 2020. Right across South Asia, the COVID-19 pandemic is wreaking havoc with public health services. And the situation is likely to get much worse.

7 year-old Rumana undergoes medical check-up at a UNICEF-supported health centre in a Rohingya refugee camp in eastern Bangladesh.





Idress Seyawash (centre) travels by bicycle spreading COVID-19 health messages to remote communities in eastern Afghanistan.

In May, research by the Johns Hopkins Bloomberg School of Public Health warned that an additional 2,400 children in South Asia could die every day from the indirect consequences of the COVID-19 pandemic.

The research showed that various factors were undermining the provision and utilisation of many essential maternal, new-born, and child health services. One was the reassignment of health workers, equipment, and facilities to care for COVID-19 patients, forcing the suspension of other routine services. Another was the disruption to the global pharmaceutical and medical supply chain.

In the worst-case scenario, South Asia could see the additional deaths of as many as 881,000 children aged 5 or under and that of 36,000 mothers over the next twelve months. The bulk of these deaths would occur in India and Pakistan, although Bangladesh and Afghanistan could also see significant levels of additional mortality.

“The direct risk to children from the virus is much less than that from the disruption to routine health services,” said UNICEF Health Advisor for South Asia, Paul Rutter. “It is crucial that childbirth, child health and nutrition services remain available for families during the time of COVID-19.”

Alarming signs

In Nepal, an assessment conducted by UNFPA revealed that in just under half of health facilities that were

surveyed, staff were not coming to work, whether for fear of catching the virus, or because they lacked the personal protective equipment or transportation.

Within weeks of the lockdown, seven measles outbreaks (and some 250 cases) were reported in different parts of Nepal. It took a Supreme Court ruling in May to allow a planned measles and rubella campaign to resume.

Across the string of islands that make up the Maldives, the authorities’ attention has been fully focused on the COVID-19 outbreak. The virus swiftly decimated the country’s all-important tourism industry, with immediate consequences for other critical health care services.

“The measles outbreak that began here in early January was quickly forgotten,” said UNICEF Maldives Representative Munir Safiaddin. “In the longer-term, this pandemic will have a very serious impact not just on public health, but on the country’s entire long term development.”

COVID-19 has also hurt the long-running global campaign to eradicate polio. House to house immunization work in both Afghanistan and Pakistan (the only two countries where the disease is still endemic) had to be suspended to comply with COVID-19 restrictions. However, in Pakistan, a hotline providing information on polio was swiftly converted to deal with queries on COVID-19 instead, and had soon received some 2.6 million calls.

Nutrition



4-month-old Ali is treated for severe wasting at a hospital in Kabul, Afghanistan. The country has seen a 15 per cent rise in such cases over the past year.

Poor families face worsening food insecurity

Even before the arrival of COVID-19, malnutrition was a grim fact of life for children throughout South Asia. Across the region, an estimated 7.7 million children under five suffer from severe wasting and over 56 million – fully one third of all children in that age group – are stunted. 40 million of those children live in India alone.

Since March 2020, the massive loss of jobs and income have made it harder than ever for poorer families to provide nutritious meals for their children.

Rising food prices, and scattered disruption to transport links and markets, have made the task even more challenging.

In general, urban populations are at greater risk of food insecurity; people in rural areas can often use home produce to supplement their diets. But the most malnourished children are feeling the impact hardest of all.

In Pakistan, 40 per cent of all children are stunted,



Vendors at a food market in Sylhet, northern Bangladesh.



A mother and child at a UNICEF-supported clinic in Kandahar, southern Afghanistan.

and some 2.5 million children suffer from severe wasting, a potentially lethal condition which requires ongoing treatment using special nutritious paste (Ready-to-Use Therapeutic Food or RUTF). Many outpatient centres are not functioning although the government has now reopened some.

The pandemic has had a similar impact in Bangladesh, where a 90 per cent drop in admissions for severely wasted children was registered between February and April 2020.

Access to an adequate diet is a major challenge in landlocked Bhutan, which depends heavily on food imports from neighbouring India. Despite the closure of the border, food supplies have continued to reach Bhutanese markets, but prices have risen.

At particular risk are an estimated 32,000 children mainly living in more remote communities. Because all schools have been closed since mid-March, these children no longer benefit from a government-run lunch programme that provides what for many children – is the only meal of the day.

Distribution of iron and folic acid supplements used to combat the high rates of anaemia among schoolchildren in the region have also been affected.

Severe wasting

Afghanistan's situation is especially critical due to the conflict that affects many provinces. Unusually high food prices, border closures and panic buying linked to COVID-19 have prompted warnings that around 10.9 million people – or 35 per cent of the country's

population – could face acute food insecurity in the second half of 2020.

Of particular concern is the 15 per cent rise over the past year in the number of young children suffering from severe wasting.

"Less families are visiting health centres now, whether to receive RUTF or for other treatment," said UNICEF Afghanistan Representative, Aboubacar Kampo. "Sometimes the staff is not there, or mothers stay away for fear of being contaminated. This is the effect the virus is having."

There has been one positive development, however. In April 2020, UNICEF opened its (and the UN's) first field office in Helmand province, boosting efforts to provide children with nutrition, immunization and other services in one of Afghanistan's most troubled regions.

While COVID-19 has exposed the immediate crisis facing severely wasted children in South Asia, it should also focus attention on preventing children from becoming malnourished in the first place.

"Too many South Asian women give birth to undersized, low birth-weight infants because they themselves are too young, thin and short during pregnancy," said UNICEF Regional Nutrition Adviser Harriet Torlesse.

The solution, said Torlesse, lies in a health system that can deliver essential nutrition services alongside cash transfers or other social protection measures. These would ensure that in vulnerable families, there is enough nutritious food available for young children and pregnant or breast-feeding mothers alike.

WASH

A photograph of three young girls in a camp setting, practicing handwashing. The girl in the foreground, wearing an orange and black striped shirt, has white soap suds on her hands and is smiling. Behind her, another girl in a purple patterned shirt is also smiling. To the right, a third girl in an orange and white floral dress is washing her hands. The background shows a wooden structure with colorful paper decorations hanging from it.

At a camp in Bangladesh, Rohingya refugee children practice COVID-19 related lessons on good health and hygiene – including how to wash their hands properly.

Soap and water keep virus at bay

Along the arid border separating Afghanistan from Iran, a bar of soap can make the difference between life and death. Khatera and her three children came to live here, in a sprawling camp for internally-displaced people, after fleeing conflict elsewhere in Afghanistan. But earlier this year, the sudden return of hundreds of thousands of migrant workers from Iran brought a new, invisible foe to the region: COVID-19.

"I am concerned about my children's future and most importantly their health," says Khatera. "I wake up in the middle of the night with the thought of the virus and my children."

The twelve bars of soap that Khatera received were among some 3 million distributed by UNICEF as part of its broader response to the situation on the border as the COVID-19 crisis developed.



Abul Zia (7) and Abul Naser (5) with soap provided as part of UNICEF COVID-19 hygiene support to displacement camps in eastern Afghanistan.



Searching for sellable items in garbage dumps exposes Naseeb Gul to infection.

© UNICEF/UN340692/Umair Swati

Given the highly infectious nature of COVID-19, clean water, sanitation and hygiene have been at the heart of South Asia's response to the pandemic. Keeping the virus at bay has been a huge challenge in a region where 776 million people live in homes that do not have basic handwashing facilities. Attitudes to hygiene are another major concern: a study of health care workers in Bangladesh found that only 11 per cent washed their hands before touching patients.

"COVID-19 has brought home the message that people cannot be protected against disease unless they have access to water, sanitation and hygiene," says Therese Dooley, UNICEF Regional Chief of WASH.

"And changing people's behaviour around good hygiene is just as critical."

In the time of a pandemic, reinforcing vital hygiene messages – and promoting handwashing especially – has been an immense undertaking, involving governments, communities and a broad range of civil society partners. By mid-May, it was estimated that with UNICEF's support, COVID-19 related information had reached some 688 million people across the region. Assessments showed levels of awareness as high as 98 per cent in Bangladesh and Nepal.

High risk groups

Providing the means to protect children from the spread of COVID-19 infection has taken different forms. In India and Afghanistan, UNICEF is supporting women's groups to make masks for non-medical uses. Elsewhere, isolation facilities for patients in hospitals have

been improved, while regular disinfection has been carried out to keep schools, health centres and other institutions free of the virus.

In several countries, innovative design has helped develop low-cost handwashing facilities for use in public places. In India, UNICEF mobilised its network of field offices behind efforts to make WASH services safely accessible for women and children in more vulnerable communities.

A group of youths who make a living scavenging for recyclable items from garbage dumps in the Pakistani city of Abbottabad was among those identified as being at especially high risk. After a public information campaign highlighting the dangers of COVID-19, UNICEF and the local authorities installed several dozen hand washing stations.

"When I noticed the large number of water drums being placed all over the city, I didn't know their purpose," said 19 year-old Naseeb Gul. "Now I wash my hands with soap many times a day, including each time after I touch garbage. I hope that these water drums and soap will stay even after the virus is gone."

Keeping the water flowing safely and reliably for all the families who depend on it for washing and drinking remains an ongoing challenge all across the region. An additional task will be to ensure that when school closures are lifted, children and teachers can return to facilities that are safe, and where there is ongoing hygiene and infection prevention and control.

Education

Thank You
UNICEF



© UNICEF/UNI340758

Children at a
homeschool set up by
Najeeba Majeed as
part of the My Home,
My School initiative in
the Pakistan province
of Balochistan.

Remote learning helps meet children's education needs

When schools across Pakistan closed on March 13, Najeeba Majeed was appalled.

"What bothered me most was that it disrupted children's education," said the 19-year-old student.

Keen to ensure that – at least – the children in her own family could continue learning, Najeeba turned a room of her house into a makeshift classroom. Each student's place was marked on the floor to ensure safe social distancing.

The My Home, My School initiative enrolled 38,000 children across Balochistan and was one of numerous solutions that filled the vacuum left when governments across south Asia ordered the closure of schools as part of measures to halt the spread of COVID-19.

By depriving over 430 million children and youth of several months of schooling, the coronavirus disrupted teaching schedules and exams. It also raised concerns that some disadvantaged students would never return to class.



Shefuka has to study at home because the learning centre she attends - like all schools across Bangladesh - has been closed due to COVID-19.

Even before the arrival of the pandemic, the region was grappling with a serious learning crisis, with 31.8 million primary and lower-secondary age children either out of school or at risk of dropping out. Quality has been a longstanding issue as well; millions of South Asian children complete primary education without acquiring basic literacy and numeracy skills.

Since the onset of COVID-19, UNICEF has been working alongside governments and education systems to mitigate the impact of the pandemic, especially for the most marginalised and vulnerable children. Various forms of improvised – and often creative – remote learning have helped fill the gap left by the school closures.

Lessons have been delivered on television, radio or mobile phone, or via printed home learning packages. While intended as temporary solutions, these materials could help in the development of a more blended approach to education in the future.

Remote learning via the internet allows greater interaction between teacher and students. But many households – especially in rural areas – have no electricity, let alone internet access. In other families, children don't get the parental support that home learning depends on.

There can be other practical problems too. 11-year-old Dechen Wangmo lives in a remote region of Bhutan. She has no television at home so she goes to a friend's house to follow the school lessons which are carried by the national broadcaster.

"At school, the teacher explains until we understand the lessons," said Dechen. "But on television, the lessons go very fast and we can't catch up."

Deeper challenges

The school lockdown affected more than lessons. School feeding and nutrition programmes have been disrupted, and reports have linked the enforced confinement of children at home to cases of violence and abuse.

Some children have missed out on learning altogether. In southern Bangladesh, around 2,500 UNICEF-supported learning centres in the Rohingya refugee camps closed along with all education institutions in the country. But without access to electricity and the internet, children in the camps do not have access to the remote learning available to pupils elsewhere in Bangladesh.

"I cannot continue my study like before," said 9-year-old Shefuka, who lives in the camp with her mother and three siblings. "I read books, draw pictures, and play the games we learned at our learning centre with my brother and sisters. But I feel bored staying at home all the time."



Dechen Wangmo

© UNICEF/UNI340772/

The immediate challenge for administrators is to make sure the conditions for a safe return to school are in place. A statement issued by UNICEF and other UN agencies in April said that the timing of school reopenings "should be guided by the best interest of the child and overall public health considerations," underlining the importance of providing basic handwashing and hygiene facilities in all schools.

India and Nepal, among others, face a particular problem: several hundred schools were designated as quarantine accommodation for returning overseas workers and others.

Communities will need to be reassured that these schools have been safely disinfected before children are allowed back to class.

The school closures have exposed deeper challenges as well. Across the region, only 1 in 4 young people is estimated to be on track to gain the secondary-level skills necessary for success in the global economy. Vulnerable groups including girls, children living in remote areas and ethnic communities, and children with disabilities need better access to learning.

Inevitably, funding constraints will cast a shadow over such debates, especially when governments start to focus on rebuilding their shattered economies. But the longer-term arguments for making more and smarter investments in education are stronger than ever.

"While we need to focus on improving the quality of basic education, we also have to ensure that adolescents have the necessary skills for active citizenship and employability," said UNICEF Regional Education Adviser, Jim Ackers. "The alternative is that South Asian countries will end up sacrificing their futures, and the prospects of so many of their children."

Protection

A close-up photograph of a child's face. The child's eyes are large and dark, looking directly at the camera. A red cloth with a grey and blue patterned border is pulled up to cover the child's mouth and nose. The background is blurred, showing a yellow wall.

Child of a migrant worker being
cared for at a shelter in Jaipur,
India. 23 May 2020.

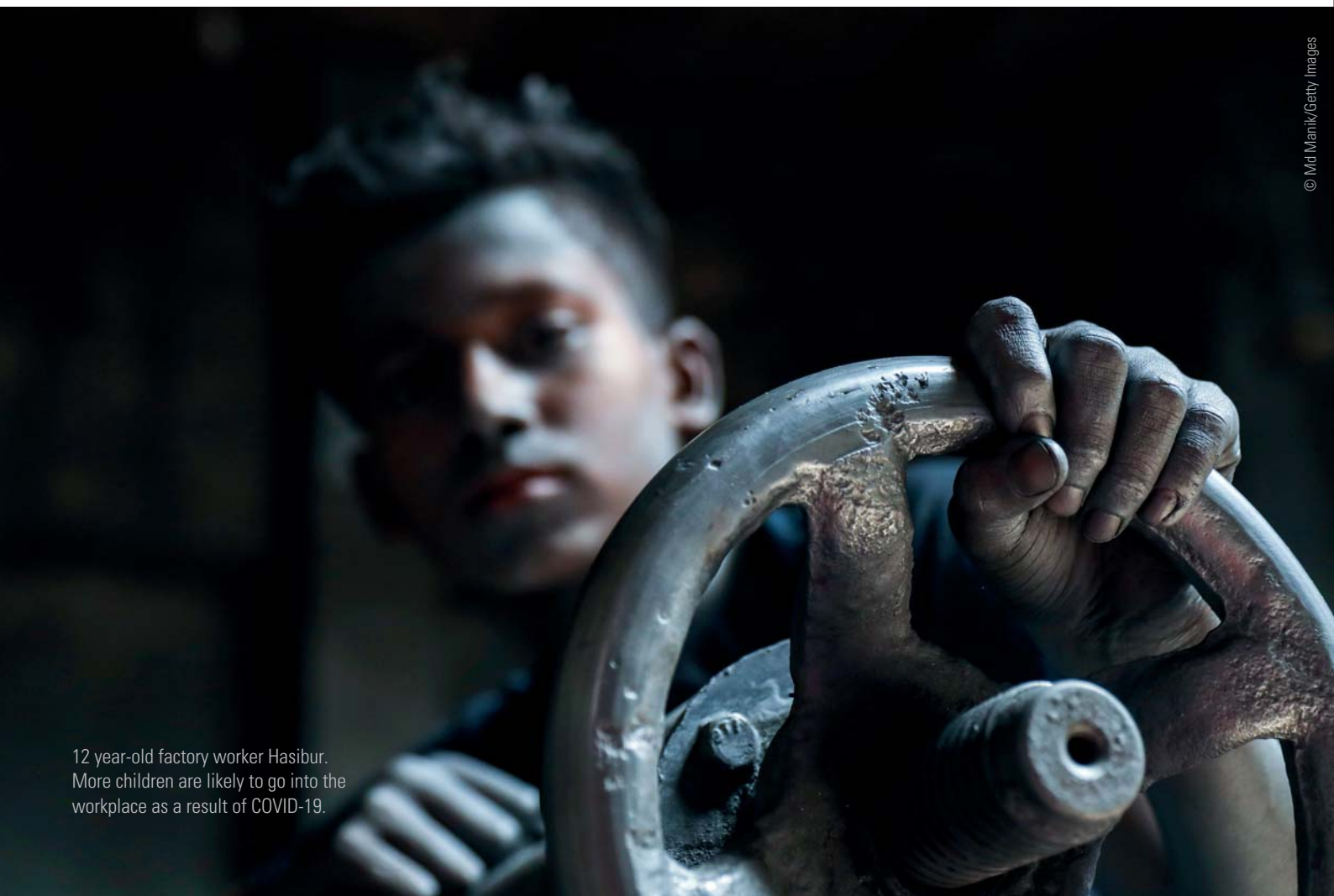
Hidden pain of children under lockdown

From the moment the lockdowns and other restrictions on movement to control the spread of COVID-19 were put in place, the devastating impact on children was apparent in many parts of the region. It was perhaps most visible in the huge movement of migrant workers and their families heading back to their homes in rural India.

“The journey for these children was arduous enough,” said UNICEF India Representative Yasmin Haque. “And many of them have continued to suffer from abuse, uncertainty, stigma and discrimination even after they reached home.”

In Sri Lanka, an early warning sign came with a worrying increase in the number of calls from children alleging abuse received by a child helpline. Between 16 March and 7 April, out of 292 child protection complaints, 121 concerned cases of cruelty – 40 per cent above the average.

“In the cramped setting of many homes, children are being locked down with their abusers,” said UNICEF Regional Child Protection Adviser, Kendra Gregson. “There is nowhere for them to run.”



12 year-old factory worker Hasibur. More children are likely to go into the workplace as a result of COVID-19.

Worst affected, according to Gregson, are children in societies where physical punishment is an acceptable means of disciplining children. The stress of coping with prolonged unemployment and confinement can lead parents or other family members to vent their frustrations through acts of violence against those least able to resist.

This hidden suffering is being linked to a surge in cases of attempted child and adolescent suicide. In Nepal, police reported a 40 per cent increase in suicides among girls, while a child helpline in Bangladesh intervened in six cases of potential suicide in a single week.

Children in custody

In India, one focus of concern has been the large number of child offenders held in detention and care centres prior to trial proceedings. An appeal by UNICEF to the Supreme Court led to an order for their release, and work is now underway to identify suitable family-based alternatives. By mid-May, more than 1,500 children had been placed in alternative care arrangements.

Similar advocacy paid off in Bangladesh, where the postponement of court hearings meant that over 1,000 children were awaiting trial or sentencing for petty crimes in crowded juvenile detention centres where



Sexual violence is another major worry. In Nepal, even before COVID-19, over 60 per cent of rapes targeted girls under the age of 18. The region has also seen an increase in instances of sexual violence against boys, underlining the need for greater investment in child protection services and women's networks.

The physical safety of girls and women is a major concern in the overcrowded refugee camps of eastern Bangladesh which are home to some 850,000 Rohingya displaced from neighbouring Myanmar.

"(The women) came from a helpless situation and the lockdown is making them feel even more helpless," says Shumi, who manages a UNICEF-supported Safe Space for Women and Girls in one of the camps.

Usually, the Safe Spaces provide skills training, literacy sessions, and other services. But the nationwide lockdown, and the closure of services that are deemed 'non-essential', has left the centres temporarily shuttered. However, home visits for case management and psychosocial support by phone remain available.

the risk of infection from the virus was high. UNICEF's intervention helped bring about Bangladesh's first-ever virtual children's courts which began operating on 12 May.

Tomoo Hozumi, UNICEF Representative in Bangladesh, welcomed the Supreme Court's decision, adding: "By acting with a sense of urgency on all fronts, we can prevent the pandemic from transforming into a lasting crisis for children."

Encouraging as such developments undoubtedly are, COVID-19 threatens harsher realities for many South Asian children. Some children may try to ease the financial strain on their families by going out to work. Other families may allow young daughters to be married to reduce the number of mouths to feed and in the hope that the girl will be better looked after by a husband.

"The signs are extremely worrying," says UNICEF Regional Gender Adviser, Maha Muna. "Girls and women have made great gains in this region over the past 25 years. Now there is real concern that without investment in education, social services and healthcare, those gains will be reversed."

Youth & Community Engagement



Youth volunteers from Jeevan Rath, a UNICEF-supported initiative in Maharashtra, India, prepare to distribute food and hygiene items to tribal villages and migrant workers affected by COVID-19.

Partners in confronting the pandemic

15-year-old Kinley Dorji vividly recalls her friends' reaction when it was confirmed that COVID-19 had entered their homeland, the Himalayan kingdom of Bhutan.

"There was fear and dismay," recalled Kinley, as schools closed and foreign tourists hurriedly left the country. But before long, she says, the pandemic was generating a different reaction.

"Our physical and mental health is being tested," Kinley said. "It is a must for us to work together and conquer the obstacles we have been facing."

From Bhutan to Sri Lanka, from Afghanistan to Nepal, COVID-19 has confronted adolescents and youth with an unprecedented challenge. Yet at the same time, the digital age is presenting a more empowered generation of young people with opportunities to speak up and become involved.

"What we see now with the COVID-19 crisis is that more youth-led platforms are being activated to meet the needs of communities and of youth themselves," said Dharshini Seneviratne, Adolescent Development and Participation Adviser for UNICEF South Asia. In the traditional, patriarchal societies of South Asia,



Youth volunteers distribute cookies and soap to children from a poor district of Delhi, India.



Poster used in a UNICEF-supported campaign in Nepal to counter false information about COVID-19.

such activism is not a given. Despite the expansion of social media and other channels, youth are still not on an equal footing with older generations. Many remain marginalised, whether because of poverty, disability or other social and gender barriers.

Despite these limitations, the initiatives undertaken by young South Asians in response to COVID-19 have been wide-ranging, and frequently imaginative. Girls are demonstrating particular initiative and leadership.

In slum areas of the Indian city of Mumbai, child and adolescent groups are delivering supplies to families needing food or medical aid. In Pakistan, over one million youth have joined the Government's Youth Tiger Force to spread information around COVID-19.

Meanwhile, in Sri Lanka, UNICEF has helped set up virtual children clubs which organise art competitions and promote reading, home gardening and other activities.

Others have taken a more direct approach. 19-year-old Itishree volunteered to work at a call centre set up by India's Odisha State Government to keep a track of persons under home quarantine.

"Every day I call up around 200 persons," says Itishree. "We ask them if they have any COVID-19 symptoms, we reassure them and remind them about the precautions they need to take during quarantine."

In the Maldives, one youth group created an online blog for adolescents and young people to share their experience of staying at home under lockdown.

Rumors and hatespeech

Several initiatives have challenged the myths associated with COVID-19. In Raipur, India, a UNICEF-supported youth group painted colourful murals to warn of

the dangers of the virus, and set up an awareness programme on social media.

"So many people are online now that it has become very easy for misinformation to spread," said activist Saket Singh from Nepal. "People are just trying to get likes and comments, they don't know how dangerous rumours are."

An even more troubling feature of the pandemic has been the blaming of ethnic or religious communities for starting or fuelling the spread of COVID-19. Hate-speech of this kind has surfaced in different countries, including Nepal, India, Sri Lanka and Afghanistan.

"We need the online and offline space to counter this false information," said Layla Saad, UNICEF Regional Adviser for Communication for Development.

"We have to partner with strong advocates, including religious leaders, artists, elders and others in order to break down these destructive narratives which are rooted in harmful social norms, stigma and discrimination," added Saad.

Businesses, especially ICT companies, can play a contributory role, promoting the availability of evidence-based information, and guidance on best practices to combat misinformation.

One scheme hoping to inspire a more potent form of youth engagement is YuWaah!, an Indian version of UNICEF's Generation Unlimited initiative. YuWaah! has engaged civil society partners and volunteer networks across the country, prompting youth to join their ideas and efforts to the COVID-19 response. Mental health has been highlighted as one priority area for action.

"As young people, it is our duty to take care of the vulnerable during this lockdown," said Krunal Shah, a participant from Gujarat. "I believe that we can be a great weapon against the spread of coronavirus."

UNICEF Call to action

The powerful knock-on economic and other effects of COVID-19 threaten to roll back the hard-won progress in advancing children's rights that South Asia has made in recent decades. They will also undermine the region's hopes of achieving its UN Sustainable Development Goal targets.

In order to address the situation, Governments and their international, private sector and other partners need to prioritise a series of critical actions and policies over the coming period, as summarised opposite.



Children wear protective masks at the railway station in Colombo, Sri Lanka

In the immediate term, UNICEF calls on Governments to:

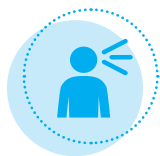
- **Continue** (or resume) life-saving vaccination interventions to respond to outbreaks of measles, cholera, and other diseases, and to address conditions such as severe wasting.
- **Ensure** the provision of essential services, including primary health care and nutrition, for all children, pregnant and nursing mothers.
- **Put in place** a package of universal income transfers to help children and other vulnerable groups, including older people and persons with disabilities. An emergency Universal Child Benefit (UCB) should be an important component of this package.
- **Provide** community health and social services staff with the personal protection equipment they need to feel and be safe while they carry out their duties; also to properly understand and address the barriers that prevent communities accessing essential services.
- **Ensure** access to handwashing facilities with soap and water in homes, schools, and health care facilities, especially in high-density settings such as urban slums and refugee camps.
- **Re-open** schools as soon as possible while ensuring the safety of students and staff through provision of adequate handwashing and toilet facilities and proper physical spacing in classrooms and other school venues.
- **Scale up** the provision of remote learning/home learning options, including no-tech and low-tech solutions with a special focus on marginalised children, while ensuring that existing national funding for education is not diverted.
- **Protect children** against violence by keeping phone helplines open and referral networks functioning. Designate social workers as essential staff to allow them to address cases of child abuse, domestic violence and psychosocial support.

Starting from early 2021, UNICEF calls on Governments to commit to strategies that transition from the response to COVID-19 towards sustainable, climate-resilient development interventions that will safeguard the region's most vulnerable children through the following key strategies:

- **Ensuring** the short-term COVID-19 response leads to the development of a stronger long-term health system that provides universal, accessible, affordable, quality primary healthcare for all.
- **Continuation of positive** child protection practices developed during the COVID-19 response, including promoting alternatives to detention and diversion, the closure of institutional care and reduction of alternative care.
- **Additional investment** in education systems (including improved reach of distance learning modalities) that comprise universal access to Early Childhood Development; quality basic education; and secondary education that allows adolescents to develop the necessary skills for active citizenship and employability.
- **Creation of opportunities** for the participation of young people (particularly adolescent girls) that foster their capacities for innovation and social entrepreneurship.
- **Birth registration** for every child as the basis for the provision of a full range of vital health and other services.
- **Alignment** of long-term economic recovery plans with climate goals and targets enshrined in the Paris Agreement to promote sustainable development approaches with a focus on increasing the resilience of the most vulnerable groups.
- **Fostering a broad partnership** embracing public and private sectors, corporations, religious leaders and community-based organizations of women and young people committed to building a better future for children.

COVID-19: UNICEF South Asia in action

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT



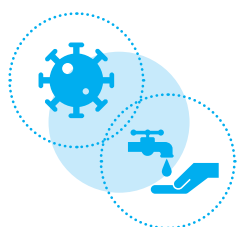
of people reached with COVID-19 messaging
on prevention and access to services

» 960,000,000

of people engaged on COVID-19 through risk communication
& community engagement

» 99,998,711

INFECTION PREVENTION AND CONTROL (IPC)



of people reached with critical WASH supplies and services

» 10,638,400

of health care workers provided with personal protective equipment (PPE)

» 28,027

of health facility staff & community health workers trained in IPC

» 1,482,839

ACCESS TO ESSENTIAL HEALTH CARE AND NUTRITION SERVICES



of children & women receiving essential health
care services in UNICEF-supported facilities

» 7,311,445

of children 6 - 59 months admitted for treatment of severe wasting

» 24,863

ACCESS TO CONTINUOUS EDUCATION AND CHILD PROTECTION SERVICES



of children supported with distance/home-based learning

» 48,077,082

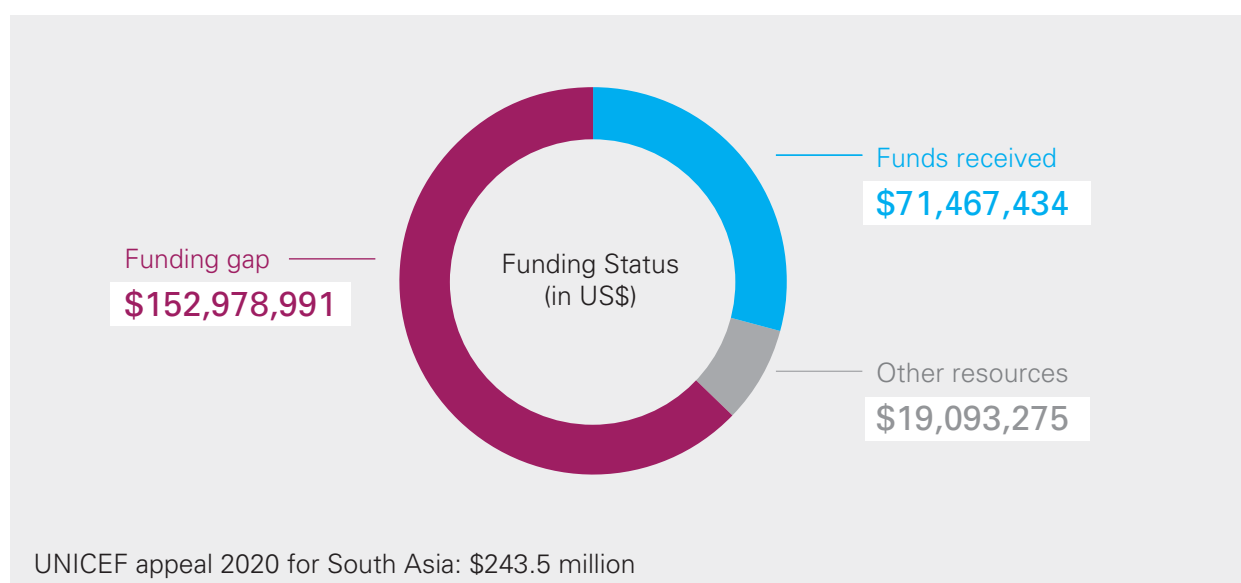
of schools implementing safe school protocols for COVID-19

» not applicable

of children, parents and primary caregivers provided
with community-based mental health & psychosocial support services

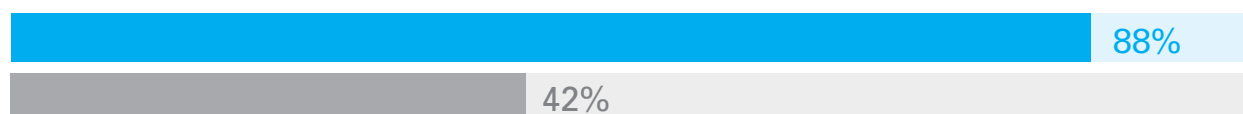
» 356,820

COVID-19: UNICEF 2020 funding status

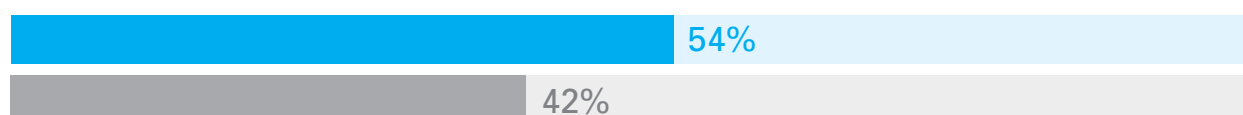


FUNDING BY SECTOR

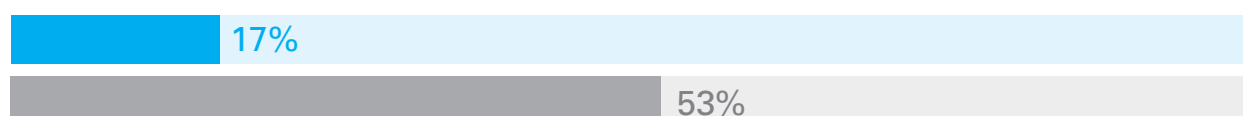
COMMUNITY ENGAGEMENT



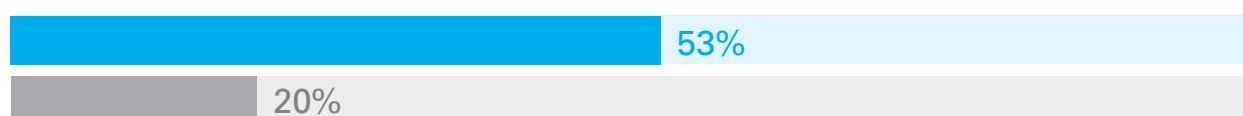
IPC & WASH SERVICES



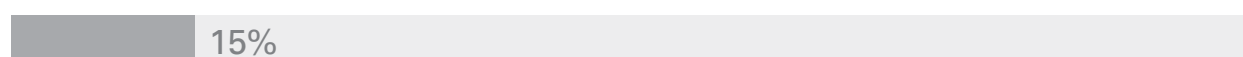
ESSENTIAL HEALTH CARE SERVICES



HOME BASED LEARNING



DATA AND RESEARCH



 Target achieved to date  Sector funding status



8 year-old Mariam Ali is one of 38,000 children across the Pakistan province of Balochistan to benefit from a UNICEF-supported initiative that helps children continue learning despite the COVID-19 lockdowns.

The images used in this report are intended for informational purposes only and must be used only in reference to this report and its content. All photos are used for illustrative purposes only. The use of the photos for an individual's or organization's own promotional activities is prohibited, without express written permission from the copyright owner. Credit must always be provided to the photographer and/or organization/agency in full.

Author **Simon Ingram**
Layout and design **Domenico De Monte**

Published by
UNICEF Regional Office for South Asia
www.unicef.org/rosa

© United Nations Children's Fund (UNICEF)
June 2020

For further information, please contact:

Anne Sophie Bonefeld

UNICEF Regional Office for South Asia

abonefeld@unicef.org

+977 98010300 76

Marixie Mercado

UNICEF Geneva

mmercado@unicef.org

+41795597172