

Impact of COVID-19 pandemic on children

Findings based on an online survey 2021



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Address: 632, 2nd floor, Lane No.3

(Beside Delhi Haat & Rajasthan Emporium Shops),
Westend Marg (Saket Metro Station to Garden of Five Senses),
Saiyad ul Ajaib, New Delhi,
Telephone: 011 2953 3451
Website: www.cry.org

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Designed by:

Study team

- **Ragini Pant** (Conceptualization, Author, Data Analysis, Fact Sheet Development, and Report Writing)
- **Varun Sharma** (Quantitative Analysis Support)
- **Priti Mahara** (Review)

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Background

The world has changed dramatically since the onset of COVID-19¹ on all societal levels. While the world came to a halt in 2020 with first wave of increasing COVID cases, the second wave in 2021 proved to be deadlier, with case fatality ratio² and the test positivity rates³ (TPR) surging to unprecedented levels. Global COVID-19 cases reached approximately 21 crores by late August 2021, with India ranking second in absolute cases⁴ with 3,24,74,773 total COVID-19 confirmed cases including 4,35,110 fatality cases⁵. A report by the National Institute of Disaster Management (NIDM) Expert Committee to the Ministry of Home Affairs (MHA) of the Government of India warned of an impending third wave that could peak around October 2021, urging better medical preparedness for children who may face similar risks as adults⁶.

More children were infected with the virus in 2021, which had a negative impact on their lives⁷. According to the most recent available data, approximately more than 11 percent of all cases occurred in the age range of 0-20 years⁸. Though the governments' strategies such as lockdowns, school closures and home confinement were critical in arresting the virus spread, they resulted in mobility restrictions, disruption of education and health services, mental health issues⁹ and an increase in domestic violence and abuse. During the second wave¹⁰, the pandemic has spread further into rural areas, where it has been particularly debilitating due to fragile health infrastructure and facilities. At the macro level, the data reflects that rural districts accounted for 53 percent of the new cases in May 2021, which is a 7.5 percentage point increase over April. They experienced 52 percent COVID-19 deaths in May. This is a deviation from the overall trend (March 2020-April 2021), where urban districts accounted for 52 percent cases and 54 percent deaths¹¹. Added stressors placed on families due to economic uncertainty and social isolation have further exacerbated the vulnerabilities. Historically, pandemics have been responsible for further destabilising and life-altering conditions for the vulnerable and marginalised sections of the society¹².

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1. Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. The virus can spread from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing or breathe. These particles range from larger respiratory droplets to smaller aerosols. For more information: https://www.who.int/health-topics/coronavirus#tab=tab_1
 2. Case fatality ratio (CFR) is the proportion of individuals diagnosed with a disease who die from that disease and is therefore a measure of severity among detected cases. <https://www.who.int/news-room/commentaries/detail/estimating-mortality-from-covid-19>
 3. The TPR is the percentage of all coronavirus tests performed that turn out to be positive, and detect the presence of the virus. The formula used is to divide the number of positive tests (numerator) by the total number of tests done (denominator) and multiply this result by 100. The total here equals positive plus negative test results and excludes undetermined results. According to criteria published by WHO in May 2020, a TPR of less than 5 per cent is one indicator that the infection is under control in a locality.
 4. For more information: <https://covid19.who.int/> as on 24th August 2021
 5. For more information: <https://www.mygov.in/covid-19> last accessed on 24th August 2021
 6. For more information: https://nidm.gov.in/PDF/pubs/TWPCVR_2021.pdf
 7. For more information: https://iapindia.org/pdf/hA5Gnpt_IQv63Bk_IAP%20view%20point%20for%203rd%20wave%20Covid%2022%20May%202021.pdf
 8. <https://ncdc.gov.in/>: age-wise segregation available as on 7th June 2021
 9. For more information: <https://www.indianpediatrics.net/jan2021/jan-75-76.htm>
 10. For more information: <https://pib.gov.in/PressReleasePage.aspx?PRID=1715076>
 11. For more information: <https://www.downtoearth.org.in/news/health/india-lost-100-000-people-to-covid-19-in-may-alone-77134>
 12. For more information: <https://www.rescue.org/report/everything-her-shoulders-rapid-assessment-gender-and-violence-against-women-and-girls-ebola>

To understand the impact of COVID 19 on children's lives, Child Rights and You (CRY) conducted its first study named "Rapid online perception study about the effects of Covid-19 on children"¹³ during 10th-20th of April in 2020, when India was under nationwide lockdown during its first wave. Given the restrictions on mobility at the time of the survey, this study was conducted virtually. The key findings of the survey revealed that more than three-fourths of the parents/caregivers reported that lockdown affected their child's learning and education; only half of the households with children could access immunization services; 35 percent of parents/caregivers reported that the lockdown significantly impacted the eating patterns of their children; and more than half of the parents/caregivers reported that their child became more agitated and anxious during the lockdown.

Taking cues from these elevated risk and catastrophes for society in general, and marginalised and vulnerable communities and children in particular, CRY conducted its second online survey that shifts the focus to queries into the lived experiences of people with COVID-19 and its impact on the lives of children and their families during the second wave in 2021. The survey was conducted between May 21st and June 10th, 2021.

The survey findings also attempt to identify gaps and fissures through a rural-urban divide and a gender lens, allowing interventions to be made in the coming days and assistance in strategizing mitigation plans.

The survey's primary objectives were as follows:-

- a. To understand the direct and indirect impacts of COVID-19 on families and children in the last one year (2020-2021).
- b. To capture the challenges faced by parents/caregivers in childcare and their coping strategies in the backdrop of the COVID-19.
- c. To document the knowledge, attitude and practices of parents/caregivers in keeping their children and themselves safe amid the COVID-19.
- d. To comprehend the levels of financial and health preparedness in the wake of COVID-19.

13. For more information: <https://www.rescue.org/report/everything-her-shoulders-rapid-assessment-gender-and-violence-against-women-and-girls-ebola>

Methodology

A cross-sectional pan-India online survey was conducted in light of the Government of India's and States' extended lockdown/curfew measures to curtail further spread of COVID-19. A self-administered questionnaire with 35 questions was used to collect information. The questionnaire was developed in English and translated into six regional languages, including Bangla, Kannada, Marathi, Oriya, Tamil and Telugu, in addition to Hindi, to ensure a wider regional reach and accessibility. The survey was open to all parents/caregivers of children under the age of 18 who have Internet access. The survey was completely anonymous and did not ask for personal identifiers such as name, address, phone number or email address. The information provided by respondents was considered confidential, and only the CRY research team had access to unit level responses. The data was collected during the second wave, which saw state-specific lockdowns in the backdrop of India reporting an ever-increasing number of COVID cases with 4.14 lakh COVID cases in a single day¹⁴. The survey was conducted between May 21st and June 10th, 2021, and the links to fill the self-administered questionnaire was shared on the official Social Media platforms of Child Rights and You (CRY). Additionally, people were encouraged to share the links via WhatsApp and other social media platforms with their social contacts in rural and urban settings.

Limitations of the survey

Parents/caregivers without Internet access could not participate in the study, as it was an online survey. Since participation in the online survey required Internet connectivity and literacy, responses from parents/caregivers from those sections of society lacking literacy, digital literacy, mobile phones, internet connectivity and so on could not be obtained.

14. MoHFW, Government of India

Sample characteristics

A total of 1684 people clicked on the link distributed through different mediums, and 1420 of them (84%) were eligible to participate in the survey, meaning they were adults aged 18 and above. These 1420 participants came from 24 Indian states/UTs, which were further divided into four regions¹⁵: North, South, East and West as given in Table 1 below.

State Categorisation as per regions			
North Region	South Region	East Region	West Region
Haryana	Andhra Pradesh	Manipur	Gujarat
Himachal Pradesh	Tamil Nadu	West Bengal	Maharashtra
Punjab	Telangana	Assam	Chhattisgarh
Chandigarh	Karnataka	Odisha	
Delhi	Kerala	Bihar	
Jammu & Kashmir		Jharkhand	
Rajasthan			
Madhya Pradesh			
Uttar Pradesh			
Uttarakhand			

Table 1: State Categorization

Of the total 1420 respondents, 764 (53.8%) were males, 648 (45.6%) were females, and remaining eight participants (0.6%) were in the category of 'Other' or 'preferred to not mention'. Responses from 1412 participants were considered for further analysis, with 54 percent being men and 46 percent being women. The majority of respondents 66 percent (N-925) were from rural backgrounds, followed by 30 percent (N-426) from urban backgrounds, and only four percent (N-61) from semi-urban backgrounds.

A regional distribution revealed that the North had the highest percentage of representation (42%), followed by the South (39%), the West (10%) and the East (9%).

15. State categorisation is on the basis of CRY intervention states for the convenience analysis.

Nature of respondents

Out of the total number of eligible respondents, 978 (69%) of them had children at home and responded to the questionnaire's questions about children specifically. All four regions had more than 60 percent of their total respondents who had children in the household, with the West region having the highest percentage share at 86 percent, and the North and East regions having the lowest percentage share at 64 percent of respondents who had children in the household. According to the locational distribution of respondents with children in the household, 645 (66%) came from a rural background, 299 (31%) came from an urban background, and 34 (3%) came from a semi-urban background.

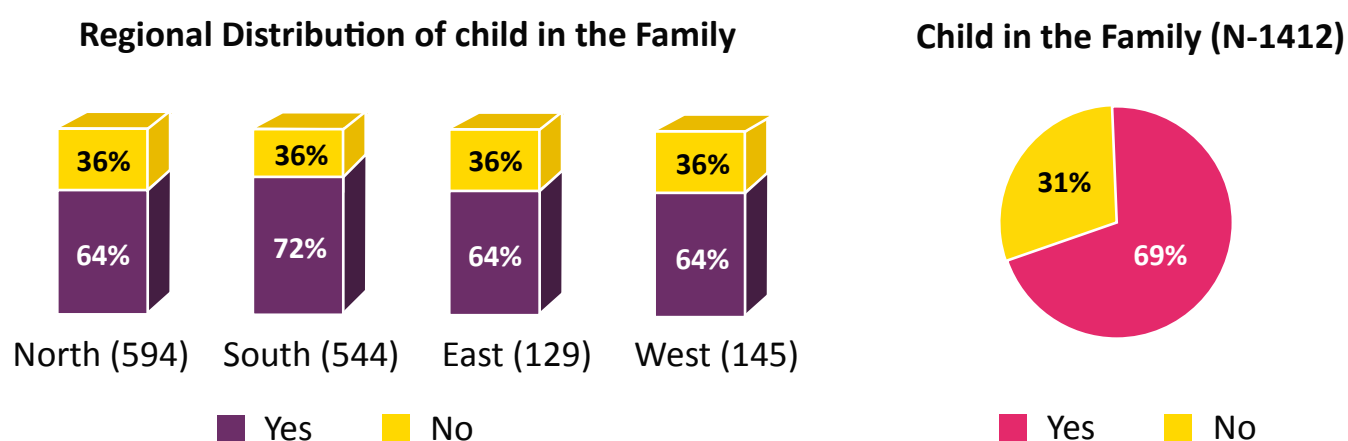


Fig 1: Child in Family

Details of children in the household

Overall, there were 2382 children in 978 households, with half of the children being girls, 49 percent being boys, and one percent being identified as third gender by parents/caregivers. Most of the parents/caregivers had two children (36%), followed by parents/caregivers with one child (26%), while 12 percent also had five children.

The age distribution of children (excluding third gender) revealed that the majority (55%) were between the ages of 6-14 years, while 26 percent were between the ages of 15-18 years and 20 percent were between the ages of 0-5 years.

Impact of COVID-19 on child education



In India, UNICEF reported that, in response to the COVID-19 pandemic, schools across the country were closed in mid-March 2020, thereby affecting approximately 286 million students (48 per cent girls) from pre-primary to upper secondary education. This is in addition to more than 6 million children (48% girls) who were already out of school prior to the COVID-19 crisis¹⁶. The new normal without physical schools has resulted in new methods of learning via online classes or remote learning for children. Because the majority of children enrolled in government schools hail from economically and socially disadvantaged communities, they bore the brunt of the transition to online mode.

The findings showed that more than half of the children aged above 5 years were studying in government schools (58%) and one fourth of them were in private schools (29%), while only seven percent of the children were studying in government-aided schools¹⁷.

The South region had the highest representation of children from government schools (62%), and the West region had the lowest representation (41%). The West region had the highest proportion of private school children (45%) represented in the survey followed by the East at 34 percent.

16. For more information: <https://www.unicef.org/india/media/6121/file/Report%20on%20rapid%20assessment%20of%20learning%20during%20school%20closures%20in%20context%20of%20COVID-19.pdf>

17. An aided educational institute is a private institute that is receiving aid from the Indian government. The government prescribes the qualifications required for appointment as teachers in government and recognised private (aided and unaided) schools.

Status of Access to Classroom Services (N-1808)

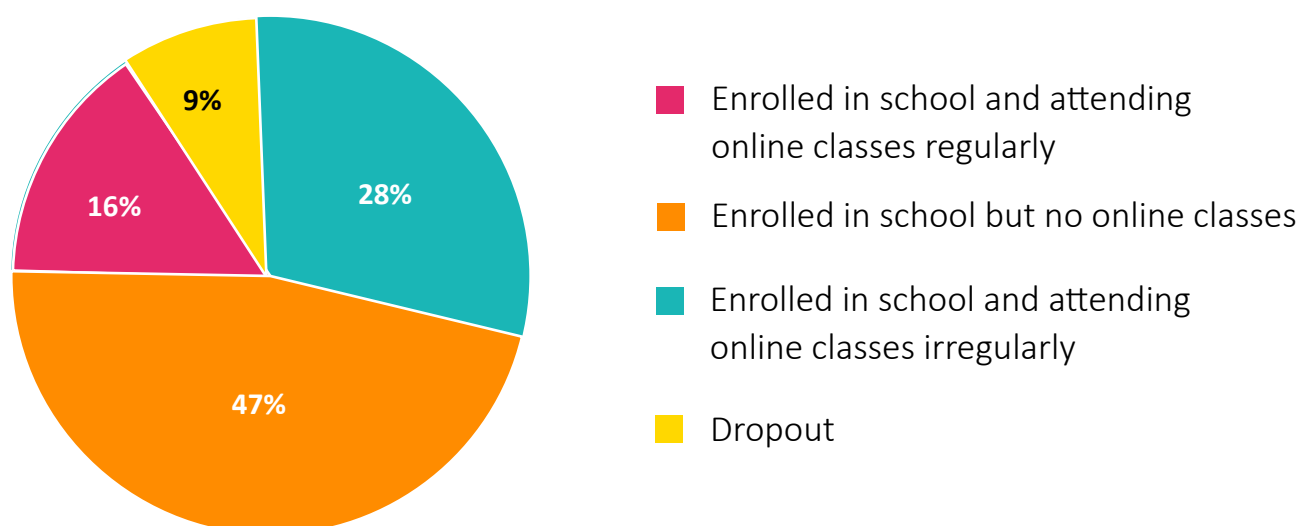
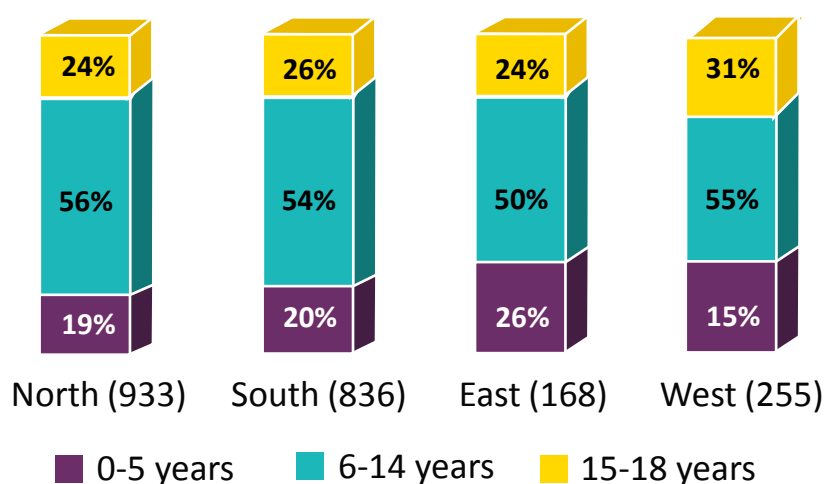


Fig 2: Classroom Services

Given the fact that India's education infrastructure has also been impacted by the pandemic, questions on school education and online classes revealed that the majority of children of school-going age (47%) were enrolled in schools, but no online classes were being held. According to parents/caregivers, approximately 44 percent of children attended online classes on a regular or irregular basis. Only 28 percent were attending online classes regularly. About nine percent of children were reported to have dropped out of school. .

Regional Age-distribution of Children



A regional distribution revealed that more than half of school-age children in the West were taking online classes, with a significant 39 percent doing so on a regular basis compared to other regions. The North region (24%) had the lowest percentage of children attending regular online classes.

Innocenti Research Brief (2021)¹⁸ explored potential adverse impacts of school closures in low- and middle-income countries and recommend actions to ensure that the learning needs of vulnerable populations are met in this time of crisis. India's dropout rates for primary, upper primary and secondary levels are 1.5, 2.6 and 16.1 respectively for the year 2019-2020¹⁹. The online survey revealed that nine percent of the total children were also registered to be school dropouts. A locational distribution of total children showed maximum dropout rate from semi-urban (13%), closely followed by rural (10%), while the regional distribution showed most of them were from the North region (13%), followed by South (6%), East (7%) and West (3%).

18. Unified District Information System for Education Plus (UDISE+) 2019-2020.

19. Immunization here refers to the child immunization program for protection of children from preventable life threatening conditions. For more information:
<http://www.nrhmhp.gov.in/content/immunisation>

Impact of COVID-19 on child health and nutritional status



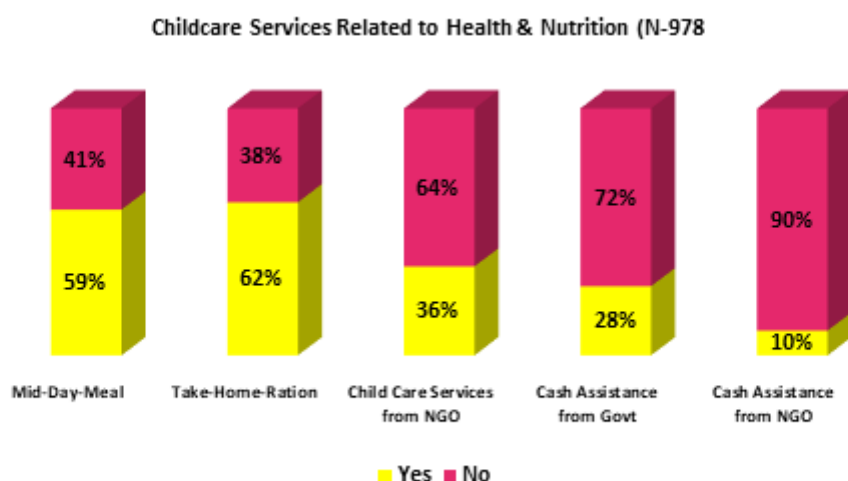
Immunisation

Due to lockdown, many health services were found to be partially or completely suspended. Routine Immunisation for children (0-5 years) posed a concern with not even half the total children being immunised. Parents/caregivers were asked if their child (0-5 years) was immunised in the previous year (2020). The responses were recorded separately for boys and girls. Overall, in the age group of 0-5, 46 percent of boys were immunised²⁰ against 41 percent of girls. It was observed that the North region had the highest percentage of non-immunisation. In the North, 64 percent of 0-5 year old boys were not immunised, followed by 57 percent in the East. The South and West regions had a higher percentage of immunised boys (58% each) than non-immunised boys (42% each) did. The North fared even worse in the category of 0-5 girls, with 73 percent of girls not immunised. South (56%) and West (56%) had a higher percentage of girls immunised (56%).

20. Immunization here refers to the child immunization program for protection of children from preventable life threatening conditions. For more information: <http://www.nrhmhp.gov.in/content/immunisation>

Nutrition

The Borowski et al. study (2020)²¹ found that in 2019, 135 million people in 55 countries were in food crises or worse, and two billion people did not have regular access to safe, nutritious and sufficient food. As per National Family Health Survey-4, children between 6-59 months who are anaemic stand at 58.6 percent. In addition, Comprehensive National Nutrition Survey 2016-18 revealed that only 6.4 percent received a minimum acceptable diet. COVID-19 has severely affected health and nutrition services in India.



In this study, parents/caregivers were also enquired about their access to childcare services, particularly nutrition and health care. This includes Mid-Day Meal (MDM)²² for children in government schools or Anganwadi Centres, and Take-Home Ration (THR) and cash assistance from the government and NGOs. Mid-Day-Meal services related to child nutrition and Take-home-ration were seen to be severely hit with close to half only reporting to have received it. Whereas, childcare assistance services from NGOs and cash assistance from NGOs and government was also found to be low. This blow was felt severely in the rural areas with percentage of receipt further plummeting. Forty one percent of parents/caregivers whose children attended government schools or were enrolled in Anganwadi Centres said they did not receive MDM. Similarly, 38 percent of parents/caregivers reported not receiving THR. More than 40 percent of parents/caregivers in the South and East said they did not receive MDM, and roughly, half of parents/caregivers in the North and East said they did not receive THR. According to the locational distribution, more than half of the respondents received MDM (61%) and THR (64%) in rural areas.

21. Borkowski, Artur, Javier Santiago Ortiz Correa, Donald AP Bundy, Carmen Burbano, Chika Hayashi, Edward Lloyd-Evans, Jutta Neitzel, and Nicolas Reuge. "COVID-19: Missing More than a Classroom. The Impact of School Closures on Children's Nutrition. Innocenti Working Paper 2021-01." UNICEF (2021). Available at <https://ideas.repec.org/p/ucf/inwopa/inwopa1176.html>

22. For more information: http://mdm.nic.in/mdm_website/

The Ministry of Education announced approval of the proposal to provide monetary assistance to 11.8 crore students (118 Million Students) through Direct Benefit Transfer (DBT) of the cooking cost component of the Mid-Day-Meal Scheme to all eligible children as a special welfare measure²³. During the COVID-19 Pandemic, Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) have been engaged in COVID-19 awareness drive in the community as per the directions of the Ministry. To ensure continuous support to Anganwadi beneficiaries, the Ministry, vide letters dated 16.04.2020 and 26.04.2021, requested the States/UTs to distribute Take Home Ration (THR) once in 15 days at the doorsteps of the beneficiaries through AWWs/AWHs and also medicines as per requirement, and special attention be given to timely medical interventions for SAM children²⁴.

The study revealed that 10 percent of caregivers/parents received cash assistance from NGOs, while 90 percent reported not receiving any. Twenty eight percent of parents/caregivers reported receiving government cash assistance and over one-third, (36%) reported receiving childcare services²⁵ from non-governmental organisations.

In comparison to the South and East (27%), a large proportion of parents/caregivers in the West (52%) and North (41%) reported receiving childcare services from NGOs. In comparison to other regions, parents/caregivers in the South (41%) reported receiving government cash assistance. While 39 percent of parents/caregivers in rural areas reported receiving childcare services from non-governmental organisations, the statistics were relatively low in semi-urban areas (17%). In comparison to rural (27%) and semi-urban (29%) parents/caregivers, a sizable proportion of urban (32%) parents/caregivers reported getting government cash assistance. In comparison to urban areas (6%), more rural (11%) and semi-urban (17%) parents/caregivers reported getting cash assistance from NGOs.

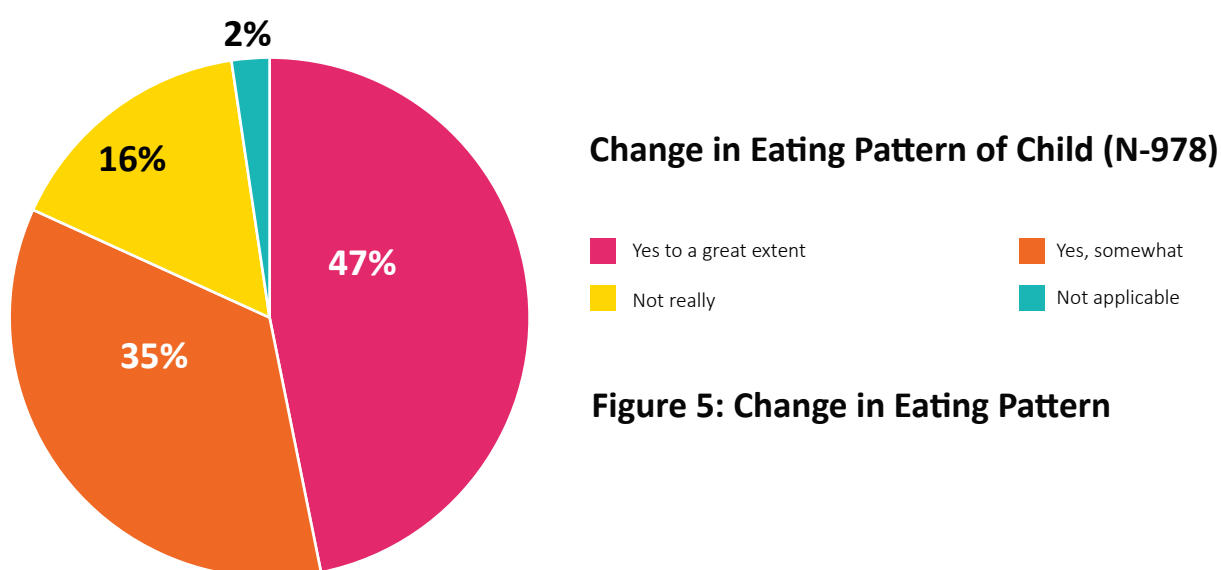


Figure 5: Change in Eating Pattern

23. For more information: <https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1722407>

24. For more information: <https://pib.gov.in/PressReleaseDetailm.aspx?PRID=1742803>

25. India has a system of universal childcare which is free and provided by the state through the Integrated Child Development Services. For more information, <https://icds-wcd.nic.in/icds.aspx>

Almost half of the parents/caregivers (47%) believed their child's eating habits had changed from earlier eating habit significantly in the year since COVID-19. More than half of parents/caregivers in the North (57%) and West (54%) thought so. Only one in ten parents/caregivers (16%) believed COVID-19 had no significant impact on their child's eating pattern. In comparison to urban parents/caregivers (35%), a higher percentage of rural parents/caregivers (52%) believed COVID-19 had a significant impact on their child's eating pattern.

Psycho-social concerns of children and COVID-19



COVID-19 has had a significant impact on children's education and learning according to more than 80 percent of parents/caregivers, followed by children's playtime and recreation (62%) and social lives and friendships (60%). Forty one percent of parents/caregivers also believed that it had an impact on their child's health due to an inadequate diet or nutrition, while 42 percent mentioned it had an impact on their child's mental well-being and happiness.

In the North region, 84 percent parents/caregivers reported the highest impact on child's education and learning. The impact of the pandemic on free time and recreation was highest in the South (69%) and least in the West (53%). COVID had the largest impact on children's social lives and friendships in the East (75%), and the least in the North (55%) as reported by parents/caregivers.

Distribution of Aspects of Lives Impacted (N-978)

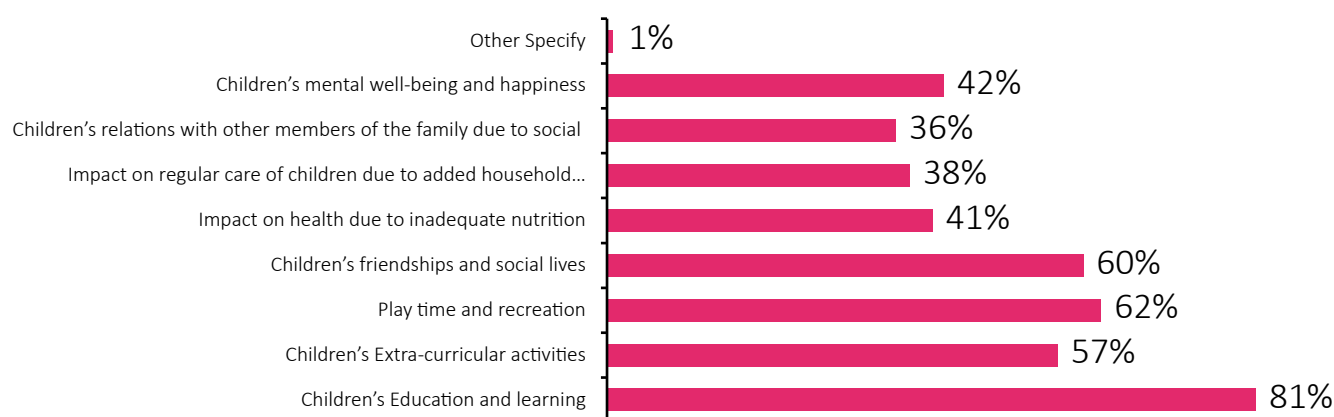


Figure 6: Lives Impacted

COVID's impact on children's mental well-being and happiness was highest in the South, accounting for half (50%) of the total, with the East reporting a similar result (48%).

Overall, 71 percent of parents/caregivers reported that they were facing either minor or major challenges vis-à-vis their child's emotional well-being. In comparison to other regions, parents/caregivers in the East (40%) reported significant challenges in terms of their child's emotional well-being. Likewise, the percentage was considerably high in rural area (33%) compared to urban (20%) counterpart. Among those parents/caregivers who reported challenges, 85 percent used communication with children as a measure to help children express their thoughts and feelings, and one in every four parents/caregivers (28%) echoed seeking professional/specialised help as a measure. Region-wise, the highest percentage of parents/caregivers in the West (94%) reported using communication as a means, while 33 percent in the North sought professional/specialised help.

Out of total parents/caregivers, 62 percent were aware of the Face-to-Face or Online Individual counselling and therapeutic services, while 41 percent were aware of support groups, online story-telling circles (27%) and online skill development classes (24%). All the regions had more than half parents/caregivers aware about the Face-to-Face or Online individual counselling and therapeutic services, with highest in North (74%). Similarly, a locational distribution also showed that more than half parents/caregivers were aware about the Face to Face or Online individual counselling and therapeutic services, with highest in rural (63%).

The World Health Organisation (WHO) also flagged off the interruption of the mental health services during the pandemic. It stipulated that, “In addition to the conversion of mental health facilities into care facilities for people with COVID-19, care systems have been affected by mental health staff being infected with the virus and the closing of face-to-face services. This is a collective responsibility of governments and civil society, with the support of the whole United Nations System. A failure to take people’s emotional well-being seriously will lead to long-term social and economic costs to society”²⁶.

Time Spent by Children during Pandemic

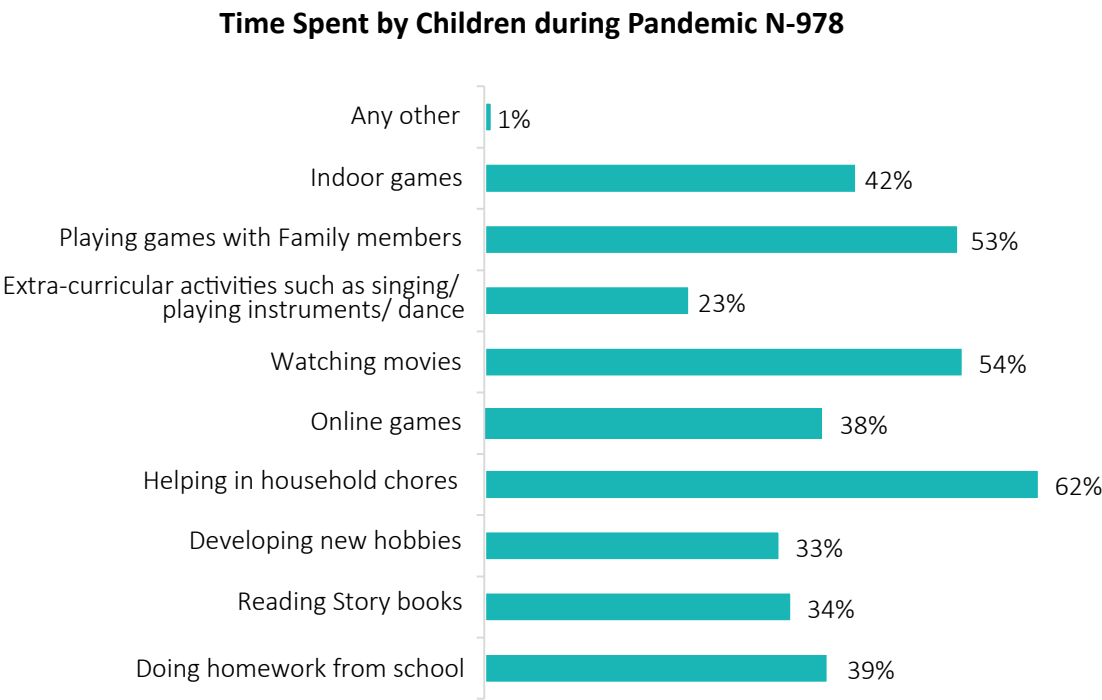


Figure 7: Time Spent by Children

Sixty two percent of parents/caregivers indicated that their children spent time at home doing household chores. The other two most common responses were watching movies (54%) and playing games with family (53%).

Parents/caregivers in the South (69%) and West (62%) regions said that their child spent time at home doing household chores. A lower percentage of parents/caregivers in the North (32%) and East (34%) said that their child spends time doing homework.

Children in rural areas spend the most time on domestic tasks (66%), followed by children in urban and semi-urban areas (56%) as stated by parents/caregivers. Additionally, the responses of parents/caregivers from the rural section also revealed a lower percentage of children spending time developing new hobby (31%).

26. WHO. Substantial investment needed to avert mental health crisis. (2020). Available at <https://www.who.int/news/item/14-05-2020-substantial-investment-needed-to-avert-mental-health-crisis>

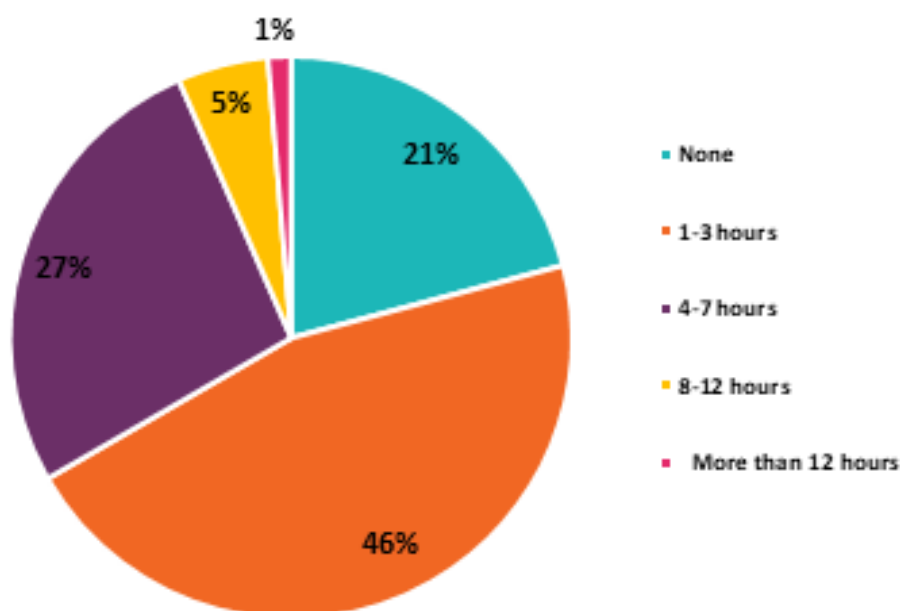
Parents/Caregivers spending time with Children

62 percent of parents/caregivers stated that they spent time with their child doing household chores. Additionally, one in every five parents/caregivers (22%) stated that they were unable to spend sufficient time with their child. Only 37 percent of parents/caregivers reported spending time with their children engaging in recreational activities such as arts and crafts.

The majority of parents/caregivers in the South region (73%) highlighted spending time with their child over household chores. One-fourth, two-fifths, and one-tenth of parents/caregivers in the North, South/East, and West respectively, stated that they did not have enough time to spend with their child. The least percentage of parents/caregivers from the North (25%) also reported that they spend time with their child engaging in recreational activities. Parents/caregivers from rural areas spent more time doing household chores with their children (64%), while parents/caregivers from urban areas were close behind (59%). Twenty four percent of parents/caregivers from rural areas registered not being able to spend time with their children, while urban and semi-urban stood at 18 percent each. Only 38 percent of rural parents/caregivers spent time with their children assisting them with homework or teaching them, compared to 49 percent of urban parents/caregivers.

Screen time and Internet use

Screen Time of Children (N-978)



Overall, the majority of parents/caregivers (46%) reported that their child spends 1-3 hours per day on a screen. One in every four parents/caregivers (27%) reported that their child spent 4-7 hours per day on the screen, with one percent reporting that their child spent more than 12 hours per day.

Across all locations, the majority of parents/caregivers reported that their child spent 1-3 hours per day on a screen. However, a sizable proportion of parents/caregivers in urban areas (39%) reported their child spending 4-7 hours per day on a screen. In comparison to rural and urban areas, a sizable proportion of semi-urban parents/caregivers (12%) reported that their child spends 8-12 hours per day on a screen.

Nearly 10 percent of parents/caregivers in the East region reported that their child spends 8-12 hours per day in front of a screen. A large percentage of parents/caregivers in the North (43%), South (46%) and West (61%) reported 1-3 hours of screen time per day for their child, whereas 40 percent of parents/caregivers in the East reported 4-7 hours of screen time per day for their child.

According to a study conducted by Patra and Patro (2020)²⁷, “Increased opportunity for internet use makes it more difficult for parents/caregivers to control this access, and frequent and unsupervised internet use is associated with self-harm and suicidal behaviour in adolescents with psychological risk factors”. The National Commission for Protection of Child Rights’ (NCPCR) study (2021)²⁸ showed that approximately 37.15 percent of children, always or frequently, experience-reduced levels of concentration due to smartphone use.

Overall, 23 percent of parents/caregivers stated reaching out to any child protection mechanism services. Of those reaching out to any child protection mechanism services, the highest was in the East (31%), and the least was in the West (18%). Respondents reached out to police with maximum share in the North (60%). Respondents also reached out to NGOs with maximum record from East (62%).

27. Idib.

28. Rambhau Mhalgi Prabodhini (RMP) “Effects (Physical, Behavioural and Psycho-social) of using Mobile Phones and other Devices with Internet Accessibility by

COVID-19: awareness and preparedness



Awareness and Information

TV news channels, word of mouth and WhatsApp forwards were the most common sources of COVID-19 information for respondents. Seventy two percent cited TV news channels as their sources; 63 percent cited word of mouth from family and friends; 58 percent cited WhatsApp forwards and messages; and 53 percent cited non-governmental organisations. Except for the East, the top three sources of information for other three regions were TV news channels, word of mouth and WhatsApp forwards. Newspapers (47%) were one of the top three sources of information in the East.

In contrast to rural respondents, social media platforms such as Facebook posts, Instagram and Twitter feeds were significantly more popular as a source of COVID-19 information among urban and semi-urban respondents.

Non-Government Organisations (NGOs) were identified as a source of information about COVID-19 by 62 percent of rural respondents. Similarly, 65 percent of rural respondents relied on word of mouth for COVID-19 information. For COVID-19 information, women respondents primarily relied on television news (71%), followed by word of mouth (63%) and non-governmental organisations (48%).

Symptoms of COVID and Prevention Measures

Fever (85%), cough (82%), difficulty in breathing (75%) and sore throat/throat pain (71%) were listed as the top four COVID-19 symptoms by all responders. However, three percent respondents were unaware of COVID-19 symptoms. Regionally, the East and South had six percent and four percent of respondents respectively, who had no information of COVID-19 symptoms.

Wearing masks (95%) and practising proper hand-washing and hygiene (90%) were identified as the most desired COVID-19 prevention measures across all regions. 57 percent of participants stated using a double mask as a preventive precaution against COVID-19.

Vaccination

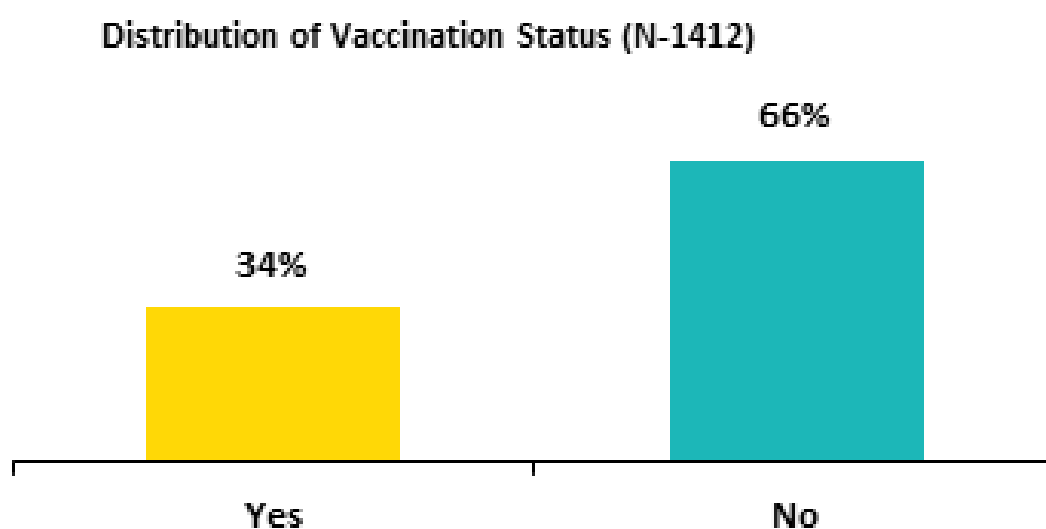


Figure 9: Vaccination Status

Sixty four percent of respondents believed that vaccination might protect them from COVID-19. It was highest in the West (73%) and lowest in the East (58%). One in every third respondent stated that they had vaccination. However, survey did not ask for if they are partially vaccinated i.e. one dose or fully vaccinated i.e. two doses²⁹. The gender distribution of vaccination status revealed that 71% of females and 62% of males were unvaccinated. The West region had the lowest percentage of COVID-19

vaccine recipients (23%), closely followed by the North region (30%). The East (40%) and South (39%) had the highest percentages of respondents who had received vaccine shots. The widest gap between vaccinated and unvaccinated responders by location was seen in rural areas at 28 percent and 72 percent respectively.

29. For more information: <https://www.mohfw.gov.in/pdf/FAQsCOVID19vaccinesvaccinationprogramWebsiteupload.pdf> <https://pib.gov.in/PressReleasePage.aspx?PRID=1719925>

Among individuals who were unvaccinated, non-availability of vaccination slots was identified as the primary reason for non-vaccination (52%). Additionally, 25 percent of respondents were unsure of the vaccine's efficacy, and 24 percent were unaware of the vaccine. The most common reason for non-vaccination in the East region (66%) was a lack of available slots. Uncertainty about the vaccine's efficacy was the most common reason for non-vaccination in the South (30%), followed by the West (29%), besides unavailability of slots. In the North, 32 percent of respondents were found to be unaware of the vaccination.

COVID Positive Members and Healthcare Services

In total, 89 percent of respondents did not have COVID-19 positive members in their households, while 11 percent did. A regional distribution revealed that, compared to the North (9%) and south (10%), respondents in the West (19%) and East (18%) had a higher percentage of households reporting having a COVID-19 positive member in the family. Rural respondents (6%) had the lowest percentage of households with COVID-19 positive members, whereas urban respondents (25%) had the highest percentage. Out of the COVID positive households, the survey also inquired about the number of adults and children in the family who were COVID-19 positive. At least one child was infected in 70 percent of the families with COVID positive members (n=37). In addition, eight percent of them had more than three infected children in their family. Similarly, 55 percent said they had at least one adult COVID-19 positive member in their family, and 18 percent said they had more than three adults who were COVID-19 positive (n=83).

As per regional distribution out of the COVID positive households, 76 percent of respondents in the North stated that they had at least one COVID-19 positive child in their family, while 33 percent in the East stated that they had more than three COVID-19 positive children in their family. More than half of the households in the South (85%), West (59%) and East (55%) reported having at least one adult member who tested positive for COVID-19.

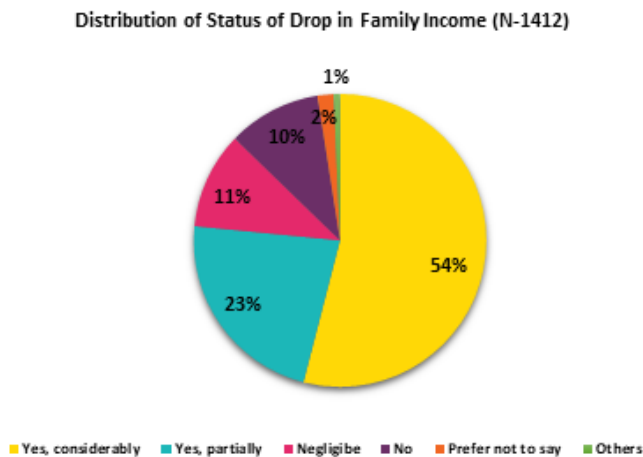
Healthcare access to COVID-19 positive member in the family	Percentage distribution				
	North	South	East	West	Total
Hospitalisation					
Yes	29%	33%	21%	57%	35%
No	71%	67%	79%	43%	65%
Home care					
Yes	100%	79%	93%	67%	86%
No	0%	21%	7%	33%	14%
Ayurveda					
Yes	42%	9%	29%	38%	29%
No	58%	91%	71%	62%	71%
Holistic medicines					
Yes	61%	27%	50%	48%	46%
No	39%	73%	50%	52%	54%
Total	38	33	14	21	106

Table 2: Healthcare Access during COVID

Respondents were further probed about the access to healthcare for COVID-19 positive member of their family. Availing hospitalisation facilities for COVID-19 positive family members were mentioned by 35 percent of respondents. For a COVID-19 positive member of their family, 86 percent of respondents reported receiving home care, 29 percent reported using Ayurvedic medicines, and 46 percent used holistic medicines³⁰.

The majority of those who sought hospitalisation for a COVID-19 positive member were from urban areas (46%). The majority of respondents who received home care, Ayurvedic medications and holistic treatment for a COVID-19 positive member did so in urban areas (60%, 65%, and 61% respectively).

Economic Insecurity and Resource Availability



Fifty four percent of respondents reported a significant decrease in household income in the previous year due to the pandemic, while 23 percent and 11 percent reported a partial or negligible drop, respectively. Highest considerable drop in the family income was recorded from the West (61%), followed by North (59%). Likewise, respondents from rural areas (59%) reported considerable drop in family income because of COVID-19, followed by respondents from urban areas (45%).

Job loss duration	North	South	East	West	Total
Entire year	25%	28%	29%	16%	25%
6 months	20%	35%	7%	10%	23%
3 months	8%	12%	10%	3%	9%
Less than 3 months	4%	6%	5%	2%	5%
No job loss but salary cut	15%	10%	21%	20%	14%
Job and income is the same, nothing changed	15%	9%	17%	21%	14%
Other (specify)	14%	1%	12%	28%	10%
Total	594	544	129	145	145

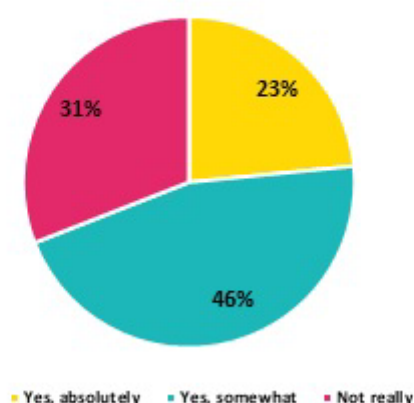
Table 3: Job Loss

30. Holistic medicine within the scope of this study refers to various alternate therapies that were reportedly adopted in India as a preventive measure against COVID, against allopathic medicine. For example homoeopathy, which was widely popular in use.

One in every fourth (25%) respondents also stated having job loss for an entire year, while 23 percent stated that they had been jobless for at least six months. This was the overwhelming response echoed by respondents from rural areas, where more than half reported that they had been jobless for a whole year or at least six months. Urban respondents had the highest percentage (23%) without job lose, but witnessed salary cuts. In the North, 25 percent of respondents did not have a job for the entire year, while in the South, 35 percent did not have a job for at least six months. One-fifth of those in the East and West reported a pay cut.

Almost half of those responded to the survey (49%) had taken loan in the past year. South had the highest percentage of people who had taken loan (65%) in the previous year. More than half of respondents in the rural areas (55%) were found to have taken loan, while more than half in the urban areas (54%) did not. The findings show that the rural areas were significantly more economically impacted than the urban areas in the previous year.

Distribution of Resources Availability in Family (N-1412)



Only 23 percent of respondents overall indicated that their household has the resources to deal with any adverse situation. Thirty one percent of the respondents indicated that they lack adequate financial, medical or psychological resources. In contrast to respondents from urban areas (19%) and semi-urban areas (18%), a sizable proportion of respondents from rural areas (37%) reported not having sufficient resources to deal with any adverse situation.

The regional distribution revealed that the West region (46%) had the highest percentage of resource availability, while the East had the least (13%). The North region had the highest percentage of resource scarcity at 43 percent, followed by the East at 29 percent and the South at 23 percent. The findings must be interpreted in light of the respondents' job loss and the status of resource availability.

Across regions and locations, the majority of respondents (70%) were stationed and had not migrated in the last one year. One in every ten respondents (9%) stated that they migrated in search of work during the pandemic, while six percent and eight percent stated that they migrated to their native place during the pandemic or for work, respectively.

Awareness of Emergency Contact Details

Emergency Contact Availability	North	South	East	West	Total	Rural	Urban	Semi Urban
Hospital contact number								
Yes	56%	56%	53%	62%	56%	50%	68%	57%
No	44%	44%	47%	38%	44%	12%	27%	43%
Blood bank/plasma numbers								
Yes	18%	15%	16%	27%	18%	12%	27%	67%
No	82%	85%	84%	73%	82%	88%	73%	33%
CHILDLINE helpline								
Yes	57%	37%	43%	67%	49%	43%	61%	38%
No	43%	63%	57%	33%	51%	57%	39%	62%
Civil Society Organisation number								
Yes	22%	22%	20%	21%	22%	18%	26%	48%
No	78%	78%	80%	79%	78%	82%	74%	52%
Government helpline								
Yes	58%	44%	43%	50%	50%	44%	62%	64%
No	42%	56%	57%	50%	50%	s	38%	36%

Table 4: Emergency Contacts

A sizable proportion of respondents (82%) did not have blood bank/plasma contact information, and 78 percent did not have contact information of Civil Society Organisations (CSOs) in case of an emergency. Half of respondents lacked contact information about CHILDLINE³¹ and government helplines. This finding can be seen in light of the 23 percent respondents who approached childcare protection mechanism services (as reported earlier). More than 80 percent of respondents in the North, South and East regions did not have blood bank/plasma contact information readily available, and three out of every four respondents in all regions did not have CSO contact information readily available. One in every two respondents in the South, East and West regions lacked information about government helplines, while more than half in the South and East were unaware of the CHILDLINE. Likewise, more than 80 percent of respondents in rural areas were unaware of the blood bank/plasma number and contact information of CSOs. Additionally, half of them were unaware of hospital and government helpline contact information as well as CHILDLINE contact information.

31. CHILDLINE 1098 is a service of Ministry of Women and Child Development. Childline India Foundation is a non-government organisation in India that operates a telephone helpline called CHILDLINE, for children in vaccinations distress. It was India's first 24-hour, toll free, phone outreach service for children

Looking through both studies



Rapid Online Perception Study 2020³² and subsequent Online Study on Impacts of COVID on Children and Households 2021 were conducted during nationwide lockdown and second wave state-specific lockdown/curfews respectively. Although, both the studies were consistent in reporting key signs and symptoms of COVID, sources of information and preventive measures, many critical indicators were found to be aggravated during the second wave.

Health

While the earlier study showed that around half of the respondents were able to access child immunization services, this survey went further low to around 43 percent during the second wave. Similarly, in 2020, the study showed 35 percent reporting change in the eating habits, but in 2021, the survey showed more than 80 percent reporting change in eating habits of their children. Children's mental well-being was also an important indicator to trace through the studies. In 2020, 37 percent responded that the child's mental well-being and happiness were affected due to lockdown, and in 2021, the study confirmed that after one year of COVID coupled with restrictive mobility, 23 percent reached out to child protection mechanism services available.

32. For more information: https://www.cry.org/wp-content/uploads/2020/05/Report-CRY_COVID-19-Study.pdf

Education

The 2020 Online study showed that 41 percent of the respondents with children of school-going age (5-18 years) reported that their child attended classes through virtual/online platforms. The 2021 study has tried to have a better look at the state of online education. It has shown that with 'new normal' there is a disparity in terms of reception of the new developments over the year.

Preparedness

Likewise, while the earlier study showed that 57 percent respondents believed that the COVID situation will impact their household to a great extent, the current study further dived and revealed that only 23 percent of the total respondents said that their household has sufficient responses (financial, medical or psychological) for COVID situation.

Vaccination was the new indicator as a measure against COVID. Through both studies, an attempt is made to trace the trajectory of issues and concerns for households and children, along with additional concerns. Since, the major developments have taken place over the course of two studies like reverse migration, job loss, online education and the 'new normal', many changes have to be studied in the same light. Hence, the current study becomes imperative to account for these changes and establish linkages.

Conclusions and Recommendations



The following conclusions and recommendations reflect from the findings of the study to address the issues of children during COVID second wave and against the backdrop of the predicted third wave.

Education

- *The study's findings show that the majority of children enrolled in schools do not have access to online classes, while a greater percentage of children enrolled in online education do not have access to regular online classes.* This was identified as a significant issue in rural areas where online education is difficult to access due to varied reasons such as infrastructure, device affordability, network connectivity, technical knowledge and digital literacy. To address this digital divide, schemes aimed at incentivising families from marginalised sections of society to access necessary equipment for online education (smartphones/laptops/televisions) along with internet packages need to be formulated to ensure an inclusive digital wave of education. Besides, capacity building of teachers needs to be undertaken in order for them to use the digital platforms of education for effective teaching and hence ensuring regular conduct of online classes, especially given the external environment due to the pandemic.
- *The study also found that a considerable percentage of school dropouts were from rural and semi-urban areas largely (10% and 13% respectively).* There is an urgent need to address this increase in dropouts and ensure that they are reached by schools/NGOs. And through regular online classes, quality education is imparted to the disadvantaged children, with special attention to the children coming from rural backgrounds. This ..

difficult, given the unequal and sparse or low internet penetration and device affordability being an obstacle. The government can address these concerns with alternate mediums to impart necessary educational training with more interactive and evolving methodologies. To reiterate CRY's position, schools are the real classrooms that make children ready for the future.

- *Children's education and learning were observed to have been greatly impacted by COVID-19 in all the regions, especially from rural areas.* Given that schools have been closed for more than 1.5 years now, news of states re-opening is a good news. When a child, especially in the socio-economic strata with multi-dimensional poverty, stays away from school for a while, her/his chances of ever going back to school is reduced considerably. This is how they become vulnerable to child labour, child marriage and child trafficking. However, before completely re-opening schools, our decision makers need to have all evidence and be certain that opening schools does not harm children or their families.

Health and Nutrition

Though Gender disparity was not observed amongst the non-immunised, with almost similar share of girls and boys being non-immunised, *UNICEF had earlier in the year reported of the drop in immunization of children in India, along with others*³³. This can have severe concerns for child health in not just short but in longer term as well. The study found that highest share of respondents were seeking homecare for COVID with only a percentage reported to receiving hospitalisation facilities for the family members infected with COVID. The need on not to neglect routine immunization of children was emphasized in community level preparations under 'Guidelines on Operationalization of COVID Care Services for Children and Adolescents'³⁴ and refers to the Management Guidelines for perinatal-neonatal COVID-19 that have been published. WHO also released a homecare Interim Guidance in 2020 for the patients³⁵ along with ICMR³⁶. Given the public healthcare crisis in India, to ensure delivery of essential health services, the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Home Affairs had released a guidance note³⁷ and order³⁸ respectively in this regard. The guidance note stressed on the importance of involving NGOs in delivering these services, which can be strengthened with greater synergy between government, and civil society networks, especially with reach in the rural areas. To target rural areas in the second wave and to provide other essential health services with NGOs support, the MoHFW in May 2021 had released SOP on COVID-19 Containment and Management in Peri-urban, Rural and Tribal areas³⁹. Local governance strategies can be developed to ensure that these essential health services are not ignored for children during any health emergency. This plan may be

33. For more information: <https://data.unicef.org/topic/child-health/immunization/>,
<https://www.unicef.org/press-releases/covid-19-pandemic-leads-major-backsliding-childhood-new-who-unicef-data>

34. For more information: https://www.nhp.gov.in/mission-indradhanush1_pg

35. For more information: <https://www.mohfw.gov.in/pdf/GuidelinesonOperationalizationofCoVIDCareServicesforChildrenandAdolescents14062021.pdf>

36. For more information: [https://www.who.int/publications/i/item/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications/i/item/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

37. For more information: https://www.icmr.gov.in/pdf/covid/techdoc/COVID_HOME_CARE.pdf

38. For more information: <https://www.mohfw.gov.in/pdf/EssentialservicesduringCOVID19updated0411201.pdf>

39. For more information: https://www.mha.gov.in/sites/default/files/MHA%20order%20dt%2015.04.2020%2C%20with%20Revised%20Consolidated%20Guidelines_compressed%20%283%29.pdf

worked out keeping Anganwadi Workers (AWW) and Accredited Social Health Activists (ASHA) in the loop to attain goals of Mission Indradhanush⁴⁰ i.e. full immunization coverage for all children.

The impact of COVID on nutrition was reported maximum from rural areas. Hence, to contain the nutritional deficiency among children, the government services available for distribution should be serviceable to the families from vulnerable sections. With a focus on nutrition, the Government is implementing Anganwadi Services under the umbrella Integrated Child Development Services (ICDS) scheme⁴¹. The GOI, in its 2021-22 budget, has combined ICDS, POSHAN Abhiyaan, and Scheme for Adolescent Girls (SAG) and the National Creche Scheme to address nutrition issues and provide additional nutrition through Supplementary Nutrition Programme (SNP) under AWCs, SAG and ICDS, along with Mission POSHAN 2.0 (Saksham Anganwadi and Poshan 2.0)⁴². The Centre increased the cooking cost of MDM in April for the year 2020-21, from Rs. 4.48 to Rs. 4.97 for primary children, and from Rs. 6.71 to Rs. 7.45 for upper primary children (MDM Portal, 2020). An ad hoc grant of Rs. 2567 crore was also released to States for this purpose. In the Union Budget 2020-21, a sum of Rs. 35,600 crore was announced for 'nutrition related programmes'⁴³. NGOs can further collaborate in ensuring home delivery of ration through Anganwadis Workers to ensure that nutrition levels of the families do not deteriorate. The government can ensure continued home delivery of meals and cooking material to beneficiaries, especially considering the economic loss to the families whose conditions have further deteriorated.

Psycho-Social Health

The study found most of the parents/caregivers were facing challenges vis-à-vis child's emotional well-being, and most respondents were resorting to communicating with children as a measure to help children voice their thoughts and feelings and low uptake of specialized or professional help. While professional help is of umpteen importance and be provided to all the children undergoing psychosocial adverse implications, however, during lockdown and home quarantine, parents/caregivers have to create a free and open environment for children to talk about their feelings. Parents/caregivers can address children's questions with regard to COVID ambiguity establishing communication channels. Along with these, online free psychosocial counsellors and experts be available to all the children. The GOI's psychosocial toll free helpline number is available⁴⁴.

Mental health issues have emerged to be an important concern for the family members and the children alike, and therefore, it is of utmost importance to ensure that mental health resources and services are made available. To address the same, the Women and Child Development Ministry had issued an advisory along with an advisory⁴⁵ from National Human

40. For more information: <https://www.mohfw.gov.in/pdf/SOPonCOVID19Containment&ManagementinPeriurbanRural&tribalareas.pdf>

41. For more information: <https://pib.gov.in/Pressreleaseshare.aspx?PRID=1697443>

42. For more information: <https://pib.gov.in/PressReleasePage.aspx?PRID=1742817>

43. For more information: <https://pib.gov.in/newsite/PrintRelease.aspx?relid=197837>

44. For more information: <https://www.mohfw.gov.in/>

45. For more information: <https://wcd.nic.in/sites/default/files/Advisory%20Circular.pdf>

Rights Commission (NHRC)⁴⁶ in lieu of second wave and its impacts on mental and psychosocial care services. The National Commission for Protection of Child Rights (NCPCR) is also providing Tele-Counselling to children through SAMVEDNA (Sensitizing Action on Mental Health Vulnerability through Emotional Development and Necessary Acceptance), a Toll-Free Helpline launched to provide psycho-social mental support for children affected during COVID 19 Pandemic⁴⁷. These efforts can be amplified and promoted by all the stakeholders and civil society networks, given the increasing infection rate amongst children and school closures.

Children's Time Spent

Rural areas showed least share of the children spending time to develop new hobbies. It was also observed that a significant share of respondents were not able to spend their time with their children. Parents/caregivers can play crucial role in managing and controlling emotional and learning crisis through increased inter-personal engagements. Along with these, parents/caregivers can also be sensitized and trained on checking their child's emotional status. Anganwadi Centres may allot specific days for each target population to engage in different learning activities, maintaining state-specific COVID appropriate behaviour and protocols. This may be combined with Village Health and Nutrition Days (VHND) through which healthcare services are provided with AWC and AWWs. It is recommended that Anganwadi Workers are properly trained on these aspects. NGOs can also strengthen these services by on-site capacity building, site preparation, support to Anganwadi Workers, and monitoring and supervision in their intervention areas. Further, it is recommended to develop rural Pandemic Preparedness Plans as directed by the Ministry of Panchayati Raj with local adaptations as required⁴⁸.

Study findings showed that children's screen time was at least between 1-3 hours a day, with rural section reporting highest share. The overall distribution showed a higher percentage of children spending more screen time in urban than rural section. This must be understood in perspective, as due to school closures, most of the classes are being held online, and children maybe spending more time studying and attending classes. Parents and caregivers should supervise their child's online presence and behaviour. Online safety and abuse awareness needs to be provided to children. For this, a booklet released by the National Council of Educational Research and Training (NCERT) and UNESCO, New Delhi Office on online learning⁴⁹, along with a Safety Manual for students of secondary and senior secondary schools by Central Board of Secondary Education (CBSE)⁵⁰ can be of great help. Various other steps taken include sending messages through telecom service providers, messages through government's twitter handle @CyberDost, conducting cyber awareness programmes in

46. For more information: <https://nhrc.nic.in/sites/default/files/NHRC%20Advisory%20on%20Children%202.0.pdf>

47. For more information: <https://www.pib.gov.in/PressReleasePage.aspx?PRID=1719426>

48. Letter to Secretaries of all Ministries and Departments, Gol dated 6 April, 2021- https://www.panchayat.gov.in/documents/20126/0/All_CS____.Copy.pdf/1368f61b-44e8-5dcc-d7d4-057e8375b590?t=1620199035408

49. For more information: <https://pib.gov.in/PressReleasePage.aspx?PRID=1629603>

50. For more information: http://cbseacademic.nic.in/web_material/Manuals/Cyber_Safety_Manual.pdf

different cities, radio spots/jingles on FM Radio, publishing of handbook for Adolescents/Students, and introduction of a chapter on cyber security in CBSE syllabus etc⁵¹.

Child Protection

- *Overall, 23 percent of the respondents reached out to any child protection mechanism services, with more than half of the respondents reaching out to NGOs and police.* It is an indication to the probability of incidences of child violations, wherein these services were being opted for. CSOs can help in increasing community-level vigilance to mitigate risks related to violations of child protection, identifying early symptoms of COVID-19 among children, and linking them with nearest medical facility. Hence, special attention may be given to Village Child Protection Committees (VCPC), School Management Committees (SMC), teachers, etc. in addressing these issues with NGOs' and families' collaboration in rural areas to ensure safer childhoods.

Vaccination

Vaccine uptake as a measure against COVID was recorded to be 64 percent. *Since, only 34 percent of respondents were vaccinated against COVID⁵², this was further aggravated in the rural section.* This was majorly reported to be due to non-availability of slots for vaccination. Also, a share of total respondents were found to be unaware of vaccination. Although, the vaccination uptake was low, but the cause for it was found to be non-availability of slots. Hence, it is recommended that the government ensure availability of vaccine to all through systematic planning and strategy to address rural locations in the country. Further to this, the Government of India has come out with vaccination awareness drives to increase the scale and speed of vaccine coverage⁵³. CSOs and private players can work together towards ensuring success of these drives and educating people against vaccine hesitancy and unawareness. Additionally, the Ministry of Health and Family Welfare recently released FAQs⁵⁴ on COVID vaccine and vaccination program in India to address myths and concerns along with details on clinical trials, target population, and dose intervals.

Twenty five percent of the respondents were also not sure about the efficacy of the vaccine. Such hesitancy or myths can be addressed through communication materials. Risk Communication material in regional languages may also help in addressing the concerns of the people regarding vaccination. The MoHFW has also come out with Citizen Registration and Appointment for Vaccination User Manual⁵⁵ for easy systematic guide to information on registrations and booking slots. References can be made with community members of religious and notable persons who can attest to the veracity of the efficacy of COVID vaccine.

51. For more information: <https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1657679>

52. The study conducted during 21st May to 10th June 2021

53. For more information: <https://pib.gov.in/PressReleaseDetail.aspx?PRID=1712710>

54. For more information: <https://www.mohfw.gov.in/pdf/FAQsCOVID19vaccinesvaccinationprogramWebsiteupload.pdf>

55. For more information: <https://www.mohfw.gov.in/pdf/UserManualCitizenRegistration&AppointmentforVaccination.pdf>

Hence, campaigns can be arranged at community levels through audio-visuals, IEC materials, posters, etc. to educate them on scientific procedure of invention of vaccine and its physiology of effective prevention of particular disease. VCPCs can be involved for campaigns to build confidence, burst myths and help in vaccine registration.

Covid-19 Awareness and Preparedness

- TV news channels, word of mouth and WhatsApp forwards have been the main sources of COVID Information. These have remained the most important and reliable sources. Although, it has been seen that these platforms were also important to rapidly spread basic information on cleaning of hands, social distancing measures, appropriate COVID behaviour protocols, etc., there needs to be a check on disinformation, misinformation, rumour and ambiguity concerning COVID on social media platforms, as not all have a fact check provision. The first COVID-19 global Risk Communication and Community Engagement (RCCE) strategy was published in March 2020. WHO and UNICEF published a revised RCCE strategy with a two-way participatory channel⁵⁶. These strategies can be adopted and implemented for dissemination of verified and reliable information and preventive measures through government's platform like Doordarshan, Radio, private news channels, etc. As has been stressed by government agencies, NGO's and CSO's active collaboration through social media and their intervention programs/drives in their areas can help to spread verified information at community level. NGOs can build knowledge teams at community levels, engage children and youth disseminate information and debunk myths and rumours. These initiatives to involve children can be coupled with Anganwadi Workers who are responsible for tracing COVID patients and delivery of essentials. They can be important actors in dissemination of information and raising awareness. Similarly, awareness campaigns can be done through religious bodies in the communities utilising innovative means like posters, loudspeakers, play performances, video shows, slogans, etc. for safer congregation and maintenance of COVID appropriate behaviours with other precautionary measures.

As COVID had immense financial implications for the families, the study findings showed a considerable drop in the household income with highest in the rural locations. Most of the respondents were also facing job loss and salary cuts with the steepest trend in the rural section. Hence, there were a larger share of respondents relying on taking loans. It is recommended that, in the absence of any reliable data, the government can maintain estimates of economic losses accrued to families during the pandemic. Further, at regional

56. For more information: <https://www.unicef.org/media/90706/file/COVID-19-Global-Risk-Communication-and-Community-Engagement-Strategy.pdf>

levels, micro strategies can be developed in tandem with the state authorities to address financial burdens. The Government of India announced various social protection schemes and further increased spending during COVID. These include schemes like Pradhan Mantri Garib Kalyan Yojana (PMGKY), Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), and expansion of the Public Distribution System (PDS) with beneficiaries of Antyodaya Anna Yojana, income support under National Social Assistance Programme, and expanding health insurance for health care workers. UNICEF's one pager stipulates that while the government has responded to the challenges posed by COVID-19 through different interventions, the country could benefit from taking further steps to ensure universal social protection coverage, including the 'missing middle'⁵⁷. There has been a discourse around shock-responsive social protection (SP). This means adapting routine SP to address the impacts of large-scale community-level shocks such as natural disasters, pandemics and economic and political crises. Not only does this provide a safety net when people need it the most, but it also provides an opportunity to integrate disaster risk management and emergency responses into SP systems⁵⁸.

- Only a small fraction of the respondents was found to have sufficient resource availability (financial, medical or psychological) for COVID situation. A large share of the respondents did not have blood bank/plasma, CHILDLINE helpline contact details and CSO details for emergencies. CSOs details were least available to the rural section. NGOs and civil society organisations in the rural part of the country could collaborate with Anganwadi Workers, ASHA workers and other frontline workers to raise awareness about emergency contact details to address urgencies. The state governments in the newspapers and other media platforms can also flash these helpline numbers periodically. Regular home visits can be done by the NGOs in their areas, and community members can be conveyed to keep in touch with ASHA and ANM or directed to COVID centres in times of emergencies. An active network can be established by NGOs between community members, ASHAs, and ANMs.

57. For more information: <https://www.unicef.org/rosa/media/10076/file/India.pdf>

58. For more information: <https://idronline.org/reinforcing-social-welfare-schemes-to-withstand-crises-pds-nrega/>

ANNEXURE (STUDY SURVEY)

Online survey on impact(s) of one year of COVID-19 on children

More than a year has passed since we braved the throes of first wave of COVID-19 and the subsequent lockdown, ravaging homes and livelihoods, globally and in India. While the country was still trying to brazen out from the first blow and recover, we are currently witnessing a much more dreadful second wave of infection. In 2021, as the data suggests, we have more children being infected and directly affected by the virus. In this survey CRY is trying to comprehend the impacts of COVID on children in the last one year.

Confidentially: This survey is completely anonymous and your information will be kept confidential. The results from this survey will only be used to strengthen CSO and govts response to the crisis and take necessary actions for effective measures. CRY will share the analysis of the results of survey without allowing the identification of individuals.

Objectives of the survey

To understand the direct and indirect impact(s) of COVID-19 on families and children in the last one year.

To understand the challenges faced by parents in childcare and their coping strategies in the backdrop of the COVID-19.

To understand the knowledge, attitude and practices of parents in keeping their children and themselves safe amid the COVID-19 public health emergency

To understand the levels of financial and health preparedness in the wake of COVID-19.

Findings of the survey will be used to inform the policy makers and civil society organisation to respond to the need of children and their families. The findings of the survey will be used to strengthen CSOs efforts especially CRY's support to programs and relief during the COVID-19 emergency.

Target Respondents

The survey is open to all parents/caregivers of children under 18 years of age, who can access Internet. This is a pan-India online survey.

Sampling Methodology i

Given the limited and/or restricted mobility in the country currently, this will be a virtual survey. The survey will be in an easy-to-fill format and be circulated via social media, CRY website, messaging and email to reach diverse audiences through a link, which will be open for recording responses till 10th June 2021.

Limitations of the survey

Since this is a virtual exercise, parents/caregivers without Internet access may not be able to directly participate. Since Internet connectivity and literacy are pre-requisites to participation, it might not be possible to get responses from parents/ caregivers from some sections of the society. Also, the survey is currently in English and 7 regional languages (Hindi, Bangla, Kannada, Odiya, Tamil, Telugu and Marathi) only.

SURVEY FOR PARENTS / CAREGIVERS

Dear Parent and Guardian,

It's been people like you that CRY, in the wake of COVID-19, has been able to keep children and communities, especially in vulnerable pockets, safe during this public health emergency and cater to their needs. CRY is therefore conducting a nation-wide rapid survey to assess Parents'/Caregivers' Knowledge, Attitude and Practices on keeping children and families safe, as well as the experiences of households during the past one year of COVID-19. Your responses, yet again, will help CRY in strengthening our knowledge and thus, devise appropriate initiatives in response to the pandemic at community and national level. We endeavour to build pool of knowledge and assist the Government and Civil Society Organisations in COVID- 19 Risk Communication and community engagement. We request you to kindly take out 15-20 minutes of your time and fill out the information in this questionnaire.

Confidentiality: This survey is completely anonymous and your information will be kept confidential. The results from this survey will only be used to strengthen CSO and govts response to the crisis and take necessary actions for effective measures. CRY will share the analysis of the results of survey without allowing the identification of individuals.

Voluntary Consent to Participate

Your participation in this study is voluntary. If you proceed further It will be understood that you are an 18+ parent or a guardian, willing to participate in the study. You are free to withdraw at any time and without giving a reason. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

Confirmation

I. I confirm, I am above 18 years of age

1. Yes
2. No (End of the Form)

Section 1: Household Information

II. Sex of the Respondent?

1. Male
2. Female
3. Other

III. Prefer not to say

1. Where do you stay?
2. Rural
3. Urban
4. Semi-urban

IV. Which state are you currently living in? *(drop down list of states and UTs to choose from)*

- | | |
|----------------------|---------------------------------|
| 1. Andhra Pradesh | |
| 2. Arunachal Pradesh | |
| 3. Assam | |
| 4. Bihar | |
| 5. Chhattisgarh | |
| 6. Goa | |
| 7. Gujarat | 25. Tripura |
| 8. Haryana | 26. Uttarakhand |
| 9. Himachal Pradesh | 27. Uttar Pradesh |
| 10. Jharkhand | 28. West Bengal |
| 11. Karnataka | 29. Andaman and Nicobar Islands |
| 12. Kerala | 30. Chandigarh |
| 13. Madhya Pradesh | 31. Dadra and Nagar Haveli and |
| 14. Maharashtra | 32. Daman & Diu |
| 15. Manipur | 33. Delhi |
| 16. Meghalaya | 34. Jammu & Kashmir |
| 17. Mizoram | 35. Ladakh Age |
| 18. Nagaland | 36. Lakshadweep |
| 19. Odisha | 37. Puducherry |
| 20. Punjab | |
| 21. Rajasthan | |
| 22. Sikkim | |
| 23. Tamil Nadu | |
| 24. Telangana | |

V. Is there any child in the family?

1. Yes
2. No

Section 2: Details of children in the household

VI. Sex of the children in the household? [Note: State with the eldest child in the family]

Children in the household	Boy	Girl	Third gender
1. Child 1			
2. Child 2			
3. Child 3			
4. Child 4			
5. Child 5			

VII. Age of Children in the household?

Children in the household	0-5	6-14	15-18	18 above
1. Child 1				
2. Child 2				
3. Child 3				
4. Child 4				
5. Child 5				

VIII. Are children in the family studying and attending online classes regularly?

Children in the household	Enrolled in school and attending online classes regularly	Enrolled in school but no Online classes	Enrolled in schools but attending Online classes irregularly	Dropout	Too young to study	NA
1. Child 1						
2. Child 2						
3. Child 3						
4. Child 4						
5. Child 5						

IX. Type of school attended by the children in the household

Children in the household	Government School	Private School	Govt aided	Any Other	Not Applicable [Note: in case child is 0-5 year old]
1. Child 1					
2. Child 2					
3. Child 3					
4. Child 4					
5. Child 5					

Section 3: Health and Nutrition Services

We will now ask you some basic questions about your household's access to health and nutrition during the lockdown.

X. Was your child 0-5 year immunized in the last one year? *(drop down list of Yes and No for each option)*

	Yes	No	NA
Boy			
Girl			

XI. Were you able to get child care services related to nutrition and health? *(drop down list of Yes and No for each option)*

	Yes	No	NA
Mid-day meal			
THR – Take Home Ration (govt. scheme)			
Assistance from NGO			
Cash assistance from Govt.			
Cash assistance from NGO			

- XII. In your opinion, has the pandemic impacted the eating pattern of your child/ children in the last one year?
1. Yes, to a great extent
 2. Yes, somewhat
 3. Not really
 4. Not applicable – No children in the Household

Section 4: Psycho-social Impact

XIII. Are you facing any challenges vis-à-vis children's emotional well-being?

1. Yes, Slightly
2. Yes, very much
3. No
4. Can't say
5. Other (Specify)

XIV. What measures are you taking to help children voice their thoughts and feelings? (Select all that apply)

1. Seeking professional/specialized help
2. Communicating with children
3. Can't say
4. Other (Specify)

XV. Which of the following services are you aware of that provide psycho-social help and support to children? (Select all that apply)

1. Face to Face or Online Individual Counseling and therapeutic services
2. Support groups
3. Online story-telling circles
4. Online skill development classes
5. Other (Specify)

XVI. Please indicate which of the following aspects of lives of the child/ children in your household have been impacted in the last one year of the pandemic? (Select all that apply)

1. Children's Education and learning
2. Children's Extra-curricular activities
3. Play time and recreation
4. Children's friendships and social lives
5. Impact on health due to inadequate nutrition
6. Impact on regular care of children due to added household responsibilities for family members
7. Children's relations with other members of the family due to social distancing
8. Children's mental well-being and happiness
9. Not applicable – No children in the Household
10. Other Specify _____

Section 5: Personal relationship

We will now ask you some basic questions about your family's relationship with the child/ children during the lockdown.

XVII. How do you spend your time with your child/ children during pandemic (select all that apply)

1. Reading story books
2. Playing online games
3. Watching movies
4. Recreational activities – art and craft etc
5. Household chores
6. Family games
7. Teaching children/ helping them in studies
8. I am not able to spend much time with children
9. Not applicable – No children in the Household
10. Any other (Specify)_____

XVIII. How does the child/ children spend her/his time during pandemic (select all that apply)

1. Doing homework from school
2. Reading Story books
3. Developing new hobbies
4. Helping in household chores
5. Online games
6. Watching movies
7. Extra-curricular activities such as singing/ playing instruments/ dance
8. Playing games with Family members
9. Indoor games
10. Not applicable – No children in the Household
11. Any other (Specify)_____

XIX. How has the closure of school during pandemic impacted the daily routine of child/ children in your household? (select all that apply)

1. No access to classroom services
2. No social interaction
3. No outdoor play
4. No timings are maintained so daily routine is hampered
5. No – the daily routine has not been impacted
6. No peer interaction
7. Not applicable – No children in the Household
8. Any other (specify)

XX. How much time does your child/children spend on the screen in a day? (*inclusive of study time*)

1. None
2. 1-3 hours
3. 4-7 hours
4. 8-12 hours
5. More than 12 hours

XXI. Have you approached any child protection mechanism for any child related issue in the last one year? (*drop down list of Yes and No for each option*)

	Yes	No
Child protection mechanism (child welfare committee/Village child protection committee/National or State Child Rights Commissions, etc.)		
Child line (1098)		
Police line (100)		
NGO helplines		
Cyber helpline (155260)		
No, the situation did not arise		

Section 6: COVID awareness

XXII. Please choose the main source of information accessed by your household for updates/developments on the COVID-19 (Corona Virus) situation. (Select all that apply)

1. Word of Mouth from Family and Friends
2. WhatsApp Messages and Forwards
3. Facebook Posts
4. Twitter Feeds
5. Instagram
6. TV News Channels
7. Radio
8. Doctors or Health Workers
9. NGOs
10. Newspaper
11. None
12. Any Other _____

XXIII. Which do you believe are the symptoms of COVID-19? (Select all that apply)

1. Headache
2. Sore throat/ Throat pain/ Itchy Throat
3. Vomiting
4. Fever
5. Body Ache
6. Cough
7. Cold
8. Fatigue
9. loss of smell and taste
10. Breathing difficulty
11. Answer not known
12. Other Specify _____

XXIV. Which are the essential ways in which you and your family practice being safe from COVID -19? (Select all that apply)

1. Wearing masks
2. Washing hands / using sanitizer regularly
3. Avoid touching face
4. Maintain Social Distancing
5. Using double mask
6. Maintaining etiquette while coughing/ sneezing (cough/ sneeze into elbows and discard the tissue/ hanky used)
7. Using herbal or other home remedies
8. Taking vaccine
9. No precautions are taken
10. Other Specify _____

XXV. Have you got vaccinated?

1. Yes
2. No

XXVI. What are your reasons for not getting vaccinated yet?

1. Slots not available
2. Not sure about the efficacy
3. Not aware about the vaccine
4. Too costly
5. Prefer not to say
6. Other

XXVII. Has any member in your household tested COVID positive in the last one year?

1. Yes
2. No (Skip to Q. 30 section 7)

XXVIII. Information of the members infected in the household in the last one year:

	None	1	2	3	More Than 3
Child					
Adult					

XXIX. What is the nature of medical facilities they received? (drop down list of Yes and No for each option)

	Yes	No
Hospitalisation		
Home care		
Ayurveda		
Holistic medicine		
Other		

Section 7: Household level Emergency Preparedness

XXX. Has there been any drop in the household income in the last one year?

1. Yes, considerably
2. Yes, partially
3. Negligible
4. No
5. Prefer not to say
6. Other (specify)

XXXI. If there is any job loss within the household please mention the tenure;

1. Entire year
2. 6 months
3. 3 months
4. Less than 3 months
5. No job loss but salary cut
6. Job and income is the same, nothing changed
7. Other (specify)

XXXII. Have you taken any loan in the last one year due to financial strain?

1. Yes
2. No
3. Prefer not to say

XXXIII. Has there been migration within the household?

1. Yes, moved to another place for job
2. Yes, only for the pandemic to my native place
3. Yes, to my native place for work
4. No, have been stationed
5. No, but planning to move
6. Not applicable
7. Other (specify)

XXXIV. Do you think, your house has sufficient responses (financial, medical or psychological), given the situation of COVID 19 to deal with any adversity?

1. Yes, absolutely
2. Yes, somewhat
3. Not really

XXXV. Do you have verified emergency contact details available for medical and other emergencies? *(drop down list of Yes and No for each option)*

	Yes	No
Hospitals		
Blood bank/Plasma		
Child line helpline		
CSOs		
Govt helpline		

Thank you for your time. For more information and resources on coping with the COVID-19 emergency,

- For Vaccination registration and other related information, visit

https://www.mohfw.gov.in/covid_vaccination/vaccination/index.html

- Please visit

<https://www.mygov.in/covid-19/>

<https://www.mohfw.gov.in/pdf/COVID19ProneingforSelfcare3.pdf>

- You can also call on the National Helpline numbers (+91-11-23978046) or 1075 (Toll Free Number). A list of State Helpline Numbers is available at

<https://www.mohfw.gov.in/pdf/coronavirushelplinenumber.pdf>

Stay safe!

COVID-19: Knowledge, Attitude, Practices, and Preparedness



INTRODUCTION

Child Rights and You (CRY) conducted an online survey to understand the knowledge, attitude and practices of parents in keeping their children and themselves safe amid the COVID-19 pandemic and to understand the levels of financial and health preparedness in the wake of COVID-19. In addition, the survey reflects on the experiences of households with COVID-19.

An online survey was conducted in the month of May –June 2021 during the second wave of COVID-19. It was a pan India survey and a self-administered questionnaire was shared through various online modes such as WhatsApp links, CRY official social media handles (Facebook, LinkedIn, Instagram, and Twitter.) Besides, people were encouraged to share the questionnaire link in their peer groups. The questionnaire was translated in 5 regional languages (Kannada, Tamil, Telugu, Bangla, Oriya, and Malayalam) besides Hindi and English for better reach. The participation in the survey was voluntarily and no personal identifiers (name, mobile number address (including email ID) were collected except basic demographics. Information was only collected from an adult respondent i.e. those who were above the age of 18 years.

BACKGROUND CHARACTERISTICS

- Out of 1684 total respondents from 24 states¹ in India, 1420 (84%) participants² were above the age of 18 years, i.e. eligible criteria for participating in the survey, of which 764 (53.80%) were male and 648 (45.6%) were females. Thus, responses from 1412 participants were considered for analysis
- Among 1412 respondents, 66 percent were from rural areas. While 30 and 4 percent were from urban and semi-urban areas respectively.

Participants were further categorized into 4 regions³ namely: North Region, West Region, South Region, and East Region based on the state of residence.

1 24 states/UTs namely: Haryana, Himachal Pradesh, Punjab, Chandigarh, Delhi, Jammu & Kashmir, Rajasthan, Madhya Pradesh, Uttar Pradesh, Uttarakhand, Andhra Pradesh, Tamil Nadu, Telangana, Karnataka, Kerala, Manipur, West Bengal, Assam, Odisha, Bihar, Jharkhand, Gujarat, Maharashtra, and Chhattisgarh.

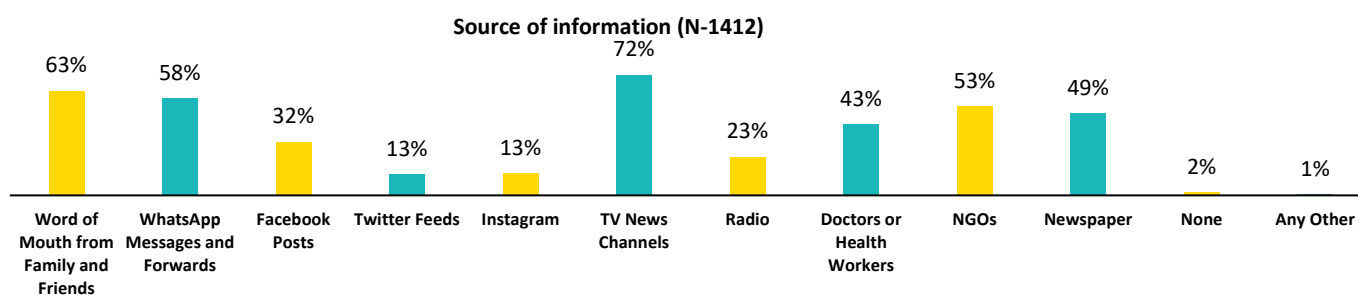
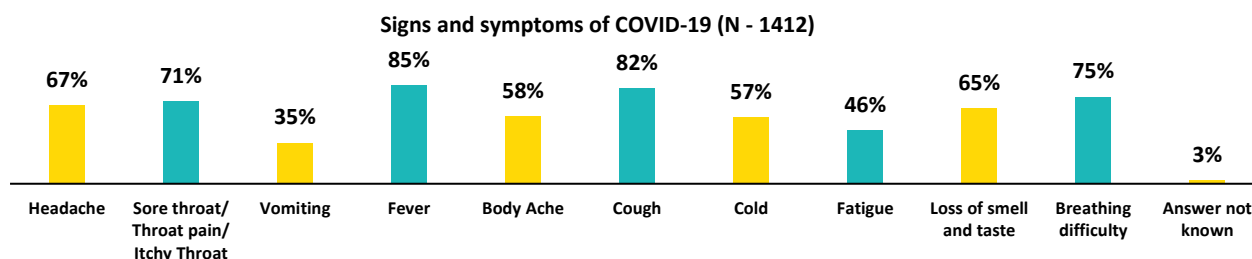
2 Eight participants (0.6%) reported 'Other' or preferred to not mention in the gender category, hence for the further analysis, their responses were not included.

3 States were categorised based on the CRY programmatic division of regions.

COVID SYMPTOMS, INFORMATION & MEASURES

Signs and Symptoms of COVID-19

- Fever (85%), Cough (82%), Breathing difficulty (75%), and sore throat/throat pain (71%) were identified as the top four symptoms for COVID-19.
- East and South also had 6% and 4% respectively respondents with no information on COVID symptoms.

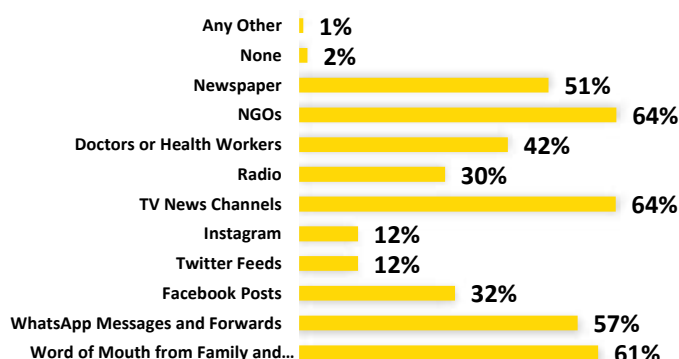


Signs and Symptoms	Signs and Symptoms			
	North	South	East	West
Headache	64%	75%	57%	63%
Sore throat/ Throat pain/ Itchy Throat	70%	70%	69%	83%
Vomiting	37%	35%	33%	29%
Fever	85%	86%	76%	85%
Body Ache	54%	65%	46%	59%
Cough	78%	88%	66%	85%
Cold	50%	63%	46%	72%
Fatigue	41%	51%	43%	47%
Loss of smell and taste	62%	68%	67%	62%
Breathing difficulty	72%	79%	62%	81%
Answer not known	2%	4%	6%	1%
Other	1%	0%	1%	1%

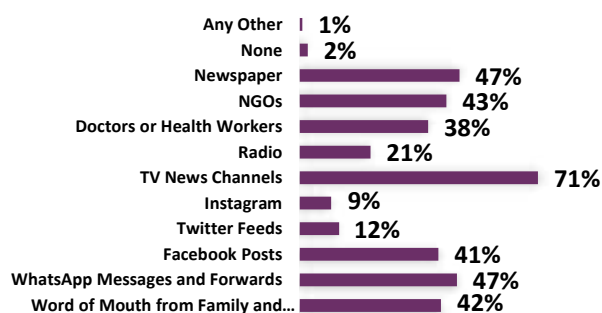
Source of information

- TV news channels, word of mouth and WhatsApp forwards to be the main sources of COVID Information for respondents.

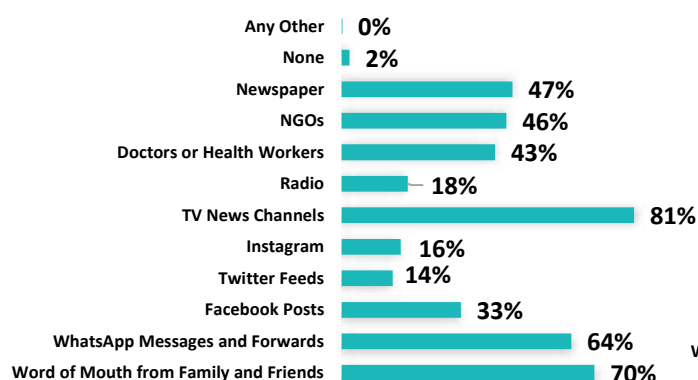
North: Source Of COVID Information (N-594)



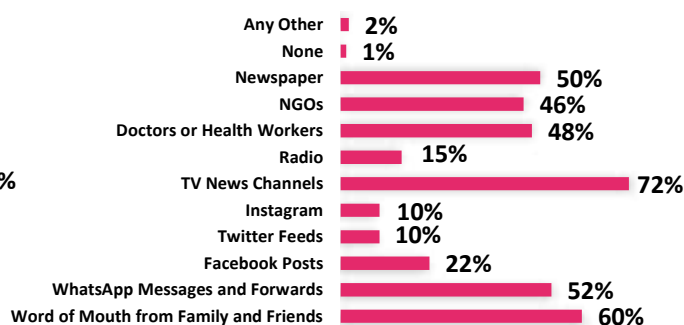
East: Source Of COVID Information (N-129)



South: Source Of COVID Information (N-544)



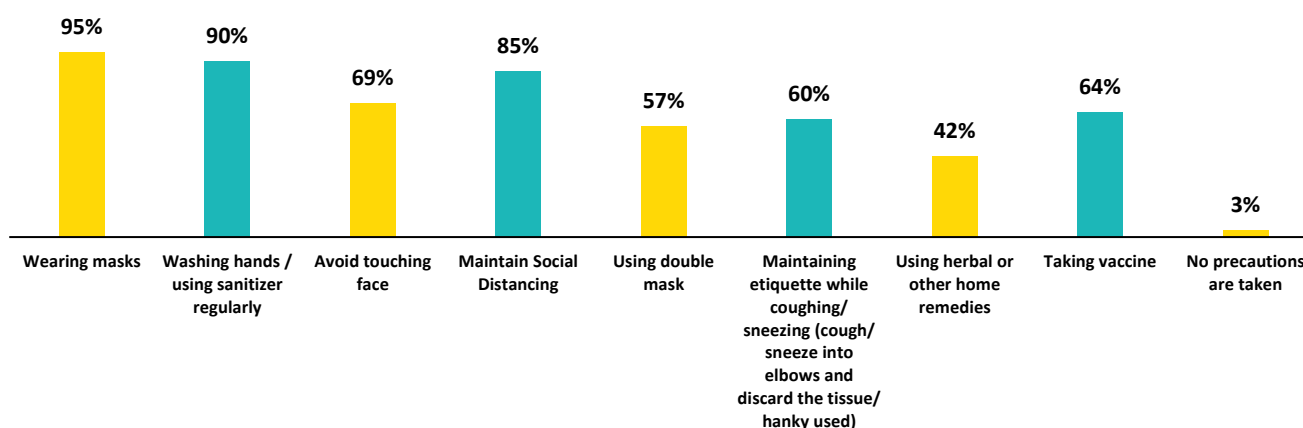
West: Source Of COVID Information (N-145)



Preventive measures of COVID-19

- Wearing masks (95%) and hand-wash and hygiene (90%) were seen as the most sought preventive measure against COVID -19.
- During second wave and new variants of COVID-19, as recommended by WHO, double masking (57%), also emerged as an important measure to prevent. 64% respondents believed that taking vaccine can prevent them from infection.
- Vaccine uptake was recorded to be 64% measure against COVID with highest in the West (73%) and lowest in the East (58%)

Preventive measures for COVID-19 infection (N-1412)

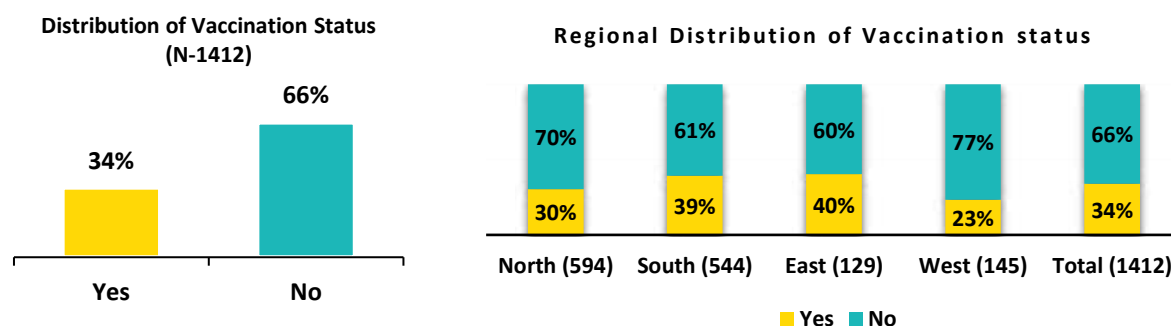


Preventive Measures	North	South	East	West
Wearing masks	97%	96%	87%	89%
Washing hands / using sanitizer regularly	86%	94%	87%	94%
Avoid touching face	68%	72%	57%	68%
Maintain Social Distancing	86%	85%	81%	88%
Using double mask	55%	61%	55%	51%
Maintaining etiquette while coughing/ sneezing	63%	58%	53%	69%
Using herbal or other home remedies	44%	40%	42%	39%
Taking vaccine	62%	65%	58%	73%
No precautions are taken	3%	5%	2%	1%
Other	1%	0%	2%	0%

VACCINATION

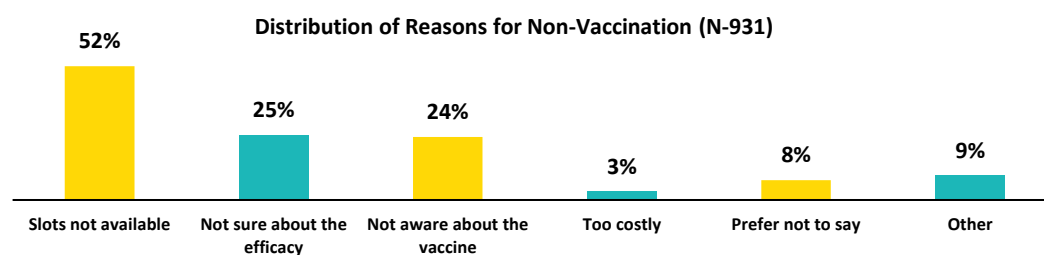
Vaccination Status

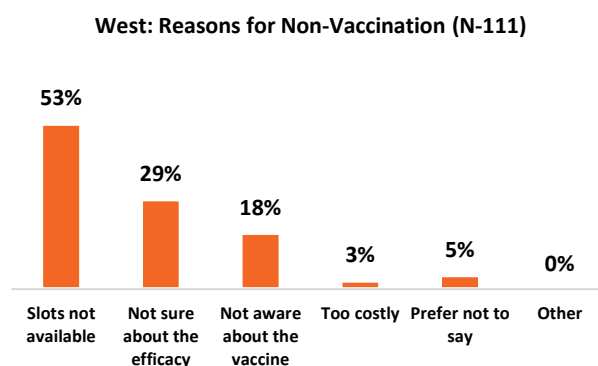
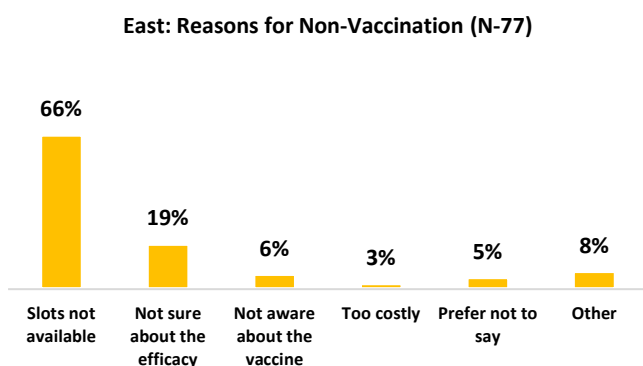
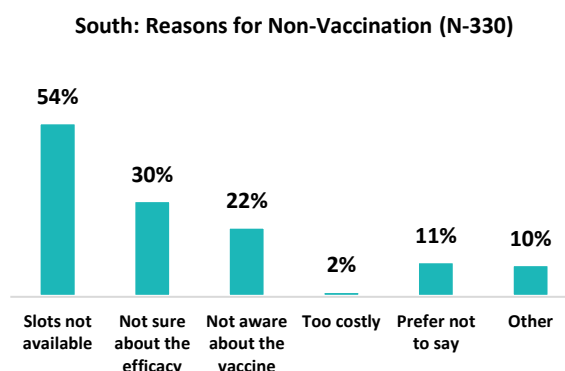
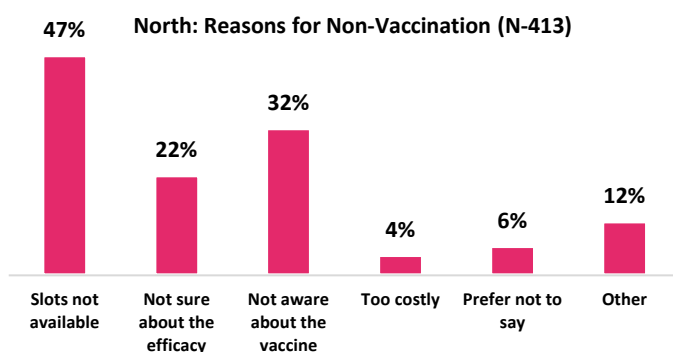
- 34% of total respondents were vaccinated. However, survey did not ask for if they are partially vaccinated i.e. one dose or fully vaccinated i.e. two doses.
- Region wise – compared to other regions, in east and south, around 40% of the respondents were vaccinated.



Reasons for non-vaccination

- Non-availability of slots for vaccination was found to be mostly the reason behind non-vaccination.
- A total of 24% respondents were found to be not aware of the vaccination, with highest in the North (32%).
- 25% of respondents were found to be not sure about the efficacy of the vaccine as the reason for non-vaccination



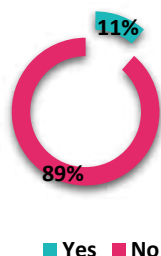


COVID INFECTION AND MEDICAL SERVICES

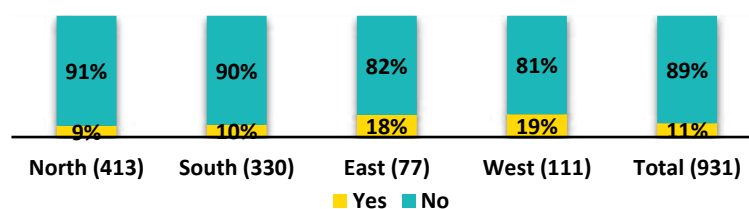
COVID Infected Members

- Overall, one in every ten respondents (11%) stated having a COVID-19 positive member in the family in the last one year.

COVID-19 Positive Household Member in the last one year (N-931)

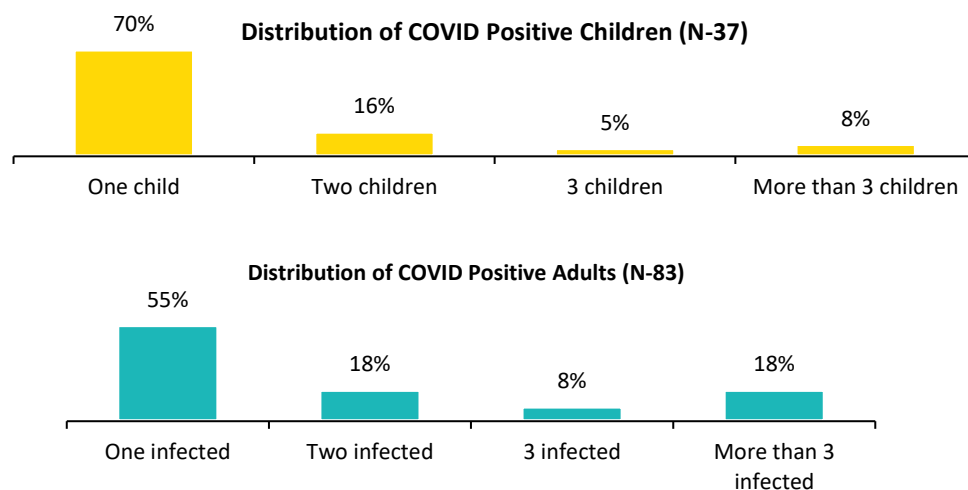


Regional Distribution of COVID Positive Member



Infectivity among children and adult members

- 70% of the household with COVID positive members had one child infected while 16% had two children infected, followed by 5% with three children and 8% with more than 8%.
- 55% of the respondents with COVID positive members said they had one adult infected while households with two and more than three infected were 18% each.



Healthcare access during COVID-19

- 35% of the respondents were found to have had availed hospitalization facilities for the family members infected with COVID.

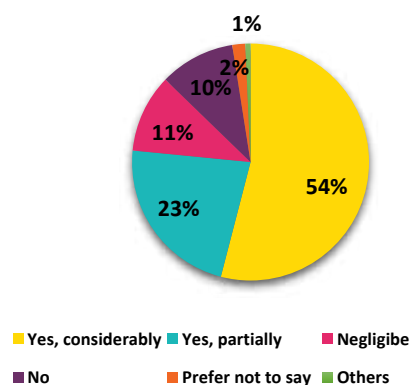
Healthcare access to COVID-19 positive member in the family	Percentage distribution				
	North	South	East	West	Total
Hospitalisation					
Yes	29%	33%	21%	57%	35%
No	71%	67%	79%	43%	65%
Home care					
Yes	100%	79%	93%	67%	86%
No	0%	21%	7%	33%	14%
Ayurveda					
Yes	42%	9%	29%	38%	29%
No	58%	91%	71%	62%	71%
Holistic medicines					
Yes	61%	27%	50%	48%	46%
No	39%	73%	50%	52%	54%
Total	38	33	14	21	106

HOUSEHOLD ECONOMY AND PREPAREDNESS

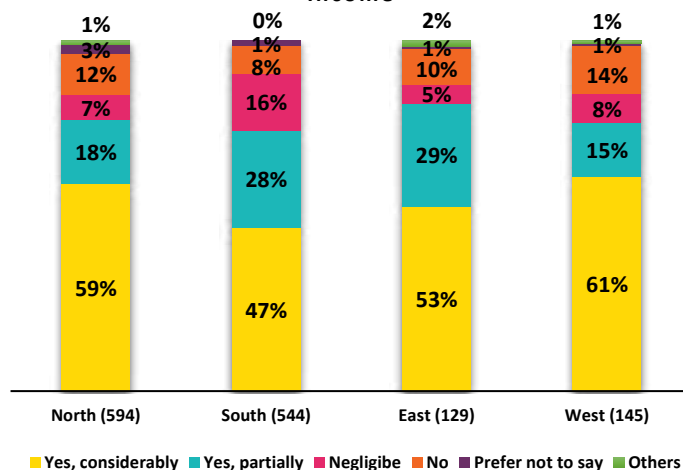
Drop in Income

- Only 10% of the total respondents recorded to have registered no drop in the Income.
- All the regions had more than 75% respondents experiencing considerable or partial drop in the income.

Distribution of Status of Drop in Family Income (N-1412)



Regional Distribution of Drop in the Family Income



Status of job loss

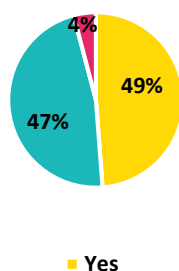
- 25% of the total respondents were found to have job loss for an entire year while 23% did not have jobs for at least six months.

Job loss duration	North	South	East	West	Total
Entire year	25%	28%	29%	16%	25%
6 months	20%	35%	7%	10%	23%
3 months	8%	12%	10%	3%	9%
Less than 3 months	4%	6%	5%	2%	5%
No job loss but salary cut	15%	10%	21%	20%	14%
Job and income is the same, nothing changed	15%	9%	17%	21%	14%
Other (specify)	14%	1%	12%	28%	10%
Total	594	544	129	145	1412

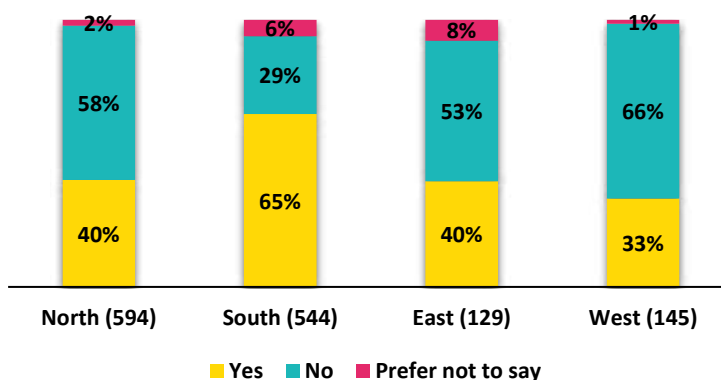
Status of loan

- Almost half of the respondents (49%) had taken loan in the last one year.
- South registered highest, i.e. 65% to have taken loan in the last one year.

Distribution of Status of Loan Taken



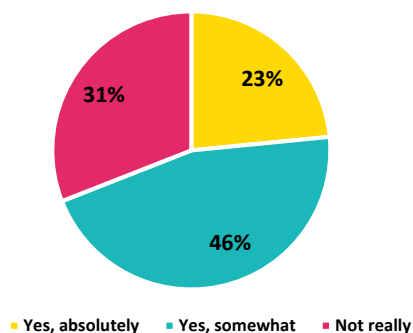
Regional Distribution of Status of Loan Taken



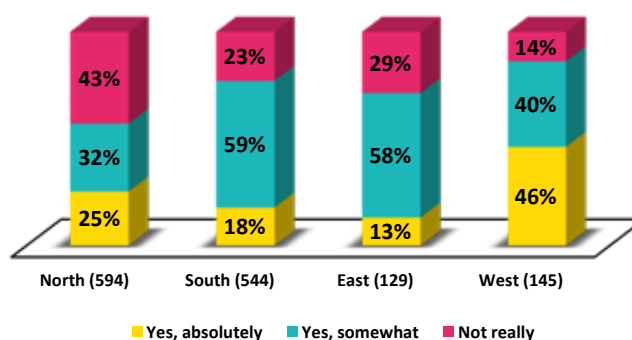
Resource availability

23% of the total respondents said that their household has sufficient responses (financial, medical or psychological) for COVID situation. The north region had the highest percentage of resource scarcity at 43 percent, followed by the east at 29 percent, south at 23 percent and the west at 14 percent.

Distribution of Resources Availability in Family (N-1412)



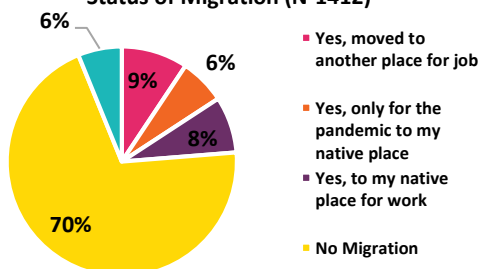
Regional Distribution of Resource Availability in Family



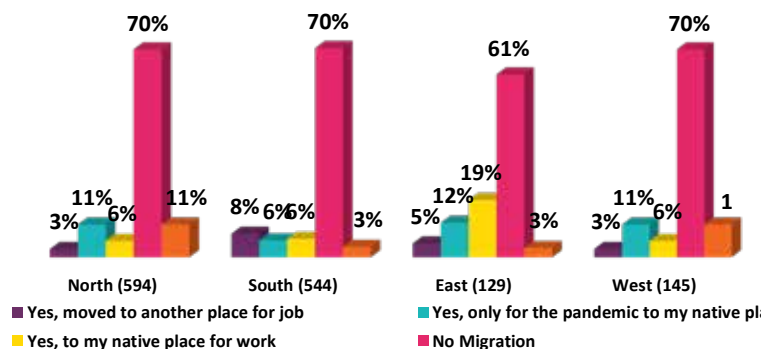
Migration Status and Emergency Contact Availability

- 9% of the respondents said they migrated in the last one year of pandemic for job, while 6% and 8% said they migrated to their native place during the pandemic or migrated to their native place for work respectively.
- Half of the respondents did not have CHILDLINE helpline contact details, with 63% in the South region.

Status of Migration (N-1412)



Regional Distribution of Status of Migration



Emergency Contact Availability	Percentage distribution							
	North	South	East	West	Total	Rural	Urban	Semi Urban
Hospital contact number								
Yes	56%	56%	53%	62%	56%	50%	68%	79%
No	44%	44%	47%	38%	44%	12%	27%	30%
Blood bank/plasma numbers								
Yes	18%	15%	16%	27%	18%	12%	27%	30%
No	82%	85%	84%	73%	82%	88%	73%	70%
CHILDLINE helpline								
Yes	57%	37%	43%	67%	49%	43%	61%	57%
No	43%	63%	57%	33%	51%	57%	39%	43%
Civil Society Organisation number								
Yes	22%	22%	20%	21%	22%	18%	26%	38%
No	78%	78%	80%	79%	78%	82%	74%	62%
Government helpline								
Yes	58%	44%	43%	50%	50%	44%	62%	64%
No	42%	56%	57%	50%	50%	s	38%	36%

COVID-19 and Children: Education, Health & Nutrition, Psychosocial concerns



INTRODUCTION

Child Rights and You (CRY) conducted an online survey to understand the knowledge, attitude and practices of parents in keeping their children and themselves safe amid the COVID-19 pandemic and to understand the levels of financial and health preparedness in the wake of COVID-19. Also, the survey reflects on the experiences of households with COVID-19.

An online survey was conducted in the month of May –June 2021 during the second wave of COVID-19. It was a pan India survey and a self-administered questionnaire was shared through various online modes such as WhatsApp links, CRY official social media handles (Facebook, LinkedIn, Instagram, and Twitter.) Besides, people were encouraged to share the questionnaire link in their peer groups. The questionnaire was translated in 5 regional languages (Kannada, Tamil, Telegu, Bangla, Oriya, and Malayalam) besides Hindi and English for better reach. The participation in the survey was voluntarily and no personal identifiers (name, mobile number address (including email ID) were collected except basic demographics. Information was only collected from an adult respondent i.e. those who were above the age of 18 years.

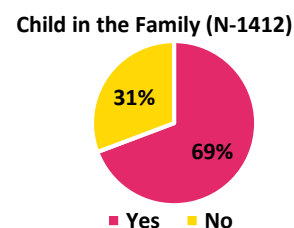
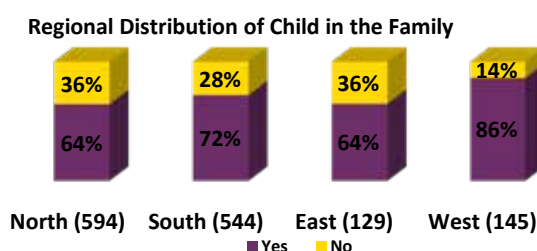
BACKGROUND CHARACTERISTICS

- Out of 1684 total respondents from 24 states¹ in India, 1420 (84%) participants² were above the age of 18 years, i.e. eligible criteria for participating in the survey, of which 764 (53.80%) were male and 648 (45.6%) were females. Thus, responses from 1412 participants were considered for analysis
- Among 1412 respondents, 66 percent were from rural areas. While 30 and 4 percent were from urban and semi-urban areas respectively.

Participants were further categorised into 4 regions³ namely: North Region, West Region, South Region, and East Region based on the state of residence.

Respondents with children

- 69% of the respondents had children in the household.
- All the regions had more than 60% respondents with Children in the household with West region having highest share at 86% and North & East lowest with 64%



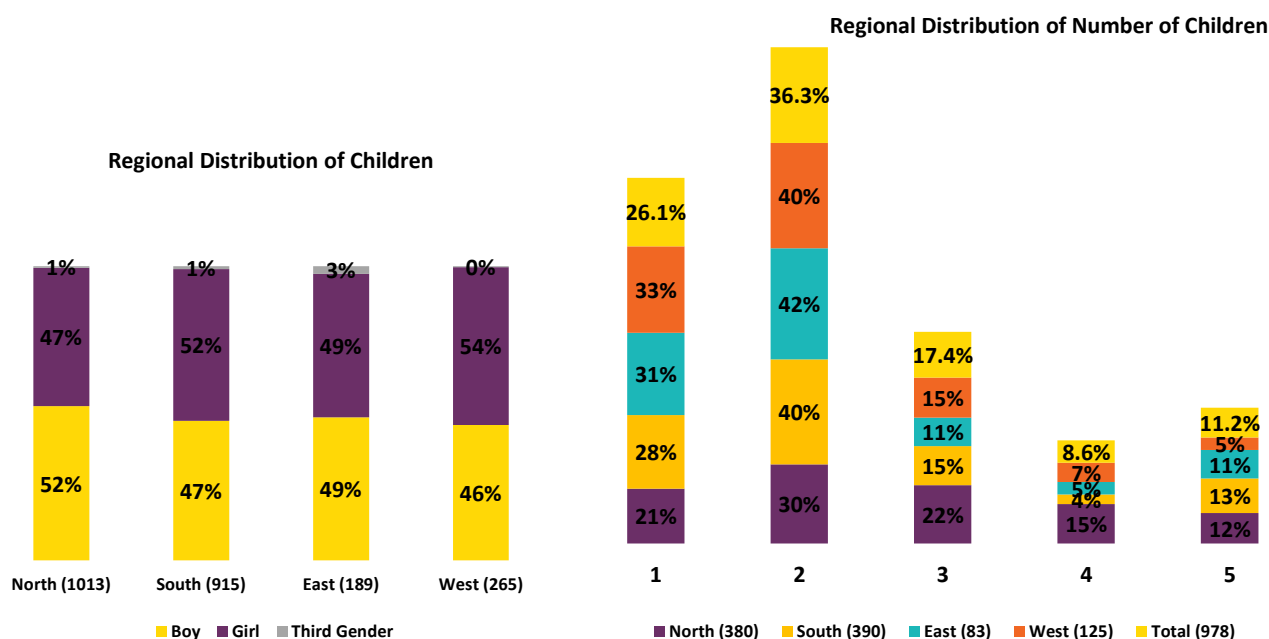
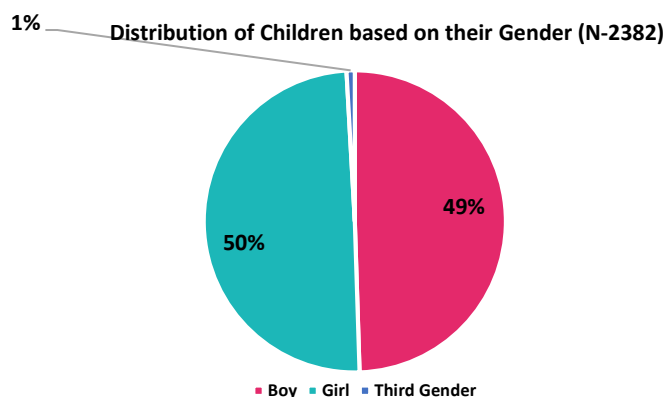
¹ 24 states/UTs namely: Haryana, Himachal Pradesh, Punjab, Chandigarh, Delhi, Jammu & Kashmir, Rajasthan, Madhya Pradesh, Uttar Pradesh, Uttarakhand, Andhra Pradesh, Tamil Nadu, Telangana, Karnataka, Kerala, Manipur, West Bengal, Assam, Odisha, Bihar, Jharkhand, Gujarat, Maharashtra, and Chhattisgarh.

² Eight participants (0.6%) reported 'Other' or preferred to not mention in the gender category, hence for the further analysis, their responses were not included.

³ States were categorised based on the CRY programmatic division of regions.

DETAILS OF CHILDREN

- Half of the children were girls while 49% were boys and 1% were identified as third gender by parents.
- Age category of 6-14 years (55%) had maximum share of total children, 26% adolescents in the age category of 15-18 years and 20% in the age category of 01-5 years
- Mostly respondents had two children (36%), followed by respondents with one child (26%), while a few also had five children (11%).

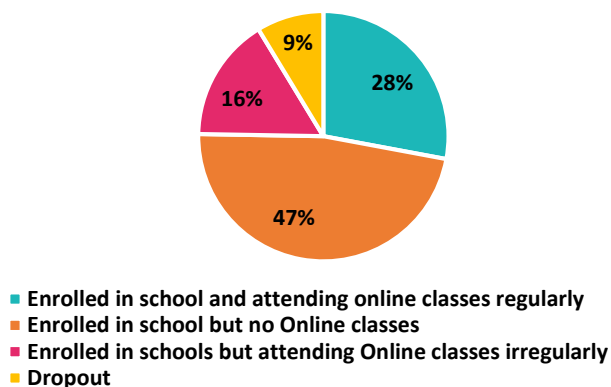


SCHOOL AND EDUCATIONAL STATUS

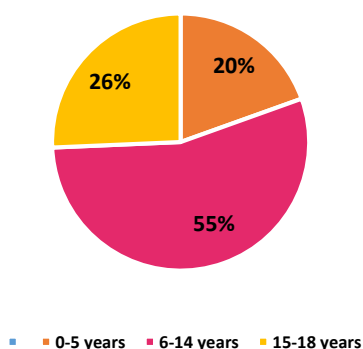
Access to Online Classes

- Almost half of the children (47%) being enrolled in schools but there were no online classes being conducted.
- All the regions had at least more than 40% who are enrolled in schools without online classes.

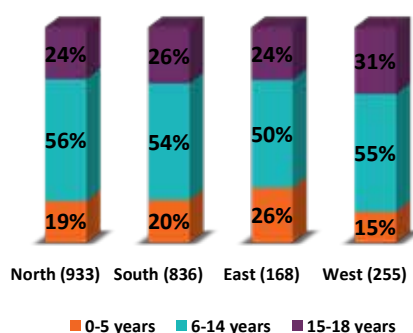
Status of Access to Classroom Services (N-1808)



Age-distribution of Children (N-2113)



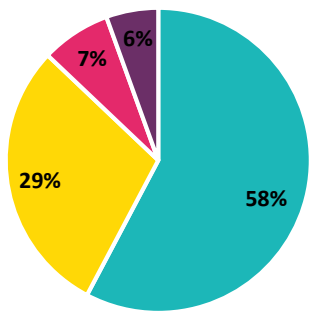
Regional Age-distribution of Children



Type Of Schools

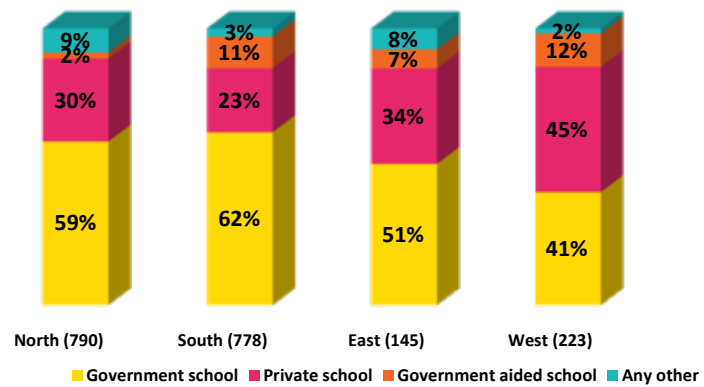
- Out of all the children, more than half of them came from government schools (58%), and 29% from private schools.
- Highest number of children (62%) were in government schools in South and least (41%) were in west.

Type of Schools (N-1936)



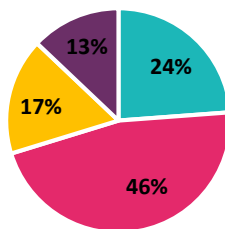
- Government school
- Private school
- Government aided school
- Any other

Regional Distribution of Type of Schools



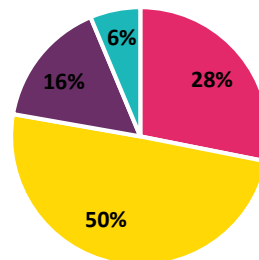
- Government school
- Private school
- Government aided school
- Any other

North: Status of Access to Classroom Services (N-743)



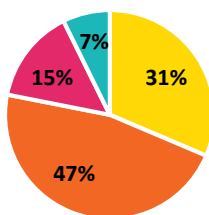
- Enrolled in school and attending online classes regularly
- Enrolled in school but no Online classes
- Enrolled in schools but attending Online classes irregularly
- Dropout

South: Status of Access to Classroom Services (N-715)



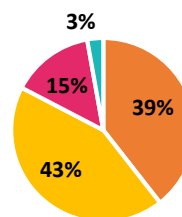
- Enrolled in school and attending online classes regularly
- Enrolled in school but no Online classes
- Enrolled in schools but attending Online classes irregularly

East: Status of Access to Classroom Services (N-137)



- Enrolled in school and attending online classes regularly
- Enrolled in school but no Online classes

West: Status of Access to Classroom Services (213)



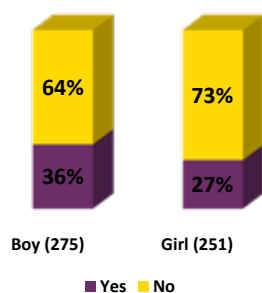
- Enrolled in school and attending online classes regularly
- Enrolled in school but no Online classes

HEALTH & NUTRITION

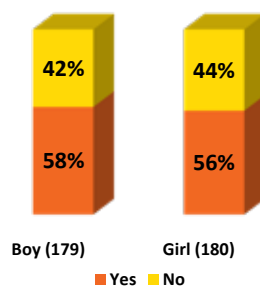
Status of Immunization (0-5)

- In the last one year, out of the total boys and girls, 46% of boys were immunised against 41% of girls. A higher percentage of girls (59%) were not immunized against the 54% of boys.
- South and West region had more percentage share of boys immunised (58% each) than non-immunised (42% each).

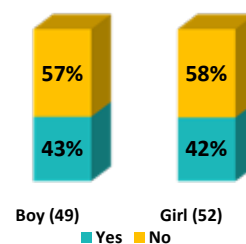
North: Status of Immunization of Children 0-5 years



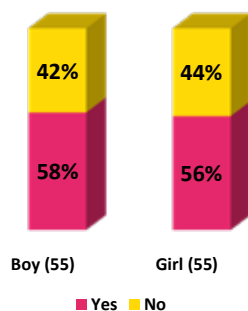
South: Status of Immunization of Children 0-5 years



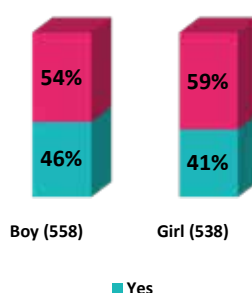
East: Status of Immunization of Children 0-5 years



West: Status of Immunization of Children 0-5 years



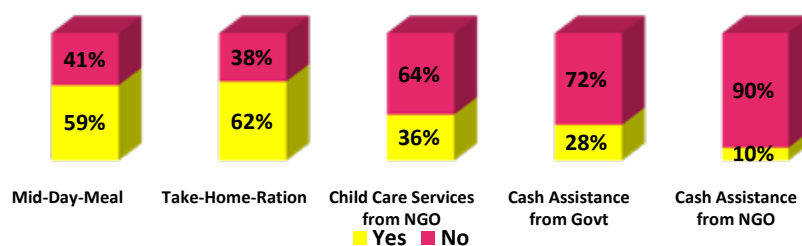
Status of Immunization of Children 0-5 years



Childcare Services

- Around 59% were receiving Mid-Day-Meal services related to child nutrition against 41% who said they did not while 28% were not applicable for the service.
- Childcare assistance services from NGOs were least received by South and East with 27% each and maximum by West with 52%.

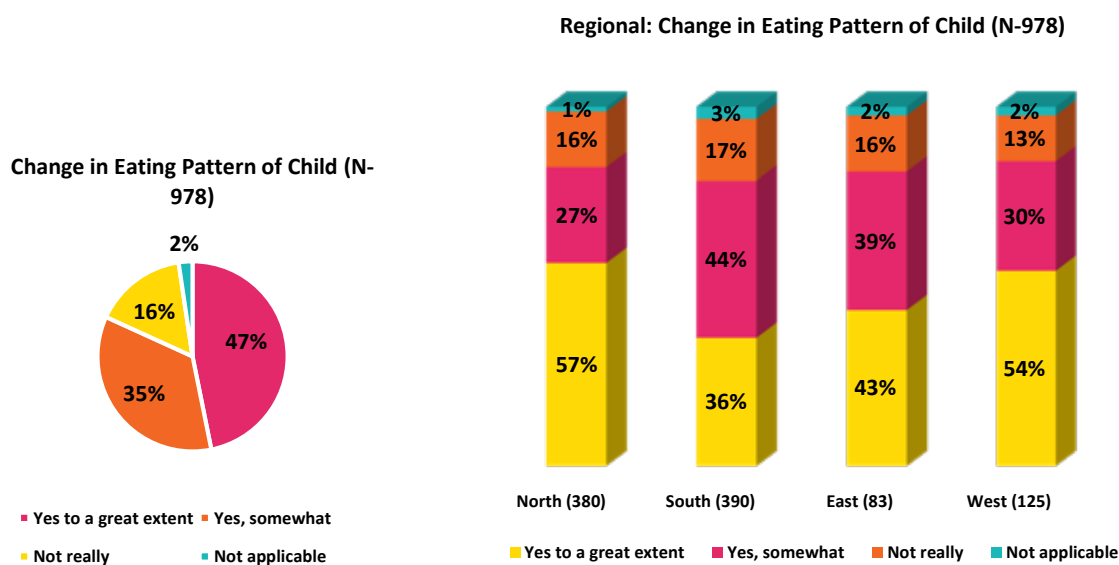
Childcare Services Related to Health & Nutrition (N-978)



Childcare Services Related to Health & Nutrition				
	North	South	East	West
Mid-Day-Meal				
Yes	61%	54%	56%	72%
No	39%	46%	44%	28%
Take-Home-Ration				
Yes	46%	76%	52%	81%
No	54%	24%	48%	19%
Childcare services- NGO				
Yes	41%	27%	27%	52%
No	59%	73%	73%	48%
Cash Assistance from government				
Yes	21%	41%	27%	14%
No	79%	59%	73%	86%
Cash Assistance from NGO				
Yes	9%	11%	9%	10%
No	91%	89%	91%	90%

Eating Pattern

- Only 16% recorded to have no significant impact of COVID on the eating pattern of their child.
- Most impact, regionally was seen in North with 57% and East with 54%.

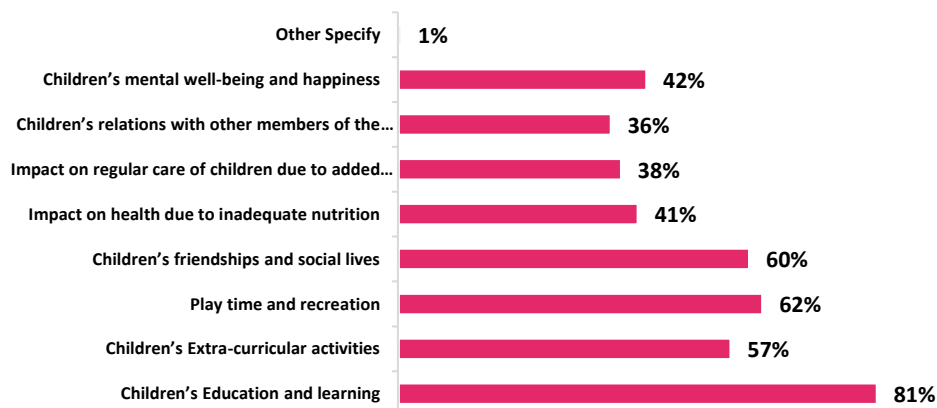


PSYCHOSOCIAL CONCERNS

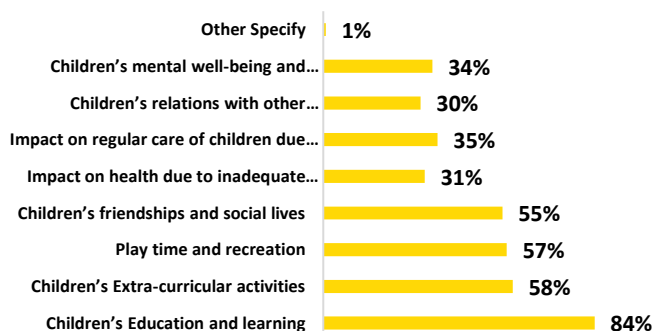
Lives Impacted

- More than 80% reported that Children's education and learning have been greatly impacted by COVID-19 in all the regions.

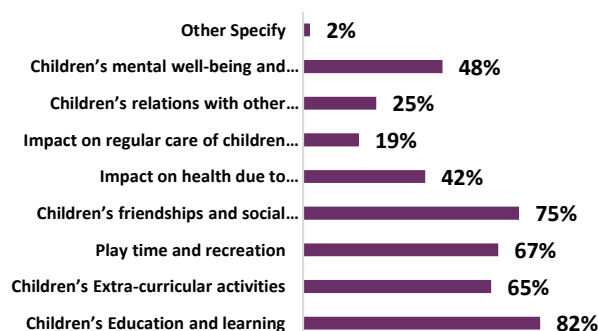
Distribution of Aspects of Lives Impacted (N-978)



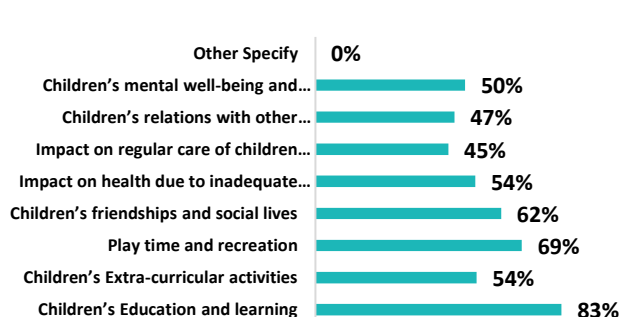
North: Distribution of Lives Impacted (N-380)



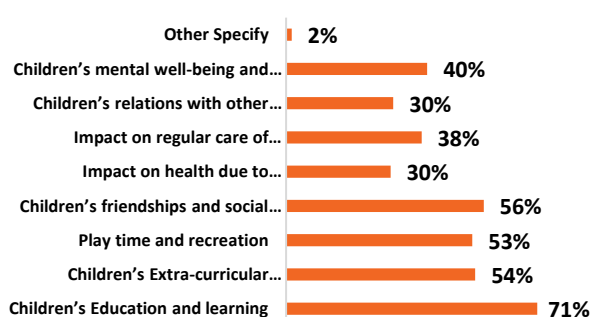
East: Distribution of Lives Impacted (N-83)



South: Distribution of Lives Impacted (N-390)

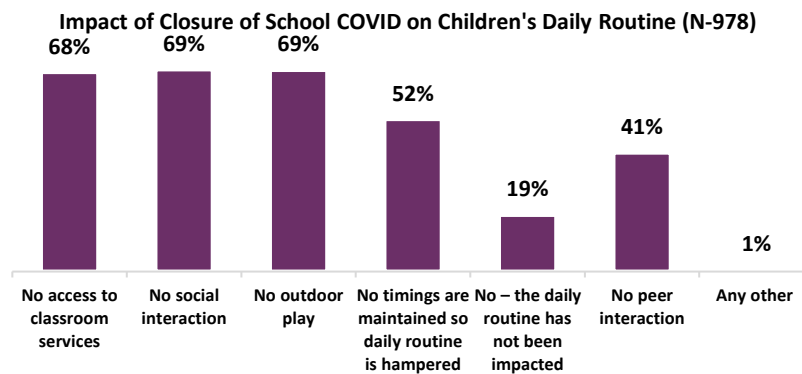


West: Distribution of Lives Impacted (N-125)

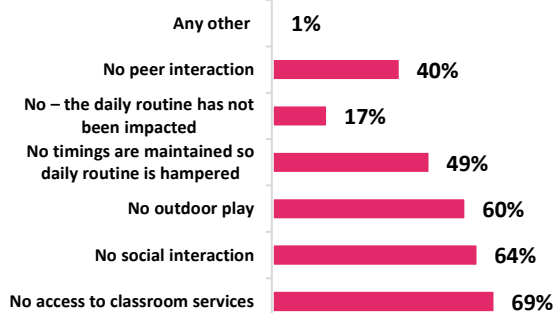


Daily Routine

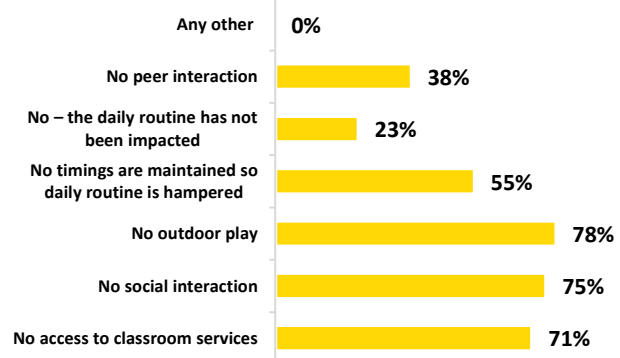
- No access to classroom services and no social interaction were most impacted in the daily routine by COVID.
- Not more than 23% in all the four regions said their daily routines have not been impacted by COVID.



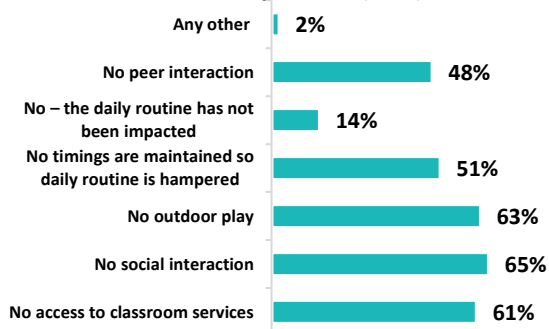
North: Impact of Closure of School on Children's Daily Routine (N-380)



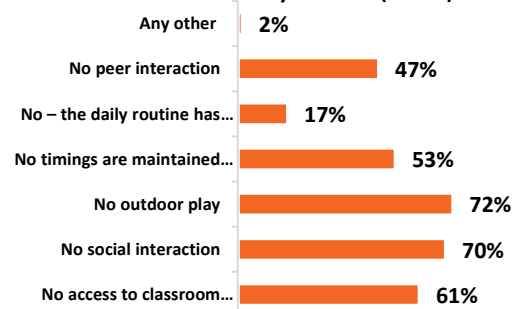
South: Impact of Closure of School on Children's Daily Routine (N-390)



East: Impact of Closure of School on Children's Daily Routine (N-83)

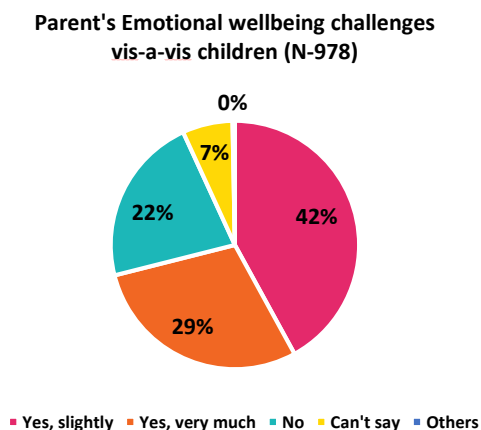


West: Impact of Closure of School on Children's Daily Routine (N-125)

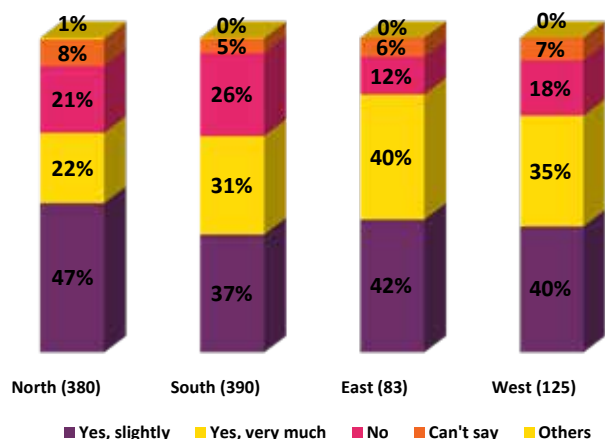


Challenges Faced By Parents

- 42% parents agreed that they were facing challenges vis-à-vis child's emotional well-being with north reporting highest (47%) and South reporting lowest (37%).
- More than 60% parents in all the regions said they faced challenges, slightly or considerably.

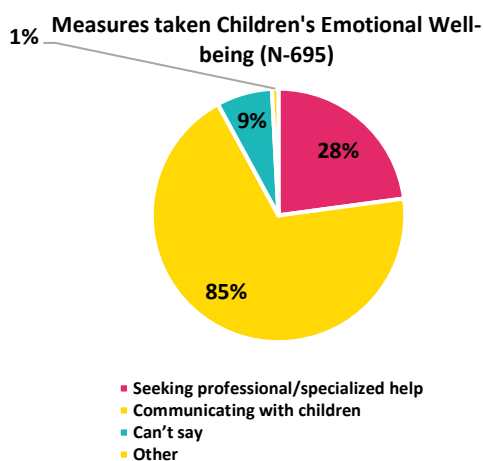


Regional: Parent's Emotional wellbeing challenges vis-a-vis children

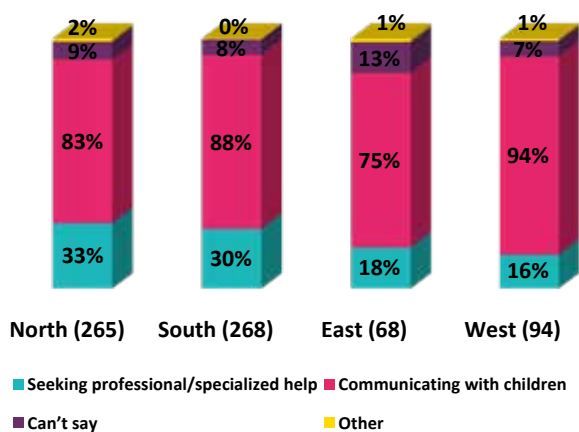


Measures To Help Children

- Among those who faced challenges, 85% resorted to communicating with children as a measure to help children voice their thoughts and feelings with west reporting highest (94%).
- Only 28% of the respondents reported to have taken specialised or professional help, with highest in North (33%) and lowest in West (7%).



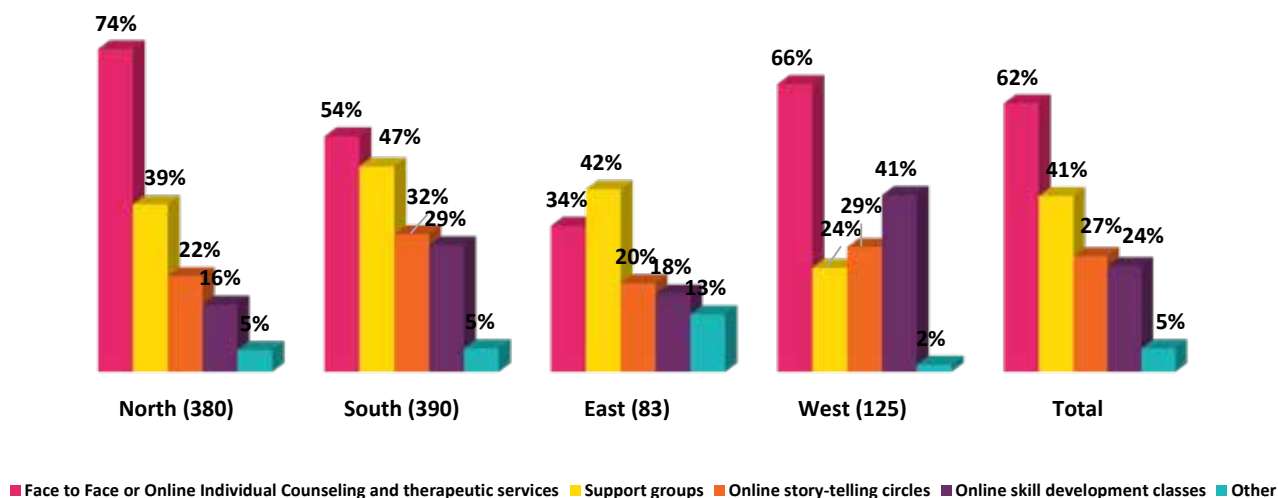
Regional: Measures taken Children's Emotional Well-being



Psychosocial Help And Child Support Services Awareness

- 62% were aware of face to face or individual online counselling and therapeutic services with highest in North (74%).
- Not even half were aware of any support group in all the four regions.

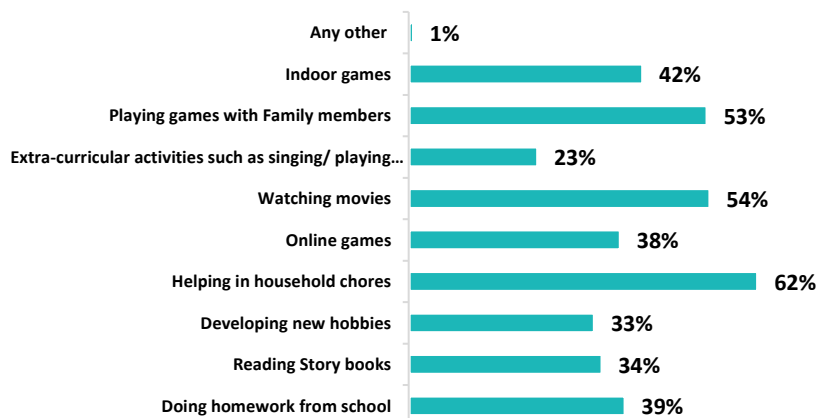
Regional Awareness of Psychosocial help and Child Support Services



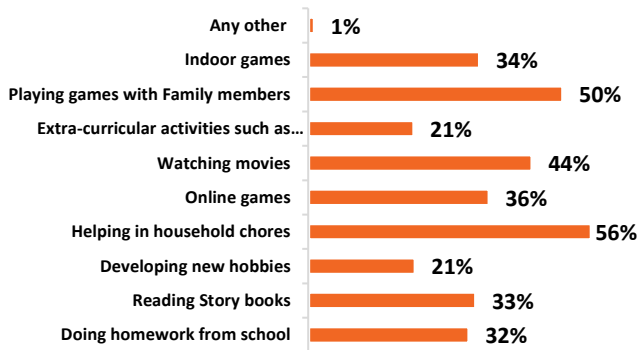
Time Spent By Children

- 62% of the respondents recorded that children spent their time at home doing household chores. Watching movies (54%) and playing games with family (53%) were the other two popular responses.
- More than 50% in all the regions said children were helping in household chores.

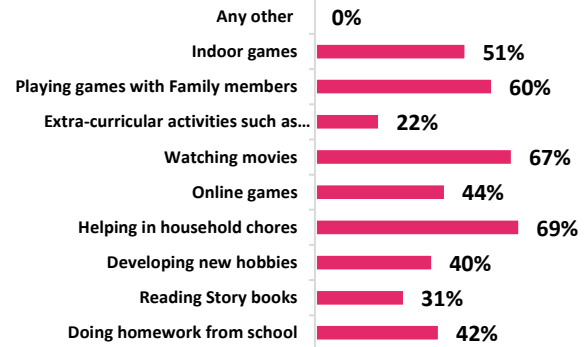
Time Spent by Children during Pandemic (N-978)



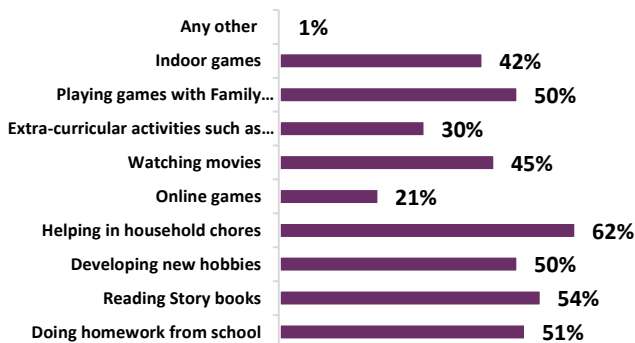
North: Time Spent by Children during Pandemic (N-380)



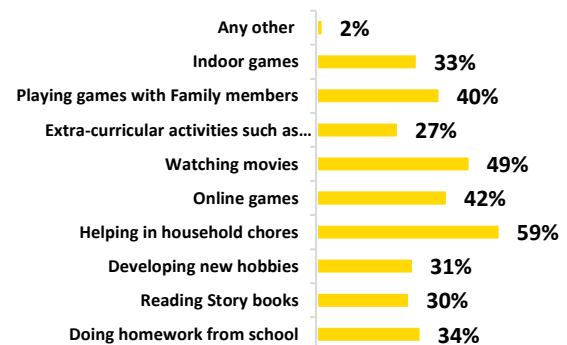
South: Time Spent by Children during Pandemic (N-390)



West: Time Spent by Children during Pandemic (N-125)



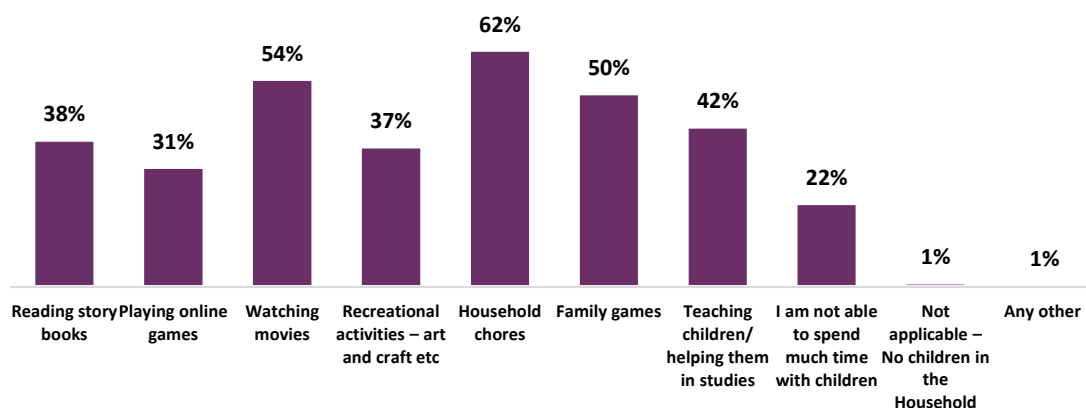
East: Time Spent by Children during Pandemic (N-83)



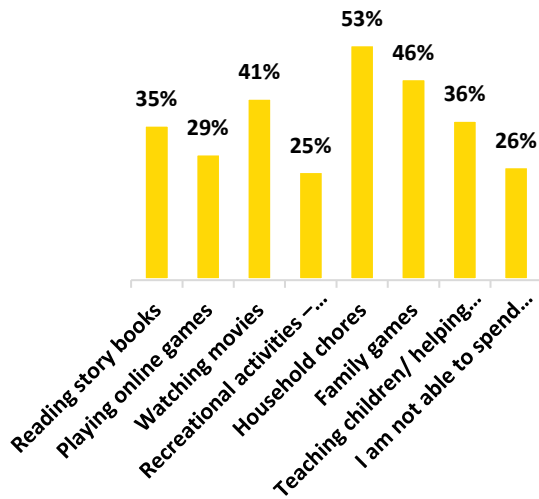
Time Spent with Children

- Only 37% of the respondents spend their time with kids doing recreational activities like arts and crafts with the least share in North (25%)
- More than 50% in all the regions said children were spending time in household chores.

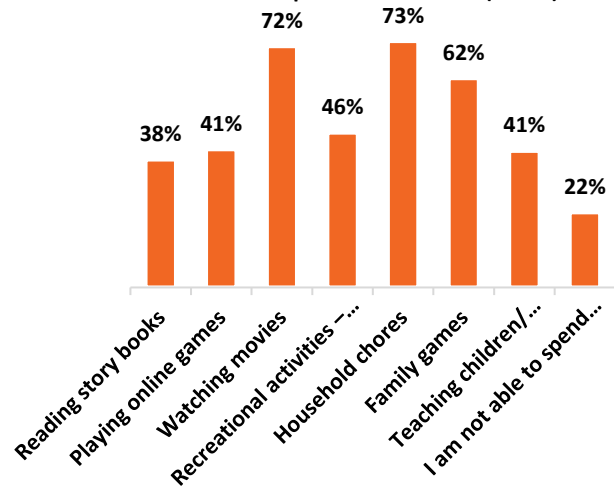
Time Spent with Children (N-978)



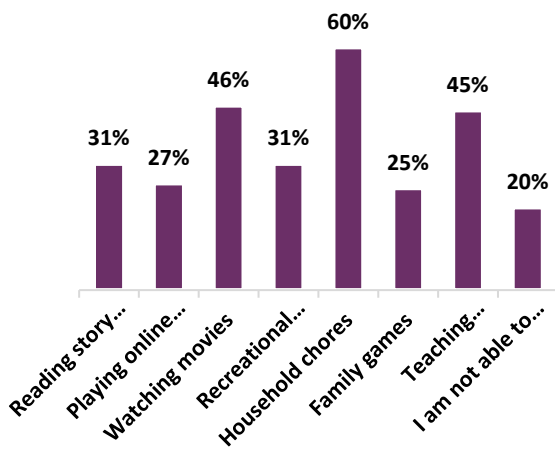
North: Time Spent with Children (N-380)



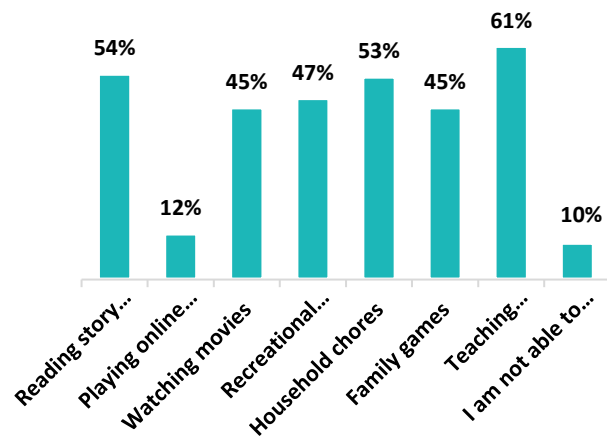
South: Time Spent with Children (N-390)



East: Time Spent with Children (N-8)

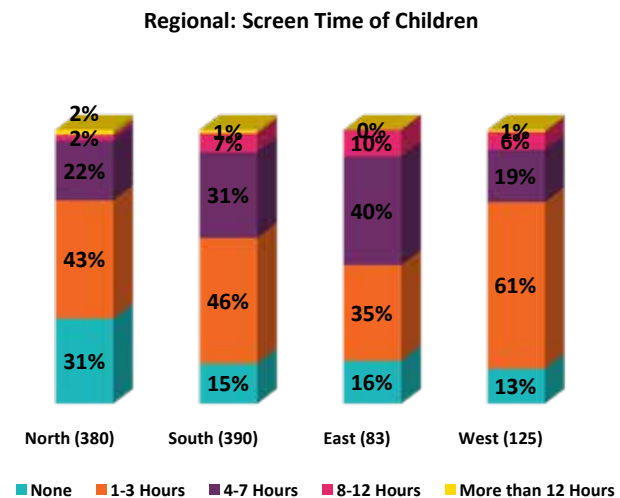
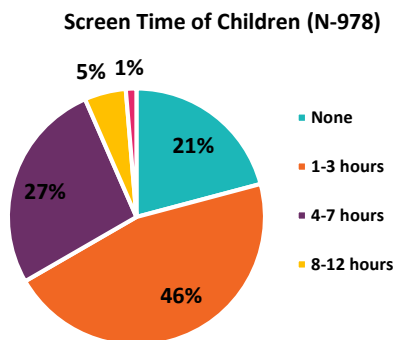


West: Time Spent with Children (N-125)



Screen Time

- 46% of the respondents reported that their children's screen time was between 1-3 hours a day.
- Around 10% of the respondents in the category of 8-12 hours of screen time a day were from East region.



Approached Any Child Protection Mechanism

- Respondents reached out to any child protection mechanism services, with highest being East (31%) and least being West (18%).
- Respondents reached out to police with maximum share in the North (60%).
- Respondents also reached out to NGOS with maximum record from East (62%)

