



# THE IMPACT OF **COVID19** ON CHILDREN IN WEST AND CENTRAL AFRICA : LEARNING FROM 2020



Save the Children



# EXECUTIVE SUMMARY

**Across the globe and in Africa, COVID 19 has spread rapidly. A series of measures have been implemented across countries that include school closures, home isolation and community lockdown. This resulted in secondary social and economic impact on children and their households. This reflection report for Save the Children's West and Central Africa region is developed to highlight the impact of COVID 19 on children based on the global research data, secondary resources and made policy recommendations and asks going forward.**

# KEY FINDINGS

COVID 19 has brought unprecedented negative consequences on children in West and Central Africa. The health impact in Africa remains limited as compared to other regions owing to decisive and quick measures taken by Africa governments. But the impact on the economy is high that it's reversing the years of economic progress achieved.

Child poverty level is worsening, pushing millions of children in to extreme poverty. The impact is high on children as the pandemic affected the education system the worst bringing protection and food security concerns to children who were out of school for an extensive period. While schools are now open, concerns are now around the most vulnerable children not returning to school. Findings from a report on the impact of COVID-19 on children, covering four countries in West and Central Africa (Burkina Faso, Niger, Sierra Leone and Senegal), show that -

## **Child Poverty :**

Due to a loss of income as a result of the COVID 19 pandemic, families have become financially vulnerable resulting in greater challenge to meet the basic needs of children within the household such as food and healthcare. For example, more than 92% of surveyed households struggled to pay for food, while households were also unable to pay for health care, rent, fuel, nutrition and other essential needs.

## **Education :**

Due to school closures, children learned little or nothing throughout the lockdown period and their chances for remote learning were significantly limited due to little support they got, lack of learning materials and increased roles in household chores. For example, 69% of children reported that they had learnt very little while at home and 42% did not have any learning material at home.



## Protection and Psychosocial Wellbeing:

Violence of various forms has increased, children have increased negative feelings during the lockdown period and support services across the WCA region have been very limited. For example, 90% of children reported increase in negative feelings such as worry, anxiety, sadness and fear due to the COVID 19 pandemic.

## Health and Nutrition:

Access to health and nutrition have been severely affected mainly due to the impact of COVID 19 itself, overwhelming the health system and affecting the routine health services compounded by loss of income during the COVID 19 lockdown period.

For example, 83% of parents and caregivers reported their access to healthcare, medicine or medical supplies have been affected and 93.4% of households reported loss of income affected their access to food and critical nutrition supplement.

Despite the unprecedented nature of the crises, Africa demonstrated resilience and ability to tap in to homegrown resources presenting unique opportunities for creating a better future for Africa. The quick and decisive leadership of the many African governments and accelerated adaption of technology and multi-media platforms for learning and working remotely could in the future play important role in the effort to ensure inclusion of the most excluded children in hard to reach locations. The report also provides a thematic policy and programmatic recommendations that should be implemented by government and partners across the WCA countries.







# INTRODUCTION

The COVID 19 pandemic hit the globe swiftly causing unprecedented consequences. Cases in Africa remain low compared to other continents with just 2.8m infections to date. <sup>1</sup>This owes to the early and decisive action taken by many African governments as well as a youthful population. Primarily, the pandemic has overwhelmingly overburdened the already under resourced health system in Africa. Though children are a group with little risk when it comes to the direct health impact, they are severely affected as the result of the secondary consequences of the pandemic.

The pandemic caused far reaching negative social and economic consequences on the continent by impacting livelihoods & income, access to education, protection & wellbeing, health and nutrition. Thus, this end of year reflection report discusses mainly the secondary impact of the pandemic on children in West and Central Africa region and suggests programmatic and policy recommendations that can be adopted to ensure children can cope with the impact of the pandemic and build resilience.

<sup>1</sup>Chitungo, Itai, "COVID-19: Unpacking the low number of cases in Africa." Public Health in Practice vol. 1 (2020): 100038. doi:10.1016/j.puhip.2020.100038

# COVID 19 RESEARCH RESULTS FOR WEST AND CENTRAL AFRICA REGION

## CHILD POVERTY

The impact of COVID 19 on the economy in Sub-Saharan Africa risks reversing the development progress of recent years for children in particular. The poverty rate among children in the age group of 0-17-years jumped to 10% and with a risk of further increase to 20% or even more. More than 59 million people could be pushed to extreme poverty, of which 33 million are children. Moreover, the UN estimated that loss of household income and subsequent cut back on essential health and food expenditures could reverse the gains made in reducing infant mortality.

## The economic impact of COVID 19 on households with children

**COVID 19 has had significant impact on families in WCA region where challenges such as movement and travel restrictions, and business closures have resulted in lost employment and income for many families in the region.** Results show that more than three-quarters (77%) of households reported an income loss since the COVID-19 outbreak. One in two

households—49% reported losing more than half of their income. A greater proportion of males (52%) than females (45%) reported losing more than half of their income during this period. At a country level, a higher percentage of households in Burkina Faso (60%) and Sierra Leone (42%) reported losing more than half of their income compared to households in Senegal (31%) and Niger (34%).



“

**Most of the adults** in my household have little or nothing to do except to sleep because a good number of them have **lost their job**. And this is **impacting on us negatively**”

Girl, 17 years, Sierra Leone

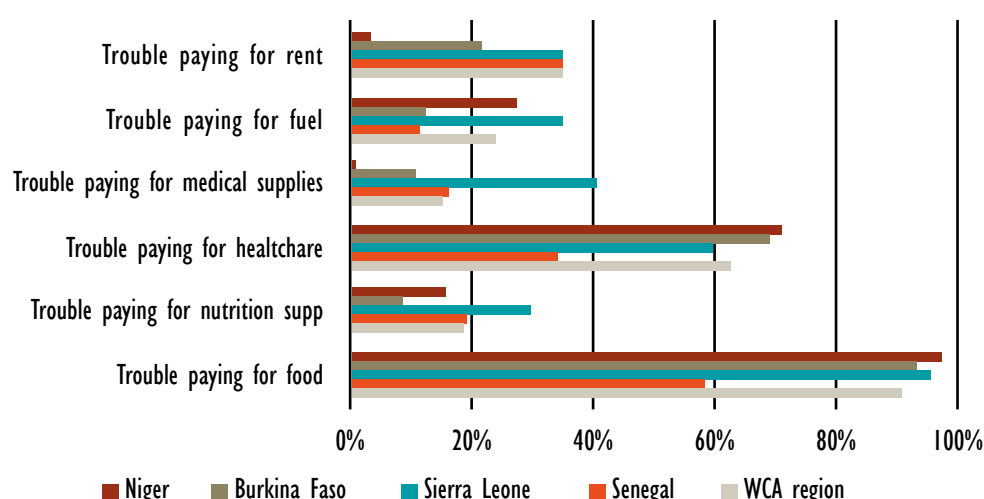
## **Families are struggling to pay for children's essential needs**

**As a result of income loss, parents and caregivers in the WCA region are struggling to cater for essential needs of children and other members of the household such as food, healthcare paying for rent. (see graph below).** Findings indicate that COVID-19 threatened household's livelihood, access to markets and food security. As a result, more than 92% of surveyed households struggled to pay for food, especially in rural areas (97%), though still high in urban (82%) areas. While households in the 'poor' category of the

wealth index were more unlikely to be able to pay for basic needs (95%), it is important to note that the figure is still high for 'non-poor' households (88%). This demonstrated that the impact is felt indiscriminately across different wealth groups. Data indicated that families also struggle to cover other basic needs such as paying for healthcare - 62% of households, paying for fuel- 24%, paying for rent - 20% and paying for nutrition-19%. Both have significant long-term impact of both the health and shelter of children.



**Figure 1. Households facing challenges in paying for essential needs**



## Household food security

**In addition to the loss of income, barriers to food access have worsened causing a spike in the price of food items which has forced households to adopt various food-based coping mechanisms.** Over 41% of respondents reported that the price of food was prohibitively expensive

compared to before COVID 19 owing to the disruption of supply channels and a spike in transportation cost. About 12% of respondents also said the markets have run out of supplies or are closed due to the pandemic. As such it is unsurprising that 88% of households have a high score of reduced Coping Strategy Index (rCSI)<sup>3</sup> as more families resort to various forms of negative coping strategies.

<sup>3</sup>Reduced Coping Strategy Index (rCSI) is a composite indicator of food security analysis that uses 5 different food based strategies summed using a weighting system to determine if the family is in high, medium or low coping. The index reflects both the frequency of each behaviour (ie, how many days over the last seven days the coping strategy was used) and severity (ie, how serious the strategy is). The strategies in question are a) Relied on less preferred and less expensive foods? b) Borrowed food, or rely on help from a friend or relative? c) Limited portion size at mealtimes? d) Restricted consumption by adults in order for small children to eat? e) Reduced number of meals eaten in a day?

## The key recommendations for child poverty

Countries need to increase social protection schemes by addressing the needs of children and their families, provide and bridge food gaps of vulnerable households, and address the specific nutritional needs especially for children under 5 years of age.

## Policy recommendations for economic impact /food security:


- Scale up Social Protection Programmes including a one-off payment or ensure multiple payments to help families meet their basic needs. Governments should aim to progressively move towards universal child benefits coverage.

- Governments should prioritise investment in children by creating more fiscal space for child-focused social protection, aiming towards at least 1% of their country's economic output (GDP).

- With the support of the African Union, governments need to urgently implement measures to support the poorest households which have greater difficulties accessing food, and ensure that children's access to nutritious food is maintained. We are calling for all children to have access to free meals in schools, including continued access to meals when schools are closed alongside cash/ vouchers to support families to purchase food.

83%

of **parents/caregivers** in WCA region have high rCSI score indicating that households **have resorted negative food** related coping mechanisms.



Michelle\*, a 9 year-old girl in the Democratic Republic of Congo, told Save the Children about her one-year-old sister Gloria\* who suffers from malnutrition. Every day Michelle\* carries her sister on her back to the health centre to receive food supplements.

“

**”My sister has become really skinny because we do not eat well. We only eat once in the morning, and in the evening we go hungry,”** she said. “I carry my sister on my back [to the clinic]. I just want her to get healthy again. **I would like to eat twice a day, in the morning and at night.”**

## **Programmatic recommendations for economic impact/food security:**

- Strengthen existing social protection systems of governments by providing cash assistance or in-kind food distribution to cover the food needs of vulnerable households and children. This will help to protect families and children from adopting negative coping mechanisms to overcome the challenges created by COVID 19.
- Programmes should aim to address the food insecurity of the most vulnerable groups mainly households headed by only female or male adults or households with disabled persons.
- Support vulnerable children's access school meals, sanitary products, health advice and counselling services now that schools have re-opened.



## EDUCATION

The pandemic negatively impacted the access to education in Africa and the impact is even worse for girls. Though schools have reopened in many parts of the region, at the peak of the pandemic, an estimated 250 million children from Sub-Saharan Africa were out of school because of COVID-19<sup>4</sup> related school closures. The long-term impact of this is yet to be known but a significant number of children may not be returning to school. This adds to the already high dropout figure of 100 million before the pandemic. Schools are not only a place for learning, but also safe places for children to protect from violence and exploitation while also providing access to nutritious meals—sometimes their only meal of the day. The more children remain at home and out of school, evidence indicates that they are prone to increased sexual, physical and emotional abuse<sup>5</sup>.

### Access to remote learning obstacles during COVID-19

Across the region, schools were closed for several months. During this time children reported that they learnt very little to nothing. Two in three children (69%) reported that they had learnt very little while at home and 16% learnt nothing during the lockdown period. Whereas, 1 in 2 parents/caregivers reported that their child had learnt 'a little' and 1 in 7 reported that their child had learnt nothing throughout the lockdown period.

Access to learning materials is a key to learning at home. However, a significant percentage of children (42%) reported that they did not have any learning material at home, while more than half of them (58%)

had at least one or more items to assist them with their studies (see figure below). Of those who said they had at least one or more items, 45% had access to reading book, while very few (9%) had access to radio and almost all did not have access to phone or computer.

In order to go back to school, children expressed their critical need to be supported with learning materials (53%), lunch (25%), food to take home (24%), and sanitary products (23%). Children also requested health advice and counselling while in school to help them cope with their new reality.

<sup>4</sup>UNICEF, November 2020: A Catastrophe for Children in Sub-Saharan Africa Cash Transfers and a Marshall Plan Can Help Summary Note

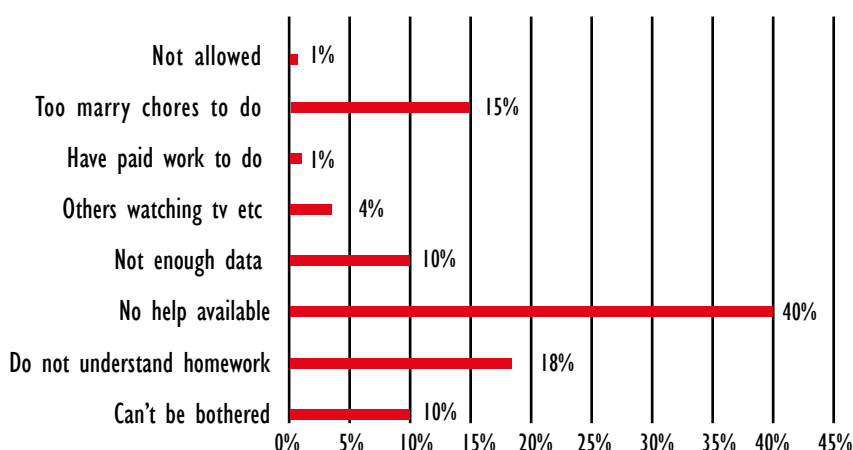
<sup>5</sup>Ibid



Throughout the WCA region, studying at home has not been easy for children. The main remote learning obstacles children reported were the absence of help and support (40%), not understanding the homework (15%) and too many domestic chores to execute (15%). (See figure below). In fact, about 55% of children reported increase in household chores in general

while 48% reported the need to care for siblings or other members of the household increased more than before. Under half (43%) of parents and caregivers said they provide support to their children sometimes or often, while more than half admitted offering little to no support at all to their children.

**Figure 3. The obstacles children reported that became barriers for learning at home**



Despite new cases of COVID-19 being documented across the region schools have reopened. At the height of the pandemic, the majority of children—97% (97% girls and 96% boys) and their parents/caregivers—94% (95% of women and 94% of men) reported their intention

for children to go to back to school when the pandemic is under control or is over. A higher proportion of parents/caregivers throughout WCA countries intended to send their children to school—99% in Burkina Faso, 99% in Sierra Leone, 93% in Senegal and 87% in Niger.

“**Dear country leaders, we need to go to school, we need additional support and catch-up classes to make it.”**

Girl, 13 years, Burkina Faso

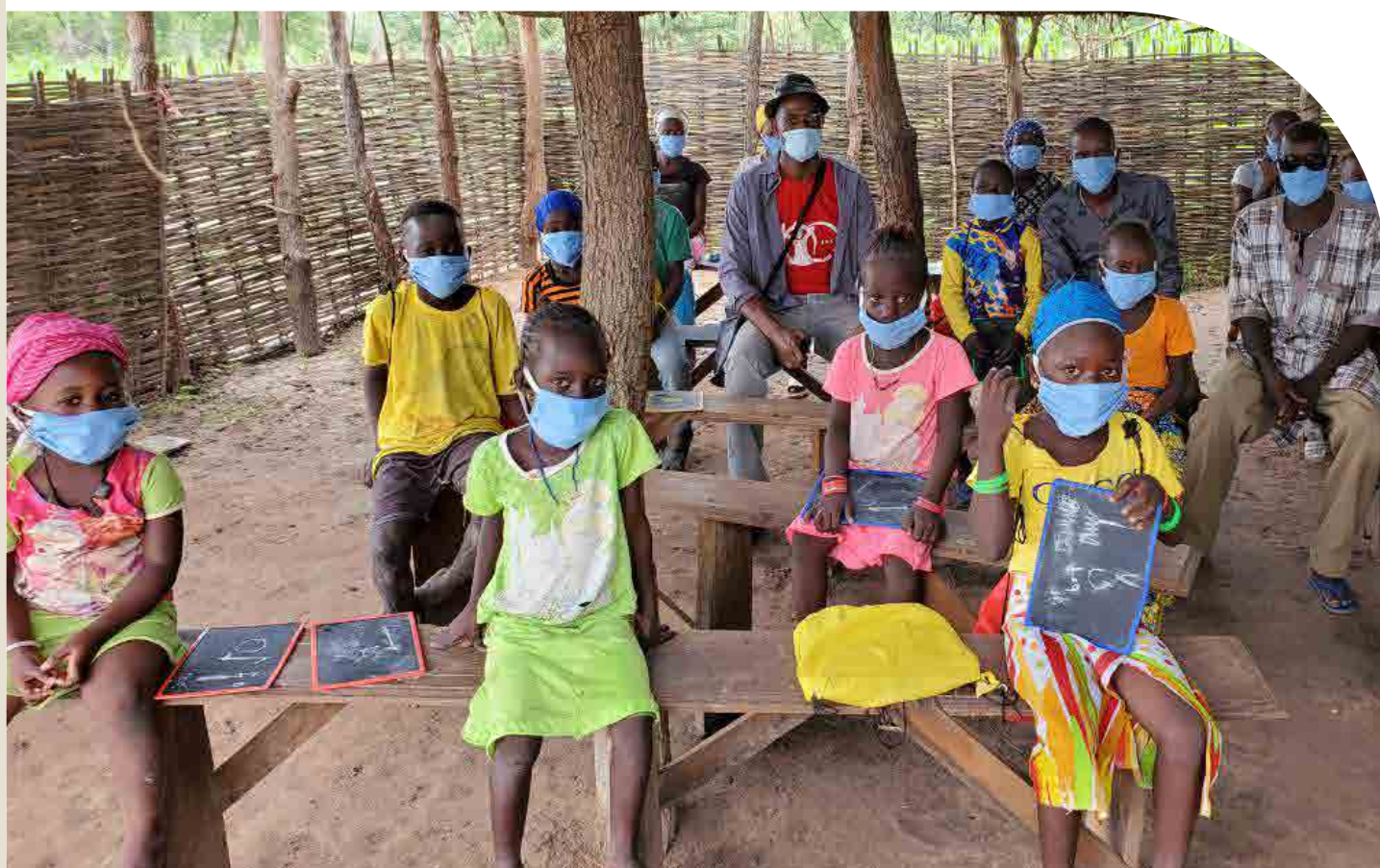




Although the proportion of parents or caregivers and children who aimed for children to go back to school, before the pandemic only 65% reported that their child was actually going to school. There is a fear that the long-term effects of COVID-19 may further exacerbate the already limited access to education and the number of children who attend school.

Various factors may play a role in whether children will go back to school. Among

these key factors, the increased risk of poverty and food insecurity that parents/caregivers may not have enough money to pay for educational materials for children, increased need for children to work to bring in an income and parent's fear that their children may contract COVID 19 if they go to school. These factors may force the family to deprioritise education for other survival needs of the family such as food, medicine or paying dept.



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## The key recommendations for education

Government and their partners to continue to address vulnerable children needs and questions in their Safe back to School plans.

### **Policy recommendations for education:**

- Government and their partners to continue to address vulnerable children needs and questions in their Safe back to School plans.
- As most of governments in WCA have reopened schools and other learning sites, they're encouraged to follow fully UNICEF/WHO principles and SC/Inter-agency Safe Back to School Guide, and should maintain appropriate, inclusive, distance learning solutions for those in conflict zones;
- Create targeted interventions including

cash transfers, school feeding, school grants, freezing school fees, and expand social protection to help keep children in school, particularly the most marginalized groups of children who are at highest risk of dropping out as 77% of households in WCA reported losing income during the COVID-19 outbreak;

- The protection and safety of schools must be strengthened, emergency preparedness systematically integrated into education policies and children and teachers trained in self-protection, notably through the Safe Schools approach;
- Governments and armed groups must protect schools, teachers and all learning spaces through the implementation of the Safe Schools Declaration.

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### **Programmatic recommendations for education:**

- Provide professional development and support for teachers so that they can adapt to new circumstances in schools as part of the frontline response and recovery, and to adapt to supporting distance learning when some schools remain closed or have to close again.
- The psychosocial support activities for children and teachers should be established as needed and identify and respond to the specific needs of the girl, who are most likely to not go back to school.

- Enable access to different learning resources, appropriate to the learners' needs and abilities, using different modalities whenever possible.
- Support parents' and caregivers' role in home learning by enabling them to access information and materials on home learning activities, building on social and behaviour change communication (SBCC) interventions to enable behaviour change of parents' and caregivers' for increasing interaction with children and supporting parents' and caregivers' wellbeing to enable them to support the wellbeing and learning of their children.

## PROTECTION AND PSYCHOSOCIAL WELLBEING

In Africa, the pandemic has exacerbated existing vulnerabilities for already vulnerable populations, especially for children. Coupled with this, the lack of protection services has heightened the matter. Refugee, internally displaced and street children are facing a multidimensional burden as they are exposed to higher risks due to the limitation in access to health services, sanitary services and alternative education systems. Children make up the majority of the most vulnerable people in Africa—children account for 59% of refugees & asylum seekers and 50% of internally displaced people.<sup>6</sup>

### Impact of the COVID-19 Pandemic on Violence in the Home

Our data indicates that school closures, confinement and the economic impact of COVID-19 contributed to an increase in violence against children. One in six children experienced violence at home at the height of the pandemic. About 16% of children reported that violence had occurred in the home, more so by girls (19%) than boys

(13%). Significant variation has been observed across countries in the region. The likelihood ranges from 1 in 3 children reporting violence in Sierra Leone (30%) to 3 in 100 children in Niger (2.7%). In addition, more than 14% of caregivers and parents reported an increase in violence of various forms.

**“Before, there was much peace at home, but now when there is no money and food, quarrel is frequent and sometimes violent among adults and children.”**

Girl, 11 years, Sierra Leone

<sup>6</sup>Institute for Security Studies, Feb 2020. Breaking Cycle of Africa's Forced Displacement. <https://issafrica.org/iss-today/breaking-africas-cycle-of-forced-displacement>



## Impact of the COVID-19 Pandemic on Children's and Parents'/Caregivers' Mental Health and Psycho-Social Well-Being

A vast majority of (90%) of children reported an increase in negative feelings due to the COVID-19 pandemic. Children aged 11-17 years were asked about the changes in their feelings since the COVID-19 outbreak—they reported negative feelings such as worry, anxiety, sadness and fear – the findings are relatively similar for boys (91%) and girls (89%), for residents of urban areas (92%) and rural areas (89%), for children with disability (91%) and children without disability (90%). Alongside this, more than 64% of parents/caregivers

reported a decrease in psychosocial wellbeing of their children due to frequent negative feelings throughout the pandemic period. In addition, more than half of interviewed children report they feel depressed, nervous, worthless, lonely and restless more so than before the COVID-19 pandemic. COVID-19 related school closures and enforced confinement limited many children's opportunities for learning and interaction with friends. At the same time, reports violence and domestic labour increased.



## Access to social protection systems

Access to protection and wellbeing services is limited across the WCA region. More than 83% of women and 65% of men reported a lack of access to protection services, amounting to 73% of households overall with 86% in urban areas and 67% in rural areas. Burkina Faso and Sierra Leone

have the worst access to services with 91% of caregivers and parents respectively reporting the lack of protection services, compared to Senegal with 86.4% and Niger with 53.2%. Eighty-eight percent of parents and caregivers have reported needing access to these services

## Child protection and GBV related recommendations

There is an urgent need to strengthen support systems for survivors of violence and abuse by encouraging community participation, providing learning & education opportunities for marginalised girls and soliciting policy and financial commitment from governments and partners.

73%

of **parents/caregivers** in WCA region lack protection services in their community—of this, **88%** reported the **need for protection services** to address the concerns.

## Policy recommendations for child protection and GBV:

- Ensure the promotion and strengthening of protection systems to prevent, respond and mitigate against domestic violence, child labour, sexual abuse, child marriage as well as other forms of gender-based violence, including access to channels to report abuse.
- Develop and strengthen formal and informal protection systems and protection messages including the engagement of local women's, girls' and children's rights groups; of religious, traditional and community leaders
- Ensure governments provide equitable learning opportunities for all children especially marginalized girls, including those who were out-of-school when the pandemic hit.
- Concrete policy and financial commitments from governments and donors addressing gender-based violence faced by children especially girls, including sexual violence and exploitation, child marriage, domestic violence in the immediate and long-term.
- Raise girls' voices by supporting their right to safe, inclusive and meaningful participation in all public decision-making, through the COVID-19 response, recovery and beyond"

## Programmatic recommendations for child protection and GBV:

- Make sure that child protection risk factors which emerged as a result of the COVID-19 pandemic are understood and are integrated into child protection programmes.
- As schools re-open, ensure synergy with school activities by putting in place child protection mechanisms in school environments.
- Provide training to health professionals in psychological first aid and detection and referral of child protection risks.
- Ensure that child protection messaging continues to form part of COVID-19 risk communication and community engagement



Malnourished Mary\*, 4 years  
and her sister Amy, 8 DRC

# HEALTH AND NUTRITION

COVID-19 has caused a disruption to regular health services which has resulted in an increase of disease incidences and deaths from preventable and treatable diseases, especially among children. It's estimated that malaria deaths are expected to reach 769,000, a rate increase that has not been seen in the past twenty years.



## Access to Health and Medical Supplies

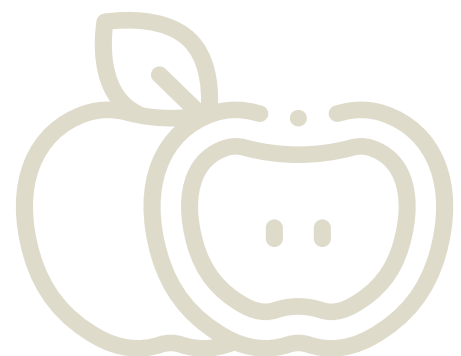
As per the research findings, the majority (83%) of parents and caregivers reported their access to healthcare, medicine or medical supplies were affected by the COVID-19 pandemic. In terms of gender, more females (94%) reported difficulties in accessing health services and medical supplies than males (75%). The shift of healthcare resources to fight COVID 19, restrictions on movement and travel, and loss of household income are the main suspected contributors to the debilitating impacts on the healthcare sector. For over 67% of parents and caregivers, the main barrier to accessing healthcare and medical supplies was linked to a loss of income.

# 79%

of **parents/caregivers** reported they needed an item to stay healthy. **Sanitiser/soap, food, mask and sanitary products** are the most needed items

## Access to Nutrition and Food In the Household

Even after the first wave of the pandemic across WCA, households are still struggling to both afford and have access to food which directly affects the nutritional health of families. More than 53% of parents/caregivers reported barriers to access food such as meat, dairy, grains, vegetables and fruits. Households below the median wealth index, or 62% of poor households compared to 55% of non-poor households reported their access to food and nutrition impacted by the effects of the pandemic. In sharp confirmation of what has been discussed, 93% of households attributed that loss of income affected their access to food and critical nutrition supplements. In addition, 42% of parents/caregivers reported nutritious food items as expensive in markets due to a disruption in supply channels.





## Health and nutrition related recommendations

Routine health and nutrition services which were severely affected by the COVID-19 response should be reinstated. Resources allocated to the healthcare sector should be increased and adequate mechanisms and plans to ensure adequate community participation and engagement should be put in place.

### **Policy recommendations for health and nutrition:**

- Ensure continuous routine healthcare, including but not limited to, vaccination campaigns and maternal and under 5 healthcare in safe spaces.
- Increase domestic health expenditure towards a target of 5% of GDP for long term health system strengthening to respond to future pandemics, improve health sector and ensure progressive Universal Health Coverage for all.

- Continue to develop national risk communication and community engagement frameworks including child friendly materials so as to allow all partners to align messaging, dispel rumours and disinformation and avoid stigma.

### **Programmatic recommendations for health and nutrition:**

- Work with relevant stakeholders to ensure children and their parents/ caregivers have access to services such as working with private transport unions to make affordable transportation available.
- In refugee, IDP or other humanitarian settings, provide services through innovative ways such as through mobile and community-based IYCF, maternal, child and reproductive health services.



# CONCLUSIONS

The COVID-19 pandemic compounded significant negative impacts to multiple sectors across the world. The impacts to the health of the population of West and Central Africa remains limited as compared to other parts of the world due to the decisive measures taken by African governments. Despite this, the impact on the economy and worsening child poverty levels are reversing years of economic and social progress. With the diversion of health resources to fight the COVID-19 crises coupled with the loss of income by parents/caregivers, access to healthcare, medicines and medical supplies were severely decreased. Households in WCA struggled to cover basic needs and the nutritional health of households and families resulted in the adoption of negative food based coping mechanisms.

Due to pandemic related school closures, children's learning and access to education was severely impacted, resulting in protection and food security concerns for children. Due to loss of income and employment for parents and caregivers, children were forced in to labour and domestic chores. Though the majority of children and parents intend for children to go to back school now that many have reopened, there is fear that the COVID-19 related impacts to households may exacerbate the already high school dropout rate. The lack of learning materials and limited support available to children are expected to further worsen the chance of them going back to school. Moreover, unless decisive action is taken to ensure that every last child returns to school, various forms of violence against children may increase causing negative feelings and adverse mental health effects such as worry, anxiety, sadness and fear



# ANNEXES

## Annex I: Methodology used

### Methods Used:

This end of year reflection report for West and Central Africa used both qualitative and quantitative data from the global COVID-19 impact research conducted in June 2020 and various secondary resources. The COVID 19 impact research was conducted randomly obtaining a representative sample of current Save the Children beneficiaries. Accordingly, a total of 1309 caregivers/parents, 1278 index<sup>8</sup> children and 646 child respondents participated in the survey. Remote data collection methods had to be used

due to the presence of COVID-19 and the risk of contracting or transmitting COVID-19 during in-person data collection activities. The study population was therefore necessarily reduced to only those programme participants with remote contact details (phone number or email) listed at the individual or household level. For this reason, the research can only be considered as representative of Save the Children programme participants with remote contact details in those countries where the study was implemented.

### Sampling:

A stratified random sample of current programme participants across all programmes (derived from a programme database of programme participants with contact details) was obtained in a few countries. There were only two eligibility criteria for participation in the study: I. Adult respondents (aged 18 and above) had to be parents and/or caregivers of children aged 0–17 living in the same household (Part 1 of the survey); II. Child respondents had to be aged 11–17 (Part 2 of the survey). Data was collected through a single online SurveyMonkey (Enterprise version) survey, either directly completed by the respondents themselves or indirectly via an interviewer.

### Data analysis :

Probability weighting was used to weight the programme participant sample against the total programme participant population when the sample was aggregated at the regional level. The programme participant sample was not weighted for country level analysis since the weight factors

were calculated using country level programme participant population and the same weight was applied to all respondents in the sample. Observations from Group 2: Populations of interest to Save the Children and Group 3: General public were not weighted as the samples are not representative. Chi-square tests were performed at the country level to investigate associations between various data elements captured in the study. Regression was used in the regional level analyses to generate F-Statistics as a test of overall differences in the outcomes by different characteristics of the respondents using probability weights. Frequency weights can be used for chi-square tests, however they artificially inflate the sample size and magnify the differences in chi-square and this was therefore dismissed as an option. A p-value of <0.05 was used to denote statistical significance. Only findings that are statistically significant are reported in the research reports.

<sup>8</sup>Index child: parent answering on behalf of the child