



The impact of COVID-19 on children in the Middle East and North Africa

Based on UNICEF's phone surveys among nearly 7,000 families in seven countries*

*Algeria, Egypt, Jordan, Morocco, Qatar, Syria, Tunisia



Summary and Key Findings



UNICEF and partners reached out directly to nearly 7,000 families in seven countries (Algeria, Egypt, Jordan, Morocco, Qatar, Syria and Tunisia) through phone interviews during the first months of the pandemic as lockdowns, closures and confinement measures were put in place¹.

This brief highlights how children's lives have been impacted during the first months of the COVID-19 pandemic in several key dimensions critical to children's development and well-being- including psychological well-being, social relations, education, access to health services and nutrition.

The results of the interviews confirm the pervasive nature of the impact of the ongoing crisis on children's lives, in all dimensions. Most parents and caregivers interviewed identified the inability of children to play outdoors and socialise as having a negative impact on children's well-being. Increase in tensions within the households and in family arguments has also been reported by many families interviewed as they struggled under confinement.

The utilization of essential health services, including immunization and peri-natal care, has been negatively impacted, as a result of factors affecting both the supply and the demand of these services, including the fear of getting infected with COVID-19 while at the health facilities. The phone surveys have also provided information on the likely impact on child nutrition of reported declines in households' income and purchase power. Across the region, 9 million children continue to miss out on immunization against polio and measles. In some countries, ante-natal coverage was less than 50 per cent of the levels seen over the same time period last year, while in other countries only half the women utilized the services of skilled

health care providers for child-birth in comparison with last year.

While most of the countries in the region managed to put in place and manage distance learning programmes, access to these education opportunities has been unequal. Barriers preventing access to remote learning include the lack of specific resources and assets in the households (TV sets, computers and internet connection), the lack of support to adult members of the household to help children focus on learning, and difficulties to be in direct contact with teachers through remote means.

The interaction with teachers is a key factor: where children did maintain some kind of interaction with their teachers during remote learning, parents and care givers were significantly more likely to state it had been effective.

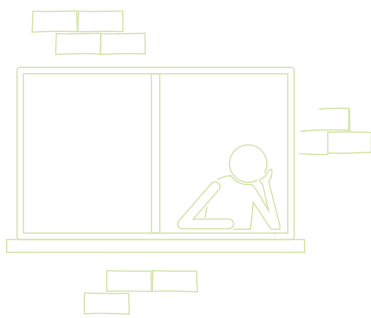
Experiences shared by families with UNICEF through these phone interviews are critical for UNICEF and partners to adapt response and action in place to mitigate the impact of COVID-19 on children. In particular, it reiterates the importance of adjusting programming in child protection, education, health, nutrition and social protection to prevent this health crisis from becoming a child rights' crisis.

Children in the Middle East and North Africa (MENA) region are heavily impacted by the socio-economic crisis generated by the unfolding COVID-19 pandemic. Despite that, children remain marginal and almost invisible in the current policy debate mostly centered around employment and the economic impact of the crisis.

This is partly due to the scarcity of data and evidence on how households are impacted by this multi-facet crisis, and within the households, on the impact on children's lives.

1 Most surveys were conducted in April-July 2020

1. The impact of confinement and lockdown measures on the children's social life and mental well-being



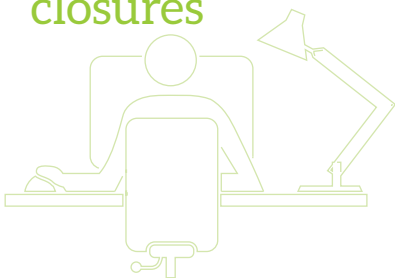
The restrictions on individual movements, lockdowns and confinement measures and the closure of education institutions had severe impacts on children's daily lives and routine, their friendship and social relations, and ultimately on their mental well-being.

.....

- Around 95 percent of the respondents stated that their children were negatively affected by the consequences of the pandemic.
- More than half (or 53 percent) stated that their children have been struggling mentally and emotionally during the confinement.
- Close to half expressed their concerns about the inability of their children to play outdoors and socialize with friends during the lockdown.
- Nearly 40 percent of the respondents mentioned an increase in anxiety and stress among their children, with higher prevalence reported by the parents of adolescents aged 13 or more.

- One third mentioned 'Boredom' as one of the main negative consequences of the confinement measures on their children.
- Some respondents highlighted other challenges including the inability to work out and gaining weight as a result, accompanied by the disruption in sleep patterns, as possible risks to their children's health as a result of the confinement, especially in urban areas.
- Increase in tensions within the household and in family arguments has been mentioned among the main negative impacts of the COVID-19 crisis on children.
- An increase in prevalence and intensity of violent disciplinary practices, mostly as an increase in 'shouting, yelling or screaming' as means to discipline children, and to a lower extent as increase in practices involving physical violence (hitting, spanking and throwing objects).

2. Access to distance education during school closures



The closure of schools has been one of the first measures that all MENA countries put in place to contain the spread of the virus at the onset of the pandemic in March, taking 110 million children between the ages of five and 17 out of the classroom².

Most of the countries in the region reacted by putting in place strategies and actions to support the continuity of learning. The distance education strategies ranged from establishing and running online platforms, learning through radio and TV lessons, to paper-based learning,

with different levels of engagement and interaction of teachers.

Children without access to resources (TV, radio, internet) – or those in households where adults are not in a position to provide additional support – are therefore at risk of being excluded or left behind as school closures drag. This is likely to disproportionately impact those in low-income and poor households, who already struggle with education.

The phone interviews provide further proof of the impact that the COVID-19 crisis is having on education:

•••••

- Nearly 40 per cent of the respondents have expressed concerns over the damage that the COVID-19 crisis is having on the education of their children. The preoccupation on the disruption of education is higher among parents of children aged 13 or more (nearly half or 47 percent of respondents).
- Around 55 percent of the children (aged five-17) who were enrolled in education before the lockdown, had access to some form of distance learning, without notable disparities among girls and boys.
- Access to distance learning has been higher among students enrolled in private schools compared to students enrolled in public schools.
- Disparities in access to distance learning are observed among the countries where the phone interviews were conducted. The differences in distance learning coverage reflect the fact that only some countries implemented programmes for all education levels and grades. Other countries concentrated their distance learning efforts in preparation for graduation exams.
- Modalities of distance learning varied from watching TV-broadcasted lessons to using two-way communication applications designed for computers and tablets, depending on the countries.
- Among the main factors preventing students to access distance learning, the parents and caregivers who responded to the survey mentioned computers or internet connection were not available at home, both particularly significant for those living in villages and rural areas.
- 71 percent of the students who participated in distance learning programmes, could interact with the teachers, and around 80 per cent (especially those in primary and lower secondary levels) received some type of support from an adult member of their household.
- The interviewed parents and caregivers of remote learners are divided as to whether or not distance learning offers an effective replacement for classroom teaching, with only around half stating that distance learning was effective.
- Some online platforms were more likely to be viewed as effective, while mobile phone applications were less effective. Printed material, although only used by a minority of the respondents' children, was largely perceived as effective.
- Respondents expressed concerns that distance learning does not allow to cover the regular educational programme, with negative impacts on students' longer-term learning and on future employability.

3. Children's health and nutrition



Concerns about the direct impact of COVID-19 on children's health are limited. However, access to health services – especially preventive health care – for children and mothers has been clearly affected by the COVID-19 pandemic in the region, as reported by parents and care givers responding to the phone interviews.



- Access to immunization services and to ante-natal and post-natal care were impacted, especially in the initial period of stricter lockdown – with improvements when part of the lockdown measures were relaxed.
- The main reasons for not accessing these essential services were the fear of getting infected while at the health facility, the restrictions on transportation limiting the physical access to the health care centres, and – in some cases – the closure of clinics or hospitals nearby.
- When listing ways in which the outbreak was negatively impacting on their children's nutrition, nearly one out of five respondents mentioned the financial impacts and, specifically, having less money to spend on food.
- Concern around this issue was higher among those living outside cities, among larger families with children and among those who have already seen their incomes severely reduced since the start of the pandemic.
- Among the respondents of the phone surveys, 30 percent stated that during the period of stricter lockdown children in the household were not able to access health and nutritious food, at least once.

- In some countries, respondents reported cutting their expenditures on food- mostly on red meat and fish, and then on fruits and vegetables, reducing both quantity and quality of the food consumed.



© UNICEF/2020/Izhiman

UNICEF will continue to support governments, the civil society, the private sector, foundations and individuals across the region in the following six areas:

1. Repurposing and repackaging mental health and psychosocial support to address impact of the COVID-19 pandemic.

The findings of the phone surveys are in line with those available globally as a result of lockdowns, movement restrictions, school closures and lack of social gatherings. For some children, the distress comes from worrying about getting sick or having loved ones become ill or worse die, noticing their parents' concerns over potentially losing jobs, and increased tensions within households leading to feelings of helplessness and increased vulnerability to poor mental health. Parents and caregivers are also being affected and need help as they provide the necessary environment and support for children.

In the realm of providing mental health and psychosocial support (MHPSS), there is a need to repurpose and repackage existing programmes to meet the burden brought by COVID-19, and leverage initiatives for outreach, to overcome the challenges determined by the limitations placed on face-to-face engagement by front-line mental health workers with clients/people in need and in-person capacity building initiatives.

In the domain of child protection, it means turning to on-line platforms and phone banks to deliver MHPSS support, e.g., turning traditional case management hotlines into MHPSS support conduits, creating hotlines when not previously available, using social media to promote MHPSS programming, and finding ways of reaching out through parents

using digital platforms to promote positive parenting. In addition, the most basic type of MHPSS service delivery - Psychological First Aid - is being either introduced or reinforced as a basic skill in the toolbox of many front-line workers, including Primary Health Care providers and teachers.

2. Promoting continuity in learning for all children and safety in schools including through bridging the digital gap and exploring low cost technology.

In the Middle East and North Africa countries – like in many other parts of the world- when COVID-19 occurred, education systems, teachers, students and their parents were not prepared for the adjustments required for continued learning. The crisis highlighted the preexisting weaknesses in education systems.

The role of schools goes beyond learning. They are places where children and young people meet, interact with each other and build relationships. They allow access to other basic services such as feeding programmes, health and protection services. Technology provides great opportunities to facilitate continuing learning. However, the digital divide between and within countries, has increased inequality in accessing such opportunities. Even with access, many children did not manage to keep up with their schoolwork. Children require skills to engage with learning independently, while at the same time guidance and structure to help them through their learning path. As COVID aggravated the vulnerability of many families,

children, in particularly adolescents are at risk of not returning back to education, even when schools will reopen.

Learning must continue, whether face-to-face, hybrid or fully online. UNICEF advocates that decisions on how to continue education should be guided by a risk-based approach, taking into consideration the epidemiology of COVID-19 at the local level, the capacity of educational institutions to adapt their system to operate safely and adopt infection prevention measures; the impact of school closures on educational loss, equity, general health and wellbeing of children; and the range of other public health measures being implemented outside school. The latest guidance, produced by UNESCO, UNICEF and WHO provides useful considerations to inform decisions in this respect.

Education Programmes should be designed to provide opportunities for catchup learning on what children have missed. This will require assessment of their learning, simplification of the curriculum, and agreements on a minimum set of essential competencies that can reasonably be expected of students for this year and next within adjusted school calendars.

When schools open, whether it is in full or for temporary periods, optimization of the time children will spend in school settings will be crucial. This means being clear on the kind of learning that is best fostered in the schools and is more challenging to achieve in a home environment -such as learning from peers, playful learning and learning of social skills. In this context, never has the role of teachers become so important, and it is paramount to equip

them with new skills, including digital skills, so they can facilitate children's learning remotely, encourage children's self-learning, and promote the active, reflective involvement of children in their own learning. Teachers must also be given flexibility to adjust the learning pace and approach based on the school context.

As COVID19 has had an enormous social and economic impact on children from vulnerable families, UNICEF calls on the Ministers of Education to work hand in hand with their peers from other sectors to maintain feeding programmes, health, psycho-social and child protection services, and expand social protection programmes to create the best conditions for children to learn.

3. Implementing a jumpstart package to equitable access to primary health care for children and mothers.

The health systems are on the frontline of the response to the COVID-19 crisis, and access and utilization of health care by children and their families have been substantially affected when the pandemic started to unfold in the MENA countries. As a result of lockdowns, reprioritization of health services towards the COVID-19 related interventions and reduction of some services, reduction of health care demand due to fear of infection. In some countries, ante-natal coverage in 2020 remained at less than 50 per cent of the levels seen over the same time period in 2019 while in other countries only half the women utilized the services of skilled health care providers for childbirth in comparison with

last year. Similarly, many children continue to miss out on treatment and care for common childhood illnesses. The utilization of these treatment services is down by a third in 2020 compared with the same time period in 2019 in some countries.

In response, UNICEF and partners in MENA advocated for the development and implementation of a 'Jumpstart Package' of interventions to address both 'supply' and 'demand' side bottlenecks responsible for the decline in the coverage of essential child and maternal health care services.

The "Jumpstart Package" aims to support Ministries of Health in the prioritization of critical services including maternal health, immunization and nutrition services to adapt to changes and needs. Hand in hand. Health workers' confidence and capacities at the primary health care level are being strengthened through the provision of personal protective equipment and training of frontline health workers on Infection Prevention and Control. Simultaneously, communities' trust in the public health system is being restored through media and community engagement campaigns. With the implementation of the Jumpstart Package, in some countries, immunization campaigns have resumed while utilization of some health services for children and pregnant women are seeing early recovery in a few countries though these have not yet recovered to pre-COVID levels.

4. Scaling up and adapting infant and young children feeding programmes and public messaging.

The COVID-19 pandemic is hitting the economies in the Middle East and North Africa, negatively affecting the purchasing power of households. This has had a direct impact on the ability of families to purchase and provide quality foods, especially fresh fruits and vegetables as well as meat and fish.

All countries covered by the different phone surveys featured in this report, have preexisting forms of malnutrition especially among children under-five and pregnant and lactating women. These range from micronutrient deficiencies, stunting, acute malnutrition, to overweight and obesity.

Even with the relaxed lockdown measures, in a number of countries, several services and businesses remain shut down while others are functioning at a very limited capacity, resulting in loss of livelihoods and reduced income for many. While households continue to prioritize providing food for their families (especially their children), the quality of the diets has been compromised which will further impact the nutritional status of children, further compromising the immunity of children.

It is therefore critical to protect people's nutrition and avoid further deterioration of the status of those already suffering different forms of malnutrition.

In several countries where access to services has been interrupted or discontinued, UNICEF is

advocating for the scaling up of messaging on the importance of exclusive breastfeeding to strengthen the immunity of the infant and the delivery of messages regarding optimal infant and young child feeding through social media platforms, hotlines, mother to mother support groups and community counselling with reduced numbers to secure social distancing.

With most Infection Prevention and Control measures currently focusing on tertiary and secondary care facilities, less attention is given to primary health care facilities where children with severe acute malnutrition are treated. Accordingly, it is critical that IPC measures are scaled up at the health facilities while implementing alternate treatment. Some of the measures to be implemented include reducing the number of children treated at the centres per day by increasing the number of treatment days; training mothers on how to screen their children through the use of the adapted special measuring tapes and the provision of ready-to-use therapeutic foods for longer periods.

5. Expanding social protection systems to reach the most affected children and families including through expanding cash transfer programmes.

The COVID-19 pandemic's socio-economic impact is having a significant impact on child well-being as articulated in this report. Adverse coping strategies

reported by families due to constrained economic situations have included reduced diets, poorer dietary diversity, and reduced spending on education. Separate analyses have predicted that this could translate into a significant increase in child poverty – both monetary and multi-dimensional.

UNICEF and Save the Children estimate a potential increase by 8 million in the number of children living in monetary poor households in MENA due to the COVID-19 crisis, which could total 60 million at the end of 2020³.

The impact of such an increase in child poverty could wipe out a decade of progress in countries. The role of social protection in cushioning the scale and depth of such an impacts more crucial than ever.

UNICEF advocates for the adoption of a two-pronged approach to supporting the social protection response to COVID-19 across MENA, focusing first on the swift expansion of cash transfers to affected families⁴ and then leveraging these initial responses to make national systems more shock responsive.

Key actions in support to this approach include support improving reach of people in need, setting-up rapid registration and verification systems and grievance redressal mechanisms. In humanitarian contexts like Yemen and Syria, UNICEF advocates for the scaling up of Humanitarian Cash Transfer responses and adopting sensitive implementation measures such as spacing out payment schedules/sites and

3 <https://data.unicef.org/resources/children-in-monetary-poor-households-and-covid-19/>

4 At the regional level, UNICEF has supported a [Mapping of national Social Protection responses to COVID-19 in MENA](#) as part of the UN Issue Based Coalition on Social Protection, which highlights the scale of national social protection responses to COVID-19 across MENA.

more widely adopting innovation to facilitate contactless registration and payments wherever possible.

In addition, UNICEF advocates for national systems to become more shock responsive and effective in reaching those vulnerable families across the life cycle when crises strike.

6. Promoting government budget allocations and public financing in social sectors with a focus on health care and education.

COVID-19 has compounded an already challenging economic situation across much of the region, which was reeling from the impact of collapsed oil prices in early 2020. The consequences of the pandemic are likely to be deep and long-term. The region's economy is expected to contract by five percent in 2020, with a substantial increase in countries' debt to GDP ratios⁵. In this context, governments across the region are straining fiscally and taking some tough decisions with regards to public spending cuts and re-prioritization.

UNICEF is calling for the prioritization and protection of investments in the social sector with a focus on continuity to access health, education, and expanded social protection. Generating evidence to make the case is key, as well as engaging International Financial Institutions with concrete proposals to either protect key areas of the social sector spending or conditionalities for social spending in concessional financing proposals.



© UNICEF/UNI236323/Noorani

Annex:

Data sources

This report summarizes results of data collection initiatives (through phone interviews) on the impact of the COVID-19 crisis on children, carried out in seven MENA countries between April and July 2020. The surveys were carried out with the contribution or on the initiative of UNICEF.

The data presented here are elaborated from the following sources⁶:

- › **Multi-country phone interviews on the impact of COVID-19 on children.** This phone survey has been conducted in five countries: **Algeria, Jordan, Qatar, Syria and Tunisia**, based on a common questionnaire fielded between June-August 2020. A total of 2,610 interviews have been conducted among parents and caregivers in households with children. This phone survey was led by the UNICEF Regional Office for the Middle East and North Africa and implemented by ORB International/ Gallup.
- › **Panel survey on the impact of COVID-19 on the economic, social and psychologic situation of households in Morocco.** Carried out by the Morocco's High Commission on Planning (HCP), with support from the World Bank, UNICEF and UN-Women. Two rounds of surveys conducted so far, in April and June 2020, with respectively 2,350 respondents in the first round and 2,169 respondents in the second round.⁷
- › **Real Time Monitoring of the situation of children and vulnerable population arising from COVID-19 pandemic in Egypt.** This multi-round phone survey is led by UNICEF Egypt and implemented by "Baseera – The Egyptian Centre for Public Opinion Research", to monitor the evolution of the impact of the COVID-19 pandemic of children in Egypt. The first two rounds of the survey were carried out in June and August 2020 covering 1,618 respondents in households with at least one child.
- › **Socio-economic assessment of children and youth in the time of COVID-19 in Jordan.** This phone survey has been conducted by UNICEF Jordan with the support of "Mindet – Social Marketing Research" on a sample of 495 respondents, selected among Syrian refugees and Jordanian households with children and youth, recipients of UNICEF's assistance in Jordan⁸.

6 While all based on phone interviews, the data collection initiatives featured in this report adopted different methodological approaches for the selection of the reference population and of the sample for the interviews, as well as different questionnaires etc. With the exception of the phone survey conducted in Morocco by the HCP, the results of these surveys cannot be considered as representative of the generation population.

7 The complete reports with the results of the surveys conducted in Morocco are available at www.hcp.ma

8 The complete report of this survey is available at: <https://www.unicef.org/jordan/reports/socio-economic-assessment-children-and-youth-time-covid-19-jordan>

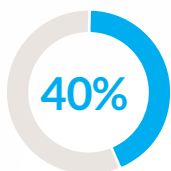
Key Findings



Over half of the respondents say that their children have been struggling mentally and emotionally.



Nearly one out of five respondents mentioned a financial impact and having less money to spend on food.



Nearly 40 per cent of the respondents have expressed concerns about the damages that the COVID-19 crisis is having on the education of their children.



Half of the parents and caregivers stated that distance learning was ineffective, due to lack in resources, limited access to internet, lack of support from adult family members and difficulties to connect with teachers.

For More Information:

Juliette Touma | Regional Chief of Communications | Tel: +962-79-867-4628 | Email: jtouma@unicef.org

Hasan Nabulsi | Communication Officer | Tel: +962-79-1368405 | Email: hnabulsi@unicef.org

Salim Oweis | Communication Officer | Tel: +962-79-936-5212 | Email: soweis@unicef.org

Follow UNICEF on

 www.facebook.com/UNICEFmena

 www.twitter.com/UNICEFmena

 www.instagram.com/unicefmena

 <https://www.youtube.com/user/unicefmena>

 <https://www.linkedin.com/company/unicef-mena>



United Nations Children's Fund (UNICEF) | Regional Office for the Middle East and North Africa

15 Abdel Qader Al-Abed Street | P.O. Box 1551 | Amman 11821 Jordan | Tel: +962-550-2400 | www.unicef.org/mena | menaro_Info@unicef.org