

CHILDREN AND COVID-19

ADVOCACY BRIEF

Prioritise children – from response to recovery

Lori Lake, Maylene Shung-King, Aislinn Delany & Michael Hendricks



Children are considered to be at lower risk of infection and serious complications than adults, yet the COVID-19 pandemic has had a profound impact on children. And the predominantly adult-centred approach to COVID-19 has meant that the impact of the pandemic on South Africa's children was not adequately anticipated and addressed.

Whilst well-intended, government's pandemic control measures resulted in an economic recession and the disruption of essential support services that have caused significant collateral damage to children and families: deepening levels of poverty and hunger; intensifying stress, conflict and the threat of violence within the home; and preventing children and families from accessing schools, health care, and social services.

This series of advocacy briefs motivates for greater prioritisation of children in South Africa's response and recovery plans by:

- Documenting and analysing the impact of the pandemic on children's health, wellbeing, education and access to services,
- Identifying strengths and weaknesses in our current response, and
- Making recommendations on how to strengthen systems, improve outcomes and put measures in place to safeguard children in future crises.

The briefs draw on the experience of the Western Cape – an early epicentre of the South African pandemic – as even in this relatively well-resourced province, children's needs were initially overlooked. The briefs share lessons learnt to inform a more proactive, well-planned, child-focused response to future waves of COVID-19 and similar crises.

What was the situation of children prior to the COVID-19 pandemic?

To fully appreciate the impact of the pandemic on children in the Western Cape, it is first necessary to understand children's prior living conditions, care arrangements and access to services, and the extent to which these protected children or increased their vulnerability to shocks such as COVID-19.

Table 1 illustrates how children in the Western Cape were relatively better off than children in other provinces, with nine out of 10 children having access to health care and basic services and living in households where someone was employed in 2018.¹

However, their relative advantage masks significant spatial, racial and income inequalities – with one in four children living below the poverty line, and one in ten children in food-insecure households.¹ Children in the Western Cape were more likely to live in informal housing than children elsewhere

in the country, and the associated risks of overcrowding and poor water and sanitation increased children's vulnerability to communicable diseases such as COVID-19.

Children's care arrangements in South Africa are often fluid and subject to changing circumstances, as families seek to balance the need for employment, education, childcare and protection. While half of children in the Western Cape live with both biological parents, a third live with only their biological mother, and nearly 1 in 10 children live with neither parent,² with many children living in the care of relatives in other provinces. Recognising these complex care arrangements is particularly important in a pandemic where serious illness or death of primary caregivers could render children vulnerable and without adult care, and where extended family and community support may be reduced due to fear of viral transmission.

Table 1: Children's living conditions, care arrangements and access to services, Western Cape vs South Africa, 2018

	Western Cape	South Africa
Poverty ^a	23%	59%
Unemployment	8%	30%
Hunger	10%	11%
Informal housing	17%	9%
Overcrowding	20%	18%
Inadequate water	9%	30%
Inadequate sanitation	11%	21%
Far from clinic	6%	20%
Children living with both parents	54%	34%

Source: Hall K & Sambu W. Children Count [child-centred analysis of General Household Survey 2018 data] Cape Town: Children's Institute, UCT. 2019. Accessed 21 July 2021 at www.childrencount.uct.ac.za.

a. Children living in households below the upper-bound poverty line

How did COVID-19 impact on children?

Children are particularly vulnerable to both the immediate shock and enduring impacts of COVID-19 – especially during sensitive periods of development such as the first 1 000 days of lifeⁱ and adolescence when exposure to hunger, violence or adversity can give rise to toxic stress causing irreparable harm to children's immune systems, their developing brains and education and employment prospects.

In addition, shocks such as climate change and COVID-19 tend to intensify existing inequalities. For a privileged few, the pandemic simply meant a change in lifestyle, but for the majority of South Africans, the pandemic has been catastrophic with many families facing unemployment, hunger, violence and an uncertain future.

It is clear that the pandemic has had profound impact on every dimension of child wellbeing, including:

- the care of children infected with COVID-19
- the disruption of routine health care services
- children's nutrition and food security
- violence and injury
- mental health and wellbeing
- early childhood development (ECD), and
- education and schools as nodes of care and support.

This series of advocacy briefs highlights some of the emerging impacts across these seven domains.

COVID-19 care

- Just over 12 000 children contracted COVID-19 in the Western Cape between March 2020 and March 2021.³

- Nearly 1 500 children were admitted hospital and 59 children died of COVID-19.³
- While children accounted for only 4% of the 284 000 cases in the province and 0.5% of the deaths,² thousands more children have been affected by the illness and death of family members and primary caregivers, with global estimates suggesting that over one million children lost a primary caregiver, including at least one parent or custodial grandparent, from March 2020 to April 2021.²⁵
- The initial health systems response to COVID-19 care focused on adults who accounted for over 90% of cases in the Western Cape,³ and children's needs were side-lined as resources were diverted from paediatrics to adult COVID-19 care. Yet, children should, in principle, have been prioritised given their vulnerability and the potential lifelong impact on their health.
- In addition, children's specific needs were not considered by the contact tracing teams or when adult patients were admitted to hospital, and systems to identify children in need of care and protection when adults are admitted to hospital are still not in place. Concerns around infection also prompted the separation of infants and children from much needed family support.
- Information changed constantly over the course of the pandemic, making it difficult to know how best to respond. Yet, over time, child health specialists succeeded in advocating for a more child-centred

i From conception to a child's second birthday

approach to COVID-19 care. This included actively considering children's needs when tracing COVID-19 contacts,⁴ and adopting a more family-centred approach to the care of neonates, children and adolescents in hospital in order to minimise stress and improve outcomes.

- Other important child health considerations that still need to be addressed include emerging concerns around long-COVID in children.

Routine health care services

- The focus on adult COVID care, and efforts to prevent infection, led to a significant drop in the coverage of essential child health services and this will have an enduring impact on children's health, growth and development.
- Visits to primary health care services by children under five dropped by almost 25%,⁵ leading to a decrease in the screening and treatment of acute malnutrition, HIV and TB. For example, HIV testing dropped by almost 30%, infants were almost 60% more likely to test positive for HIV at 10 weeks, and more children defaulted on antiretroviral treatment.⁵
- Paediatric and adolescent hospital beds were re-allocated to accommodate adults with COVID-19, elective surgeries were cancelled, and many children with disabilities were unable to access care.
- Hospital admissions for conditions such as diarrhoeal disease and pneumonia decreased,⁵ most likely due to the introduction of masks, hand washing and other infection control measures during lockdown. Yet, the in-hospital mortality rate increased, raising concerns about access to health care facilities and delays in care-seeking behaviour due to fears of contracting COVID-19.
- Strong leadership, innovation and collaborative efforts from many child health practitioners and advocates, including the effective use of community health workers, helped ensure that some of these services were fully restored – achieving even higher immunization coverage than in 2019.⁵ However, other child health services, such as elective surgeries, will require time and ongoing advocacy and proactive decision-making to address significant and potentially life-threatening backlogs.

Nutrition and food security

- Rising unemployment and food prices increased pressure on poor households, and pushed other households into poverty, with 47% of households running out of money for food during hard lockdown.⁶

And despite families' efforts to shield their children from hunger, child hunger remained high with one in seven households reporting that a child went hungry in April 2021.⁷

- The closure of schools during hard lockdown prevented over 9 million children from accessing a daily nutritious meal. While the Western Cape employed innovative strategies to continue providing children with nutrition support, coverage remained low. And it was only following litigation by civil society organisations that government was instructed to reinstate the National School Nutrition Programme in the rest of the country.
- At the same time, the disruption of routine health services has made it harder to identify and support children at risk of malnutrition.
- The national disaster relief package, rolled out from May 2020, offered some protection for children but hunger levels increased again when the grant top-ups and caregiver grants were withdrawn in October.⁸ The decrease in the real value of the Child Support Grant (valued at R460 a month or R15 a day in April 2021) is likely to intensify child hunger in the coming months, raising concerns about a potential rise in severe acute malnutrition especially in Gauteng and KwaZulu-Natal where recent protests have disrupted food supply chains.

Violence and injury

- Early in the COVID-19 pandemic, child rights activists raised concerns about how rising unemployment, food insecurity and the stresses of lockdown would increase children's exposure to violence and injury in the home.
- Despite these projections, the trauma unit at Red Cross War Memorial Children's Hospital saw a 15% decrease in children treated for unintentional injuries from 2019 to 2020 – driven primarily by a 50% decrease in road traffic injuries during hard lockdown.⁹
- Yet unintentional injuries in the home – such as burns, falls and dog-bites – increased over the same period when children were confined at home.⁹
- Fewer children were treated for non-accidental injuries – such as sexual abuse, physical abuse and gun violence – with a 50% decrease during hard lockdown and the alcohol ban, yet cases returned to pre-COVID levels by September 2020 when lockdown measures eased.¹⁰
- These figures do not necessarily represent a real decline in child abuse and may simply reflect the difficulties women and children faced in trying to access health care and other support services during hard lockdown.

- In addition, the courts, police and social services were not fully functional leading to delays in following up cases of suspected abuse and neglect.¹¹ It is therefore essential to put proactive measures in place for the identification, reporting and provision of services to women and children who experience interpersonal violence during pandemics and similar crises.
- Even prior to COVID-19, the ECD sector in South Africa was fragile and underfunded, and the mandatory closure of ECD programmes in 2020 intensified existing challenges and inequalities.
- Prolonged lockdown, limited state support and the withdrawal of the ECD subsidy in most provinces, together with caregivers' inability to pay fees, led to the permanent closure of many ECD programmes and significant job losses¹⁸ – causing both immediate and long-term harm to the health, nutrition and education of young children.

Mental health and wellbeing

- There have been very few studies on the mental health of children and adolescents during the pandemic, but based on previous humanitarian crises and epidemics,¹² COVID-19 is likely to precipitate an increase in depression, anxiety and post-traumatic stress.
- Most children have been exposed to some form of loss – loss of school, loss of social connections or the loss of loved ones – and need support to cope with grief.
- Poverty, hunger and food insecurity are associated with a broad range of mental health challenges for children, adolescents and their caregivers, including an increased risk of depression, anxiety and suicidal thoughts.¹³⁻¹⁷
- Women, in particular, have been hard hit by unemployment, domestic violence and an increased burden of childcare, and these additional pressures can compromise their own mental health and the care of their children.
- Child and adolescent mental health services and social services should therefore be protected and sustained to address both the immediate and long-term mental health impacts of COVID-19.
- Yet these specialised resources are extremely limited in South Africa and will need to be coupled with efforts to build the capacity of families and frontline workers in schools, ECD programmes and health care services to help children cope with loss and adversity.

Early childhood development programmes

- ECD programmes perform an invaluable service to society and have the potential to provide young children and their families with holistic support in times of crisis – by enabling caregivers to seek employment, and ensuring that young children receive safe care, good nutrition and early learning.

Education and schools

- The opening and closing of schools during the COVID-19 pandemic has been highly contested as the education department seeks to minimise the disruption to children's education while keeping children, educators and the broader school community as safe as possible.
- The COVID-19 pandemic has further deepened inequities in the quality of schooling. While some children continued with high quality education whilst living in safe and supportive environments, others had their schooling severely interrupted, and children with special needs and serious co-morbidities suffered added disadvantage.
- Fewer than 1% of learners (1 200) contracted COVID-19 in the Western Cape in 2020, and some 3 900 learners required quarantine,³ mainly from community-acquired infections. Yet, despite these relatively small numbers, widespread fears prevailed about learner and educator safety, resulting in repeated school closures.
- School closures have had a devastating impact on education with primary school children losing close to a full year of learning and an estimated 750 000 learners (triple the usual number) dropping out of school.¹⁹
- Other COVID-19-related risks include: the disruption of the National School Nutrition Programme and Integrated School Health Programme, which prevented children from accessing food, health care and psychosocial support; a reduction in physical activity and increase in sedentary behaviour; increased stress due to isolation and the pressures of distance learning; and a greater care burden on families.

Case 1: RX Radio creating a channel for children voices to be heard

RX Radio, a children's radio station led by children and situated in the Red Cross War Memorial Children's Hospital²¹ which provided a channel for children to speak out and share their concerns about the COVID-19 pandemic.

At the beginning of lockdown, RX Radio started working on a programme called Children's Voices on COVID-19. Using WhatsApp voice-notes and other recording methods, the station began creating public service announcements on COVID-19 and gathering content on children's experiences of the pandemic and the lockdown – especially children with chronic conditions and from different socio-economic and cultural backgrounds.

Children, as well as their parents/caregivers and healthcare workers, shared how COVID-19 is affecting their lives – including challenges with mental health, education and nutrition. These shows and podcasts also provide a safe platform for children to talk about their experiences, challenges and concerns.

During this time, RX Radio met Christina Nomdo, the newly appointed Children's Commissioner for the Western Cape, and some of the reporters became Child Government Monitors, a group of teenagers who provide feedback to the Commissioner on their experiences to improve the design of government services – including the response to COVID-19

Innovative responses and practices

These complex challenges pose both short and long-term threats to children's survival and development, yet the crisis also stimulated a wave of innovative practices that emerged as individuals and organisations stepped up and responded to children's needs. This included the work of:

- the Community Action Networks²⁰ who helped mobilise volunteers across different communities to address widespread hunger during hard lockdown,
- the concerted efforts of child health teams who worked in partnership with community health workers and made use of libraries and townhalls to deliver primary health care services and close the gaps in the coverage of immunisation, HIV, family planning and nutrition services,
- the work of RX Radio²¹ and the Western Cape Children's Commissioner²² who provided children with powerful platforms to share their experiences and voice their concerns,
- the use of strategic litigation by Equal Education and partners²³ that helped hold government accountable to enable over 9 million learners to access a daily meal

- through the National School Nutrition Programme, and
- the Western Cape Food Forum that enabled government, business and community-based organisations to come together, share resources and coordinate food relief efforts.

These innovations speak to the importance of leadership and the need for individuals to actively champion children's rights at every level of society – within our schools, health facilities, non-governmental organisations, civil society and the corridors of government. They speak to the power of partnership, collaboration and collective action across different communities, sectors and disciplines, and between government, business and civil society in order to harness insights, expertise and resources to address children's complex needs. And they speak to the value of child participation as children are not simply passive recipients of care and protection, they also have the potential to play an active role in informing a child-centred response to the pandemic. For it is only when we make time to include children and take them seriously that we can design interventions that address children's needs and concerns.

What overarching principles should inform a child-centred response?

The individual briefs make a series of concrete recommendations for each domain, and highlight the following overarching principles that should inform a child-centred response to shocks such as COVID-19:

- The Gauteng High Court has affirmed that even in an economic crisis, government may only introduce regressive measuresⁱⁱ as a last resort, after

considering all other options and ensuring that children are the last to be affected.^{23, 24}

- The state must fulfil its immediate obligation to provide essential services for children and protect these services from erosion – including education, routine health care, child protection services, ECD programmes, and social assistance.

ii For example, closing an existing programme like the National School Nutrition Programme during lockdown.

- It is also important to reach out and put proactive measures in place to prevent shocks to the system, such as pandemics, conflict and extreme weather events, from further intensifying pre-existing patterns of inequality, exclusion and discrimination.
- This includes measures to expand social protection including an increase in the value of social grants to better protect children and families from the economic impacts of the pandemic including rising unemployment, poverty and hunger.
- In addition, real time surveillance and strong referral systems are needed to identify and support children in need of food, care, protection, and psychosocial support.
- Protecting children will require strong leadership and advocacy for children in all decision-making forums from local to national government level, to ensure that children's best interests are proactively addressed and prioritised in our response and recovery plans.
- Weak systems cannot withstand shocks such as COVID-19. Therefore, we also need to look beyond the current crisis and build more resilient and responsive systems that are better equipped to cope with future challenges.
- Finally, it is important to seek the perspective and participation of children, to ensure that their concerns and the solutions they offer guide our efforts to protect and support them.

References: 1 Hall K, Sambu W. Children Count [analysis of 2018 General Household Survey]. Children's Institute, University of Cape Town. 2019. www.childrencount.uct.ac.za. 2 Hall K. Children in South Africa. Children Count. [Internet]. Cape Town: Children's Institute, University of Cape Town; 2019. [<http://childrencount.uct.ac.za/indicator.php?domain=1&indicator=2>] 3 Western Cape Provincial Health Data Centre. 4 Shung-King M. Guidelines on how to advise a patient or contact who are parents/caregivers of babies and young children. Developed for the WC DoH outbreak response teams (unpublished). Cape Town: School of Public Health and Family Medicine, University of Cape Town; April 2020. 5 Department of Health District Health Information Systems data. 6 Van der Berg S, Kuze L, Bridgman G. The impact of the coronavirus and lockdown on children's welfare in South Africa: Evidence from NIDS-CRAM Wave 1. Stellenbosch: University of Stellenbosch; July 2020. 7 Van der Berg S, Patel L, Bridgman G. Food Insecurity in South Africa- Evidence from the NIDS-CRAM Wave 5. Stellenbosch/Johannesburg: University of Stellenbosch, University of Johannesburg; 2021. 8 Van der Berg S, Patel L, Bridgman G. Hunger in South Africa during 2020: Results from Wave 3 of NIDS-CRAM. University of Stellenbosch, University of Johannesburg; February 2021. 9 ChildSafe Trauma Database 2019-2020. 10 Red Cross Children's Hospital, Social Work Department non-accidental injury data. 11 Kriel E, van Niekerk J. The Impact of the Covid Pandemic on the Mental Health of Children and Youth. Presentation to the Western Cape Provincial Parliament's Ad Hoc Committee on COVID-19. Cape Town: JellyBeanz; 19 July 2021. 12 Hamiel D, Wolmer L, Pardo-Aviv L, Laor N. Addressing the needs of preschool children in the context of disasters and terrorism: Clinical pictures and moderating factors. *Current psychiatry reports*. 2017;19(7):1-8. 13 McIntyre L, Williams JV, Lavorato DH, Patten S. Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *Journal of affective disorders*. 2013;150(1):123-9. 14 Huddlestone-Casas C, Charnigo R, Simmons LA. Food insecurity and maternal depression in rural, low-income families: a longitudinal investigation. *Public health nutrition*. 2009;12(8):1133-40. 15 Hadley C, Patil CL. Food insecurity in rural Tanzania is associated with maternal anxiety and depression. *American Journal of Human Biology: The Official Journal of the Human Biology Association*. 2006;18(3):359-68. 16 Whitaker RC, Phillips SM, Orzol SM. Food insecurity and the risks of depression and anxiety in mothers and behavior problems in their preschool-aged children. *Pediatrics*. 2006;118(3):e859-e68. 17 Koyanagi A, Stubbs B, Oh H, Veronese N, Smith L, Haro JM, et al. Food insecurity (hunger) and suicide attempts among 179,771 adolescents attending school from 9 high-income, 31 middle-income, and 4 low-income countries: A cross-sectional study. *Journal of affective disorders*. 2019;248:91-8. 18 BRIDGE, Ilifa Labantwana, National ECD Alliance, SmartStart, SA Congress for ECD. Second Survey Assessing the Impact of COVID on ECD. 2020. 19 Spaul N, Daniels RC, et al. NIDS-CRAM Wave 5 Synthesis Report. National Income Dynamics Study Coronavirus Rapid Mobile Survey (NIDS-CRAM). (Online). 2021. <https://cramsurvey.org/reports/>. 20 CAN, Cape Town Together. Cape Town Together, a Neighbourhood-Based Network of 170 Community Action Groups. Daily Maverick [Internet]. 20 August 2020. Available from: <https://www.dailymaverick.co.za/article/2020-08-26-cape-town-together-a-neighbourhood-based-network-of-170-organisations/>. 21 RX Radio. Children's Experiences on Covid-19. <https://rxradio.co.za/coronavirus/experiences/>. 22 Western Cape Commissioner for Children. *Child Government Monitors: Reflections of 2020 engagements and achievements*. Cape Town: Office of the Western Cape Commissioner for Children; 2021. 23 Equal Education and others v Minister of Basic Education and others (22588/2020) [2020] ZAGPPHC 306 (17 July 2020). 24 Gerber P, Kyriakakis J, O'Byrne K. General Comment 16 on State Obligations regarding the Impact of the Business Sector on Children's Rights: What Is Its Standing, Meaning and Effect. *Melb J Int'l L*. 2013;14:93. 25 Hillis Sd, Unwin HJT, Chen Y, Cluver L, Sherr L, Goldman PS, et al. Global minimum estimates of children affected by COVID-19-associated orphanhood and deaths of caregivers: a modelling study. *The Lancet*, 398(10298): 391-402, , 2021.

This is one of a series of advocacy briefs that trace the impact of COVID-19 on children in order to identify opportunities to better support children during the COVID-19 pandemic and future crises.

Suggested citation: Lake L, Shung-King M, Delany A & Hendricks M. Prioritise children - from response to recovery. In: Lake L, Shung-King M, Delany A & Hendricks M (eds) Children and COVID-19 advocacy brief series. Cape Town: Children's Institute, University of Cape Town. 2021.

For more information, contact Lori Lake at lori.lake@uct.ac.za

© Children's Institute, University of Cape Town

46 Sawkins Road, Rondebosch, 7700, South Africa | +27 650 1473 | info@ci.uct.ac.za | www.ci.uct.ac.za

The series is published by the Children's Institute in partnership with the Children's Hospital Trust and Michael & Susan Dell Foundation.

Design: Mandy Lake-Digby

