

# IMPACT OF COVID - 19

## PANDEMIC ON CHILDREN IN TELANGANA

2020-2021



A STUDY CONDUCTED BY  
ALLIANCE FOR CHILD RIGHTS  
(A Consortium of NGOs in Telangana)  
with the support of UNICEF

This descriptive rapid study is based on real-time data and information collected from the children and NGOs in the selected Districts of Telangana.

Those who wish to use the information in this report for academic or advocacy purpose must take written permission from Mr. Ramesh Reddy, Convener, ACR and Program Director of Mahita @ 9848120092 and [mahitahyd2002@yahoo.com](mailto:mahitahyd2002@yahoo.com).

The “Impact of COVID-19 Pandemic on Children in Telangana” conducted by Alliance for Child Rights and Mahita

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## **Executive Summary:**

This micro impact study of COVID 19 in Telangana State is planned to examine the extent to which children were affected by the pandemic and to know the pattern of impact. As a matter of fact, majority of the children all over the world have witnessed the negative consequences of the COVID 19. Here there is a need for analyzing, in what area of their personal life the COVID Impact is more and what area it is less is an important aspect. The whole research study is well planned and the report also sequenced well to give an overview of COVID Impact in India, in the state and in the region, particularly in the study districts both in Andhra Pradesh and Telangana state.

Firstly, there is enough justification given for proposing this study. Based on existing reports from premier institutes and other authentic documents the severity of the COVID on general public is explained in the sections of Introduction and significance of the study. While giving facts and figures of countrywide and state wise mortality rates, the region wise figures also supported this study. Purpose of the study is well articulated in the introductory sections itself. The focus of the study determines the need for risk mitigation measures to protect the children who were badly affected by losing the parents. In the preceding sections of the report, research design, sampling, orientation to Field staff, implementation of ethical standards, supervision and monitoring mechanism are well described so as to offer an overview study design.

Next sections of the report explicate the research analysis of the data obtained from the field. Starting from household analysis to till the conclusions and recommendations the interpretation supported by the graphs delineates the focused areas of the study. In these sections the four main objectives and the in-depth analysis of each component reflected the vulnerability that is faced by the general public vis-a-vis children. Since the study focuses on the wellbeing of children and how the same wellbeing status before COVID was damaged after COVID is purported by the data analysis.

Keeping the objectives in mind the proponents of the study examined the Children views on Development scenario, protection and survival issues, the experiences of COVID and their aspirations. To assess the pre COVID and post COVID situation few objectively verifiable indicators like Health & nutrition, safety, safe education were taken for testing the impact of the COVID on Children. The interpretation is also organised in three sections namely education of the Children, Child Protection and Health & Nutrition. However, to gauge the vulnerability of the children in the families some pertinent questions also included in the survey to get a feel of different forms vulnerability, Household violence, abuse of children, forced child marriages, safety of children during COVID, safety of Children in schools, change in availability of food before and after COVID, Health Facilities before and after COVID, involvement in domestic

chores and income generating activities etc., The children were also tested against the level of awareness on the use and existence of free Child Help line.

There is a major gap in the levels of food consumption before to after COVID 19 too. It is because of loss of livelihoods/businesses and limited flow of money in the family. It was so expressed that majority of families restricted their intake of food and spending on household items in order to save money. Some of them have borrowed money from kith & Kin, Friend to meet the hunger challenges of the family. Nonetheless, some families were badly affected and went into depression as they experienced social stigma in the Society because of COVID-19 infections.

Overall it was noted that the COVID-19 pandemic has changed the lifestyle of the respondents and added to their vulnerabilities in terms of increased debts, health issues, loss of livelihoods, loss of schooling for the children, increased spending on health care facilities.

Finally, the study findings say that majority of the children were subjected to ill treatment, abuse, negligence, used as commodity, source of income, an innocent prey to the neighbours and also family members to vent out their frustration and economic impoverishment.

In the concluding sections of the report, it is strongly recommended an umbrella mechanism to address the issues of Children should be evolved involving CBOs, Government and other like-minded Stakeholders. A policy document should be prepared with an impetus on the issues of Children and the document should also contain SoPs for addressing critical aspects of each and every vulnerability of the children. The survey findings further recommend having an effective collaboration with government, civil society and community-based stakeholders to plan and initiate extensive and rigorous campaigns to create mass awareness among the parents, children and stakeholders on the vulnerabilities of children and to have an effective set of coping mechanisms to thwart the vulnerabilities.

Finally, the study strongly advocates an urgent need for re-building of the lives of the affected parents and care givers of the children and it also felt an evidence based policy only would help in reducing the burden of COVID 19 negative externalities on children.

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## **SECTION-I: INTRODUCTION**

### **Background**

COVID-19 and how it has panned out has resulted in gross violations of fundamental rights, exacerbated existing vulnerabilities, and unleashed a pandemic of hunger and poverty where there was none.<sup>1</sup> Undoubtedly, all the members of the society were seriously affected by the pandemic; however the damages are relative from family to family and person to person. As parents are affected, obviously the children also bore wrath of the pandemic. With this pandemic it is observed and that all the developmental initiatives aimed at mainstreaming the vulnerable children over the last two decades is lost because the children who lost both parents and single parent also are subjected to discrimination and ill-treatment from kith and kin. Since protecting lives is given top priority during COVID 19 by all the successive Governments, the other remaining people whoever were not affected are given less attention. Hence, the dependants of the affected people though they were severely affected, enough focus was not given by any agency to take care of the welfare of the people. Hence, most of the policies focused on the welfare of the people like Front line workers and Health Professionals who had been serving the COVID 19 patients in Hospitals. All other remaining population were only cautioned not to get exposed to the virus by strictly adhering to the measures of COVID 19 appropriate behaviour. In this regard the issues of the children from the affected families and other children also neglected during COVID 19.

There is a felt need for concentrating on the children's issues as majority of the children were badly affected during COVID 19 and it is recorded in several places how they had experienced the severe consequences of the pandemic. Mainly the children from marginal sections like Dalits, Minorities children are at loss as they lack any cushioning support from either kith & kin or from others in the society. The same is the case with women also. The situation of single women and abandoned or divorced women also worst hit during COVID 19. All these COVID induced social scars and precarious situations need to be addressed through an effective social protection policy by the Government. Notably, there is an urgent need for creating an advocacy platform to sensitise the Government to come up with a suitable permanent protective policy to address the issues of children and women and the civil society must act as a torch bearer to take this agenda forward in order to safeguard the rights of voiceless people.

The findings of the study were critically analyzed the data of five districts of Telangana which has been captured in a detailed tool by the field level investigators who have been inducted to capture. By following all the research protocols such as precautionary measures, child

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<sup>1</sup> Rights of children in the time of COVID 19 A child rights policy brief 2020

protection policy, confidentiality of data and ethical protocols of mandatory reporting, the survey team has completed the survey. Preliminary analysis of the study has revealed that the children in the sample districts were badly affected by the pandemic. The children are at great loss in terms of their education, health, nutrition and protection and safety.

Majority of children under study have been pursuing studies (1<sup>st</sup> class to 10<sup>th</sup> class) in the government schools. 30% of the children have reported attending online classes which are conducted by their schools but they face many challenges such as unavailability of devices (Tab, Desktop & laptop) and internet facility for accessing the virtual classes. Some children expressed that they are not interested in attending the online classes. Parents too expressed that they were not in a position to support their children to take online classes due to unaffordability to buy a new device. However, some parents sparing the smart phones to the children during their leisure.

There is no doubt the impact of COVID 19 is intergenerational and long term in nature. Education, Nutrition & Health and basic shelter and clothing are the primary needs of any person in the society and especially for growing children there are highly essential to shape their future. But the multifaceted, negative externalities created by the pandemic spoiled the human rights and child rights as well. As a result, exclusion of vulnerable children due to pandemic is already happening among the marginal sections of the society as their access to education, seeking health care and having proper food becoming a big question. Deprivation of basic services due to lock down, forced migration, closure of schools and non-availability of timely food, loss of employment are few of the many issues are being faced by the general population and the children too.

### **Situation in India**

Like rest of the world India had also witnessed big blow due to two severe spells of pandemic, Covid-19. In the first wave of COVID-19 in April, 2020, National Lockdown for over a period of 40 days resulted an economic loss of Rs 32, 000 crores every day<sup>2</sup>. Unemployment rose from 6.7% in March to 26% in April 2021 and then reached pre-lockdown rates by mid -June. Normally street vendors, petty shop owners, wage labour, domestic servants and other daily labour, employees in the informal sector used to support their families with meagre incomes but the pandemic has devastated their small economies as the whole market suffered huge losses. And urban India which is a source of millions of people has come to a standstill leaving millions in helpless condition.

Similarly, COVID-19 second wave has left many children orphaned and vulnerable across the country. As on 1<sup>st</sup> week of June there were 29,274,823 cases and 363 lakhs deaths and it looks

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<sup>2</sup> livemint, Coronavirus to shave of INR 40k cr every day from Indian economy: CARE ratings

<https://www.livemint.com/news/india/coronavirus-to-shave-off-rs-40k-cr-everyday-from-indian-economy-care-ratings-11585155154421.html>  
last accessed 29-07-2020.

like even the factual figures may remain beyond this notified numbers. As per rough estimation the Government of India has stated that as many as 30000 children have become orphans during second wave alone.

India's poorly drafted vaccination policy has become a big hindrance to for the people to get vaccinated on war footing, Had there been an effective vaccination policy was in place soon after the first wave, huge masses could have been saved from losing their lives in second wave. Even after launching the vaccination process in a big way in the month of Feb 2021, there were many obstacles in making it a successful massive and very effective vaccination process. Several times the loopholes in the policy have come to the fore and after receiving the huge public criticism only the drawbacks and the pitfalls were covered and plugged in. Mainly the general public suffered due irregular supply of vaccine to the rural areas and also other technical hitches developed in the COWIN platform to book appointment for having a shot. After experiencing these logistical and technical issues, the central Government gave autonomy to the state to distribute vaccine as per their regionally and locally evolved strategies of vaccine distribution. At a later stage the price sharing of vaccine between central Govt and state Govt has become a big -issues and again the vaccination process was suffered for quite some time. Now after having many bottlenecks and roadblocks the vaccination process across the Nation is streamlined.

As discussed above majority of the rural population suffered setbacks in getting timely vaccination due imperfect communication and the natural drawbacks developed due to Digital divide between urban and rural regions. Besides the above issues, there is a lot of community misapprehensions on vaccination due to social media rumours, lack of awareness about the benefits of vaccination. In the initial days of vaccination, many people thought the vaccination is a silver bullet and no other care and precautions needed. Later social media rumours created a havoc among the peoples mind that a jab brings suddne death to the people. Poor propaganda about the longterm benefits of vaccination has become major hitch for poor turnout of public for availing vaccine

### **Key issues related to children identified during and post Covid-19 lockdown**

According to a report released by UNICEF, it is revealed that the pandemic and the lockdown in India has impacted 247 million children enrolled in elementary and secondary schools, besides 28 million children who are undergoing pre-school education in Anganwadi centres<sup>3</sup>. This is in addition to more than 6 million children who were already remain out of school. The Covid-19 pandemic has also impacted the health of children particularly nutrition. Due to closure of all schools and Anganwadi centres majority of the children from government schools and anganwadi centres have lost an opportunity to get Mid-Day Meals, it means for a quite a

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<sup>3</sup> Business Standard, Lockdown has hurt education of 247 mn school kids in India: UNICEF report, [https://www.business-standard.com/article/education/lockdown-has-hurt-education-of-247-mn-school-kids-in-india-unicef-report-120062400114\\_1.html](https://www.business-standard.com/article/education/lockdown-has-hurt-education-of-247-mn-school-kids-in-india-unicef-report-120062400114_1.html) last accessed 29-07-2020.



good number of days, they all missed nutritious food that promotes physical and mental growth of the body.

According to UNICEF report about 1.2 million children under the age of five could die in just six months in low and middle income countries due to reduction in routine health services. As result of the above projection, there will be a scope of 3 lakhs children losing their lives. Due to closure of schools, children are forced to stay at home without access to education. This led to schools shifting to provision of education through online. However, only 20% of the population is connected to internet and not every child has access to computer/internet. Children who are staying at home without access to online or offline education are in danger of forgetting what they have learned and lag behind their peers who have access to education.

The lockdown has also seen an increase in child rights violations. CHILDLINE, a free service by Ministry of Women and Child Development has received 460,000 calls in first 21 days of the lockdown nearly a 50% increase<sup>4</sup>. Nearly 10,000 of these calls demanded physical intervention that means some staff members had to rescue the children who were in difficult situations. Of these 30 per cent of the cases were related to violence, sexual abuse, child marriage and child labour. The pandemic has increased stress among children and loss of parents forced the children to take up wage to support the other members in the family. Majority of the children sought wage work by involving themselves in MGNREGA scheme. Those whoever involved in wage work may remain a dropout as they lose interest in education. There have been reports of increase in number of child marriages during the lock down period as economically poor families compel children especially girl child into child marriage<sup>5</sup>. School readiness is an important question which the governments and schools have to address. Schools may reopen in the near future, but how many of our schools are ready to give complete safety and protection to the children from being affected with Covid-19.

### **Background of the Study:**

The COVID-19 pandemic has impacted the children on many ways and the aftermath of COVID 19 contributed for the development of psychological, mental, physical, social and cultural disturbances in the lives of children. Since, the parents, neighbouring population and kith and kin also affected naturally the children also bore the bad consequences. COVID 19 Pandemic not only affected the physical lives of children, but also brought potential losses to their learning capacities as they are in the process of acquiring and building their human capital and the losses cannot be measured so easily. Nature of Lockdowns also exposed children to a

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<sup>4</sup> The Indian Express, CHILDLINE 1098 responds 4.6 lakh calls in 21 days of caronavirus lockdown, <https://www.newindianexpress.com/nation/2020/apr/17/childline-1098-responded-to-46-lakh-calls-in-21-days-of-coronavirus-lockdown-2131492.html> last accessed 29-07-2020

<sup>5</sup> The Times of India, Govt intervened to stop over 5,584 child marriages during caronavirus lockdown, <https://timesofindia.indiatimes.com/india/govt-intervened-to-stop-over-5584-child-marriage-during-coronavirus-induced-lockdown/articleshow/76661071.cms> last accessed 29-07-2020

range of risks. Several factors related to confinement measures are likely to result in heightened tensions in the household, added stress on caregivers, economic uncertainty, job loss or disruption to livelihoods, and social isolation. These are well known risk factors because of violence at home. And as the risk of violence against children has increased due to the COVID-19 pandemic, child protection services have been largely weakened as the focus shifted to implement the control measures against the further spread of the virus.

Coming to imparting education the students, the government has initiated online lessons for higher classes and there is no activity to the lower-class children and there is no indication when schools get reopen. In addition, the above, sheer lack of employment and economic activity impacted communities and families heavily. For majority of the marginal and vulnerable families who had been solely live on daily wage earnings, it has become inevitable to involve their children in one of or the other income generating activity to supplement their family income.

For that matter resuming of agriculture season enriched by good monsoon also encouraged the children to involve in peak agriculture activities. Some involved in farm activities and others involved in non- farm activities depend on the availability of work within their close proximity to the dwellings.

Abuse of children which is a hidden fact all these days but COVID 19 has doubled these forms of abuse. To arrest the different forms of abuse and discrimination, ill-treatment of children can be reduced by resorting to an effective policy formulation and implementation. And the successive Governments need to focus to address the child rights issues by carving out an effective policy. A forum of civil society activists with a strategy of highlighting the children issues on continuous basis may force the Government design a separate policy to preserve and protect the Children rights. In the absence of concerted efforts and proper advocacy launched by Civil, there is every chance that children rights may tend to be either ignored or remain unaddressed.

To bring in enough cheer on the face of the Children and among the family members, the children need to be engaged with their peers and resume some sort of activity on a daily basis. As mentioned above the kind of pandemic effect on children may be grouped into four categories: 1) Children falling into poverty; 2) experiencing learning losses; 3) question of survival and missing health care ; and 4) safety and security To understand the field level situation as well as to capture the children views & experiences, this study is intended to assess the present scenario of the Children Situation after COVID and mainly the aspects of child nutrition, Health, safety & safe education will be examined further. This proposed study will help in identifying the road-blocks those are preventing children from getting access to the same. With the help of this status report of Children in COVID, the forum of NGOs fighting to

safeguard the children rights wants collaborate with Government to design Govt/INGO supported advocacy plan.

## **SECTION-2: METHODOLOGY**

### **Significance of the Present Study:**

The purpose of this study is to find out about the situation of the children in Telangana State and also to assess the field level realities with regard to Children Nutrition, Safety, Education etc.,. Ultimately, the results of the study will help in drafting an advocacy plan to Alliance for Child rights and their partner NGOs in Telangana. Alliance for child Rights (ACR), one of the leading CSO consortiums working on child rights is going to use the outcomes of this study and design advocacy plan along with UNICEF.

### **Base Line Study Objectives**

As a large CSO consortium, ACR would like to initiate Advocacy with state and district administration in providing family support, where children are vulnerable because of lacking nutritious food, making social protection measures accessible by providing linkages, demanding panchayat collective action to prevent child marriage, to be vigilant at the movement of children without safe. Mainly it is to support and strengthen the voices of Children in all possible ways to understand the day-to-day realities and to address the major issues which are detrimental to the survival of children.

1. Assess the present scenario of the nutrition, safety, safe education of the children after COVID-19 mayhem.
2. Understanding the children aspirations and views on Development, Protection and Survival issues.
3. Sharing the Data and suggestions to the appropriate government departments for initiating and advocacy strategy for child wellbeing.

### **Research Design**

keeping in view of the objectives, the present study focuses in obtaining qualitative information from the select districts of Telangana State. Several rounds of in-depth interviews will be held among the stakeholders to know the underlying facts about the Child survival, development and protection issues during COVID-19 crisis in selected districts of Telangana. This methodology is deemed most appropriate because of the variety of questions used in the process of investigation unfurls the real situation. By collecting data from different contexts and different respondent groups, this empirical research is intended to acquire a cumulative view and information that is tend to be valid, reliable and objective from a research perspective. The appropriateness and relevance of this approach was monitored throughout the research

process right from training of the animators of different NGO and subsequent activity of collection of primary data at village, *mandal* levels.

## Tools Development

A questionnaire and checklist was drafted and shared with UNICEF for the technical inputs on the tools. Based on feedback from UNICEF, it was improved to a large extent and presented in couple of meetings with ACR Partners. After several rounds of discussions the questionnaire was finalized for administering the same in selected locations in the five districts.

## Survey Locations: Telangana

Sl.No	Name of the District	Number of Villages	Number of Respondents
01	Adilabad	36	102
03	Mahabubnagar	18	78
03	Sanga Reddy	19	99
04	YadadriBhongir	10	52
05	Vikarabad	9	50
	<b>Total</b>	<b>92</b>	<b>381</b>

Two villages from two mandals of each district were covered during the study. The selection of mandals and villages was done by ACR Partner NGOs.

## Sampling

The sample size is predetermined. A total of 381 Key Informant interviews were conducted across four districts in Telangana.

## Orientation and supervision of Enumerators

An orientation workshop was planned and conducted to train and to develop the capacities of the staff members involved in this survey. It has become a prerogative to train the investigators and supervisors with an intention to get a reliable and valid baseline data. Selection of the survey w enumerators/ACR partners as done the following parameters such as Physical availability, knowledge of the language, familiarity of the district and the children issues. The survey tool was also translated into Telugu in order to help the enumerators to internalise the questionnaire and to administer it easily in the field.

To familiarise the survey team with that of survey tool and to orient them to field level limitations, an online orientation session was also organised for field staff and chief functionaries

of the respective ACR Partner NGOs. Reasonable time was spent to explain the contents of the questionnaire with an aim to create confidence among the enumerators to apply survey tool in the field. Several doubts and topic specific issues were raised and clarifications were shared and the trainer elaborated the process of collecting the data from the participants. The data collection process was centrally monitored and supervised by the designated team and the data received from is tabulated in an excel sheet on daily basis. For smooth running of the survey, necessary arrangements were made at the head -office. As and when some issues arise the field level staff supposed to contact Head office for immediate solution. This mechanism helped the Management to address issues faced by the enumerators adequately.

### **Ethical considerations**

As discussed during the virtual meeting with the ACR partner, the whole study will follow the certain guidelines according to which confidentiality and anonymity of the participants was ensured. Prior to the survey, all the NGO Functionaries and their field investigators were oriented on the ethical principles. As per this the investigators before starting the survey at any household the surveyors need to read out the consent form to the respondents, and a verbal assent need to be taken invariably. Similarly the consent from parent and as well child should be taken in case a school going children happened to be a respondent.

### **Report Structure**

This report is divided into four (4) main sections which include introduction, methodology, data analysis and summary of findings, conclusions and recommendations. The introductory section offers a background of the COVID-19 situation in India as well as in Telangana. The next section of the report describes the methodology used in the research study. The methodology includes the objectives of the survey, research design, preparation of field instruments and sample size of the study etc., Further the methodology section also provides the list of indicators, data collection tools, sample size determination, selection, training of enumerators, data collection and analysis. In section 3, the results and findings are presented. The results and findings section focuses on the demographic characteristics of respondents and households; impact of COVID-19 on families, the final section contains short summaries, conclusions and also few recommendations.

## **SECTION-3: STUDY FINDINGS**

### **3.1. Summary of Findings**

The findings of the study were critically analyzed the data of five districts of Telangana which has been captured in a detailed tool by the field level investigators who have been inducted to capture. By following all the research protocols such as precautionary measures, child protection policy, confidentiality of data and ethical protocols of mandatory reporting, the survey team has completed the survey. Preliminary analysis of the study has revealed that the children in the sample districts were badly affected by the pandemic. The children are at great loss in terms of their education, health, nutrition and protection and safety.

Majority of children under study have been pursuing studies (1<sup>st</sup> class to 10<sup>th</sup> class) in the government schools. 30% of the children have reported attending online classes which are conducted by their schools but they face many challenges such as unavailability of devices (Tab, Desktop & laptop) and internet facility for accessing the virtual classes. Some children expressed that they are not interested in attending the online classes. Parents too expressed that they were not in a position to support their children to take online classes due to unaffordability to buy a new device. However, some parents sparing the smart phones to the children during their leisure.

It is observed that Child vulnerabilities have increased during pandemic time as many children were forced to take up wage labour work to support their families. And the parents from marginal and uneducated families to get their daughters married due to poverty and the prevailing uncertainties hovering in the country. Some also thought that performing marriages in pandemic attracts less expenses due to lock down restrictions.

There is a major gap in the levels of food consumption before to after COVID 19 too. It is because of loss of livelihoods/businesses and limited flow of money in the family. It was so expressed that majority of families restricted their intake of food and spending on household items in order to save money. Some of them have borrowed money from kith & Kin, Friend to meet the hunger challenges of the family. Nonetheless, some families were badly affected and went into depression as they experienced social stigma in the Society because of COVID-19 infections.

Overall it was noted that the COVID-19 pandemic has changed the lifestyle of the respondents and added to their vulnerabilities in terms of increased debts, health issues, loss of livelihoods, loss of schooling for the children, increased spending on health care facilities.

## Key Findings

- A total of 381 families have been sampled from the 92 Villages in 5 districts, the demographical coverage was 55 women headed and 326 men headed households and caste wise composition was 34 general, 193 other backward, 136 scheduled castes / schedule tribes castes and 18 minorities which included Christian and Muslims.
- Occupationally 134 of the respondents are engaged in agriculture related works such as own farming and daily wage agriculture. 72 respondents are daily wage workers engaged in construction works in unorganized sectors.
- 130 of the sample have taken up multiple works to earn sufficient money to meet their family needs. The petty traders who were earlier engaged in small businesses such as vegetable, fruits, vending, coconut selling now taken up other works like tailoring, driving, masonry etc.
- 110 respondents have witnessed reduced income in the family, 180 suffered with multiple issues such as loss of jobs, loss of business, health issues, and also lack of 2 square meal a day. 5 respondents reported the burden of social stigma. Majority of the respondents faced one or the other type difficulty during the pandemic and the experiences of sufferings are not completely revealed by the respondents due hesitation and fear of survey. Some of the respondents are not articulate enough to spell out the difficulties too.
- 92 respondents shared that they have borrowed money from others to meet the hunger needs of the family, 82 have reduced their food intake and spending on household items due to sheer absence of money in the household. 180 suffered with multiple challenges such as borrowed money, reduced food consumption, depended on external source for covid-19 relief, suffered with health issues and disposing assets.
- 342 children are studying in government and private schools / colleges. 295 children are studying in classes from 1-10<sup>th</sup>. It is noted that majority of child respondents are from government schools only.

- 46 children respondents expressed that they do not have any device (Smartphone, Laptop or computer) to attend online classes, 52 expressed they do not have internet facilities and 28 expressed they do not have interest to attend the online classes.
- 148 children are spending their time in watching television for entertainment purpose, whereas 126 are also watching and listening to the educational programs being broadcasted by the government on TV and Radio channels.
- 56 child respondents said that they are aware of child marriages performed the families of close relatives, friends and known people during the pandemic. Majority of the Child marriages were done as they parents wanted to perform marriage with low budget which is possible during COVID times only. Abject Poverty and insecurity & uncertainty of lives during COVID could be another reason for performing child marriages.
- 90 children said that their classmates and friends started working after the COVID-19 and 170 respondents shared that their siblings stopped going to schools due to closure of schools/ colleges due to covid-19.
- 107 children shared that they themselves are working to support their families and 93 children shared that their siblings (brothers / sisters) are also going for work.
- 48 children expressed those women and girls in their community have experienced gender-based violence during lockdown.
- 21 child respondents shared that they have noticed physical abuse, 13 respondents' shared psychological abuse and 15 shared incidences of verbal abuse.
- 204 children have said that the girls are more likely to get dropped out from the schools/ colleges, 141 respondents said that they may likely to get engaged as child labour and 36 said that the girls will get married off.
- 305 children are aware of the "1098" Childline phone number whereas 76 children do not have any awareness about the Helpline number.
- 14 families in the sample used to consume meat, chicken, eggs and fish on a daily basis before the covid-19. Earlier once in a month consumption of meat has been decreased from 294 persons before COVID to 177 after COVID. And the consumption of meat more than once in a month has been increased from 66 before COVID to 116 after COVID 19. Ofcourse, the never consumption of meat has been increased from 29 households before COVID to 65 Households after COVID.



- 223 shared that they have received nutritious food and medicine supplies from the anganwadis.
- 257 of them have responded that they have availed some services from these health facilities in their areas.

### **Macro Level Findings- Telangana**

Infant Mortality Rate (per 1000 livebirths)

NFHS-5 (2019- 21)

26.4

Under Five Mortality Rate (per 1000 livebirths)

NFHS-5 (2019- 21)

29.4

Neo-natal Mortality Rate (deaths per 1000 live births)

NFHS-5 (2019-21)

16.8

Total Fertility Rate (Children per women)

NFHS-5 (2019-21)

1.8

Sex Ratio at Birth for children born in the last five years (females per 1000 males)

NFHS-5 (2019-21)

894

## 3.2. HOUSEHOLD ANALYSIS

### 3.2.1. Demographic Details

The study has covered 92 villages in 5 districts namely Adilabad, Mahabubnagar, Sangareddy, YadadriBhongir and Vikarabad district and has captured data of 381 households. All the sample households are categorise further as men headed households (326) and Women headed households (55) and total population of all the households is 1752.

**Table 1.0 Demographical details**

S.No	District	No. of Villages	HH			Total population
			Men HH	Women HH	Total	
1	Adilabad	36	70	32	102	473
2	Mahabubnagar	18	72	6	78	357
3	Sangareddy	19	90	9	99	461
4	YadadriBhongir	10	48	4	52	231
5	Vikarabad	9	46	4	50	230
	<b>Total</b>	<b>92</b>	<b>326</b>	<b>55</b>	<b>381</b>	<b>1752</b>

The caste wise segregation of households shows that 34 are from General category, Other Back Castes are 193, Scheduled Castes/ Schedule Tribes are 136 and minorities are 18.

**Table 2.0 Caste wise segregation**

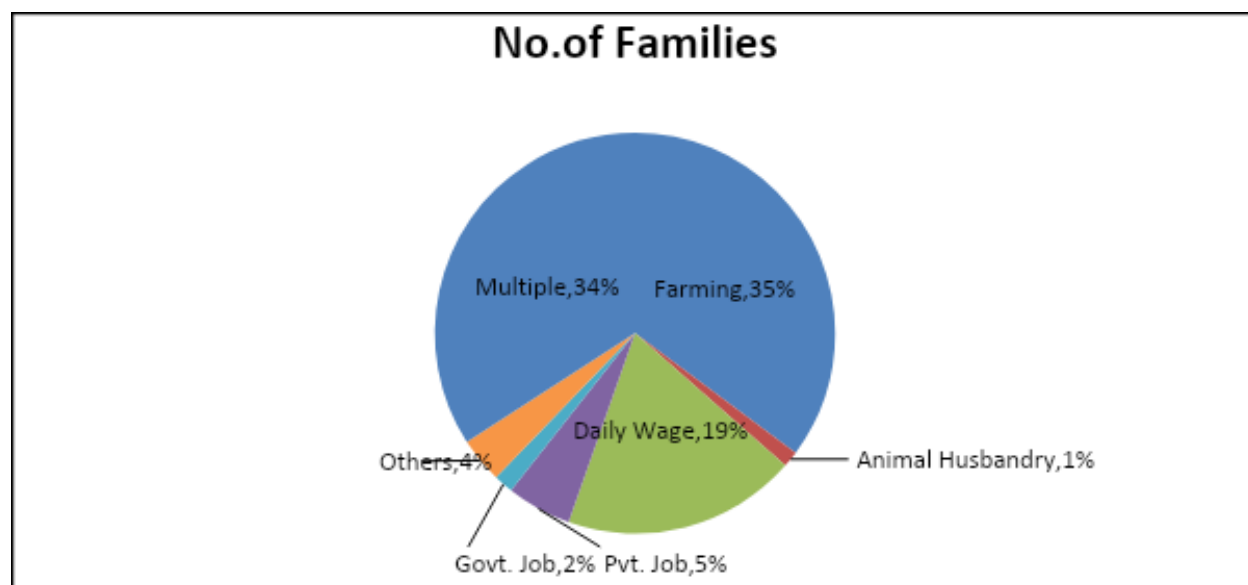
S.No.	District	General	OB C	SC/ST	Minority	Total HH
1	Adilabad	3	38	54	7	102
2	Mahabubnagar	1	37	34	6	78
3	Sangareddy	18	61	16	4	99
4	YadadriBhongir	7	29	17	1	52
5	Vikarabad	5	28	15	0	50

Total	34	193	136	18	381
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### 3.2.2. Economic Profile of Households

Among the total 381 households in 5 districts of Telangana 134 are engaged in farming, 5 are in Animal husbandry, 72 are daily wage workers, 20 are in Private Jobs, 6 are in Government Jobs and 14 engaged in other occupations such as tailoring, driving and other petty business whereas 130 have said that they are engaged in multiple occupations such as farming, daily wage labour, vegetable vending and others works. It was noticed that during post covid-19, most of the respondents have taken up multiple income earning activities to cope up with the financial crisis.

**Figure. I.0: Main Economic Activities of Families**

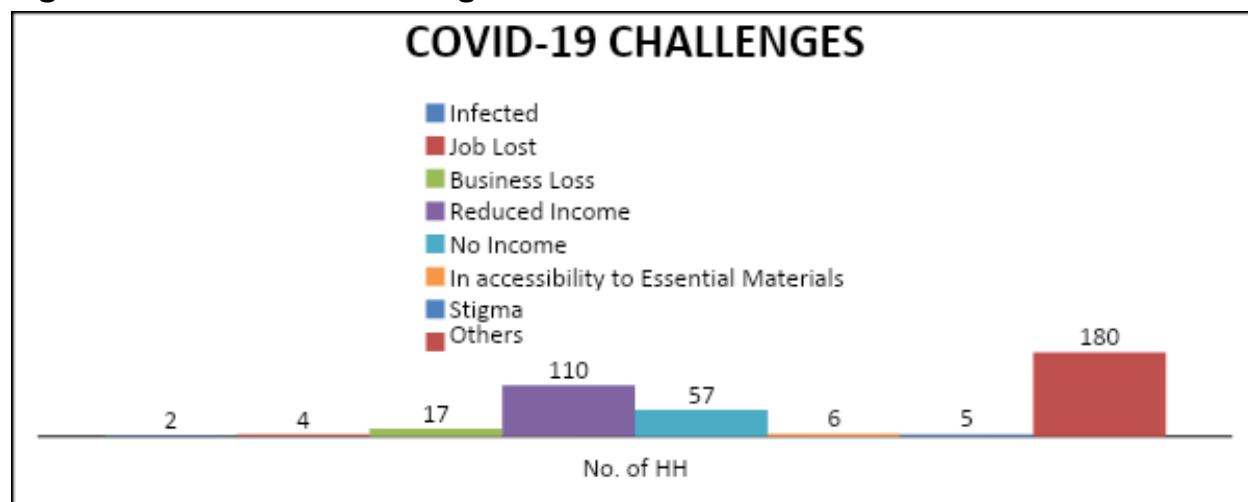


### 3.2.3. Challenges of the Families in COVID-19

Figure no. 2.0 has revealed the challenges being faced by the families in COVID-19 crisis. Out of 381 families surveyed, 2 head of the households were infected by COVID-19, 4 have lost their jobs, 17 have incurred losses in their businesses, 110 are foreseen crisis due to reduced income levels, 57 have been suffered due to nil income, 6 were not able to access any essential facilities

such as health, 5 were stigmatized of COVID-19 and 180 have been suffered with multiple issues such as infection, loss of business, reduced incomes, inaccessibility of services, loss of 3 meals a day, stigma and absence of income.

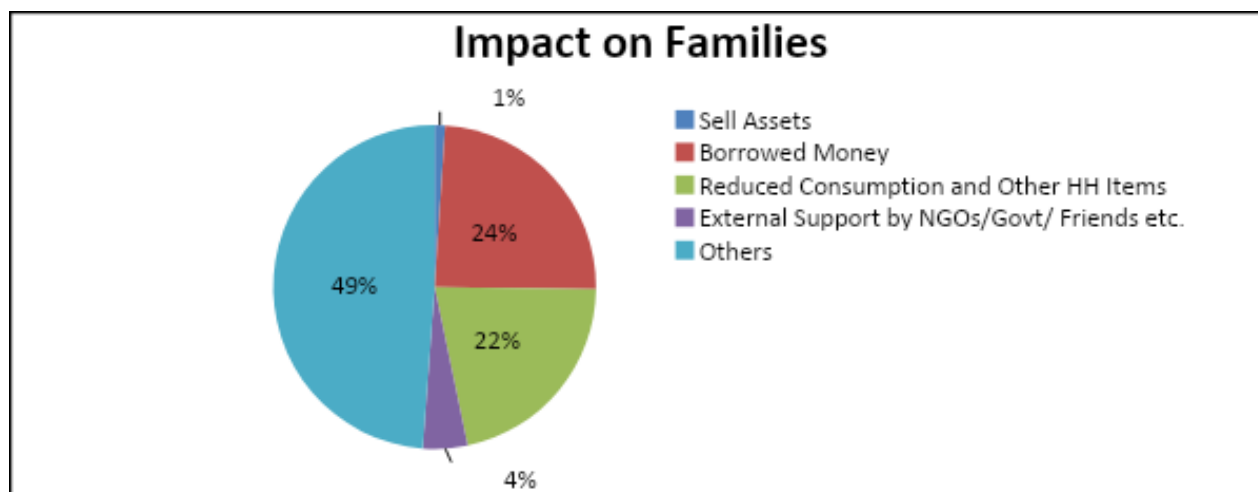
**Figure.2.0. COVID-19 Challenges**



### 3.2.4. Impact of COVID-19 on the Families

The Figure 3.0 is showing that how the family has been impacted by the COVID. 1% (4) families have sold their assets to cope up with the challenges of COVID-19, 24% (92) members borrowed money from pawn brokers, relatives and other known sources, 22% (82) have reduced their consumption of food and cut down expenses on household items as coping mechanisms. 4% (17) have received some support from NGOs, Government, Relatives and friends, whereas 49% (180) have suffered with multiple challenges such as asset loss, asset mortgage, borrowing of money, reduced food and household items consumption, and depended on external support to vent out COVID-19 crisis.

**Figure 3.0. COVID-19 Impact on Family**



### 3.3. Analysis of Child Related Issues

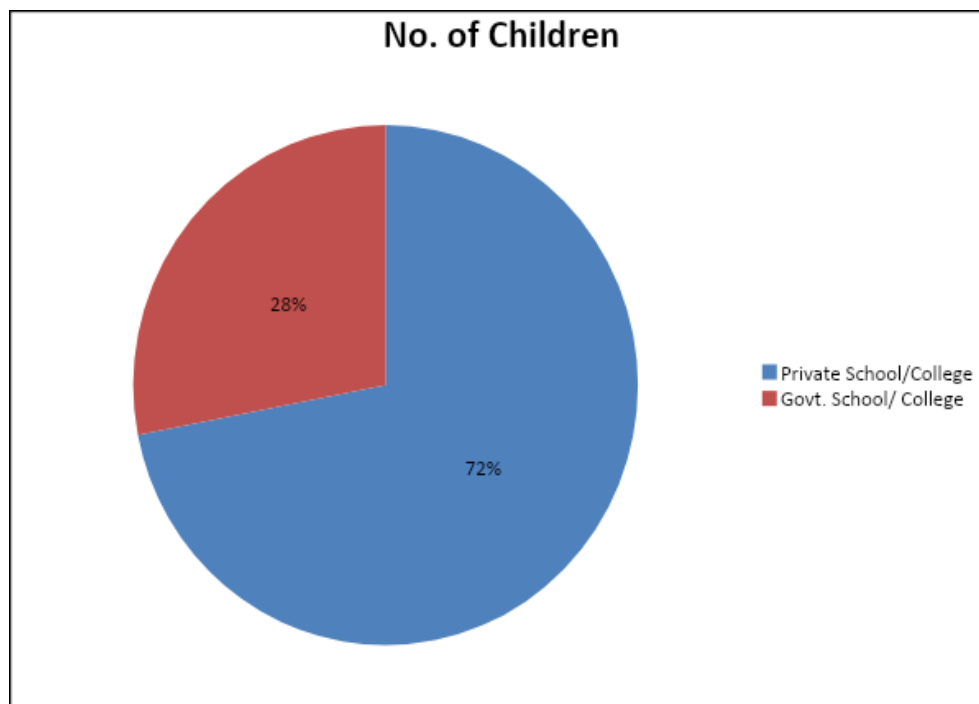
The section has analyzed the data from 381 child respondents @ 1 child per household in which 219 are girls and 162 are boys. Out of these 381 sample Children 295 children are school going and 86 are studying Diploma, Intermediate and Degree courses. Further analysis is done by looking at the aspects of Education, Protection and Health and nutrition issues of the children during the pandemic times. \*\*\*

#### 3.3.1: Education

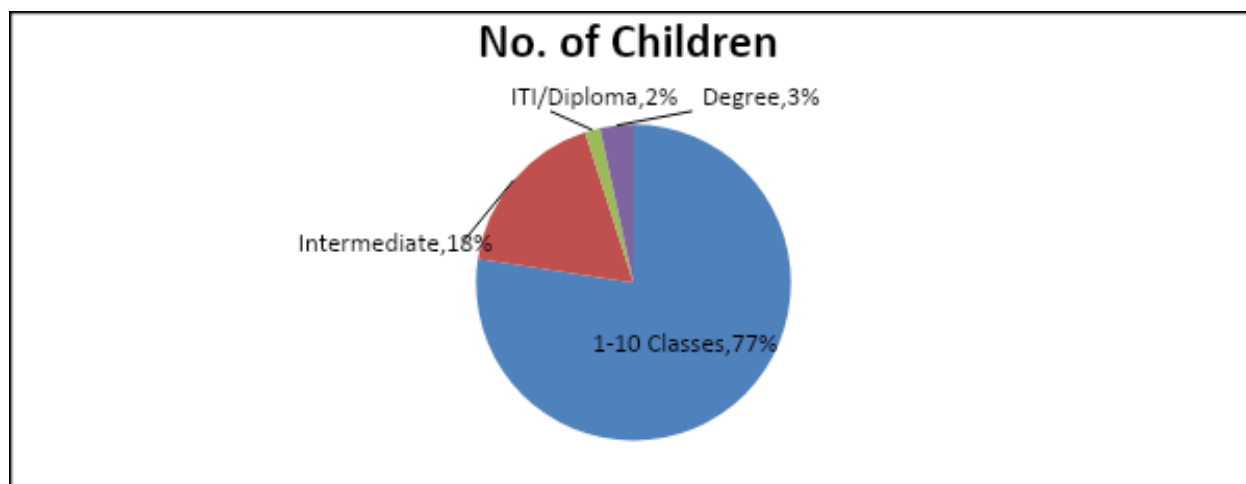
##### I. Type of Schooling and Course of Study

Figure 4.0 and Figure 5.0 shows that among the 381 Child respondents, there are 28% (39 children) are studying in private schools and colleges whereas 72% (342) majority of children are studying in government schools and colleges. 77% (295 children) are studying in classes from 1-10<sup>th</sup> and 18% (67 children) are studying Intermediate, 3% (13 Children) studying Degree and 2% (6 children) are studying ITI and Diploma courses. Hence it has been observed that majority of the child respondents are from government schools and studying in 1-10 classes.

##### Figure 4.0. Type of Schooling



**Figure 5.0. Classes/Course of study**

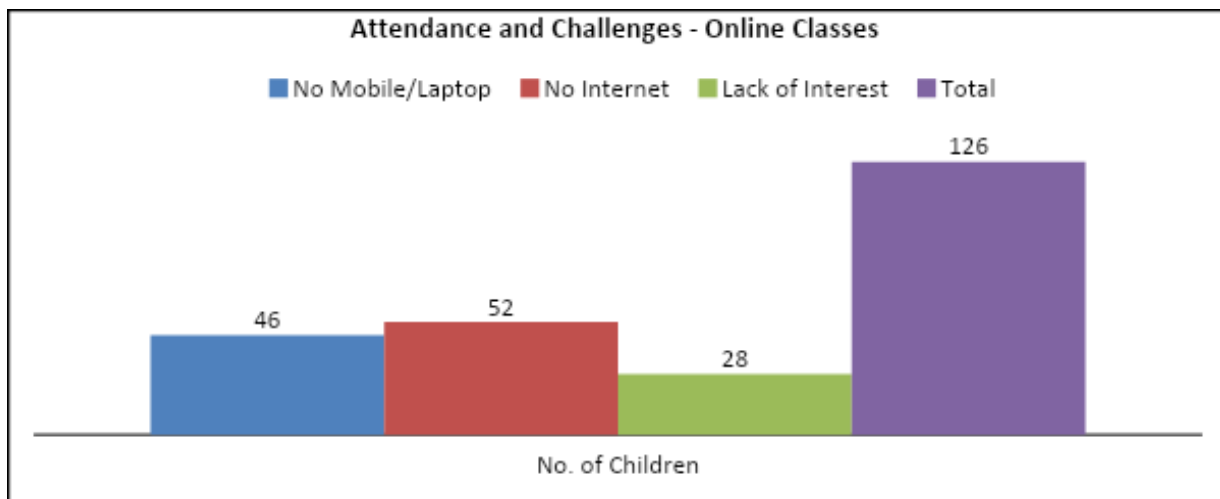


## **II. Online Classes – Attendance and Challenges**

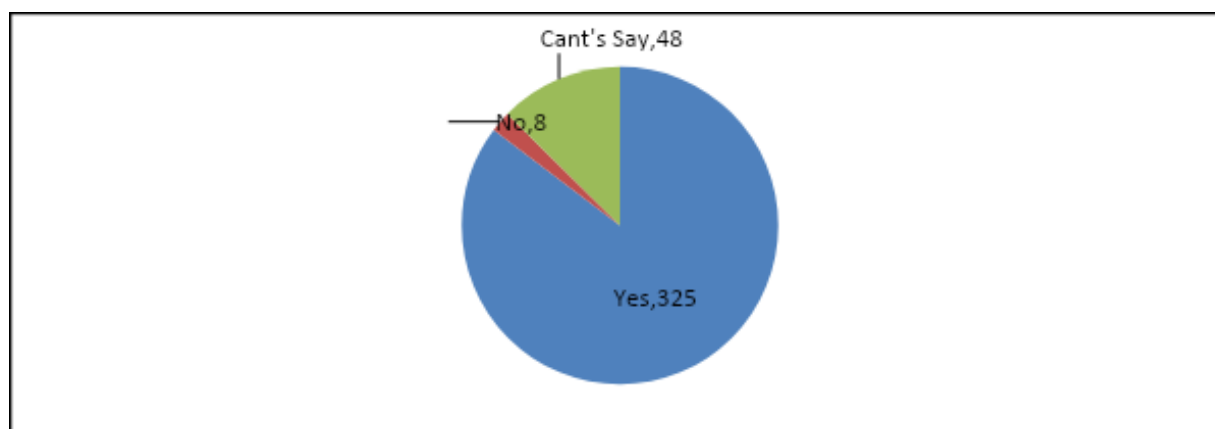
The findings of the study highlighted that out of the 381 children 307 children said that their schools/ colleges are conducting online classes 255 said that they are attending online classes, whereas 126 children expressed that they are unable to attend the classes. In which 46 said that they do not have any devices such as mobile or laptop to access the online classes, 52 said they do not have internet facilities and 28 children expressed lack of interest in attending the online classes. Whereas the figure 7.0 shows that 325 children expressed that they will attend the

schools after receding COVID influence. 8 children said no and 48 children said can't say.\*\*\* Based on the analysis of figure 6.0 and 7.0 it was noted that 255 children are attending the online classes by adjusting their time and arranging the gadgets, internet and devices and 325 children are willing to go to school once they open after COVID. It is indeed a good sign and children have developed positive aspirations towards acquiring the knowledge by attending classes. It is a common phenomenon observed in all the the 5 districts of Telangana.

**Figure 6.0. Attendance and Challenges - Online Classes**



**Figure 6.0. Continuity of Education Post COVID-19**



Age Specific Attendance Ratio for different Age Groups (2017-18) (per cent)

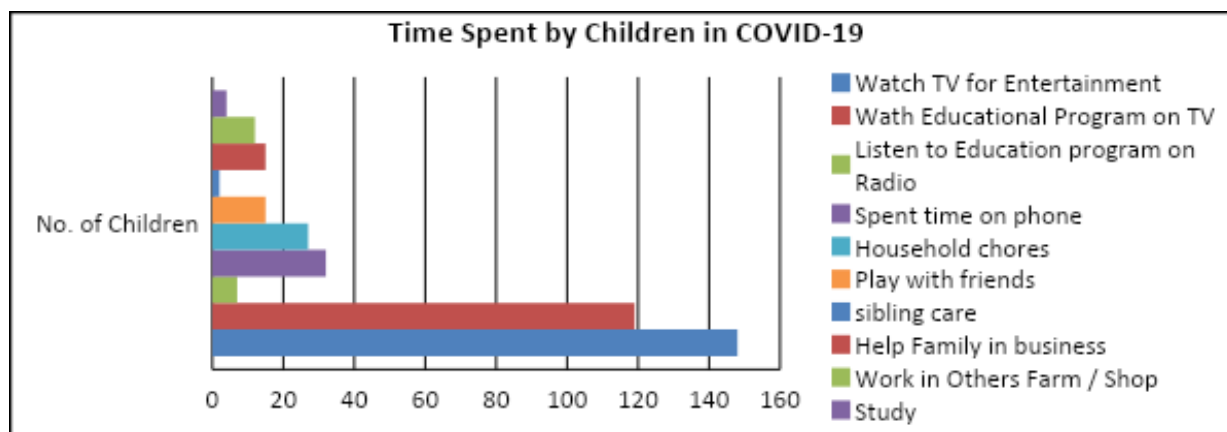
3-5 years	6-10 years	11-13 years	14-17 years	18-23 years
56.1	99.5	98.4	94.0	30.9

### III. Time Spent by Child in COVID

The captured data reveals that out of 381 children interviewed only 4 children are focusing their time on study whereas 148 children have spent their time in watching television for entertainment and 126 said that they are watching and listening to the educational programs broadcasted by the government on television and radios, 32 shared that they are spending time by looking into mobile phones i.e., chatting with friends, relatives, watching videos or playing games, 15 shared that they are playing with friends and 27 shared that they are engaged in household chores such as helping in cooking, fetching water, cleaning and collecting firewood for domestic usage, 2 children said they are taking care of younger siblings, 12 children said they are working in shops and farm lands of others, 15 children said that they are supporting their parents in their family businesses. It has been revealed that majority of children not spending their quality time in studies rather engaged in other activities. However, it is alarming that 56 children are engaged in sibling care, household chores, working in farm lands, shops of others and supporting the families in running business.

### Figure 8.0 Time analysis of children in COVID





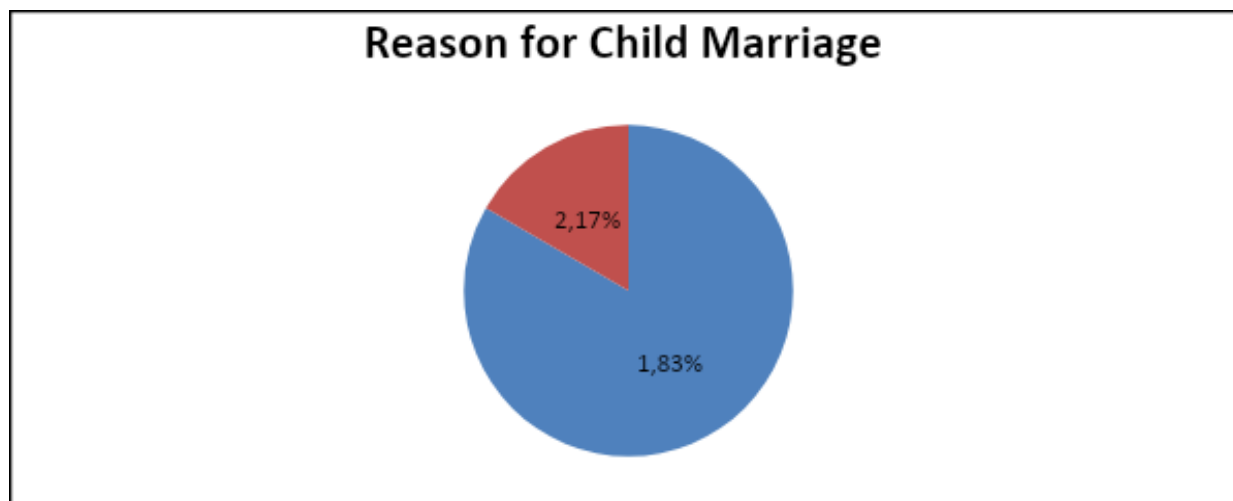
### 3.3.2: Child Protection

This section has covered the protection issues of the children in the pandemic times, which carries reflections of children on child protection issues in their family .

#### I. Child Marriages

Out of the 381 child respondents 6 shared that peer group members got married during the pandemic times. When asked about the underlying reasons for child marriages, 17% (1) expressed poverty and 83 % (5) mentioned insecurity of the parents/ care takers could be the reason for performing child marriages. While poverty is a continuous vulnerable factor among the parents but the COVID-19 has added insecurity to the families those were suffering in the vicious circle of poverty. When asked the children to check their awareness of any girls in their communities got married in the past 8 months from the date of interview. 56 children have admitted that they have knowledge of child marries being performed in their locality/surrounding villages.

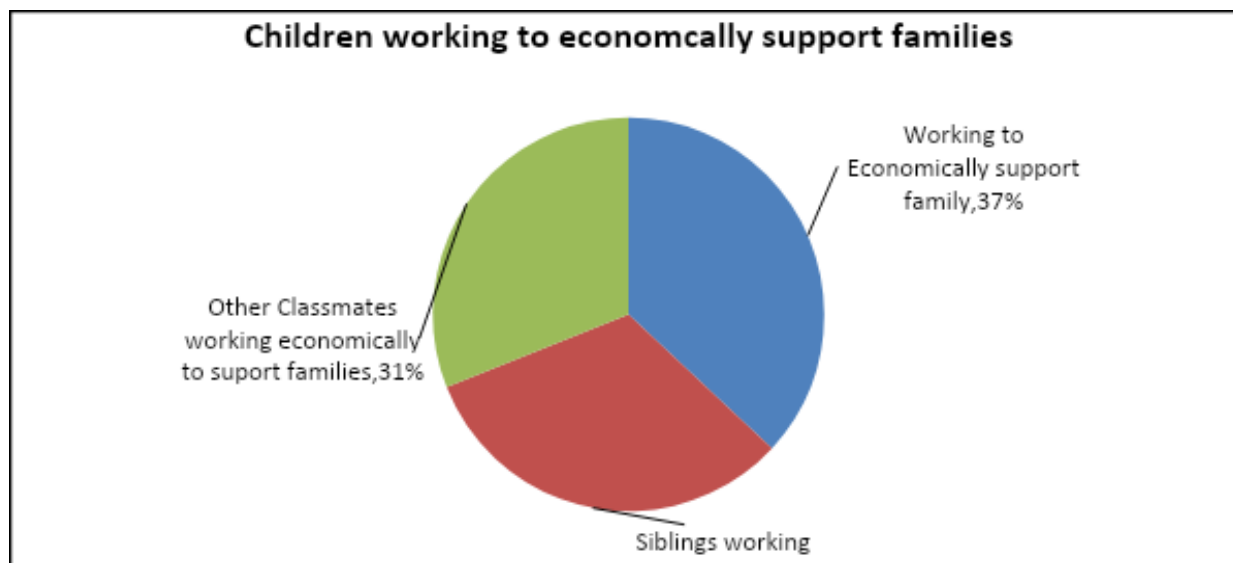
**Figure: 9.0: Child Marriage**



## II. Child Labour

The cases of child labour also seemed to have increased as per the findings of this study. Out of the 381 children interviewed 90 (31%) children said that their classmates are working after the COVID-19 and also shared those 170 respondents shared that their siblings are not going to schools due to closure of schools/ colleges due to covid-19. Whereas 107 (37%) children shared that they themselves are working to support their families and 93 (32%) children shared that their siblings (brothers / sisters) are also going for work.

**Figure: 10.0 Children working to economically support families**



### III. Gender Based Violence against girls

The incidents of gender-based violence have been also reported by the respondents of this study. As per the findings of the study, wherein 48 children expressed that women and girls in their community have experienced gender based violence during the lockdown. Whereas 21 (41%) child respondents shared that they have noticed physical abuse, 13 (27%) respondent's shared psychological abuse and 15 (29%) shared incidences of verbal abuse.

**Figure: 12.0: Type of violence**

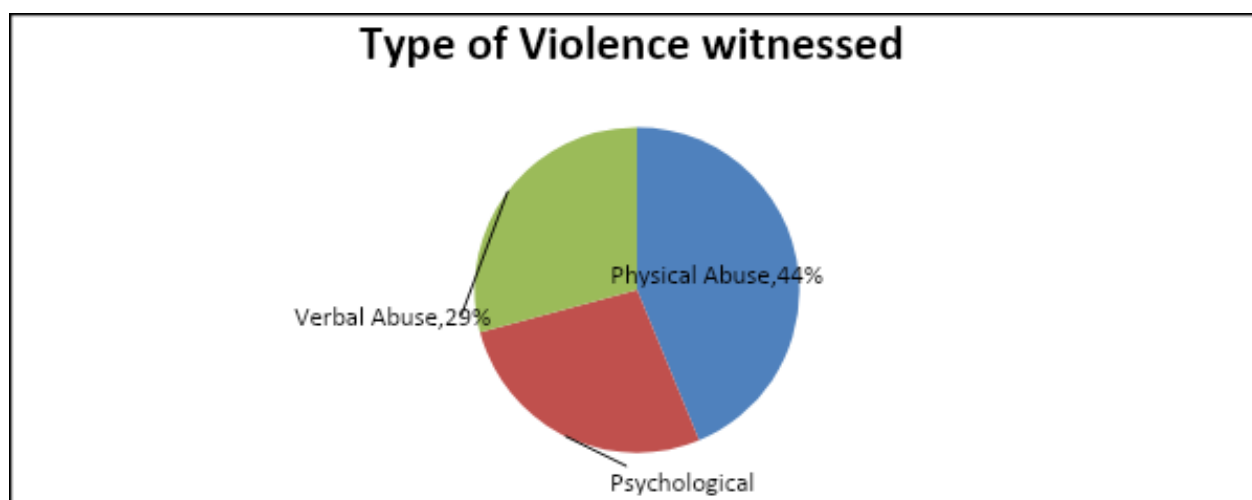
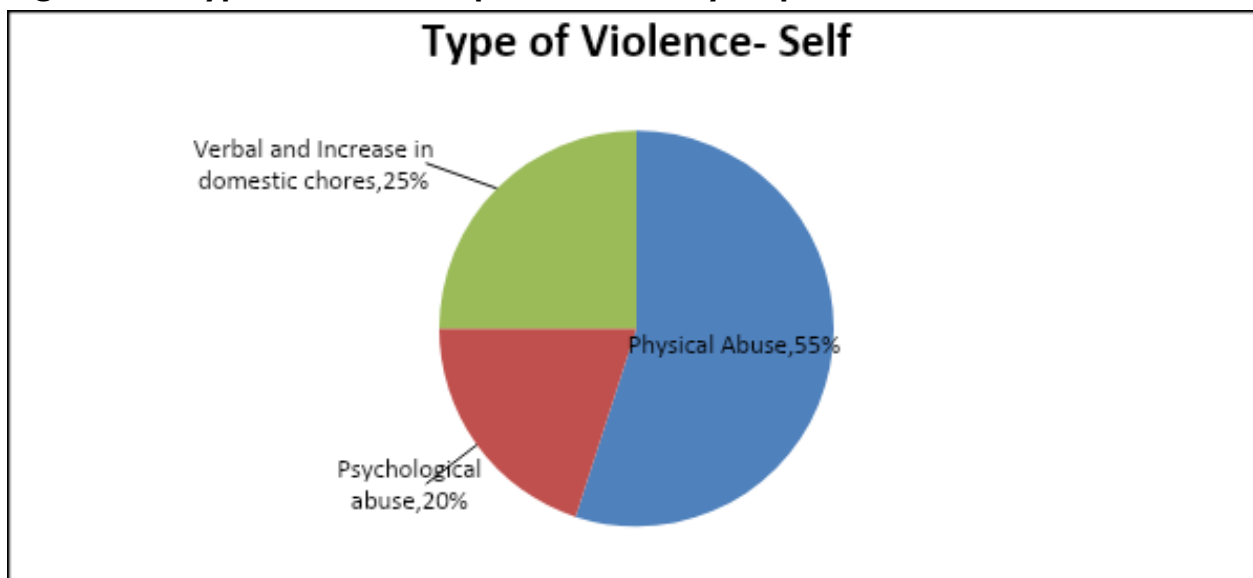


Figure 12.1 shows that 40 child respondents have experienced gender based violence by themselves and noted that 22 children have faced physical abuse, 8 faced psychological trauma and 10 verbal abuse and increase of domestic chores.

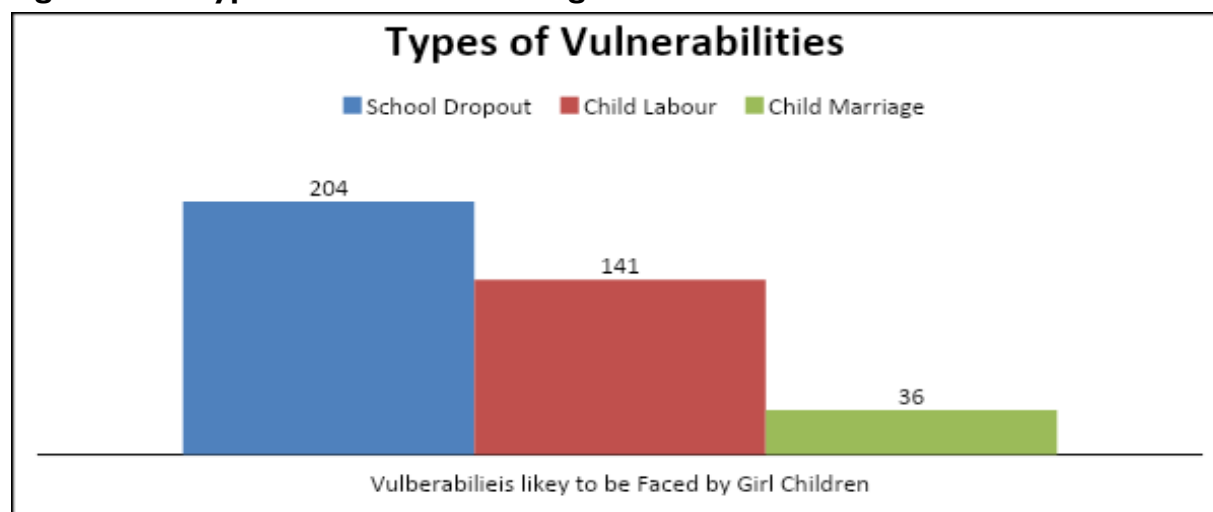
**Figure 12.1 Type of Violence reported on self by respondents**



#### **IV. Vulnerabilities of Children in COVID-19 pertaining to Girls**

Figure 13.0 shows that 204 children have said that the girls are more likely to be dropped out from the schools/ colleges, 141 respondents said that they may likely to get engaged as child labour and 36 said that the girls will get married off. Whereas 46 children said that they and their siblings were slapped and physically abused by their parents and other elders. 42 children said that the have experienced different kinds of punishments and also increase of punishments during COVID-19.

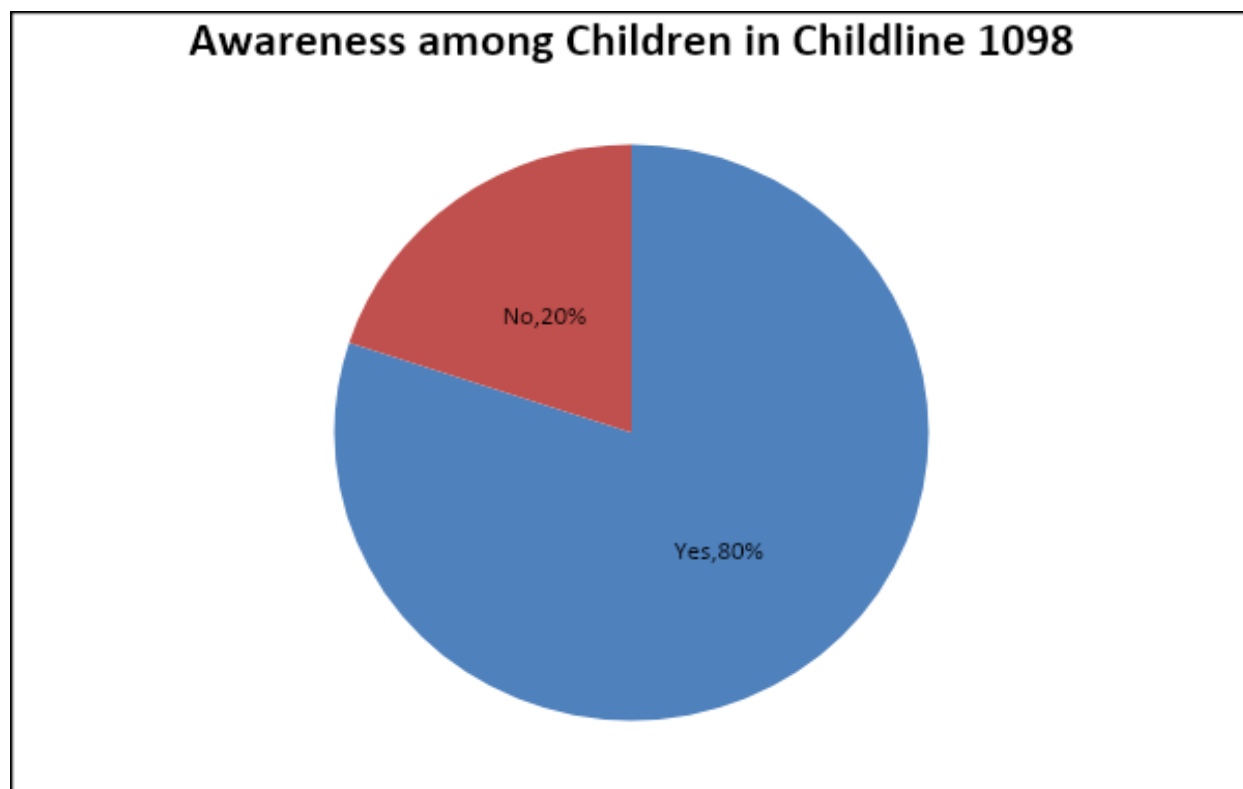
**Figure 13.0: Type of vulnerabilities of girls children**



#### **V. Awareness on Child Help Line**

Out of the 381 child respondents, 305 children are aware of the “1098” Childline phone number whereas 76 children do not have any awareness of helpline number. 38 children said that they have called the helpline number in the past 8 months. The reasons for calling help line number differs from child to child. Some children expressed that they have called the helpline to check whether it is working or not, some wanted to inquire about opening of schools, some others called help line to provide information on child marriages.

**Figure: I4.0. Awareness on Childline**



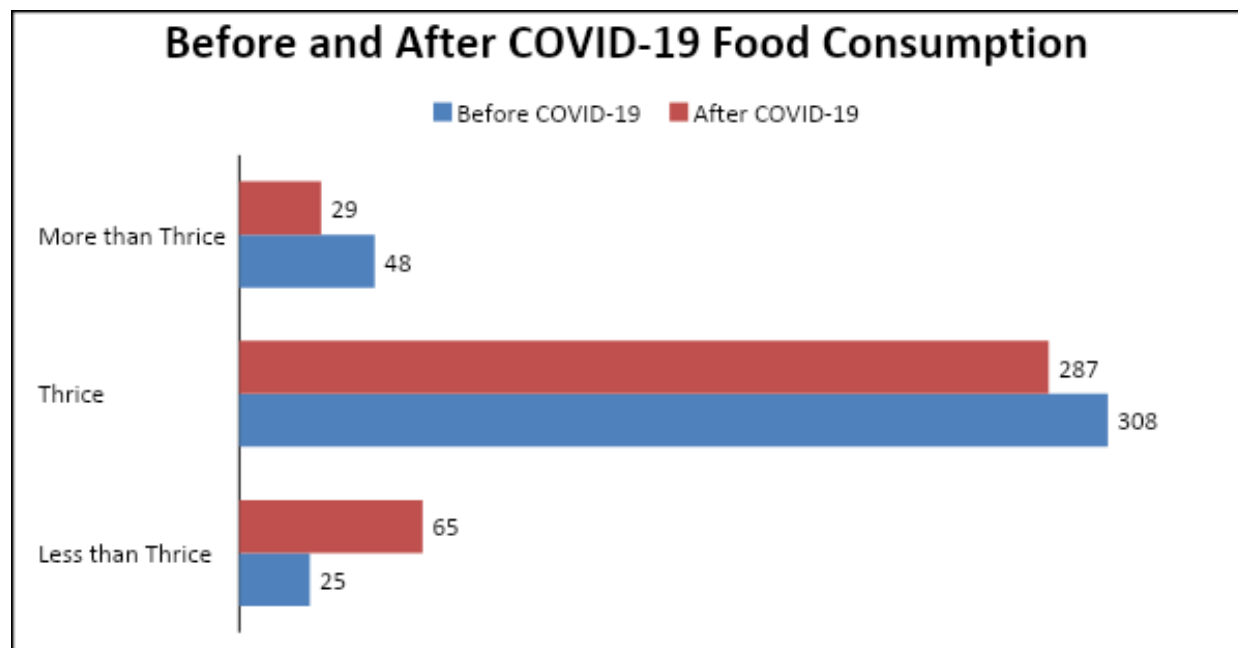
### **3.3.3: Health and Nutrition**

#### **I. Food Consumption analysis before and after COVID-19**

The below figure 15.0 reflects the situation of food consumption by children before and after the COVID-19. Before COVID, 25 children said that they used to consume meals less than thrice a day whereas as post COVID, 65 children have revealed that they are taking meals less than thrice. 308 children used to consume thrice a day, whereas after covid 287 children were taking meals thrice and 48 children were consuming more than thrice before and after only 29 children consuming thrice. The variation in consumption of meals reveals that the meals consumption per day has been decreased after COVID. 97 expressed that they are not getting sufficient meals in which 90 said that poverty and loss of income are the main reasons for not

having sufficient meals whereas 7 said due to gender inequality. 182 said that they have skipped one or two times meal due to lack of money to buy food.

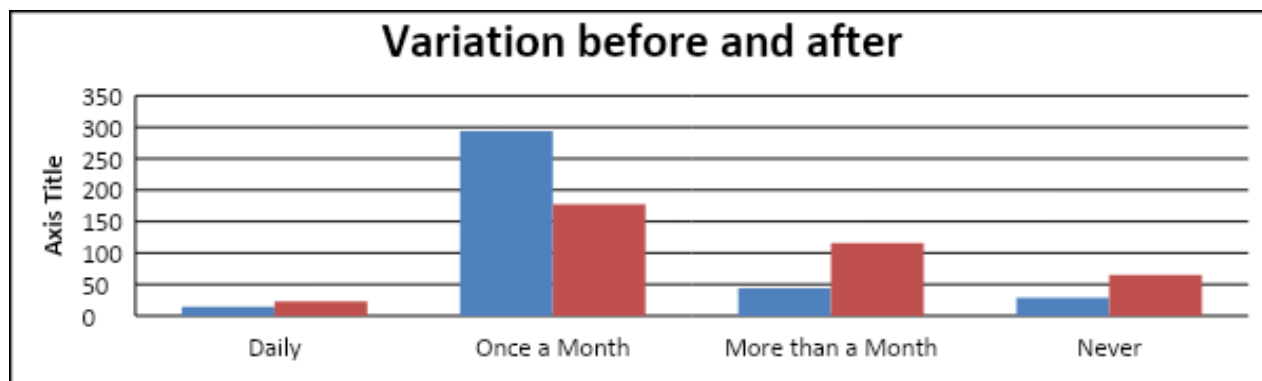
**Figure 15.0 Food Consumption Analyses Before and After COVID-19**



## II. Nutrition food consumption – Analysis

This analysis focused on consumption of nutrition and staple food consumption by the respondent families before and after covid-19. The indicators for testing this variable are mainly the frequency of intake and that is daily, once a month, more than a moth and never. Figure 16.0 shows that the meat, chicken, fish, beans and eggs were used for daily consumption. However, 14 families used to take all these items before COVID 19 and after COVID it has happened with 23 families. Once a month consumption has been decreased from 294 before to after 177, the consumption of more than once a month has been increased from 66 before to after 116 and the never consumption has been increased from 29 before to after 65.

**Figure 16.0 Food Consumption Analysis: Meat, Chicken, Fish, beans or eggs.**



The figure 16.1 shows the variation in consumption of milk, curd, cheese before and after the COVID-19. The daily consumption of these products reduced from 271 before to 231 after, once a month consumption increased from 54 before to 68 after COVID, more than month consumption has been increased from 23 before to 51 after COVID. The never consumption has been decreased from before 33 to after 31. These variations and the reasons given indicates the level of community awareness in using the milk and milk products in their daily consumption.

**Figure 16.1 Food Consumption Analysis: Milk, Curd, Cheese etc.**

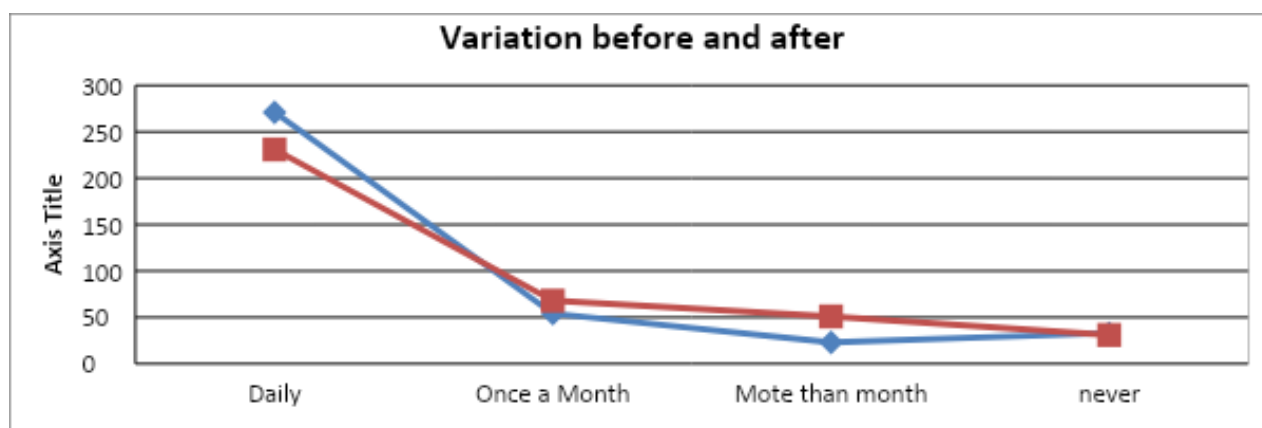
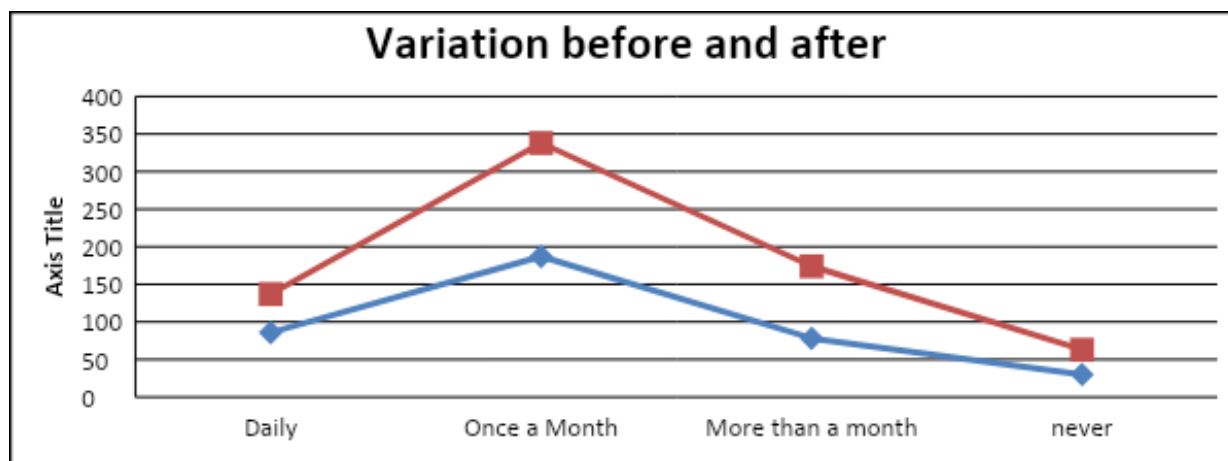


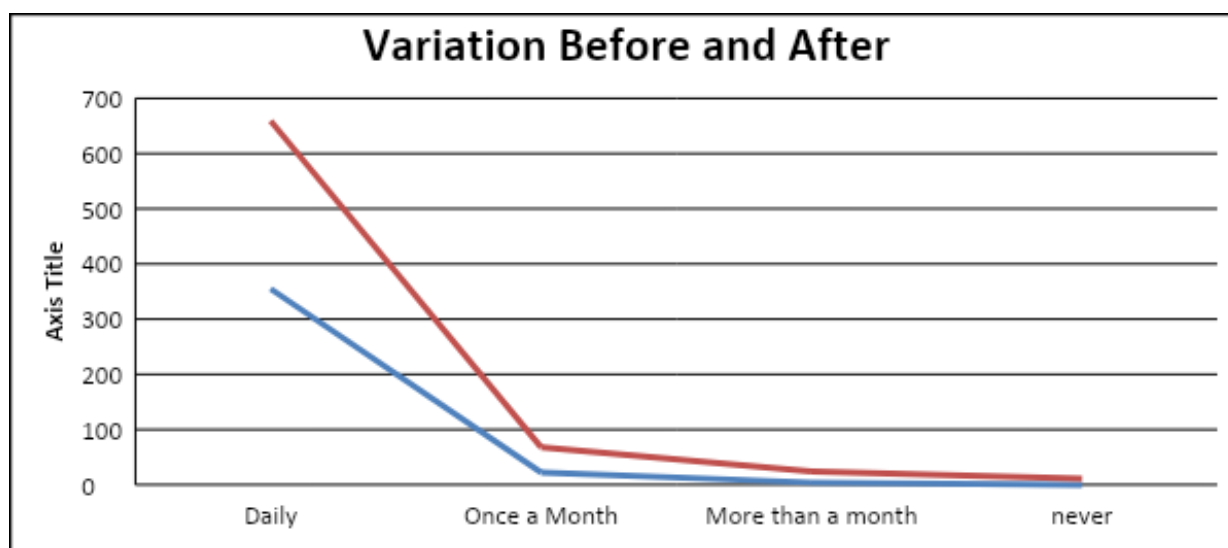
Figure 16.2 shows that there is a decreased consumption of fruits by the respondents before and after the pandemic. Before COVID 19, 86 families used to take fruits and after it was 51 only , once in a month before it was 187 and after it was 151, whereas the more than a month consumption from before to after it has been increased from 78 to 96 and similarly no consumption also increased from 30 before to after 33.

**Figure 16.2 Food Consumption Analysis: Fruits**



The daily consumption of vegetables has been decreased from before 355 to after 344, once a month consumption was increased before 22 to after 46, more than a month consumption was increased from before 4 to 20 after, whereas no consumption has been increased by 11 after the pandemic .

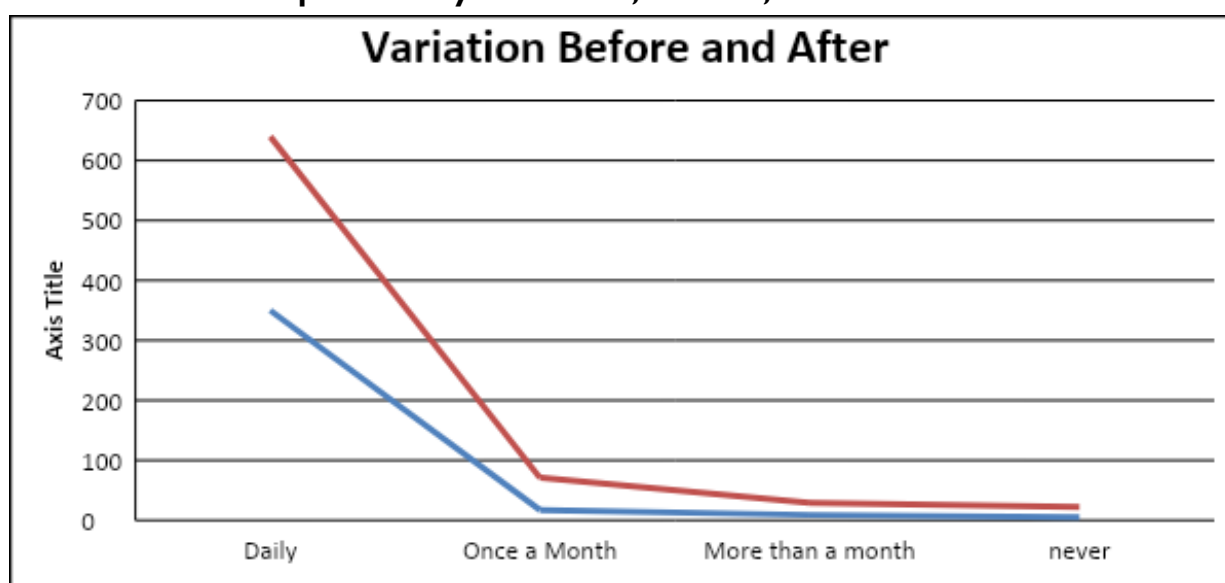
### 16.3. Food Consumption Analysis: Vegetables



The daily consumption of grains, cereals, rice etc. has been decreased 290 after and it was 350 before COVID , once a month consumption was increased from 17 before to 54 after COVID 19, more than a month consumption was increased before 9 to after 20 and never was also increased from before 5 to after 17.



#### I6.4. Food Consumption Analysis: Grains, Cereals, Rice etc.



To address the issue of anaemia and micro-nutrient deficiency and to promote nutrition security in the country, a centrally sponsored pilot scheme on “Fortification of Rice & its Distribution under Public Distribution System” was approved for a period of 3 years beginning in 2019-20 with total budget outlay of ` 174.64 crores. The pilot scheme is being funded by Government of India in the ratio of 90:10 in respect of North Eastern, Hilly and Island States and 75:25 ratio in the rest of the States.

Telangana has consented and identified its respective districts for implementation of the pilot scheme.

### III. Anganwadi Services

351 families confirmed availability of Anganwadis in their areas in which 223 shared that they have received nutrition food and medicine supplies from the anganwadis, whereas 6 noted receiving the health information and 122 noted they have not availed any services. However after covid, 228 shared that they have received nutritious food and other health related support from the anganwadis. 122 have not availed any service after the covid-19.

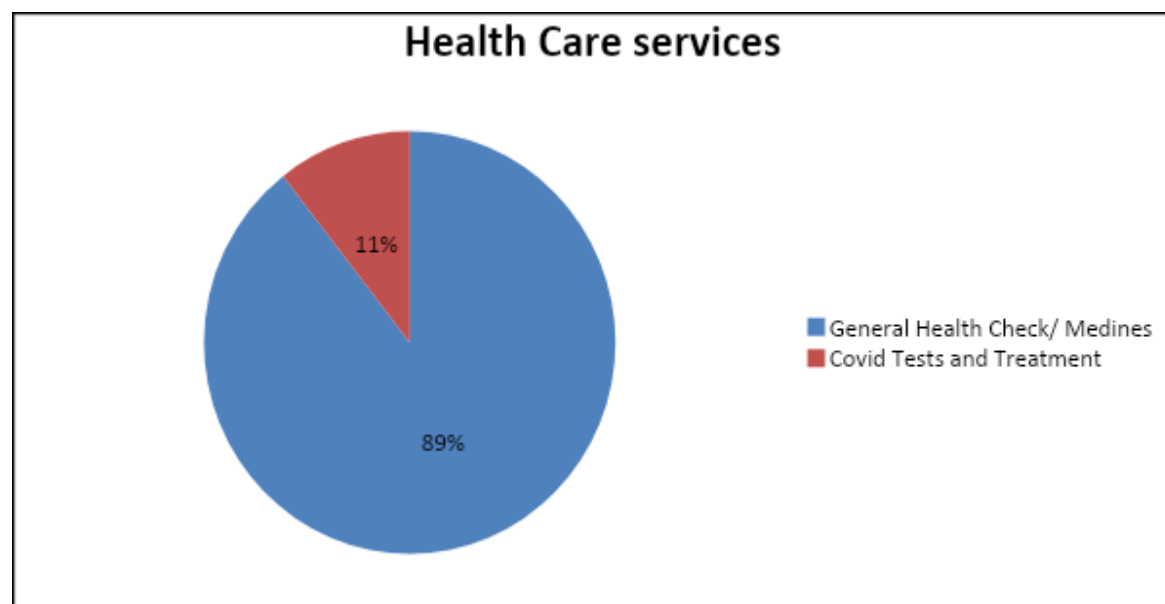
**Table 3.0: Before and After Services of Anganwadi**

Status	Nutrition Food and Tablets	Health Information	No Service/ Not Eligible/ No Benefits
Before	223	6	122
After	228	1	122

#### IV. Health Care facilities.

270 respondents shared they are having health facilities available in their areas and 257 of them have responded that they have availed some services from these health facilities in their areas. Figure 17.0 shows that 229 (89%) respondents availed general treatment support for their ailments and diseases, 28 (11%) shared that they have availed support of COVID-19 tests and treatment support apart from awareness on COVID-19. Figure 17.1 shows that family members of 35 respondents have been affected with COVID-19

**Figure 17.0: Health care services availed**



## 3.2. CONCLUSION

COVID-19 pandemic has adversely impacted the children in the state of Telangana too and particularly to the Adilabad, Mahabubnagar, Sangareddy, YadadriBhongir and Vikarabad districts were worst hit districts. Vulnerabilities of children have increased due to closure of schools, loss of livelihoods of the parents, absence of money, fear, stigma and insecurity among the parents is also doubled due to covid-19. Most of the children seem to have experienced psychological trauma by remaining at home, not going to schools or missing peer group activity. The screen time also been increased due to prolonged usage of mobile phones, watching TVs at home.

Moreover, absence of physical activity posed another challenge to children. This study has brought out the ground realities of Children vulnerabilities because of COVID 19. The Human Development indexes like Education, Child Protection, Health and Nutrition status of children reveals that Children also faced the direct and indirect consequences of the pandemic and poor performance of these indicators reflects the extent of the impact. These critical issues pertaining to child well-being can be addressed through multi-stakeholder partnership with the government, civil society organization and community based stakeholders.

### RECOMMENDATIONS:

- An umbrella of mechanisms to be developed for addressing multiple vulnerabilities of children during pandemic times. An effective collaboration, a multi-stakeholder partnership involving the government, civil society and community based stakeholders could be the best mechanism to deal with all issues.
- A policy draft to be developed and submitted to the government to handle the children issues during and after pandemic. This draft shall include critical aspects of addressing each and every vulnerability of the children and standard operating procedures (SoPs) as well
- Extensive and rigorous campaigns should be initiated to create mass awareness among the parents, children and stakeholders on the vulnerabilities of children and coping mechanisms to thwart the vulnerabilities.
- Re-building of the lives of the affected parents and care givers of the children should be given top priority to reduce the burden on children.