



Addressing the effects of COVID-19 on children, adolescents and mothers in South Asia

INTRODUCTION

With some eleven million COVID-19 cases recorded by the end of 2020, the countries of South Asia continue to feel the full force of the global pandemic. Of even greater concern have been the indirect effects of the disease on the health, nutrition and social well-being of the most vulnerable of the region's 1.8 billion people, especially children, women and adolescents.

One in ten South Asians live below the international poverty line, and the region has long struggled with poor health, education and nutrition indicators. In 2019, before COVID-19, South Asia recorded 1.4 million deaths of children under 5, with newborn deaths accounting for 63 per cent of the total. One in three young children are stunted, while less than half of pregnant women aged 15 to 49 received the recommended 4 antenatal visits, contributing to an estimated 57,000 maternal deaths in South Asia. At the same time, there are significant disparities both within the region and within individual countries.

As in other regions, countries in South Asia undertook early stringent mitigation measures to check the spread of the COVID-19 pandemic, including lockdowns and stay-at-home orders. While these have generally been relaxed, some measures, including school closures, remain in place and the use of face masks and other hygiene-related measures remain in place in some countries.

An early modelling exercise illustrated the potential of sharp increases in maternal and child mortality resulting

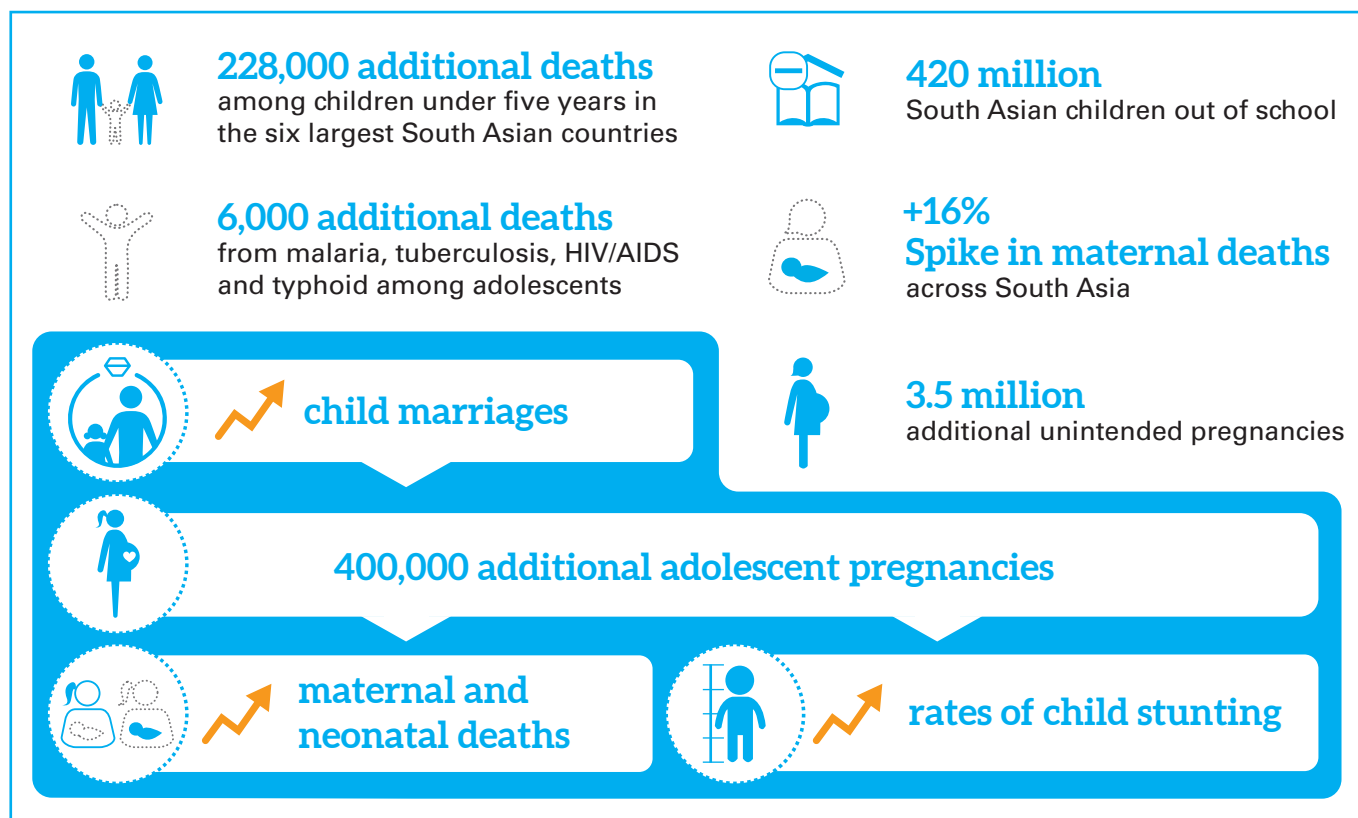
from restrictions on essential health services. These underscored the need for governments to balance the urgency of controlling the pandemic against the disruption of critical primary health and other services, and their impact on the health and well-being of their most vulnerable populations.

The report, *Direct and Indirect Effects of COVID-19 Pandemic and Response in South Asia*, uses a series of exercises based on actual observed changes in services and intervention coverage to model impacts on mortality, hospitalizations, and ICU admissions due to COVID-19. It also models the impact of nationwide stay-at-home orders as implemented to curb the spread of COVID-19 on maternal and child mortality, educational attainment of children, and the region's economy. The study focuses on South Asia's six most populous countries: Afghanistan, Bangladesh, Nepal, India, Pakistan and Sri Lanka and makes the case for interventions and strategies to minimise these indirect consequences.

The study was commissioned by UNICEF Regional Office for South Asia (UNICEF ROSA) and was implemented by SickKids' Center for Global Child Health. This report summary was developed in technical collaboration with United Nations Population Fund Asia Pacific Regional Office (UNFPA APRO) and World Health Organization South East Asia Regional Office (WHO SEARO).

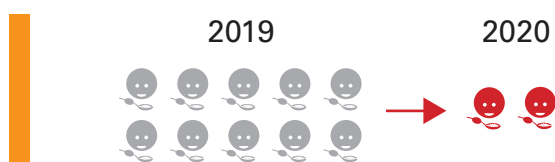
Photo top: Nawaz shaikh (9 yrs) stands outside a community toilet in Mumbai. Such toilets in slum settlements have become core point of COVID-19 transmission in many places.

WIDER IMPACT OF COVID-19 ON CHILDREN AND MOTHERS IN SOUTH ASIA¹



By the time the global pandemic was declared by the World Health Organization on 11 March 2020, essential maternal, newborn, child and adolescent health services across South Asia were already being shut down. During the second quarter of 2020, access to all essential SRMNCAH² services declined substantially, and sometimes precipitously. Even where services remained open, use decreased. In Bangladesh and Nepal, for example, the number of young children being treated for severe acute malnutrition (SAM) fell by over 80 per cent. India and Pakistan both saw reductions in the number of children receiving DPT3/Penta 3 vaccinations of around 35 and 65 per cent respectively.

Number of young children being treated for SAM in Bangladesh and Nepal



Our estimates indicate that by the end of 2020, disruption on such a scale is likely to have contributed to more than 228,000 additional deaths among children under five years in the six largest South Asian countries compared to the previous year. A spike in the number of maternal deaths of over 16 per cent is also expected, with 7,750 more in India and over 2,000 more in Pakistan, making a total of around 11,000 additional maternal deaths estimated across South Asia.

An additional 3.5 million unintended pregnancies are likely to have occurred during 2020. During the second quarter of 2020, rates of maternal iron deficiency anemia increased by over 40 per cent in Nepal and 22 per cent in Bangladesh when compared to the same period of 2019. Among adolescents, a rise in disease-related mortality is likely, with nearly 6,000 additional deaths from malaria, Tuberculosis (TB), HIV/AIDS and typhoid.

Some 420 million South Asia children have been affected by school closures since the beginning of the pandemic, and an estimated 9 million are expected to drop out of school permanently. Around 50 per cent of them will be girls. Given the cultural and social context of South Asia, this is expected to lead to an increase in child marriages, resulting in an additional 400,000 adolescent pregnancies, as well as an increase in the number of maternal and neonatal deaths, and in rates of child stunting. It will also impact negatively on cognitive capacity and skills, and the prospects of decent employment, as well as social and emotional well-being.

COVID-19 mitigation measures – including travel restrictions and lockdowns – have had broader consequences for public health as well, due to increased levels of unemployment, poverty and food insecurity. The larger South Asian nations are expected to see a rise in poverty rates of between 0.6 and 3.7 per cent, and an average increase in food insecurity of 18 per cent.

¹ The numbers in the infographic are estimates for 2020 in comparison with 2019

² Sexual, reproductive, maternal, newborn, child and adolescent health

THE WAY FORWARD

Even as South Asian countries continue to tackle the direct effects of COVID-19, there is a critical need for governments to address the severe long-term fallout from the pandemic. According to our estimates, due to the disruption to essential SRMNCAH services and other contributory factors, an additional 228,000 child deaths, and more than 11,000 maternal deaths will have occurred in the region in 2020 alone.

In addition, rates of undernutrition, including anaemia, stunting and wasting are likely to increase due to the rise in food insecurity and poverty. In Bangladesh, for example,

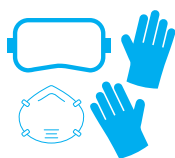


Undernutrition rates are likely to increase due to the rise in food insecurity and poverty

prospective data shows that the number of households experiencing food insecurity grew by more than 50 per cent during stay-at-home orders implemented in March – May 2020.

RE-ESTABLISHING VITAL HEALTH SERVICES

As South Asia continues to ease COVID-19 restrictions, it is critical that maternal and child health and nutrition services are fully re-established as soon as possible, and actions taken to improve their coverage.



Ensuring adequate personal protective equipment supply

Recommended measures include:

- **Prioritization of services for the most vulnerable**, including pregnant women, adolescents and young infants.
- **Protection of supply chain and delivery mechanisms** needed to increase coverage of childhood immunizations, antenatal care, family planning services and other essential medicines and commodities.
- **Ensuring adequate personal protective equipment (PPE) supply** and safe environment at drop-in health care facilities offering antenatal, delivery and child health and nutrition services.
- **Improving coverage** of quality community-based nutrition, health, immunization and other outreach services.
- **Instituting and strengthening nutrition support services for the most vulnerable children**, including community-based management of moderate and acute malnutrition programmes.

The safe reopening of schools should also be a top priority, while ensuring that the risk of COVID-19 exposure and transmission is minimized. School re-opening can help address some of the issues noted above (e.g. adolescent pregnancies) ensure improved mental wellbeing for children, and limit the long-term adverse impact of prolonged school closures on national economies. However, decision-making must be based on localized rates of disease transmission and public health capabilities



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A mobile health clinic in Balochistan provides sexual and reproductive health services and commodities during the COVID-19 pandemic.

around infection prevention, testing and contact tracing. Other precautionary steps could include limits on class size, alternating school days, a ban on assemblies and other group events, together with arrival temperature checks, and encouraging use of face masks and hand hygiene.

Decision-making should also include parents, teachers and communities, and follow-up action with out of school children in order to ensure a full return to school.

The vulnerability of global food systems exposed by the pandemic has had a disproportionate impact on the health and nutrition of vulnerable families. Women and children in particular have experienced increased levels of food insecurity and a deterioration of their diet quality. COVID-19 has highlighted the pressing need for sustainable food systems which ensure an affordable and nutritionally adequate diet for all levels of society.

There is also the need for financial support for poor families through cash transfers. Since the start of the pandemic, many countries have instituted social safety net programmes, such as income or food support, to alleviate the hardships brought on by COVID-19 mitigation measures.



Prioritize longer-term investment in essential health services



Ensure uninterrupted and improved provision of health services for all



Ensure safe reopening of schools



Help vulnerable populations address health issues and needs



Increase the adoption of key COVID-19 prevention measures



CALL TO ACTION

To address the deep negative consequences of the ongoing COVID-19 pandemic, urgent, targeted action is vital. All countries in South Asia need to continue - if not increase - investment in health systems, poverty alleviation and education.

It is not enough to simply repair the damage sustained by our health and human capital due to the pandemic. We need to build back better, overcoming gaps in equity and addressing the needs of less advantaged populations. To address this challenge, UNICEF, UNFPA and WHO call on South Asia's governments and their partners to undertake critical public policy measures. These should include, but are not limited to the following:

- **Prioritize longer-term investment in essential health services, especially for the most vulnerable members of society with a focus on children and mothers.**
- **Ensure uninterrupted and improved provision of vital maternal, neonatal, child and adolescent health and nutrition services, including family planning, ante- and postnatal care, and community-based health and nutrition support.**

- **Ensure the safe reopening of schools, with increased focus on the enrollment of disadvantaged and vulnerable children. Learning loss should also be addressed, and the opportunity taken to build back better with increasing use of technology and new partnerships.**
- **Help vulnerable populations address health issues and needs brought on or exacerbated by COVID-19 control measures through the introduction and strengthening of social safety net programmes, especially for women-led households, people with disabilities and daily wage earners.**
- **Increase the adoption of key COVID-19 prevention measures, including the use of masks and hand hygiene, which can lead to 400,000 fewer deaths in the region over the next year.**

The COVID-19 pandemic may have been unprecedented in recent times, but those in the future will not be, and the world, including South Asia, needs to be prepared to respond effectively, keeping the health and well-being of women, children and adolescents paramount.

Photo top: A child waits to be vaccinated. Kaliakoir, Gazipur District, Bangladesh. August 2019.