

ACT NOW FOR CHILDREN

**How a Global Pandemic is Changing the
Lives of Children in Middle East and
Eastern Europe Region**

A mixed method study report

ACT NOW FOR CHILDREN - How a Global Pandemic is Changing the Lives of Children in Middle East and Eastern Europe Region

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World Vision Middle East and Eastern Europe

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Front cover photo: Hasan Ghroof, World Vision Jerusalem-West Bank-Gaza, IMPACT Clubs members and Student Parliaments members share about their initiatives during the lockdown amid COVID-19.

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World Vision is a Christian relief, development, and advocacy organisation dedicated to working with children, families, and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity, or gender.

CHILD AND ADULT SAFEGUARDING CONSIDERATIONS

World Vision ensured the safe and ethical participation of girls and boys adhering to World Vision's safeguarding protocols. The names of girls and boys have been anonymised and changed to ensure confidentiality. All photos were taken and used with informed consent. A referral procedure in coordination with local partners engaged in the crisis response was implemented. To ensure that participation was meaningful, safe and ethical, World Vision staff members including child protection staff members facilitated online conversations with child participants. Children were encouraged to decide on their own whether they would participate.

Photo: Elias Hatimi, World Vision Afghanistan
Arifa, 12, is putting on a mask and learning about COVID 19

“

“I feel the world is over, I think about the future,
what will happen? Can I be happy again?
Now I am very saddened”

Dil Aqa, 13, Afghanistan

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New research explores the stress children in World Vision programmes in the Middle East and Eastern Europe region are under due to COVID-19.

In addition to their fear that they themselves or their loved ones will catch the disease, children worry about economic hardships, the loss of their education, increased violence and social isolation.

But in the midst of it all, a clear message comes through – young people are hopeful about the future, they want to make a contribution and they want their voices to be heard.

Photo: Anamaria Motateanu, World Vision Romania
Lorena, 7, is receiving support during the COVID 19 interventions in rural areas



I. EXECUTIVE SUMMARY

Research Methodology

World Vision is committed to listening to girls and boys, including them in decision-making processes and empowering them to contribute to change in their families and communities. As part of this mandate, a sequential, mixed-method research with girls and boys was conducted in the Middle East and Eastern Europe region including: Afghanistan, Albania, Bosnia and Herzegovina, Georgia, Iraq, Jerusalem-West Bank-Gaza, Kosovo, Lebanon, Romania, and Syria response countries (Jordan, Syria and Turkey).

This research explores how the pandemic is impacting the lives of boys and girls. A cross-sectional observation design was developed with the application of convenience sampling at the country level and aggregation of all samples at the regional level (762 girls and boys ages 11–17 from World Vision private or grant funded programmes). The survey took place in June 2020. Quantitative results were complemented with findings from key informant interviews with 130 children ages 13–15.

762 
CHILDREN

395 
GIRLS

367 
BOYS

11-17
YEARS OLD

12 
FIELD OFFICES

Pandemic Impact

Across the region, millions live with little or no health-care, food or water, as well as with volatile prices and destroyed infrastructure. Early indications show the severe impact of COVID-19 on some of the region's most vulnerable people, many of whom already struggle against vast odds. The lives of children have been turned upside down by the pandemic, and as a result, almost half of the survey participants, especially girls, feel sad (49%) and worried (49%) – and more than one-third feel scared (39%) and lonely (38%).



ECONOMIC HARDSHIPS

For many children, the COVID-19 crisis is a food crisis. **60% of adolescents** who participated in the survey worry about falling into poverty, with Afghanistan (99%), Iraq (93%), Syria (89%) and Lebanon (73%) having the highest numbers. 58% of respondents are concerned that their parents might lose jobs. Half of the boys and girls fear that they and their families won't have enough to eat, with Afghanistan (99%), Iraq (75%), Syria (74%) and Lebanon (65%) demonstrating the highest percentages.

EDUCATION



With school closures part of necessary lockdown measures, the education of children in the region was totally disrupted. 24% were completely deprived of continuing any learning for this school year. **87% of respondents worry that due to changed education approaches they might not be learning enough** to be ready for school in the future, and 75% fear that they might fall behind others in their class. 56% of them are stressed by their financial situation and their parent's ability to pay school fees next year.

INCREASED VIOLENCE



Research results showed us that during COVID-19, **50% of surveyed children experienced emotional violence at least once during the pandemic.** Syria reported the highest percentage (84%) followed by Iraq (60%) and Afghanistan (58%). 20% of children said that they knew of intimate violence being experienced by other children in their surroundings. The highest percentages were reported by children from Iraq (46%) followed by children from Syria (34%). In Afghanistan and Iraq over a third of children reported incidents of physical violence. In Syria nearly half of children reported this (47%). About two thirds of physical (72%) and emotional (75%) violent incidents in Syria occurred in the family.

SOCIAL ISOLATION



84% of respondents, especially girls (49% versus 35%) were stressed because they are isolated from their friends during the COVID-19 outbreak. 80% are also stressed because they can't hug or kiss grandparents and older relatives due to social distancing measures.



GENDER INEQUALITY

The research confirmed that COVID-19 exacerbates gender inequalities. 57% of surveyed girls versus 37% of surveyed boys confirmed that their household chores had increased since the beginning of the pandemic with the highest percentages for girls in Iraq (80%), JWG (68%) and Albania (62%). Girls are also more exposed to emotional violence than boys (52% versus 46%). However, **family environments seems to be more violent for girls (66% versus 55%), while boys experience more violence outside of the family** in comparison to girls (5% girls versus 18% boys from other adults, 13% girls versus 30% boys from friends, 6% girls versus 17% boys from teachers, 3% girls versus 13% boys from someone unknown).



Photo: Maria Bou Chaaya, World Vision Lebanon
Mohamad, 12, Syrian refugee boy living in Lebanon

Signs of Resilience

In the research, we see encouraging signs that young people in the region are responding to the challenges created by the pandemic.

More than two-thirds (71%) of surveyed children are most often optimistic about the future despite their current fears.

78% of girls and 85% of boys feel useful to others. Dealing with the pandemic difficulties and uncertainty have been possible through close, constant contact with families that helped to create strong bonds, love and affection between children and their parents and instilled a feeling of security for them. In fact, when surveyed children are exposed to stress factors or feel insecure, 82% of them, especially boys, reach out to their parents for support. Furthermore, 52%, especially girls, turn to prayer to face their fear of the unknown.

Children's Asks

One-third of surveyed children consider that their government's response to COVID-19 insufficient and 76% of them are in favour of increasing measures taken for protection from COVID-19.

We heard clearly and urgently that young people in the pandemic want to have their voices heard, their rights respected, and want to be included in decision-making processes.

They ask their governments:

“

To improve access to electronic devices and the internet, especially in poor, rural and vulnerable communities

“

To safely open schools again and where that isn't possible, to provide lessons on radio and TV

“

To provide supplies to fight the spread of the disease

“

To impose and enforce safety measures

“

To provide safe recreational spaces to fight social isolation

“

To provide free and comprehensive health care for families who contract the virus

“

To access to up-to-date and reliable information about how to protect themselves

“

To enforce laws that protect children from violence at home and in the streets

“

To provide food, regulate the price of food and to provide financial assistance and livelihood opportunities to families

Our Recommendations

World Vision aims to nurture optimism through need-driven, context-relevant interventions, and calls for government leaders, including high-level decision-makers and donors to step up immediate efforts to protect children from the impacts of the COVID-19 pandemic by:

1.

Acting on the prioritised list of requests above from the children themselves

2.

Considering COVID-19 a child protection and gender-based violence crisis, placing girls and boys at the centre of response and recovery plans, and recognising them as rights holders and social actors

3.

Prioritising child and adult protection as a lifesaving intervention in all national COVID-19 responses, investing in humanitarian and development multi-sectoral programming to prevent, mitigate, respond to and end all forms of violence against girls and boys, as well as vulnerable adults

4.

Networking and acting together with faith leaders and faith-based organisations to fight poverty and alleviate the suffering of children and their families through their spiritual empowerment

5.

Working with states and governments, all international actors and local NGOs to recognise children's voices and support their needs with both targeted and mainstreamed post-COVID funding

6.

Funding education programmes which might require distributing learning equipment to children or developing other remote learning methodologies

7.

For many children, the COVID crisis is a food crisis. The international community should invest in cash programming, food assistance and livelihood support to reduce child hunger and strengthen the livelihoods of families. Good child nutrition is essential to healthy development. Addressing the COVID food crisis will also help to reduce family stress and also have a direct impact on reducing violence against children within families.

8.

Conducting programmes in ways that strengthen families, particularly the bond between parents and children. We should also invest in positive parenting skills. This will help to reduce incidents of violence against children. Research is needed into the impact of various methodologies, such as cash assistance, on family relationships and the role this can play in strengthening child protection.



2. INTRODUCTION

On 31 December 2019, the outbreak of a new disease caused by a coronavirus was first reported to the World Health Organisation (WHO). The novel coronavirus was named “severe acute respiratory syndrome coronavirus 2” (SARS-CoV-2), while the coronavirus disease associated with it is now referred to as Coronavirus Disease 2019 (COVID-19). On 11 March 2020 WHO escalated the COVID-19 outbreak from a Public Health Emergency of International Concern to a Pandemic. The WHO Director-General explained he was “deeply concerned by both the alarming levels of spread and severity, and by the alarming levels of inaction.” The virus, known for its ability to spread very fast, forced governments to take drastic measures in order to contain it.

Most infected countries closed their borders and imposed restrictions (locking down public spaces, limiting gatherings, setting curfews, etc). The lives of girls and boys, families and communities all over the world changed drastically as health systems buckled, borders closed, and schools and businesses shuttered under the pressure of the global crisis.

The most vulnerable families and their children in the Middle East, Eastern Europe, South Caucasus and Central Asia are among the hardest hit in such crises. Due to the pandemic, the suffering of those already facing difficulties from economic distress, conflict, instability, displacement or injustices has further increased. The alarming statistics on increased violence against women and girls, along with the widening gap in gendered relations, has been called out as a shadow pandemic following in the footsteps of COVID-19 around the world.

World Vision is globally responding to COVID-19 in 70 countries with a focus on fragile and humanitarian contexts. Over the next eighteen months, World Vision’s response aims to reach at least 72 million people, half of them children. World Vision’s focus is on situations of pre-existing vulnerability and

fragility, where girls and boys are most at risk, including conflict-affected contexts, urban slums and refugee settings. World Vision’s priorities include providing information, consulting people on their needs, equipping people to participate in their own recovery, and taking action based on their feedback to remain accountable to the girls and boys and communities that World Vision serves.

World Vision is committed to listening to girls and boys, including them in decision-making processes and empowering them to contribute to change in public decision-making. As part of this mandate, sequential mixed-method research with girls and boys was conducted in the Middle East and Eastern Europe region including Afghanistan, Albania, Bosnia and Herzegovina, Georgia, Iraq, Jerusalem-West Bank-Gaza, Kosovo, Lebanon, Romania and Syria response countries (Jordan, Syria and Turkey). In this research, girls and boys responded to a survey and participated in interviews where they shared their views and experiences of the outbreak of COVID-19. Participants shared the ways in which the pandemic, and the subsequent measures put in place to quell the spread of the virus, have exposed them to various stress factors, impacted their daily routines, education and mental health, and put them at greater risk of experiencing and witnessing violence and abuse in their families, online, and in their communities.

Girls and boys, however, are not passive victims of the pandemic and its aftermath. In this research, participants also talked about the creative and innovative ways in which they are enhancing their resilience and facing the often-difficult changes to their daily lives and working towards contributing to stopping the spread of the virus. Girls and boys also shared what resources they need to continue their efforts to fight against the spread of COVID-19 and provided suggestions to the leaders of their countries on how their governments could help support and protect children in the time of COVID-19.



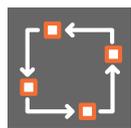
3. BACKGROUND

Across the the Middle East, Eastern Europe, Caucasus and Central Asia region, millions already live with little or no healthcare, food, water as well as with volatile prices and destroyed infrastructure. Early indications show the impact COVID-19 is having on some of the region's most vulnerable people, many of whom are already struggling to survive and rebuild their lives against vast odds. The impact of the COVID-19 outbreak is exacerbating existing economic, livelihood, educational and protection fragilities, and gender inequalities. This section is a desk review presented in infographics in Appendix J of existing impact assessments of the COVID-19 outbreak conducted by World Vision in Afghanistan and Albania.



Photo: George Mghames, World Vision Lebanon

Ahmad, 14 years old Syrian refugee boy is putting a mask on his brother's face to keep him safe



4. METHODOLOGY

4.1 RESEARCH OBJECTIVE AND RATIONALE



This research explores the views and experiences of girls and boys in the Middle East and Eastern Europe region¹ related to the outbreak of COVID-19 focusing on its impact on their daily routines, education, mental health and on its high risk of increasing violence, abuse and exploitation against children. The research looked also at girls' and boys' resilience mechanisms to cope with the impact of COVID-19, the resources needed to fight its spread, and children's opportunities to contribute to stopping the spread of the virus. The results will contribute to building on girls' and boys' experiences and views during the COVID-19 outbreak in order to engage them in advocacy for their protection related rights. It will also inform existing child protection responses, development programmes and policy directions in Middle East and Eastern European countries by bringing girls' and boys' asks to decision makers.

4.2 RESEARCH DESIGN AND TARGET POPULATION



The study is a sequential mixed method research that included close-ended information collected through surveys and open-ended information gathered through key informant interviews (KII) with children participating from different World Vision long-term, private and grant funded programmes implemented in field offices in the Middle East and Eastern Europe region. The quantitative data was collected at one point in time in June 2020 through a cross-sectional observational design to provide a snapshot of the distribution of factors that are impacting children's lives during the outbreak. The qualitative data collected in June 2020 complements the quantitative data to provide a better understanding of the COVID-19 impact, what resources are needed and children's opportunities to contribute to stopping the spread of the virus.

4.3 SAMPLING FRAMEWORK AND SAMPLE SIZE



The survey sample included 762 children (395 girls and 367 boys) ages 11–17 from Afghanistan, Albania, Bosnia & Herzegovina, Iraq, Jerusalem-West Bank-Gaza, Jordan, Kosovo, Lebanon, Romania and Syria. The sample of children was selected by convenience at the country level and aggregated at the regional level to form the overall sample size. The sample was selected in each field office from a group of World Vision programme participants from the most vulnerable communities that World Vision serves. Since the survey sample size follows non-probability rules, the results from this research cannot be generalised to the target population of children from the Middle East and Eastern Europe region. However, the results will provide an understanding of the experience of the most vulnerable children during the COVID-19 outbreak and will be used to develop hypotheses for future research. The KII sample included 130 children (65 girls and 65 boys) from the same countries where the survey was conducted, in addition to Georgia and Turkey.

¹ The region of the Middle East and Eastern Europe: World Vision supports emergency response, development, and advocacy programmes in more than 14 countries in Eastern Europe, the Middle East, the Caucasus, and Central Asia.

4.4 TOOLS



The survey tool was originally developed by World Vision Middle East and Eastern Europe in consultation with the field offices in the region. It has been translated into different languages according to each country's primary spoken language. It included several modules:

- Socio-demographic characteristics: The module described the socio-demographic profile of surveyed children through questions about age, gender and social status (to unpack child marriage if any), access to education, household size, household vulnerability, previous paid work before the pandemic and contribution to family income.
- Stress factors: This module explored to what extent girls and boys have been exposed to different educational, socio-economic and social stressors during the COVID-19 outbreak.
- Impact of COVID-19 on daily life at home: This module aimed to understand the change that occurred in the daily life and routine of girls and boys after the outbreak in comparison to the previous period.
- Impact of COVID-19 on education: This module focused on unpacking the availability of distance learning during the lockdown and the challenges faced by girls and boys with the new learning method.
- Impact of COVID-19 on mental health: With this module, we aimed to explore girls' and boy's negative emotions following the outbreak.
- Risk of child labour: This module explored the frequency of child labour since COVID-19 in comparison to the previous period. It also looked at the change in the workload intensity.
- Risk of violence against children: This module aimed to explore the increased risk of children witnessing physical, emotional and intimate violence at home and in the community during the pandemic. The module looked also at online risks following the increased use of the internet. The questions related to physical and emotional violence were asked directly to children who should report their own experiences. Questions on intimate violence and online risks were asked indirectly and children reported what they have heard in their community about it.
- Resilience mechanisms: This module aimed to understand how girls and boys are responding to the challenges created by the pandemic.
- Support, asks and contribution: This module looked at sources of support for children during the pandemic. It also unpacked what services were available for them and what suggestions they had to contribute to the fight against COVID-19.

The KII research questions were developed by World Vision International as part of the Global Child consultation initiative. They were translated into different languages according to each country's primary spoken language.

The research questions were as follows:

- How is COVID-19 affecting the lives of girls and boys in their countries and communities?
- How are girls and boys contributing, or can they contribute, to the fight against the spread of COVID-19?
- Have girls and boys in the community experienced an increase in violence at home? Do they feel more unsafe than before? Have underage people been getting married, or worried about having to get married, more than before?

The survey tool and KII tool are available in Appendix A and Appendix B..

4.5 DATA COLLECTION



The information was collected through surveys and interviews using different context relevant methods and approaches such as phone calls, social media platforms or face-to-face meetings while taking into consideration all COVID-19 preventive measures. The World Vision team from each country adapted the data collection procedure to the context of the participants.

4.6 DATA ANALYSIS



Data from the survey was entered and analysed using the statistical software package SPSS Statistics v.24. All variables were tabulated and presented as means and standard deviations (SD) for continuous variables or frequencies and percentages for categorical variables. Bivariate analysis using cross tabulations, Pearson chi-square test and Fisher's exact test were performed to determine the association between various factors and gender. Significant associations were determined at a p-value level <0.05 . Data from KII transcripts was analysed by the research team using a thematic approach to identify emerging themes and patterns mentioned by girls and boys.

4.7 ETHICAL CONSIDERATIONS



This consultation followed the minimum standards for consulting with girls and boys developed by the Inter-Agency Working Group on Children's Participation. The principles include transparency, honesty, accountability, provision of a child-friendly environment, equality of opportunity, and the safety and protection of children. The research took into account the special considerations required to gain informed consent, ensure confidentiality and anonymity, acknowledge the diverse cultures of the research sites, and refrain from presenting any information that may potentially harm participants.

The facilitation team ensured the safe and ethical participation of girls and boys, strictly adhering to World Vision's safeguarding policy and protocols, including a referral procedure in coordination with local partners engaged in the crisis response. In order to ensure that participation was meaningful, safe and ethical, World Vision staff members including child protection staff members, facilitated online conversations with child participants, and they were encouraged to decide on their own whether they would participate.

4.8 LIMITATIONS



When considering the findings of the study, some methodological limitations should be kept in mind. First, the sample size was chosen at the country level through a convenient sampling method which follows non-probability rules. Thus, the results from this research cannot be generalised to the target population of children from the Middle East and Eastern Europe region as a whole. However, based on demographic distributions, the results can be generalised to the population of children participating in World Vision long-term private and grant funded programmes.

Moreover, since all participants in the surveys and interviews are World Vision programme participants, the research team acknowledges that those girls and boys have likely been trained on child protection issues, thus their views and opinions do not represent all girls and boys in the Middle East and Eastern Europe region. Statistical conclusions related to gender differences were drawn from a convenient sample with limited power to identify differences in population subgroups. Therefore, those conclusions should be analysed carefully and explored further in future research.

The surveys and interviews in Afghanistan were conducted with girls and boys supported within the Street Working Children Enrichment Centre project in Herat. The centre supports girls and boys who are living or working on the street. The research team acknowledges that those girls and boys experiences are significantly different from girls and boys in other countries or in other contexts in Afghanistan, since they are living in extreme poverty and working on the street. However, this research will contribute to hearing the voices of those girls and boys and bringing justice to them.



Photo: Salam Qumsiyeh, World Vision Jerusalem - West Bank - Gaza
Girls from the Child Sponsorship programme are studying.



5. FINDINGS

The findings from this research are arranged in ten parts:

- Section One explores the socio-demographic characteristics of the surveyed population. It explores girls' and boys' age, gender, social status, education, household size, household vulnerability, work and income.
- Section Two outlines the stress factors encountered by girls and boys and caused by the COVID-19 outbreak.
- Sections Three to Eight describe the impact of COVID-19 on girls and boys. We explore the impact of the pandemic and ensuing lockdowns on their daily routines at home, their mental health, the disruption of their education and the challenges of distance learning, and the increased risk girls and boys face of witnessing or experiencing early forced child marriage, child labour and violence.
- Sections Nine and Ten consider the ways in which girls and boys are responding to these changes in their daily lives, asking for support and building resilience. We also outline how girls and boys, as active and engaged citizens, are willing to contribute to the fight against COVID-19 individually and in their communities.

The findings are presented in the report at the regional level and a summary of all the findings at the country level is available in Appendix C.



Photo: Maria Bou Chaaya, World Vision Lebanon

The WASH team providing trucking and dislodging services to the informal tented settlement

5.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS

This section explores the socio-demographic characteristics of surveyed children in the Middle East and Eastern Europe region. More information on the socio-demographic characteristics of surveyed children at the country level is available in Appendix C.

Age

Surveyed girls and boys were between 11 – 17 years of age with approximately one-third aged 13 years old (31.2%) and 14 years old (28.3%), and almost one-quarter aged 15 years old (22.6%) (Figure 1). The mean age for surveyed children is 14.1 (±1.1). Interviewed girls and boys were between 13 – 15 years old.

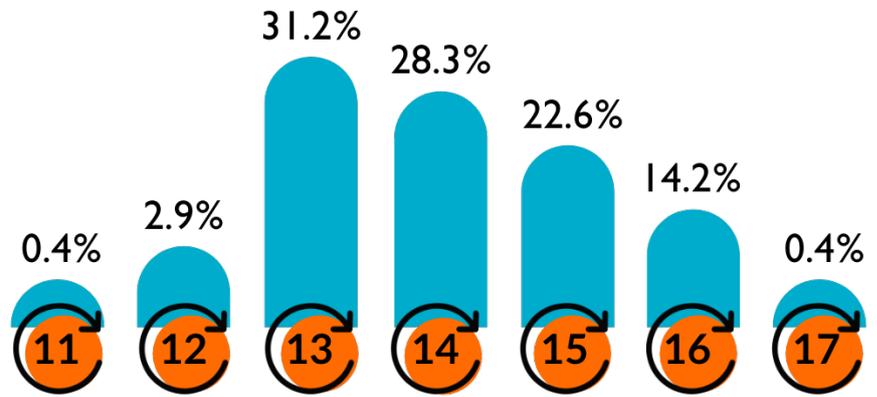


Figure 1: Age distribution of surveyed children

Gender

Out of the 762 children surveyed, 51.8% were girls (n=395) and 48.2% were boys (n=367). The key informant interviews were conducted with 65 girls and 65 boys.

Social status

The majority of surveyed girls and boys were single (99.3%). Only four surveyed children were married (0.5%) and one child (0.1%) was engaged. More information on the demographic characteristics of the five married and engaged children is displayed in Table 1.

Country	Gender	Current age	Social Status	Age when married	Number of children
Afghanistan	Girl	13	Engaged	-	-
Albania	Boy	14	Married	*	*
Iraq	Girl	13	Married	11	1
Jordan	Girl (Syrian refugee)	15	Married	15	0
Syria	Girl	16	Married	15	0

*Information not available

Table 1: Demographic characteristics of married and engaged children

Education

The majority of surveyed children were enrolled in formal education (89.8%) and 10.2% were out of school (Figure 2). Gender analysis was conducted to look at statistically significant differences between girls and boys in accessing formal education. Findings show that children who are out of school are more likely to be boys ($p=0.04$) (Figure 3).

33% of children engaged in child labour are out of school.

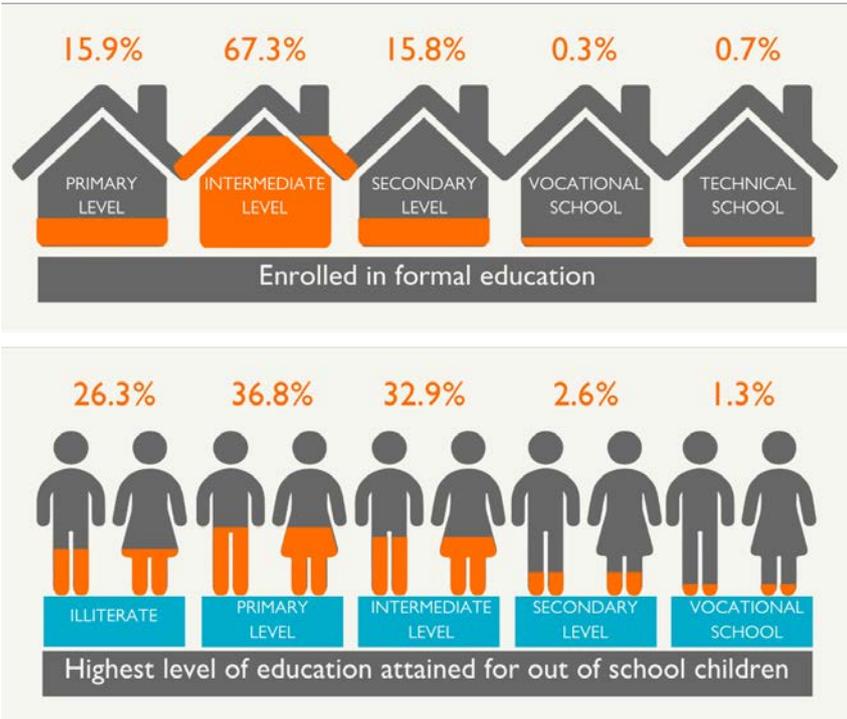
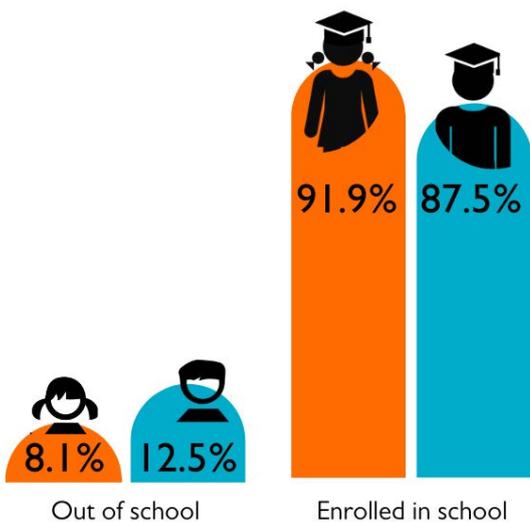


Photo: Maria Bou Chaaya, World Vision Lebanon
Hassan, 5, at his first educational experience

Figure 2: Access to education and highest level of education



This is mainly due to the impact of child labour on school attendance since 23.4% of all surveyed boys have a paid job activity (Figure 5) and since children who are out of school are more likely than children enrolled in education to be engaged in child labour ($p<0.0001$).

*Significant if $p<0.05$

Figure 3: Difference between girls and boys in accessing formal education

Household size and vulnerability

All surveyed girls and boys live in households with family members and only one child lives in a residential care centre. The average number of household members in surveyed children is 6.4 (± 2.6). Household vulnerability was identified in 22.4% of families where at least one member was unable to take care of themselves.

More information on household vulnerability is displayed in Figure 4.

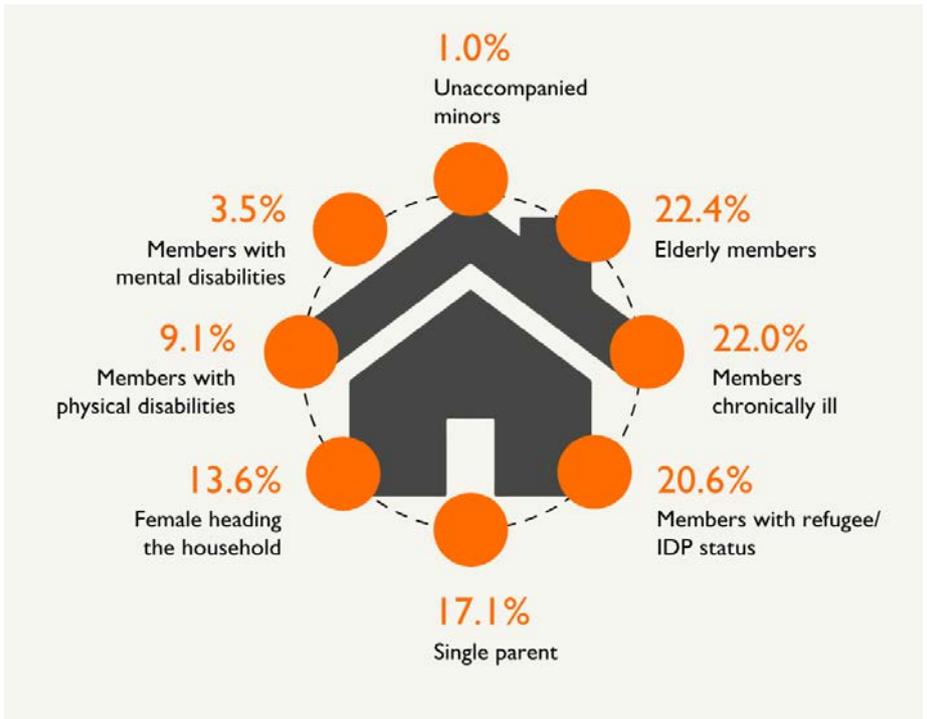
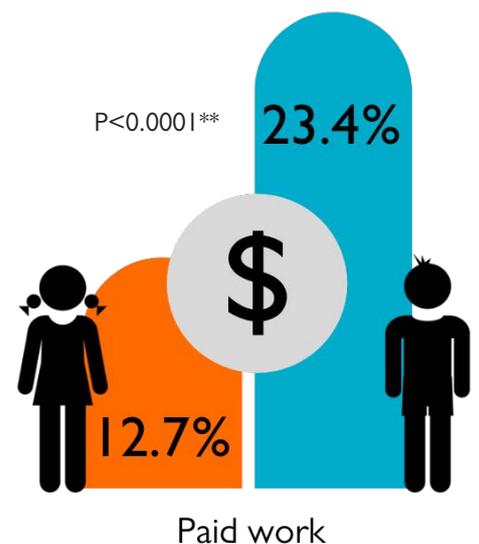


Figure 4: Type of household vulnerability

Paid work

Before the COVID-19 outbreak, 17.8% of surveyed children used to have a paid job. Working children are mainly located in Afghanistan, Iraq, Lebanon and Syria (Appendix C, Figure 18). The gender analysis showed that boys were significantly more likely than girls to work before the pandemic ($p < 0.0001$). In fact, 23.4% of surveyed boys in comparison to 12.7% of surveyed girls used to have a paid job before COVID-19 (Figure 5). Furthermore, the analysis has shown that boys are more likely to work outside the home specifically in mechanics and selling different items in the street, while girls work more inside the home cleaning various fruits and vegetables and doing domestic work. Table 2 provides more information about the type of work done by surveyed girls and boys before the outbreak of COVID-19.



*Significant if $p < 0.05$

Figure 5: Difference between girls and boys working before COVID-19

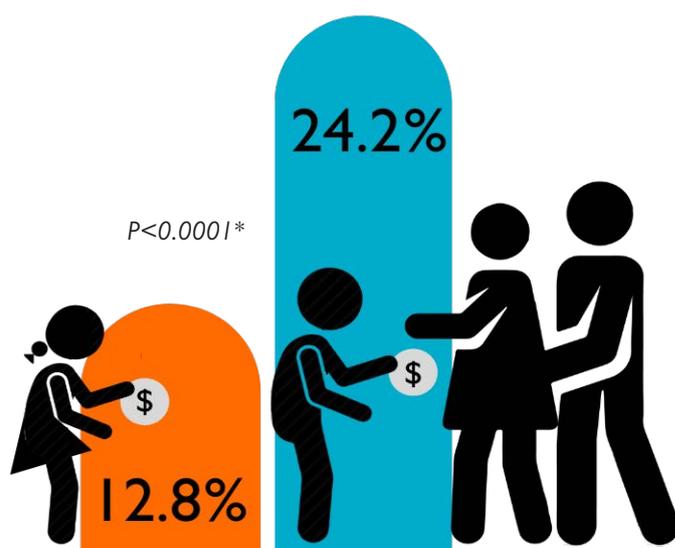
Paid work		n (%)
Boys (N=59)*	Mechanical/car maintenance	11 (18.6%)
	Street work (selling items, fruits and vegetables)	11 (18.6%)
	Casual labour	9 (15.3%)
	Food/grocery store	8 (13.6%)
	Construction	4 (6.8%)
	Agriculture	3 (5.1%)
	Vegetable market	3 (5.1%)
	Porter/pulling cart	2 (3.4%)
	Collecting garbage	2 (3.4%)
	Barbershop	2 (3.4%)
	Delivery	1 (1.7%)
	Electrical maintenance	1 (1.7%)
	Painter	1 (1.7%)
	Tailoring	1 (1.7%)
Girls (N=44)*	Cleaning/cracking fruits and vegetables (pistachio, raisins, saffron, etc...)	26 (59%)
	Agriculture	5 (11.4%)
	Domestic work (cleaning houses, washing clothers, etc..)	3 (6.9%)
	Cleaning wool	3 (6.9%)
	Food/ grocery store	3 (6.9%)
	Embroideries	2 (4.5%)
	Knitting	2 (4.5%)

*27 working boys and 6 working girls did not answer about the type of paid job they do

Table 2: Type of paid work before COVID-19

Contribution to family income

Parents, namely the father and mother, are the main contributors to family income for the majority of surveyed children (76.7%). Siblings under 18 participate in the family income for 10.2% of surveyed children. 18.3% of surveyed children and especially boys ($p < 0.0001$) contribute to the family income by having paid work (Figure 6).



*Significant if $p < 0.05$

Figure 6: Difference between girls and boys in contributing to family income

5.2 STRESS FACTORS DURING COVID -19 OUTBREAK

The lives of children in the Middle East and Eastern Europe region have been turned upside down by this pandemic. Between schools being closed, gathering with friends and relatives being cancelled, and the rise in COVID-19 cases, girls' and boys' routines are anything but routine. These changes are causing widespread concern, fears and stress, all of which are reactions to the changing and uncertain situation that girls and boys find themselves in. This section unpacks the different stress factors caused by the COVID-19 outbreak. More information on the extent of the stress factors and significant gender differences is available in Appendix D.

Stress factors related to disrupted education

With school closures a part of necessary lockdown measures, the education of children in the region was totally disrupted. Surveyed children previously enrolled in formal education expressed fears and stress as a result of this disruption.

More than two-thirds of surveyed girls and boys (74.4%) said that missing out on the school curricula and falling behind in class for this school year stresses them from a small to a large extent.

Furthermore, 67.4% of surveyed girls and boys are stressed by missing out on the school year and graduation as an educational milestone. 84.9% are stressed by missing out on saying goodbye to classmates before the lockdown was imposed.

Major concerns about the next school year are rising with 87.1% of surveyed children stressed from a moderate to a large extent by the accumulated learning gaps and worried about their readiness for school next fall. 56% are moderately or greatly stressed by their financial situation and their parent's ability to pay school fees next year.

In addition, it is important to note that girls (45.2%) are more likely than boys (34.4%) to express great stress as a result of missing out on saying goodbye to their classmates ($p=0.004$). Many interviewed children in the region echoed the fears and stresses of surveyed children about disrupted education.

“

I noticed that I have a major gap in learning and I need to work harder next year to achieve results.
Boy, 15, Albania

“

I am in grade 9 and I should pass official exams by the end of this grade to prepare for high school. The exams were cancelled and I feel like I have missed an important step in my education. Girl, 14, Lebanon

“

Because of the COVID-19 outbreak, schools were closed and we lost the opportunity to learn more for this school year and we need to work hard next year to fill this gap. Girl, 15, Iraq

Stress factors related to economic hardship

The lockdown measures in the region coincided with economic turmoil in some fragile contexts, which was already a growing challenge for families pre-COVID-19. The lockdown measures in already fragile countries such as Afghanistan, Lebanon, Syria and Iraq have further increased socio-economic hardships and exacerbated existing difficulties.

Girl, 15, Afghanistan “Some evenings we go to sleep without eating food, because there is nothing to eat.”

Girl, 14, Lebanon “My parents cannot buy the things I want anymore such as the food I like.”

More than two-thirds of surveyed girls and boys in the region also showed fears and stress as a result of economic hardships, with 60.3% stressed moderately or greatly by the fact that they might fall into poverty after the pandemic, 50.1% stressed by the fact that they might miss out on food at home during and after the pandemic, and 58.1% who are worried about their parents losing their jobs.

Boy, 16, Iraq “The COVID-19 had a major negative impact on our economic situation, especially after my father lost his job.”

Gender disaggregation showed that boys (46.3%) are more likely than girls (37.7%) to show no stress about their parents’ employment or the fact that they might lose their jobs during or after the pandemic (p=0.03).

More information on stress factors related to economic hardship at the country level is available in Figure 7.

Figure 7: Stress expressed by children on factors related to economic hardship

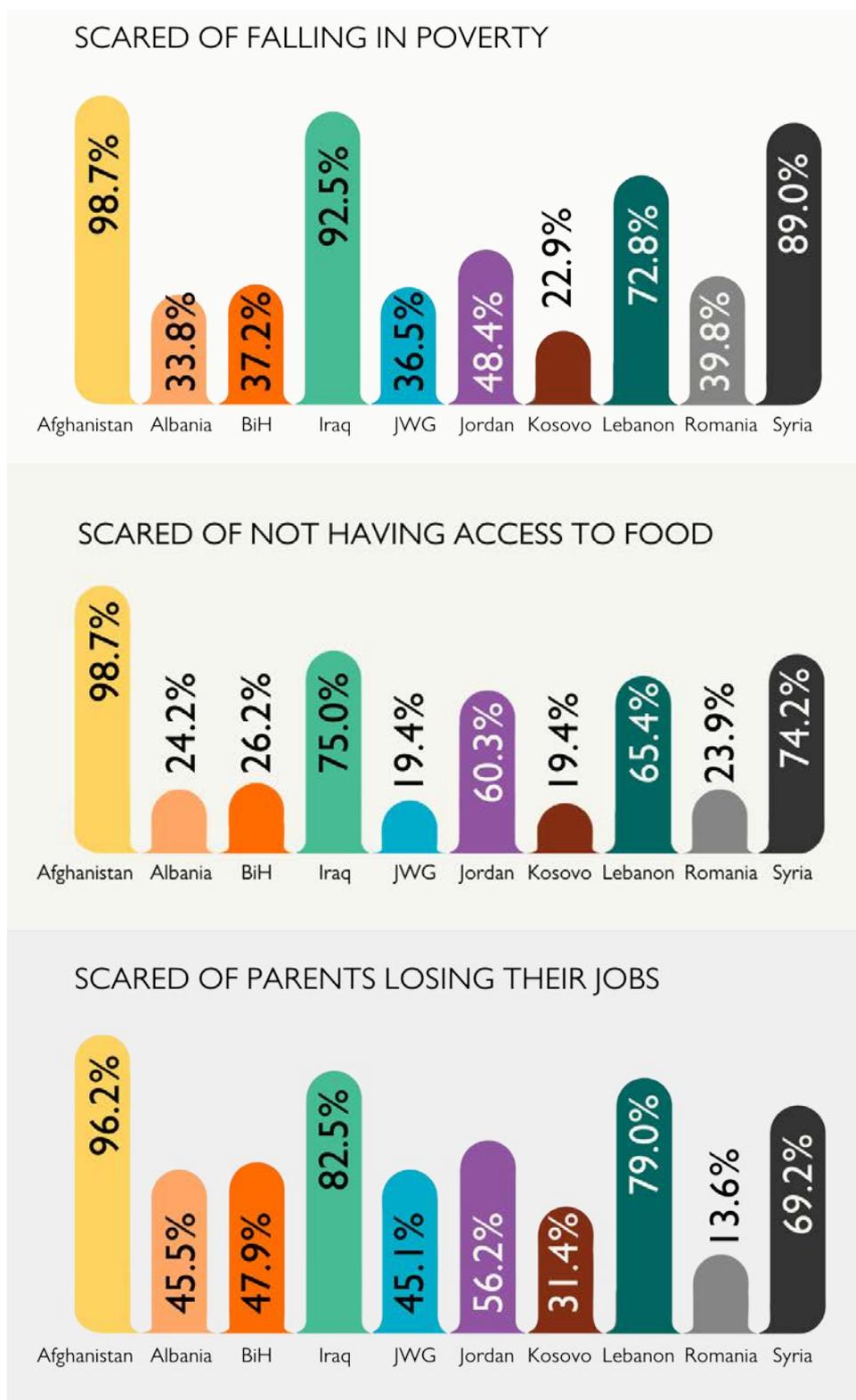




Photo: Edisa Ahmetpahić, World Vision Bosnia and Herzegovina
 COVID-19 highlighted the importance of the time we spend with one another, and World Vision Bosnia and Herzegovina provided these opportunities for sponsored children.

Stress factors related to social isolation

Normally developing adolescents yearn to be with their peers. During the lockdown, girls and boys said that their plans to hang out with friends have been upended due to social distancing measures. They said that even though they were respectful and aware of the importance of social distancing measures, they suffered from social isolation and fewer opportunities to be with their peers.

For displaced Syrians, especially girls already suffering from patriarchal norms and traditional perceptions, schools were the only places where they interacted with their peers. With school closures, they lost that unique place for socialisation.

Girl, 14, Syria “School was the only place where I can meet my friends since my parents are conservative and we live in a camp. They don’t allow us to go outside and meet. When school closed I couldn’t see them anymore.”

COVID-19 is disproportionately affecting relationships between the elderly and children. As a result, many girls and boys now find themselves separated from their grandparents due to social distancing or cautionary measures to prevent their grandparents’ possible exposure to the virus.

The majority of surveyed children echoed the concerns of interviewed children about social isolation due to COVID-19. 83.7% of them were stressed from a small to a large extent because they were isolated from their friends, and 79.6% were also stressed because they could not interact with older relatives such as grandparents due to social distancing measures.

Gender disaggregation showed that girls (49.2%) are more likely than boys (34.7%) to stress about social isolation from friends ($p < 0.0001$).

“

Being stuck at home all day makes you upset and frustrated whether you like it or not. Boy, 16, Albania

“

Even if I see my grandparents, I cannot hug, kiss, or touch them and it makes me sad. Boy, 13, Lebanon “

Photo: Maria Bou Chaaya, World Vision Lebanon
Distributing bleach and sanitizing products to Syrian
refugees.



“

I feel stressed and worried from dying from the virus. My fears grew after seeing different severe cases of COVID-19 in intensive care unit on social media.

Girl, 15, Jerusalem-West Bank-Gaza

“

We were all panicked and scared because we know nothing about the COVID-19.

Girl, 14, Bosnia & Herzegovina

Stress factors related to fears from COVID-19

Girls and boys are experiencing worry and fear from possible contamination from COVID-19, and this includes fears that are very similar to those experienced by adults such as a fear of dying from COVID-19, fear of their relatives dying from the virus, or fear of what it means to receive medical treatment in case of infection.

Most of the time, the fears are shaped by social media posts spreading rumours, sensationalism, and other forms of misleading information.

The majority of surveyed children showed the same fears as interviewed children with 86.2% stressed about the health of their loved ones and 80.8% who are also worried about their own health and panicked about catching the virus.

5.3 IMPACT OF COVID-19 ON LIFE AT HOME AND DAILY ROUTINES

COVID-19 has affected the day-to-day life of girls and boys in the region and caused several changes that might last into the future. This section unpacks the impact of COVID-19 on children's life at home and on their daily routines. More information on these changes and the gender differences is available in Appendix E.

Daily routine

Girls' and boys' eating patterns remained the same or were positively affected by COVID-19 and the increased time spent with family. Compared to the period before COVID-19, time spent at home and with family expanded for 47.9% of surveyed girls and boys. 36.5% are sharing more meals with family members as a resilience mechanism to survive the hardship of the lockdown measures and to feel close to their families.

Time spent with family increased for 48% of surveyed children.

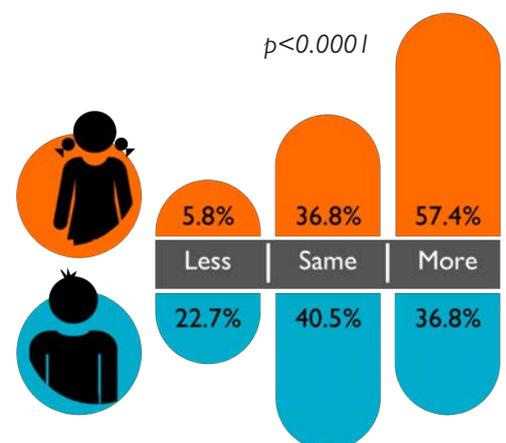
Sleep time was also positively affected with 42.6% of surveyed children sleeping more than before and feeling more relaxed. With imposed lockdown measures, stay at home orders and the cancellation of events and sports, physical activity decreased for 44.3% of surveyed children. However, girls (28.8%) were significantly more likely than boys (17.7%) to do more physical activity than before the pandemic ($p=0.0002$). This finding could be related to the fact that girls do more household chores than boys.

60% are spending more time watching TV and going online for non-educational purposes.

Spending time outside the home and in-person with friends decreased for 62.4% and 66.8% of surveyed girls and boys respectively. With the rise of distance learning and remote activities, spending time watching TV and going online for both educational and non-educational purposes increased for 56.5% and 60.3% of surveyed girls and boys respectively. Meeting with friends remotely through social media is also on the rise for 51.1% of surveyed children.

Increased chores and caring burdens

COVID-19 is intensifying the level of domestic support expected from children and especially from girls. Half of surveyed children said that their domestic responsibilities increased and were affected by the pandemic, school closures and lockdown measures. As a result of the pandemic, 49.1% of surveyed children were providing more home care for sick family members, 45.6% found themselves responsible of younger siblings, 44.5% were taking care of elders, and 47.9% were more engaged in household chores and domestic work, especially girls (57.4%) compared to boys (36.8%) ($p<0.0001$).



*Significant if $p<0.05$

Figure 8: Difference between girls and boys in contributing to household chores in comparison to the period before pandemic

5.4 IMPACT OF COVID-19 ON MENTAL HEALTH

COVID-19 has amplified social isolation and contributed to fading friendships, to missing educational and social milestones such as graduation and sports events, to missing physical touch with grandparents, relatives and friends, to disrupted education and to challenging family relationships.

Approximately half of surveyed girls and boys expressed negative emotions as a sign of psychological distress in response to these stressors. 72.4% feel bored at home, 49.1% are worried, 38.5% are scared, 40.2% feel confused, 44% are stressed, 48.7% feel sad and 37.8% feel lonely.

On the other hand, gender analysis shows that girls are more likely than boys to experience negative emotions. Girls are more likely than boys to feel bored at home ($p=0.003$), to feel worried ($p<0.0001$), to be scared ($p<0.0001$), to be confused ($p<0.0001$), to be stressed ($p<0.0001$), to feel sad ($p<0.0001$) and to feel lonely ($p=0.004$) (Figure 9).

Many interviewed children clearly expressed their feelings and talked about the impact of COVID-19 on their mental health and psychosocial well-being.

More information on the frequency of negative emotions expressed by girls and boys is available in Appendix F.

“

Life as we knew it before, disappeared overnight.
Girl, 14, Bosnia and Herzegovina

“

The COVID-19 outbreak affected me physically and emotionally. I gained some weight and suffered from a headache and shortness in breath. Boy, 15, Jerusalem-West Bank-Gaza “

“

COVID-19 is ruining my life and the lives of children I know around me. Boy, 13, Lebanon “

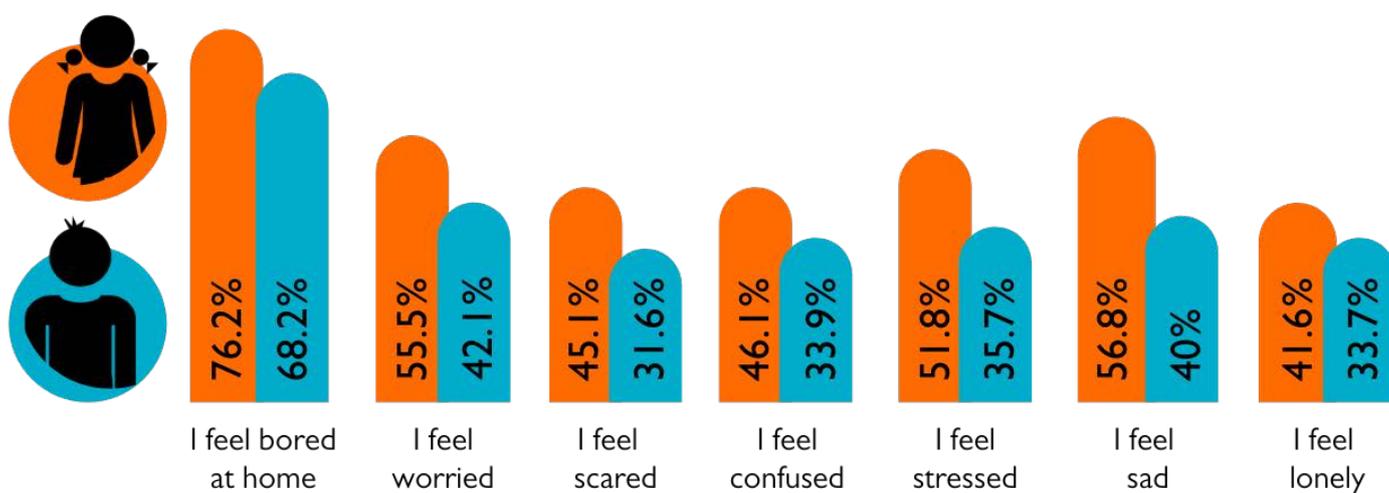


Figure 9: Difference in expression of negative emotions between girls and boys

5.5 IMPACT OF COVID-19 ON EDUCATION

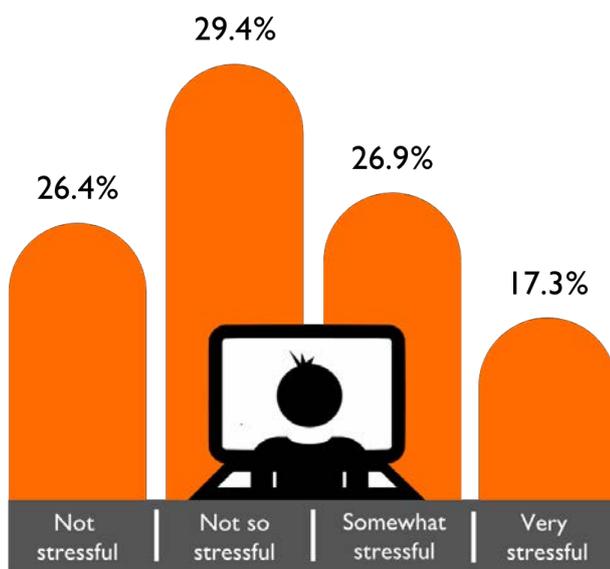
Closure of schools and distance learning

During the imposed lockdown, the majority of schools and teachers scrambled to get course work done through various channels such as social media platforms, online platforms and regular media. Other schools, especially in fragile contexts such as Afghanistan, Syria and Iraq, did not shift to distance learning and many children were deprived of their education.

Given the lack of access to an internet connection, electronic devices, electricity, and educational resources paired with the illiteracy of their parents, some girls and boys have been left without any learning opportunities.

25% of surveyed children were completely deprived of continuing any learning for the actual school year.

Girl, 13, Afghanistan “Since the beginning of the outbreak, I did not go to school and did not study. I heard that lessons are given through TV channel, but we do not have TV and radio at home”.



Out of the surveyed children previously enrolled in formal education, 75.7% said that their school shifted to distance learning, while 24.3% were completely deprived of continuing any learning for the school year. Overall 44.2% of surveyed children previously enrolled in formal education said that the COVID-19 outbreak has been somewhat or very stressful to their usual school experience. (Figure 10)

Figure 10: Impact of COVID-19 on children's usual school experience

Children's concerns about distance learning

Children whose schools shifted to distance learning were asked about their biggest concerns and challenges with this new learning method. More than half (58%) said that their major challenge was related to the lack of or weakness of their internet connection, 52% had concerns related to losing contacts with teachers and 46% were concerned about being isolated from classmates.

The lack of digital devices and the obligation to share the few available devices with parents and siblings, seem to be two major concerns for 43.1% and 40.5% of surveyed girls and boys respectively.

“
No matter how well you study alone,
you will still have difficulties.
Learning by yourself is not a good
idea. Boy, 15, Georgia

More information on concerns and challenges related to distance learning are shown in Figure 11.

Interviewed children echoed the concerns of surveyed children and added new concerns about the relevance of this method, the quality of learning and the challenges of online literacy.

Girl, 14, Bosnia & Herzegovina “The online learning was challenging, we had more homework to do and exams and we had to find our own ways to learn without much support and guidance from teachers.”

Girl, 15, Romania “It took me long time to get used to the online school and learn how to use the platform. I had difficulty connecting, and sending homework at the beginning.”

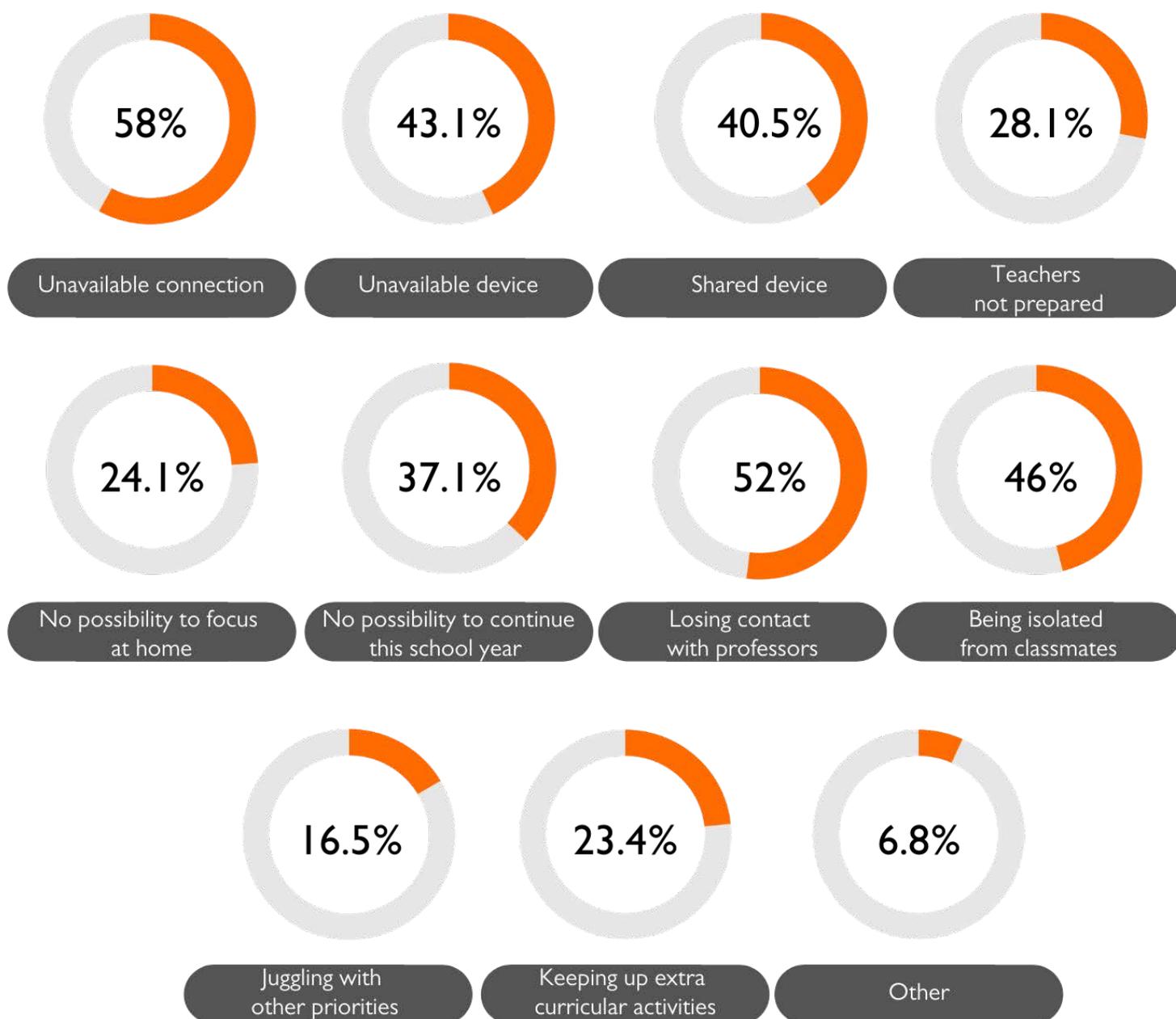


Figure 11: Girls' and boys' concerns on distance learning

5.6 IMPACT OF COVID-19 ON EARLY FORCED CHILD MARRIAGE

Girls and boys across the region said that a pandemic like this one presents unique challenges that can increase the number of early forced child marriages. Families are more likely to marry off daughters in times of economic stress to alleviate the perceived burden of caring for them.

Girl, 14, Syria “Many of my friends who are 13 and 14 years old got married during the lockdown because education has stopped and their parents forced them to marry for financial reasons.”

In Jerusalem-West Bank-Gaza, a few children also mentioned in their interviews that early forced child marriage is on the rise in their community, and is exacerbated by poverty and unemployment as parents seek to secure a daughter’s future or to meet the family’s basic needs.

Girl, 15, Albania “Girls and boys in my community are very worried because their parents can ask them to get engaged against their will.”

In Afghanistan, girls and boys said that early forced child marriage has always existed and even before the pandemic “Girls and boys in Afghanistan are victims of early marriages and family violence since decades before COVID-19”. With the economic distress caused by the pandemic, early forced child marriage in Afghanistan is only on the rise.

“

My parents forced my sister to marry an old man because we are thirteen girls and boys at home and my parents did not have the means to feed us all.

Girl, 16, Syria

“

During the COVID-19 outbreak three of my classmates were forced to marriage. Girl, 14, Jerusalem-West Bank-Gaza



Photo: World Vision Syria response
After dropping school to help cultivate the land, at 16 years she also had to marry a man 13 years her senior.

5.7 IMPACT OF COVID-19 ON CHILD LABOUR

“

Some of my friends were skipping online sessions to help their families survive the economic crisis. Boy, 13, Lebanon

According to interviewed girls and boys, the pandemic increased financial insecurity for families and resulted in losses of household income which intensified the expectations that girls and boys should contribute financially to support the family income. School closures have exacerbated these expectations.

Most of the interviewed girls and boys were not forced into child labour and did not have to skip online learning to support their families.

However, most of them have heard about other children who were forced into exploitative jobs in their communities and pushed to stop learning and go to work.

Girl, Jerusalem-West Bank-Gaza “I have heard about parents who sent their children to work in the field of construction and in the street.”

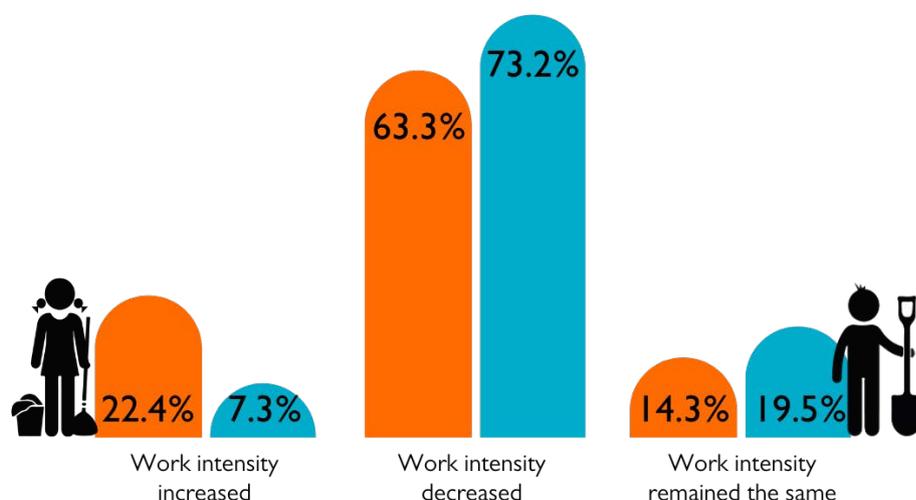
Boy, 14, Albania “Some children in my community sell items in the streets to support the family income. They often skip school to work every Tuesday.”

17.5% of children are working since the outbreak.

Survey results showed that child labour remained the same in surveyed children with 17.5% children who said they are working since COVID-19 in comparison to 17.8% before the COVID-19 outbreak. Workload intensity after the pandemic hit decreased for 69.5% of surveyed working children while it remained the same for 17.6% and increased for 13%.

Gender disaggregation showed that boys (22.1%) are still more likely than girls (13.2%) to work since the COVID-19 outbreak ($p=0.001$). However, working girls are more likely than working boys to suffer from an increased workload due to the pandemic ($p=0.04$) (Figure 12).

Due to COVID-19, working girls suffer from an increased workloads.



*Significant if $p < 0.05$

Figure 12: Difference in workload intensity between working girls and boys

5.8 VIOLENCE AGAINST CHILDREN DURING COVID-19

This section explores the increased risk of children witnessing physical, emotional and intimate violence during the pandemic in the Middle East and Eastern Europe region. More information on witnessing violence at the country level is available in Appendix G.

Physical and emotional violence

Girls and boys in the region are at an increased risk of violence at home, resulting from a variety of compounding structural, interpersonal and individual-level risk factors caused by COVID-19, including increased economic strain placed on families, stay-at-home orders, school closures and other COVID-19 response measures.

Girls and boys said that added family stresses related to the COVID-19 crisis – including job loss, isolation, excessive confinement, and anxieties over health and finances – heighten the risk of physical and emotional violence in the home, including both between partners (domestic and gender-based violence) and by caregivers against girls and boys. Living with abuse is very hard for girls and boys who are already experiencing a great deal of stress every day. They said they feel trapped or like there's nowhere to turn. They do not know whom they can trust.

For some of them, things were rough at home before the pandemic and they are accepting it as just another part of the day.

For 72% of those who experienced violence, the perpetrator was someone from the family.

“

I have heard about girls who are being beaten by their parents and siblings and called by names. Girl, 15, Syrian refugee “

“

Our neighbour always calls his children with bad names and every day he hits them and his wife too. They scream and ask for help. Girl, 13, Afghanistan

During the COVID-19 outbreak, 20.2% of surveyed children reported at least one case of physical violence, with the perpetrator being a family member for the majority of them (71.8%). Gender disaggregation showed that girls are more likely than boys to experience physical violence from a family member ($p < 0.0001$), while boys are more likely than girls to experience physical violence from friends ($p < 0.0001$) and strangers ($p = 0.001$). More information on the frequency of physical violence and the perpetrators of violence is available in Tables 3 and 4.

		All children %	Girls %	Boys %	P value
Reported physical violence		20.2%	20.3%	20.2%	0.98
Hit / slapped / kicked	Never	82.7%	83.8%	81.6%	0.86
	Once	5%	4.8%	5.3%	
	Sometimes	9.3%	8.9%	9.7%	
	Often	2.9%	2.5%	3.3%	
Hair pulled	Never	88.3%	87.3%	89.4%	0.41
	Once	3.2%	4.1%	2.2%	
	Sometimes	6.4%	6.1%	6.7%	
	Often	2.1%	2.5%	1.7%	
Forced to stay on their knees	Never	98.5%	98.5%	98.6%	0.32
	Once	0.4%	0.8%	0%	
	Sometimes	0.7%	0.5%	0.8%	
	Often	0.4%	0.3%	0.6%	

*Significant if $p < 0.05$

Table 3: Physical violence reported by girls and boys during COVID-19 outbreak

		All children %	Girls %	Boys %	P value
Someone from the family	No	28.2%	15.6%	41.7%	<0.0001*
	Yes	71.8%	84.4%	58.3%	
Another adult they know	No	88%	92.3%	83.3%	0.09
	Yes	12%	7.7%	16.7%	
Friend	No	76.4%	89.5%	62.5%	<0.0001
	Yes	23.6%	10.5%	37.5%	
Teacher	No	91.2%	92.1%	90.3%	0.70
	Yes	8.8%	7.9%	9.7%	
Someone I do not know	No	89.1%	97.3%	80.6%	0.001*
	Yes	10.9%	2.7%	19.4%	

*Significant if $p < 0.05$

Table 4: Perpetrators of physical violence reported by girls and boys during COVID-19 outbreak

In addition, 49.5% of surveyed children reported at least one case of emotional violence and for two-thirds of them, it was by someone from their family. Specifically, girls (53.2%) were more likely than boys (45.5%) to experience this form of violence ($p=0.04$). Girls were also more likely than boys to be emotionally harmed by someone from the family ($p=0.03$) while boys were more likely than girls to be emotionally harmed by an adult they know ($p < 0.0001$), a friend ($p < 0.0001$), a teacher ($p=0.002$) or a stranger ($p=0.001$).

More information on the frequency of emotional violence and perpetrators of this violence is available in Tables 5 and 6.

		All children %	Girls %	Boys %	P value
Reported emotional violence		49.5%	53.2%	45.5%	0.04*
Shouted and screamed at you	Never	59.2%	55.8%	62.9%	0.01*
	Once	13.2%	12.7%	13.7%	
	Sometimes	19.8%	20.9%	18.7%	
	Often	7.8%	10.7%	4.7%	
Called names / sworn at you	Never	80.8%	82.3%	79.2%	0.69
	Once	6.2%	6.1%	6.3%	
	Sometimes	8%	7.1%	9%	
	Often	5%	4.6%	5.5%	
Humiliate you	Never	88%	89.6%	86.3%	0.31
	Once	4.2%	3.3%	5.2%	
	Sometimes	4.5%	3.5%	5.5%	
	Often	3.3%	3.5%	3%	
Threatened you	Never	91.7%	92.6%	90.7%	0.21
	Once	2.9%	2%	3.8%	
	Sometimes	4.1%	4.6%	3.6%	
	Often	1.3%	0.8%	1.9%	
Made you uncomfortable by standing close to you	Never	90.3%	93.4%	86.9%	0.003*
	Once	2.4%	2.3%	2.5%	
	Sometimes	5.5%	2.5%	8.7%	
	Often	1.8%	1.8%	1.9%	
Made you feel unimportant	Never	81.1%	78.2%	84.2%	0.16
	Once	4.7%	5.8%	3.6%	
	Sometimes	10%	11.6%	8.2%	
	Often	4.2%	4.3%	4.1%	

* Significant if $p < 0.05$

Table 5: Emotional violence reported by girls and boys during COVID-19 outbreak

		All children %	Girls %	Boys %	P value
Someone from the family	No	39.2%	34.2%	45.3%	0.03*
	Yes	60.8%	65.8%	54.7%	
Another adult they know	No	89.1%	94.7%	82.4%	<0.0001*
	Yes	10.9%	5.3%	17.6%	
Friend	No	79.7%	87.4%	70.4%	<0.0001*
	Yes	20.3%	12.6%	29.6%	
Teacher	No	88.7%	93.6%	82.9%	0.002*
	Yes	11.3%	6.4%	17.1%	
Someone I do not know	No	92.5%	96.8%	87.4%	0.001*
	Yes	7.5%	3.2%	12.6%	

*Significant if $p < 0.05$

Table 6: Perpetrators of emotional violence reported by girls and boys during the COVID-19 outbreak

Violence in the community

In Afghanistan, interviewed girls and boys who are street workers talked about excessive violence in the streets exacerbated by the pandemic. They said that they were sometimes bullied, mistreated or yelled at.

Boy, 15 “One day I was walking across the street with my friend. Suddenly a car without a plate hits my friend intentionally and escaped. My friend was injured and some people helped us to go to nearest hospital.”

Girl, 16, Jerusalem-West Bank-Gaza “During the COVID-19 outbreak we are more hearing about violence, crime, kidnapping and suicide which makes me feel unsafe”.

One day my friend was alone in the shop, a group of men with hidden faces entered and abused him sexually.

Boy, 15, Afghanistan

In Turkey, displaced Syrian refugee girls and boys said that tensions and discrimination between the Turkish host community and displaced Syrians was on the rise during the lockdown.

Girl, 16 “When Turkish children go outside to play nobody says bad things to them. But when Syrian children do the same, our neighbours yell at them and even call the police”.

Internally displaced girls and boys across Syria live in daily fear in their communities. Those fears are exacerbated during the pandemic. Girls and boys talked about fears of air strikes, bullets and bombs. They are afraid to travel to school, fearing attacks, kidnappings and other threats like theft in their communities. Fear of sexual violence and verbal harassment is a concern especially raised by girls and boys in Syria. It further limits their movements outside the camp, which are already restricted by parents who harbor the same concerns.

Girl 14, Syria “I always feel insecure since I live in a tent not a house and I am always afraid of bombs and kidnapping”

Girl, 14 “I always go out to school with my mother or my older cousins because I am afraid of verbal harassment.”

To provide more insight on the concerns raised by interviewed children, surveyed children were asked if they have been aware or have heard of children experiencing any form of inappropriate intimate behaviour from adults or their peers during the COVID-19 outbreak in their community. While the majority of them were not aware of this kind of violence, 20.4% had heard about cases of intimate violence in their communities. (Figure 13)

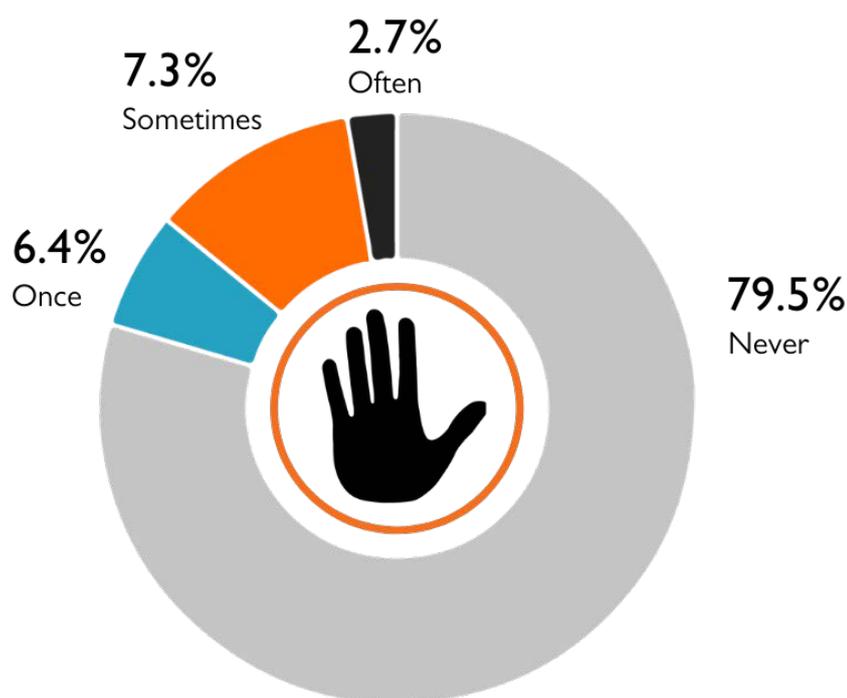


Figure 13: Intimate violence noticed by surveyed children in their community

Online dangers

The pandemic has led to an unprecedented rise in screen time among girls and boys. With school closures and strict containment measures, families rely on technology and digital solutions more to keep girls and boys learning, entertained and connected to the outside world. But not all girls and boys have the necessary knowledge, skills and resources to keep themselves safe online. Girls and boys said that spending more time on virtual platforms exposed them to potentially harmful and violent content as well as to cyberbullying.

“

Someone sent me insults and inappropriate messages through Instagram. -
Boy, 13, Albania

A lack of face-to-face contact with friends and romantic mates also led to heightened risk-taking such as sending sexualised images, especially for girls.

Girl, 14, Lebanon “I know some children who are using the internet to see inappropriate content online.”

Girl, 15, Syria “One girl in the camp took inappropriate photo of her and sent it to her boyfriend and when her family knew they beat her.”

In addition, 14.9% of surveyed children have heard at least once about online dangers in their community. More information on the frequency of online risks in children’s communities is available in Table 7.

		All children %
Inappropriate content while surfing the net	Never	85.4%
	Once	3.4%
	Sometimes	8.1%
	Often	3.4%
Ask send personal photos	Never	91.8%
	Once	2.8%
	Sometimes	3.6%
	Often	1.7%
Ask send nude photos	Never	95.3%
	Once	1.1%
	Sometimes	2.3%
	Often	1.3%
Threatened publish photos	Never	93.3%
	Once	2.4%
	Sometimes	3.2%
	Often	1.1%
Forced to watch inappropriate content	Never	97%
	Once	0.5%
	Sometimes	1.7%
	Often	0.7%

Table 7: Online risks noticed by surveyed children in their community

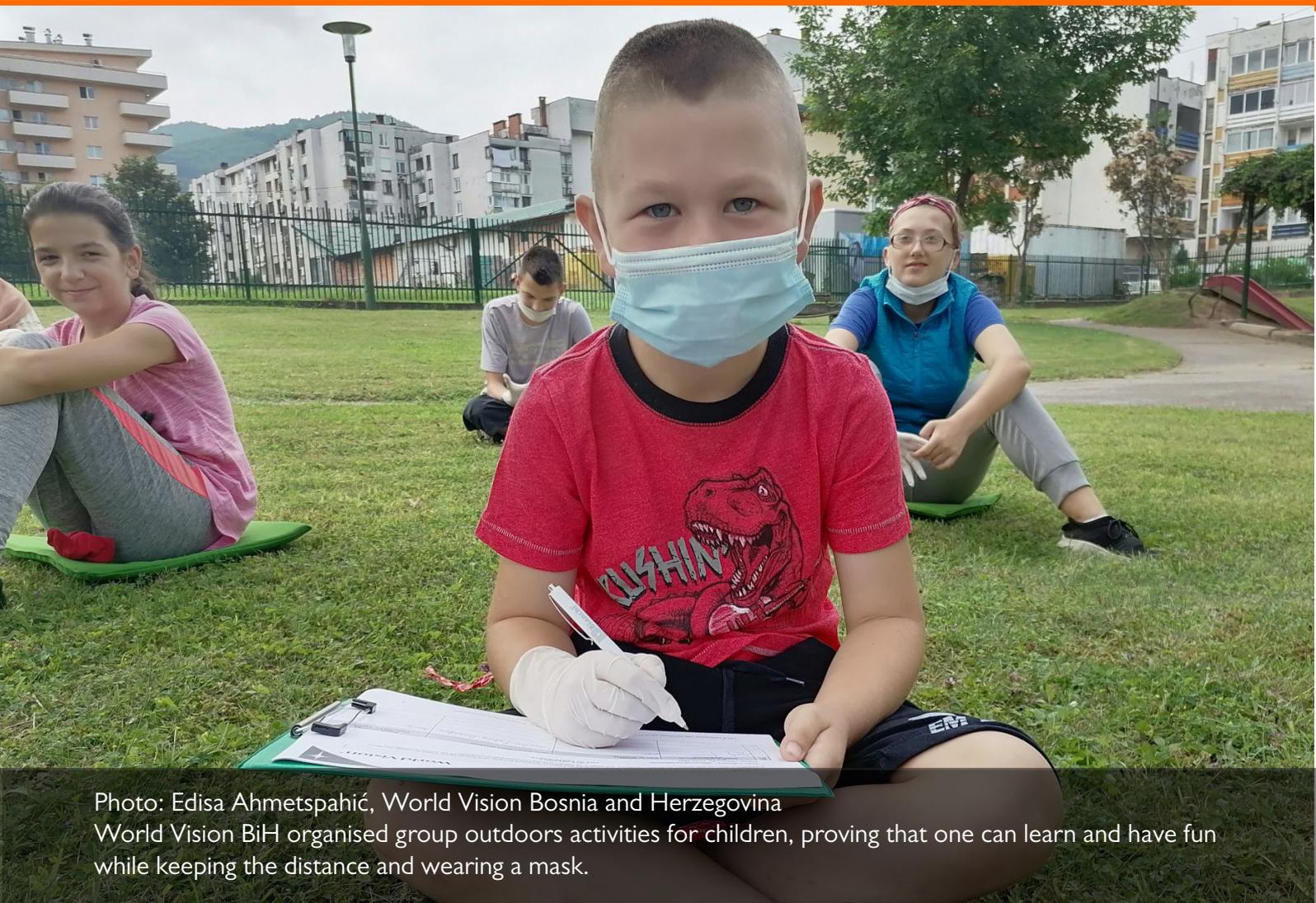


Photo: Edisa Ahmetpahić, World Vision Bosnia and Herzegovina
World Vision BiH organised group outdoors activities for children, proving that one can learn and have fun while keeping the distance and wearing a mask.

5.9 RESILIENCE MECHANISMS

Girls and boys in the Middle East and Eastern Europe are responding to the challenges created by the pandemic, and working towards bettering their own lives and the lives of those around them. Survey findings show that more than two-thirds (71.4%) of surveyed children are most often optimistic about the future despite all the challenges they face, 81.4% of girls and 73.6% of boys most often feel useful and relaxed.

Dealing well with problems (77.1%), thinking clearly (84.6%) and feeling close to other people (75.4%) are prominent ways of dealing with stress for young people who resort to these practices most often. Making up their own minds about things is the resilience mechanism practiced by only 48.7% of surveyed girls and boys.

Half of surveyed children are most often optimistic about the future.

Gender disaggregation shows that boys are more resilient than girls. In fact, boys are more likely than girls to often feel optimistic ($p=0.03$), to often feel useful ($p=0.001$), to often feel relaxed ($p<0.0001$) and to deal well with problems ($p=0.03$).

On the other hand, girls are more likely than boys to make up their own minds about things ($p<0.0001$) which speaks to their capacity to make decisions faster than boys. Interviews with girls and boys focused on understanding how they are responding to the challenges created by the pandemic. (Figure 14)

In fact, girls and boys are reshaping their personal relationships with their parents, self-reflecting, praying, supporting and encouraging each other, and growing their talents and knowledge while staying home.

More information on the frequency of resilience factors are available in Appendix H.

<p>“ My relationship with my parents was strengthened. We got to know each other better and doing activities together every day. Girl, 14, Jerusalem-West Bank-Gaza</p>	<p>“ Staying at home gave me more time to reflect on my attitude towards some people, to put myself in their shoes, to realize my mistakes towards them and finally to reflect on solutions to fix those mistakes. Boy, 15, Romania</p>	<p>“ During the COVID crisis I prayed to feel better and become more positive about the future. Boy, 16, Jerusalem-West Bank-Gaza</p>	<p>“ I started learning how to cook. Every day I was trying a new recipe. Boy, 14, Georgia</p>
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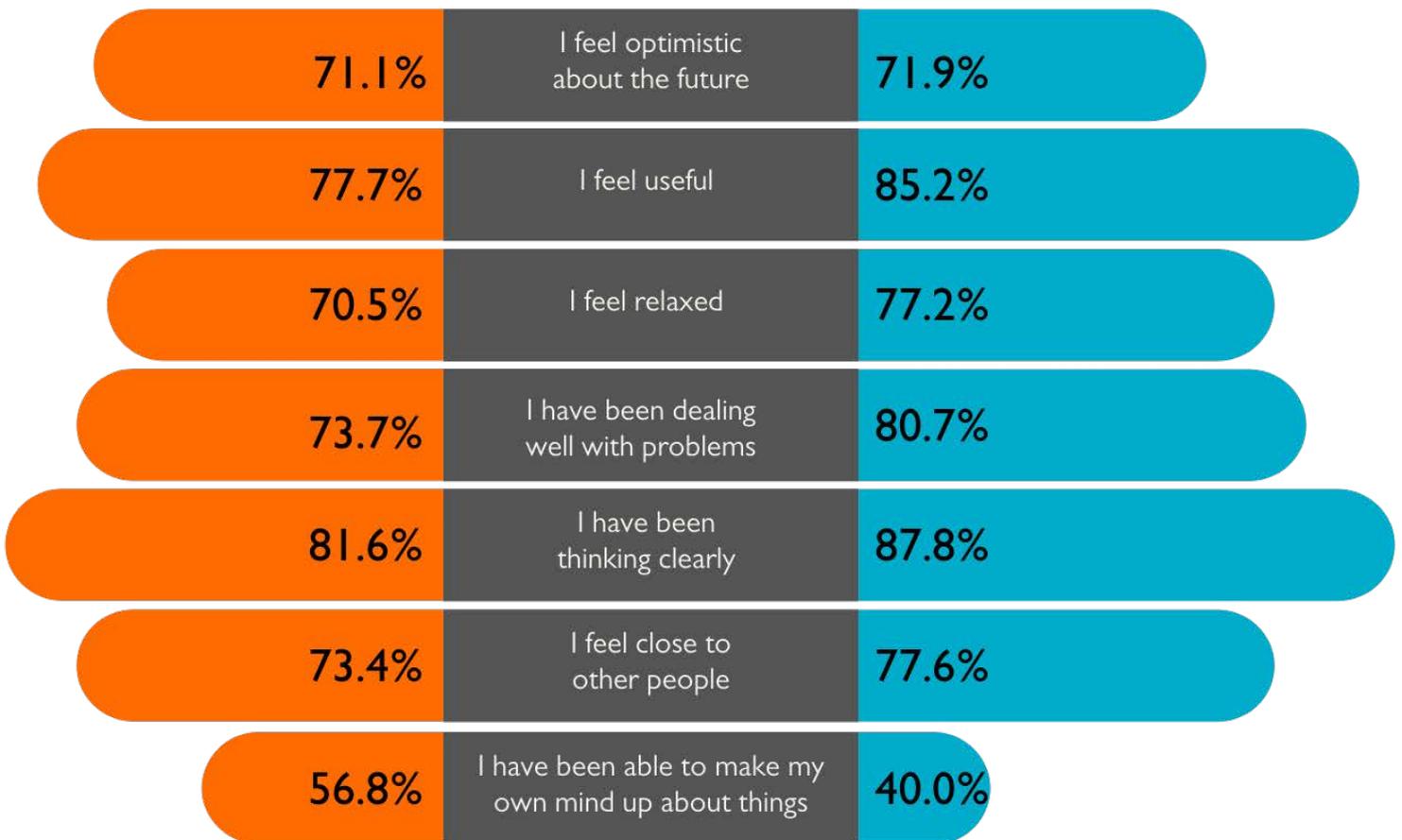


Figure 14: Resilience mechanisms for girls and boys

5.10 CHILDREN'S ACTION AND VOICE

Children make important contributions

Girls and boys are not only victims of this global crisis. Young people's interview responses give evidence to their capacity as active and engaged citizens. They are aware that they can contribute to making a significant difference through individual and collective actions in their families and communities. 56.8% of surveyed children said that they would join or participate in programmes that support their parents and government in increasing protection measures during the pandemic with girls more likely than boys to do so ($p=0.005$) (Figure 15).

For instance, 65.4% of surveyed children are very willing to engage with other children to raise awareness of child protection issues. 61.4% are very willing to lead activities on child protection. 49.8% expressed their great willingness to meet government representatives and influence them in the best interest of children. 55.5% are very willing to provide ideas about how to improve child protection. 67.1% of surveyed girls and boys are very willing to inform children and their parents about where they could get help. And 55.5% are very willing to write letters and use other safe means to spread positive messages about protecting children.

Interviewed girls and boys unpacked more about how they would contribute to fight against COVID-19. They demonstrated high levels of awareness about how to prevent spread of the virus, but also a high level of individual social responsibility – that it starts within each one of them.

Boy, 14 “We should always wear masks, regularly disinfect our hands, stay two meters away from others, and do not touch anyone.”

In response to the global pandemic, girls and boys are leveraging their resources to help their families, friends, and communities to help fight the spread of the virus. Some girls and boys volunteered for different organisations to distribute food parcels, deliver masks and hand sanitizer.

Boy, 14, Jerusalem-West Bank-Gaza “Young people in my community helped through different youth associations or the Red Cross in distributing food parcels.”

Girls and boys said they were inspired to start a fundraiser to provide funds to local community service organisations to support people who lost their jobs as a result of the pandemic and could no longer afford to feed themselves or their families.

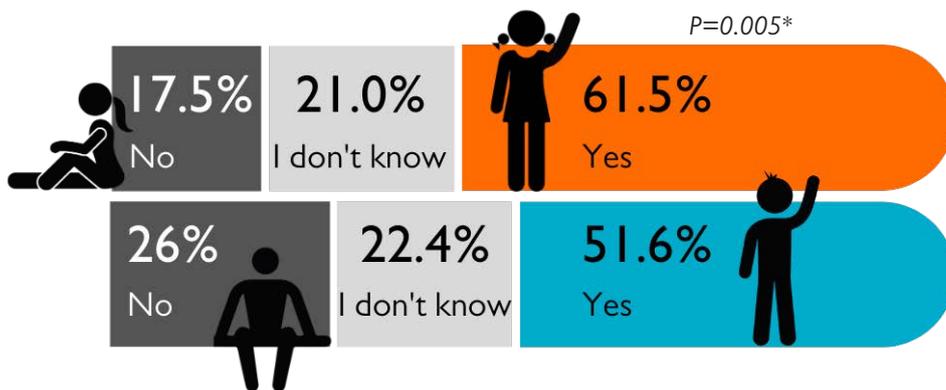
Boy, 16, Kosovo “We can raise funds to buy masks, gloves and disinfectants and give them to people or families who cannot afford buying those items.”



Photo: Nejra Baltes, World Vision Bosnia and Herzegovina
Together with partners, World Vision BiH brought politicians before children to listen and answer questions about problems children face in their local communities.

Half or more of interviewed participants had either taken part in awareness raising activities or were planning to do so. Awareness raising was carried out in a variety of ways by girls and boys depending on the resources available to them. In Romania, Bosnia & Herzegovina, Albania, Kosovo, Lebanon, Jordan and Turkey, the majority of girls and boys interviewed said that they had or were planning on raising awareness online using different social media platforms.

Boy, 14, Romania "I think that we can create a Facebook page or a website and ask girls and boys to tell the stories during COVID-19 time and ask also health professionals to share their experience."



*Significant if $p < 0.05$

Figure 15: Children's willingness to contribute to programmes to fight COVID-19

Children seek support from parents

When surveyed children are exposed to different stress factors, 82.2% of them reach out to their parents for support, 51.5% pray, and 44.1% reach out to siblings and 40.5% to friends. Boys are more likely than girls to ask parents for support ($p=0.02$), to ask faith leaders for support ($p=0.02$) and to call a child protection hotline ($p=0.008$), while girls are more likely than boys to pray ($p=0.02$).

Like surveyed children, interviewed girls and boys spoke about the support needed from parents and caregivers to help them cope with changes resulting from the pandemic.

Girl, 15, Romania "I believe that parents should spend more time with their children and support them, because they need encouragement and to know that someone is standing by their side."

Girls and boys also want their parents to recognise their need to connect with their peers.

Girl, 15, Jerusalem-West Bank-Gaza "Parents should meet their children need to communicate with their friends through online exchange to limit the burden of isolation."

82% of children ask parents for support when they feel unsafe or when they are exposed to stress factors.

Children also asked their parents to communicate with them in a positive way because this pandemic time is hard on everyone.

Girl, 13, Afghanistan "Adults should avoid shouting, screaming and yelling at children during this hard time."

Children ask their governments

One-third of surveyed children considered that their government response to COVID-19 is insufficient and 75.7% among them were in favour of increasing measures taken for protection from COVID-19. Surveyed children were also asked about the availability of services to support them during the outbreak. 33.5% said that a hotline for children to report abuse and get help was not available. On the other hand, 40.5% said that sessions for parents to help them interact constructively with their children were available and 47% said that psychosocial support sessions for children to help them cope with changes due to COVID-19 were also available.

76% of children asked their government to increase protective measures from COVID-19.

Online education was not supported and electronic devices were not available for 55.8% of children. Income support (eg, financial aid-unemployment payments, cash transfers as assistance) was also not available for 51.6% of surveyed children.

During interviews, girls and boys shared what resources they need to continue their efforts to fight against the spread of COVID-19 and provided suggestions to the leaders of their countries on how their governments could help support and protect girls and boys in the time of COVID-19.

Photo: Nejra Baltes,
World Vision Bosnia and Herzegovina
A sponsored girl speaks at a press
conference highlighting violence against
children as one of the biggest problems
children in BiH face.



CHILDREN

ARE ASKING

Many girls and boys spoke about the need for **more supplies** in their communities to fight the spread of COVID-19. Masks, hand sanitizer and soap were frequently mentioned as items in short supply.

“

Girl, 14, Lebanon

“Girls and boys can be supported by organisations such as World Vision through distribution of cleaning detergents and disinfectants to stay clean and safe.”

“

At a very basic level, girls and boys said they want access to **up-to-date and reliable information** about the best way to protect themselves from the virus.

Girl, Bosnia & Herzegovina

“We need to learn more about this infection and how to protect ourselves.”

“

Girls and boys asked the governments and authorities to **impose safety measures** and enforce the regulations to keep communities protected from spreading the virus.

Boy, 13, Turkey

“Regulations on social distancing and wearing masks in public spaces should be reinforced because no one cares”.

“

Girls and boys urged their countries' leaders to provide **free and comprehensive health care** for families who contract the virus.

Boy, 16, Iraq

“We need some medications, since people inside the camp suffer greatly from a lack of medication and lack of health centres.”

“

Most of the interviewed girls and boys asked their governments to create **safe recreational places** to play outside with their peers while keeping safe distancing to limit the consequences of isolation.

Boy, 13, Romania

“The president should provide more open recreational spaces for children like parks.”

“

Girls and boys are also stressing the need for adults to **increase protective measures** more than before.

Girl, 13, Afghanistan

“Take care of street children more than previous time and protect them from violence at home and in the street.”

“

Girls and boys who took part in this research called for governments to **apply laws to protect children** from violence.

Girl, 14, Lebanon

“There are laws in Lebanon to stop violence against children but they are not being applied. Non-governmental organisations should work on stressing on the application of these laws.”

Girls and boys want their voices heard by their countries' decision makers, and they want **to be involved in the decision-making process**. Moreover, they want their views to be respected and taken seriously.

Moreover, young people who took part in the research spoke of their desire to **resume safe and accessible education** as soon as possible.

Where in-person classes are not possible, girls and boys called for **radio or TV-based lessons**.

In countries where online education is available, challenges still exist. Girls and boys pointed out that poor, rural and vulnerable communities are disproportionately disadvantaged due to difficulties **accessing the internet and devices**.

Young people recognise the financial impact of the pandemic on their families. Loss of income and economic distress means parents have difficulties providing food for their children. Girls and boys are asking their governments to **provide food, regulate the price of food, and provide financial assistance** to families so children do not go hungry to bed.

And finally, they are asking that the government **provide their caregivers with livelihood opportunities** to support their income.

“

Boy, 16 Albania “I wish if our experiences as children in this situation were given more attention.”

“

Girl, 14, Jordan “I ask the president to open the school again while taking all preventive measures so we can go back to our normal life and education again.”

“

Girl, 15, Albania “A TV channel that will broadcast lessons and fun programmes as well for children must be launched.”

“

Girl, 14, Syria “Authorities should provide electronic devices and internet connection to children to participate in online classes since most of the parents cannot provide those.”

“

Boy, 14, Lebanon “I would suggest decreasing the price of food. In addition, the non-profit organizations and the government should distribute food parcels for the poor.”

Girl, 14, Syria “We need cash assistance specially for households who lost the income due to job loss. Cash assistance will prevent us to do risky jobs to secure an income.”

Girl, 15, Albania “The government is responsible for designing concrete plans to support families who have no income, or who are most in need.”

Girl, 13, Afghanistan “The president should provide the opportunity of working for our fathers and distribute food parcels to vulnerable people.”



6. RECOMMENDATIONS

Recommendations for government, donors and decision makers

Government leaders, including high-level decision-makers and donors, must step up immediate efforts to protect children from the impacts of the COVID-19 pandemic by:

Considering COVID-19 a child protection and gender-based violence crisis:

1. Place girls and boys at the centre of response and recovery plans by strengthening social accountability mechanisms to support dialogue between children and decision-makers at all levels. *World Vision supports the European Union's emphasis on children's agency in its new Strategy of the Rights of a Child.*
2. Recognise and embrace children and young people as rights-holders and social actors with capabilities to contribute to stopping the spread of COVID-19. *World Vision calls upon UNICEF to enhance its leadership in creating the space for dialogue.*
3. Prioritise the protection of children and vulnerable adults as a lifesaving intervention in all national COVID-19 responses, investing in humanitarian and development initiatives to prevent, mitigate, respond and end all forms of violence.
4. Ensure that child protection services are well resourced, inclusive and supported. All aspects of child protection systems – including laws and policies, law enforcement agencies and child protection services – must take into account violence experienced by children in the home and on the streets during the pandemic.
5. Ensure that responses to the pandemic do not perpetuate harmful gendered norms, discriminatory practices, stigmatisation, inequalities, or the risk of increasing the burden of household chores for girls.
6. Provide urgently needed funding for child protection programming, including for children and caregivers' psycho-social support, and gender-based violence response services. *World Vision's plea to DG ECHO is to increase, or at a minimum maintain, the percentage of emergency funding that goes to Education in Emergencies programming.*
7. Ensure that vulnerable households in both rural and urban settings benefit from government social protection systems and other COVID-19 cash assistance and livelihood support.

Developing multi-sectorial responses that support child protection outcomes:

1. Provide funding and educational support to uphold children's right to education by providing opportunities for children, especially girls, to continue their education through online platforms wherever possible, and ensuring other forms of communication such as radio or TV are available for those children who do not have access to the internet.
2. Encourage corporate donors to contribute to improving the situation of children in their countries with financial or in-kind donations (such as IT equipment) or their employees' time

3. Invest in restoring livelihoods in the most affected countries so that children worry less about their parents providing for them now and in the future.
4. Support civil society and faith leaders in their efforts to convey accurate communication messages about the pandemic, and to hold governments accountable in the fight against the spread of COVID-19.
5. Provide regular communication by public and responsible health officials presented in an easily understandable manner and ensure that the media has full access to official and public information.
6. Communicate information in all spoken languages, including minority languages and sign language, and take digital literacy and other barriers in communication into consideration.

Recommendations for programming

In responding to COVID-19, organisations that can provide direct assistance should support children by:

1. Ensuring child-sensitive and gender-responsive social protection interventions are in place for the most vulnerable, especially female-headed, single parent and child-headed households, and displaced communities (eg, those living in fragile contexts or host countries) throughout the response and recovery phases.
2. Providing equitable access to psychosocial support by ensuring girls and boys have access to counselling services, referral pathways and protection for victims of violence.
3. Distributing the necessary learning equipment to children to enable them to continue their learning through online or other modalities.
4. Providing support to vulnerable households and children through cash assistance or food distribution to cover basic food needs during the pandemic. Whenever possible, organisations should work closely with governments to ensure these efforts align with and strengthen existing social protection systems to enhance sustainability and long-term impact.
5. Intentionally focusing on the existing strengths and weaknesses of young people, while placing special emphasis on girls' resilience and empowerment. This needs to be reflected in gender-responsive beneficiary targeting, as well as gender-responsive content for adolescence empowerment curricula across all sectors (Child Protection, Education, Health, etc).
6. Applying a gender lens in monitoring and evaluation practices, in order to ensure that baseline and endline evaluations capture differences between girls' and boys' experiences, as well as progress achieved for each group, especially in the areas of resilience, empathy and self-efficacy.
7. Programmes targeting parenting skills need to capture positive messaging about girls' and boys' equal value in the family and how to uplift each, considering socially ascribed gendered roles and stereotypes that girls and boys learn from early childhood.
8. Network and act together with faith leaders and faith-based organisations to fight poverty and alleviate the suffering of children and their families through their spiritual empowerment.



7. CONCLUSIONS

The findings of this research sound alarming – all surveyed and interviewed girls and boys mentioned some sort of violence during the outbreak and the majority of them are experiencing psychosocial distress as result of social isolation and fear. Children, especially in fragile contexts, are also experiencing stress related to falling further into poverty as a result of the pandemic. COVID-19 has worsened gender inequalities – girls are more involved in doing household chores and early forced child marriage is on the rise in fragile contexts where poverty is the main driver.

COVID-19 is no longer only a health crisis, but also a child protection and gender-based violence one.

While it is expected that children will feel desperate and hopeless in this situation, they challenge us with their spirit and desire for change. Most of them have hope that the situation could change for the better, and all of them are ready to stand up and contribute to that change.

They are telling us that this is a child protection and gender-based violence crisis and that they want to join forces to end it. They are calling on decision-makers to listen their ideas about how this devastating situation can change for the better, and to respect their voices and their rights. They send a plea to decision-makers as a matter of urgency to create spaces for children to spend quality time with their peers, to revitalise the education system in these circumstances especially for the most vulnerable, to make life safe for them on- and offline, and to create opportunities for their parents so that they don't fall into poverty.

They are ready. Are we?

Based on the findings, World Vision is concerned that protecting children will not be a priority and that governments lack the means to prevent and address the huge spike in violence against children.

World Vision calls on governments, donors, UN agencies and civil society including faith leaders to:

- Take urgent action to ensure child protection is prioritised as a lifesaving intervention in all national COVID-19 responses, investing in humanitarian and development initiatives to prevent, mitigate, respond to and end all forms of violence against girls and boys.
- Recognise and embrace children and young people as rights-holders and social actors with abilities to contribute to stopping the spread of COVID-19. Even though they are victims, girls and boys are also social actors, ready to join forces with adults to stand up and protect their rights.
- Prioritise multi-sectorial programming (eg, education, health, livelihoods) in response and mid-term plans, especially ensuring child-sensitive and gender-responsive social protection interventions are in place for the most vulnerable, especially female-headed, single parent and child-headed households, and displaced communities (eg, those living in fragile contexts or host countries).

ANNEXES

Appendix A: Survey Tool

Children Experience in Middle East and Eastern Europe in the time of pandemic from the novel coronavirus COVID-19

Survey code number: (to be filled by interviewer)

Funding Information (to be filled by interviewer or by staff member)

1. Type of funding that support the child during 2019-2020:

Sponsorship fund	<input type="checkbox"/>
Private non-sponsorship (PNS)	<input type="checkbox"/>
Grant	<input type="checkbox"/>
None	<input type="checkbox"/>

2. If the child is supported by a grant or a PNS, please specify the donor and/or Support Office name. If programme / project name is also known, please add it too.

Donor name (If Grant or PNS): _____

World Vision Support Office (Sponsorship Fund): _____

Project/Programme name: _____

Socio-Demographic Information

What is your gender? Girl Boy

What is your age? -----

Where do you currently reside?

- Afghanistan Albania Kosovo Armenia Bosnia & Herzegovina Georgia Iraq Jordan
 Lebanon Jerusalem West Bank Gaza Romania Syria Turkey

3. What is your social status? (If answer is single, skip to question 9)

- Single Married Widowed Separated Divorced If other, please specify.....

4. At what age did you get married? -----

5. How many children do you have? -----

6. Were you attending any formal education* before the COVID-19 outbreak? (If answer No, skip to question 11) Yes No

*Attending formal education means being registered in a formal school approved by the Ministry of Education

7. If yes, what is the school level you were enrolled in?

<input type="checkbox"/> Primary (Grade 1 to grade 5)	<input type="checkbox"/> Secondary (High school or grade 10, 11 & 12)	<input type="checkbox"/> Vocational school
<input type="checkbox"/> Intermediate (grade 6 to grade 9)	<input type="checkbox"/> Technical school	

8. What is your highest level of completed education?

<input type="checkbox"/> None/ illiterate	<input type="checkbox"/> Intermediate level (grade 6 to grade 9)	<input type="checkbox"/> Vocational level
<input type="checkbox"/> Primary level (grade 1 to grade 5)	<input type="checkbox"/> Secondary level (High school or grade 10, 11 &12)	<input type="checkbox"/> Technical level

9. Where do you currently live?

- Household
 Residential care center

10. If you have answered “household” on question 12 please tell us how many members live with you in the same household? _____**11. How many siblings do you have?**

Sisters: _____

Brothers: _____

12. Are there any members of your family unable to take care of themselves ?

- Yes No

13. Please indicate if any of your family members are experiencing one of the following?

(Choose all that apply)

- Single Parent
 Female heading the household
 Members with Refugee/IDP status
 Unaccompanied minors
 Members with physical disabilities
 Members with mental disabilities
 Members chronically ill
 Elderly members
 Other (Please specify):

14. Have you been doing any activity or paid work to help your family and contribute to the household income? (If answers are No, skip to question 19)

	No	Yes
Before COVID-19 outbreak	<input type="checkbox"/>	<input type="checkbox"/>
Since COVID-19 outbreak	<input type="checkbox"/>	<input type="checkbox"/>

15. If yes, please specify the type of activity or paid work?

Before COVID-19 outbreak: _____

Since COVID-19 outbreak: _____

16. If you have been doing an activity or paid work to help your family and contribute to income before the COVID-19 outbreak, has the workload intensity changed?

- I was not doing any activity
 Work/ Activity intensity increased
 Work/ Activity intensity decreased
 Work/ Activity intensity remained the same

17. Who are the family members who contribute to family income: (choose all that apply)

<input type="checkbox"/> Mother	<input type="checkbox"/> Sibling above 18	<input type="checkbox"/> Me	
<input type="checkbox"/> Father	<input type="checkbox"/> Sibling under 18	<input type="checkbox"/> Other, Please specify -----	

Impact on Education (only for children who answered yes on question 9)

18. Did your school shifted to distance learning because of the COVID-19 outbreak? (If answer No, skip to question 24)

- Yes No

19. How often were you able to attend the following distance learning method?

	Never	Rarely	Some of the time	Often	Always	Not Applicable
Online learning via platforms such as Zoom, Microsoft Teams, Google Meet, Google classroom, Hangout, etc....	<input type="checkbox"/>					
Learning via Media such as Radio, TV, etc....	<input type="checkbox"/>					
Online learning via social media such as Facebook groups, WhatsApp groups)	<input type="checkbox"/>					
Online learning via school intranet	<input type="checkbox"/>					

20. What are your biggest concerns as your school shifts to distance learning environment? (Choose all that apply)

- Missing out the learning due to unavailable or low/weak internet connection
- Missing out the learning due to unavailable electronic devices such as laptop, computer, tablet, smartphone
- Missing out the learning because household available electronic devices needs to be shared with siblings
- Missing out the learning because teachers were not prepared for online teaching
- Missing out the learning because I do not have the opportunity to be isolated at my household and focus on learning
- Keeping up with coursework and complete successfully the school year
- Losing physical contact with professors/instructors
- Being physically isolated from classmates
- Juggling other priorities (e.g. child care, family care, etc)
- Keeping up with extracurricular activities (e.g. athletics, student groups)
- Other (please specify) _____

21. How stressful has the coronavirus (COVID-19) outbreak been to your usual school experience?

- Very stressful
- Somewhat stressful
- Not so stressful
- Not stressful at all
- I prefer not to answer

24. To what extent have you been exposed to the following stressors during the COVID-19 outbreak?

	Not at all	Small extent	Medium extent	Large extent	I prefer not to answer
Missing out on school curricula and falling behind in class	<input type="checkbox"/>				
Missing out the school year and graduation	<input type="checkbox"/>				
Not being able to say goodbye to friends	<input type="checkbox"/>				
Not learning enough to be ready for school in the fall	<input type="checkbox"/>				
Not being able to go to school in the fall due to financial problems	<input type="checkbox"/>				
Falling into poverty	<input type="checkbox"/>				
Not having access to food at home	<input type="checkbox"/>				
Parents losing their jobs	<input type="checkbox"/>				
Not being able to see my friends due to social distancing measures and lock-down	<input type="checkbox"/>				<input type="checkbox"/>
Not being able to see older relatives due to social distancing and lockdown	<input type="checkbox"/>				
Worried over the health of a parent or loved one catching COVID-19	<input type="checkbox"/>				
Worried about myself catching COVID-19	<input type="checkbox"/>				

25. When you are exposed to different stressors to whom do you reach out for help and support or what do you do to feel better? (Choose all that apply)

- Ask for support from parents
- Ask for support from sisters/ brothers
- Ask for support from grand parents
- Ask for support from other family members (Uncles, aunts, cousins, etc...)
- Ask for support from a teacher/ school counselor
- Ask for support from a friend
- Ask for support from faith leaders in your community
- Pray
- Call any child support/ child protection hotline
- I do not seek support
- I have no one to turn to
- Not Applicable

Unpleasant Experiences and Harm

26. During the COVID-19 outbreak, how often were you exposed to the following types of unpleasant experiences/ harm and by whom? Put an “X” mark for each statement in the relevant box.

PHYSICAL HARM					
During the -19 outbreak, how often has someone:	Never	Once	Sometimes	Often	I refuse to answer
a. Hit or slapped you or kicked you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pulled your hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Forced you to stay on your knee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other please specify: -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who is the person/people who have acted in this way? Choose more than one answer if needed.	1. Someone from your family 2. Another adult you know 3. Friends 4. Teacher 5. Someone you don't know 6. No one 7. I refuse to answer				
EMOTIONAL HARM					
During the COVID-19 outbreak, how often has someone:	Never	Once	Sometimes	Often	I refuse to answer
e. Shouted or screamed at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Called you names or swore at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Say or do something to humiliate you in front of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Threatened to harm you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Made you uncomfortable or scared by standing too close to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Made you feel unimportant or without proper attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other please specify: k. -----					
Who is the person/people who have acted in this way? Choose more the one answer if needed.	1. Someone from your family 2. Another adult you know 3. Friends 4. Teacher 5. Someone you don't know 6. No one 7. I refuse to answer				
INTIMATE HARM					
Speaking as an expert of children in your community, are you aware or have you heard of children experiencing any forms of inappropriate intimate behaviors from adults or their peers during the COVID-19 outbreak?	Never <input type="checkbox"/>	Once <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	I refuse to answer <input type="checkbox"/>

ONLINE HARM

Speaking as an expert of children in your community, are you aware or have you heard of children experiencing any forms of inappropriate online behaviors from adults or their peers during the COVID-19 outbreak?	Never	Once	Sometimes	Often	I refuse to answer
l. Inappropriate photos or movies while surfing online?	<input type="checkbox"/>				
m. Been asked by anyone to send them their photos online?	<input type="checkbox"/>				
n. Been asked by anyone to send them their nude photo or photo of their body parts online?	<input type="checkbox"/>				
o. Been threatened by anyone with publishing their photos?	<input type="checkbox"/>				
p. Been forced by someone to watch inappropriate photos or movies?	<input type="checkbox"/>				

Asks and Contribution

27. How would you assess your government's response to help you feel protected from COVID-19 outbreak?

- Sufficient
- Somehow sufficient
- Neither sufficient or insufficient
- Somehow insufficient
- Insufficient
- I don't know
- I don't have an opinion

28. Are you in favour of increasing measures taken for your protection from COVID-19 further?

- Yes
- No
- I don't know

29. Do you consider the following services/benefits being available for your protection during the COVID-19 outbreak?

	Available	Not available	I don't know
Hotlines for children to report and get help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sessions for parents to help them interact constructively with their children during this time of lockdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial support sessions for children to help them cope with changes coming with COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support online education by distributing electronic devices to access online classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income support (e.g. financial aid-unemployment payments, cash transfers as assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Would you join or participate in programmes that support parents/ government in increasing protection measures during COVID-19 outbreak?

- Yes
 No
 I don't know

31. If answer yes, rate how willing you are to participate in such programmes

	Very willing	Somewhat willing	Not at all willing	I do not know
Engage with other children to raise awareness on child protection issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead activities on child protection issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online meeting or face to face when the lockdown restrictions will be eased with government representative to influence for the best interest of children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give ideas on how the situation of child protection could be improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inform children and their parents where they could get help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write letters and use other safe means to give messages for the protection of children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix B: Key Informant Interview Tool

Name		
Age		
Gender		
Country		
Date		
Means of communications		
Interviewer		
Main and prompts questions		
Opening	Welcome and warming up	
	Main questions	Probes and Prompts
Q1	How is COVID-19 affecting your life or the lives of children and young people in your country?	Can you give me an example? Can you please explain the restricting factors that affect your live these days? How have your relationships with friends, parents, teachers, faith leaders or other people changed?
Q2	How are children and young people contributing, or can they contribute, to the fight against the spread of COVID-19?	Can you give me a concrete example of these actions? Can you please give any ideas for actions or a message to other children and young people? What kind of support and resources do children and young people need to conduct these actions? What would you like your president/head of state to do for children during this period?
Q3	Are there children in your community who are facing violence or abuse in this time of coronavirus?	Have you heard of any children in your community who have experienced an increase in violence at home? Have underage people been getting married, or worried about having to get married, more than before? Do you or your friends feel more unsafe? Are there people in the community that want to harm children or ask indecent favours from them? If children spend time online/internet, have they experienced one of the following since COVID-19: (a) seen inappropriate content (sexual); (b) someone they know or do not know sending them or asking them to send indecent pictures, or asking them to do something they feel uncomfortable doing (c) friends posted something bad about other children. Have you or your friends had to stop your schoolwork or other learning in order to work to help your family survive? Does this work make you or your friends feel unsafe? Do you or your friends know whom to tell and who can help you if you are feeling unsafe or threatened by violence?
Closing	Is there anything else you think would be helpful to share with regard to this topic?	

Appendix C: Demographic characteristics of surveyed children at country level

Gender

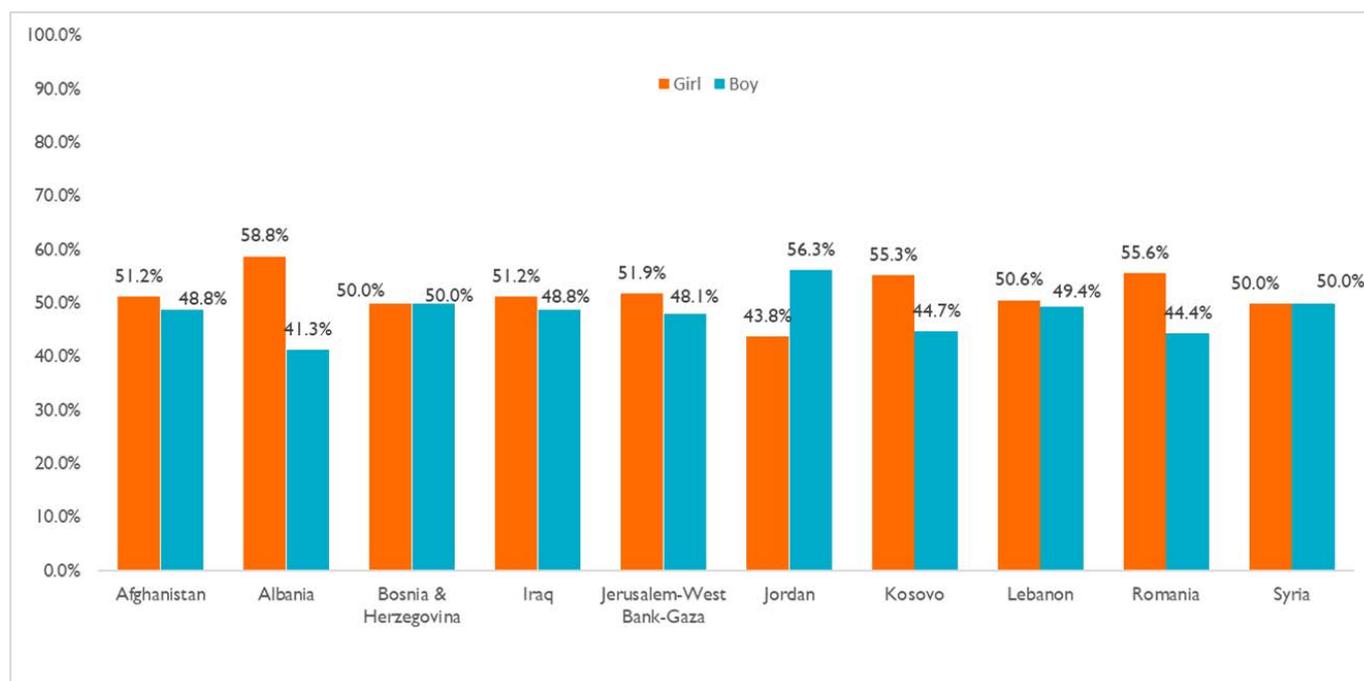


Figure 16: Gender of surveyed children at country level

Age

	Afghani- stan	Albania	BiH	Iraq	JWG	Jordan	Kosovo	Lebanon	Romania	Syria
11 years old	-	-	1.2%	-	2.5%	-	-	-	-	-
12 years old	-	-	4.9%	-	2.5%	3.1%	13.2%	11.1%	-	-
13 years old	76.3%	27.5%	25.6%	41.3%	9.9%	28.1%	13.2%	39.5%	15.6%	27.9%
14 years old	17.5%	28.7%	35.4%	18.8%	25.9%	29.7%	34.2%	32.1%	47.8%	59.3%
15 years old	6.3%	28.7%	23.2%	17.5%	38.3%	31.3%	28.9%	16.0%	70.0%	77.9%
16 years old	-	15.0%	9.8%	22.5%	17.3%	7.8%	10.5%	1.2%	-	-
17 years old	-	-	-	-	3.7%	-	-	-	-	-

Table 8: Age of surveyed children at country level

Access to formal education

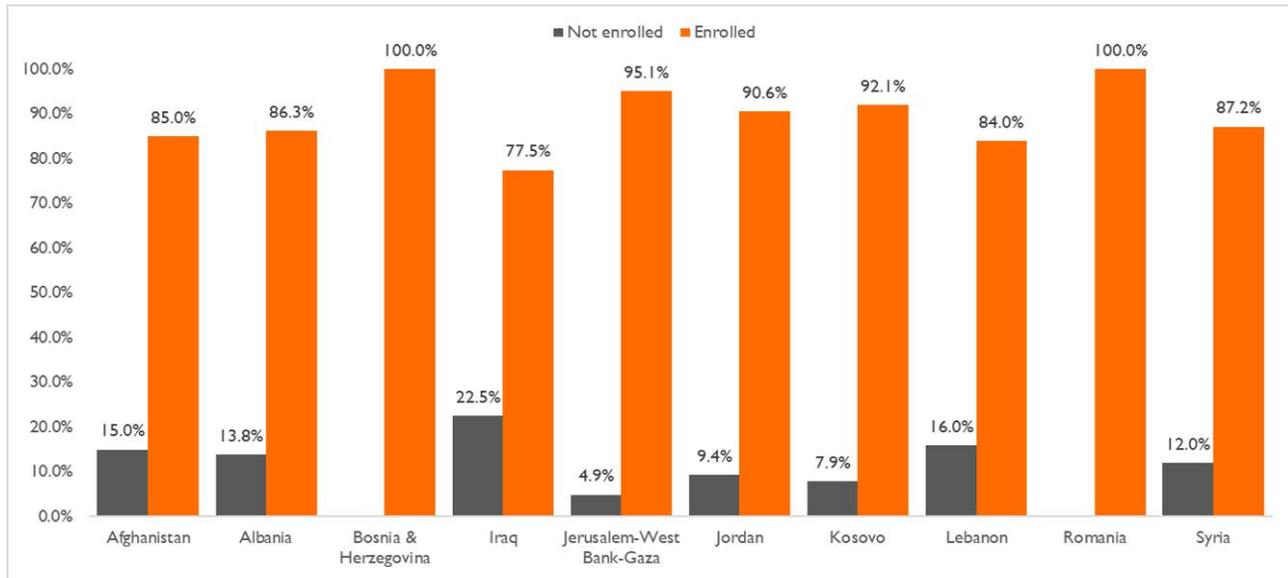


Figure 17: Access to formal education at country level

Household size

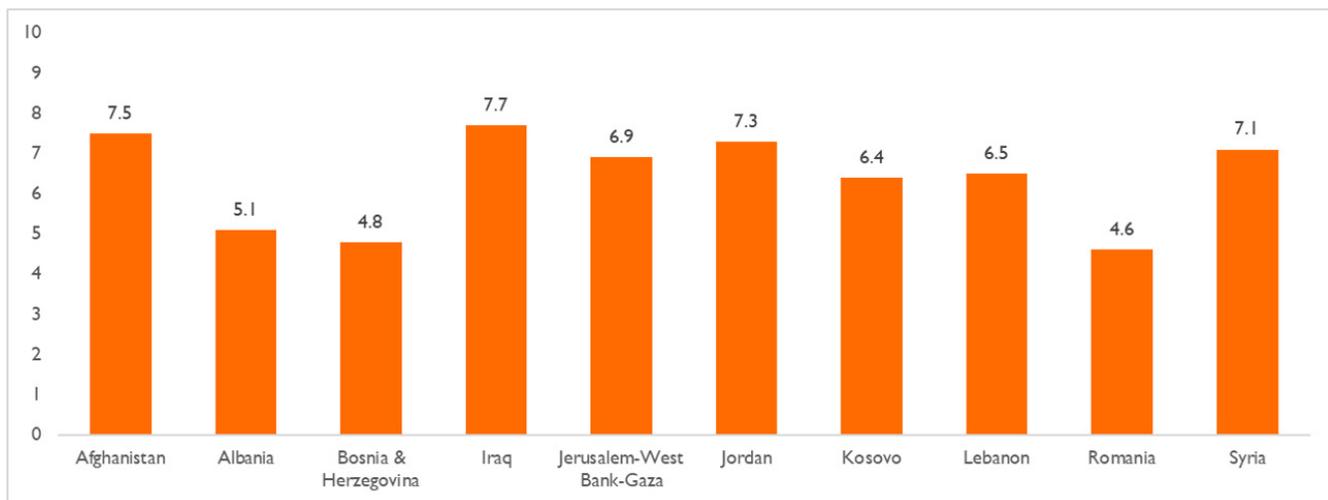


Figure 18: Average number of household members at country level

Household vulnerability

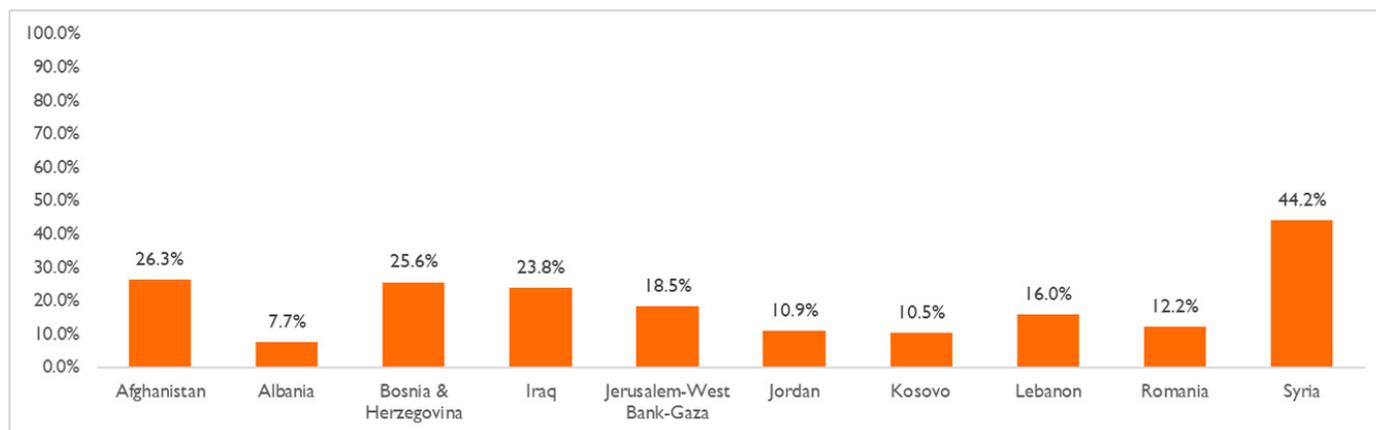


Figure 19: Households with members unable to take care of themselves at country level

Child labour before COVID-19

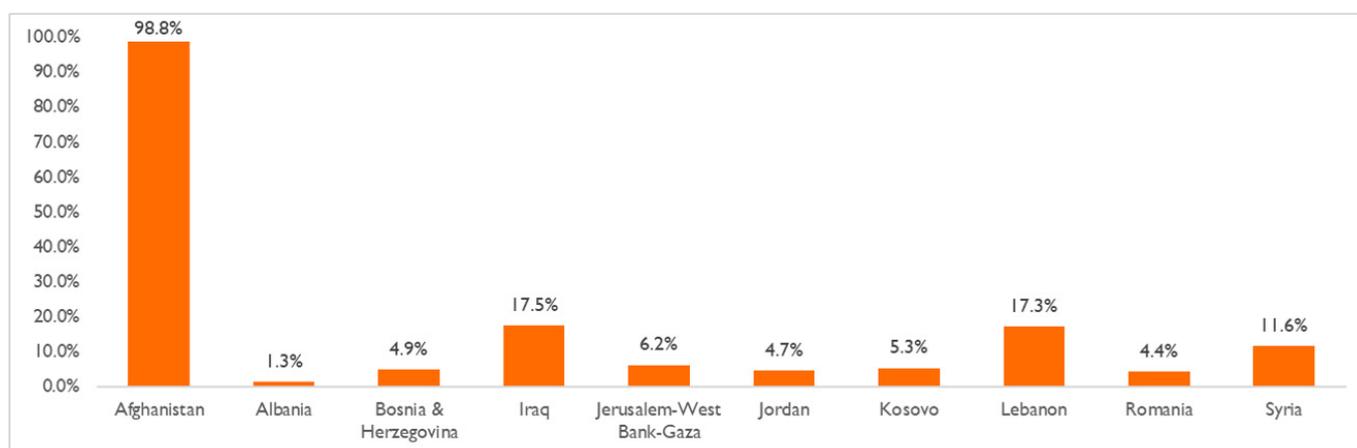


Figure 20: Surveyed children with paid job before COVID-19 at country level

Children Contribution to family income

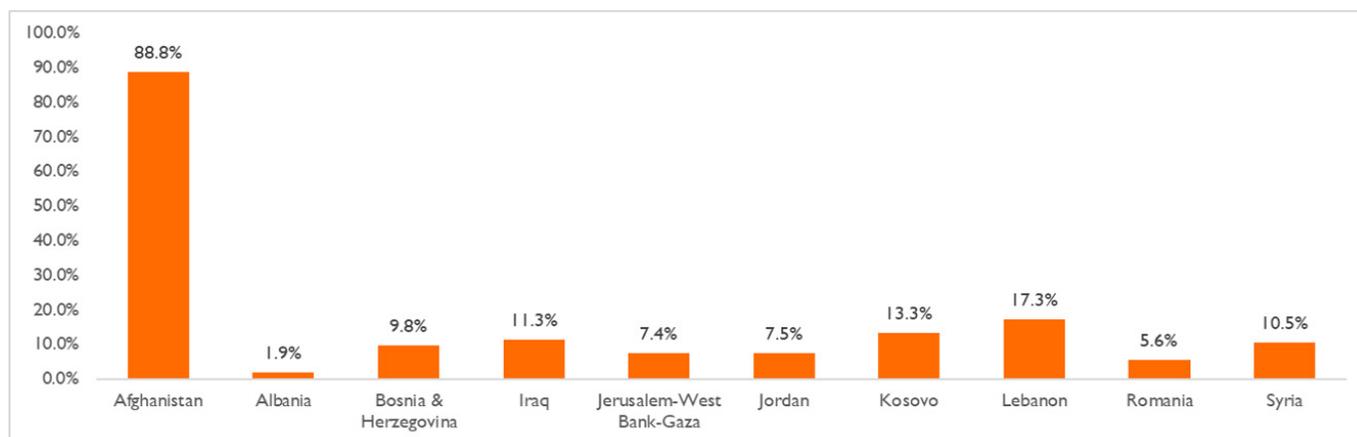


Figure 21: Surveyed children who contribute to family income at country level

Appendix D: Stress factors related to COVID-19

		All %	Girls %	Boys %	P Value
Missing out on school curricula and falling behind in class	Not at all	25.5%	28.6%	22%	0.13
	Small extent	20.9%	21.7%	20%	
	Medium extent	22%	19.4%	25%	
	Large extent	31.5%	30.3%	33%	
Missing out the school year and graduation	Not at all	32.7%	35.5%	29.7%	0.41
	Small extent	10.9%	10.1%	11.6%	
	Medium extent	18.8%	17.3%	20.3%	
	Large extent	37.7%	37%	38.4%	
Not being able to say goodbye to friends	Not at all	15.2%	14.2%	16.2%	0.04*
	Small extent	20.9%	19%	22.9%	
	Medium extent	23.9%	21.6%	26.4%	
	Large extent	40.1%	45.2%	34.4%	
Not learning enough to be ready for school in the fall	Not at all	13%	12.7%	13.4%	0.25
	Small extent	19.7%	18.3%	21.2%	
	Medium extent	25%	23.1%	27.1%	
	Large extent	42.4%	45.9%	38.2%	
Not being able to go to school in the fall due to financial problems	Not at all	44%	44.4%	43.5%	0.88
	Small extent	13.1%	13.8%	12.3%	
	Medium extent	19.7%	18.7%	20.8%	
	Large extent	23.2%	23.1%	23.4%	
Falling into poverty	Not at all	39.8%	40.2%	39.3%	0.32
	Small extent	17.8%	19.3%	16.1%	
	Medium extent	13.8%	14.6%	13%	
	Large extent	28.7%	25.9%	31.6%	
Not having access to food at home	Not at all	49.8%	51.1%	48.5%	0.87
	Small extent	14.1%	13.3%	15%	
	Medium extent	14.4%	14.4%	14.5%	
	Large extent	21.6%	21.3%	22%	
Parents losing their jobs	Not at all	41.9%	37.7%	46.3%	0.03*
	Small extent	13.8%	16.8%	10.6%	
	Medium extent	14.1%	13.5%	14.7%	
	Large extent	30.2%	32%	28.4%	
Not being able to see my friends due to social distancing measures and lockdown	Not at all	16.3%	12.5%	20.3%	<0.0001*
	Small extent	18.5%	17.6%	19.5%	
	Medium extent	23%	20.7%	25.5%	
	Large extent	42.2%	49.2%	34.7%	
Not being able to see older relatives due to social distancing and lockdown	Not at all	20.4%	19.8%	21.1%	0.20
	Small extent	20.3%	18.7%	22%	
	Medium extent	23.3%	21.9%	24.8%	
	Large extent	36%	39.6%	32.1%	

Worried over the health of a parent or loved one catching COVID-19	Not at all	13.8%	12.4%	15.3%	0.14
	Small extent	12%	11.1%	13.1%	
	Medium extent	15.9%	14.2%	17.8%	
	Large extent	58.2%	62.4%	53.9%	
Worried about myself catching COVID-19	Not at all	19.2%	18.6%	19.8%	0.58
	Small extent	14.4%	16%	12.7%	
	Medium extent	13.4%	13.9%	12.9%	
	Large extent	53%	51.6%	54.5%	

*Significant if $p < 0.05$

Table 9: Stress factors in the times of COVID-19

Appendix E: Impact of COVID-19 on life at home

		All children (%)	Girls (%)	Boys (%)	P value
Eating alone	Less	37.2%	37.7%	36.8%	0.84
	Same amount	40.9%	41.4%	40.4%	
	More	21.9%	20.9%	22.8%	
Sharing meals with family members	Less	13.2%	12%	14%	0.36
	Same amount	50.3%	49.3%	51.4%	
	More	36.5%	38.6%	34.1%	
Sleeping	Less	15%	14.3%	15.7%	0.35
	Same amount	42.4%	40.5%	44.4%	
	More	42.6%	45.2%	39.9%	
Physical activity	Less	44.3%	39.3%	49.1%	0.002*
	Same amount	32.5%	31.8%	33.1%	
	More	23.2%	28.8%	17.7%	
Spending time outside home	Less	62.4%	65.4%	59.3%	0.24
	Same amount	22.3%	20.6%	24%	
	More	15.3%	13.9%	16.7%	
Spending time with family	Less	17.4%	14.6%	20.4%	0.12
	Same amount	34.7%	35.9%	33.4%	
	More	47.9%	49.5%	46.2%	
Supporting in household chores	Less	13.6%	5.8%	22.7%	<0.0001*
	Same amount	38.5%	36.8%	40.5%	
	More	47.9%	57.4%	36.8%	
Taking care of younger family members	Less	10.1%	9.3%	11.1%	0.42
	Same amount	44.2%	42.5%	46.1%	
	More	45.6%	48.2%	42.8%	
Taking care of older family members	Less	10.2%	11.2%	9.2%	0.49
	Same amount	45.3%	42.8%	47.9%	
	More	44.5%	46%	42.9%	
Taking care of sick family members	Less	16.1%	14.1%	18.3%	0.44
	Same amount	34.7%	36.9%	32.5%	
	More	49.1%	49%	49.2%	
Spending time with friends in-person	Less	66.8%	69.1%	64.4%	0.32
	Same amount	19.1%	17%	21.3%	
	More	14.1%	13.9%	14.4%	
Spending time with friends remotely (e.g., online, social media, texting)	Less	23.2%	22.7%	23.8%	0.93
	Same amount	25.7%	26.2%	25.2%	
	More	51.1%	51.1%	51%	
Spending time watching TV and online for educational purposes	Less	20.8%	19.5%	22.3%	0.58
	Same amount	22.6%	23.8%	21.3%	
	More	56.5%	56.7%	56.4%	
Spending time watching TV and online for non-educational purposes	Less	25.2%	24.2%	26.2%	0.57
	Same amount	27%	26%	28.1%	
	More	47.9%	49.9%	45.7%	

*Significant if $p < 0.05$

Table 10: Impact of COVID-19 outbreak on girls' and boys' life at home and daily routine

Appendix F: Impact of COVID-19 on mental health

		All children %	Girls %	Boys %	P value
I feel bored at home	None of the time	10.3%	7.3%	13.5%	0.003*
	Rarely	17.3%	16.5%	18.2%	
	Some of the time	22.3%	21.3%	23.5%	
	Often	26.3%	26.3%	26.2%	
	All the time	23.8%	28.6%	18.5%	
I feel worried	None of the time	23%	15.5%	31%	<0.0001*
	Rarely	28%	28.9%	26.9%	
	Some of the time	22.4%	24.6%	20.1%	
	Often	17.7%	19.5%	15.7%	
	All the time	9%	11.4%	6.3%	
I feel scared	None of the time	32.1%	24.8%	40.1%	<0.0001*
	Rarely	29.2%	30.1%	28.3%	
	Some of the time	18.3%	20.8%	15.7%	
	Often	12.6%	14.7%	10.4%	
	All the time	7.6%	9.6%	5.5%	
I feel confused	None of the time	32.4%	24.4%	41%	<0.0001*
	Rarely	27.4%	29.5%	25.1%	
	Some of the time	22.4%	24.6%	20.1%	
	Often	12.4%	14.6%	9.9%	
	All the time	5.4%	6.9%	3.9%	
I feel stressed	None of the time	29.9%	20.8%	39.8%	<0.0001*
	Rarely	26%	27.4%	24.5%	
	Some of the time	22.3%	24.1%	20.3%	
	Often	16.2%	20.3%	11.8%	
	All the time	5.5%	7.4%	3.6%	
I feel sad	None of the time	28.4%	19.3%	38.3%	<0.0001*
	Rarely	22.9%	23.9%	21.8%	
	Some of the time	23.3%	26%	20.4%	
	Often	16.1%	19.6%	12.4%	
	All the time	9.3%	11.2%	7.2%	
I feel lonely	None of the time	42.2%	36.5%	48.3%	0.004*
	Rarely	20%	21.8%	18%	
	Some of the time	16.8%	16.2%	17.4%	
	Often	12.4%	15%	9.7%	
	All the time	8.6%	10.4%	6.6%	

*Significant if $p < 0.05$

Table 11: Impact of COVID-19 on girls' and boys' mental health

Appendix G: Physical, emotional and intimate violence at country level

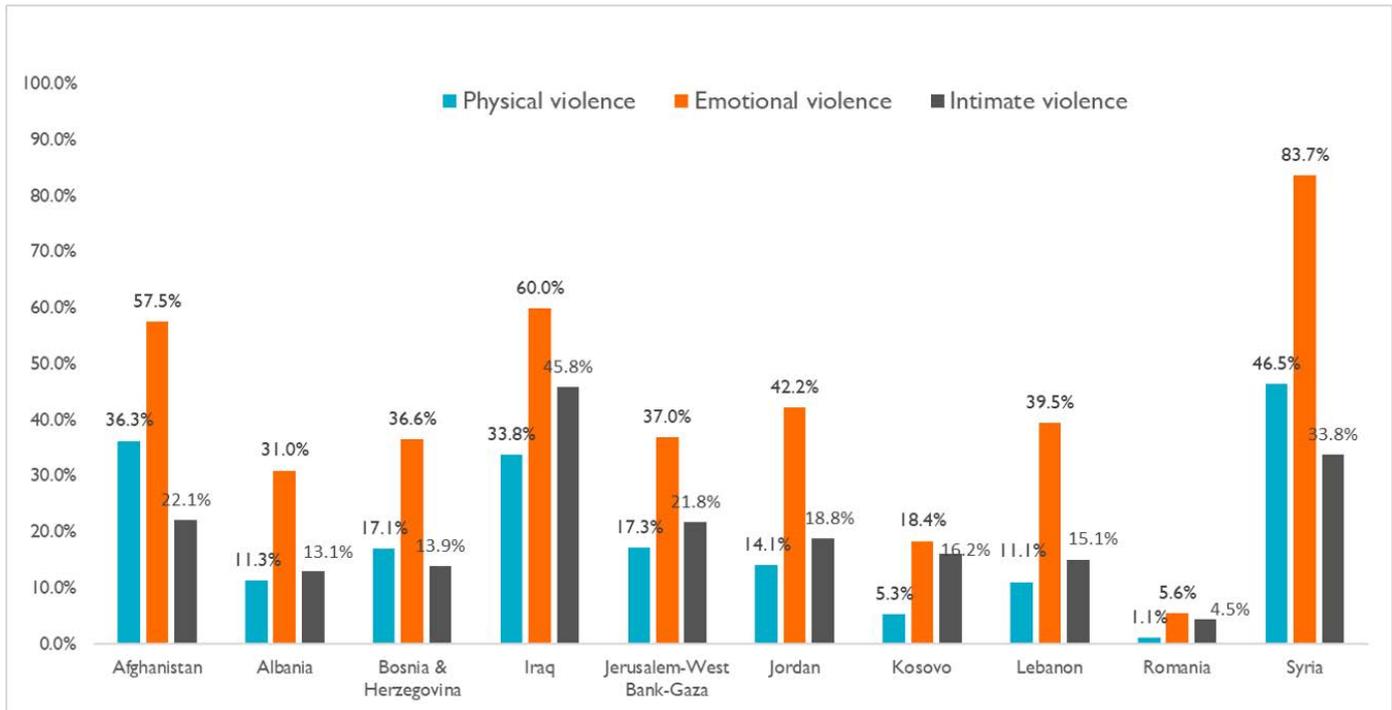


Figure 22: Physical and emotional violence as reported by surveyed children and intimate violence as noticed by surveyed children in their communities at country level

Appendix H: Resilience mechanisms

		All	Girls %	Boys %	P value
I feel optimistic about the future	None of the time	14.3%	13.7%	15%	0.03*
	Rarely	14.2%	15.2%	13.1%	
	Some of the time	21.7%	23.8%	19.5%	
	Often	24.4%	26.6%	22%	
	All the time	25.3%	20.7%	30.4%	
I feel useful	None of the time	8.1%	8.3%	7.8%	0.001*
	Rarely	10.6%	14%	7%	
	Some of the time	27.1%	30.3%	23.7%	
	Often	28.5%	25.1%	32%	
	All the time	25.8%	22.3%	29.5%	
I feel relaxed	None of the time	7%	6.4%	7.7%	<0.0001*
	Rarely	19.3%	23.1%	15.2%	
	Some of the time	29.3%	34.4%	24%	
	Often	27.6%	24.6%	30.9%	
	All the time	16.7%	11.5%	22.3%	

I've been dealing with problem well	None of the time	6.7%	7.7%	5.6%	0.03*
	Rarely	16.2%	18.5%	13.6%	
	Some of the time	31.4%	32.9%	29.8%	
	Often	27.9%	26.7%	29.2%	
	All the time	17.8%	14.1%	21.7%	
I've been thinking clearly	None of the time	3.6%	4.3%	2.8%	0.09
	Rarely	11.8%	14%	9.4%	
	Some of the time	29.2%	29.6%	28.8%	
	Often	35.7%	35.2%	36.3%	
	All the time	19.7%	16.8%	22.7%	
I feel close to other people	None of the time	8.5%	8.1%	8.8%	0.09
	Rarely	16.1%	18.5%	13.5%	
	Some of the time	23%	21.1%	25.1%	
	Often	29.6%	32%	27.1%	
	All the time	22.8%	20.3%	25.4%	
I've been able to make up my own mind about things	None of the time	28.4%	19.3%	38.3%	<0.0001*
	Rarely	22.9%	23.9%	21.8%	
	Some of the time	23.3%	26%	20.4%	
	Often	16.1%	19.6%	12.4%	
	All the time	9.3%	11.2%	7.2%	

Table 12: Girls' and boys' resilience mechanisms

Appendix I: Summary of major thematic findings at country vs. regional levels

		MEER	Afghanistan	Iraq	Syria	Jordan	Lebanon	JWG	Albania	Kosovo	BiH	Romania
Economic Hardship	worry about falling into poverty	60%	99%	93%	89%	48%	73%	37%	34%	23%	37%	40%
	worry about not having access to food at home	50%	99%	75%	74%	60%	65%	19%	24%	19%	26%	24%
	worry about parents losing their jobs	58%	96%	83%	69%	56%	79%	31%	46%	31%	46%	14%
Education	stressed about missing out school curricula and falling behind in class	75%	81%	90%	97%	78%	79%	80%	57%	34%	63%	65%
	stressed about not learning enough to be ready for school in the fall	87%	96%	98%	93%	91%	93%	96%	64%	56%	86%	78%
	stressed about not being able to go to school in the fall due to financial problems	56%	97%	85%	84%	75%	66%	17%	33%	27%	35%	34%
Daily Life	spending more time on supporting HH chores	48%	56%	61%	35%	20%	68%	54%	52%	41%	41%	34%
	spending more time on taking care of younger family member	46%	75%	70%	51%	21%	46%	38%	41%	40%	25%	26%
	spending more time on taking care of older family member	45%	80%	73%	36%	13%	40%	21%	50%	51%	27%	27%
	spending more time with family	48%	60%	36%	33%	56%	65%	51%	58%	58%	37%	31%
	spending less time with friends remotely	23%	100%	63%	24%	25%	20%	24%	15%	5%	53%	13%
	spending less time with friends in person	67%	89%	43%	72%	84%	81%	63%	67%	63%	19%	48%

Psychiso- cial Well-being	feel worried	49%	51%	76%	62%	63%	37%	53%	33%	41%	42%	24%
	feel scared	39%	41%	59%	66%	50%	33%	34%	23%	19%	32%	18%
	feels confused	40%	38%	65%	65%	50%	36%	30%	27%	15%	37%	21%
	feel stressed	44%	49%	66%	64%	47%	36%	40%	30%	32%	40%	28%
	feel sad	49%	51%	71%	70%	50%	41%	58%	31%	22%	33%	24%
	feel lonely	38%	26%	64%	60%	48%	20%	25%	21%	27%	31%	25%
	feel optimistic about future	71%	86%	69%	87%	41%	75%	82%	68%	30%	66%	78%
Violence	physical violence during COVID-19	20%	35%	34%	47%	14%	11%	17%	11%	5%	17%	1%
	emotional violence during COVID-19	50%	58%	60%	84%	42%	40%	37%	31%	18%	37%	6%
	intimate violence during COVID-19	20%	22%	46%	34%	19%	15%	22%	13%	16%	14%	5%
	reach out to parents for support to handle various stressors	82%	89%	90%	70%	78%	86%	80%	92%	94%	72%	79%
	reach out to teacher/school counselor for support to handle various stressors	23%	43%	5%	21%	4%	14%	31%	47%	42%	7%	16%
	reach out to faith leaders for support to handle various stressors	13%	1%	3%	24%	8%	20%	16%	22%	25%	9%	7%
	reach out to CP hotline for support to handle various stressors	12%	0%	11%	0%	26%	31%	17%	16%	21%	4%	0%
	have no one to turn to	1%	9%	0%	2%	0%	0%	0%	0%	0%	0%	0%

Appendix J: Existing impact assessments of the COVID-19 outbreak conducted by World Vision in Afghanistan and Albania

