

# UNMASKING II

Childhood Lost



September 2021

**World Vision**

ASIA PACIFIC



# Acknowledgements

This report is a joint effort of many individuals across World Vision Offices, communities, and partner organisations.

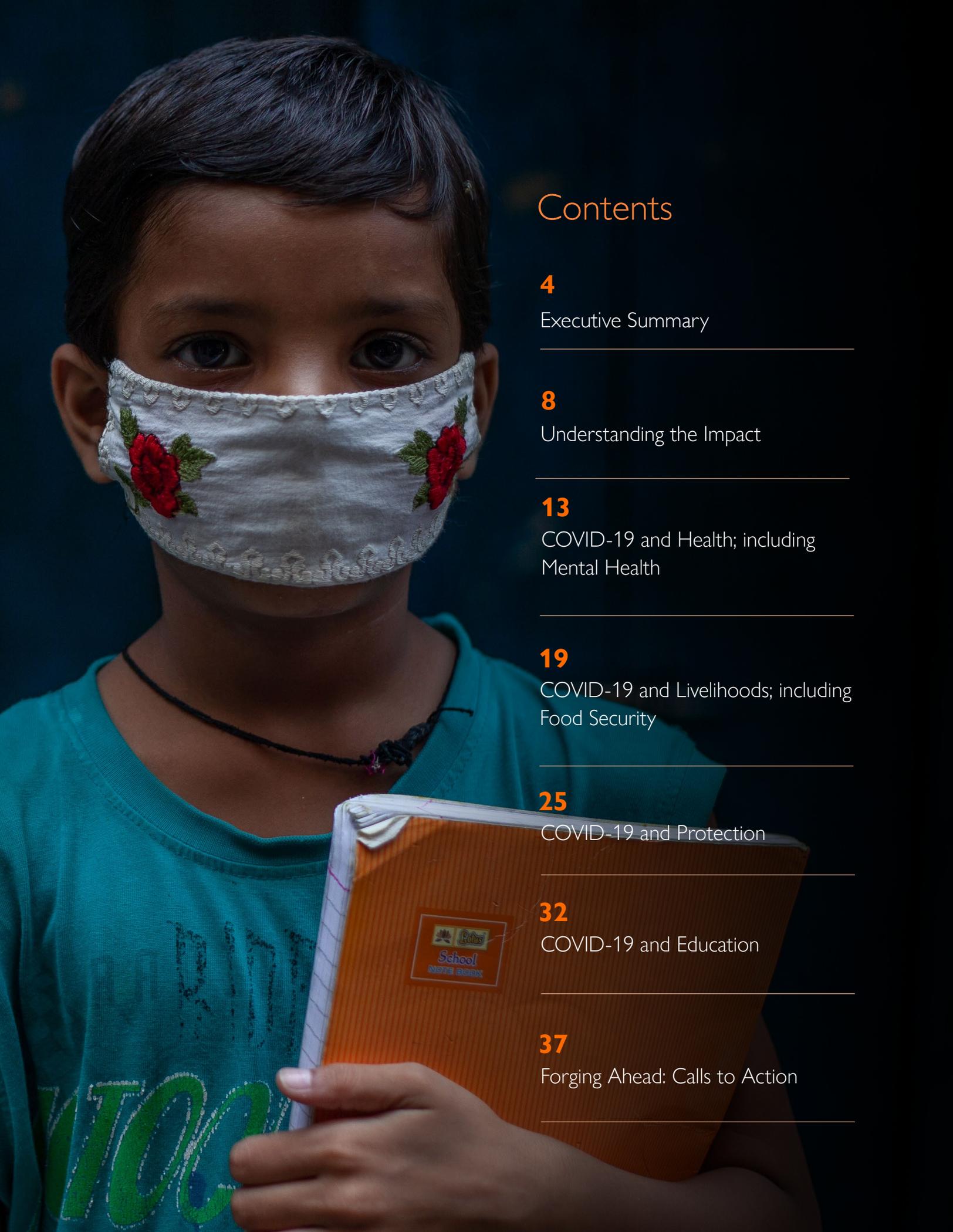
We would like to acknowledge all stakeholders who partnered on this assessment across various countries in the Asia Pacific Region including children, parents, caregivers, community members/leaders, government representatives, women's groups, faith leaders, local partners and community-based organisations. They willingly committed their time and efforts amidst a challenging global health crisis.

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Thank you to all for partnering with the Asia Pacific Regional Office in this journey towards unmasking the impact of COVID-19 on Asia's most vulnerable children — once again.

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 committed to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity or gender. Our focus is on helping the most vulnerable children overcome poverty and experience fullness of life. We help children of all backgrounds, even in the most dangerous places, inspired by our Christian faith.



## Contents

**4**

Executive Summary

---

**8**

Understanding the Impact

---

**13**

COVID-19 and Health; including  
Mental Health

---

**19**

COVID-19 and Livelihoods; including  
Food Security

---

**25**

COVID-19 and Protection

---

**32**

COVID-19 and Education

---

**37**

Forging Ahead: Calls to Action

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## Executive Summary

On March 11, 2020, the World Health Organisation, Director-General, Tedros Adhanom Ghebreyesus, declared that the COVID-19 epidemic had become so widespread that it constituted a pandemic. COVID-19 is arguably the most significant global crisis to occur in 75 years, with an accompanying global recession being the gravest since the end of World War II.<sup>1</sup> The COVID-19 pandemic is said to have been experienced individually but shared globally.

To better understand the socio-economic impact of COVID-19 on the lives of vulnerable children in Asia and to make evidence-based policy and programming decisions, World Vision conducted a [Rapid Assessment in May 2020](#). The assessment found that COVID-19 had grossly heightened the vulnerabilities of children in Asia. Families had been experiencing devastating loss of livelihood which led to limited access to food, essential medicines, and basic healthcare. The resulting strain on families increased incidences of physical abuse, early marriage, and the entry of children into exploitative work. The assessment recommended, for the next

immediate period, that Asian governments scale-up social protection interventions, increase investment in public works programmes, target the most vulnerable through government social assistance schemes, provide support to micro, small and medium enterprises, and scale up and provide skill-building for community health workers.

A year on, World Vision sought once more to strengthen its understanding of the impact of COVID-19 on the most vulnerable sections of Asian society. The research sought to evaluate what had changed and for whom, both across the year and from before the pandemic had begun.

### Some of the key findings from the 2021 assessment include:

**"Poverty and insufficient, reduced income have become the primary experience even in the 2nd year of pandemic leading to consequential effect on children's learning, wellbeing, and protection."**

- o 63 per cent of households surveyed said their income had decreased in year two of the pandemic a similar finding to the first study where 70% of households had indicated a decline.
- o The reduction in income has likely led to a reduction in spending on food — 21% (26% in urban areas) reduction in 2020 and 35% reduction in 2021.
- o The past year has seen a sharp increase in households experiencing poverty, particularly in Cambodia (27%

increase) but also in Myanmar (18% increase) and Nepal (17% increase).

- o All countries have seen a reduction in weekly income over the past year. Nepal witnessed the most proportional increase in households with no income.
- o Coping mechanisms have remained largely unchanged, borrowing from neighbours, relatives, and friends and utilising savings remains the most frequently used coping mechanisms.

**"Children experienced a rollercoaster of emotions — anger, fear and hopelessness during the pandemic which was worsened by existing vulnerabilities and experiencing violence."**

<sup>1</sup> World Bank. (2020). Understanding the depth of the 2020 global recession in 5 charts. <https://blogs.worldbank.org/opendata/understanding-depth-2020-global-recession-5-charts>

- o Children are experiencing adverse effects on mental health as a result of COVID-19. Those children with existing vulnerabilities are worse off.
  - o Around one in seven children felt so afraid nothing could calm them down most or all of the time (in the past two weeks).
    - If a child was in the ‘most vulnerable’<sup>2</sup> category the likelihood of experiencing fear increased to one in every five children.
    - If a child was experiencing physical abuse the likelihood of experiencing fear increased to one in every three children.
  - o More than one in nine children felt so angry, they felt out of control, most or all of the time (in the past two weeks).
    - If a child was considered ‘most vulnerable’ the likelihood of experiencing anger increased to one in every six children.
    - If a child was experiencing physical abuse the likelihood of experiencing anger increased to more than one in every four children.
  - o Around one in every 18 children felt so hopeless that they did not want to carry on living, most or all of the time, in the past two weeks prior to the survey.
    - If a child was considered ‘most vulnerable’ the likelihood of experiencing hopelessness increased to almost one in every seven children.
    - If a child was experiencing physical abuse the likelihood of experiencing hopelessness increased to almost one in every five children.
- “More children were sent to work due to loss of livelihood especially in urban settings resulting in more children engaging in economic activities and exposure to occupational hazards.”**
- o 40 per cent of children surveyed were engaged in economic activities, with one in every 10 children engaged in child labour.
  - o Caregivers sending children to work has been the most common impact of COVID-19 on boys and girls in the region, affecting one in 11 children.
  - o A higher segment of urban children were reported far from home as compared to rural children. They were sent to government hostels for education or to family/relatives elsewhere.
  - o 13% of adults (over one in seven) reported violence against children in their households; 26% reported emotional abuse (over one in four), higher than the numbers reported by the children. Around one in every 10 children reported experiencing physical violence; around one in every nine children reported experiencing emotional abuse.
  - o Children experiencing different forms of violence were significantly more likely to feel fear, anger or hopelessness. Children experiencing physical abuse were twice as likely to feel fear and anger and four times as likely to feel hopelessness.
- “Learning is disrupted with over half of the children having no access to learning opportunities in schools. Those with access to remote learning opportunities were unsatisfied with limited learning options during the pandemic.”**
- o One in every five children (5 – 15 years) were not attending school in any form.
  - o 55% of children affected by school closures were not able to continue accessing formal education remotely.

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<sup>2</sup>See page 12 for definition

**Swift action must be taken to provide immediate relief while the disruptions caused by the pandemic also present long-term opportunities to “build back better” and make sweeping changes to systems that perpetuate inequity.**

World Vision recommends the following sectoral changes:

### **Governments**

Prioritise mental health and address trauma experienced by children and young people, integrate mental health services into other health services where available, and incorporate technological innovations into mental health services.

Continue or begin cash transfer schemes, build comprehensive social protection systems that will withstand crises and consider universal child cash grants. Prioritise gender equality and climate-smart outcomes in policy making and programming. Be prepared to support training and retaining of workers on a large scale to continue work on the ground.

Continue child-centred services that prioritise equity of access. Classify core child protection services as essential and enable integration with other sectors (e.g., mental health).

Work alongside communities and civil society to engage communities in school reopening plans and ensure school environments are safe. Teachers must be trained and supported alongside children. Design long-term digital connectivity strategies to enable more flexibility in education modalities going forward.

### **Donors**

Prioritise protection funding, particularly towards interventions that prevent and respond to violence against children, enable governments and civil society to provide immediate social assistance to alleviate risk factors, and rollout practical strategies to support families to provide a protective environment.

Work closely with governments and civil society stakeholders to design and implement plans to support children's safe return to school; plans that are inclusive in addressing the need of the most vulnerable communities and children. Fund complementary programmes, such as school meals and counselling to help address the broader impacts of the pandemic. Work with governments to plan

and support long-term digital infrastructure to minimise disruptions to children's learning in future.

Fund activities to address mental health as a cross-cutting issue through other sectoral programmes, including psychosocial support programmes, reducing stigma associated with mental health issues, and supporting technological innovation that can increase access to mental health services for vulnerable populations.

Prioritise cash assistance and alternative livelihoods support to vulnerable communities and food insecure households. Facilitate coordination between government, civil society, and community stakeholders to identify opportunities for skills development linked with emerging market demands.

### **Civil society**

Focus on raising awareness in communities to change attitudes and reduce stigma and discrimination on mental health issues; provide complementary interventions that engage children and young people in a safe environment. Implement unconditional cash and voucher assistance programmes to meet basic needs, through digital/mobile money transfers as much as possible, targeting the most vulnerable households. Focus agricultural interventions on being nutrition-sensitive and climate-smart.

Enable parents and caregivers to manage their own mental health and the mental health of their children through practical strategies, tools, and support mechanisms. Promote child-centred services and child-centred outcomes.

Prioritise community and child engagement in school reopening plans, work with parents, caregivers, youth, and children to ensure educational environments are safe and supported. When invited, provide training and support to teachers and children. Facilitate digital connectivity possibly through providing equipment and training.



## Understanding the Impact

**In 2019, the world faced an unprecedented global health and economic crisis at a catastrophic scale; one that has claimed millions of lives, spread human suffering, and turned people's lives upside down. And it isn't over yet.**

# Understanding the Impact

In 2019, the world faced an unprecedented global health and economic crisis at a catastrophic scale; one that has claimed millions of lives, spread human suffering, and turned people's lives upside down.

And it isn't over yet.

## Background

On March 11, 2020, the World Health Organisation, Director-General, Tedros Adhanom Ghebreyesus, declared that the COVID-19 epidemic had become so widespread that it constituted a pandemic. COVID-19 is arguably the most significant global crisis to occur in 75 years, with an accompanying global recession being the gravest since the end of World War II.<sup>3</sup> The COVID-19 pandemic is said to have been experienced individually but shared globally.<sup>4</sup>

As of July 2021, 4.1 million people have lost their lives, and over 192 million cases have been recorded. Across the countries included in this report — Cambodia, India, Indonesia, Laos, Myanmar, Nepal, Sri Lanka, Thailand, and Vietnam — over 36 million cases and over 525,000 deaths have been recorded.<sup>5</sup>

World Vision had already begun its humanitarian response many months prior to the declaration of a global pandemic, as cases continued to increase in China. While COVID-19 has exposed persistent inequalities of income, age, race, sex, and geographic location, and as the virus spread across the region, World Vision has found that children were among the most affected.

## Research Background

To better understand the socio-economic impact of COVID-19 on the lives of vulnerable children in Asia, and to make evidence-based policy and programming decisions, World Vision conducted a Recovery Assessment in May 2020. The assessment found that the vulnerabilities experienced by children in Asia have been grossly heightened by COVID-19.<sup>6</sup> Families had been experiencing devastating losses of livelihoods, which often led to limited access to food, essential medicines and basic healthcare. The resulting strains on families were increasing incidences of physical abuse, early marriage, and the entry of children into exploitative work. The assessment recommended, for the next immediate period, that Asian governments scale-up social protection interventions, increase investment in public works programmes, give a more focused targeting to the most vulnerable in government social assistance schemes, give support to micro, small and medium enterprises, and scale up and provide skill-building for community health workers.

A year on, World Vision sought to again strengthen its understanding of the impacts facing some of the most vulnerable sections of Asian societies, as a result of the COVID-19 pandemic. The resulting research, conducted over April, May, and June, sought to see what had changed, for who, over the time period.

<sup>3</sup>World Bank. (2020). Understanding the depth of the 2020 global recession in 5 charts. <https://blogs.worldbank.org/opendata/understanding-depth-2020-global-recession-5-charts>

<sup>4</sup> Congressional Research Service. (2021). Global Economic Effects of COVID-19: updated July 9, 2021. <https://fas.org/sgp/crs/row/R46270.pdf>

<sup>5</sup>World Health Organisation. (2021). WHO Coronavirus (COVID-19) Dashboard. <https://covid19.who.int/table> accessed 25 July 2021.

<sup>6</sup>World Vision International. (2020). Unmasking the impact of COVID-19 on Asia's most vulnerable children. [https://www.wvi.org/sites/default/files/2020-07/Rapid%20Assessment%20Report%20Asia\\_Unmasking%20COVID%20Impact\\_FINAL.pdf](https://www.wvi.org/sites/default/files/2020-07/Rapid%20Assessment%20Report%20Asia_Unmasking%20COVID%20Impact_FINAL.pdf)

### Specific Objectives:

- Strengthen our understanding on how the COVID-19 pandemic is impacting the lives of the most vulnerable children, their families and their communities, just over a year into the pandemic.
- Identify how children and their families are currently coping (continued access to goods and services amid pandemic), with special focus on the most vulnerable populations and groups (children and families living in poverty, children from migrant families, children at risk from violence and neglect), as compared with a year ago.
- Assess the recovery capacity of the vulnerable children, their families and communities and understand their recovery needs — to better support programmes that address the impact of the COVID-19 crisis and minimise risks posed by the pandemic, supporting the resilience of children and their families as they recover and heal.
- Enable World Vision programmes to better meet the needs of our most important stakeholder — the most vulnerable children — and amplify their voices, along with those of their parent/caregivers, in the broader regional and global arena.

### Methodology

The assessment was conducted in nine countries in the Asia Pacific region: Cambodia, India, Indonesia, Laos, Myanmar, Nepal, Sri Lanka, Thailand, and Vietnam. The study utilised two tool: household surveys and child surveys. The quantitative questions for the livelihood sector were retained in order to ensure comparability between the two phases. However, lessons learnt from the first study were implemented to improve the both methodology and sampling techniques. Based on the lessons learnt purposive and random sampling was implemented this ensured that objectives were achievable amidst lockdowns and other political turmoils. Field offices were encouraged to sample the same households from the first study; if this was not possible sampling within the same communities and programmes was carried out.

Five of the nine countries were able to conduct the surveys in person, using appropriate personal protective equipment to keep staff and respondents safe. The remaining four countries conducted the surveys via phone. Open Data Kit (ODK) was used by all offices thus streamlining data collection and ensuring data validation

was built into the survey reducing data entry errors. Informed consent was obtained via a consent form at the start of both the household and child surveys.

**Percentage of household and child surveys per World Vision office**

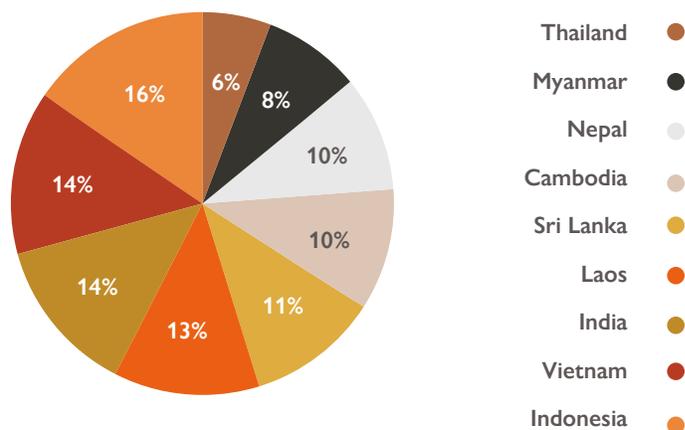


Figure 1: Percentage of household and child surveys per World Vision office

## 10 Unmasking the Impact of COVID-19 on Asia's Most Vulnerable Children

The study included 63 questions for the household survey and 24 questions for the child survey across six sectors:

1. **Mental health and psychosocial support**
2. **Health**
3. **Livelihoods**
4. **Food security**
5. **Protection**
6. **Education**

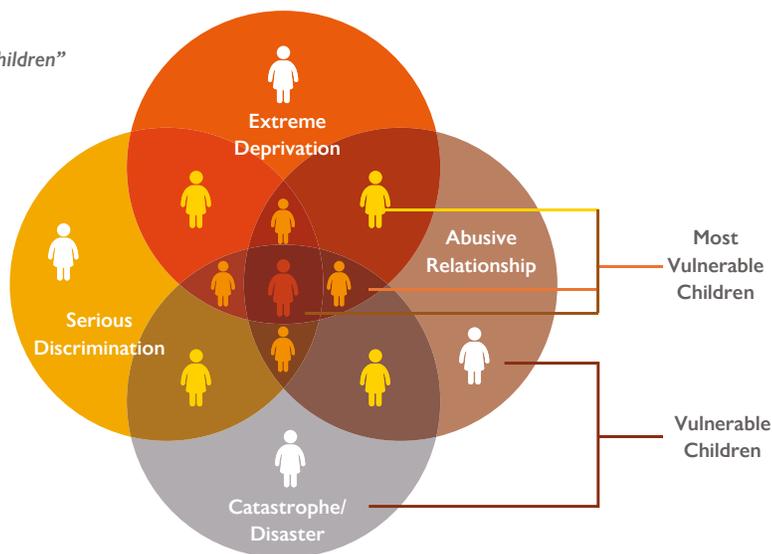
Both parents and children were asked about their mental health, access to education, and child protection issues, so that responses could be compared.

The study considered several variables, such as 'Most Vulnerable Children' (see below), comparison of rural and urban settings, gender of head of household, and comparison of households that have been assisted by World Vision and those that haven't. The findings presented in this report are those data points where significant findings have been obtained. Frequency distribution analysis has been used to analyse the data and in particular applications, nominal and ordinal data for key variables have been tested for independence using the chi-square test,<sup>7</sup> and non-parametric correlation using Spearman's Rho.<sup>8</sup>

### WV Global Definition of a Vulnerable Child

Figure 2: World Vision global definition of the term "Most Vulnerable Children"

WVI defines the most vulnerable children (MVC) as those living in at least two of four vulnerability dimensions. These include those living in (1) extreme deprivation (2) catastrophe/disaster (3) abusive relationships (4) serious discrimination.



<sup>7</sup> Pearson's chi-squared test is used to determine whether there is a statistically significant difference between the expected frequencies and the observed frequencies in one or more categories of a contingency table.

<sup>8</sup> Spearman's Rho is a non-parametric test used to measure the strength of association between two variables.

In total, 17,751 individual respondents participated in the study. While a large number of the respondents are from Vietnam a representational proportion has been considered as sample size for each country when analysing and interpreting findings.<sup>9</sup> All nine countries collected data at the household level and eight countries collected data from children (Thailand did not). The shorter child surveys were conducted separately with children whose households took part in the larger survey. The split is shown in table 1.

	# of household Surveys <sup>9</sup>	# of Child Surveys	Total Surveys Conducted
Cambodia	621	619	1,240
India	797	816	1,613
Indonesia	951	954	1,905
Laos	717	791	1,508
Myanmar	678	320	998
Nepal	602	599	1,201
Sri Lanka	684	677	1,361
Thailand	702	0	702
Vietnam	951	693	1,644
Total	6,467	5,469	11,936

Table 1: Distribution of surveys

Of the total adult respondents<sup>10</sup> 63% (4,056) were female and 37% male (2,411). Child respondents were made up of 56% girls (3,074) and 44% boys (2,395).

Surveys were conducted at more rural households than urban. For the household survey, 62% of respondents were located in rural areas, along with 11% in semi-urban, and 23% in urban (4% in “other”). The definitions of rural versus urban and semi-urban were as per each country’s context.

<sup>9</sup> The proportion of sample size by country has been considered when analysing and interpreting findings. A randomisation of sample for Vietnam was done, to ensure that the sample size does not affect the findings.

<sup>10</sup> Noting that the sample for Vietnam is smaller than the total number of surveys collected, and so the data presented here represents only those surveys analysed

## 12 Unmasking the Impact of COVID-19 on Asia's Most Vulnerable Children

### Ethics

As part of World Vision's Safeguarding Policy and Procedures, child and parental consent were obtained for voluntary participation in this research, following a thorough orientation on its objectives and procedures. A psycho-social first aid orientation was provided to data collection staff in each country, covering points including that the recall of traumatic life experiences may cause further psychological harm and giving staff practical tools to know what to say or do in order to support people who may have recently experienced a crisis.

World Vision emphasised that participation in this study was entirely voluntary, all participants could end the survey at any time they chose, and that identities would be kept entirely confidential. Guidelines were also provided to staff to focus on children and households that have frequently received, and will continue to receive life skills, resilience training, and psychosocial support sessions for the three to six months following the survey to ensure access to support was available in the event of resurfaced trauma. Surveys were conducted in native languages as much as possible and participants were given information on who the Safeguarding Focal Point or a Social Worker 'go to' person would be that would be available to support them. The surveys conducted followed the principles of ultimate respect, the best interests of the child being upheld, avoiding distressing or traumatic questions, and allowing children in particular the time and space to think.

**Any child identified as being 'at risk' during the data collection were referred to the respective child protection committees to ensure the standard case management procedures were followed.**

### Limitations

The limitations of the methodology and limitations due to the pandemic were as follows:

- 1) Four of the nine countries conducted their surveys via phone (remote data collection), while the other five could conduct theirs face-to-face, with personal protective equipment (i.e., masks) and social distancing. Being unable to build a relationship face-to-face during the survey when conducting the survey over the phone, or having facial features and reactions hidden by masks, may have impacted the truthfulness of the data.
- 2) Due to resource constraints a strict probability sample survey was not possible across all nine countries. Sample sizes vary according to different levels of access and internal movement constraints within countries due to time, resource, and capacity factors. Regional aggregated findings are not weighted to the population of the countries.
- 3) Samples are predominately selected from World Vision operational areas where the Field Offices have long-term development programmes which may reflect higher standards than other parts of the country without similar development programmes, or conversely, reflect higher levels of vulnerability and poverty. This is due to World Vision's mission of specifically targeting and operating in the most vulnerable and disadvantaged communities.
- 4) The survey tools used were not an exact repetition from the first study, which also included qualitative interviews. Only questions in the livelihoods sector were retained, meaning that a direct comparison cannot be made for the other sectors. This was necessary in order to improve the overall quality of the study.
- 5) The findings of the study are limited to the perceived experiences of the respondents, both for the household (generally adults) and children. The findings presented are considered significant, but cannot be generalised (i.e., are non-parametric) for the experiences of the geographical populations as a whole.
- 6) The survey respondents were largely from the same communities and often the same households as the first study however due to the sampling approach taken there was a greater representation of children over the age of 12 as compared to younger children.
- 7) Post data collection many countries were impacted by subsequent waves of COVID-19 which could have had additional impact.



COVID-19 and Health,  
including Mental Health

# COVID-19 and Health, including Mental Health

## Key Points

- World Vision's assessment demonstrates that children are experiencing adverse mental health impact as a result of COVID-19. Children living with existing vulnerabilities are worse off.
- Around one in seven children felt so afraid, nothing could calm them down, most or all of the time (in the past two weeks).
- More than one in nine children felt so angry, they felt out of control, most or all of the time (in the past two weeks).
- Around one in every 18 children felt so hopeless that they did not want to carry on living, most or all of the time, in the past two weeks prior to the survey.

While the direct health impact of COVID-19 are well-known and publicised, its indirect impact on health, particularly on mental health, have largely gone under the radar. A recent global systematic review found that relatively high rates of anxiety, depression, post-traumatic stress disorder were reported on the general population and health care professionals during the pandemic.<sup>11,12</sup> COVID-19 has exposed the current state of mental health in low and middle income countries and the wide treatment gap that exists and threatens to widen it.<sup>13</sup> Studies speculate that the long-term consequences on mental health will be particularly severe in the lowest resourced and poorest regions of the world, where there is virtually no access to mental health and psychosocial support services before the pandemic began.<sup>14</sup> COVID-19 is likely to result in mental health problems among those with no previous mental illness, as well as exacerbate the condition of those with pre-existing mental health problems and disorders. Mental health problems are likely to begin early and continue after the pandemic is over:



<sup>11</sup> Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M. W., Gill, H., Phan, L., Chen-Li, D., Jacobucci, M., Ho, R., Majeed, A., & McIntyre, R. S. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal of Affective Disorders*, 277, 55–64. <https://doi.org/10.1016/j.jad.2020.08.001>

<sup>12</sup> Khan, Y. H., Mallhi, T. H., Alotaibi, N. H., & Alzarea, A. I. (2020). Work related stress factors during COVID-19 pandemic; a call for immediate action. *Hospital Practice*, 48(5), 244–245. <https://doi.org/10.1080/21548331.2020.1793519>

<sup>13</sup> Kola, L., Kohrt, B. A., Hanlon, C., Naslund, J. A., Sikander, S., Balaji, M., Benjet, C., Cheung, E. Y. L., Eaton, J., Gonsalves, P., Hailemariam, M., Luitel, N. P., Machado, D. B., Misganaw, E., Omigbodun, O., Roberts, T., Salisbury, T. T., Shidhaye, R., Sunkel, C., ... & Patel, V. (2021). COVID-19 mental health impact and responses in low-income and middle-income countries: Reimagining global mental health. *The Lancet Psychiatry*, 8(6), 535–550. [https://doi.org/10.1016/S2215-0366\(21\)00025-0](https://doi.org/10.1016/S2215-0366(21)00025-0)

<sup>14</sup> *ibid.*

## The Reality

In the field of mental health and psychosocial support it is projected that the impact of the pandemic among children will lead to long-term adverse effects.<sup>15</sup> World Vision's assessment found that 143 children in every 1,000 (or around one in seven) felt so afraid that nothing could calm them down most or all of the time in the past two weeks (prior to the survey being conducted). Around 117 children in every 1,000 (or more than one in nine) felt so angry, they felt out of control most or all of the time. 51 per cent of these children said that these feelings had increased a little bit while 45% of children said these feelings had increased a lot since the start of the COVID-19 pandemic.

A disturbing 56 children in every 1,000 children (or around one in 18) felt so hopeless that they did not want to carry on living, most or all of the time, in the past two weeks prior to the survey. 35 per cent of these said this had increased a little bit or a lot since the start of the COVID-19 pandemic.

These findings are in line with those of previous surveys during the start of the pandemic. For example, in Cambodia, children were found to have increased psychological distress, with more than 50% having experienced one type of psychological stressor like loneliness, fear and sadness during the pandemic period.<sup>16</sup> The pandemic and associated containment measures, including lockdown, have had devastating impacts on children's social, development and emotional wellbeing. In one of the studies conducted during the pandemic among children, those aged 3-6 years exhibited symptoms of fear and clinginess compared to older children.<sup>17</sup> A study in China found that children were feeling uncertain, hopeless, agitated, disturbed, and anxious.<sup>18</sup>

When the above statistics was compared based on gender (girl vs. boy) the difference was marginal. However, when

the statistics was compared based on 'most-vulnerable' variable the difference was stark. Around one in every nine non-most vulnerable children felt so afraid nothing could calm them down — this increased to more than one in every five 'most vulnerable' children. These findings correspond to the findings of other World Vision surveys among children in conflict-affected regions of Africa and the Middle East conducted during COVID-19, where 38% of displaced children were afraid.<sup>19</sup>

Around one in every 12 non-most vulnerable children felt so angry they felt out of control; this increased to more than one in every six 'most vulnerable' children. And around one in every 21 non-most vulnerable children felt so hopeless, they did not want to carry on — this increased to almost one in every seven 'most vulnerable' children, the largest increase in all categories. This is an indicator of the likely mental health consequences of the pandemic and vulnerability of these children, which necessitate urgent attention through the provision of tailored mental health and psychosocial support services, to help manage the situation before it worsens. Amongst India, Sri Lanka, and Laos, children in India were slightly more likely to have felt so afraid, nothing could calm them down; while children in Sri Lanka were slightly more likely to have felt so angry they felt out of control; and children in Laos were slightly more likely to have felt so hopeless, they could not go on.

Nepal reported the lowest prevalence of negative mental health symptoms amongst the countries surveyed despite prolonged states of lockdown and COVID-19 case surges over the year. World Vision believes that in the areas it works in, sociocultural practices of intergenerational living is helping families cope with the crisis. At the time of the survey, children were also experiencing a "lighter" lockdown than they had previously experienced and were now able to play with their neighbours. The importance of play for children's mental health (and learning) is well documented.

<sup>15</sup> Shen, K., Yang, Y., Wang, T., Zhao, D., Jiang, Y., Jin, R., ... & Gao, L. (2020). Diagnosis, treatment, and prevention of 2019 novel coronavirus infection in children: Experts' consensus statement. *World Journal of Pediatrics*, 16(3), 223—231. <https://doi.org/10.1007/s12519-020-00343-7>

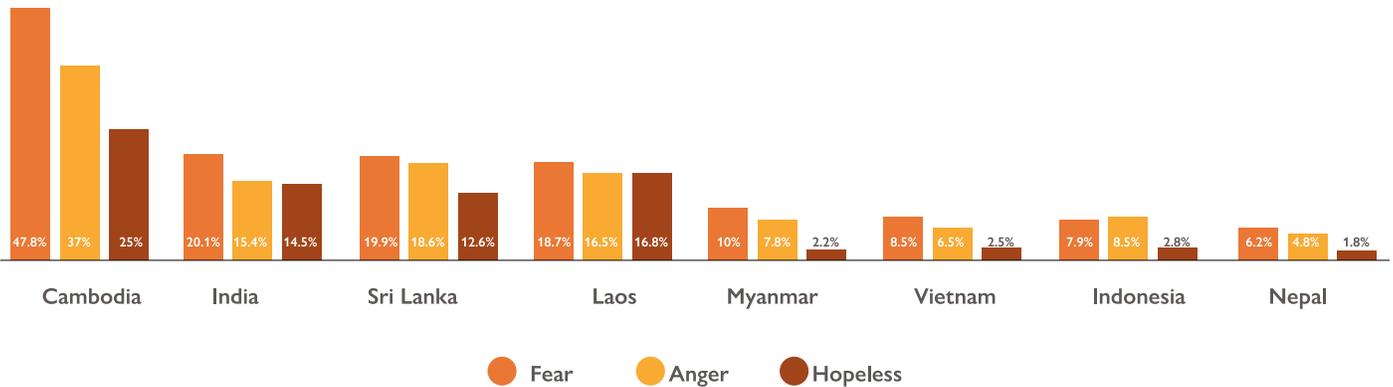
<sup>16</sup> <https://www.unicef.org/cambodia/media/4296/file/Cambodia%20COVID-19%20Joint%20Education%20Needs%20Assessment.pdf>

<sup>17</sup> Viner, R. M., Russell, S. J., Croker, H., Packer, J., Ward, J., Stansfield, C., ... & Booy, R. (2020). School closure and management practices during coronavirus outbreaks including COVID-19: a rapid systematic review. *The Lancet Child & Adolescent Health*, 4(5), 397—404. [https://doi.org/10.1016/S2352-4642\(20\)30095-X](https://doi.org/10.1016/S2352-4642(20)30095-X)

<sup>18</sup> Jiao, W.Y., Wang, L. N., Liu, J., Fang, S. F., Jiao, F.Y., Pettoello-Mantovani, M., & Somekh, E. (2020). Behavioral and emotional disorders in children during the COVID-19 epidemic. *The Journal of Pediatrics*, 221, 264—266. <https://doi.org/10.1016/j.jpeds.2020.03.013>

<sup>19</sup> [https://www.wvi.org/sites/default/files/2021-04/The%20Silent%20Pandemic\\_final.pdf](https://www.wvi.org/sites/default/files/2021-04/The%20Silent%20Pandemic_final.pdf)

## Experiences of Fear, Anger and Hopelessness Reported by Children, by Country



Children experiencing different forms of violence was also significantly more likely to trigger adverse mental health challenges: see section on ‘COVID-19 and Protection.’ The non-parametric correlational analysis of the study determined that mental health could directly be linked with verbal and physical violence.

### The Ramifications

While home is supposed to serve as a source of security this was not the case for vulnerable children from poor households. Staying at home resulted in children sometimes being victims in their own homes with an increased risk of exploitation, physical, and emotional abuse".<sup>20,21</sup> For example, in India, cases of child abuse during the lockdown period increased by 50%.<sup>22</sup> Children are at an increased risk of abuse with some of the pandemic containment measures such as lockdowns as they resulting in increased tension in households which are well-known to result in an increased risk of violence against children. However, child protection and response services in many parts of the world have been disrupted and weakened.

All forms of child abuse have been found to result in somatic symptoms and mental health problems including depression, eating disorder, anxiety, post-traumatic stress

disorder, irritable bowel syndrome, and chronic fatigue. Besides, abused children are at risk of engaging in high-risk behaviour such as increased drug and substance abuse, smoking, and alcoholism.<sup>23</sup>

Additionally, abuse during childhood has been linked with unhealthy behaviour in adulthood such as — aggressiveness, depression, anxiety, emotional and personality disorders, fear, and anger. Studies have found that women who had experienced sexual abuse during childhood were more likely to experience major depressive episode later in life.<sup>24</sup>

Half of all mental health illness start by 14 years of age. Suicide is the third leading cause of death among 15-19 year-olds. The World Health Organisation warns that the consequences of not addressing mental health issues and psychosocial development for children and adolescents and can limit opportunities for children and prevent them from leading fulfilling lives.

<sup>20</sup> Cooper, K. (2020, September 4). Don't let children be the hidden victims of COVID-19 pandemic. <https://www.unicef.org/press-releases/dont-let-children-be-hidden-victims-covid-19-pandemic>.

<sup>21</sup> United Nations Policy brief: the impact of COVID-19 on children. United Nations. 2020:1–17. Policy brief]

<sup>22</sup> PTI Govt helpline receives 92,000 calls on abuse and violence in 11 days read more at: economic times. India Times. 2020 [https://economictimes.indiatimes.com/news/politics-and-nation/govt-helpline-receives-92000-calls-on-abuse-and-violence-in-11-days/articleshow/75044722.cms?utm\\_source=contentofinterest&utm\\_medium=text&utm\\_campaign=cppst](https://economictimes.indiatimes.com/news/politics-and-nation/govt-helpline-receives-92000-calls-on-abuse-and-violence-in-11-days/articleshow/75044722.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst)

<sup>23</sup> Springer, K. W., Sheridan, J., Kuo, D., & Carnes, M. (2003). The long-term health outcomes of childhood abuse. An overview and a call to action. *Journal of general internal medicine*, 18(10), 864–870. <https://doi.org/10.1046/j.1525-1497.2003.20918.x>

<sup>24</sup> Saunders BE, Villeponteaux LA, Lipovsky JA, Kilpatrick DG, Veronen LJ. Child sexual assault as a risk factor for mental disorders among women. *J Interpers Violence*. 1992;7:189–204



**“ I was angry because I could not go to school, I could not see my friends, and I could not have fun.”**

**Thant Zin, a boy from Myanmar**

### The Response & Recovery

WorldVision has taken bold steps to understand how COVID-19 has affected the Mental Health and wellbeing of children in different parts of the world, especially in conflict-affected and vulnerable, underprivileged areas. We also understand how the pandemic and other crises affect services provided to children and are prepared to provide the information needed for planning.

We are implementing various interventions and wellbeing projects to address mental health gaps and psychosocial wellbeing of children and their families. Moreover, we are testing and using evidence to scale up the utilisation of multi-layered and multicomponent interventions in addressing the mental health challenges of both children and adults in vulnerable and resource starved settings. WorldVision has been and continues to be at the forefront of advocating for the rights and wellbeing of children, implementing programs aimed at ensuring that children everywhere feel safe, despite living in challenging environments.

There is a need for further research to provide evidence on the most appropriate interventions for mental health crises faced by vulnerable children.

The need to increase access to mental health and psychosocial support services among children to improve the wellbeing and coping mechanisms of children in crisis. Provision of Mental Health and PsychoSocial Support (MHPSS) as part of all humanitarian activities. The incorporation of MHPSS in all activities is vital to ensure that the vulnerable have the tools to cope with the challenges they face.

Prioritise funding for MHPSS and child protection, recognising these services as child rights and a critical part of peace-building initiatives.

Governments in these countries must create better apparatus to monitor cases of child abuse and mechanisms to enforce existing legal frameworks to completely eliminate excitation of children. Furthermore, community members must be educated on rights the children and reporting pathways must be clearly articulated to ensure that those violating the law can be reported and punished.

## Recommendation (1):

Prioritise and address mental health of children and young people; focus on normalising mental health issues, changing the attitude of the community and reducing stigma and discrimination; integrate mental health services into other health services, where available; and incorporate technological innovations in mental health services.

- **Global mental health conversations have always had a “blind spot” towards children and young people.** Given the evidence, interventions must now be designed to explicitly address this crucially important demographic and promote nurturing environments at home, in schools, and across neighbourhoods.

- **In the most vulnerable communities, care must be taken to shift awareness and promote the mainstreaming of mental health issues, reducing stigma and discrimination, and encouraging open dialogue and seeking of support.**

- **The integration of mental health services into other health services, where they exist, improves both mental health and physical health outcomes.** Mental health interventions provide high cost-effectiveness and value for money and integration with other health care provides the greatest opportunity for reach to vulnerable populations, particularly parents and caregivers, children, and adolescents.

- **An urgent improvement in access and coverage of psychosocial interventions is required.** A crucial aspect of mental health care is the community delivery of psychosocial interventions by front-line providers, such as community health workers and peers.

- **The pandemic has fuelled a striking transformation in the use of digital platforms for various mental health-care tasks.** The opportunities presented by use of digital technology could address stigma and discrimination, isolation, and marginalisation; identify individuals at risk (through social media); and assist with the training and supervision of front-line workers, including community health workers. However, caution is needed so that its use does not increase the existing disparities in access, and use of personal digital information needs to be done in accordance with local regulations, and in a way that maximises protection of privacy and confidentiality.



COVID-19 and Livelihoods  
including Food Security

# COVID-19 and Livelihoods including Food Security

## Key Points

- The past year has seen a sharp increase in households experiencing poverty, particularly in Cambodia (27% increase) but also in Myanmar (18% increase) and Nepal (17% increase).
- 63% of households experienced a decrease in income in the second year of the pandemic.
- Spending on food fell from 21% in 2020 to 35% in 2021.
- All the countries surveyed have seen a reduction in weekly income over the past year. Nepal has the witnessed the highest proportionate increase in households that now have no income.
- Coping mechanisms have remained largely unchanged, with borrowing from neighbours, relatives, and friends and using savings remaining the most frequently used coping mechanisms.

A year into the pandemic and a lot remains unknown concerning the impact of the pandemic on global poverty.<sup>25</sup> The highly uneven impact of the crisis has exacerbated pre-existing decent work deficits<sup>26</sup> and social inequalities.<sup>27</sup> According to the International Labour Organization, the labour market crisis created by the COVID-19 pandemic is far from over, and employment growth will be insufficient to make up for the losses suffered until at least 2023.<sup>28</sup> Compared to 2019, an additional 108 million workers worldwide are now categorised as poor or extremely poor.<sup>29</sup> Five years of progress made towards the eradication of working poverty has been undone.<sup>30</sup>

**In World Vision's first iteration of "Unmasking the Impact of COVID-19 on Asia's Most Vulnerable Children," the loss of livelihoods resulting from lockdowns was identified as the most critical challenge by 72% of respondents, closely followed by limited access to food (61%). The findings from this second study show that a year on, there has been little relief or resolution.**

## The Reality

In the first iteration of World Vision's impact study on COVID-19 in Asia<sup>31</sup> 72% of household survey respondents identified the loss of livelihoods resulting from lockdowns as the most critical challenge. In this second survey, 27% of households witnessed their income stay stagnant and 63% of households experienced a decrease in their weekly household income during the continued COVID-19 crisis. In terms of food security, there was also a decrease between the first and second iteration of the surveys: in the first, a 21% reduction in average weekly food expenditure was reported; in this second survey, 35% of households reported decreased expenditure on food.

The past year has seen a sharp increase in households experiencing poverty in the region. Nepal was the country with

<sup>25</sup> Mahler, D. G., Yonzan, N., Lakner, C., Aguilar, R. A. C., & Wu, H. (2021). Updated estimates of the impact of COVID-19 on global poverty: Turning the corner on the pandemic in 2021? <https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty-turning-corner-pandemic-2021>

<sup>26</sup> "Decent work" is employment that respects the fundamental rights of the human person as well as the rights of workers in terms of conditions of work safety and remuneration, and includes respect for the physical and mental integrity of the worker in the exercise of their employment. World Vision supports ILO's Decent Work Agenda as part of the broader targets in Goal 8 of the Sustainable Development Goals.

<sup>27</sup> International Labour Organisation. (2021). World employment and social outlook: Trends 2021. [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms\\_794452.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_794452.pdf)

<sup>28, 29, 30</sup> *ibid.*

<sup>31</sup> [https://www.wvi.org/sites/default/files/2020-08/MV%20AP%20Unmasking%20Report%20240820\\_final.pdf](https://www.wvi.org/sites/default/files/2020-08/MV%20AP%20Unmasking%20Report%20240820_final.pdf)

the most households experiencing poverty before and in year two of the pandemic. Cambodia, Myanmar, and Nepal in particular have seen increases in the proportion of households that live below the poverty line.

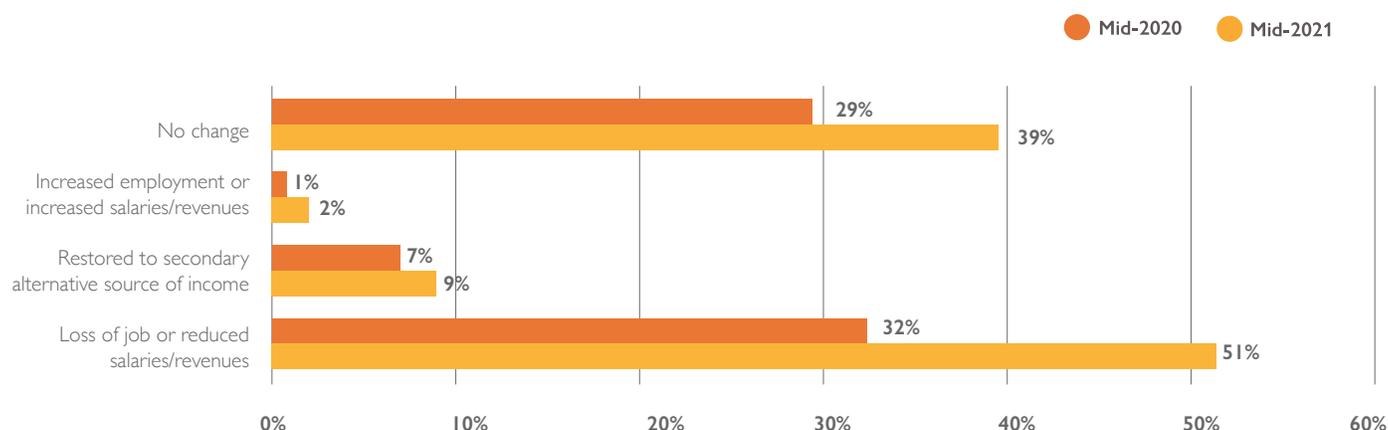
Households Experiencing Poverty			
Poverty Threshold	Before Pandemic	During Pandemic	% Increase
Cambodia	36%	63%	27%
Nepal	74%	91%	18%
Myanmar	67%	84%	17%

The increase in households living in poverty may be traced largely to a reduction in ability to sell products; World Vision’s assessment recorded 57% of all respondents providing this as a reason for the disruption to their livelihood, as compared to 20% at this time last year. While the cost of transportation had been the second most significant factor in the disruption of livelihoods in last year’s survey (37%). Travel restrictions was a factor to about the same magnitude of households, 20% before to 23% in the latter assessment.

World Vision’s assessment has shown that Nepal in particular has seen a marked rise in the percentage of households who have no income, from a pre-COVID-19 rate of 1%, to 22% in 2021. For Nepal, these drops were seen in a reduction in the main source of household income being in salaried work with regular income (from 14%, down to 7%), and daily/casual labour (25% down to 15%). Other countries did not see a significant change in the source of their income from the first survey (May 2020) to the second (April – June 2021).

Nepal has seen the greatest number of respondents reporting a reduction in their weekly income with 85% of respondents reporting an overall decrease. This is closely followed by Myanmar (84%), then Cambodia (82%). The insecurity caused by job losses and reduced salaries/revenues from sales remains a constant challenge and one that has increased since last year.

### How has your income changed over the past two weeks?



## 22 Unmasking the Impact of COVID-19 on Asia's Most Vulnerable Children

The amount earned in weekly income has reduced in every country surveyed, between pre- and post-COVID-19 times (prior to 2020 compared with the survey period of April – June 2021). There have been fewer changes in the source of the income earned, indicating reductions rather than eliminations, and there has been little opportunity to pick up 'new' or different types of income sources. 63 per cent of all households surveyed report a decline in household income, relative to pre-COVID-19 times. Households reported an average reduction in total household income of around 62% compared to before the pandemic.

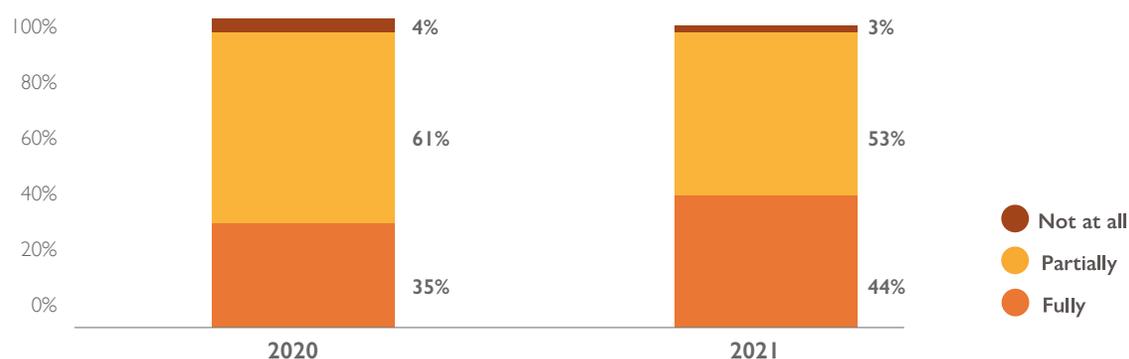
The results indicated reduced weekly incomes for both rural and urban households, with the reduction in weekly income being greater amongst urban households in Myanmar, Nepal, Vietnam, and Indonesia. The weekly income differences are significantly higher for urban households.

Coping mechanisms for loss of income have remained largely unchanged from one year ago. Borrowing from neighbours, relatives, and friends (18% now 27% a year ago), and using savings (21% now 22% a year ago), remain the most frequently used coping mechanism. A slightly lower proportion of people are reducing the quantity and quality of their meals as a coping mechanism for reduced income compared with a year ago (13% now 21% one year ago). However, in Cambodia in particular, there has been a sharp decrease in the proportion of households meeting the national average on food consumption expenditure: 26% fewer during the pandemic compared with before the pandemic.

In the area of food security, food stock availability appeared to have improved compared with the previous survey. 54 per cent of all respondents had more than two weeks' worth of food stock available in the household, compared with 39% in May 2020. A further 23% had one week of food supplies available (compared with 36% a year ago), and 23% had no food stock available in the household about the same with 25% in May 2020.

While there are increased availability of fresh food items and basic food items when compared to May 2020, these trends are not universal. Fresh food items, such as vegetables, eggs, and meat, are 'always' available 66% of the time (compared with 50% of the time in 2020), and basic food items such as rice, bread, and flour, are 'always' available 78% of the time (compared to 68% of the time in 2020). 44 per cent of respondents could 'fully' afford basic food necessities (compared to 35% a year ago).

### Affordability of food: changes between surveys



## The Ramifications

The results of World Vision's assessment are consistent with regional findings: incomes are being reduced or lost and not replaced with other sources. According to the International Labour Organization, the majority of workers who lost work in the Asia-Pacific region moved outside the labour force to inactivity (48 million), with the remainder becoming unemployed (14 million).<sup>32</sup> That is four newly inactive persons for every one additional unemployed. Even if production increases again in 2021 and working hours return to normal for those who maintain their jobs for the surplus of persons inactivity is likely to continue to result in negative pressure on wages. This could mean that labour income in the Asia-Pacific region will remain below the 2019 level for years to come.

The negative impact on livelihood in Cambodia was particularly stark in World Vision's assessment. Cambodia's economy is in recovery stage projected to grow at 4% in 2021 after contracting at 3.1% in 2020.<sup>33</sup> However, this recovery remains uneven and volatile, due in part to the reintroduction of a domestic lockdowns to control the spread of COVID-19.<sup>34</sup> Cambodia's recovery is highly dependent on the trajectory of the virus and the pace at which the vaccine can be rolled out, which began in February 2021. The government's cash transfer scheme for poor and vulnerable households has seen increased demand, serving more than 710,000 households, and employment activity is showing signs of recovery.<sup>35</sup> However, these positive statistics do not appear to be reaching the most vulnerable areas where World Vision works. These areas have also witnessed the impact of drought, floods and climate change therefore the shocks are not easily tolerated and debt and interest repayments cripple households and basic amenities such as water and sanitation remain persistent issues.

## The Response & Recovery

Countries in Asia that have been surveyed have been quick in the design of their COVID-19 stimulus and relief measures.<sup>36</sup> The "Asian responses" to COVID-19 has been lauded as global successes, largely attributed to pursuing a "zero-COVID" strategy.<sup>37</sup> Laos (0.07) and Vietnam (0.38) in particular have seen some of the lowest rates of deaths per 100,000 people across the globe.<sup>38</sup>

However, World Vision is particularly concerned about the loss of jobs and income within households, the negative coping mechanisms being employed to manage income disruption, and the disproportionate impact on women and people with disabilities being experienced by communities in the nine countries under this study. As with mental health and psychosocial support, the COVID-19 pandemic provides an opportunity to "build back better" livelihoods, too. In the short term, it is critical to support vulnerable households to meet basic needs and protect livelihoods. In the long-term, we need to utilise this opportunity to act decisively and with resolve to build back a better "new normal" centred on an inclusive, resilient, and green recovery — both within socio-economic systems as well as amongst businesses and households.

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<sup>32</sup> The term "inactivity" includes those persons available for work, but not actively seeking work (e.g. potentially because it is known there is little to no work available), as well as persons seeking work but not currently available due to other circumstances (e.g. due to care responsibilities). Persons classified as unemployed are actively seeking work. Reference: International Labour Organisation. (2021). ILO Brief: COVID-19, labour market slack and what it means for recovery. [https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/briefingnote/wcms\\_771915.pdf](https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/briefingnote/wcms_771915.pdf). John Hopkins University. (2021). Mortality analyses. <https://coronavirus.jhu.edu/data/mortality>. Updated and accessed Saturday, July 24, 2021 at 07:38 AM EDT.

<sup>33</sup> World Bank. (2021). Cambodia Economic Update: Road to Recovery. <https://documents1.worldbank.org/curated/en/788321624038286598/pdf/Cambodia-Economic-Update-Road-to-Recovery.pdf>

<sup>34, 35</sup> *ibid*

<sup>36</sup> International Labour Organisation. (2021). Recovering towards a human-centred future of work in Asia and the Pacific. [https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-bangkok/documents/publication/wcms\\_778054.pdf](https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-bangkok/documents/publication/wcms_778054.pdf)

<sup>37</sup> Patel, J., & Sridhar, D. (2020). We should learn from the Asia-Pacific responses to COVID-19. *The Lancet Regional Health – Western Pacific*, 5, 1–2. <https://doi.org/10.1016/j.lanwpc.2020.100062>

<sup>38</sup> John Hopkins University. (2021). Mortality analyses. <https://coronavirus.jhu.edu/data/mortality>. Updated and accessed Saturday, July 24, 2021 at 07:38 AM EDT.

World Vision believes that targeted cash and voucher programming can protect livelihood assets and promote the delivery of humanitarian assistance through a market-based approach. In this second year of the pandemic we need to develop pro-poor and inclusive economic recovery interventions that promote women's economic empowerment (WEE) and climate-smart outcomes. We must build the productive capacity and economic resilience of households, communities, and businesses. We need to regenerate natural assets and environments necessary for food security and livelihoods, and promote nutrition-sensitive agricultural approaches. We must also promote positive social norms, disability and gender inclusive relations through relevant opportunities while monitoring and addressing risks.

## Recommendation (2):

**Implement cash and voucher assistance programmes to meet basic needs; focus economic recovery interventions to promote women's economic empowerment and climate-smart outcomes; promote nutrition-sensitive agriculture approaches; and invest in lifelong learning ecosystems.**

- **Multipurpose cash assistance (through digital/mobile money transfers as much as possible) help vulnerable households to meet basic immediate needs, prevent them from adopting negative coping mechanisms and protect long-term livelihood assets.** Be an advocate for the support of cash transfer schemes, either initiating or continuing (e.g., Cambodia) to governments and donors. Comprehensive social protection systems that include cash transfers in times of crises are an integral component of building back better as they protect health and wellbeing, including financial resilience of populations. Countries must implement well-designed, coordinated social protection systems that include cash transfers that can be drawn upon for rapid outreach in times of hardship.
- **COVID-19 has exacerbated the challenges that women have faced for decades.** Gender pay gaps, unequal distribution of unpaid care work, discrimination in access to decent jobs, violence and harassment are pervasive issues that have existed prior to COVID-19. However, the disproportionate impact of the pandemic on women have heightened the needed to the address these gender-related barriers. Transformative policies and programming for gender equality must be prioritised. In addition, a 'green recovery' is essential to prevent exacerbating existing climate-change related issues.
- **Nutrition-sensitive agriculture approaches for rural communities can have immediate and long-term benefits.** Nutrition-sensitive value chains, kitchen gardens, and gender-responsive nutrition behaviour change for households help to increase the variety of nutrient-rich foods produced and consumed by smallholder farm families.
- **The pandemic has highlighted the importance of retraining, especially for workers in impacted sectors who could be taught skills in sectors with potential for future growth.** Countries must be prepared to support the training and retraining of workers on a large scale. The crisis has also emphasised the persistent inequality in education and training systems, linked to the digital divide: countries need new skills and lifelong learning ecosystems that form an integral part of their economic, fiscal, social, and labour market policies and programmes.



# COVID-19 and Protection

# COVID-19 and Protection

## Key Points

- 40 per cent of children surveyed were engaged in economic activities, with one in every 10 children engaged in child labour.
- One in every 14 children engaged in child labour was exposed to hazardous materials such as harmful fumes, extreme temperatures, operating heavy machinery or other unsafe or dangerous conditions.
- Sending children to work has been the most common impact of COVID-19 on boys and girls in the region, affecting one in 11 children.
- A higher proportion of urban children are being 'sent away' (from home) as compared to rural children, they are being sent to government hostels for education or to family/relatives elsewhere.
- Of every 10 households surveyed three have reported children facing several forms of violence. This is highest in Indonesia (46%), Myanmar (45%), Vietnam (39%), India (32%), and Nepal (30%).
- Around one in every 10 children reported experiencing physical violence; while around one in every nine children reported experiencing emotional abuse.
- Children who were experiencing different forms of violence were significantly more likely to feel afraid, angry, or hopeless. Whereas overall, around one in seven children felt so afraid, nothing could calm them down, this statistic increased closer to one in three children, if that child was experiencing physical abuse.
- Likewise, while more than one in nine children felt so angry, they felt out of control — this increased to more than one in every four children when that child was being physically abused.
- And disturbingly, while on average, one in 18 children felt so hopeless that they did not want to carry on living, most or all of the time — this statistic increased to one in five if the children were experiencing physical abuse.

**“My mother told me to get out of the house if I did not do what my mother told me to do.”**

*May, girl from Myanmar*



Rates of domestic violence during the COVID-19 pandemic have increased globally.<sup>39</sup> And yet, visits to emergency departments for domestic violence and non-partner sexual violence have fallen substantially.<sup>40</sup> Conversely, calls to support services and to the police have varied over the past year, with large increases in most countries globally, including Nepal in particular. Overall, however, child protection services have been disrupted in 104 countries, seriously limiting access to prevention and response services for children and young people.<sup>41</sup>

Children are among the most vulnerable segment of society and the pandemic has heightened their vulnerability. The economic crisis created by the COVID-19 pandemic is likely to lead to abuse and exploitation of children in adversity, at a time when children are least likely to be able to access support and assistance.<sup>42</sup> World Vision has already seen the rise of domestic violence, especially targeting children and women, due to lockdowns, throughout various consultations and research conducted over the course of the pandemic.<sup>43</sup>

UNICEF and ILO warn that potentially 9 million children could be exploited and pushed into child labour by the end of 2022 as a result of the pandemic.<sup>44</sup> Before the pandemic, the number of children in child labour had risen to 160 million worldwide — an increase by 8.4 million children in the past four years. Nearly half the children engaged in child labour (79 million) are performing hazardous task, this is an increase of 6.5 million children than in 2016.<sup>45</sup>



<sup>39</sup> Feder, G., d'Oliveira, A. F. L., Rishal, P., & Johnson, M. (2021). Domestic violence during the pandemic. *BMJ*. <https://doi.org/10.1136/bmj.n722>

<sup>40</sup> *ibid.*

<sup>41</sup> UNICEF. (2020). COVID-19 causes disruptions to child protection services in more than 100 countries. <https://www.unicef.org/press-releases/covid-19-causes-disruptions-child-protection-services-more-100-countries-unicef>

<sup>42</sup> Ramaswamy, S., & Seshadri, S. (2020). Children on the brink: Risks for child protection, sexual abuse, and related mental health problems in the COVID-19 pandemic. *Indian Journal of Psychiatry*, 62(3), 404–413. [https://doi.org/10.4103/psychiatry.IndianJPsychiatry\\_1032\\_20](https://doi.org/10.4103/psychiatry.IndianJPsychiatry_1032_20)

<sup>43</sup> 1. "Based on our review of emerging indicators of violence against children – including reports of increased domestic violence, surges in calls to child helplines, insight from our field offices, as well as what we know from previous crises – we estimate that that violence against children could increase by between 20% and 32%. This could mean up to 85 million more girls and boys worldwide may be exposed to physical, sexual and/or emotional violence over three months [as of May 2020] as a result of COVID-19 quarantine." World Vision International. (2020). COVID-19 Aftershocks: A perfect storm. [https://www.wvi.org/sites/default/files/2020-05/Aftershocks%20FINAL%20VERSION\\_0.pdf](https://www.wvi.org/sites/default/files/2020-05/Aftershocks%20FINAL%20VERSION_0.pdf).

2. 81% of children and young people talked about violence in their homes, communities, and online since the start of the COVID-19 pandemic during a 2020 World Vision consultation that spoke to 763 children and young people between the ages of 7 and 19 years old in 50 countries across six regions. World Vision International. (2020). Act Now: Experiences and recommendations of girls and boys on the impact of COVID-19 global report. <https://www.wvi.org/publications/report/coronavirus-health-crisis/act-now-experiences-and-recommendations-girls-and-0> and World Vision International. (2020). Act Now: Experiences and recommendations of girls and boys on the impact of COVID-19 <https://www.wvi.org/emergencies/coronavirus-health-crisis/act-now>

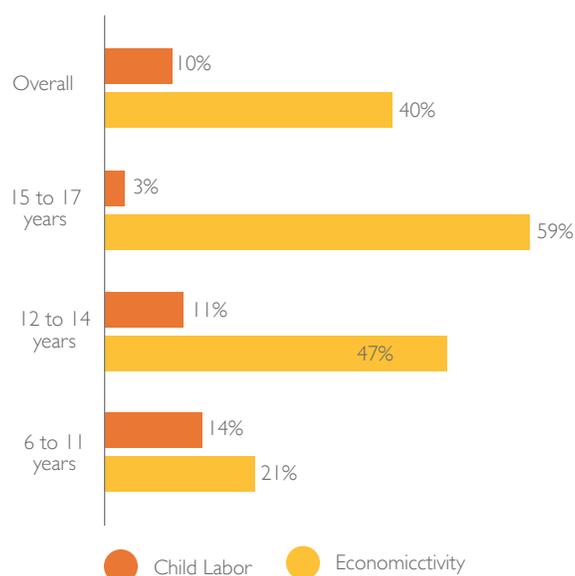
<sup>44</sup> UNICEF and ILO (2021). Child labour: Global estimates 2020, trends and the road forward. UNICEF and ILO. <https://data.unicef.org/resources/child-labour-2020-global-estimates-trends-and-the-road-forward/>

<sup>45</sup> *ibid.*

## The Reality

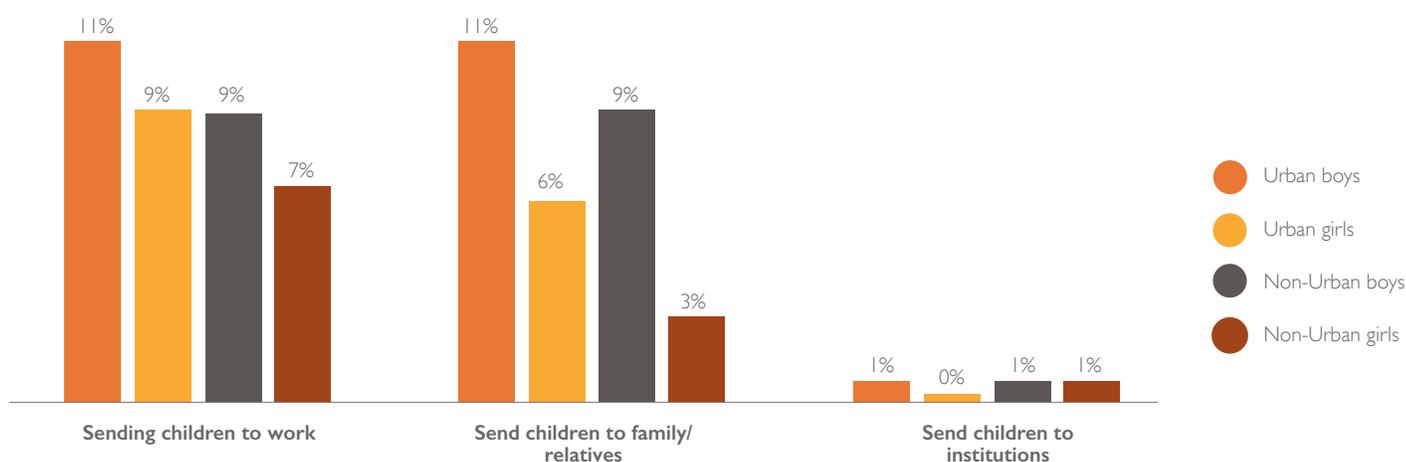
At a time when a large number of children are out of school, the rates of mental distress are disturbingly high, and households are experiencing protracted economic shock, it is unsurprising that around two in every five children between the ages of 6-17 are engaged in some form of economic activities.

### Children engaged in Economic Activities and Child Labour, per age range



40 per cent of the interviewed children indicate that they are engaged in economic activities. In keeping with UNICEF's classifications of child labour,<sup>46</sup> 10% of children surveyed or about one in 10 children are engaged in child labour. This statistic increases to one in every seven children between the ages of 6 to 11 years. Further, one in every 14 children engaged in child labour is exposed to hazardous materials such as harmful fumes, extreme temperatures, operating heavy machinery or other unsafe or dangerous conditions. These figures are consistent with the figures from the beginning of 2020, that reported 63 million girls and 97 million boys were engaged in child labour globally, accounting for almost one in 10 of all children worldwide.<sup>47</sup>

### "How did reduced household income affect the health, education, and social wellbeing of children?"



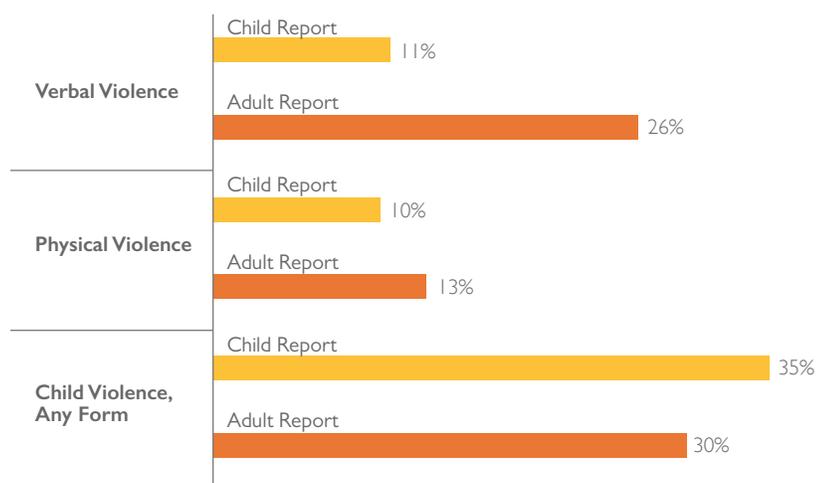
<sup>46</sup> Age 5 to 11 years: at least 1 hour of economic work = child labour  
 Age 12 to 14 years: at least 14 hours of economic work = child labour  
 Age 15 to 17 years: at least 43 hours of economic work = child labour

<sup>47</sup> <https://data.unicef.org/resources/child-labour-2020-global-estimates-trends-and-the-road-forward/>

It is also important to note the hours of labour carried out by the children on average children were engaged for 12 hours per week across all countries, peaking with a high average of 22 hours per week in Myanmar. Another variable of particular concern is the proportion of children who are being 'sent away' either being sent to work, sent to family/relatives, or being sent to 'institutions' defined as government hostels for education at the provincial level. Rural boys were significantly more likely to be sent to work and/or to family/relatives.

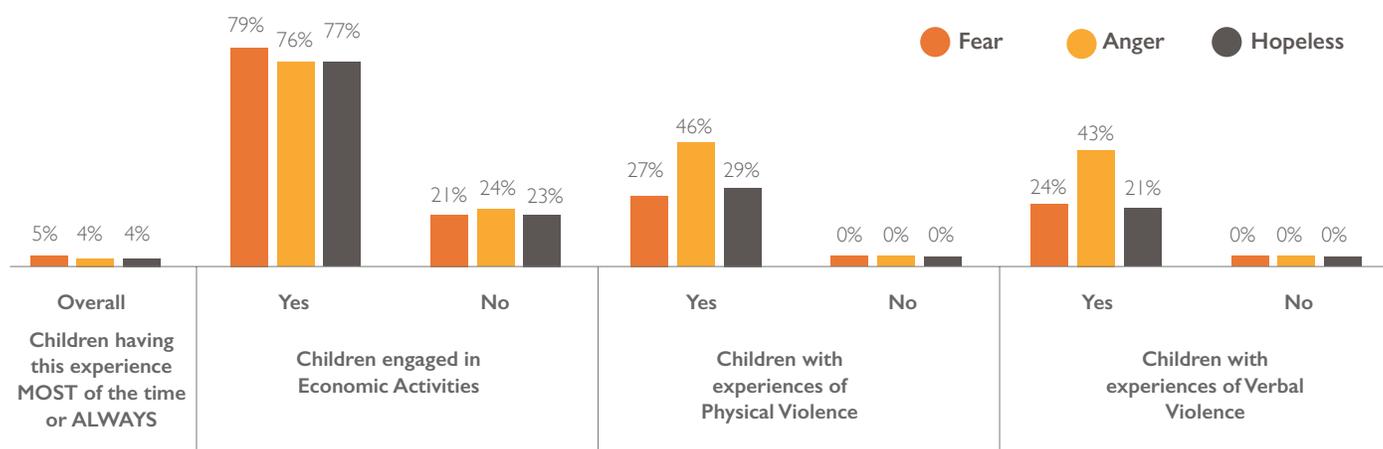
Children engaged in labour are more susceptible to sexual abuse and exploitation.<sup>48</sup> Migrant child labour in particular, characterised by separation from families and loss of social networks, present a high risk of sexual exploitation of children.<sup>49</sup> World Vision's assessment could not ethically investigate rates of sexual abuse among children interviewed, however, the data presented indicate that this is likely to be an issue.

### Magnitude of children experiencing violence, per form



World Vision's assessment has found a significant number of children experiencing extreme forms of violence. 10 per cent of children reported experiencing physical violence, and 11% reported experiencing emotional violence. In contrast, 13% of adults reported children in their household experiencing physical violence and 26% experiencing emotional violence.

### Children experiencing violence and economic activities cross analyzed with experiences of anger, fear and hopelessness



<sup>48</sup> Ramaswamy & Seshadri, "Children on the brink".

<sup>49</sup> ibid.

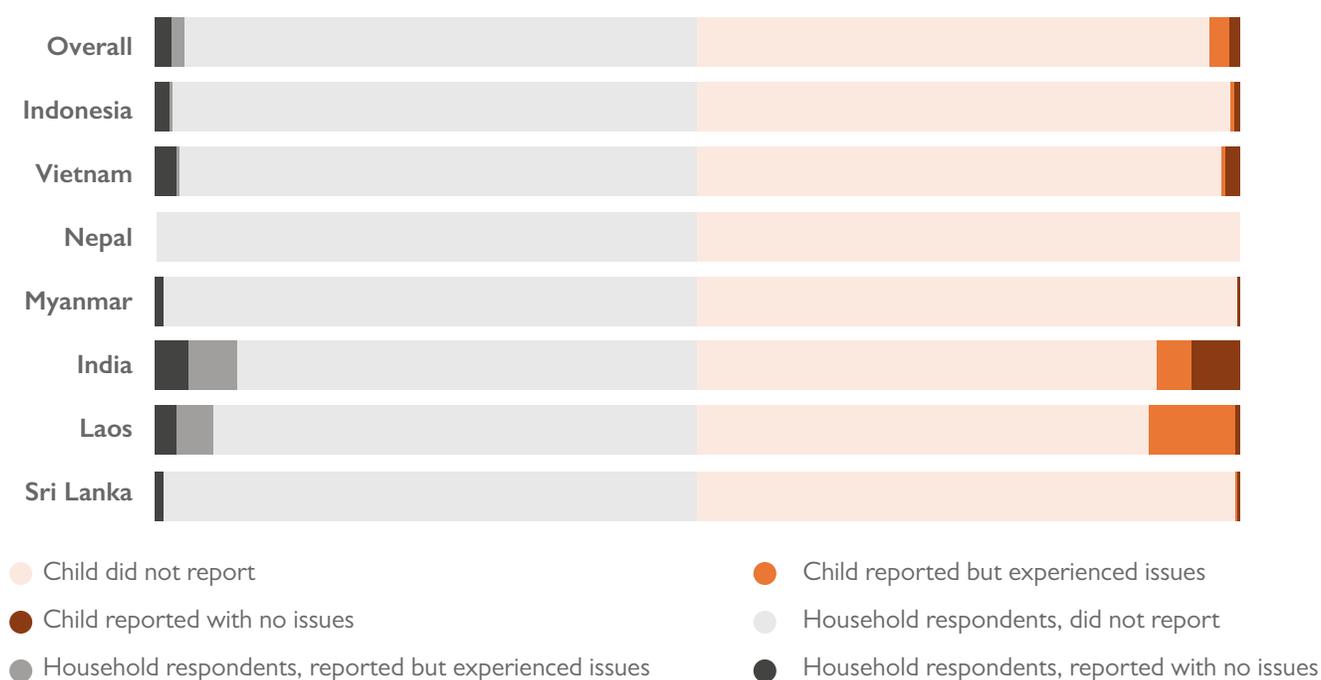
## 30 Unmasking the Impact of COVID-19 on Asia's Most Vulnerable Children

The assessment found that 118 children under the age of 18 reported that they were married, 30 of these or one in every four child marriages occurred after the beginning of the pandemic. Globally, 2020 saw the greatest surge in child marriage with rates as high in the past 25 years.<sup>50</sup> According to anecdotal data from World Vision programmes, child marriages more than doubled between March and December 2020, compared to 2019.<sup>51</sup> While the percentage for all children surveyed are low there was a direct correlation between child marriage and experiencing anger, fear, and hopelessness and experiencing physical and emotional violence.

Of every ten households 3 have reported children experiencing several forms of violence. This is highest in Indonesia (46%), Myanmar (45%), Vietnam (39%), India (32%), and Nepal (30%). Feelings of fear, anger, and hopelessness in children's mental health were closely linked to experiences of physical and emotional violence, and child labour. Overall, around 5% of children felt so afraid, nothing could calm them down, most or all of the time in the past two weeks (see Mental Health section). This experience is four times higher among children engaged in economic activities (79%), compared to those who do not engage in economic activities (21%). One in every four children who experienced verbal (24%) and physical abuse (27%) reported feeling so afraid nothing could calm them down.

Likewise, about 4% of children felt so angry, they felt out of control, most or all of the time. The experience of anger is three times higher for children involved in economic activities (76%), and when that child was experiencing physical and verbal violence (46%). Moreover disturbingly, while on average, 4% children felt so hopeless that they did not want to carry on living, most or all of the time, this increased to 77% for children engaged in economic activities, 29% of those experiencing physical violence and 21% of those experiencing verbal violence reported these feelings.

### Adult and child reporting patterns of violence against children, per country



<sup>50</sup> Save the Children. (2020). COVID-19 places half a million more girls at risk of child marriage in 2020. <https://www.savethechildren.net/news/covid-19-places-half-million-more-girls-risk-child-marriage-2020>

<sup>51</sup> World Vision International. (2020). Breaking the chain: Empowering girls and communities to end child marriages during COVID-19 and beyond. <https://reliefweb.int/report/world/breaking-chain-empowering-girls-and-communities-end-child-marriages-during-covid-19-and>

However, about 94% of the respondents are not reporting violence against children especially in countries such as Indonesia, Myanmar, Vietnam, India, and Nepal where there is highest experience of violence against children. Notably, almost all child respondents in Nepal and Myanmar had not reported any violence against children. In contrast, children from India (15%) and Laos (10%) had the most reports made. This corresponded to the numbers for the adult respondents from these countries (India – 16% and Laos – 17%).

## The Ramifications

Devastating aftershocks of the crisis are putting more children at risk of violence. The loss of livelihoods has increased stress and poverty resulting in domestic and childhood abuse and forcing children into violent and abusive survival situations such as child marriage and child labour.

Suspicious about child abuse and neglect are often reported by teachers and schools, health care workers, and other people or services that children come into contact with. The COVID-19 pandemic has greatly restricted movement and contact, potentially limiting opportunities for child abuse and neglect to be detected and reported. Children are also kept at home, often isolated, where they may be living with their abuser. At the same time, the pandemic has affected the way families live and work, with many experiencing financial and other stressors. While it is important to note that risk factors are not causes of child abuse and neglect, challenging mental health issues and stressors for parents, worsening family finances, and increased substance abuse in times of stress, can work together to create vulnerabilities that were not previously present, or exacerbate those that were.

While vulnerabilities are exacerbated and risk factors increase, this is happening at a time when services are extremely stretched. Particularly in health, focus is diverted

to the immediate effects of the pandemic, and can reduce availability for assistance with child protection concerns. The ramifications of poor protection of children can be fatal in the short term. In the long-term, a child's reactions to abuse or neglect can have lifelong and intergenerational impacts. Childhood maltreatment can be linked to later physical, psychological, and behavioural consequences as well as costs to society as a whole.

## The Response & Recovery

The continuity of child-centred services must be prioritised. Schooling, nutrition programmes, immunisation and other maternal and newborn care, and community-based child protection programming must continue, with a focus on equity of access for all children. In tandem, social protection programmes must be expanded to reach the most vulnerable children: family needs must be met.

Practical support to parents and caregivers must also be provided. It is not enough to advocate to reduce violence against children, parents must be equipped with the tools and practical strategies to do so. This includes how to talk about the pandemic with children, how to manage their own mental health and the mental health of their children, and tools to help support their children's learning.



### Recommendation (3):

Ensure immediate social assistance for families at risk; prioritise the continuity of child-centred services; and provide practical support to caregivers.

- The immediate rollout of social assistance perhaps in the form of universal child cash grants can offer a simple and proven tool for shielding children from extreme poverty while providing relief to families under pressure and potentially alleviating some risk factors for abuse.
- The continuity of child-centred services while prioritising equity of access can provide protective factors for children at risk. Core child protection services must be classified as essential and a holistic approach must be taken along with other sectors.
- Practical support provided parents and caregivers to ensuring parents are equipped to manage their own mental health and the mental health of their children and to give them tools that they can 'fall back' on in times of stress.



# COVID-19 and Education

# COVID-19 and Education

## Key Points

- About one in every five children (5 – 15 years) are not attending school in any form.
- About two in every three children reported that their schools were closed. 55% of children affected by school closures are not able to continue accessing formal education remotely.
- About two in every five children with access to remote education have no access to internet.
- Higher number of children reported no access to schools in Nepal (96%), Cambodia (94%) and Vietnam (63%).
- Forty five percent have access to home-learning materials and activity packs for children to use during lockdowns, most commonly from government, World Vision and others.

**The COVID-19 pandemic has resulted in an unprecedented educational crisis. The uncertainty around health risks and demand for infection prevention and control measures such as physical distancing have led to massive and recurrent school closures.**

## The Reality

Around 60 per cent of all 5,469 children surveyed of all school-going age reported that they were attending school in some manner.

40 per cent of children out of school represents a drastic increase. Pre-COVID-19, gross primary school enrolment rates typically sit close to 100% in the countries surveyed, though secondary school gross enrolment can sit as low as 65% (Laos).<sup>52</sup> It is telling that the number of children currently attending school, across both primary and secondary, is significantly lower.

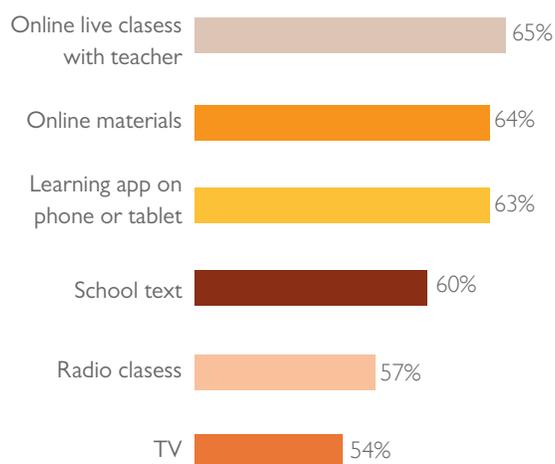
Only 45 per cent of children were able to continue accessing formal education remotely, if their schools were closed. According to the adults interviewed, learning applications on phones or tablets were the most common tool accessed (20%), followed by radio classes (18%), and television (14%).

For those that had been accessing school remotely, the quality was highly variable, with slightly more children rating the quality of learning as good than rating it as poor. However, a significant proportion of children – almost 1 in 3 – stated that their remote learning was so bad they were not able to learn.

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<sup>52</sup> UNESCO Institute for Statistics. (2020). School enrolment data. <https://data.worldbank.org/indicator/SE.PRM.ENRR> and <https://data.worldbank.org/indicator/SE.SEC.ENRR>

### Weighted Average Ratings of Children on Quality of Remote Learning, per type of modality



According to children, the most favourable learning medium during remote school was learning on a device, online material or with live learning support from teacher, all modes that need internet connection. These digital modalities are rated as ‘excellent for having materials to continue learning’ by 10% of children and ‘good to be able to continue with some learning work’ by 46%. However, two-thirds of the world’s school children — or 1.3 billion children aged 3 to 17 years old do not have internet connections in their homes. But there is a significant gap between high-income (86% coverage) and low-income countries (6%).<sup>53</sup> Further, of the children interviewed in these nine countries in Asia Pacific, most (59%) also reported having access to a network/internet connection. A similar percentage (56%) of adult respondents confirmed that school-aged children in their household had access to an internet connection. While 45% of the household said that their children have access to home-learning materials and activity packs most commonly from government (39%), World Vision (21%), and others (38%).

“ Since the pandemic we are in fear of (the) COVID-19 situation around us, and I worry my family would be a victim of the pandemic. We continue our studies through online, but (a) few of my friends have no phones to connect through online, as basic smart phones and data plans are expensive. As our parents are not able to go to work, the family income is low and we are having system issues.”

Indujan, Sri Lanka

### The Ramifications

Hundreds of millions of children worldwide are out of school, jeopardising their education and futures. Most vulnerable children especially are falling further behind and are less likely to return to school. Prior to the pandemic, 258 million children — including 132 million girls — were already failing to access education.<sup>54</sup>

However, the education sector has undergone unprecedented disruptions due to COVID-19. Last year, it was estimated that 24 million children, adolescents and youth under the age groups of pre-primary to tertiary school globally were at risk of not returning to learning due to the economic impact of the crisis. Among whom 11 million would be primary and secondary aged students.<sup>55</sup> Geographically, South and West Asia contained the largest number of children at risk of not continuing their education (5.9 million).<sup>56</sup> The evidence from World Vision’s current assessment confirms that a shockingly large proportion of children in the Asian region are no longer attending school and that even those who are counted as ‘attending’ are falling behind due to poor quality of online school.

The rights of children and young people are not suspended during an emergency. This includes the right to education. Quality education protects cognitive development and supports mental health and psychosocial wellbeing. In times of crisis, it offers children a sense of hope.

<sup>53</sup> UNICEF. (2020). How many children and young people have internet access at home? <https://data.unicef.org/resources/children-and-young-people-internet-access-at-home-during-covid19/>

<sup>54</sup> UNESCO. (n.d.). Out-of-school children and youth. <http://uis.unesco.org/en/topic/out-school-children-and-youth> accessed 26 July 2021.

<sup>55</sup> UNESCO. (2021). One year into COVID: Prioritising educational recovery to avoid a generational catastrophe. <https://apa.sdg4education2030.org/covid19/one-year-covid-prioritizing-education-recovery-avoid-generational-catastrophe>

<sup>56</sup> *ibid.*

We know that in times of crisis, 99% of children see education as a priority.<sup>57</sup> A lack of education has wide-ranging impacts, particularly on the mental health of children, their protection, and long-term livelihood prospects. Higher levels of education reduce preventable child deaths, accelerates prosperity, enhances job opportunities, and reduces poverty.<sup>58</sup>

However, we also know that just being in school isn't the same thing as learning, and where quality, in-person instruction is not available, and remote learning materials are sub-standard, negative long-term consequences will ensue. There are also risks for child safety: as reliance on online platforms for distance learning increases, so too does the risk of exposure to inappropriate content and online predators.

### The Response and Recovery

Most stakeholders agree that the crisis brought about by COVID-19 could well be the opportunity to put in place transformational approaches and policies that address deep-seated problems in education.<sup>59</sup>

The suspension of in-person schooling in an attempt to contain the pandemic has called for a reliance on distance learning modalities at an unprecedented scale. Right now, over 31 million learners are affected by school closures as a result of COVID-19.<sup>60</sup> However, the shift to distance learning often leaves the most vulnerable behind. Particularly — students without access to technology and devices, students with learning disabilities, students who are learning in a language other than their mother-tongue, the students who are being drawn into household duties and other work, the students who are not safe at home and now have no other place to go.

World Vision is deeply concerned that the impact of COVID-19 on education will permanently scar the development of a generation of the world's most vulnerable children.

Distance learning strategies need to be deliberate, systematic, resourced, and linked to longer-term strategies for learning outcomes. Parents need to be engaged, supported and guided, and education strategies must be linked to mental health and psychosocial support to begin to be effective. Effective and equitable distance learning strategies are a necessity.<sup>61</sup>



“ I am so thankful to World Vision for providing this awareness board to our school. Now every one of us has an opportunity to understand the importance of self-hygiene.”

Madurshi, Sri Lanka

<sup>57</sup> Save the Children. (2015). What do children want in times of emergency and crisis? They want an education. [https://inee.org/system/files/resources/SaveTheChildren\\_What-do-children-want-They-want-education\\_2015\\_ENG.pdf](https://inee.org/system/files/resources/SaveTheChildren_What-do-children-want-They-want-education_2015_ENG.pdf)

<sup>58</sup> UNESCO. (2013). Education transforms lives. [https://inee.org/system/files/resources/Infographics\\_Booklet\\_by\\_GMR\\_2013.pdf](https://inee.org/system/files/resources/Infographics_Booklet_by_GMR_2013.pdf)

<sup>59</sup> Asian Development Bank. (2021). COVID-19 and Education in Asia and the Pacific.

<http://dx.doi.org/10.22617/TIM200397>

<sup>60</sup> UNESCO. (2021). Global monitoring of school closures caused by COVID-19. Accessed 26 July 2021, <https://en.unesco.org/covid19/educationresponse>

<sup>61</sup> UNESCO, UNICEF, The World Bank & OECD. (2021). What's Next? Lessons on Education Recovery: Findings from a survey of Ministries of Education amid the COVID-19 pandemic. [http://covid19.uis.unesco.org/wp-content/uploads/sites/11/2021/07/National-Education-Responses-to-COVID-19-Report2\\_v3.pdf](http://covid19.uis.unesco.org/wp-content/uploads/sites/11/2021/07/National-Education-Responses-to-COVID-19-Report2_v3.pdf)

Students need to be encouraged to return to school in a way that is safe to both their physical and mental health. Their educational status needs to be reviewed, and students who have fallen behind must be given appropriate support. Communities need to be engaged in reopening plans and resources need to be targeted where they are most needed.<sup>62</sup> Policies and programmes put in place must ensure that returning to school enables children to thrive.

Finally, education systems that seek to return 'back to normal' are systems that will fail. The world has changed and an opportunity has been provided to innovate and set new norms and practices that enable long-term changes focused on equity, flexibility, and resilience. Education is grossly underfunded — the Global COVID-19 Humanitarian Response Plan has seen less than 9% of the required education funding be committed, despite the broader plan having reached 40% of its funding commitments, with a gap in education alone of over USD\$311.9 million.<sup>63</sup> Education must be prioritised, and linked, with interventions in mental health and psychosocial support, livelihoods, and protection.

## Recommendation (4):

**Prioritise a plan of action to bring children back into school, either in-person or remotely, now, safely and with support; and, investigate, analyse and integrate learnings to apply to immediate and future education system designs.**

- For schools to reopen and recover, it is imperative that communities are engaged in reopening plans, that resources are targeted to where they are needed most, that school environments are safe, and learning losses can be recovered. Teachers must be trained and supported alongside children. Getting children back into school could look like combining community participation and large-scale direct communication campaigns to parents, more flexible attendance options to accommodate all children, financial or in-kind support to the most at-risk families, and holistic, complementary programmes, such as school feeding programmes, and mental health support. Reopening schools safely requires coordination with other sectors.
- Digital connectivity has emerged as a key opportunity. Digital connectivity must work for education, not drive education. Lessons learned from implementing remote and digital learning strategies can be applied to extend the reach of education systems into the most disadvantaged areas, including rural areas, into post-COVID-19 times — however, this needs to be deliberately planned for, as the current digital divide is not tenable.

<sup>62</sup> Centre for Global Development. (2020). Planning for school reopening and recovery after COVID-19. <https://www.cgdev.org/sites/default/files/planning-school-reopening-and-recovery-after-covid-19.pdf>

<sup>63</sup> UNOCHA Financial Tracking Service, COVID-19 Humanitarian Response Plan. <https://fts.unocha.org/appeals/952/summary> accessed 14 July 2021.

## Forging Ahead

The scale and severity of the COVID-19 pandemic continues more than one year after it was declared as a global health crisis. By taking a regional view of the pandemic's wide-ranging effects, World Vision has highlighted how the particular vulnerabilities of at-risk children have been exacerbated. If action is not taken for immediate relief and long-term, sustainable change to better the conditions for children the long-term costs of the pandemic will be far greater than its immediate and substantial death toll.

### Governments

- Prioritise the mental health of children and young people, integrate mental health services into other health services where available, and incorporate technological innovations in mental health services.
- Continue or begin cash transfer schemes in the first instance, building comprehensive social protection systems that will withstand crises. Consider universal child cash grants. Prioritise gender equality and climate-smart outcomes. Be prepared to support the training and retraining of workers on a large scale.
- Continue child-centred services that prioritise equity of access. Classify core child protection services as essential and enable integration with other sectors (e.g., mental health).
- Work alongside communities and civil society to engage communities in school reopening plans and ensure school environments are safe. Teachers must be trained and supported alongside children. Consider long-term digital connectivity strategies that could enable more flexibility in education modalities going forward.

### DONORS

- Prioritise protection funding, particularly towards interventions that prevent and respond to violence against children, enable government and civil society to provide

immediate social assistance to alleviate risk factors, and rollout practical strategies to support families to provide a protective environment.

- Work closely with government and civil society stakeholders to design and implement plans to support children's safe return to school; plans that are inclusive in addressing the need of the most vulnerable communities and children. Fund complementary programmes, such as school feeding and counselling to help address the broader effects that children are experiencing as a result of the pandemic. Work with governments to plan and support long-term digital infrastructure to minimise disruptions to children's learning in the future.
- Fund activities to address mental health as a cross-cutting issue through other sectoral programmes, including psychosocial support programmes, reducing stigma associated with mental health issues, and supporting technological innovation that can increase access to mental health services for vulnerable populations.
- Prioritise cash assistance and alternative livelihoods support to vulnerable communities and food insecure households. Facilitate coordination between government, civil society, and community stakeholders to identify opportunities for skills development linked with emerging market demands.

## Civil Society

- Focus on raising awareness in communities to change attitudes and reduce stigma and discrimination towards mental health issues; provide complementary interventions that engage children and young people in a safe environment.
- Implement unconditional cash and voucher assistance programmes to meet basic needs, through digital/mobile money transfers as much as possible, targeting the most vulnerable households. Focus agricultural interventions on being nutrition-sensitive and climate-smart.
- Enable parents and caregivers to manage their own mental health and the mental health of their children through practical strategies, tools and support mechanisms. Promote child-centred services and child-centred outcomes.
- Prioritise community and child engagement in school reopening plans, working with parents, caregivers, youth and children to ensure school environments are safe and supported. Where invited, provide training and support to teachers alongside children. Facilitate digital connectivity, possibly through the provision of equipment and training.

## Acronyms

COVID-19	Coronavirus Disease
AP	Asia Pacific
CFW	Cash for Work
CHW	Community Health Workers
COVER	COVID-19 Emergency Response
FO	Field Office
GBV	Gender Based Violence
HH	Household
IMF	International Monetary Fund
PPE	Personal Protective Equipment
UNDP	United Nations Development Programme
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WV	World Vision



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