LOST IN LOCKDOWN

**Chronicling the Impact of
COVID-19 on India's Adolescents**

The 10to19: Dasra Adolescents Collaborative is a high-impact platform that unites funders, technical experts, the government and social organizations to reach 5 million adolescents, and move the needle on four outcomes key to adolescent empowerment. These are:

- **DELAYING AGE AT MARRIAGE**
- **DELAYING AGE OF FIRST PREGNANCY/BIRTH**
- **COMPLETING SECONDARY EDUCATION**
- **INCREASING AGENCY**

The 10to19 Adolescents Community of Practice (CoP) was formed in 2017 as part of these efforts to drive adolescent health and well-being. It is a community of stakeholders across the country working to ensure that adolescents are educated, healthy, and empowered to make positive life choices. The CoP includes non-profit organizations, funders, experts, academicians, and adolescents themselves who work collaboratively to drive scalable impact for adolescents in India.

To learn more, write to us at 10to19community@dasra.org

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FOREWORD

Dasra has always believed in the power of collaborative action, particularly to tackle large-scale social issues. This has been the guiding principle behind the creation of the 10to19 Community of Practice (CoP), a body that has brought together leading youth-serving organizations across the country to facilitate peer learning, address sector-wide issues through narrative change, and to serve as a collective voice to engage with the government on adolescent health and wellbeing.

This Community of Practice has the ability to bring together a diverse set of voices on a single issue. As India and the world continue to grapple with the pandemic, the need to protect and advocate for marginalized and vulnerable communities is evident. Through this research, 111 CoP Partners have contributed their time and their experiences to help us understand how the COVID-19 crisis has impacted not only young people, but also the civil society organizations that work dedicatedly and tirelessly to serve them.

As our NGO and CBO partners have made rapid and necessary programmatic shifts to undertake relief efforts, this research study has been an endeavor to gather and document insights into the on-ground reality of the pandemic. We believe that showcasing the vulnerabilities and challenges of our partners is vital to building a collective understanding of the changes young people have faced through this period. Our learnings – from both urban and rural communities and across geographies, cultures, and interventions – will form the cornerstone of a more nuanced approach to COVID-19 relief and rehabilitation and adolescent-focused programs in the future.

The scale and extent of the COVID-19 crisis indicated that we need consistent and concerted efforts to be carried out by all stakeholders, in order to ensure that adolescents are prioritized as we work to rehabilitate a system that has been ravaged by the pandemic. It is with this hope that we have culled out recommendations based on the data collected in this report that we hope can enable more informed decision-making and will shape future program efforts to ensure adolescents are not left behind in the fight against COVID-19.

We hope to use these data and these recommendations as a tool to work with funders, government, civil society organizations and other supporters of adolescent programs to highlight the pressures faced by NGOs, better understand the needs of communities we serve, and to share knowledge on how to strengthen on ground service delivery for adolescent focused schemes and programs. We hope that this effort – the first of many studies documenting the consequences of the COVID-19 crisis – offers a space for learning and reflection, and helps create a deeper understanding of the challenges and pitfalls in protecting and empowering young people through the pandemic.

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ACKNOWLEDGEMENTS

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1 INTRODUCTION

As of August 7th, 2020, there have been over two million Indians who tested positive for COVID-19.

Many have recovered, some have died, and the health system has been stretched beyond capacity to treat those infected and staunch the spread of the pandemic. To contain the spread of the pandemic, a nationwide lockdown, announced on 24 March 2020, was imposed. This lockdown has meant limited daily activities and movement across the country, including the suspension of activities not considered "critical,"– schools and workplaces, as well as, in effect, many non-COVID related health services.

While the nation is engaged in fighting the pandemic, the needs of adolescents and youth, a relatively healthy sub-population that is relatively safe from the virus, may not appear to warrant immediate attention. Yet, the suspension of activities can have a considerable adverse effect on young people. There is evidence from previous humanitarian disasters in India and elsewhere, as well as recent media reports that suggest that consequences for adolescents and youth may be significant and multi-faceted, and available programs and interventions must be adapted to take their needs into consideration in the upcoming months and years.

Objective of this study

The aim of this investigation is to better understand the ways in which the lockdown and pandemic have affected such dimensions of the lives of young people as education, livelihoods, social isolation, mental health, exposure to violence, reproductive health and child marriage, as well as access to food and health services. Drawing on the perspectives of youth-serving organizations in India, mainly the members of the 10to19 Community of Practice, we provide a profile of the current pandemic's impact on the young, and initiate a roadmap for program adaptation.

The 10to19 Community of Practice comprises a national network of adolescent-focused non-profit organizations from across 25 states in India, whose goal is to encourage peer learning and knowledge sharing, support capacity building of organizations, and build a collective voice to engage with the government for effective policy and program implementation for adolescent empowerment. This Community of Practice collectively represents a huge resource, and the objective of this study is to synthesise the experiences and insights of this group.

2 DESIGN ANALYSIS & RESPONSE RATES

Study design and analysis

An online survey was conducted among the 350 youth-serving organizations that worked anywhere in the country listed in Dasra's database. It was sent to organization heads (or programme heads), with a request to incorporate on-ground experiences that may have come to the attention of the organisation.

The questionnaire adapted survey questions developed by the EMERGE project (EMERGE, 2020) to measure effects of the pandemic on individuals, and was distributed in both English and Hindi. These covered whether the populations served by organizations had experienced household level food grain shortage, loss of livelihood, and returning migrants. It also probed changes that may have come to the attention of organizations with regard to adolescent schooling, economic activity and social isolation, mental health and domestic violence, reproductive health and marriage and access to health services. Finally, it sought the views of participating youth serving organizations about innovations and recommendations for the future.

The analysis is entirely descriptive. It sheds light on the extent to which various experiences of young people had come to the notice of responding organizations or their field-level program implementers, and action taken by youth-serving organizations to address adverse effects on young people following the imposition of the lockdown.

# Response rates and profile of responding organizations

In general, response rates for online surveys are far lower than those obtained in surveys conducted via face-to-face interviews. Reported response rates for online surveys in the range of 30-50 percent have been observed, and our response rate is no exception. Of the 350 adolescent- or youth-serving organizations contacted, we received completed interviews from a total of 111 organizations, giving a response rate of 31 percent.

A conservative estimate of the number of boys and girls suggest that, taken together, responding organisations served about 32 lakh adolescents. The majority served 10,000 or fewer boys or girls, respectively (64-68% of responding organisations). More than half worked in both rural and urban areas (57%), with one-third (32%) working exclusively in rural areas, and one in eight (12%) focused only in urban areas. The vast majority of responding organisations worked with both boys and girls (89%).

In the course of their programs with adolescents, organizations also engage with a range of stakeholders.

PARENTS	93%
TEACHERS	81%
FRONTLINE HEALTH WORKERS ASHA/AWW/ANM	72%

While other stakeholders were less likely to be involved

OTHER HEALTHCARE PROVIDERS	55%
LIVELIHOOD TRAINING OR EMPLOYMENT AGENCIES	60%
COUNSELLORS	43%
LAW ENFORCEMENT AGENCIES	39%
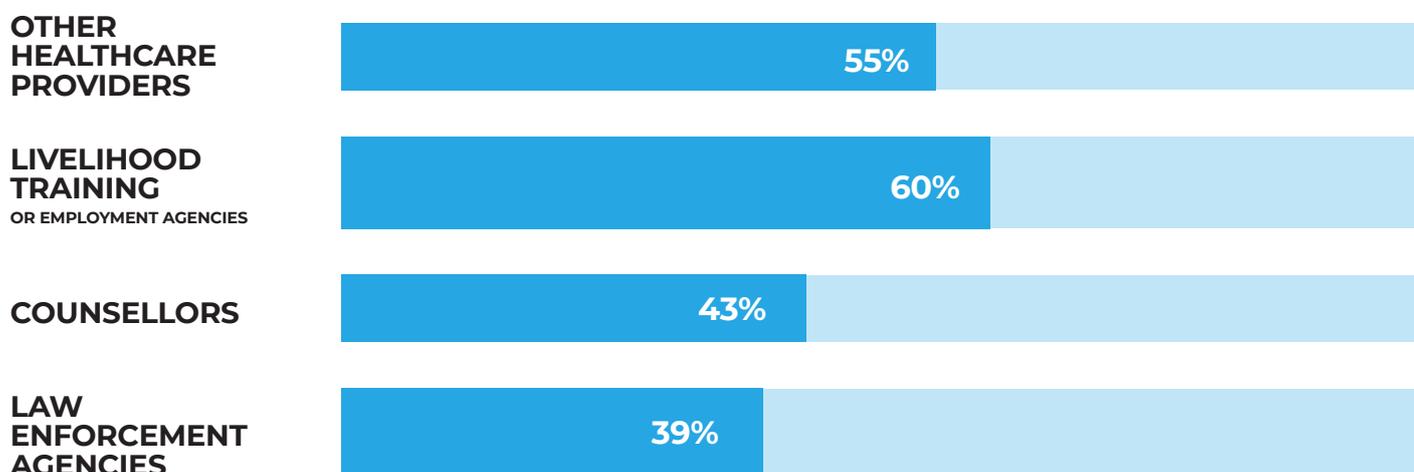
*Percentages exceed 100 as multiple responses were accepted

Table 1

Characteristics of adolescent and youth-serving organizations surveyed

	%
Adolescents with whom organizations work	
Girls and Boys	**89.2**
Only girls	**9.9**
Boys	**0.9**
Number of girls served among the 110 organizations working with girls	
<1000	**27.3**
1001-10,000	**36.4**
10,001-50,000	**17.3**
50,001-100,000	**8.2**
>100,000	**10.9**
Number of boys served among the 100 organizations working with boys	
<1000	**33.0**
1001-10,000	**35.0**
10,001-50,000	**19.0**
50,001-100,000	**4.0**
>100,000	**9.0**
Geographic areas in which organizations work	
Rural	**31.5**
Urban [including peri urban]	**11.7**
Both rural and urban	**56.8**
Other groups with whom the organization engages*	
Parents (mother and/or father)	**92.8**
Teachers/Principals	**81.1**
Frontline health workers (ASHA/AWW/ANM)	**72.1**
Counsellors, others in AFHC	**43.2**
Other Health care providers	**55.0**
Police or law enforcement agencies	**38.7**
Skill development centres or employment agencies	**59.5**
Number of organizations	**111**

*Percentages exceed 100 as multiple responses were accepted

Limitation

We recognise the limitations of our exploration. While 111 represents a significant number of adolescent and youth-serving organizations, our response rate cautions that the profile displayed in our findings may not represent the experiences and responses of all youth serving organizations in general, or even those invited to participate in the survey. This raises the likelihood of a selectivity bias.

It is possible for example that responding organizations are those that were most likely to have maintained contact with the populations they served, and more likely to have taken action to overcome adversity experienced as a result of the lockdown. The profile presented in Table 1 suggests, moreover, that responding organizations are more likely to focus on both boys and girls than on either girls or boys, are more likely to work in both rural and urban areas than just rural or just urban, and all focus on various adult gatekeepers as well.

Since responses reflect the experiences of organizations and not individuals, the limitation exists that the extent to which a particular outcome is experienced cannot be interpreted as representing the magnitude of adolescents and youth with each experience. Readers must bear in mind that responses may refer to just one individual whose experience had come to the notice of the organization.

3 IMMEDIATE IMPACT OF THE PANDEMIC

Most households served by reporting organizations had suffered the socioeconomic fallout of the lockdown in terms of food insecurity and loss of livelihoods (Table 2). Almost all responding organizations confirmed the extreme hardship suffered by families in areas served by them. Three in four organizations reported that lack of food or rations (75%) and loss of livelihoods (76%) had affected the large majority of families served, and one quarter acknowledged that some but not the majority of families had been affected (23%). Return migration had affected households, and almost all (95%) responding organisations reported that many (63%) or some (32%) households in the areas they served contained returning migrants.

Organisations reporting lack of food or rations	**75%**
Organisations reporting loss of livelihoods	**76%**
Organisations reporting families affected	**76%**
Organisations reporting return migration	**95%**

Organizations' own work was, moreover, hugely disturbed (Table 2). One fifth had suspended virtually all activities (19%), while others suggested that they had diverted their usual program and were working solely on emergency related activities (36%). Two in five organizations had made efforts to adapt and were continuing to conduct some of their adolescent-related programs (41%) while also addressing emergency needs. Very few – just five – organizations reported that they had adapted and were continuing to implement the bulk of their programs for the young (5%).

Responding organisations reacted by stepping in to ensure that structural gaps – including those in supply chains – were plugged, as revealed in their open-ended elaboration of activities conducted. With the onset of the COVID-19 crisis, at least 26 organizations pivoted their programmes to provide those in need with food, ranging from dry food to rations, essential goods such as soap and sanitisers, and basic services. Some organisations connected families in need with the public distribution system, others provided cooked meals.

ADVERSE CONSEQUENCES ON SOCIOECONOMIC CONDITIONS OF FAMILIES

Percent distribution of responding organisations by extent of adverse outcomes experienced among populations served

	%
Since the lockdown, experience of lack of food/rations	
Experienced by many families	74.8
Experienced by a few families	23.4
Not experienced, rations and food are not a problem	1.8
Since the lockdown, experience of loss of livelihoods	
Experienced by many families	75.7
Experienced by a few families	23.4
Rarely experienced by households served	0.9
Families with migrant wage worker who returned/wants to return	
Yes, many families	63.1
Yes, some families	32.4
No, hardly any migrants among households served	4.5
Extent to which the COVID-19 pandemic has affected the organisation's programmes	
A lot, organisation is hardly working	19.0
Organisation is working, but only on emergency related activities	36.0
Organisation is implementing a few of its usual programmes	40.5
Organisation is implementing its usual programmes as before	4.5
Number of organizations	111

4 PANDEMIC-RELATED EXPERIENCES OF YOUNG PEOPLE

The survey asked each organization about its familiarity with experiences of various forms of disadvantage that had affected young people they served following the initiation of the lockdown.

Specifically explored were effects on young people's education, economic activity, mental and physical health, their experience of domestic violence, access to health care and disaster induced marriage. We note that reporting organisations may not necessarily have programmes addressing all of these dimensions of young people's life, but given the crisis situation, our intention was to probe the situation with regard to multiple domains of the lives of boys and girls exposed to or participating in the programmes they implemented.

Access to Education

All educational institutions were ordered closed as a result of the nationwide lockdown, denying students their mid-day meal, access to friendship networks, and access to learning. For some girls, the temporary suspension of schooling may result in premature school discontinuation. Our survey probed organisations about the extent to which such incidents had come to their notice.

Several organisations were aware of students in their network who reported that the loss of the midday meal that had resulted from the closure of schools meant that they often went hungry. Indeed, more than one quarter (28%) of responding organisations were aware of instances in which students reported going hungry because their mid-day meal had stopped being served, and no take-home ration facility was available. More than two in three organisations reported awareness of young adolescents who complained about loss of friendship networks, or access to opportunities to play and meet friends (69%).

28% Students reported going hungry because their mid-day meal had stopped being served

69% Complained about loss of friendship networks, or access to opportunities to play and meet friends

With regard to schooling, organisations reported that in the areas they served, many educational establishments had made arrangements to adjust to lockdown constraints by providing online materials for self-study or providing online interactive classes and so on. About half of all reporting organisations observed that online classes had been initiated in the areas they served among boys (51%) and girls (46%). Others noted that online materials were supplied, but the student was required to study these materials independently (23% for boys, 28% for girls), and 15-16 percent reported that no efforts had been made to engage students in the areas they served (Table 3).

Of those reporting that students received online classes or study materials, access to an appropriate device was a clear concern. Just 10-12 percent of organisations reported that most boys and girls in the areas they served had access to an appropriate device, and ten percent reported that boys and girls had regular network access. In contrast, four in five organisations (80%) reported that only some of the students in the areas they served had access to an appropriate device, and only some (77%) had regular network access. The lack of access to appropriate devices and the lack of network access among many students is a critical challenge, disrupting overall levels of learning and widening socioeconomic disparities since those without access to these essentials likely belong to more marginalised households.

Table 3

POST-LOCKDOWN SCHOOLING EXPERIENCES
Percentage of responding organisations by various experiences encountered by students

	BOYS %	GIRLS %
Education during lockdown/school closure		
Materials provided, self-study if motivated	23.0	28.3
On-line classes held	51.0	45.5
Other	2.0	1.8
Don't know	9.0	9.1
No	15.0	15.5
NUMBER OF ORGANISATIONS	100	110
Students' access to a smartphone or laptop for the duration of classes		
Most had access	12.2	9.9
Some had access	79.7	80.3
None had access	4.1	4.9
Don't know	4.1	4.9
Number of organisations reporting online classes (51 or boys, 50 for girls) or online provision of material and self-study (23 for boys and 31 for girls) since the imposition of the lockdown	74	81
Students' access to regular network access (working internet connection, access to WhatsApp, etc.) for the duration of classes		
Yes, most	9.5	9.9
Yes, some	77.0	76.5
None	6.8	6.2
Don't know	6.8	7.4
Number of organisations reporting online classes (51 or boys, 50 for girls) or online provision of material and self-study (23 for boys and 31 for girls) since the imposition of the lockdown	74	81

Four in five organisations that were aware of schooling related activities following the imposition of the lockdown reported taking action to support access to educational materials among the young people who participated in their programmes. Almost two in five (38%) had developed online materials, almost half (48%) had created WhatsApp groups to facilitate learning, one-third (32%) had provided individual or group coaching either by telephone or, when the lockdown eased, in-person coaching facilities (27%), and several had supported "girl champions" who resided in project areas to hold group classes (18%). Others had not addressed the school curriculum but had focused on other issues, such as creating WhatsApp groups, and organising webinars on other issues ranging from creative sessions (art, writing, preparing audio-visuals) to COVID-19 awareness raising activities. One-fifth (21%) were not able to address young people's schooling needs.

Table 4

Action taken by 84 organizations to address disruption in schooling following the imposition of the lockdown*

CREATION OF ONLINE MATERIALS

38.1%

CREATION OF A WHATSAPP GROUP FOR TEACHING

47.6%

SUPPORTED GIRL CHAMPIONS/BOY CHAMPIONS/ OTHERS TO HOLD GROUP CLASSES

17.9%

SUPPORTED PHONE/IN-PERSON COACHING

32.1%

ORGANIZATION OF SESSIONS ON OTHER TOPICS SUCH AS AWARENESS ABOUT COVID-19 RELATED MATTERS, CREATIVE WRITING, DISCOURSES ON IMPORTANCE OF STAYING IN SCHOOL, WEBINARS ON HEALTH-RELATED MATTERS

3.6%

NONE

21.4%
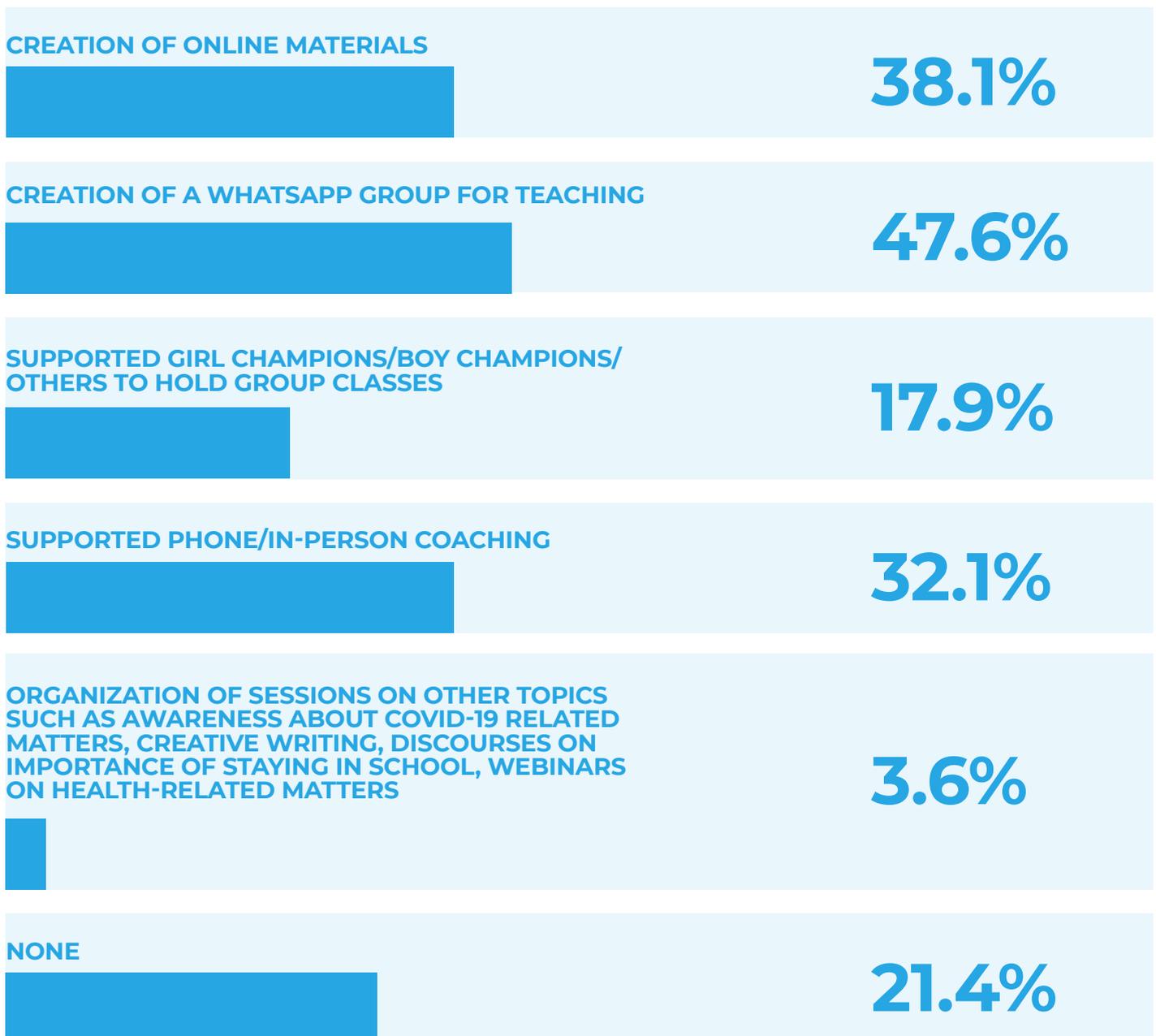
*Percentages exceed 100 as multiple responses were accepted

In many previous disasters and crises, girls have been withdrawn from school in order to take responsibility for housework while parents earn, or engage in economic activity themselves in order to contribute to household income. Some are withdrawn from school in order to arrange a premature marriage for them so as to alleviate crisis-exacerbated household poverty. More than two in five reporting organisations (43%) reported that since the lockdown, they had become aware of at least one girl participating in their programmes whose parents planned to withdraw them from school; one-third (32%) were aware of more than one such experience.

Of those becoming aware of a potential school dropout, four in five organisations reported that a local project staff member had counselled the parents to permit their daughter to continue her education (81%), while a few organisations reported advising teachers (4%) or others in positions of authority (11%) to take action, or suggested that the girl enrol for open schooling instead of going to school (4%).

Table 5

THREATS OF SCHOOL DISCONTINUATION AND ACTION TAKEN

Percentage of responding organisations aware of girls at risk of school discontinuation, and action taken

Awareness of girls whose parents demand that she discontinue her education or express fear of forced school discontinuation

NUMBER OF ORGANISATIONS - 111

31.8%
YES, MORE THAN ONE

10.9%
YES, ONE

57.3%
NONE
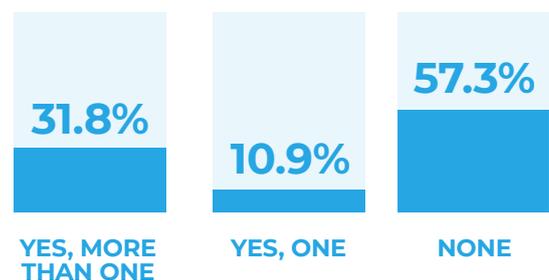
Action taken when such fears were expressed*

*Percentages exceed 100 as multiple responses were accepted

4.3%
Suggested open schooling

4.3%
Informed teacher to take action

10.6%
Informed others in authority to take action
INCLUDING FRONTLINE WORKERS, PRI MEMBERS, COMMUNITY AT LARGE

80.9%
Counselled parents

Number of organisations aware of young programme participants reporting fear of school discontinuation since the imposition of the lockdown - 47
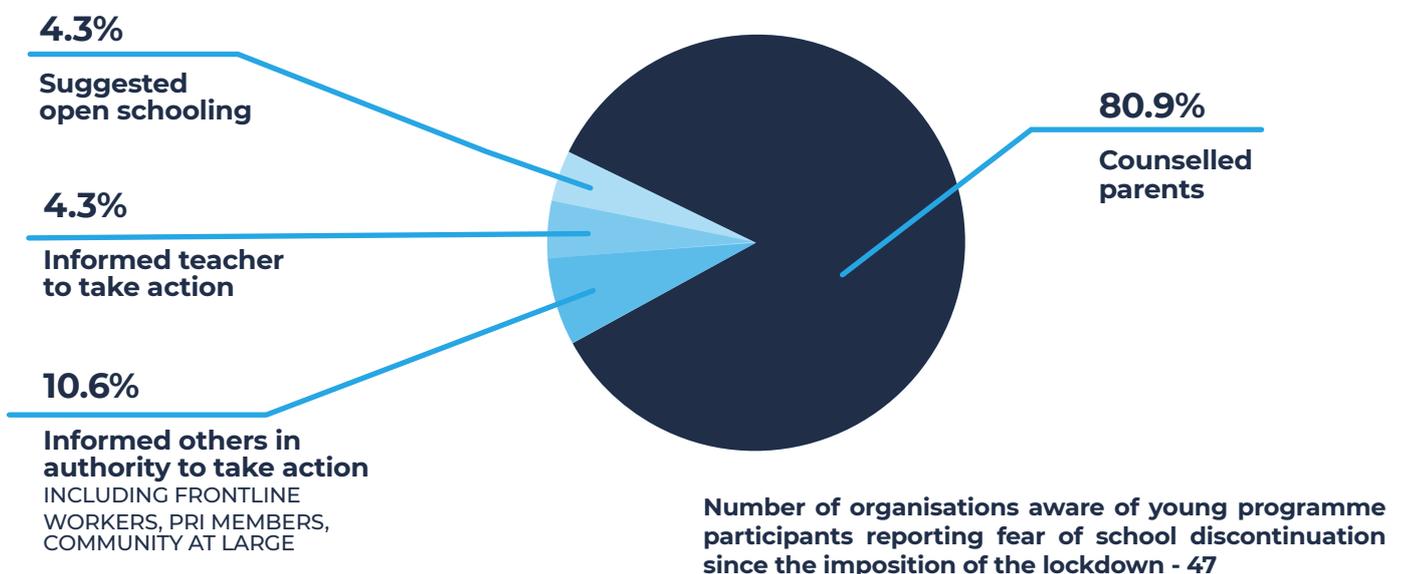
Several responding organisations elaborated textually on the actions they had taken. Some have circulated educational videos and information through platforms such as Zoom, Google Hangouts, Duo, and WhatsApp, to ensure that students have access to study material. One organization has created an online fellowship programme to build leadership and life skills, and pointed out that this forum also ensures weekly engagement, and consistent learning and interaction with the adolescents.

Other off-line activities were also described. Some organizations shared reading and learning materials through peer groups to ensure they are circulated among students. Some are using community volunteers and phone calls to share educational material with students. Several have created a more accessible learning format, such as small group action-oriented or skill-building projects.

Economic Activity

As seen earlier, the lockdown has affected household income in many ways, putting household members out of work and forcing migrant workers to return to their home states. Three quarters of the organisations reported that at least one adolescent in their network reported loss of family or own income as a result of the lockdown. Moreover, about half (49-55%) of the organisations reported awareness of one or more boys or girls required to work to supplement family income (Table 6).

Table 6

Responding organisations aware of adolescents reporting concerns with regard to economic activity

	BOYS %	GIRLS %
Awareness about a girl/boy who needs to work for wages to supplement family income?		
Yes, more than one	**45.0**	**44.6**
Yes, one	**4.0**	**10.0**
None	**51.0**	**45.5**
NUMBER OF ORGANISATIONS	**100**	**110**
Awareness about a girl/boy reporting loss of income due to the COVID-19 crisis		
Yes	**74.8**	
NUMBER OF ORGANISATIONS	**111**	

Some organisations have stated that employment and support for young migrants – especially those stranded remotely and away from their families – is an essential part of their work in the present and in the months to come.

Wellbeing and mental health concerns

Concerns have been raised globally about the effects of lockdowns and resulting school closure, unemployment, lack of social interaction and, for many, violence in the home, on young people's wellbeing and mental health (see, for example, Lee, 2020; Young Lives, 2020). We posed a number of questions that explored the extent to which organisations had become aware of young people who expressed fear about their future, feelings of anxiety and panic, feelings of sadness and depression and thoughts of suicide. Specifically, the survey probed whether the organisation had become familiar with young people experiencing these feelings after lockdown was imposed as well as their familiarity with incidents of anxiety and depression at earlier times, we have excluded these from findings presented below (Tables 7 and 8).

While in general, many young people are anxious about their futures, the difficulties imposed on education, changing examination schedules, and employment prospects as a result of the pandemic make these anxieties particularly acute. Fears and anxiety about the future that young people expressed had come to the notice of many responding organisations.

Many expressed concerns about the cancellations or delays in board certification examinations, suggesting the extent to which postponement and cancellation may have disturbed young people's confidence about how to realise their aspirations. More than two-fifths of organisations reported that one or more boys and one or more girls had approached a member of their staff citing that since lockdown he/she had developed fears about his/her future education or career (41% of both). In addition, 22-26 percent of organisations were familiar with young people reporting fears about their future even before the lockdown was imposed as well as thereafter (Table 7).

Table 7

Expression of fear and anxiety about the future: percentage of responding organisations aware of young people reporting fear and anxiety about the future since the lockdown was imposed*

	BOYS %	GIRLS %
Organisation approached by young person afraid for his/her future (further education, career)		
Incidents reported since lockdown, not earlier	41.0	40.9
Incidents reported before and since lockdown	22.0	26.4
NUMBER OF ORGANISATIONS	100	110

*organisations that may have been approached by adolescents expressing these experiences before lockdown was imposed, or before as well as after it was imposed were asked to report these separately

Findings also suggest that a large proportion of responding organisations were familiar with incidents of young people displaying symptoms of mental ill-health during the period of the lockdown (Table 8). Many organisations reported that a boy or girl had approached the organisation because since lockdown, they had begun to experiences feelings of fear, panic and anxiety (46% of both), or feelings of sadness or depression lasting several days or longer (43% of girls and 36% of boys). In addition, 18-21 percent and 25-27 percent of organisations reported that a boy or girl, respectively, in their programmes, had expressed these feelings to them both before and following the imposition of the lockdown.

Organisations also recorded reports of suicidal thoughts among adolescents. One in twenty organisations reported that since the lockdown was imposed, they had become aware of a boy or girl who was contemplating suicide (5-6%), and 2-3 percent reported awareness of such cases both before and after the imposition of the lockdown.

In addition, many organisations reported that in the course of discussions between their staff members and young people, fears were expressed by young people about the possibility of their own death or the death of a family member. One-fifth of organisations suggested that many young people had expressed this feeling to their field staff, and another 29 percent of organisations reported that a few young people had expressed these fears.

Table 8

EXPERIENCE OF SYMPTOMS OF MENTAL ILL-HEALTH

Percentage of organisations reporting awareness of young people displaying symptoms of mental ill-health during the time since the lockdown was imposed*

	BOYS %	GIRLS %
Organisation approached by young person describing feelings of fear, panic, anxiety and so on		
Incidents reported since lockdown, not earlier	46.0	46.4
Incidents reported before and since lockdown	21.0	27.3
Organisation approached by young person describing feelings of sadness or depression lasting several days or longer		
Incidents reported since lockdown, not earlier	36.0	42.7
Incidents reported before and since lockdown	18.0	24.6
Organisation aware of a young person who was considering attempting suicide		
Incidents reported since lockdown, not earlier	5.0	5.5
Incidents reported before and since lockdown	2.0	2.7
Number of organisations aware of young programme participants reporting symptoms of mental ill-health	100	110
Fear of the possibility of their own death or the death of a family member from COVID-19 as reported to field staff		
Many young people conveyed fear of own death in discussions with organisation's field staff	19.8	
Many young people conveyed fear of the death of a family member in discussions with the organisation's field staff	28.8	
Number of organizations	111	

*organisations that may have been approached by adolescents expressing these experiences before lockdown was imposed, or before as well as after it was imposed were asked to report these separately.

Both over the period of the lockdown and earlier, responding organisations reported taking action when young people expressed symptoms of mental ill-health (Table 9). Many ensured that field staff provided counselling and appropriate referrals (75%), referred the young person to a helpline operated by the organisation itself or by an outside agency (48%) or referred the young person to another facility (26%). A few reported that no actions could be taken (3%).

We also inquired whether responding organisations had supported a range of activities, either on their own or through partner organisations, intended to address young people's ability to manage stress. Overall, since the lockdown, organisations had undertaken a host of activities to address young people's needs in the new circumstances (Table 9). Two thirds encouraged and supported the peer educators/leaders from each community to provide information and conduct activities where possible with groups of young people (68%). Half sought to build frontline worker capacity to address stress and other concerns expressed by the young (51%). One in three offered helpline services, either operated by themselves or another agency (36%) or prepared and distributed written material on stress management for the young (35%). One quarter (25%) prepared and distributed apps that included reference to stress management and other mental health concerns. Other (7%) actions taken included establishing a mentoring programme, chatbot or information centre; and making referrals and raising awareness of PRI members and other stakeholders.

Table 9

ACTION TAKEN BY ORGANISATIONS TO ADDRESS SYMPTOMS OF MENTAL ILL-HEALTH AMONG THE YOUNG

Percentage of organisations taking action to address young people's mental health needs during the time since the lockdown was imposed

Action taken if mental ill-health incidents are expressed by young people*

Field staff provide counselling	**75.0%**
Refer girls/boys to helpline (organisation's or other)	**47.8%**
Refer girls/boys to other facilities	**26.1%**
No action could be taken	**3.3%**
NUMBER OF ORGANISATIONS ALERTED ABOUT PROGRAMME PARTICIPANTS DISPLAYING SYMPTOMS OF MENTAL ILL-HEALTH SINCE THE IMPOSITION OF THE LOCKDOWN	**92**

Activities conducted to ensure information and services for the young*

Provides helpline services of its own or through partner organisations	36.0%
Builds capacity of frontline workers to provide counselling/services	50.5%
Prepared and distributes written material on stress management etc	35.1%
Prepared and distributes apps that include reference to stress management etc	25.2%
Encourage peer leaders/educators to stay in touch with their group	67.6%
Other**	7.2%
Number of organisations	111

*Percentages exceed 100 as multiple responses were accepted
**include establishing a mentoring programme, chatbot, information centre; making referrals and raising awareness of PRI members and other stakeholders

Several organisations elaborated on the interventions on which they were currently working. Most organisations discussed their counselling initiatives, including both activities that focused on preventing mental ill-health among the young and those that provide counselling services to adolescents facing symptoms of mental ill-health, including trauma precipitated by domestic violence. For example, organisations worked with adolescents to encourage creative expressions of concerns through poetry, writing, and art to disseminating creativity kits to help them share fears and emotions. Others have put in place services to help adolescents grapple with the crisis, and have also provided them safe spaces to share fears and mental trauma, both online, through WhatsApp and Facebook groups, and through telephone platforms.

Several have shared inputs on how to keep adolescents engaged through small activities, and leveraged virtual training kits and tools developed by UNICEF and ChildLine India to ensure that adolescents are able to keep their mental health in check. Some have begun providing tele-counselling services, supplemented by information-sharing on mental wellbeing through social media (such as Tik Tok and Instagram). We note that several youth serving organisations had extended their counseling services to other demographic groups, including migrants stranded at quarantine centers, community volunteers, and those experiencing non-COVID-19 related medical issues, ensuring that they are able to keep their mindset positive.

Witnessing and experiencing violence in the home

Domestic violence has spiralled since the lockdown globally, among women and also among the young, notably girls (see, for example, Plan International, 2020; The Alliance for Child Protection in Humanitarian Action, 2020). In India too, media reports suggest that calls to helplines relating to the experience of violence have increased following the lockdown, with the Childline India helpline receiving more than 90,000 violence-related calls in just the first 11 days of the lockdown (see, for example, Economic Times, 8 April, 2020). We hypothesise that many young people may be exposed to witnessing violence, in particular their fathers beating or abusing their mothers – an undoubtedly traumatic occurrence. Many may have themselves experienced physical and sexual violence perpetrated by parents, boyfriends and/or husbands.

Our findings concur. More organisations reported that they had been approached by girls than boys who had witnessed household violence. For example, with regard to incidents that had come to their notice for the first time since lockdown, ten percent of organisations reported that boys had approached them, compared to 22 percent who reported that girls had approached them. In addition, several reported that such incidents had come to their notice both before and after the lockdown was imposed (16% for boys; 26% for girls) (Table 10).

Organisations also reported incidents of physical and sexual violence against girls that had come to their attention (Table 10). Findings clearly suggest that many more incidents had come to their notice after the lockdown had been imposed than previously. In this time, one-quarter (25%) of organizations reported an increase since the lockdown was imposed in the number of girls or young woman who approached them because a parent, family member or husband had perpetrated physical violence on them, that is, slapped, beaten or kicked them, thrown things at them, or done anything else to physically hurt them. In addition, 17 percent reported that about as many girls had approached them for this reason after lockdown was imposed as before, and 15 percent reported a reduction in incidents that had come to their notice.

Additionally, several organisations had been approached, moreover, by a girl or young women whose husband or boyfriend had forced her to have sex with him (Table 10). Twelve percent of these organisations reported that such incidents had increased following the imposition of the lockdown than earlier, while 14 percent reported that the number of such cases coming to their attention was similar at both post- and pre-COVID times, and five percent reported that fewer such incidents had come to their attention than in earlier days.

We also inquired about other forms of violence (Table 10). For example, we inquired about whether incidents of cyber bullying, use of social media to distribute incriminating or morphed pictures of a girl, spreading of rumours about a girl, and so on had come to the notice of youth serving organisations, and if so, whether such incidents had been reported more often following the imposition of the lockdown than before. Findings show that 5-6 percent of organisations serving boys and girls, respectively reported that more such incidents had come to their attention post-lockdown than earlier, 7-11 percent reported that about as many such incidents had been reported to them post-lockdown as before. We also inquired about young people at risk of human trafficking. Now, 5-7 percent of youth serving organisations reported that more incidents of a young person being at risk of human trafficking had been reported to them following the imposition of the lockdown than before, and seven percent and 14 percent of organisations serving boys and girls, respectively, reported about as many reports of trafficking at both times.

Table 10

ORGANISATIONS APPROACHED BY A GIRL / BOY/ YOUNG PERSON BECAUSE OF VARIOUS FORMS OF VIOLENCE IN THE HOME

Percentage of organisations approached by young people following the imposition of lockdown because of experience of various forms of violence

	BOYS %	GIRLS %
Organisation approached by young person who witnessed violence at home (eg father beating mother)		
Incidents reported since lockdown, not earlier	10.0	21.8
Incidents reported before and since lockdown	16.0	25.5
Incidents never reported or only before lockdown	74.0	52.7
Organisation approached by girl/young woman whose family member or husband had perpetrated violence on her		
Incidents reported more often than before lockdown		24.5
Incidents reported less often than before lockdown		14.6
Incidents reported about as often before and after lockdown		17.3
No violence reported		43.6
Organisation approached by girl/young woman whose boyfriend/husband had forced her to have sex with him		
Incidents reported more often than before lockdown		11.8
Incidents reported less often than before lockdown		4.6
Incidents reported about as often before and after lockdown		13.6
No violence reported		70.0
Organisation approached because of cyber bullying, use of social media to distribute incriminating/morphed pictures of a girl, spreading of rumours about a girl, etc		
Incidents reported since lockdown, not earlier	5.0	6.4
Incidents reported before and since lockdown	7.0	10.9
Incidents never reported or only before lockdown	87.0	82.7

Organisation approached by anyone to report a young person at risk of human trafficking		
Incidents reported since lockdown, not earlier	**5.0**	**7.3**
Incidents reported before and since lockdown	**7.0**	**13.6**
Incidents never reported or only before lockdown	**88.0**	**79.1**
NUMBER OF ORGANISATIONS	100	110

Responding organisations reported taking action post-lockdown when approached by young people who had experienced various forms of violence, namely witnessing domestic violence, and experiencing physical or sexual violence (Table 11). Of the 73 organisations that reported that a young person had approached them following the imposition of the lockdown because they had witnessed excessive violence in the home, the most common response was to provide counselling through the organisation's field staff members (70%), followed by referrals to a helpline operated by the organisation itself or by an outside agency (53%), and referrals to other facilities (44%).

Twenty organisations reported that incidents of cyber bullying had come to their attention and, of these, half reported that counselling was provided, one-quarter referred the person involved to a helpline, and one in ten referred the person to other facilities. Hardly any (5%) reported accompanying or referring the girl who experienced cyberbullying to the police.

In total, 23 organisations reported that they had been approached, following the imposition of the lockdown, regarding cases of likely trafficking. Of these, the majority – nine out of ten – reported the case to the police, district or block authorities or the Child Protection Committee. At the same time, more than two out of three organisations also counselled parents about refraining from permitting the trafficking of their children, and two in five arranged to shift girls at-risk to an appropriate shelter.

Table 11

ACTION TAKEN POST LOCKDOWN BY ORGANISATIONS ALERTED TO VARIOUS FORMS OF VIOLENCE TAKING PLACE AMONG YOUNG PEOPLE SERVED

Percentage of organisations taking action to address incidents of violence experienced by young people during the time since the lockdown was imposed

Action taken if an incident of physical or sexual violence in the home is reported*

FIELD STAFF PROVIDE COUNSELLING	**69.9%**
REFER GIRLS/BOYS TO HELPLINE (ORGANISATION'S OR OTHER)	**53.4%**
REFER GIRLS/BOYS TO OTHER FACILITIES	**43.8%**
OTHER RESPONSES (INFORMATION ON LEGAL RECOURSE, FILING A CASE)	**2.7%**
NONE	**2.7%**
NUMBER OF ORGANISATIONS REPORTING INCIDENTS OF PHYSICAL OR SEXUAL VIOLENCE IN THE HOME, SINCE THE IMPOSITION OF THE LOCKDOWN	**73**

Action taken if an incident of cyber bullying** is reported

FIELD STAFF PROVIDE COUNSELLING **(55.0%)**

REFER GIRLS/BOYS TO HELPLINE (ORGANISATION'S OR OTHER) **(25.0%)**
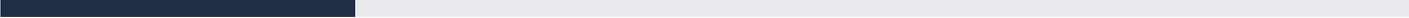
REFER GIRLS/BOYS TO OTHER FACILITIES **(10.0%)**
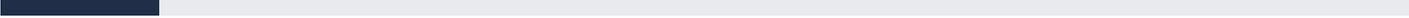
TAKE/REFER GIRLS TO POLICE/AUTHORITIES **(5.0%)**
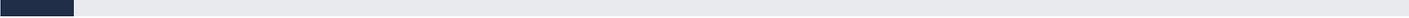
NONE **(5.0%)**
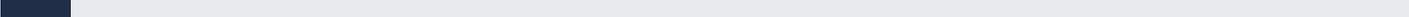
**NUMBER OF ORGANISATIONS REPORTING INCIDENTS OF
CYBER BULLYING, SINCE THE IMPOSITION OF THE LOCKDOWN*** **20**

Action taken if organisation informed of a person at risk of trafficking

**REPORT TO POLICE, DISTRICT/BLOCK
AUTHORITIES, CHILD PROTECTION COMMITTEE** **(91.3%)**
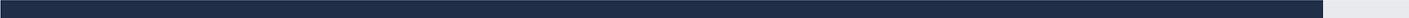
TAKE GIRL/BOY TO SHELTER **(39.1%)**
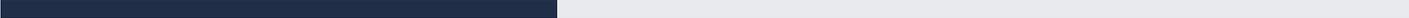
COUNSEL PARENTS/GUARDIANS **(69.6%)**

**NUMBER OF ORGANISATIONS APPROACHED BY ANYONE TO REPORT A YOUNG PERSON
AT RISK OF HUMAN TRAFFICKING, SINCE THE IMPOSITION OF THE LOCKDOWN*** **23**

*Percentages exceed 100 as multiple responses were accepted

**Includes use of social media to distribute incriminating/morphed pictures of a girl, spreading of rumours about a girl, etc

(..) Percentages based on fewer than 20 cases

A few organisations textually identified innovations in their programmes that are geared towards increasing awareness about issues surrounding domestic violence and providing resources to help youth navigate instances of violence. Online innovations have included, for example, the establishment of an online fellowship programme, that engages adolescents on issues surrounding gender and violence against women and girls and its manifestation during the lockdown, and online engagement of adolescents, with a focus on encouraging them to take action where possible.

Other in-person innovations have focused on ensuring peer networks stay connected despite the rules of the national lockdown by recharging the pre-paid mobile phones of peer leaders, forming "whisper groups" to identify cases of gender-based violence at the community level, and if possible, conducting online sessions with adolescent girls and young women. These peer networks act as powerful support systems for at-risk youth.

COVID-induced child marriage

In previous humanitarian crises, studies have noted that crisis-induced poverty has resulted in parents marrying off their daughters in childhood (see, for example, UNFPA, 2015; Girls Not Brides, 2018; Jejeebhoy, 2019). Moreover, media reports from India have described incidents of child marriages taking place since the lockdown was imposed (see, for example, Modak, 2020).

As evident from Table 12, since the lockdown was imposed, as many as one-third (33%) of reporting organisations had been alerted about a girl whose marriage was about to be performed or was being planned, and somewhat more (36%) reported being approached by a girl who was being forced to marry against her will. While most of these organisations had encountered such cases even before the lockdown was imposed (24% reported an underage marriage and 30% reported a forced marriage), a few that had not encountered such incidents earlier reported their occurrence following the imposition of the lockdown (6-9%).

While fewer organisations had encountered incidents of early or forced marriage among boys, such incidents had been reported to them as well. Overall, 21 percent of organisations had encountered a boy under the age of 21, whose marriage was about to be performed or planned, and 14 percent had encountered a boy forced to marry against his will – 3-6 percent reported that incidents had been reported only since the imposition of lockdown, 11-15 percent had experienced such incidents before and after the lockdown was imposed.

Table 12

ORGANISATIONS ALERTED FOLLOWING THE IMPOSITION OF THE LOCKDOWN ABOUT INCIDENTS OF UNDERAGE AND FORCED MARRIAGE

Percentage of organisations reporting that at least one young person had approached them because of an impending underage or forced marriage*

	BOYS %	GIRLS %
Organisation alerted about an underage girl (under 18) or boy (under 21) whose marriage is about to be performed/being planned		
Only since lockdown, not earlier	**6.0**	**9.1**
Before and since lockdown	**15.0**	**23.6**
Organisation approached by a girl or boy forced to marry against his/her will		
Only since lockdown, not earlier	**3.0**	**5.5**
Before and since lockdown	**11.0**	**30.0**
NUMBER OF ORGANISATIONS	**100**	**110**

* organisations that may have been approached by adolescents expressing these experiences before lockdown was imposed, or before as well as after it was imposed were asked to report these separately.

A total of 45 organisations had been approached about a girl at risk of child or forced marriage. Again, reporting organisations were proactive (Table 13). Almost four in five (78%) reported that a field staff member had approached the parents in an effort to stop the marriage or marriage-related planning, almost three in four (71%) organisations reported alerting the authorities, and almost two in five (38%) referred the girl to a helpline or facility. A few (9%) undertook other actions such as reporting to the Child Welfare Committee or ChildLine, empowering girls' groups to advocate with parents, or raising community awareness through face to face contact or the provision of IEC materials about the law and adverse effects of child and forced marriage.

Table 13

ACTION TAKEN BY ORGANISATIONS ALERTED ABOUT INCIDENTS OF UNDERAGE OR FORCED MARRIAGE POST-LOCKDOWN
Percentage of organisations taking action to address underage or forced marriage during the time since the lockdown was imposed*

*Percentages exceed 100 as multiple responses were accepted

71.1%   **Field staff alerted the authorities**

77.8%   **Field staff approached parents to stop the marriage**

37.8%   **Field staff referred the girl to a helpline**

8.9%   **Refer to the CWC or ChildLine, empowering girls' groups to advocate with parents, raising community awareness**

Number of organisations alerted about child or forced marriage since the imposition of the lockdown · · · · · · · · · · · · · · · · **45**
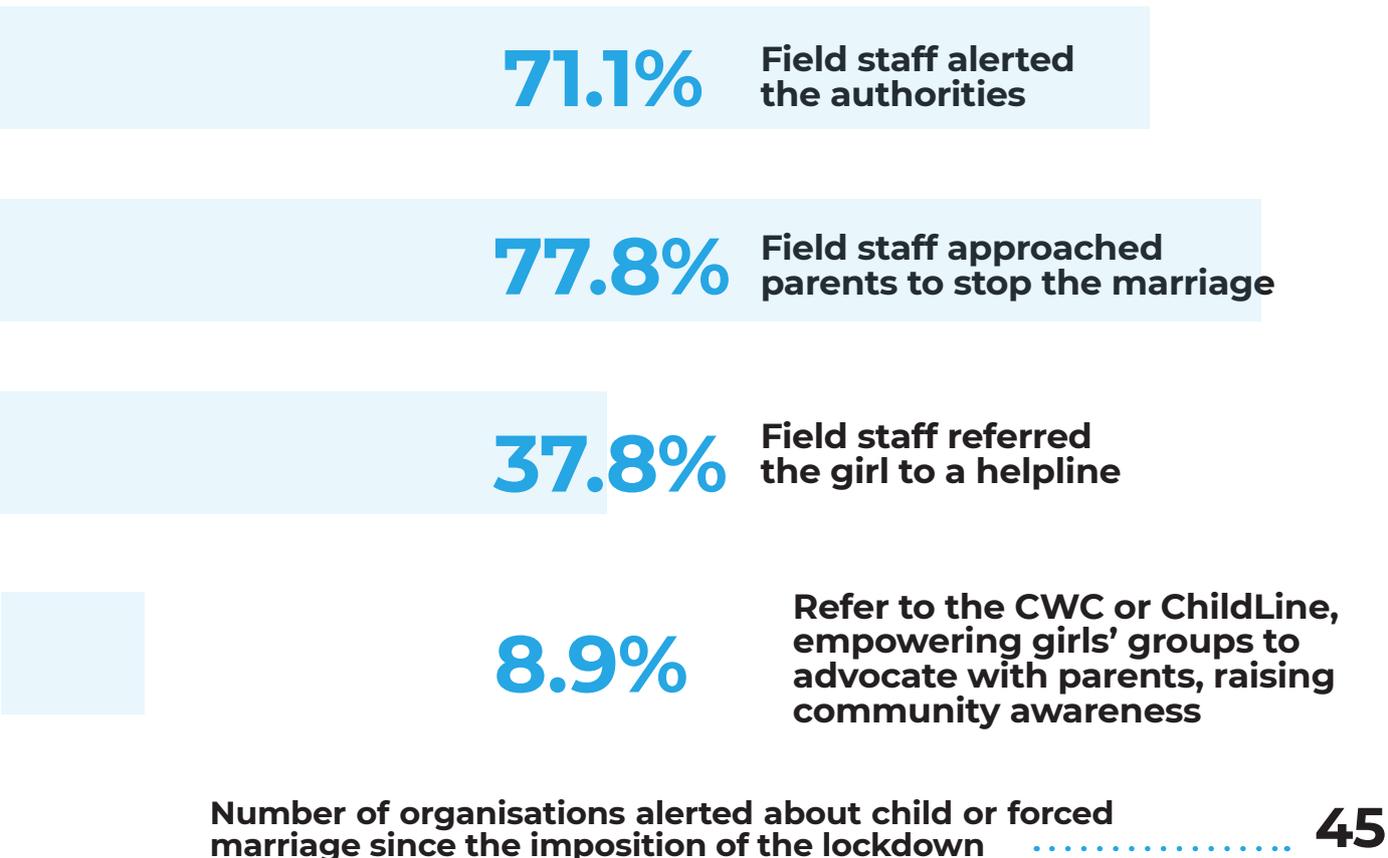
Most organisations noted, however, that their interventions focused on awareness-building, ensuring that communities and families are aware of the perils of early marriage. Some have used community networks to identify and track families with vulnerable children, in order to be able to intervene in cases of forced early marriage.

Access to health care

Media reports and telephone interviews have highlighted that reproductive health services and access to supplies have suffered hugely (see, for example, Population Council Institute, 2020) as a result of the diverting of resources and personnel to COVID-19-related care. Our survey inquired about the extent to which youth-serving organisations had faced such shortages of supplies and difficulties in accessing services for reproductive health and other healthcare among the young.

Questions were worded so as to distinguish between those experiencing chronic shortages, that is, limited access to services and supplies even before the pandemic, and those experiencing such shortages since the lockdown was imposed. Findings confirm that large proportions of youth-serving organisations had encountered young people who expressed difficulty in accessing a range of services.

With regard to sexual and reproductive health (SRH) services (Table 14), two in five (43%) of youth serving organisations reported that girls in their programmes had experienced difficulty in accessing sanitary napkins since the lockdown was imposed (but not earlier), while almost one in three (31%) reported chronic shortages, that is, girls found it difficult to access sanitary napkins even before the imposition of the lockdown.

Weekly Iron and Folic Acid Supplementation (WIFS) was likely suspended as a result of the lockdown and almost one-third (31%) and one-fifth (18%) of organisations reported that it had come to their notice that girls and boys, respectively, had not received regular supplies of IFA tablets since the lockdown was imposed. Another 24 percent and 17 percent, respectively, reported chronic shortages of supplies.

Contraceptive supplies were also challenging to access. We note that since many organisations worked with unmarried and likely sexually inactive adolescents and youth, demand for contraception among populations served was likely limited. Hence, percentages reported may be underestimates of challenges in obtaining contraceptives among those in need. Even so, 14-16 percent of youth serving organisations reported that sexually experienced young people in their programmes had expressed difficulty in accessing contraceptive supplies, while another 12-15 percent reported that young people had reported such difficulties both before and after the lockdown was imposed.

With regard to pregnancy-related care, 28 percent of organisations reported that pregnant girls had experienced difficulty in accessing ante-natal, delivery and/or postpartum care since the lockdown was imposed, while another 24 percent reported that difficulties were experienced both before and after the imposition of lockdown. Finally, 12 percent of organisations reported that at least one girl in the areas they serve had experienced an unintended pregnancy that she desired to terminate, yet had difficulty in acquiring abortion services.

We also inquired about difficulties in obtaining care for other health problems, for example, an injury or an illness that was unrelated to COVID. As many as 61 percent of all organisations reported that at least one young person in the programmes they implemented had experienced difficulty in accessing services for problems unrelated to COVID.

Table 14

ORGANISATIONS AWARE OF YOUNG PEOPLE ENCOUNTERING DIFFICULTIES IN ACCESSING SERVICES AND SUPPLIES FOLLOWING THE IMPOSITION OF THE LOCKDOWN*

	BOYS %	GIRLS %
Difficulty in obtaining sanitary napkins		
Difficulty experienced since lockdown, not earlier		42.7
Difficulty experienced before and since lockdown		30.9
Difficulty in obtaining IFA tablets		
Difficulty experienced since lockdown, not earlier	18.0	30.0
Difficulty experienced before and since lockdown	17.0	23.6
Difficulty in obtaining contraceptive supplies		
Difficulty experienced since lockdown, not earlier	14.0	15.5
Difficulty experienced before and since lockdown	12.0	14.6
Difficulty in accessing pregnancy-related services		
Difficulty experienced since lockdown, not earlier		28.2
Difficulty experienced before and since lockdown		23.6
Difficulty in accessing pregnancy-related services		
At least one girl experienced difficulty since lockdown		11.9
NUMBER OF ORGANISATIONS	100	110
Difficulty in accessing pregnancy-related services		
Difficulty experienced since lockdown	61.3	
NUMBER OF ORGANISATIONS	111	

* organisations that may have been approached by adolescents expressing these experiences before lockdown was imposed, or before as well as after it was imposed were asked to report these separately.

Despite the lockdown, organisations were able to facilitate services for the young who faced difficulty (Table 15). For example, of the 81 organisations that reported that young people had faced difficulty in accessing sanitary napkins or IFA tablets, 42 percent reported that they were able to alert the authorities – frontline workers and others – to provide the supplies, and 27 percent of organisations assisted these functionaries in distributing the supplies. At the same time, 43 percent of organisations trained girls about the hygienic use of cloth during menstruation in case sanitary napkins could not be accessed. In addition, many organisations procured supplies and distributed them to their programme participants – 40 percent of organisations in the case of sanitary napkins, and 10 percent in the case of IFA tablets.

Other actions were also reported, for example, one organisation mobilised the support of PRI members to ensure that shops stocked sanitary napkins and remained open so that girls and women could procure them. Another lobbied with local authorities and district authorities, and succeeded in ensuring free supply and home delivery of sanitary napkins, and even ensured a directive from the CMHO to this effect. One succeeded in obtaining a free supply of sanitary napkins from companies for distribution among girls it served. Eleven of the 81 organisations (14%) were, however, unable to take any action to support young people obtain sanitary napkins or IFA tablets.

Among the 33 organisations reporting that young people had experienced difficulty in accessing contraceptive supplies following the imposition of the lockdown, almost half (49%) had alerted the authorities to distribute contraceptives, and almost one third (30%) had assisted health care providers to distribute contraceptives at community level. In addition, several organisations (15%) had procured contraceptives and distributed them to young people they served.

With regard to pregnancy-related care, organisations pointed out that since the lockdown was imposed, there was generally a lack of services offered, and many women and girls were forced to deliver at home, putting mother and child at risk. Even so, reporting organisations had taken action to ensure that pregnancy-related services were provided. For example, of the 57 organisations that were informed about girls experiencing difficulty in accessing pregnancy related services during the lockdown, almost three in five (58%) had taken steps to ensure that the girl reached an appropriate provider or facility and obtained services, and almost two in five had alerted frontline workers and other health care providers to ensure that services were provided.

Obtaining an abortion was also difficult, but all 13 organisations that were alerted about a girl requiring an abortion were able to support the girl to reach an appropriate facility. Two of these organisations linked those undergoing abortion with appropriate rights and support organisations, or provided counselling as required

Many organisations reported that services for injuries or illness unrelated to COVID-19 were difficult to access following the imposition of the lockdown. Those in need of specialised services, for conditions such as HIV or cancer (as reported), were unable to acquire them. Adolescent Friendly Health Clinics (AFHCs) did not operate, moreover. Although organisations acknowledged huge challenges experienced in ensuring timely services for those in need, half (53%) of the 68 organisations that were aware about a young person who had suffered an illness or injury had succeeded in supporting the young person to reach an appropriate facility.

Moreover, staff of almost one-third (31%) of these organisations had alerted frontline workers and other health care providers to facilitate necessary services. Action taken included working with local health care providers, informing district authorities, arranging consultations for specialised services, and sharing details of free telemedicine services that could be used if services were unavailable. A small proportion of organisations (13%), challenges could not be surmounted and they were unable to support the individual in acquiring services.

Table 15

Action taken by organisations aware of young people encountering difficulties in accessing services and supplies following the imposition of the lockdown

	%
Action taken if young people experienced difficulty in accessing sanitary napkins or IFA tablets*	
Alerted health authorities to provide supplies	42.0
Assisted health care authorities to distribute supplies	27.2
Trained girls in the hygienic use of cloth during menstruation	43.2
Procured and distributed sanitary napkins to girls	39.5
Procured and distributed IFA tablets	9.9
Took any other action	4.9
Unable to take action	13.6
Number of organisations that reported young people experiencing difficulty in accessing sanitary napkins or IFA tablets since the imposition of the lockdown	81
Action taken if young people experienced difficulty in accessing contraceptive supplies	
Alerted health authorities to provide service	48.5
Assisted health care authorities to distribute supplies	30.3
Procured and distributed to young people in need	15.2
Took any other action/ unable to take action	6.2
Number of organisations that reported young people experiencing difficulty in accessing contraceptive supplies since the imposition of the lockdown	33
Action taken if girl experienced difficulty in accessing pregnancy related services	
Alerted health authorities to provide service	36.8
Assisted the girl to reach a facility	57.9
Unable to take action	5.3
Number of organisations that reported girls experiencing difficulty in accessing pregnancy related care since the imposition of the lockdown	57

*Percentages exceed 100 as multiple responses were accepted

Action taken if girl experienced difficulty in acquiring an abortion

ASSISTED THE GIRL TO REACH A FACILITY   **(100%)**

Number of organisations that reported girls experiencing difficulty in acquiring an abortion since the imposition of the lockdown   **13**

Action taken if young people experienced difficulty in accessing health care for an injury or a COVID-unrelated illness

ENSURED THAT HEALTH CARE PROVIDER ATTENDED TO PERSON   **30.9%**

ASSISTED THE PERSON TO REACH A FACILITY   **52.9%**

OTHER   **2.9%**

UNABE TO TAKE ACTION   **13.2%**

Number of organisations that reported young people experiencing difficulty in accessing health care for an injury or a Covid-unrelated illness since the imposition of the lockdown   **68**

(..) Percentages based on fewer than 20 cases

Many organisations elaborated in text about their programmes. Of those offering a description, many had diverted resources to support the health system, prioritizing the provision of safety equipment, raising awareness and prevention of infection, COVID-19 awareness and prevention activities were prioritised by many organizations; these organisations worked on promoting behaviour change and enforcing preventive practices such as hand washing, social distancing, and wearing masks. Some responding organizations have begun engaging adolescents in mask-making, and the creation of informative videos about handwashing.

Organizations have also leveraged existing networks of peer educators to spread awareness through phone calls, WhatsApp messages, and other digital tools – ranging from apps, quizzes and newsletters. Messages are also being broadcast through the TV and radio. One organization has created an awareness chariot to spread information more widely, Others have displayed wall paintings and hoardings, conducted village-to-village awareness campaigns, and created IVR and telephone systems to spread awareness, including about government-mandated information and advisories, as well as dispel misconceptions and prevent stigma.

Some organisations have been supporting migrant workers, helping those stranded and conducting check-ups for them. Some have a specific focus on ensuring that services are made accessible to persons with intellectual or developmental disabilities. Others are working on training staff, healthcare workers and FLWs to identify symptomatic community members, and youth volunteers to operate COVID-19 helplines.

Many organisations have also supported the health system in providing non-COVID related healthcare during the lockdown. For example, 13 organizations have been working on the provision of immediate healthcare facilities, including emergency medical services, medical relief during a pesticide leak, and door-to-door provision of medication for diabetes and blood pressure issues. Organizations have also conducted health awareness camps, and one organization has created a 'Find a Clinic' service for those in need of medical care. Others have provided for blood donations where required, established tele-medicine helplines and facilities, engaged adolescents in discussions about nutrition, anaemia management, and supported peer educators to disseminate information about hygiene practices in their communities.

Numerous organisations specifically discussed activities relating to sexual and reproductive health. As in the survey, many worked on enabling women and girls to access sanitary napkins. Some have focused on delivering sanitary napkins to the homes of adolescent girls in rural areas and urban slums, others have delivered napkins to migrants walking along national highways, and still others conducted instructional classes over the internet on how to make pads at home. Others stated that they were working on advocacy efforts with a local government official to bridge the gap in the supply of sanitary napkins.

Others supported maternal and child health activities, as evident from the table above. They helped pregnant women access ante-natal care, and even mobilized youth leaders in the community to enable adolescents experiencing an unintended pregnancy to access timely abortion services.

Several organisations found innovative ways of continuing work on sexuality education for the young. Some have worked with peer educators to make SRHR information accessible to adolescents at home. ensuring that these services are made accessible to persons with intellectual or developmental disabilities. Others have used both virtual platforms and traditional media to translate their sex education curricula for the young. For example, they have conducted online classes using their established curriculum, and, accounting for the uneven spread of the internet, also transmitted SRHR-related information through radio programmes.

5 RECOMMENDATIONS AND CONCLUSIONS

While adolescents and youth are at relatively lower risk than adults of experiencing severe or fatal medical complications of COVID-19, their lives have been affected by a range of negative outcomes as a result of the national lockdown, as shown by the responses to this survey. In this section, we synthesize findings from our survey, drawing also on the strategies employed by responding organizations, to make recommendations for youth-serving organizations in India. We reiterate that consequences of the COVID-19 pandemic for the young are strong and can have a far-reaching influence on their health and wellbeing, and limit the extent to which the young can achieve their potential. What is needed is far more, and more sustained investment in supporting the needs of the young, and the particularly adverse consequences faced by girls. Several strategies for doing so emerge.

The responses to the survey draw attention to the various programmatic challenge areas, as well as the innovations that organizations have put into place to combat the immediate and medium-term impact of the COVID-19 crisis. These findings suggest that while civil society organizations in some cases have been able to reduce the impact of the lockdown and the COVID-19 crisis, adolescents are, and continue to remain in need of urgent attention as a demographic. With up to 75% of responding organizations reporting a loss of livelihoods and limited access to food and rations, it is clear that programmatic pivots are urgent and necessary.

Education

As adolescents grapple with limited access to education and livelihoods programs, a few responding organisations have worked to provide online educational materials to adolescents in their networks, using digital or internet-based platforms such as WhatsApp groups to ensure that educational material is circulated. However, these methods rely on adolescents having access to devices that allow them to participate in these groups and open this content, often leaving out large chunks of the most vulnerable girls and boys. Simultaneously, they have shown that simply sharing materials is not enough. Online schooling often requires a re-designed approach to teaching that creates a healthy learning environment despite limited direct student-teacher interactions. Findings have also pointed to the likelihood that many adolescents – especially girls – will discontinue their education when schools reopen.

Urgently needed are the following measures:

- The educational response to the pandemic has heightened existing inequities in access to and quality of education – gender disparities are widening, as are disparities by social disadvantage and household poverty. Special efforts to overcome these disadvantages are essential.

- There is a need for a more flexible approach to digitizing curricula that recognises the difficulties faced by many young people in access to technology and the internet with digital education materials while schools remain closed. New methodologies, including the use of multimedia educational resources such as audio and video clips, and varying ways of engaging with and encouraging participation of students can help address disparities in access to technology, and enable close monitoring of young people at risk of dropping out of schools through this period.

- Organizations must engage parents and re-emphasize the value of completing an education in the context of ongoing economic stressors for families, especially for girls who are at risk for dropping out of school and being forced into early marriage.

- There is also a need to supplement the existing education curriculum with additional content to ensure that adolescents develop the skills to be resilient. To do this, the curriculum must incorporate a variety of subjects including life skills, awareness of laws, rights and entitlements, government schemes and programs targeted towards adolescents, gender empowerment and technological and IT skills. Also needed are exposure to cyber safety and leadership skills.

- Finally, there is a need to create and modify cash transfer opportunities to keep adolescents, especially girls, in school. This may include financial assistance to families to access digital tools, cell phones and the internet and conditional cash transfer programmes based on attendance and participation.
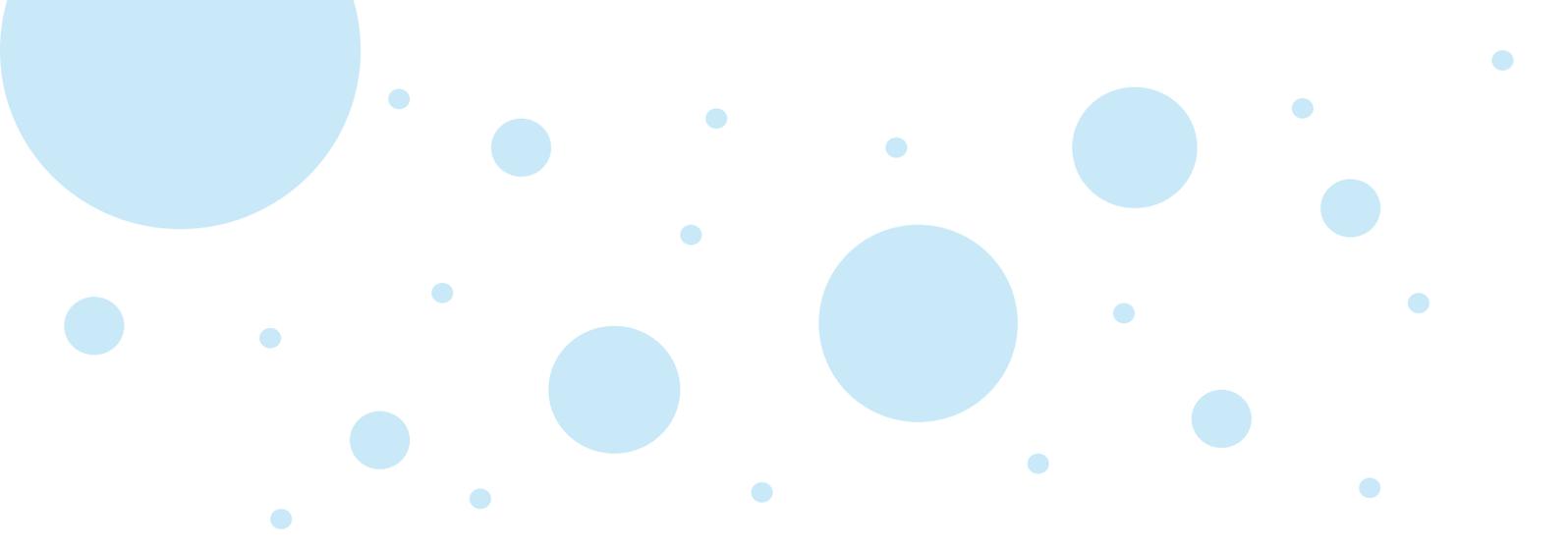
Mental Health

The sharp rise in reports of feelings of fear, panic and anxiety since the beginning of the lockdown, coupled with adolescents' fear for their future is indicative of a mental health crisis. The role of interventions such as tele-counselling, peer-group interactions, and creativity exercises cannot be understated in managing the mental wellbeing of young people. In evaluating the way forward, when it comes to mental health and wellbeing, a number of strategies have been implemented that hold promise for wider use:

- The importance of building emotional resilience, enabling access to support and addressing insecurities and vulnerabilities, especially surrounding the uncertainty of the pandemic, cannot be underestimated and must be incorporated across all adolescent focused programming. Given the potential loss of education, livelihoods and the fear of illness, all adolescent focused organizations will need to work to prepare adolescents for a post-COVID world. Providing access to counselling, teaching life skills, and facilitating virtual peer group and social interactions wherever possible, provide promising strategies that can help ensure that adolescents build coping skills, and manage negative emotions, and, in the longer run, build self-reliance.

- Organizations have also pointed to the need to develop better and more comprehensive online counselling and other tools for psychosocial support. Services such as helplines must be appropriately staffed and equipped to meet adolescent needs. Existing programmes, such as the counselling facilities provided through the RKSK's Adolescent Friendly Health Centres, need to be strengthened to address young people's mental health concerns during the pandemic.

- Given the expanded role envisaged of counsellors and helplines, organizations will also need to ensure that facility-based mental health counsellors, and those operating helplines have access to appropriate and periodic training and resources. Additionally, there is a need to engage AFHC counsellors and other trained mental health professionals to provide services both within schools and colleges, as well as at community level.

- Capacity building is also needed for peer educators, including those engaged in delivering the RKSK community-based programme, to engage them in identifying, referring and supporting others with symptoms of anxiety and depression.

- Programming must take an adolescent- and youth-centric approach, sharing age-appropriate issues, and encouraging greater openness in discussing fears and mental health problems.
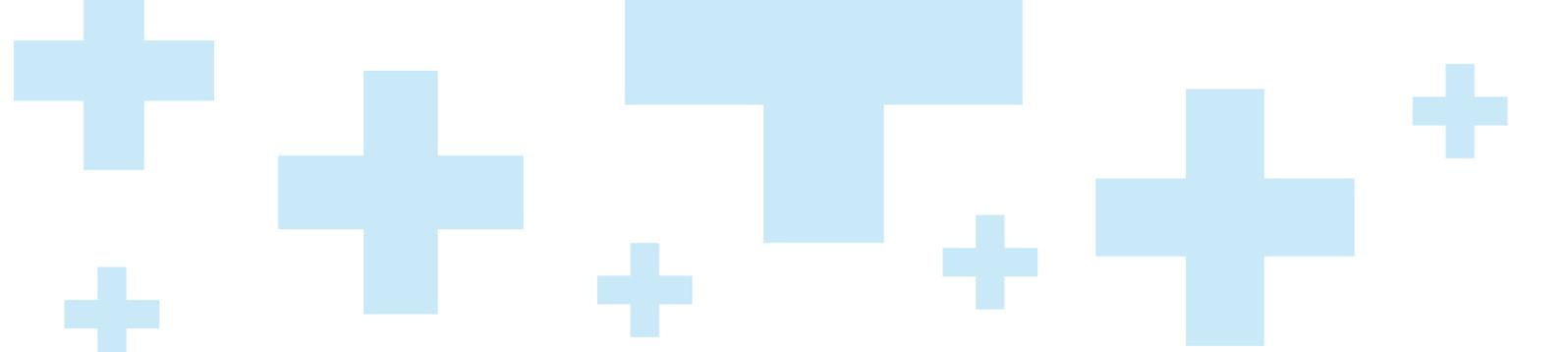
Health Care & SRHR Services

The crisis has made evident the large gaps that exist in the availability of health services, whether for COVID-19, or SRHR and mental health services. Healthcare systems have collapsed and supply chains for essential Sexual and Reproductive Health and Rights (SRHR) products have broken down, as experienced by many responding organizations. For example, access to IFA tablets, sanitary napkins and contraceptives has been affected, as has access to antenatal and postpartum care, institutional delivery, and abortion services. Young people are hugely affected. Some key recommendations include:

- Restoration of SRH supplies and services is essential, and priority must be accorded to reaching young people in need, and ensuring that inequities in access are narrowed. Alternative routes to service delivery for the young must be sought, including allowing health services to piggyback on to private supply chains, empowering peer educators to identify young people in need and coordinate access to supplies and services for them, and ensuring that young people's privacy and confidentiality are respected in locked-down situations.

- There is a longer-term need to build the capacities of frontline workers, including training ASHAs and AWWs to use technology and provide healthcare information digitally, training peer educators and FLWs to identify early warning signs for mental and physical health problems.

- Efforts must be made to engage other health care providers, including AFHC counsellors and peer educators in providing, through school- and community-based interaction, SRH information, distributing supplies, and making appropriate referrals.

- We must continue to build awareness on issues affecting adolescents within communities and especially among parents. It is critical to sensitize parents about the developmental needs of adolescents, and to build their skills in communicating in non-judgemental ways with their children and supporting adolescents to fulfil their SRH needs. Continued sensitization and skill-building about parenting, egalitarian attitudes and SRH needs is essential. Formats, such as parent group sessions, digital tools designed for parents and one-on-one sessions led by community volunteers may also be useful.

- Efforts must be made to raise awareness among parents and communities more generally about local tele-medicine and referral care opportunities for non-COVID-related issues, such as Find a Clinic services.

- Monitoring and tracking of health indicators with particular reference to the adolescent and youth sub-populations is essential in order to understand the extent to which the pandemic and lockdown have affected their well-being in diverse areas, ranging from nutrition and anaemia management, to pregnancy-related services, sexually transmitted infections, violence and so on.

Violence and Child Marriage

With the national lockdown limiting movement of adolescents and their families, organizations have seen an increase in domestic violence cases, and in possible cases of forced early marriage. Many organizations are working to design response systems to address this increase, but being limited in their ability to intervene directly, have outlined the following recommendations:

- Helplines have proven to be an effective means through which experiences of domestic violence are conveyed. Far more investment is needed to develop, run, and maintain digital/telephonic interventions that are accessible and adolescent-responsive.

- Although helplines are widely used, not all young people are aware of their entitlement to use these services. Moreover, in locked-down households with limited privacy and limited access to devices, these are not always an option even for those who are aware of these facilities. There is need therefore to ensure that all young people are aware of and encouraged to use helpline facilities when in need, as well as to identify other mechanisms through which those experiencing violence and those at risk of child, early or forced marriage can seek help.

- FLWs, peer educators, teachers, PRI members and community members in positions of authority may be trained and engaged in identifying those at risk and linking them to appropriate sources of support.

- Additionally, at the community level, efforts must be made to raise awareness about child abuse, domestic violence and sexual abuse. Mass awareness campaigns in partnership with civil society organizations on the risks of early marriage, child labour, abuse, etc. and laws relating to these may be useful. Digital messaging options, and consistent one-on-one efforts by FLWs, teachers, members of Village-Level Child Protection Committees and others in positions of authority may also be useful.

- There is a continuing need for capacity building, including training for community-based safety groups, Village-Level Child Protection Committees, resource persons at helplines, and frontline workers to identify early warning signs of abuse or violence, and those at risk of child, early or forced marriage.

In conclusion, it is evident that civil society organizations have been working tirelessly to address the consequences of the pandemic and the ensuing lockdown on young people. Their experiences and insights have not only conveyed the severity with which the pandemic has affected multiple dimensions of young people's lives, but have also charted a way forward to overcome the adverse consequences faced by the young. Given the scale and extent of the COVID-19 crisis, and the lasting impact it will have on this country's young people, there is an urgent need to take recommendations seriously, and boost investment in programme action intended to address the needs and rights of the young, and ensure that adolescents and youth across the country meet and live up to their full potential.

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