



Save the Children

THE HIDDEN IMPACT OF COVID-19

ON CHILDREN: RESEARCH DESIGN AND METHODS

A GLOBAL RESEARCH SERIES



Prepared for Save the Children International by

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Abstract

COVID-19 has spread rapidly within and between countries across the globe. Governments worldwide have implemented measures to contain the spread of COVID-19 including school closures, home isolation/quarantine and community lockdown, all of which have had secondary impacts on children and their households. Save the Children launched a global research study to generate rigorous evidence on how the COVID-19 pandemic and measures implemented to mitigate it are impacting children's health, nutrition, learning, wellbeing, protection, family finances and poverty and to identify children's and their families' needs during these times. The research also captures children's views and messages for leaders and other children.

The research was implemented in 46 countries and results in the largest and most comprehensive survey of children and families during the COVID-19 crisis to date, with 31,683 parents and caregivers and 13,477 children aged between 11 and 17 participating in the research. The research sampled three distinct population groups: 1. Save the Children programme participants; 2. specific population groups of interest to Save the Children; 3. the general public.

A representative sample of Save the Children programme participants with telephone numbers or email addresses was obtained in 37 countries. Purposive samples of specific population groups that Save the Children work with, for example people living in camps for displaced persons or urban slums, were also obtained in some countries. Additionally, a convenience sample of the general public was obtained. The research explores differences in the impacts on and needs of children by region, age, gender, disability, minority group, indicators of poverty and more.

This report presents the global COVID-19 research series design and methods. Reports presenting the study sample characteristics and findings are published separately and are available at: <https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series>.



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Introduction

On 30 January 2020, the World Health Organisation (WHO) Director General declared the outbreak of coronavirus disease (COVID-19) a [Public Health Emergency of International Concern \(PHEIC\)](#) (WHO, 2020a), then on 11 March 2020 declared the COVID-19 outbreak a [global pandemic](#) (WHO, 2020b). The PHEIC remains in place at the time of writing (late August 2020). The number of cases and deaths from the coronavirus outbreak continues to rise exponentially. As this report was being written, nearly 25 million people from more than 200 countries have been infected and over 800,000 people have died (WHO, 2020d).

While the impacts of COVID-19 have been felt by children and their families all around the world, the experience is certainly not uniform. Even the most developed countries are struggling to cope, and low-income countries will be hit hardest. Estimates suggest that world trade will drop by up to 32%, foreign direct investment will decline by up to 40%, and remittances to low- and middle-income countries will fall by 20% in 2020 (UNSD, 2020).

Governments worldwide have implemented measures to contain the spread of COVID-19. These range from social distancing and behavioural changes to home isolation/quarantine, school closures, business closures and community lockdown. In addition to the immediate impacts on their health rights and those of their caregivers, the social and economic disruptions caused by the outbreak of COVID-19 present a range of other risks to children's right to education and to their wellbeing and education. These may be derived directly from the outbreak, from measures taken to respond to it and from wider economic and other disruption. The WHO (2020c) [coordinated Global Research Roadmap](#) summarises the available literature on this topic:

These measures all have secondary impacts. Quarantine, for instance, has impacts on the mental [5-7] and physical health [8] of populations... A rapid systematic review of publications reporting previous events of quarantine for infectious disease outbreaks, identified how knowledge of the disease, clear information regarding quarantine procedures, social norms, perceived benefits of quarantine, perceived risk of disease, and ensuring sufficient supplies of food, medicines and other essentials were important factors to promote adherence to the uncomfortable realities of quarantine measures [10]. Others have highlighted the critical role of trust, interpersonal and international cooperation that emerge in response to a collective effort in tackling a major public health crisis [11].

(WHO and R&D Blueprint, 2020: 60)

School closures have been a key aspect of many governments' efforts to manage the spread of the virus. Around 90%, or 1.6 billion, of all global learners have been impacted by the closure of schools, undermining children's right to learn and impacting their wellbeing. Protection risks including violence in the home, child marriage and child labour have also been heightened by school closures and these, coupled with added pressures on households' incomes, will impact children's ability to return to schools once they reopen (UNESCO, 2020).

With national lockdowns and social distancing measures implemented to manage the spread of the virus, the COVID-19 crisis has quickly turned into an economic crisis. As economies slide into recession and households lose income, it is estimated that up to 117 million more children are at risk of falling into poverty, with millions more at risk of going even deeper into poverty. This means that more children will go hungry, become malnourished, face protection risks and miss out on essential services (Fiala and Delamonica, 2020).

Violence, particularly violence against women and girls, increases during humanitarian crises – including health crises – as existing inequalities are exacerbated and families turn to negative coping mechanisms to deal with insecurities and stressors (Peterman *et al.*, 2020). The closure of schools means that children do not have access to the critical safe space

school can provide, protecting children from various forms of violence. Stressors related to COVID-19, including health, food security and financial concerns, will exacerbate violence against children in the home, as over-stressed parents and caregivers potentially become violent and abusive.

In order to find out about how the COVID-19 pandemic and measures implemented to mitigate it are impacting children's health, nutrition, learning, wellbeing, poverty, and protection, Save the Children launched a global survey to capture the views of parents and caregivers and children, including children's views and messages for leaders and other children around the world.

Research objectives

This large-scale, cross-thematic research study on the impact of the COVID-19 pandemic on children and their families aims to understand:

1. The impact of school closures, home isolation/quarantine and community lockdown on children's health, nutrition, learning, wellbeing and protection.
2. The economic impact of the COVID-19 pandemic on households with children.
3. The health, psychosocial, learning and protection needs of children during times of school closures, home isolation/quarantine and community lockdown.
4. Children's right to be heard when talking about COVID-19.
5. Children's messages for leaders and other children around the world.

The knowledge gained will be used by Save the Children and shared with governments, donors, partners and other stakeholders, to inform the development of a variety of information products, services, programmes and policies across multiple sectors.

Research design and methods

The survey questionnaire, data collected, and limitations

Data were collected through a single online survey divided into two parts. The first portion of the survey was administered to adult parents or caregivers and gathered household level information, as well as self-report information specifically about the parent/caregiver and children in his, her or their care. This part of the survey questionnaire also prompted the parent/caregiver to think about one child in the household between the ages of 11 and 17 – the 'indexed child' – and to answer some specific questions about that child in relation to COVID-19.

At the end of the parent/caregiver portion of the survey, the parent was asked to consent to their child participating in the second part of the survey. Consenting parents were prompted as follows: "*Please pass this device to the child*". The child respondent was then presented with the option to participate in the research through a detailed child assent process. Assenting children were then able to access the second portion of the survey.

This methodology yielded one consenting adult and one assenting child (aged 11–17) per household participating in the study. Data from the adult section of the survey was still analysed regardless of whether or not a child participated in the second part of the survey. The full survey instrument can be found in [Appendix A: The survey questionnaire](#).

Limitations of a combined adult and child survey

Due to the risk of transmitting COVID-19 in face-to-face contexts, this research team was required to utilise a remote data collection methodology and eliminate face-to-face interaction whenever possible. Combining the adult and child questionnaires into a single

survey and limiting the survey to only one child per household was a necessary limitation of the research design. Ethical considerations and preliminary pilot testing led the study team to opt for a two-part linked survey with one parent/caregiver and one child per household. There existed limited reliable mechanisms to ensure informed consent and child assent without linking the surveys, for example. Additionally, pilot testing revealed that the transition between the adult finishing the survey and being directed to follow-up information as well as the children's survey involved multiple steps and was cumbersome. This would foreseeably reduce the number of child responses. It was therefore decided that the best option would be to combine the two surveys into a single survey with two parts.

The implications of this methodological approach include the following:

- The study sample is reduced and is therefore less representative of children.
- Should a child not be available at the time of the parent/caregiver completing the survey, then they were less likely to participate in the study compared to if they had a separate survey to complete in their own time.
- Children who were with their parents/caregivers at the time of the interview/survey were more likely to participate than those involved in other activities.
- Children with disability, children involved in child labour and children unable to read or write in the survey language could be less likely to be invited by their parent to complete the survey.

A/B prompts were explored to encourage parents/caregivers to either randomly invite their girl children, children with disability, or other children to complete the children's section of the survey. However, these prompts were removed due to translation difficulties and considerations around interpretation in the various contexts where the survey was implemented.

A looped survey that would enable multiple children to participate was also tested. This option was excluded due to the length of the survey, the burden on participants in one sitting and the risk of non-completion/submission.

The indexed child survey approach

Parents and caregivers responding to the survey were asked to think about one particular child – the 'indexed child' – and answer some specific questions about them related to COVID-19. The survey design originally included a looped survey that would enable parents/caregivers to think about and report on all of the children in a household; however, extensive pilot testing revealed the length and burden of this design to be problematic. Therefore, the indexed child approach was chosen.

Parents/caregivers of more than one child, and where all of those children were of school age (five years old or older), were randomly provided with one of two prompts:

1. Please answer the following questions, thinking about your youngest child of school age.
2. Please answer the following questions, thinking about your eldest child (under 18 years old).

Parents/caregivers of more than one child, and where all of those children were under school age (less than five years old), were randomly provided with one of two prompts:

1. Please answer the following questions, thinking about your youngest child.
2. Please answer the following questions, thinking about your eldest child.

These prompts were designed to prioritise the capture of data on school-age children while still facilitating the collection of data on an even spread of children of different ages. It is important to note that parents/caregivers responded to the survey while keeping one child in mind (the 'indexed child') and that the child who had the parent's consent to participate in

the second part of the survey may or may not be the indexed child – the survey did not prompt parents to hand the device to the indexed child specifically. This is a limitation of the survey that prevents dependable comparison between the adult reports on the indexed child and the child self-reports.

Survey instrument

The survey was designed to capture information across multiple sectors or themes, including household economies, health and nutrition, child education and learning, child protection and child rights. The full survey is presented in [Appendix A: The survey questionnaire](#). An overview of the data collected in the survey is shown in Table 1.

Table 1. Brief overview of variables in the survey instrument.

Level of variable	Household level		Individual level	
Respondent	Parent	Parent	Parent	Child
Subject of variable	Household	Parent	Indexed child	Child participant
Item	<ul style="list-style-type: none"> • Schools closed (weeks) • Home quarantine (weeks) • Stores closed (weeks) • Geography, migration and displacement • Country/settlement type • Migration and displacement due to COVID-19 • Parent/child separation due to COVID-19 • Number/gender of adults • Number/gender of children • Number of habitable rooms • Household wealth • Income lost (amount) • Income lost (sources) • Ability to pay for basic needs • Coping strategies in home • Government support and social protection floors • Household physical health and nutrition • How many household illnesses since COVID-19 • Barriers to medical care • Barriers to medications • Barriers to food and nutrition • Barriers to other health/sanitation items • Medical care, medication and other health/sanitation items needed 	<ul style="list-style-type: none"> • Gender • Age • Minority status • Disability status • Relationship to children in household • Parents/caregivers wellbeing and perceptions of family relationships • Parent's and caregiver's feeling and worries • Changes in relationships with children and in the household • Violence in the home 	<ul style="list-style-type: none"> • Gender • Age • Disability status • Chronic health condition • Children's learning and education: • Attendance at school prior to COVID-19 • Access and use of learning materials • Barriers to learning • Teacher remote support for home-based learning • Parent/caregiver support for children's home-based learning • Perceptions of children's learning • Likelihood of children returning to school after COVID-19 • Children's wellbeing, and family relationships • How children feel and sleep since COVID-19 • Changes in children's behavior and sleep since COVID-19 • Children's contact with friends and doing activities for fun • Children's safe use of the internet • Child Rights • Whether parent/caregivers talk to their children about COVID-19 • Breastfeeding and infant nutrition practices, concerns and needs 	<ul style="list-style-type: none"> • Gender • Age • Children's learning and education: • Whether children feel they are learning at home • What helps or stops children from learning at home • Children's wellbeing: • What children do to have fun • What children miss and miss-out on by not attending school • Children's contact with friends • How children describe their home situation • What children have enjoyed most about being at home • Children's rights: • Children's right to information about COVID-19 • Children's right to be heard when talking about COVID-19 • Children's messages for leaders • Children's messages for other children around the world

Measures, indices and specific variables

Disability

The Washington Group Short Set of Questions on Disability. The study used the Washington Group Short Set of Questions on Disability (WG-SS) to identify disability of the adult respondent and the indexed child (WG, 2016). The WG-SS is used to obtain information on difficulties a person may have in undertaking basic activities. It is the most widely accepted and used methodology for identifying disability as defined by the Convention on the Rights of Persons with Disabilities, which defines “persons with disabilities” as “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (UNGA, 2006). This is the definition used in this report. The WG-SS looks at six functional domains: Seeing, Hearing, Mobility, Remembering/concentrating, Self-care and Communication. It does not include questions on all types of functional domains and therefore does not capture all types of disability, including psycho-social disabilities.

According to the WG-SS, a disability is present if a respondent answered “a lot of difficulty” or “cannot do at all” in at least one of the six domains. Therefore, a person without a disability includes everyone else who does not respond “a lot of difficulty” or “cannot do at all” in at least one of the domains. Partial responses to the WG-SS, for instance where the respondent did not answer all six domains, were counted as a non-response (unknown whether disability is present) unless one of the domains that was answered indicated disability.

The WG-SS was asked of the adult parent/caregiver respondent and about one child in the household (the ‘indexed child’) by proxy of the adult respondent. Disability information was not obtained from or about any other household members due to length of the survey and limitations with asking the WG-SS at the household level. Therefore, households with disability refer to households where at least one parent/caregiver and/or one child have a disability. In this report, households without disability refer to households where neither the adult parent/caregiver respondent nor the indexed child have disabilities. However, it is likely that a proportion of these households do have members with disabilities that could not be counted in this study.

Child respondents in this study did not respond to WG-SS themselves. As described above, the indexed child may or may not also be the child respondent. Matching by age and gender was performed in order to transfer the disability status from the indexed child to the child respondent. The disability status was transferred only for unique observations and for the purposes of providing contextual information to accompany quotes from the child respondents. Except for our disability report, matching was not performed for the quantitative data analysis and therefore outcomes for the child respondent are not disaggregated by disability.

Since the WG-SS asks about difficulty in functioning, it is not applicable to very young children. Results on breastfeeding behaviours and practices have therefore not been disaggregated by disability status of the indexed child, only by disability status of the adult parent/caregiver respondent.

Food security and nutrition

The Reduced Coping Strategies Index (rCSI) score is a proxy indicator that assesses the extent to which households rely on harmful coping strategies in the presence of food insecurity. The index reflects both the frequency of each behaviour (ie, how many days over the last seven days the coping strategy was used) and severity (ie, how serious the strategy

is). The five standard coping strategies and their severity weightings are shown in Table 2 below.

Table 2. Reduced coping strategies indicators and weights

Behavioral Indicator/coping strategy	Severity (weighting)
Eating less preferred foods	1.0
Borrowing food or money from friends or relatives	2.0
Limiting portions at mealtimes	1.0
Limiting adult intake	3.0
Reducing the number of meals per day	1.0

Respondents were asked to report how many times they have used each of the five coping strategies in the previous seven days. The rCSI raw scores are calculated by multiplying the frequency with which a behaviour was used by the universal severity weight, then summing the weighted scores for each coping strategy. The maximum raw score for the rCSI is 56, ie, a household that used all five strategies every day for the last seven days would have a raw score of 56. The mean rCSI score is used as a descriptor for food insecurity among survey respondents.

The scores on the rCSI were analysed using the Integrated Food Security Phase Classification (IPC)⁴ Acute Food Insecurity Reference Table cut-off points for rCSI. This is a standardised scale to measure the severity of food security, nutrition, and livelihood crises. The IPC reference table identifies five levels of hunger severity: 1. Minimal/none; 2. Stressed; 3. Crisis; 4. Emergency; 5. Catastrophe/famine. For the purpose of this analysis, a score of 0–3 is considered to be experiencing minimal food insecurity, 4–18 considered stressed and 19 or more is considered to be in crisis.

Wealth/Poverty Index

A Wealth Index has been developed for this study to identify whether households can be classified as relatively poor or not-poor. The Wealth Index is aligned to the Multidimensional Poverty Index (MPI), jointly developed by the United Nations Development Programme and [the Oxford Poverty and Human Development Initiative \(OPHI\)](#) at the University of Oxford, and captured by the Multiple Indicator Cluster Surveys (MICS) surveys. Both the MPI and the Wealth Index constructed in this study are asset-based, reflecting the fact that children’s experience of poverty is very different to adults’ and is more suitably measured by the deprivation they experience across areas of life.

The indicators used to construct the Wealth Index and their factor loadings are presented in Table 3 below. The Wealth Index scores were used to create a binary construct with households having a score below the median wealth index being classified as relatively poor, and households on or above the median wealth index being classified as not-poor.

Table 3. Wealth / Poverty Index Indicators

Indicators	Factor loadings	Scoring coefficients
Number of children in the household	-0.4647	-0.24793
Belongs to a minority group	-0.1181	-0.06299
Owens a TV	0.6128	0.32696
Owens a computer	0.7021	0.37464
Has internet access	0.7642	0.40775

Number of rooms	0.4054	0.2163
Access government social safety nets before COVID-19	-0.1276	-0.0681
Has a space outside home for children to play	0.1061	0.05663

Violence in the home

“Violence in the home” was measured by parents/caregivers reporting that they were resorting to yelling and/or physical punishment and/or that there had been some violence in the home; and by children reporting that there was some violence in the home involving either children or adults being hit or verbally abused.

These findings are likely underreported as a result of several methodological limitations. Firstly, it is not always clear who is perpetrating violence in the household (adult or child) and who the violence is being perpetrated against (adult or child), although at the same time the witnessing by children of intimate partner violence is considered to have a secondary impact on those children. Secondly, valid and reliable measurement of physical and humiliating punishment of children usually includes asking parents/caregivers specific questions on a range of common disciplinary practices, from different forms of psychological aggression (ie, yelling, calling names, swearing, threatening) through to different forms of physical punishment (ie, shaking, spanking, hitting, beating – area of body, use of objects). This specificity allows for more accurate measurement of whether violence is being used, as well as removing issues of interpretation of what constitutes violence, which is often impacted by the existence of social norms in which these actions are considered “discipline” and not violence. Finally, these types of measurement tools usually ask parents/caregivers to respond to the series of questions in relation to an index child, as physical and humiliating punishment of children can vary depending on cultural beliefs on how girls, boys, children with a disability, children of different ages, etc., should be disciplined, and/or by whom they should be disciplined. Asking this question generally of children in the household therefore creates challenges in how and who the parent/caregiver is responding for.

Mental health and psychosocial wellbeing

Aspects of mental health and psychosocial wellbeing in children and adults were measured through self-assessment and observational rating scales, covering a number of positive and negative feelings as well as changes in children’s behaviour. In addition, the questions posed in the survey explored children’s and adults’ thoughts, their social connectedness as well as existing coping strategies to maintain wellbeing. However, given the time-sensitive nature and scope of the study it was not feasible to carry out detailed assessments of child and adult mental health and psychosocial wellbeing using comprehensive psychometric measures, thus limiting the findings to the particular aspects researched in the study and not providing exact indications of children’s and adults’ wellbeing.

It is also acknowledged that manifestations of mental health and psychosocial wellbeing issues are heavily influenced by context-specific cultural differences and locally existing social norms. This could not be reflected upon in detail in the report, because of the global nature of the study itself and the global focus of subsequent analysis of findings. While behaviours such as unusual crying or screaming, bedwetting etc. commonly indicate distress and reduced wellbeing in children, children with disabilities may display such signs and behaviours due to other reasons relating to their specific impairment and thus make them less reliable indicators of distress for this group of children.

Other limitations with the survey design

This was a long survey. The adult part of the survey contained 59 questions and the children’s part contained 21 questions. Skip patterns meant that not all questions were answered by each survey respondent. Pilots of the online questionnaire indicated that the

adult section of the survey took about 15 minutes and the children’s part took about 10 minutes. Prompts were placed in the survey to encourage completion.

Being a self-report survey, there will likely be response bias, particularly for survey questions around parenting, family relationships and violence. Children were asked whether someone was present when they were completing the survey, to add a test for bias due to the presence of another person.

Eligibility criteria, study populations and scope

Eligibility criteria

There were two eligibility criteria for participation in the study:

1. Adult respondents (aged 18 and above) had to be parents and/or caregivers of children aged 0–17 living in the same household (Part 1 of the survey)
2. Child respondents had to be aged 11–17 (Part 2 of the survey).

Study populations

This research study was carried out among three distinct population groups.

1. Save the Children programme participants
2. Target populations of interest to Save the Children
3. The general public.

Group		Description
1.	Save the Children programme participants	Current participants of Save the Children-led or partner-led programmes with remote contact details listed at the individual or household level (i.e. email or phone number).
2.	Target populations of interest to Save the Children	A population group that Save the Children works with where we do not have a list of individuals or households with remote contact details.
3.	The general public	Members of the general public who may or may not be affiliated with Save the Children.

A different recruitment and sampling approach was used to reach each of these three population groups, as outlined in the next section, and thus they can be considered as three distinct yet complementary studies. While the survey was the same, each group had their own survey collector, thereby minimising any potential for sample contamination.

Scope

Save the Children operates in 116 countries. This research was carried out in 46 countries in which Save the Children implements programmes. The study was implemented in only those countries where local Save the Children staff could quickly mobilise resources to carry out the study. These countries were not randomly selected and are therefore neither representative of all countries across the world, nor representative of all countries in which Save the Children operates. The number of countries where Save the Children operates and where the study was implemented is shown in Table 4 on the next page.

The survey questionnaire and Participant Information Sheet were translated using a back-translation process into 28 languages to facilitate uptake in all countries where the research was implemented. A list of these languages can be found in [Appendix B: List of languages](#)

Table 4. Number of countries where Save the Children operates and where the study was implemented, by region

Region	Number of countries where Save the Children operates	Number of countries where the research was implemented among Save the Children programme participants	Number of countries where the research was implemented among populations of interest to Save the Children	Number of countries where the research was implemented among the general public
Asia	21	11	8	15
Eastern and Southern Africa	18	7	3	7
Western and Central Africa	16	4	1	4
Europe	16	—	—	—
Latin America and the Caribbean	16	7	—	10
Middle East and Eastern Europe	18	5	2	5
North America	2	1	—	1
Australia and the Pacific	5	2	2	3

Group 1: Save the Children programme participants

A representative sample of current Save the Children programme participants (with remote contact information) was sought in the following 37 countries:

Region	Countries where the research was implemented among Save the Children programme participants
Asia	Afghanistan, Bangladesh, Cambodia, India ^(+TP) , Indonesia ^(+TP) , Laos, Myanmar ^(+TP) , Nepal ^(+TP) , Pakistan, Philippines ^(+TP) , Sri Lanka ^(+TP)
Eastern and Southern Africa (ESA)	Ethiopia ^(+TP) , Kenya, Malawi, Mozambique, Somalia, South Sudan ^(+TP) , Uganda ^(+TP)
West and Central Africa (WCA)	Burkina Faso ^(+TP) , Niger, Senegal, Sierra Leone
Middle East and Europe (MEE)	Egypt, Lebanon, Syrian Arab Republic, Albania, Kosovo ^(+TP)
Latin America and the Caribbean (LAC)	Bolivia, Brazil*, Colombia, Dominican Republic, El Salvador, Paraguay, Peru
North America	United States of America
Pacific	Papua New Guinea, Solomon Islands

(+TP) Countries with samples obtained from separate target populations (Group 2)

*Data collection took place in Brazil, however the minimum sample size was not achieved.

Group 2: Populations of interest to Save the Children

Sixteen of the 46 countries separately sampled specific target populations. An additional two countries (Thailand and Palestine) sampled target populations but not current programme participants.

Region	Countries where the research was implemented among populations of interest to Save the Children
Asia	India, Indonesia, Mongolia, Myanmar, Nepal, Philippines, Sri Lanka, Thailand
Eastern and Southern Africa (ESA)	Ethiopia, South Sudan, Uganda
West and Central Africa (WCA)	Burkina Faso
Middle East and Europe (MEE)	Palestine, Kosovo ^(+TP)
Latin America and the Caribbean (LAC)	None
North America	None
Pacific	Papua New Guinea, Solomon Islands

*Data collection for target population sample took place in Papua New Guinea and the Solomon Islands, but the minimum sample size was not achieved.

Group 3. The general public

Responses from the general public were obtained in all 46 countries participating in the study. However, not all of the 46 countries actively promoted the online survey among the general public using the recruitment processes detailed in the subsequent section. Those countries in italics did not promote the online survey widely through external media and networks.

Region	Countries where the research was implemented among the general public
Asia	Afghanistan, Bangladesh, <i>Cambodia**</i> , India, Indonesia, South Korea, Laos*, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka*, <i>Thailand**</i> , Vietnam
Eastern and Southern Africa (ESA)	<i>Ethiopia*</i> , Kenya, <i>Malawi*</i> , Mozambique, <i>Somalia**</i> , <i>South Sudan**</i> , Uganda
West and Central Africa (WCA)	Burkina Faso, <i>Niger**</i> , <i>Senegal**</i> , Sierra Leone
Middle East and Europe (MEE)	<i>Albania**</i> , <i>Egypt**</i> , Kosovo, <i>Lebanon**</i> , <i>Palestine**</i>
Latin America and the Caribbean (LAC)	Argentina, Bolivia*, <i>Brazil**</i> , Colombia, <i>Dominican Republic**</i> , El Salvador, Peru, <i>Paraguay**</i> , Mexico, Nicaragua,
North America	United States of America
Pacific	<i>Papua New Guinea**</i> , <i>Solomon Islands**</i> , <i>Vanuatu**</i>

* Less than 100 respondents

* Less than 50 respondents

Recruitment and sampling

Data collection took place between 26 May and 17 July 2020, with the majority of responses coming in between 7 June and 12 July.

Group 1: Save the Children programme participants

Sampling

The research was designed to obtain a representative sample of Save the Children programme participants with contact details (phone number or email) in those countries where the study was implemented. This could be:

1. A census of all current programme participants (obtained only in the United States of America)
2. A random sample of current participants across all programmes (derived from programme database of programme participants with contact details, with the exception of in Papua New Guinea where those without remote contact details could be reached in person)
3. Stratified random sample of current participants across all programmes (derived from programme database of programme participants with contact details), ensuring that there are appropriate proportions of programme participants in the sample: Without access to the internet; Living in rural/remote areas; Across sectors or programmes.

The requirements for inclusion in the final dataset was a confidence level of 90% and margin of error of 5%. For the majority of countries, this meant a minimum sample size of 273 adult respondents. The final response numbers per participating country are listed in [Appendix C: Programme participant recruitment and sampling methods](#).

Data collection mechanisms

Data was collected through a single survey administered using one of the three following methods:

1. Online self-report survey using SurveyMonkey (Enterprise version). Participants could complete the survey using a computer, laptop or mobile device
2. Phone call to recruited participants where enumerators would enter the participants' responses directly into SurveyMonkey on their behalf
3. In-person interview using either paper-based questionnaire or tablet, where enumerators would then enter the participants' responses directly into SurveyMonkey on their behalf (only in Papua New Guinea and certain parts of Indonesia).

Recruitment methods

The recruitment methods included:

- Calling programme participants to invite to participate
- Distributing the survey invitation and link via email
- Distributing the survey invitation and link via text messaging, WhatsApp or other instant messaging
- Distributing the survey invitation and link via a printed flyer with QR code (only in the United States of America, where a census of all programme participants was obtained).

A list of the sampling approaches and recruitment methods employed to reach our programme participants in each country can be found in [Appendix C: Programme participant recruitment and sampling methods](#).

Limitations of the research design for Group 1: Save the Children programme participants

Due to the risks of conducting research in the midst of a global pandemic, the study was originally designed to include only remote data collection mechanisms (Methods 1 and 2) and therefore to prevent risk to either staff or community in transmission or contraction of COVID-19.

The necessity for remote data collection mechanisms means that the sample is skewed in favour of programme participants who have internet and/or phone access, reliable connectivity and can afford the cost of the service necessary for participation. People in countries without reliable connectivity or without access to a computer, laptop, mobile device or telephone were not able to participate, because of the importance of minimising the risk of harm to all.

Save the Children's ethicist granted permission to modify the survey procedures to allow face-to-face data collection in Papua New Guinea and certain parts of Cambodia and Indonesia, where there were no confirmed cases of COVID-19. Additional mitigation measures were required for these study sites. This enabled access to programme participants who could not otherwise be reached.

Group 2: Populations of interest to Save the Children *Sampling*

Purposive sampling was used to boost the response rates for population groups of interest to Save the Children. People in these groups may or may not be current programme participants at the individual, household or community level. The groups could be:

- A group with certain characteristics ie, migrant groups
- People living in a particular urban slum, refugee camp, or other 'discrete' community
- Programme participants of a particular programme that we wanted greater representation from.

Data collection mechanisms

Data was collected through a single survey administered using one of the two following methods:

1. Online self-report survey using SurveyMonkey (Enterprise version).
2. Phone call to recruited participants where enumerators would enter the participants' responses directly into SurveyMonkey on their behalf.

Recruitment methods

The recruitment methods were as follows:

- Engaging known key informants who can be invited to complete the survey and subsequently invite other potential respondents to also participate
- Distributing the study information and survey invitation to known partners/stakeholders and through existing networks for further dissemination
- Advertising the survey invitation using appropriate media that is targeted to this population group
- Direct invitation to known programme participants.

Limitations of the research design for Group 2: Populations of interest to Save the Children

The same limitations with the research design for Group 1 apply here. In addition, it is important to note that this group is not representative. Different countries targeted different groups and therefore the results from the sample carried out in different countries or regions cannot be compared.

Group 3: General Public

Sampling, data collection mechanisms and recruitment methods

A convenience sample of the general public was sought in all countries except Korea. This sample was open to all parents and caregivers of children under 18 and their children aged 11–17. Data was collected only through the online self-report survey using SurveyMonkey (Enterprise version).

The recruitment methods were as follows:

- Invitations through Save the Children International, Member Office and Country Office websites and social media sites (ie, Facebook and Twitter).
- Emails to Save the Children partners and stakeholders at the global, regional, national and provincial level informing them of the study and requesting that they disseminate information on the study through their websites and social media sites and among their own programme participants. This was done to maximise response rates among marginalised and vulnerable populations in their local context. Representative Organisations of Persons with Disabilities (OPDs) were contacted in order to maximize response rates among people with disability.
- Emails and posts to Save the Children staff to encourage them to participate in the survey and circulate the invitation widely among their own professional and personal networks.

Viewers of the study invitation were encouraged to circulate it widely among their own professional and personal networks.

In Korea, a polling company was engaged to recruit a panel of 1,000 parents/caregivers with children aged 11–17 from the general public. The polling company recruited participants via email to complete the survey in an independent platform. The data was then integrated with the study dataset.

Limitations of the research design for Group 3: General public

The research design was selected considering time sensitivity and the added value of quickly gathering real-time evidence, as well as feasibility given the resource environment and minimising the cost in terms of both budget and resourcing. Social media advertising was explored but dismissed due to ethical considerations.

The limitations of this sampling approach include all of those listed as limitations for Group 1. In addition, the sample is heavily skewed towards Save the Children staff and people in Save the Children networks and extended networks. This sample is far from representative of the general public and therefore inferences about wider populations cannot be made.

Limitations of the recruitment and sampling – overall

All samples are skewed towards those who can speak or read and write in the languages that the survey has been translated into and against those who cannot (the most marginalised and deprived). To overcome this, effort was made to translate the online survey into a range of languages and to engage enumerators who could speak local languages/dialects, verbally translate the survey questions (following a written and tested translation) and then enter the participant's responses into the more mainstream language of the online survey on the participant's behalf.

Self-selection bias is an issue as it is with any survey. Thus the sample is biased towards those with time and interest and against those with limited time and less interest. This likely biases against the most marginalised and deprived who may have other pressing priorities. Similarly, this will mean the sample is skewed against those with certain disabilities. To foster inclusivity, survey respondents could engage the assistance of another when participating in the survey.

Data analysis

Data cleaning

As missing data was treated as missing, a single cut-off point was used as the basis for removing observations from the dataset. All observations that did not progress beyond the question “How many children are in your care and live with you now?” were removed. This is because no helpful information is provided in these observations.

Various other options were explored including observations that do not have responses to any of the classification characteristics (gender, disability etc.) and observations that do not have responses to 50% of the outcome variables, however these options were dismissed as useful information could still be gathered from the observations.

Due to the fact that some Save the Children programme participants had moved location, some programme participant sample respondents were located in countries where the research was not implemented. These observations were removed from the sample. This was also the case for some respondents in the target populations sample. There were a large number of responses from members of the general public who were located in countries where the research was not implemented. This was due to the online nature of the sample and recruitment mechanisms used. These observations have been kept in the research dataset.

Quantitative data analysis

Probability weighting was used to weight the programme participant sample against the total programme participant population when the sample was aggregated at the regional and global level. The programme participant sample was not weighted for country level analysis since the weight factors were calculated using country level programme participant population and the same weight was applied to all respondents in the sample. Observations from Group 2: Populations of interest to Save the Children and Group 3: General public were not weighted as the samples are not representative. Chi-square tests were performed at the country level to investigate associations between various data elements captured in the study. Regression was used in the global and regional level analyses to generate F-Statistics as a test of overall differences in the outcomes by different characteristics of the respondents using probability weights. Frequency weights can be used for chi-square tests, however they artificially inflate the sample size and magnify the differences in chi-square and this was therefore dismissed as an option. A p-value of <0.05 was used to denote statistical significance. Only findings that are statistically significant are reported in the research reports.

Qualitative data analysis

The qualitative analysis employed a conceptual content analysis approach to determine the presence of certain words, themes, or concepts within the children’s open-ended responses. Due to the scale of the study, the considerable variation in contexts of surveyed populations, the languages used and need for translation, the final level of analysis was at the thematic level. This in turn enabled the qualitative themes to be quantified and analysed with the quantitative data.

A framework method supported this approach, whereby a pre-emptive coding schema (thematic framework) was developed to support consistency among the large number of qualitative data analysts involved in the data coding. Analysts coded deductively by assessing the implication of response text to determine if it matched pre-existing codes or concepts/ideas. This thematic framework is presented in . The framework allowed flexibility to code inductively, and therefore new emerging categories could be added during the coding process. This was necessary to capture unanticipated themes and allow for context-specific themes to emerge.

Coding was performed mostly manually using an Excel template and in a few cases with NVIVO software, by analysts in each participating country and following a strict coding template and protocol. In the majority of countries, coding was done independently by at least two people in order to conduct a reliability and bias check. Another cross-country independent coding was performed by a single person on all responses in each language. For example, a Spanish-speaking qualitative data analyst did an independent coding of all responses in Spanish across all countries. The same process was repeated for Arabic, French and the other languages spanning country boundaries. Lastly, a final analysis to check for consistency in coding across countries and languages was applied as the data was integrated at both the regional and global level. Country office and regional office advocacy, campaigns, communications and media teams also reviewed the selected quotes.

All of the children's open-ended responses were examined and coded, irrespective of any perceptions on saturation point. Codes were used to determine the existence of key themes that children were speaking of. The themes that were most common across all responses were categorised as the key themes, emerging at either the country level, regional level or global level. Quotes and case studies reported as a result of the qualitative data analysis are consistent with these key themes, or are noted as particularly salient and important to the child respondents.

Ethical Considerations

The study was submitted to the Save the Children US Ethics Review Committee in April 2020, reviewed by a convened committee of approximately 30 certified experts and granted final approval on 25 May 2020 (SCUS-ERC-FY2020-33). Approval was also obtained from local Independent Review Boards in all countries where the research was implemented, if such bodies existed. Informed consent and child assent were required for all participants and were obtained remotely prior to starting the survey questionnaire. Risk mitigation included multiple options to reach out to the study team, the Save the Children Child Safeguarding team, data protection officer or the ethicist, and participants were offered the opportunity to share their personal contact information if they wished to receive further follow-up from Save the Children.

Informed consent and assent

Because of the nature of the pandemic and the requirement that all face-to-face research activities be modified, informed consent was obtained entirely remotely for all participants. The introductory page of the survey briefly outlined the purpose of the study and how the information collected would be used. Participants were also directed towards a Participant Information Sheet (Appendix E: [The Participant Information Sheet](#)) before any other questions were asked. All of the required elements of legally-effective, fully-informed consent were presented to participants, including:

- A statement that the study is research
- An explanation of the purpose of the research
- A statement about the expected duration of participation
- A description of the research procedures
- A statement of any reasonably foreseeable risks of participation
- A description of how data will be protected and confidentiality maintained

- Contact information for someone to contact outside of the research team for any questions about participant rights or to make a report in the event of a research-related injury
- A statement that participation is voluntary and participants can stop at any time without penalty or loss of benefits to which the participant is otherwise entitled.

Participants were then presented with the option to continue or to stop. Consenting participants were taken to the first item in the survey, non-consenting participants closed the survey.

Upon completion of Part 1 of the survey, adults were asked to consent to having one child in their household (aged 11-17) participate in Part 2 of the survey. Consenting adults were then taken into Part 2 of the survey and directed to hand the device to the child participant. Non-consenting adults were thanked for their time and taken out of the survey.

At this point, a child assent process was conducted with all child participants. The introductory page of the children's section also outlined the purpose of the study and how the information provide would be used. Child participants were also directed towards the Participant Information Sheet. The Participant Information Sheet was designed to be child-friendly. Child participants were required to provide assent before the survey begins. Assenting children were taken to the first item of the second part of the survey, and non-assenting children were thanked for their time and taken out of the survey.

Adults went through an additional consent process prior to providing their contact details at the very end of the survey. Adult participants were not required to provide their contact details. All consent and assent processes were safeguarded using mandatory programming within SurveyMonkey (Enterprise version). Verbal consent was obtained in all phone-enabled survey completions.

Study sample numbers and characteristics

There are three distinct target groups recruited in the research study: Group 1 – Current Save the Children programme participants; Group 2 – Populations of interest to Save the Children; and Group 3 – General public.

For the Group 1 – Save the Children programme participant sample, data was collected from 17,565 adult respondents and 8,068 child respondents from across the seven regions (Asia, Eastern and Southern Africa (ESA), West and Central Africa (WCA), Latin America and the Caribbean (LAC), the Pacific and North America) in which Save the Children operates. The detailed characteristics of the programme participant respondents are presented in the table below. More detailed breakdowns of the sample numbers and characteristics by region are presented in the separate [Sample Characteristics](#) report.

For the Group 2 – Populations of interest sample, data was collected from 4,302 adult respondents and 2,223 child respondents, with the majority of these from selected countries in Asia, ESA and MEE. An overview of the worldwide sample is presented in Appendix F: Populations of interest to Save the Children sample. For the Group 3 – the general public sample, data was collected from 9,816 adult respondents and 3,185 child respondents from across the world, including countries where the online survey was actively promoted and other countries. An overview of the worldwide sample is presented in Appendix G: General public sample.

The separate [Sample Characteristics](#) report also presents information on the sample numbers and characteristics of Groups 2 and 3.

Please note that all frequencies and percentages in the sample numbers and characteristics tables and report present the unweighted data. The percentages in these tables may

therefore be different from those presented in our Global reports, which use weighted percentages.

Table 5. Save the Children programme participants, worldwide sample

Variable	Adult respondent (parent/caregiver)		Child respondent (11-17 years old)		Indexed child	
	Number of adult respondents	Percentage of adult respondents	Number of child respondents	Percentage of child respondents	Number of indexed children	Percentage of indexed children
Total	17,565	100	8,069	100	16,110	100
Region						
Asia	6,915	39.4	3,686	45.7	6,559	40.7
ESA	3,274	18.6	1,588	19.7	3,084	19.1
WCA	1,372	7.8	646	8.0	1,282	8.0
LCA	3,047	17.3	1,129	14.0	2,716	16.9
MEE	2,166	12.3	794	9.8	1,772	11.0
Pacific	251	1.4	140	1.7	235	1.5
North America	518	2.9	81	1.0	444	2.8
Europe and Others	22	0.1	5	0.1	18	0.1
Gender						
Female	10,554	60.1	4,336	53.7	8,075	50.1
Male	6,055	34.5	3,619	44.9	7,945	49.3
Prefer not to say/other	62	0.4	11	0.1	90	0.6
Non- response	894	5.1	103	1.3	-	0.0
Age						
0-1	N/A	N/A	N/A	N/A	809	5.0
2-4	N/A	N/A	N/A	N/A	1,591	9.9
5-10	N/A	N/A	N/A	N/A	4,932	30.6
11-14	N/A	N/A	4,531	56.2	4,770	29.6
15-17	N/A	N/A	3,398	42.1	4,008	24.9
18-24	1,154	6.6	N/A	N/A	N/A	N/A
25-29	2,197	12.5	N/A	N/A	N/A	N/A
30-39	6,363	36.2	N/A	N/A	N/A	N/A
40-49	4,514	25.7	N/A	N/A	N/A	N/A
50-59	1,804	10.3	N/A	N/A	N/A	N/A
60+ years	744	4.2	N/A	N/A	N/A	N/A
Non- response	789	4.5	140	1.7	N/A	N/A
Disability status						
Has disability	997	5.7	N/A	N/A	623	3.9
Does not have disability	15,337	87.3	N/A	N/A	12,582	78.1
Non- response	1,231	7.0	8,069	100.0	2,905	18.0
Has a chronic health condition						
Has health condition	N/A	N/A	N/A	N/A	1,087	6.7
Does not have health condition	N/A	N/A	N/A	N/A	14,921	92.6
Non- response	N/A	N/A	N/A	N/A	-	0.0
Family member belongs to a minority group						
Yes	4,588	26.1	2,168	26.9	4,318	26.8
No	10,400	59.2	5,041	62.5	10,098	62.7
Prefer not to say	540	3.1	202	2.5	498	3.1

Non-response	2,037	11.6	658	8.2	1,196	7.4
Relatively poor						
Poor (below median wealth index)	6,278	35.7	3,506	43.5	6,278	39.0
Not-poor (on/above median wealth index)	5,762	32.8	3,425	42.4	5,762	35.8
Non-response	5,525	31.5	1,138	14.1	4,070	25.3
Settlement type						
City	5,099	29.0	2,268	28.1	4,863	30.2
Large or small town	2,912	16.6	1,218	15.1	7,618	47.3
Village	8,593	48.9	4,364	54.1	2,755	17.1
Don't know	172	1.0	79	1.0	155	1.0
Non-response	789	4.5	140	1.7	719	4.5

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Appendix A: The survey questionnaire

Part 1 – Completed by the adult parent/caregiver

You are invited to participate in a global study by [Save the Children](#) on the impact of the new coronavirus (COVID-19) on children and their households. We will use the information you provide to help improve our COVID-19 programmes for communities all over the world.

This survey has two parts. The first part is for you as a parent or carer and will take about 15 minutes. If you have a child aged 11 years or older and you both agree, then your child can also answer questions in the second part which takes about 10 minutes.

You and your child's participation is voluntary and your answers will be kept confidential. However, it is also okay if you or your child needs someone to help you to fill the survey out. More details on the study and you and your children's rights in taking part are found [here](#).

We ask that only one adult per household complete this survey.

Before we begin, please check both boxes if you agree to participate in the survey:

- I am 18 years or older and the parent or caregiver of a child (under 18 years) that lives with me
- I agree to take part in the survey

Thank you, if you have received a code from Save the Children, please enter it now, otherwise please press next: _____

Question	Response categories
What country do you live in?	<input type="checkbox"/> Drop down list of countries
Where do you live?	<input type="checkbox"/> City <input type="checkbox"/> Large or small town <input type="checkbox"/> Village <input type="checkbox"/> I don't know
Have you moved where you normally live because of the outbreak of global COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you travel with children? <i>Please select all that apply</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, with my own children <input type="checkbox"/> Yes, with my siblings <input type="checkbox"/> Yes, with family member's children <input type="checkbox"/> Yes, other unrelated people's children in my care
What city do you currently live in?	Open text response
What state/province do you currently live in?	Open text response
How many weeks have: a. Schools been closed? b. You and any children in your care been confined at (told not to leave) home?	a. Open text response b. Open text response c. Open text response

<p>c. All shops (except medical and food) been closed?</p> <p><i>For each sub-question enter: number of weeks</i> <i>or</i> <i>I don't know/can't remember</i> <i>or</i> <i>No longer applicable nor closed</i> <i>Please type zero (0) if not applicable.</i></p>	
<p>Are any of the following stopping you from going out and getting food, health care or medical supplies?</p> <p><i>Please select all that apply</i></p>	<p><input type="checkbox"/> Worry about getting infected by COVID-19</p> <p><input type="checkbox"/> Government restrictions (i.e. home quarantine or community lockdown etc.)</p> <p><input type="checkbox"/> Lack of transport</p> <p><input type="checkbox"/> Not accessible/shortage</p> <p><input type="checkbox"/> No, none of these</p>
<p>How many children are in your care and live with you now?</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6 or more</p>
<p>What is your relationship to them?</p> <p><i>Please select all that apply</i></p> <p><i>We will now refer to any children in your care as your children, regardless of your relationship to them.</i></p>	<p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Grandparent</p> <p><input type="checkbox"/> Aunt/uncle</p> <p><input type="checkbox"/> Sibling</p> <p><input type="checkbox"/> Foster parent or legal guardian</p> <p><input type="checkbox"/> Head of an institution looking after them</p> <p><input type="checkbox"/> Other related adult</p> <p><input type="checkbox"/> Unrelated adult</p>
<p>What gender and age are your children?</p> <p><i>Please round the age to lower age value.</i></p> <p><i>Note: for 0-11 months, put 0 year; for 13-23 months put 1 year.</i></p>	<p>For each child:</p> <p><input type="checkbox"/> Drop downs for gender:</p> <ul style="list-style-type: none"> <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Prefer not to say/other (NA) <p><input type="checkbox"/> Drop down list of ages:</p>
<p>Do you have children that you have been separated from because of global COVID-19?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>What gender are you?</p>	<p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Prefer not to say/Other</p>
<p>How old are you?</p>	<p><input type="checkbox"/> 18-24</p> <p><input type="checkbox"/> 25-29</p> <p><input type="checkbox"/> 30-39</p> <p><input type="checkbox"/> 40-49</p> <p><input type="checkbox"/> 50-59</p>

	<input type="checkbox"/> 60-69 <input type="checkbox"/> 70-79 <input type="checkbox"/> 80+
Do you or anyone in your family identify as belonging to any minority groups based on: <i>Please select all that apply</i>	<input type="checkbox"/> Indigenous status/ethnicity <input type="checkbox"/> Religion <input type="checkbox"/> Refugee/ asylum seeker status <input type="checkbox"/> Internally displaced people <input type="checkbox"/> Prefer not to say <input type="checkbox"/> No, no minority groups <input type="checkbox"/> Other (please specify) _____
Do you have difficulty hearing even if using a hearing aid?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Do you have difficulty seeing even if wearing glasses?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Do you have difficulty remembering or concentrating?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Do you have difficulty with self-care such as washing or dressing?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Do you have difficulty walking or climbing stairs?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Do you have difficulty communicating (for example understanding or being understood)?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Have you or any adult in the household fallen sick due to any illness since the global outbreak of COVID-19?	<input type="checkbox"/> Yes (please say how many?) _____ <input type="checkbox"/> No
Have any of your children fallen sick due to any illness since the global outbreak of COVID-19?	<input type="checkbox"/> Yes (please say how many?) _____ <input type="checkbox"/> No
What barriers are stopping you accessing health care, medication or menstrual products (if applicable) since the global outbreak of COVID-19?	<input type="checkbox"/> There are no barriers <input type="checkbox"/> Healthcare centres are closed <input type="checkbox"/> Healthcare centres and pharmacies have run out of the medicines we need <input type="checkbox"/> The queues are too long, and we cannot get assessed or treated

<p><i>Please select all that apply</i></p>	<input type="checkbox"/> I don't know <input type="checkbox"/> Other (please specify) _____
<p>Apart from those you listed as stopping you from going out, are there any other barriers stopping you accessing meat, dairy, grains, fruits and vegetables since the global outbreak of COVID-19?</p> <p><i>Please select all that apply</i></p>	<input type="checkbox"/> There are no barriers <input type="checkbox"/> Food markets and shops are closed <input type="checkbox"/> Food markets and shops have run out of the food we need <input type="checkbox"/> The queues are too long <input type="checkbox"/> The food is too expensive <input type="checkbox"/> I don't know <input type="checkbox"/> Other (please specify) _____
<p>What items do you NOT have that you and your household need in order to stay healthy during this time?</p> <p><i>Please select all that apply</i></p>	<input type="checkbox"/> Nothing <input type="checkbox"/> Masks <input type="checkbox"/> Sanitiser/soap <input type="checkbox"/> Water delivery <input type="checkbox"/> Food delivery <input type="checkbox"/> Sanitary products <input type="checkbox"/> I don't know <input type="checkbox"/> Other (please specify) _____
<p>What supports can you NOT access that you and your household need in order to stay healthy during this time?</p> <p><i>Please select all that apply</i></p>	<input type="checkbox"/> Nothing <input type="checkbox"/> COVID-19 tests <input type="checkbox"/> Access to remote healthcare services <input type="checkbox"/> Access to in-person health care <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Counselling <input type="checkbox"/> Mental health services <input type="checkbox"/> Medication/medicine <input type="checkbox"/> Domestic violence services <input type="checkbox"/> Help with my assistive device <input type="checkbox"/> Catheter <input type="checkbox"/> Respite care <input type="checkbox"/> I Don't know <input type="checkbox"/> Other (please specify) _____
<p>What other supports do you need, or think you will need during this time?</p> <p><i>Please select all that apply</i></p>	<input type="checkbox"/> Nothing <input type="checkbox"/> Information about COVID-19 <input type="checkbox"/> Money or vouchers <input type="checkbox"/> Internet access <input type="checkbox"/> Children's home schooling/learning materials <input type="checkbox"/> Childcare <input type="checkbox"/> Parenting advice/support <input type="checkbox"/> Financial and budgeting advice/support <input type="checkbox"/> Job/employment support <input type="checkbox"/> I don't know <input type="checkbox"/> Other (please specify) _____

You are nearly halfway through the survey. Your feedback will really help us support children and families like yours.

Parents/caregivers of more than one child and all of those children were of school age (five years or older) were randomly provided with one of two prompts:

1. Please answer the following questions, thinking about your youngest child of school age.
2. Please answer the following questions, thinking about your eldest child (under 18 years).

Parents/caregivers of more than one child and all of those children were under school age (less than five years) were randomly provided with one of two prompts:

1. Please answer the following questions, thinking about your youngest child.
2. Please answer the following questions, thinking about your eldest child.

Parents/caregivers with only one child, were provided with the following prompt: Please answer the following questions about your child.

How old is your child?	<input type="checkbox"/> Drop down list of ages
What gender is your child?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say/other
Does your child have a chronic health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i><u>If Q23 is under 5 years (0-4), skip to Q35, otherwise continue.</u></i>	
<i>Only ask Q26 for children aged 5 and older for Q23</i>	
<i>If answer to Q23 is 5 or older ask these questions</i>	
Does your child have difficulties hearing even if using a hearing aid?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Does your child have difficulties seeing even if wearing glasses?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Does your child have difficulties remembering or concentrating?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Does your child have difficulties with self-care such as washing or dressing?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Does your child have difficulties walking or climbing stairs?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Does your child have difficulties communicating (for example understanding or being understood)?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all

If the answer to Q25 was Yes (Chronic health condition) or 26 (any difficulty) then ask this

Have you been able to provide your child with their usual regular health and rehabilitation services since the global outbreak of COVID-19?

- Yes
- No

Only ask Q28 for children aged 5 and older for Q23

If answer to Q23 is 5 or older ask this

Before global COVID-19, was your child attending school?

- Yes
- No

If No, continue to Q29/30 and then skip to Q35, otherwise continue.

What type of learning materials does your child have access to?

Please select all that apply

- None, no learning materials
- Worksheets/activity sheets
- Textbooks
- Braille books
- Reading books
- Electronic books
- Educational radio programmes
- Educational TV programs
- Educational apps for phone or tablet
- Educational programme to use with computer
- The internet**
- I don't know
- Other (please specify) _____

If the answer to Q29 was The Internet then ask this

If your child is accessing learning materials online do you feel able to ensure they are doing so safely?

- I am aware of the risks and how to ensure my child's safety
- I am aware of the risks but do not know how to ensure my child's safety
- I am not aware of any risks they may face on the internet
- I don't have access to a smartphone, tablet or computer myself and so I am unfamiliar with the use of internet
- I don't know

If answer to Q28 is Yes (was attending school), ask Q31-34

If the answer to Q28 was Yes (was attending school), then ask this

How much do you think your child is learning?

- As much as when they were at school
- A lot
- A little bit
- Nothing at all
- I don't know

If the answer to Q28 was Yes (was attending school) then ask this

Do you feel that you are able to sufficiently support your children's

- Yes, I support my child a lot
- Sometimes
- I can only support my child a little bit

learning at home during school closure?	<input type="checkbox"/> No <input type="checkbox"/> I don't know
<p>If the answer to Q28 was <u>Yes</u> (was attending school) then ask this</p> <p>Does your child's teacher check in on them?</p>	<input type="checkbox"/> No, not at all <input type="checkbox"/> More than once per day <input type="checkbox"/> Once a day <input type="checkbox"/> A few times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Less than once a week <input type="checkbox"/> I don't know
<p>If the answer to Q28 was <u>Yes</u> (was attending school) then ask this</p> <p>Do you think your child will return to school after global COVID-19?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Questions 35 to 40 should only be asked if the child is 3 years and over for Q23	
Have you talked to your child about COVID-19?	<input type="checkbox"/> Yes, often <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Yes, once or twice <input type="checkbox"/> No
<p>What feelings about the global COVID-19 situation has your child expressed? Please select all that apply</p>	<input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Sadness <input type="checkbox"/> Fear <input type="checkbox"/> I don't know <input type="checkbox"/> None of these
Does your child keep in touch with any friends outside of your household since the global outbreak of COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I Don't know
Does your child talk to someone when they have worries or concerns or needs support (inside or outside the household)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
<p>Have you noticed any of the following changes in children's behaviour since the global outbreak of COVID-19? Please select all that apply</p>	<input type="checkbox"/> Bedwetting <input type="checkbox"/> Sleeping changes <input type="checkbox"/> Changes in appetite <input type="checkbox"/> Changes in emotional regulation <input type="checkbox"/> Unusual crying and screaming <input type="checkbox"/> More withdrawn (like watching TV or doing nothing all day) <input type="checkbox"/> More aggressive behaviour <input type="checkbox"/> Violence against others <input type="checkbox"/> Committing crimes <input type="checkbox"/> Less willingness to help caregivers and siblings <input type="checkbox"/> Other signs of distress <input type="checkbox"/> None of these
<p>What activities do you do with your child? Please select all that apply</p>	<input type="checkbox"/> I read from a book <input type="checkbox"/> Tell stories <input type="checkbox"/> Drawing, art or craft activities

	<input type="checkbox"/> Play music, sing songs, dance or do other musical activities <input type="checkbox"/> Play with toys or games indoors <input type="checkbox"/> Play outdoor games or exercise together <input type="checkbox"/> Involve child in everyday activities at home, such as cooking <input type="checkbox"/> Watch TV, movies together <input type="checkbox"/> None of these
Questions 41 to 44 should only be asked for a child under 2 for Q23	
Was your child breastfed before the COVID-19 global outbreak?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Since the COVID-19 global outbreak, can you access infant formula or breast milk substitute?	<input type="checkbox"/> I don't know, I don't use it <input type="checkbox"/> Yes, we can buy it from the shop <input type="checkbox"/> Yes, from government or health facilities <input type="checkbox"/> Yes, by donation from local or international agencies <input type="checkbox"/> No
<i>If the answer to Q41 was <u>Yes</u> (breastfed) then ask this</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child continued to be breastfed since the COVID-19 global outbreak?	
<i>If the answer to Q41 was <u>Yes</u> (breastfed) then ask this</i>	<input type="checkbox"/> I am not concerned <input type="checkbox"/> Concerned about being separated <input type="checkbox"/> Concerned about baby getting infected from breastfeeding <input type="checkbox"/> Having time to breastfeed Other (please specify) _____
What are the main concerns you have about continuing breastfeeding during the COVID-19 global outbreak?	
<i>Please select all that apply</i>	
<i>The following questions are asked for all.</i>	
You have finished more than half of the survey! We know your time is valuable, thanks for being so helpful!	
Including yourself, how many adults (aged 18 years and above) are living in your household?	<input type="checkbox"/> Women _____ <input type="checkbox"/> Men _____ <input type="checkbox"/> Prefer not to say/Other
How many habitable rooms do you have in your home?	Number of rooms _____
Do you have access to outside space where your child can currently play?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your household lost any income since the COVID-19 global pandemic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i><u>If No, skip to Q53, otherwise continue.</u></i>	
<i><u>If the answer to Q48 was <u>Yes (lost income)</u> then ask this</u></i>	<input type="checkbox"/> No <input type="checkbox"/> I have lost my job

Has your household lost any income sources since the COVID-19 global pandemic?

Please select all that apply

- Another adult in our household has lost their job
- A child has lost their job
- We no longer receive money sent from family or friends
- We no longer receive money sent from the government
- Other (please specify) _____

If the answer to Q48 was Yes (lost income) then ask this

How much of your household income have you lost?

- All of it
- Most of it (more than 75% lost)
- More than half (56-75%)
- About half (45-55%)
- Less than half (25-44%)
- Less than a quarter (less than 25% lost)

If the answer to Q48 was Yes (lost income) then ask this

Has your household had any trouble paying for any of the following as a result of income lost because of the COVID-19 global pandemic?

Please select all that apply

- Food
- Critical nutrition supplements
- Healthcare
- Medical supplies
- Fuel or transport
- Rent or housing
- Utility bills (phone, internet), heating or cooling the home
- Learning resources for children
- Disability Services e.g. physiotherapy, dietician
- Assistive Devices e.g. glasses, hearing aids
- Support workers/care workers
- No, none of these

If the answer to Q48 was Yes (lost income) then ask this

In the past seven days, if there have been times when you did NOT have enough food or money to buy food, how many days has your household had to:

Please record number of days (0-7) out of the past seven days.

- a) Rely on less preferred and less expensive foods?
- b) Borrow food, or rely on help from a friend or relative?
- c) Limit portion size at mealtimes?
- d) Restrict consumption by adults in order for small children to eat?
- e) Reduce number of meals eaten in a day?

- a. Open text response
- b. Open text response
- c. Open text response
- d. Open text response
- e. Open text response
- f. Open text response

f) Give food to a child with a disability that doesn't meet their nutritional or swallowing needs because of a lack of suitable options	
Before the global outbreak of COVID-19, how many people in your household were receiving government benefits, grants, transfers or disability pensions?	<input type="checkbox"/> Adults (number) _____ <input type="checkbox"/> Children (number) _____ <input type="checkbox"/> Household received benefits as a whole (Yes/No) ____
Since the global outbreak of COVID-19, how many people in your household are receiving government benefits, grants or transfers or disability pensions?	<input type="checkbox"/> Adults (number) _____ <input type="checkbox"/> Children (number) _____ <input type="checkbox"/> Household received benefits as a whole (Yes/No) ____
<p>In comparison to before the global outbreak of COVID-19, how often do you feel:</p> <p>a) Happy</p>	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
b) Lonely	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
c) Worried	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
d) Nervous	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
e) Hopeless	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
f) Restless or fidgety	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
g) Like everything is an effort	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before

	<input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
h) Worthless	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
i) Depressed	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
j) Able to cope	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
Have you noticed any of the following changes in your relationship with your children since the global outbreak of COVID-19? <i>Please select all that apply</i>	<input type="checkbox"/> I spend more time with them <input type="checkbox"/> I have a greater bond with them <input type="checkbox"/> I show more love and affection towards them <input type="checkbox"/> I am more responsive to my children's' needs <input type="checkbox"/> My children show more love and affection to me <input type="checkbox"/> My children are happier spending more time with me <input type="checkbox"/> We have developed new positive habits as a family <input type="checkbox"/> I feel more confident in my parenting ability <input type="checkbox"/> None of these
Have you noticed any of the following changes in your relationship with your children? <i>Please select all that apply</i>	<input type="checkbox"/> My children show me less love and affection <input type="checkbox"/> I spend less time with them <input type="checkbox"/> I am more frustrated with their behaviour <input type="checkbox"/> I am less patient with them <input type="checkbox"/> I am speaking less calmly to my child <input type="checkbox"/> I am resorting to yelling too often <input type="checkbox"/> I am more aggressive towards them <input type="checkbox"/> I am resorting to physical punishment too often <input type="checkbox"/> I feel less confident in my parenting ability <input type="checkbox"/> I feel less able to adequately care for my children <input type="checkbox"/> None of these
Have you noticed any of the following changes in your household relationships? <i>Please select all that apply</i>	<input type="checkbox"/> We are enjoying more time together <input type="checkbox"/> There is more stress and tension in the home <input type="checkbox"/> There has been some violence in the home <input type="checkbox"/> None of these

Thank you for joining thousands of others completing this survey. We would really like to hear from you again to understand how **the impacts and needs** for children change over time throughout the COVID-19 pandemic. Can we contact you with a follow-up survey?

- Yes
- No

Save the Children values children's perspectives.

Do you give permission for your children (aged 11-17) to participate in our children's survey? *The children's survey is also confidential. If you wish, you can be present when your child completes it.*

If you agree to your child's participation, please check this box:

- Yes, I give permission for my 11-17-year-old child/children to participate in a children's survey
- No

If you provide your email, we will also email you a copy of the research results.

If you change your mind, you will be able to withdraw from the study at any point of time by informing the researchers at evidence.aro@savethechildren.org.

- Email address: _____
- Phone number: _____

Thank you, your feedback will really help us support children and families like yours. Please pass this survey to your child so that we can tell them about the survey and ask them some questions too.

Part 2 – Completed by the child respondent

You are invited to take part in a study by Save the Children on the impact of COVID-19 on children. We will ask you about what you know about COVID-19, what you are doing to learn or spend your time and how you feel. If you agree to take part, you will tell us and let us know how we can support children like you to stay happy, healthy and keep learning during and after COVID-19.

This survey will take about 10 minutes of your time. Your participation is voluntary. We will not let anyone else know what you have personally answered. There is no right and wrong answer, the most important thing is that your answers should represent yourself and your condition. It is also okay to have someone help you to fill the survey out if needed.

Your parent/carer has already given us permission for you to participate in the study. But before we begin, we would also like you to agree to the following:

- I am eleven (11) years or older
- I agree to take part in this research study

Thank you, now let's get started!

Question	Response categories
What is your gender?	<input type="checkbox"/> Girl <input type="checkbox"/> Boy <input type="checkbox"/> Prefer not to say/other

How old are you? (<i>age needs to be from 11-17</i>)	<input type="checkbox"/> Drop down list of ages
Is your school open or closed at the moment?	<input type="checkbox"/> Open, I go there in person <input type="checkbox"/> Open remotely, I can't go there in person <input type="checkbox"/> Closed <input type="checkbox"/> I don't know, I don't go to school <u>If the answer is "Open, I go there in person" OR "I don't know", skip to Q11, otherwise continue.</u>
<u>If the answer to Q4 was Open remotely OR Closed then ask this</u> What type of learning materials do you use now that you are not going into school? <i>Tick as many as you want</i>	<input type="checkbox"/> Worksheets /activity sheets <input type="checkbox"/> Textbooks <input type="checkbox"/> Reading books <input type="checkbox"/> Educational Radio programmes <input type="checkbox"/> Educational TV programmes <input type="checkbox"/> Educational apps for phone or tablet <input type="checkbox"/> Educational programme to use with computer <input type="checkbox"/> The internet <input type="checkbox"/> None of these
<u>If the answer to Q4 was Open remotely OR Closed then ask this</u> How much are you learning now that you are not going into school?	<input type="checkbox"/> As much as when I was at school <input type="checkbox"/> A lot <input type="checkbox"/> A little bit <input type="checkbox"/> Nothing at all <input type="checkbox"/> I don't know
What stops you from learning at home? <i>Tick as many as you want</i>	<input type="checkbox"/> I can't be bothered <input type="checkbox"/> I don't understand the homework or activities <input type="checkbox"/> I need help and no one can help me <input type="checkbox"/> We do not have enough data <input type="checkbox"/> Someone else is always using the computer, TV or radio <input type="checkbox"/> I have paid work to do <input type="checkbox"/> I have too many chores to do <input type="checkbox"/> I am not allowed <input type="checkbox"/> Nothing <input type="checkbox"/> Something else (please specify) _____
<u>If the answer to Q4 was Open remotely OR Closed then ask this</u> Is there anything you are given at school that you need now? <i>Tick as many as you want</i>	<input type="checkbox"/> Nothing <input type="checkbox"/> Learning materials <input type="checkbox"/> Sanitary products <input type="checkbox"/> Lunch <input type="checkbox"/> Food to take home <input type="checkbox"/> Counselling <input type="checkbox"/> Health advice <input type="checkbox"/> Something else? _____
<u>If the answer to Q4 was Open remotely OR Closed then ask this</u> Do you think you will go back to school once global COVID-19 is over?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
<u>If the answer to Q4 is Open remotely OR Closed AND the answer to Q5 was The Internet ask this</u> Do you know how to keep yourself safe when you are using the internet? <i>Tick as many as you want</i>	<input type="checkbox"/> I don't know what this means <input type="checkbox"/> Yes, I know which information I should and shouldn't share online <input type="checkbox"/> Yes, I know how to change whom I share content with (eg, friends, friends of friends or public) <input type="checkbox"/> No, I don't know how

	<input type="checkbox"/> No, I don't think I am at risk
Do you get to speak or hang out with your friends at the moment? <i>Tick as many as you want</i>	<input type="checkbox"/> No, we don't get to speak or hang out <input type="checkbox"/> We hang out in person <input type="checkbox"/> We play together in person <input type="checkbox"/> We talk/message on the phone <input type="checkbox"/> We use social media to keep in touch <input type="checkbox"/> We play internet games together <input type="checkbox"/> Something else? _____
In comparison to before the global outbreak of COVID-19, how often do you do the following:	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
a. Sleep	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
b. Play	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
c. Do things for relaxation	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
d. Do chores	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
e. Care for siblings or others	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
f. Exercise	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
g. Eat food	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
In comparison to before the global outbreak of COVID-19, how often do you feel:	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
a. Happy	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
b. Hopeful	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
c. Worried	<input type="checkbox"/> Much more than before

	<input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
d. Sad	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
e. Safe	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
f. Like you have your own space and time	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
g. Bored (like you have nothing to do)	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less more than before <input type="checkbox"/> Much less than before
How would you describe the situation your home at the moment? <i>Tick as many as you want</i>	<input type="checkbox"/> Happy <input type="checkbox"/> Relaxed <input type="checkbox"/> Tense <input type="checkbox"/> Family members are afraid of someone becoming sick <input type="checkbox"/> There is some violence in the family including children being hit or verbally abused <input type="checkbox"/> There is some violence in the family involving adults being hit or verbally abused <input type="checkbox"/> Violence is happening daily <input type="checkbox"/> Violence is happening sometimes <input type="checkbox"/> Violence is happening occasionally
How do adults in your house talk to you about COVID-19? <i>Tick as many as you want</i>	<input type="checkbox"/> I can express my concerns <input type="checkbox"/> I can ask questions <input type="checkbox"/> They listen to me <input type="checkbox"/> They asked my opinion <input type="checkbox"/> We make decisions together <input type="checkbox"/> They do not talk to me
Did someone help you answer these questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
You're nearly finished! Last section coming up.	
What can adults in your home do differently during the outbreak of COVID-19?	Open text response
What have you enjoyed most about this time?	Open text response
What worries you the most about the COVID-19 outbreak?	Open text response

If you were asked to write a letter for leaders in your country, what would you say?	Open text response
What message do you have for children in other countries affected by COVID-19?	Open text response

Thank you so much for your answers, it has been wonderful to hear from you.

Now, please submit the survey by clicking "DONE" at the bottom of the page.

Once you click "DONE" a new window will take you to our webpage where you can come find out fun activities to do at home and useful tips for you and your family to stay healthy during the COVID-19 Pandemic! You can also learn more about Save the Children, what we do, where we work, and how we are responding to the COVID-19 pandemic. You will also find our live data dashboards, showing a summary of everyone's responses to this survey.

Appendix B: List of languages

List of languages the survey was translated into.

Language	Participating countries using the language
Albanian (Albania)	Albania
Albanian (Kosovo)	Kosovo
Amharic	Ethiopia
Arabic	Lebanon, Egypt, Palestine, Syria
Bangla	Bangladesh, India
Burmese	Myanmar
Dari	Afghanistan (by telephone interview only)
English	Australia, UK, Kenya, Malawi, Rwanda, Somalia, South Sudan, Uganda, Papua New Guinea, Pakistan
Filipino/Tagalog	Philippines
French	Senegal, Burkina Faso, Niger, Sierra Leone, Haiti
Hindi	India
Indonesian	Indonesia
Korean	South Korea
Khmer	Cambodia
Lao	Lao PDR
Mongolian	Mongolia (by telephone interview only)
Mindanao	Philippines
Nepali	Nepal
Pashto	Afghanistan
Portuguese (Mozambique)	Mozambique
Portuguese (Brazil)	Brazil
Serbian (Latin script)	Kosovo
Sinhala	Sri Lanka
Spanish	Mexico, Colombia, Peru, Dominican Republic, El Salvador, Nicaragua, Bolivia, Argentina, Paraguay
Tamil	Sri Lanka
Thai	Thailand
Urdu	Pakistan
Vietnamese	Vietnam

Appendix C: Program participant recruitment & sampling methods

Table 6. Recruitment and sampling methods for the Group 1: Save the Children program participants sample

Country	Number of program participants	Sampling		Recruitment methods						Number of Group 2 respondents surveyed	Number of general public respondents surveyed	
		Random sample	Stratified random sample	Census	Phone call	Instant messaging	Email	Paper	In-person			
Asia												
Afghanistan	363	x			x						N/A	129
Bangladesh	420	x			x						N/A	1,636
Cambodia	691	x			x				x		N/A	32
India	1,058	x			x						650	103
Indonesia	1,887	x			x						1,784	911
Korea	N/A	x			x						N/A	1,000
Laos	319	x			x						N/A	57
Mongolia	N/A	x			x						298	337
Myanmar	307	x			x						177	142
Nepal	318	x			x						150	781
Pakistan	950	x			x						N/A	969
Philippines	276	x			x						137	311
Sri Lanka	322	x			x						319	59
Thailand	N/A	x			x						208	30
Viet Nam	N/A	x			x						N/A	126
LAC												
Argentina	N/A	x			x						N/A	141
Bolivia	349	x			x						N/A	51
Brazil	219	x			x						N/A	4
Colombia	1,295	x			x						N/A	185
Dominican Republic	269	x			x						N/A	
El Salvador	399	x			x						N/A	111
Mexico	N/A	x			x						N/A	110
Nicaragua	N/A	x			x						N/A	104
Paraguay	100	x			x						N/A	6
Peru	404	x			x						N/A	314
MEE												
Albania	330	x			x						N/A	13
Egypt	288		x		x						N/A	10
Kosovo	581	x			x	x	x				29	189
Lebanon	322		x			x					N/A	16
Palestine	N/A	x			x						184	16
Syria	636	x			x						N/A	2
ESA												
Ethiopia	300	x			x						95	75
Kenya	330	x			x						N/A	114
Malawi	287	x			x						N/A	73
Mozambique	383	x			x						N/A	123
Rwanda	1 - N/A	x			x						N/A	24
Somalia	463	x			x						N/A	49
South Sudan	397	x			x						29	26
Uganda	1,104	x			x						108	211
WCA												
Burkina Faso	478	x			x						70	152
Niger	299	x			x						N/A	N/A
Senegal	283	x			x						N/A	29
Sierra Leone	306		x		x						N/A	121
Pacific												
PNG	26	x			x					x	N/A	12
Solomon Islands	177	x								x	41	2
North America												
USA	517			x				x			4	133

Appendix D: The qualitative data coding schema

Table 7. The qualitative data coding schema

Qn No	Question	Key Theme	Sub thematic Codes
17-21	All questions	ACCM	<ul style="list-style-type: none"> • Good Quote? Flagged for advocacy, communications or media consideration
		Disability	<ul style="list-style-type: none"> • Disability specific need or issue
		Safeguarding	<ul style="list-style-type: none"> • Child Protection / Safeguarding issue • Violence Issue - Others
17	What can adults in your home do differently during the outbreak of COVID-19?	Children's wellbeing	<ul style="list-style-type: none"> • Lose their temper less • Be more positive • Take COVID-19 more seriously • Spend more time with children • Play more with children • Be more patient • Listen and talk more with their children • Give less domestic work to children
		Education and learning	<ul style="list-style-type: none"> • Help children in studies • Provide learning materials • Telephone /Internet access • Ask children to do less schoolwork • Barrier to online/ remote learning for children with disability
		Health	<ul style="list-style-type: none"> • Follow physical distancing • Exercise more / stay fit • Talk more about COVID-19 • Communication barrier and children with disabilities
18	What have you enjoyed most about this time?	Education	<ul style="list-style-type: none"> • Not having to go to school • New modes of learning • Engaging parents/ caregivers in my education • Not experiencing violence at school
		Children's wellbeing	<ul style="list-style-type: none"> • More time spent with parents/family; stronger relationship • More time for play/ hobbies/sports • Learning new skill/ taking up new activities • More time spent physically with friends • More time spent online • Less exposure to violence/ abuse outside home
19	What worries you the most about the COVID-19 outbreak?	Health/nutrition	<ul style="list-style-type: none"> • Testing positive for COVID-19 • Family member/friend testing positive for COVID-19 • Inadequate access to health facilities • Barriers to access to health facilities for children with disabilities • People not following the guidance for COVID-19 (social distancing etc)
		Education	<ul style="list-style-type: none"> • Schools not re-opening • Not being able to go back to school • Limited learning via distance learning/ falling behind in education

			<ul style="list-style-type: none"> • Barrier to online/ remote learning support for children with disability • Not able to sit exams/ uncertainty about grading
		Household Economy	<ul style="list-style-type: none"> • Not enough food for the family • Less access to sanitary products • Losing HH income / Not enough money • Not able to get a job in future
		Children's well being	<ul style="list-style-type: none"> • Reduced social interaction with friends and family • Increased responsibility in HH chores • Limited access to services • Long term impact of COVID-19 on the future • Fear due to lockdown • Fear or stress due to COVID19 • Stress for not being able to live a normal life
		Child Protection	<ul style="list-style-type: none"> • Domestic violence • Any type of child abuse • Separation from family
20	If you were asked to write a letter to leaders in your country, what would you say?	Child Protection	<ul style="list-style-type: none"> • Measure to ensure children's safety • Any type of abuse
		Children's well being	<ul style="list-style-type: none"> • Continue lockdown • Relax lockdown • Provide support to children to play with friends • Provide support for sports activities
		Education	<ul style="list-style-type: none"> • Resume schools • Keep schools closed • Provide learning material • Provide remote learning support
		Child Rights	<ul style="list-style-type: none"> • Talk to children/listen to children • Share information on Covid-19 • Fact checking and rumour busting • Gender specific messages (e.g. "help girls to...")
		Household economy	<ul style="list-style-type: none"> • Provide support to families struggling financially
		Health	<ul style="list-style-type: none"> • Better access to health services • Children sharing health promotion messages • improved treatment/control of COVID-19
21	What message do you have for children in other countries affected by COVID-19?	Health and Nutrition	<ul style="list-style-type: none"> • WASH Hands • Social Distancing • Increase Awareness
		Education	<ul style="list-style-type: none"> • Continue studies at home • Support learning for each other • Provide learning material to other students
		Children's well being	<ul style="list-style-type: none"> • Provide support for recreational activities • Provide psychosocial support • Stay Safe • Stay positive • Support your family • We are with you

Appendix E: The Participant Information Sheet

All adult participants completed the survey following a consent process. The introductory page of survey briefly outlined the purpose of the study and how the information they provided would be used. Participants were also directed towards a Participant Information Sheet.

The adult parents and caregivers were asked to consent to one of their children (aged 11-17 years) participating in the children's section of the survey. The child participant could then complete the children's section following an informed assent process. The introductory page of children's section briefly outlined the purpose of the study and how the information they provide will be used. Child participants were also directed towards the Participant Information Sheet. The participant information sheet was designed to be child-friendly. Child participants were required to provide assent/agreement before the survey begins.

Adults went through an additional consent process prior to providing their contact details at the very end of the survey. Adult participants were not required to provide their contact details. All consent and assent processes were safeguarded using mandatory programming within SurveyMonkey (Enterprise version). Verbal consent was obtained in all phone enabled survey completions.

PARTICIPANT INFORMATION SHEET

Save the Children works around the world to keep children healthy, safe and protected. We are excited to invite you to take part in our Global study on children's health, learning, wellbeing and protection during the COVID-19 Pandemic.

How can I help?

If you agree, we will ask you a series of questions about the impact of the COVID-19 pandemic on you, your household and your children's health, learning and wellbeing, as well as what you need during this time. This will take about 15 minutes of your time.

How can my children help?

If you and your children agree, we will also ask your child or children about what they know about COVID-19, what they are doing if their school is closed and how they feel. This part of the survey will take about 10 minutes of your child's time.

In total, both parts of the survey will take about 25 minutes. What you tell us will help us know how we can support children stay happy, healthy and keep learning during and after COVID-19.

Who can do the survey?

You can do the survey if you are an adult (aged 18 years and above) and a parent and/or a caregiver of a child/children can participate in the study.

Your child can do the children's survey questions if they are aged 11 years or older. It is up to you and your child if you stay with your child when they do the survey, but we do want to hear directly from them.

Do I have to do the survey?

No, you and your child's participation is voluntary. You do not have to do the survey if you do not want to. You and your family's relationship with Save the Children will not be affected if you do not want to do the survey. There will be no penalty or loss to you, your household or any children in your care if you do not take part.

You can choose to skip questions that you do not want to answer. You can take a break, save and come back to the survey at any time. You can also stop and submit the survey at any time. It is also okay to have someone help you fill the survey out if needed.

You can withdraw your consent and discontinue your participation in the study at any time without prejudice by providing your contact details (phone number and/or email) at the end of the survey and also sending us an email to evidence.aro@savethechildren.org.

Why is the study important?

Save the Children's work saves and improves children's lives around the world. We work to ensure children have healthcare, food and shelter, as well as learning and child protection services when children need it most. We will use information obtained in this study to help us respond to the COVID-19 pandemic, and to develop information products, services, programs, policies and communications designed to save and improve children's lives around the world. Save the children puts the most vulnerable children across the world first.

Will I get anything for doing the survey?

We are not able to give you any money, vouchers or other gifts if you do the survey. But we really appreciate you taking part. We will provide you with links to information that could help you and your children stay happy, healthy and keep learning during and after COVID-19, and also share the survey results data dashboard here: <https://www.savethechildren.net/covid-19-share-your-experience>.

What if I feel uncomfortable?

We do not think that any of the survey questions will make you feel uncomfortable. But if you do feel uncomfortable in any way, then you can pause the survey and take a break. You can also skip questions that you do not want to answer or stop the survey completely.

What will you do with my answers?

Your answers will be kept secure and confidential. This means that we will not let anyone else know what you have personally answered. Your answers will be combined with the answers from all the other people and children that complete the survey and then we can talk about what everyone says as a group.

We will ask your children what message they have for children in other countries affected by COVID19. We may share their words with other children and adults, but we will never say who you are. In fact, we will not know who you are because we will not ask you for your name. If you provide your contact details, then this personal information will be removed from the main dataset and replaced with a unique identifier. Your contact details will be stored in a separate file so that no-one can access it, except to contact you again for a follow-up survey or to send you the research results. Only de-identified data will be released to approved researchers for analysis. You will never be able to be identified in any of our publications.

Has the study undergone the Ethics approval?

This study has been approved by the Save the Children USA Ethic Review Committees (SCUS-ERC-FY2020-33).

Who can I contact if I have questions or concerns?

Please contact the research team (attn: Melissa Burgess or Silvia Mila Arlini) at evidence.aro@savethechildren.org with any questions. If you are concerned about how the survey made you feel, your rights, or anything else like that, then you can contact the Save the Children US Ethics Review Committee (attn: Hadley Solomon, by email at researchethics@savechildren.org or phone on +1.202.794.1821). Please give them this number so that they know which study and survey you are talking about (SCUS-ERC-FY2020-33). You can also contact your local Save the Children office: www.savethechildren.net

Who can I contact if I want to report a safeguarding concern?

Save the Children has a zero tolerance towards the abuse and exploitation of children by any of our staff or our representatives. We are committed to avoiding unintended harm to children as a result of anything we do. Click here for our [Child Safeguarding Policy](#). If you have a

safeguarding concern, please tell us immediately and report it via email to safeguarding@savethechildren.org.

Appendix F: Populations of interest to Save the Children sample

Table 8. Populations of interest to Save the Children, Worldwide sample

Variable	Adult respondent (parent/caregiver)		Child respondent (11-17 years)		Indexed Child	
	Number of adult respondents	Percent of adult respondents	Number of child respondents	Percent of child respondents	Number of indexed children	Percent of indexed children
Total	4,302	100	2,223	100	3,968	100
Region						
Asia	3,731	86.7	1,969	88.6	3,482	87.8
ESA	232	5.4	148	6.7	220	5.5
WCA	71	1.7	22	1.0	49	1.2
LCA	1	0.0		0.0	1	0.0
MEE	214	5.0	68	3.1	170	4.3
Pacific	45	1.0	15	0.7	40	1.0
North America	4	0.1	1	0.0	3	0.1
Europe & Others	4	0.1		0.0	3	0.1
Gender						
Female	2,264	52.6	1,182	53.2	1,908	48.1
Male	1,854	43.1	1,012	45.5	2,015	50.8
Prefer not to say/Other	10	0.2	3	0.1	45	1.1
Non-response	174	4.0	26	1.2	-	0.0
Age						
0-1 years	N/A	N/A	N/A	N/A	227	5.7
2-4 years	N/A	N/A	N/A	N/A	389	9.8
5-10 years	N/A	N/A	N/A	N/A	1,111	28.0
11-14 years	N/A	N/A	1,195	53.8	1,191	30.0
15-17 years	N/A	N/A	984	44.3	1,050	26.5
18-24 years	268	6.2	N/A	N/A	N/A	N/A
25-29 years	588	13.7	N/A	N/A	N/A	N/A
30-39 years	1,474	34.3	N/A	N/A	N/A	N/A
40-49 years	1,193	27.7	N/A	N/A	N/A	N/A
50-59 years	462	10.7	N/A	N/A	N/A	N/A
60+ years	157	3.6	N/A	N/A	N/A	N/A
Non-response	160	3.7	44	2.0	-	0.0
Disability status						
Has disability	209	4.9	N/A	N/A	139	3.5
Does not have disability	3,869	89.9	-	-	3,171	80
Non-response	224	5.2	N/A	N/A	658	16.6
Has a chronic health condition						
Has health condition	N/A	N/A	N/A	N/A	217	5.5
Does not have health condition	N/A	N/A	N/A	N/A	3,736	94.2
Non-response	N/A	N/A	N/A	N/A	-	0.0
Family member belongs to a minority group						
Yes	2,265	52.6	1,181	53.1	2,168	54.6
No	1,733	40.3	958	43.1	1,673	42.2
Prefer not to say	95	2.2	23	1.0	79	2.0
Non-response	209	4.9	61	2.7	48	1.2
Relatively poor						
Poor (below median wealth index)	1,898	44.1	1,243	55.9	1,898	47.8
Not-poor (on/above median wealth index)	1,135	26.4	738	33.2	1,135	28.6
Non-response	1,269	29.5	242	10.9	935	23.6
Settlement type						
City	860	20.0	416	18.7	818	20.6
Large or small town	850	19.8	422	19.0	821	20.7

Village	2,424	56.3	1,340	60.3	2,323	58.5
Don't know	8	0.2	1	0.0	6	0.2
Non-response	160	3.7	44	2.0	-	0.0

Appendix G: General public sample

Table 9. The General public, Worldwide sample

Variable	Adult respondent (parent/caregiver)		Child respondent (11-17 years)		Indexed Child	
	Number of adult respondents	Percent of adult respondents	Number of child respondents	Percent of child respondents	Number of indexed children	Percent of indexed children
Total	9,816	100	3,185	100	8,101	100
Region						
Asia	6,690	68.2	2,557	80.3	5,623	69.4
ESA	802	8.2	157	4.9	647	8.0
WCA	441	4.5	90	2.8	321	4.0
LCA	1,102	11.2	240	7.5	890	11.0
MEE	367	3.7	94	3.0	275	3.4
Pacific	43	0.4	6	0.2	40	0.5
North America	155	1.6	25	0.8	134	1.7
Europe & Others	216	2.2	16	0.5	171	2.1
Gender						
Female	5,010	51.0	1,588	49.9	3,842	47.4
Male	4,041	41.2	1,536	48.2	4,079	50.4
Prefer not to say/Other	59	0.6	6	0.2	180	2.2
Non-response	706	7.2	55	1.7	-	0.0
Age						
0-1 years	N/A	N/A	N/A	N/A	647	8.0
2-4 years	N/A	N/A	N/A	N/A	1,112	13.7
5-10 years	N/A	N/A	N/A	N/A	2,589	32.0
11-14 years	N/A	N/A	1,951	61.3	2,179	26.9
15-17 years	N/A	N/A	1,164	36.5	1,574	19.4
18-24 years	384	3.9	N/A	N/A	N/A	N/A
25-29 years	1,012	10.3	N/A	N/A	N/A	N/A
30-39 years	3,581	36.5	N/A	N/A	N/A	N/A
40-49 years	3,240	33.0	N/A	N/A	N/A	N/A
50-59 years	801	8.2	N/A	N/A	N/A	N/A
60+ years	111	1.1	N/A	N/A	N/A	N/A
Non-response	687	7.0	70	2.2	-	0.0
Disability status						
Has disability	452	4.6	N/A	N/A	309	3.8
Does not have disability	8,107	39.4	-	-	5,662	70
Non-response	1,257	12.8	N/A	N/A	2,130	26.3
Has a chronic health condition						
Has health condition	N/A	N/A	N/A	N/A	506	6.2
Does not have health condition	N/A	N/A	N/A	N/A	7,550	93.2
Non-response	N/A	N/A	N/A	N/A	-	0.0
Family member belongs to a minority group						
Yes	2,021	20.6	624	19.6	1,752	21.6
No	6,557	66.8	2,411	75.7	5,911	73.0
Prefer not to say	366	3.7	49	1.5	292	3.6
Non-response	872	8.9	101	3.2	146	1.8
Relatively poor						
Poor (below median wealth index)	1,901	19.4	1,075	33.8	1,901	23.5
Not-poor (on/above median wealth index)	3,562	36.3	1,789	56.2	3,562	44.0
Non-response	4,353	44.3	321	10.1	2,638	32.6
Settlement type						
City	6,136	62.5	2,203	69.2	5,461	67.4
Large or small town	1,618	16.5	483	15.2	1,426	17.6

Village	1,354	13.8	422	13.2	1,197	14.8
Don't know	21	0.2	7	0.2	17	0.2
Non-response	687	7.0	70	2.2	-	0.0



“WE HAVE TO BE MORE PATIENT THAN WE’VE EVER BEEN, MORE CONNECTED THAN WE’D EVER IMAGINE AND MORE RESPECTFUL TO ALL PEOPLE.”

- A 17 YEAR OLD GIRL FROM PANAMA.

A heartfelt thank you to all the parents, caregivers and children who took part in our global research in these COVID-19 times.

Your candid responses and honesty in expressing your concerns, fears, hope for the future were beneficial & will prove invaluable to develop Save the Children COVID response and advocacy work further.

A heartfelt thanks for all of us at [Save the Children](#)

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