

PROJECT DOCUMENTS

# The impacts of the pandemic on the health and well-being of children in Latin America and the Caribbean and its effect on child-sensitive social protection systems

Claudio Castillo  
Maria Luisa Marinho



**COVID-19**  
**RESPONSE**

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and well-being of children in Latin America  
and the Caribbean and its effect on  
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Claudio Castillo  
Maria Luisa Marinho



This document was prepared by María Luisa Marinho, Social Affairs Officer in the Social Development Division of the Economic Commission for Latin America and the Caribbean (ECLAC), and Claudio Castillo, a consultant with the same Division, in the framework of the United Nations Development Account project, "Strengthening social protection for pandemic responses: identifying the vulnerable, aiding recovery and building resilience". The authors would like to thank Camilo Cid, Rodrigo Martínez, Claudia Robles and Daniela Trucco from the Social Development Division for their comments on the document.

This document is a translation, excluding the annexes, of "Los impactos de la pandemia sobre la salud y el bienestar de niños y niñas en América Latina y el Caribe: la urgencia de avanzar hacia sistemas de protección social sensibles a los derechos de la niñez", *Project Documents* (LC/TS.2022/25), Santiago, Economic Commission for Latin America and the Caribbean, 2022.

The views expressed in this document, which is a translation of a Spanish original that did not undergo formal editing, are those of the authors and do not necessarily reflect the views of the Organization or the countries it represents.

United Nations publication  
LC/TS.2022/127  
Distribution: L  
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Printed at United Nations, Santiago  
S.22-00367

This publication should be cited as: M. Marinho and C. Castillo, "The impacts of the pandemic on the health and well-being of children in Latin America and the Caribbean and its effect on child-sensitive social protection systems", *Project Documents* (LC/TS.2022/127), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2022.

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## Executive summary

The coronavirus disease (COVID-19) pandemic has had a profound impact on health, economic and social conditions in the countries of Latin America and the Caribbean, affecting different population groups in various ways. While children have not been among the main direct victims of the virus, the crisis triggered by the pandemic has placed children in a situation where they face obstacles to exercising their rights to health and education, social security, a standard of living that allows for their full development and protection from all forms of violence. These challenges are compounded by the fact that in 2020, one in two children was living in poverty. The public health measures most countries have implemented to contain the spread of the virus have also hampered children's access to routine feeding and vaccination programmes, health check-ups and food and nutrition monitoring, timely diagnosis and medical referrals, and opportunities for free play or camaraderie with peers, all of which are fundamental to achieving their developmental potential.

This alarming situation highlights the need to implement social protection systems that, when faced with crises such as the current one, ensure that parents and caregivers can provide children with nurturing care in a way that respects children's rights. This document first analyses the impact of the crisis in Latin America and the Caribbean, in terms of the deterioration of living conditions, and the social protection response, from the perspective of the pandemic's impact on children. This is followed by an analysis of the effects of the pandemic on children's overall well-being, focusing on the nurturing care approach as a framework for the analysis, and exploring each of its five components—good health, adequate nutrition, responsive caregiving, security and safety and opportunities for early learning—to identify the main challenges to addressing these effects. The document concludes with a number of recommendations to enable progress towards implementing child-sensitive social protection policies that, where possible, help reverse the pandemic's impact on children.



## Introduction

The COVID-19 pandemic has had innumerable health, economic and social effects on societies, affecting different population groups in various ways (ECLAC, 2022). While children and adolescents have not been among the main direct victims of the virus, the myriad crises triggered by the pandemic have generated significant challenges to their development and to the exercise and protection of their rights. Along with the loss of livelihoods and a decline in family income, this group of the population has also been affected by the various obstacles they have faced in exercising their right to health and education during this period (ECLAC/UNICEF, 2020a). In addition, they have been subjected to an increased risk of different types of violence and abuse (ECLAC/UNICEF/Office of the Special Representative of the Secretary-General on Violence against Children, 2020).

It is estimated that the overrepresentation of this population group among those currently living in poverty and vulnerability will worsen. Without taking into account the potential effect of social protection measures adopted in countries, in 2020, 51.3% of children and adolescents in Latin America would have been living in poverty. Children have remained an invisible group throughout the pandemic, despite the enduring, multidimensional impact that the social and economic crises triggered by the health emergency will have on their long-term development, affecting their educational and learning trajectories, access to adequate food and their health (ECLAC, 2021a).

The public health measures most countries have implemented to contain the spread of the virus, such as lockdown; mobility restrictions; the suspension of health entitlements, childcare and education services and the diversion of services from primary health care to critical care, have hampered children's access to routine feeding and vaccination programmes, health check-ups and food and nutrition monitoring, timely diagnosis and medical referrals, and opportunities for free play or camaraderie with peers. The myriad effects of the pandemic have impeded the delivery of nurturing care,<sup>1</sup> particularly during early childhood, that ensures that children reach their full developmental potential (WHO, UNICEF, World Bank, 2018).

Intersectoral responses are needed to address the various effects of the health, social and economic crisis on key dimensions of children's development, such as their health, nutrition and education, as well as

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<sup>1</sup> Nurturing care "refers to conditions created by public policies, programmes and services. These conditions enable communities and caregivers to ensure children's good health and nutrition, and protect them from threats. Nurturing care also means giving young children opportunities for early learning, through interactions that are responsive and emotionally supportive." (WHO/UNICEF/World Bank, 2018).



the increased challenges families have faced because of the pandemic to provide children with nurturing care. This situation highlights the urgency of defining a set of priority actions and social protection policies that help strengthen child-sensitive social protection systems in Latin America and the Caribbean to maximize development opportunities and outcomes for children and adolescents, taking into account that their overall well-being is composed of various dimensions (ECLAC/UNICEF, 2020b, p. 5). Progress in this direction will make it possible to remedy, to some extent, the multiple setbacks to their well-being that children have experienced during the pandemic and to create the conditions that guarantee the full exercise of their rights during childhood.

This document is divided into three sections following this introduction. The first section focuses on the main effects of the COVID-19 pandemic in the region, both on the economy and on dimensions considered key to social development, such as poverty, inequality, education and food security, together with a brief analysis of the social protection responses, according to ECLAC. The second section analyses the impact of the pandemic on children's overall well-being, within the framework of the five components of nurturing care, namely, good health, adequate nutrition, responsive caregiving, security and safety and opportunities for early learning. Following this analysis and a summary of the findings, the final section provides guidelines and recommendations of social protection policies to enable progress towards comprehensive and universal child-sensitive social protection systems.

## **I. The COVID-19 pandemic in the region: the prolongation of the health crisis and its multidimensional impact**

As of 31 December 2021, the COVID-19 pandemic had caused the deaths of over 1.5 million people in Latin America and the Caribbean. Although the region accounts for just 8.4% of the world's population, the virus death toll stands at 28.8% of global mortality (ECLAC, 2022) owing to the vulnerability characteristic of Latin America and the Caribbean, in terms of the historical weakness of health systems and structural inequalities, which have made it particularly susceptible to the effects of the pandemic (ECLAC/PAHO, 2021). This protracted crisis has had innumerable negative repercussions for the health and economies of the countries in the region and in key social development areas, giving rise to conditions that have a significant impact on human well-being, particularly for children.

### **A. Deteriorating living conditions in the wake of the economic and social crises triggered by the pandemic**

The COVID-19 pandemic has triggered an economic crisis, from which the region is showing signs of slow recovery, as well as an ongoing social crisis. Latin America and the Caribbean suffered the worst economic contraction since 1900, with GDP falling by 6.8%, making it the region with the worst development performance during 2020 (ECLAC, 2021a). This situation is compounded by the period of sluggish growth that preceded the pandemic: between 2014-19, Latin America and the Caribbean grew at an average rate of 0.3%. A regional growth rate of 6.2% was projected for 2021, reflecting a very low base for comparison caused by the sharp drop in 2020 (ECLAC, 2022b). This growth rate is preventing the region from recovering its pre-pandemic GDP level, a feat achieved by barely 6 of the 33 countries in Latin America and the Caribbean. Growth is projected at 2.1% for 2022, with an additional eight countries expected to recover 2019 growth levels (ECLAC, 2022b).

This regional economic scenario, together with the various health measures adopted to control the spread of the virus, contributed to an historic fall in employment and increase in unemployment, triggering a severe labour market crisis. According to ECLAC and International Labour Organization (ILO),

the employment rate decreased from 57.4% in 2019 to 51.7% in 2020, meaning that approximately 25.8 million people became unemployed or exited the labour market that year, while the unemployment rate reached 10.5%. Although the second quarter of 2021 showed a slight improvement in these indicators, with a labour participation rate of 60.0%, an employment rate of 54.0% and an unemployment rate of 10.1%, pre-pandemic levels have not yet been recovered (ECLAC/ILO, 2021; ECLAC, 2022b).

The pandemic has had a disproportionate effect on the labour market among different population groups, such as women, young people and informal and low-income workers (ECLAC, 2021a). The closure of schools, childcare and early education centres resulted in a significant increase in care work for women, who in many cases had to leave their jobs. Women ages 20 to 59 from households with children under 5 experienced the greatest decline in employment levels as a result of the pandemic, with a drop of 12.5% (ECLAC, 2022a).

The crisis took a significant toll on household incomes from the beginning of the pandemic, with a widening income gap and an increase in poverty and extreme poverty during 2020. According to ECLAC (2022a), the reduction in labour income from wage-earning employment in the poorest quintiles was the main factor driving the rise in inequality observed in most of the countries in the region, with a wide range of outcomes among the countries.

In 2020, poverty and extreme poverty increased across the region, affecting 33% and 13.2% of the population, respectively. The poverty rate was at a level similar to that prevailing at the end of the past decade, and the extreme poverty rate climbed to levels last seen 20 years ago (ECLAC, 2022a). In 2021, poverty is projected to fall slightly to 32.4%, while extreme poverty is expected to reach 14% of the region's population, reflecting that despite the economic recovery observed in 2021, the social crisis continues to unfold (ECLAC, 2022a).

The incidence of poverty and extreme poverty is inconsistent, affecting certain groups of the population to a greater extent, according to the social inequality matrix. This applies to women, those living in rural areas, children and adolescents, Indigenous peoples and people of African descent. In 2020, the poverty rates of persons under 15 years were 1.3 to 1.8 times higher than those of the next age group (15 to 39 years), posting the highest rates among all age groups in all countries for which information is available (ECLAC, 2022a) (see figure 1).

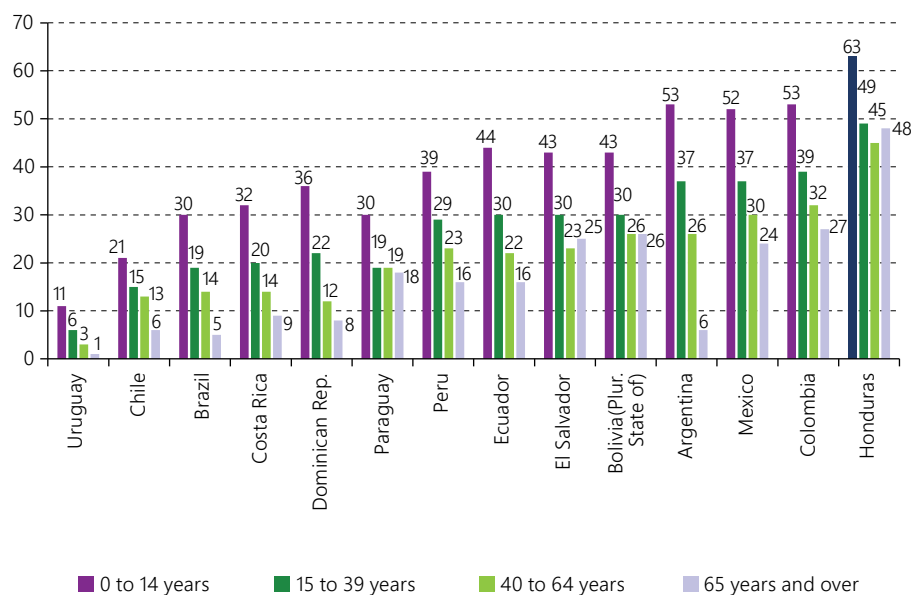
ECLAC (2020) estimates that income poverty affects 51.3%, that is, one in two, children and adolescents, which is particularly alarming as it indicates that households with children and/or adolescents are more likely to lack the resources needed to meet their basic needs and would therefore have greater difficulty in providing nurturing care. In this context, social protection systems assume even greater importance.

Education and food security are among the other dimensions of social development that have been severely affected by the prolongation of the pandemic, with specific implications for children and adolescents. As of 30 September 2021, Latin America and the Caribbean was among the regions of the world with the longest interruption of in-person classes, averaging about 56 weeks of complete or partial interruption, equivalent to more than one school year (ECLAC, 2022a).

It is estimated that this will have an adverse effect on education, for example, creating gaps in the development of cognitive skills and the loss of learning opportunities; a higher risk of school dropout and the impact on the mental health and overall well-being of children and adolescents as schools offer protection for other fundamental children's rights such as food, health and recreation (ECLAC, 2022a).

With respect to food insecurity, estimates suggest that 9.1% of the region's population is undernourished, an increase of 28% over 2019 and 56% higher than the 2015 estimate (FAO and others, 2021). An estimated 40.4% of the population of Latin America and the Caribbean experienced moderate to severe food insecurity in 2020, equivalent to an increase of 44 million people compared to 2019 (Torero, 2021; ECLAC, 2021b). This situation is of particular concern for children given their developmental stage, as discussed in detail later in this document.

**Figure 1**  
**Latin America (14 countries): poverty rates by age group, around 2020<sup>a</sup>**  
 (Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Social Panorama of Latin America*, 2021 (LC/PUB.2021/17-P), Santiago, 2022.

<sup>a</sup> Countries ordered according to their total poverty rate.

Finally, it is important to mention the risk that the pandemic has presented in terms of an increase in child labour. In light of the school closures, combined with the economic and social crisis described above and the lack of access to social protection, child labour is likely to occur in vulnerable and low-income families (ECLAC/UNICEF, 2020a; ILO/ECLAC, 2020; ECLAC, 2022a). This could coincide with situations in which girls and adolescents experience a heavier burden of domestic and unpaid care work, mainly in households where there are dependents, thus worsening the gender inequality that predated the pandemic (ECLAC/UNESCO, 2020; Rodriguez, 2021; ECLAC, 2022a).

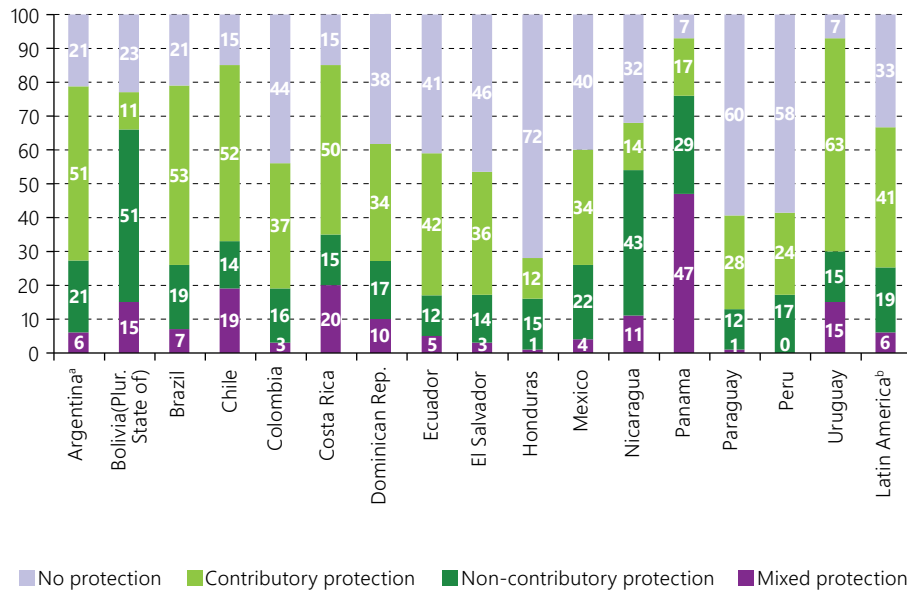
## B. Social protection responses: the child-sensitive perspective

Faced with the social crisis triggered by the pandemic and accompanied by a sluggish economic recovery, the various social protection measures implemented by the States have played a critical role in preventing a greater increase in inequality and in poverty and extreme poverty. Without these social protection tools, which were particularly important for families with children and adolescents because of their elevated vulnerability, as described above, poverty and extreme poverty would have increased by 2.9 and 1.8 percentage points, respectively, in 2020 (ECLAC, 2022a).

The social protection landscape prior to the crisis faced challenges and weaknesses in protecting children's rights. Children and adolescents were underrepresented in the coverage of the contributory pillar of social protection because of the greater likelihood that young families and families with children would be employed in the informal sector or have unemployed members (ECLAC/UNICEF, 2020a). Yet, while non-contributory entitlements have increased significantly over the past 20 years, the amounts disbursed through cash transfer programmes are modest, preventing families from rising above the poverty line, particularly families that include children with disabilities (Cecchini and Atuesta, 2017; Ullmann and others, 2020; ECLAC/UNICEF, 2020a). The coverage provided by these entitlements also could not mitigate the impact of the crisis on the well-being of children and adolescents and their families,

reaching around a quarter of the population of Latin America. As one third of households with children and adolescents are not covered by any of the social protection pillars and remain outside the system (see figure 2), this population is left alarmingly vulnerable in terms of ensuring their well-being and rights (ECLAC/UNICEF, 2020a).

**Figure 2**  
Latin America (16 countries): distribution of households with children and adolescents and with a head of household or their spouse of working age, by access to social protection, around 2018  
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Economic Commission for Latin America and the Caribbean/United Nations Children's Fund (ECLAC/UNICEF) (2020), "Social protection for families with children and adolescents in Latin America and the Caribbean: an imperative to address the impact of Covid-19", *COVID-19 Report*, Santiago, December.

<sup>a</sup> For non-contributory coverage, the survey microdata record the provision of government cash aid but do not identify the specific programmes.

<sup>b</sup> Weighted average. Data for Nicaragua are from 2014, for Panama from 2016 and for Argentina and Chile from 2017.

In response to the COVID-19 crisis, the countries of Latin America and the Caribbean implemented a set of non-contributory social protection measures, mainly as cash transfers to vulnerable populations (ECLAC, 2021a, 2021b, 2022a). Most of these measures were new programmes, with some modifications made to existing programmes, such as introducing new actions, early disbursements or increased amounts and an expansion of previous coverage (Robles and Rossel, 2021, Rubio and others, 2020). One of the modifications made to the conditional cash transfer programmes, aimed primarily at families with children and adolescents, has been the temporary suspension of cross-compliance checks given that sometimes it is not possible to complete them, for example, because of lockdowns or school closures (ECLAC/UNICEF, 2020a).

In-kind transfers implemented by governments in the region in the pandemic's wake have also had a significant impact on the well-being of children and adolescents, especially food delivery programmes, as school closures led to interruptions in breakfast and lunch deliveries. Several countries in the region implemented measures that facilitated ongoing school food distribution, often through the delivery of food baskets, while others modified existing feeding programmes for families with children and increased the number and coverage of vouchers allocated (Robles and Rossel, 2021, Rubio and others, 2020).

## II. The multidimensional impact of the pandemic on the overall well-being of children in Latin America and the Caribbean

The pandemic has disproportionately affected the most vulnerable populations, who face an increased risk of contracting the virus, worse health outcomes and death, a reflection of the social determinants of health, which stem from intergenerationally inherited inequalities (*The Lancet. Public Health*, 2021a). Although children as a group have not proven to be particularly vulnerable to the virus, the public health measures that most countries have implemented to contain the pandemic, such as lockdown; mobility restrictions; the suspension of health entitlements, childcare and education services and the diversion of services from primary health care to critical care have hampered children's access to routine feeding and vaccination programmes, health check-ups and food and nutrition monitoring, timely diagnoses and medical referrals. Similarly, they have restricted opportunities for free play or camaraderie with peers, dramatically transforming the daily lives of children and adolescents, affecting their social ties and exposing them to early adversities that are associated with subsequent deficits in learning, behaviour and physical and mental well-being (Castillo, 2021).

One concern that has emerged from the health crisis is the impact on children's mental health. Children are an age group that can experience more acute stress when separated from one or both parents, including those who have been infected or are suspected of being infected, or those quarantined in collective facilities (Liu and others, 2020). A particularly complex situation is the number of children who have lost primary and secondary caregivers to COVID-19, estimated at 1,562,000 for 21 countries<sup>2</sup> over 14 months (March 2020 to April 2021) and 600,000 for the five Latin American countries (Argentina, Brazil, Colombia, Mexico and Peru) (Hillis and others, 2021). This figure is likely to rise if the pandemic persists, creating specific challenges for social protection systems to protect such families, whose vulnerability will increase.

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<sup>2</sup> In Europe: England and Wales, France, Germany, Italy, Poland, Russia and Spain; in the Americas: Argentina, Brazil, Colombia, Mexico, Peru and the United States; in Africa: Kenya, Malawi, Nigeria, South Africa and Zimbabwe; in Southeast Asia: India; in Eastern Mediterranean: Iran; and in the Western Pacific: Philippines.

These challenges are compounded by the effect of poverty on this population group. Poverty is a key stressor, and groups that face different stress factors simultaneously require a broader approach to analysing and treating mental health problems (Campo-Arias and Mendieta, 2021), including access to permanent housing, unemployment payments, healthy food or anti-discrimination policies (Shim, 2020). Prior to the pandemic, early childhood was the age group most affected by poverty in Latin America and the Caribbean in terms of income and other multidimensional factors (United Nations, 2020). This is extremely concerning, not only because of the impact on mental health, but also when analysing the results of cohort studies in high-, middle- and low-income countries, which show prolonged exposure to these conditions has lifelong adverse effects (Yoshikawa and others, 2020). In this regard, ECLAC estimates of the increase in poverty and extreme poverty in the region since the beginning of the pandemic, which disproportionately affect children and adolescents, are of great concern (ECLAC, 2022).

The disruption of access to essential services caused by pandemic mitigation measures, as well as reduced access to food, can lead to a devastating increase in child and maternal deaths (Roberton and others, 2020; Clark and others, 2020). An increased risk of various forms of malnutrition (Osendarp and others, 2021), loss of caregivers and increased stress will also affect future generations, given the physiological, psychological and epigenetic changes that occur in utero and during the first years of life (Yoshikawa and others, 2020).

The displacement of health-care services caused by the pandemic also affected routine child vaccination during 2020. Using DTP<sub>3</sub> vaccines—diphtheria/tetanus/pertussis—and the measles-containing vaccine first dose (MCV<sub>1</sub>) as an example, 30 million and 27.2 million children worldwide, respectively, did not receive these vaccines, particularly in Latin America and the Caribbean (where 2.3 million and 1.8 million children, respectively, did not receive them) (Causey and others, 2021).

A regional study of the opinions of health sector workers shows that during 2020, neonatal/antenatal care and health services for newborns, children, adolescents and women were absent from the public agenda and were therefore not prioritized, although, on average, the overall perception of health care coverage for these populations prior to the pandemic was high or very high, and the quality of care was largely perceived as acceptable or good (Villalobos Dintrans P. and others, 2021).

## **A. Nurturing care: the critical role of comprehensive care during early childhood**

The Nurturing Care Framework, developed by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the World Bank and other agencies, consists of the "set of conditions that enable optimal care for young children. It refers to a stable environment created by parents and other caregivers, supported by policies, services and the community, that ensures children's good health and nutrition, protects them from threats and provides opportunities for early learning through interactions that are emotionally supportive and responsive" (WHO, UNICEF, World Bank, 2018, p.15). It includes five components of care: good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning.

According to this framework, these components are interrelated and indivisible; therefore, all must be present to unleash children's full developmental potential. The approach states that the quality of care that children experience during early childhood is fundamental as the skills needed for learning, as well as personal and social skills, are gained during this period. In the absence of these five components, children tend to experience worse health, stunting or wasting, impaired learning and a lack of trust in their personal relationships (WHO, UNICEF, World Bank, 2018). Therefore, actions aimed at providing nurturing care during the first years of life are key to overall, long-term well-being.

This framework enables analysis of the impact of the health, social and economic crisis on the health and well-being of children in Latin America and the Caribbean in terms of these five dimensions, considering the direct impact of the deterioration in living conditions on each dimension as illustrated

by the increase in poverty, extreme poverty and inequality, in addition to the labour market crisis. Cross-sectional analysis of the impact of the pandemic on children's overall well-being reveals pertinent information about child poverty, although it is not considered one of the components of this framework.

Thus, to explore the myriad consequences of the pandemic on children in the region, various indicators associated with the components of nurturing care, as reported by countries, were reviewed and are outlined in table 1. It should be noted that these indicators do not enable monitoring of the coverage provided by non-contributory social protection programmes, which could be viewed as an additional indicator under the security and safety component. Information sources include official national sources, UNICEF monitoring of children's circumstances during the pandemic (UNICEF 2020, 2021a, 2021b) and WHO/PAHO studies.

**Table 1**  
Monitored indicators associated with the components of nurturing care

Component of Nurturing Care	Indicator(s)
Good health <sup>a</sup>	<ul style="list-style-type: none"> <li>• Cases and deaths of children with COVID-19.</li> <li>• Cases of multisystem inflammatory syndrome (MIS-C).</li> <li>• Newborn care services.</li> <li>• Immunization coverage for selected vaccines.</li> </ul>
Adequate nutrition	<ul style="list-style-type: none"> <li>• Child malnutrition.</li> <li>• Early detection of wasting.</li> <li>• Treatment of infant wasting.</li> <li>• Stunting.</li> <li>• Nutrition programmes in schools.</li> </ul>
Responsive caregiving	<ul style="list-style-type: none"> <li>• Loss of primary and secondary caregivers.</li> <li>• Alternative residential and family care services.</li> </ul>
Security and safety	<ul style="list-style-type: none"> <li>• Registration of births and deaths in the civil registry.</li> <li>• Universal violence prevention programmes.</li> <li>• Mental health, psychosocial and addiction support services.</li> </ul>
Opportunities for early learning	<ul style="list-style-type: none"> <li>• Effective access to distance learning.</li> <li>• Identification of areas for improvement in the implementation of distance education.</li> </ul>

Source: Prepared by the authors.

<sup>a</sup> Comparative indicators for measuring child development were included in the search; however, no reports were found that included these data.

The components of this framework are not only fundamental to achieving each child's developmental potential but are also closely tied to the rights of children reflected in the Convention on the Rights of the Child (1989). The Convention establishes children's right to be protected against all forms of discrimination, to have adequate protection and care, to have a name and nationality from birth, to be protected against all forms of violence, to achieve the best possible health, to social security, to a standard of living that allows for their holistic development, and to education, among other rights (UNICEF, 2006). It is therefore essential that countries ensure that parents and caregivers can provide children with care that embodies these characteristics and guarantees respect for children's rights, which requires cross-cutting approaches, via social protection systems that are child-sensitive and support children's overall well-being.

## **B. The pandemic's impact on children based on the Nurturing Care Framework**

The following data illustrate the effects of the pandemic on children from the perspective of the various dimensions, based on the components of nurturing care.



## 1. New obstacles to good health

The good health component of the Nurturing Care Framework covers a range of elements, such as prenatal/antenatal care, essential care for newborns, immunization for mothers and children, mental health support for caregivers, and early detection of disabling conditions (WHO, UNICEF, World Bank, 2018). In the context of the pandemic, COVID-19-related cases and deaths among children, cases of multisystem inflammatory syndrome (MIS-C) in children and adolescents/paediatric inflammatory multisystem syndrome (PIMS), newborn care services and immunization coverage for selected vaccines that are part of routine immunization of children were considered indicators for this component.

It is important to monitor access to income protection mechanisms in households with children and adolescents as part of a broader approach to ensuring comprehensive protection. These policies are key to overcoming the risk of child poverty. Monitoring the ever-evolving nature of this type of indicator, beyond the receipt of non-contributory entitlements illustrated in figure 1, presents a major challenge that will require further development in the future where child-sensitive social protection systems in the region demonstrate improvement.

### (a) Cases and deaths

Background information on cases and deaths caused by the pandemic shows that, until now, the main impact on children's health is not so much due to the risk of contracting the virus, but rather because of the suspension and/or the difficulty of accessing regular health check-ups, which impairs timely access to treatment and rehabilitation, as well as preventive actions and early detection of risk situations, increasing the incidence and severity of preventable or treatable pathologies (Yoshikawa and others, 2020). According to the World Health Organization (2021c), cases reported between 30 December 2019 and 25 October 2021 show that children under 5 account for 2% of reported global cases (1,890,756) and 0.1% of reported global deaths (1,797). Children and adolescents ages 5 to 14 account for 7% of reported global cases (7,058,748) and 0.1% of reported global deaths (1,328).

A review was conducted of websites and epidemiological reports from the Ministries of Health or health authorities in the countries and territories in the region to determine the total number of confirmed cases and deaths from COVID-19 in Latin America and the Caribbean, with a focus on children. Other sources were consulted as needed (other public institutions, non-governmental organizations, the World Health Organization website or university repositories).

As of 8 January 2022, based on the information available for 13 countries in Latin America and the Caribbean, over one million children have been infected, and more than 3,700 have died (see table 2), with considerable variation among countries. These differences can be explained by the varied levels of access to testing and different stages of development of registration and information systems in the region. Of the 33 countries analysed in Latin America and the Caribbean, only 13 report information on cases and deaths among children (39.3%), varying according to the age group considered.

**Table 2**  
Latin America and the Caribbean (33 countries): number of confirmed cases and deaths from COVID-19, by age, between March 2020 and January 2022

Country	Confirmed cases			Deaths from COVID-19			Age range
	All ages	Children	Percentage of total	All ages	Children	Percentage of total	
Antigua and Barbuda	4 715	n.i.	n.i.	119	n.i.	n.i.	
Argentina	6 135 836	146 326	2.4	117 428	305	0.3	0-9 and 0-19 years
Bahamas	27 122	n.i.	n.i.	717	n.i.	n.i.	
Barbados	31 004	n.i.	n.i.	265	n.i.	n.i.	

Table 2 (concluded)

Country	Confirmed cases			Deaths from COVID-19			Age range
	All ages	Children	Percentage of total	All ages	Children	Percentage of total	
Belize	34 628	n.i.	n.i.	605	n.i.	n.i.	
Bolivia (Plurinational State of) <sup>a</sup>	652 819	3 845	0.6	19 888	n.i.	n.i.	0-9 years
Brazil	22 386 930	n.i.	n.i.	619 641	1 422 <sup>b</sup>	0.2	0-19 years
Chile	1 825 417	190 295	10.4	39 251	101	0.3	0-14 years
Colombia	5 268 862	184 924	3.5	130 250	160	0.1	0-9 years
Costa Rica	584 547	64 293	11.0	7 372	24	0.3	0-17 years
Cuba <sup>c</sup>	972 513	176 708	18.2	8 325	18	0.2	0-18 years
Dominica	7 241	n.i.	n.i.	47	n.i.	n.i.	
Dominican Republic	444 985	n.i.	n.i.	4 253	n.i.	n.i.	
Ecuador	559 950	n.i.	n.i.	33 699	n.i.	n.i.	
El Salvador	122 234	2 137	1.7	3 826	n.i.	n.i.	0-9 years
Grenada	7 101	n.i.	n.i.	200	n.i.	n.i.	
Guatemala	635 613	20 846	3.3	16 118	131	0.8	0-9 years
Guyana <sup>d</sup>	44 902	n.i.	n.i.	1 070	n.i.	n.i.	
Haiti	26 304	n.i.	n.i.	774	n.i.	n.i.	
Honduras	381 254	n.i.	n.i.	10 444	n.i.	n.i.	
Jamaica	97 066	5 505	5.7	2 483	5	0.2	0-9 years
Mexico	4 083 118	159 320	3.9	300 101	786	0.3	0-14 years
Nicaragua <sup>e</sup>	13 589	n.i.	n.i.	218	n.i.	n.i.	
Panama	517 445	n.i.	n.i.	7 453	35	0.5	0-19 years
Paraguay	472 302	16 326	3.5	16 658	28	0.2	0-14 years
Peru	2 329 717	n.i.	n.i.	202 934	727	0.4	0-9 years
Saint Kitts and Nevis	3 904	n.i.	n.i.	28	n.i.	n.i.	
Saint Lucia	14 654	n.i.	n.i.	306	n.i.	n.i.	
Saint Vincent and the Grenadines	6 039	n.i.	n.i.	83	n.i.	n.i.	
Suriname	56 792	n.i.	n.i.	1 196	n.i.	n.i.	
Trinidad and Tobago	96 555	n.i.	n.i.	1 188	n.i.	n.i.	
Uruguay	430 958	62 938	14.6	6 186	3	0.0	0-14 years
Venezuela (Bolivarian Republic of)	446 427	707	0.2	5 348	n.i.	n.i.	0-9 years
Latin America and the Caribbean (total)	48 722 543	1 034 170 <sup>f</sup>		1 558 464	3 745 <sup>f</sup>		

Source: Prepared by the authors using various sources of information provided in annex 1, along with the cut-off date.

<sup>a</sup> Only considers information from the municipality of La Paz.

<sup>b</sup> Disaggregated data were provided for ages under 1 year (418), 1 to 5 years (208), and 6 to 19 years (796).

<sup>c</sup> Paediatric data are reported for the year 2021, with no indication of whether it is annual or cumulative.

<sup>d</sup> In Nicaragua, the Observatorio Ciudadano COVID-19 was formed, composed of volunteer doctors from all over the country. The figures for suspected cases reported by the Observatory total 1,236, and deaths, 3,807, according to the December 2021 report.

<sup>e</sup> New daily cases are reported by age group, but cumulative data is not available.

<sup>f</sup> Corresponds to the total for the countries reporting information.

Despite the lower prevalence of infection among children, cases of multisystem inflammatory syndrome associated with COVID-19 were identified in children and adolescents in different regions of the world, who, in some cases, have had to be admitted to intensive care units (WHO, 2021; PAHO, 2020;

Lian and others, 2020). According to data reported by the Pan American Health Organization (2021a), between mid-May 2020 and 29 October 2021,<sup>3</sup> 2,731 confirmed cases and 114 deaths from multisystem inflammatory syndrome in children and adolescents (MIS-C) (0-19 years) were reported in the region, with Brazil reporting the highest absolute values (see table 3).

**Table 3**  
**Latin America and the Caribbean (20 countries): number of confirmed cases and confirmed deaths from multisystem inflammatory syndrome (MIS-C) among children and adolescents between mid-May 2020 and 29 October 2021**

Country	Number of confirmed cases	Number of confirmed deaths
Argentina	215	1
Barbados	2	1
Bolivia (Plurinational State of)	1	1
Brazil	1 347	82
Chile	395	5
Colombia	17	6
Costa Rica	50	1
Cuba	3	0
Dominican Republic	144	6
Ecuador	28	0
El Salvador	30	0
Guatemala	2	0
Guyana	3	0
Panama	81	2
Paraguay	145	9
Peru	21	0
Saint Lucia	1	0
Trinidad and Tobago	29	0
Uruguay	22	0
Venezuela (Bolivarian Republic of)	195	0
Latin America and the Caribbean	2 731	114

Source: Prepared by the authors, on the basis of data from National International Health Regulations (IHR) Focal Points, Ministries of Health, health institutes or agencies and reproduced by Pan American Health Organization (PAHO)/World Health Organization (WHO); <https://www.paho.org/en/file/101857/download?token=VCW77APL>.

#### (b) Continuity or disruption of child-related health services

The region has been forced to face the pandemic with chronically under-funded health systems, public health spending that is below the regionally agreed threshold of 6% of GDP, low per capita health spending, and high out-of-pocket expenses, which is a major source of structural inequality in access to health services (ECLAC/PAHO, 2021; ECLAC, 2022a). In addition, a high degree of fragmentation and segmentation among national health systems in the region has resulted in problems associated with coordination, inefficiency, lack of coverage, and inequality in access to health and in the population's health status (ECLAC, 2022a).

Health services had to be reorganized to provide additional resources in response to the health crisis. In many cases, this resulted in the displacement of essential health services that were unrelated to COVID-19. WHO data (2021) indicates that 35% of the countries of Latin America and the Caribbean

<sup>3</sup> PAHO/WHO clarifies that October 29 (2021) corresponds to the date of the most recent report received by PAHO/WHO; there may be differences in the dates that each country provided the last report to PAHO/WHO or published the report. Preliminary data subject to change as countries make adjustments and perform retrospective analysis (Pan American Health Organization, 2021a).

reported some degree of disruption in the provision of health services, particularly in primary health care services and rehabilitative, palliative and long-term care (ECLAC/PAHO, 2021). In 2020, 8.6% of households in 11 countries in the region could not access health care when needed, which is also reflected in the sharp drop in hospital discharges for acute cardiovascular events (ischaemic stroke and acute myocardial infarction) and cancer (ECLAC, 2022a). Lack of or delayed attention to such conditions can result in long-term sequelae and, in the worst-case scenario, death.

This disruption of essential health services has also affected children's access to health. UNICEF monitoring (UNICEF, 2021b) of health services in countries in the region between the start of the pandemic and September-October 2021 shows that while 10 of the 21 countries in Latin America and the Caribbean responding to this survey reported no change, seven countries reported a decline in coverage of newborn care services (including essential newborn care, care for small and sick newborns, and screening for congenital anomalies), as shown in table 4. This situation could have significant implications for children's future, considering the impact of the first days of life on their long-term development.

**Table 4**  
**Latin America and the Caribbean (21 countries): changes in coverage of newborn care services<sup>a</sup>**  
**between the first quarter of 2020 and the third quarter of 2021**  
*(Percentages and number of countries)*

Countries	Changes in coverage	Number of countries/
Bolivia (Plurinational State of), Guatemala, Jamaica, Saint Lucia, Suriname	0-10% drop	5
Venezuela (Bolivarian Republic of)	10-24% drop 25-49% drop	1 –
Ecuador	50-74% drop 75-100% drop	1 –
Antigua and Barbuda, Barbados, Cuba, Dominica, Dominican Republic, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Trinidad and Tobago, Uruguay	No change	10
Peru	Increase/new	1
Brazil, Chile, Mexico	Undetermined Not applicable	3 –
Countries	Total	21

Source: Prepared by the authors, on the basis of United Nations Children's Fund (UNICEF), "Tracking the situation of children during COVID-19", 2021 [online] <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socio-economic-impacts-data-viz/>.

<sup>a</sup> Includes essential newborn care, care of small and sick newborns, detection of congenital anomalies, among other services.

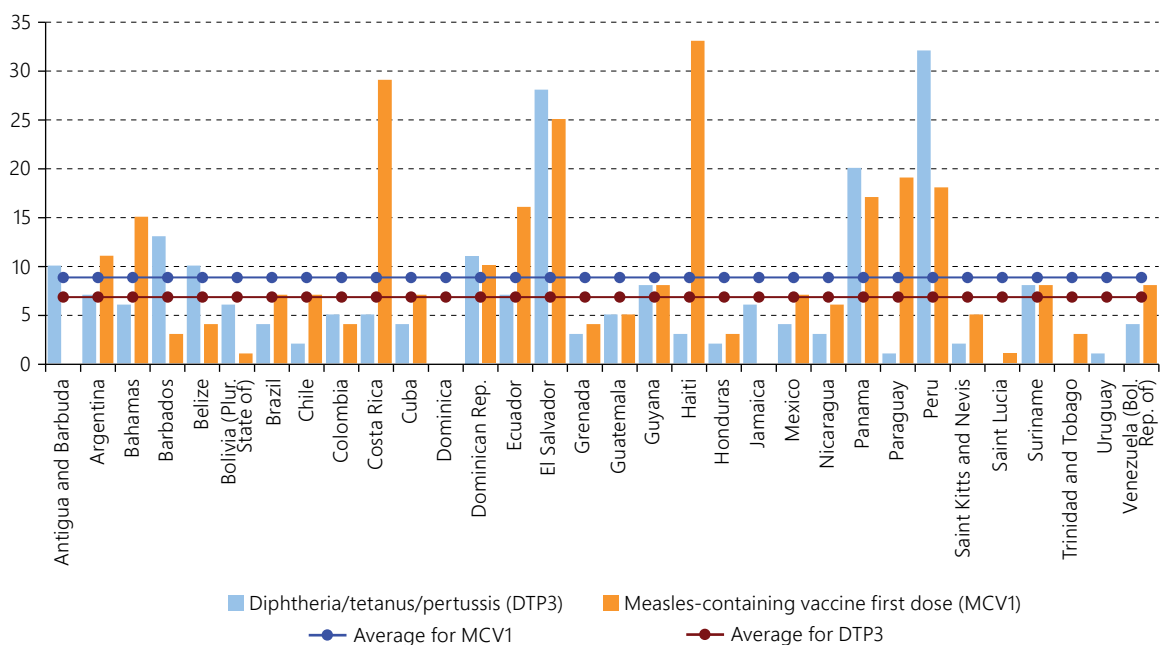
### (c) Vaccination

The health crisis caused by the pandemic also resulted in the disruption of routine immunization schedules for children, which are critical for their individual development and for public health reasons to prevent the recurrence or new outbreaks of diseases that are under control and vaccine-preventable diseases. Globally, an estimated 78.7% and 78.9% of children received routine doses of diphtheria/tetanus/pertussis (DTP<sub>3</sub>) vaccines and the measles-containing vaccine first dose (MCV<sub>1</sub>), respectively, during 2020, representing a drop of 7.7% for DTP<sub>3</sub> and 7.9% for MCV<sub>1</sub>, relative to the planned doses in a non-pandemic context. These percentages correspond to 30 million and 27.2 million children, respectively, who did not receive their scheduled vaccinations. Latin America and the Caribbean was one of the most critically affected regions for this dimension, along with North Africa and the Middle East and South Asia.

The estimated decrease in doses administered in Latin America and the Caribbean, because of the pandemic, is 6.6% for DTP<sub>3</sub> and 9.2% for MCV<sub>1</sub>, meaning that 2.3 million and 1.8 million children, respectively, did not receive these routine doses of the vaccines. (Cause and others, 2021; ECLAC, 2022a).

As figure 3 shows, there is considerable variation across countries in the region, with the highest estimated levels of routine dose disruption during 2020 for DTP<sub>3</sub> in Peru (32%), El Salvador (28%) and Panama (20%) and for MCV<sub>1</sub> in Haiti (33%), Costa Rica (29%) and El Salvador (25%).

**Figure 3**  
Latin America and the Caribbean (32 countries): estimated interruption of routine DTP<sub>3</sub> and MCV<sub>1</sub> vaccination attributable to COVID-19, January–December 2020  
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Social Panorama of Latin America, 2021* (LC/PUB.2021/17-P), Santiago, 2022.

In reviewing DTP<sub>3</sub> immunization coverage by country for 2019 and 2020, as reported by PAHO (2021b) and the UNICEF follow-up survey responses in the third quarter of 2021, provided by each of the countries, compared to the first quarter of 2020 (before COVID-19), downward trends are seen in Bolivia (Plurinational State of), Ecuador, Peru, Suriname and Venezuela (Bolivarian Republic of), as illustrated in table 5.

Against this backdrop, it is of the utmost importance to restore routine immunization to pre-pandemic levels and to resume early childhood health care services to guarantee children's right to health and to maintain or improve their chances of enjoying good health.

**Table 5**  
Latin America and the Caribbean (33 countries): DTP<sub>3</sub>-vc immunization coverage for children under 1, 2019, 2020 and projections for 2021  
(Percentages)

Country	2019	2020	2021
	DTP <sub>3</sub>	DTP <sub>3</sub>	DTP <sub>3</sub> – Compared to the first quarter of 2020
Antigua and Barbuda	95	96	No change
Argentina	83	74	
Bahamas	89	83	
Barbados	90	85	No change
Belize	98	79	

Table 5 (concluded)

Country	2019	2020	2021
	DTP3	DTP3	DTP3 – Compared to the first quarter of 2020
Bolivia (Plurinational State of)	75	68	0-10% drop
Brazil	70	86	Undetermined
Chile	96	93	Undetermined
Colombia	94	88	
Costa Rica	95	97	
Cuba	99	99	No change
Dominica	99	97	No change
Dominican Republic	89	82	No change
Ecuador	85	70	50-74% drop
El Salvador	81	72	
Grenada	92		No change
Guatemala	85	83	0-10% drop
Guyana	99	100	
Haiti	66	83	
Honduras	88	80	
Jamaica	96	96	10-24% drop
Mexico	82	86	Undetermined
Qatar	100	100	
Panama	88	74	
Paraguay	74	67	
Peru	88	72	25-49% drop
Saint Kitts and Nevis	97	99	No change
Saint Lucia			0-10% drop
Saint Vincent and the Grenadines	100	100	No change
Suriname	91	65	10-24% drop
Trinidad and Tobago	93		No change
Uruguay	94	92	No change
Venezuela (Bolivarian Republic of)	64	54	50-74% drop

Source: Prepared by the authors, on the basis of Pan American Health Organization (PAHO), "Core Indicators Dashboard" [online] <https://opendata.paho.org/en/core-indicators/core-indicators-dashboard>; and United Nations Children's Fund (UNICEF), "Tracking the situation of children during COVID-19", November 2021 [online] <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>.

Regarding COVID-19 vaccination, one of the key measures to control the crisis, by 31 December 2021, 59.4% of the population of Latin America and the Caribbean had been fully vaccinated, with large gaps observed among the countries (ECLAC, 2022a). The WHO Global COVID-19 Vaccination Strategy (2021) recommended that at least 40% of the population of each country is vaccinated by the end of 2021, a target that was not met by 11 of the 33 countries in the region, and 70% by mid-2022, which is expected to be achieved by 28 countries in Latin America and the Caribbean. All countries have begun vaccinating adults, while most countries in the region have already started vaccinating children under 16 years.<sup>4</sup> In almost all countries in the region, teaching and non-teaching staff working in early childhood education and primary and secondary education institutions were prioritized in the COVID-19 vaccination process, which is considered essential for a safe return to classrooms (UNESCO, 2021).

<sup>4</sup> For more information, see Hale and others (2021).

## 2. Adequate nutrition at risk—decades of progress undone

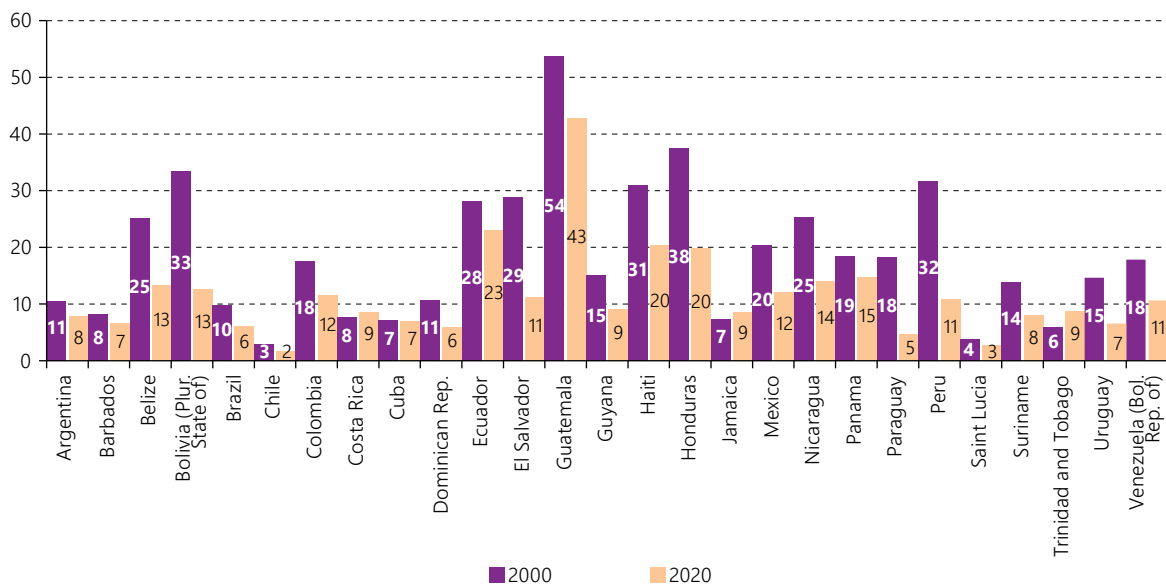
Analysis of children’s nutritional status is critical as undernutrition and poverty in early childhood have a negative impact on children’s lifelong health and neuro-cognitive developmental trajectories (Banks, Karjalainen and Propper, 2020). The crisis triggered by the pandemic and the increase in poverty and extreme poverty in this population may have profound medium- and long-term consequences for this generation’s nutritional status.

### (a) Malnutrition

The pandemic has led to major setbacks in food security, causing a three-decade regression in malnutrition levels, with an increase in the double burden of malnutrition further exacerbating conditions in the countries. Recommendations therefore point to micronutrient supplementation, promotion of exclusive breastfeeding, regulation of unhealthy foods or breastmilk substitutes, along with schools’ involvement in the provision of healthy food, monitoring the food and nutritional status of children, and promoting physical activity (*The Lancet. Child and Adolescent Health*, 2021).

The WHO estimated that the prevalence of overweight and obesity among children and adolescents ages 5 to 19 had risen dramatically, from 4% in 1975 to over 18% in 2016 (WHO, 2021b). As shown in figure 4, 2019 data for Latin America and the Caribbean indicate that 6.2% of children under 5 were overweight (PAHO, 2020). By 2020, 7.5% of children under 5 were overweight, with a prevalence of 2% above the global average (FAO and others, 2021).

**Figure 4**  
Latin America and the Caribbean (27 countries): overweight children under 5, 2010, 2019 and 2020  
(Percentages)



Source: Prepared by the authors, on the basis of Pan American Health Organization (PAHO), “Core Indicators Dashboard” [online] <https://opendata.paho.org/en/core-indicators/core-indicators-dashboard>.

In November 2020, the World Obesity Federation reported that childhood obesity could increase significantly as a result of the pandemic due to changes in food systems, the economy and daily life. Monitoring these indicators is extremely important as obesity and overweight in childhood are associated with other physical and mental health problems and increase the likelihood of developing obesity and other diseases in adulthood (*The Lancet. Public Health*, 2021b). Moreover, the combined impact of the double burden of malnutrition is seen not only in the health status and costs associated with treating

malnutrition in children, but also in the area of education, reflected in repetition rates associated with chronic undernutrition and reduced potential for adult productivity, all of which have a negative economic impact (Fernandez and others, 2017).

A global study on the impact of the pandemic on maternal and child nutrition projects scenarios for the coming years. The moderate scenario estimates that the COVID-19 crisis could result in an increase of 9.3 million children with wasting between 2020 and 2022 over the 47 million recorded in 2019 and add 2.6 million stunted children by 2022 to the 144 million estimated for 2019. Coupled with a lack of access to essential services, this would result in 168,000 additional deaths of children under 5 years by 2022. Other impacts include an increase in maternal anaemia (2.1 million additional cases by 2022) and children born to women with a low body mass index (BMI) (3 million cases by 2022), both of which jeopardize children's nutritional trajectories (Osendarp and others, 2021).

In Colombia, where overweight in children under 5 increased from 5.1% to 5.8% between 2010 and 2020, and the prevalence of stunted children under 5 fell from 13.3% in 2010 to 11.5% in 2020 (PAHO, 2021b), a household survey found that 59% of households had to decrease the number of meals provided during the pandemic, suggesting a significant increase in food insecurity (Egger and others, 2021). Similarly, in Chile, the findings of annual monitoring of the school population indicate an increase in malnutrition due to excess between 2019 and 2020, marked by an increase in obesity, especially in preschool-aged children and children in the first year of primary school, along with an increase in stunting and undernutrition (JUNAEB, 2020). These observations reflect a deterioration in the nutritional status of children in Chile, which has unequally affected those belonging to the lowest quintiles and people living in rural areas.

Wasting, a severe reduction or loss of body weight in relation to height (WHO/UNICEF/WFP, 2017), is a critical factor in assessing children's development as it is associated with increased morbidity and mortality. In 2020, wasting reached 1.3% in the region—which is below the global average (6.7%)—with significant differences between countries and the highest levels observed in Barbados (6.8%), Trinidad and Tobago (6.4%), Guyana (6.4%), Suriname (5.5%), Venezuela (Bolivarian Republic of) (4.1%) and Ecuador (3.7%) (FAO and others, 2021). With regard to early detection of wasting, as of September-October 2021, monitoring conducted by UNICEF reported that of the 22 countries that responded to the survey, compared to the first quarter of 2020 (pre-pandemic), only two countries show a drop in coverage and three show an expansion or creation of services (see table 6).

**Table 6**  
**Latin America and the Caribbean (22 countries): changes in screening coverage for early detection of wasting, first quarter of 2020–third quarter of 2021**  
(Percentages and number of countries)

Changes in coverage	Number of countries	Countries
0-10% drop	2	Saint Lucia, Suriname.
10-24% drop	–	
25-49% drop	–	
50-74% drop	–	
75-100% drop	–	
No change	11	Antigua and Barbuda, Barbados, Cuba, Dominica, Grenada, Guyana, Peru, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Trinidad and Tobago, Uruguay.
Increase/new	3	Dominican Republic, Guatemala, Venezuela (Bolivarian Republic of).
Undetermined	5	Bolivia (Plurinational State of), Brazil, Chile, Ecuador, Mexico.
Not applicable	1	Jamaica.
Total	22	

Source: Prepared by the authors, on the basis of United Nations Children's Fund (UNICEF) (2021). "Tracking the situation of children during COVID-19", 2021 [online] <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>.



In terms of the continuity of child wasting treatment services, three countries of 22 respondents reported a decrease in coverage as of September-October 2021 compared to the first quarter of 2020 (pre-pandemic). The vast majority of countries demonstrated no change in this dimension, and three had created or expanded coverage options (see table 7). The continuity of such monitoring and treatment is critical during a crisis of the magnitude that the region has experienced because of the pandemic.

**Table 7**  
**Latin America and the Caribbean (22 countries): changes in treatment coverage of child wasting,**  
**first quarter of 2020–third quarter of 2021**  
*(Percentages and number of countries)*

Changes in coverage	Number of countries	Countries
0-10% drop	2	Saint Lucia, Suriname.
10-24% drop	–	
25-49% drop	–	
50-74% drop	1	Mexico.
75-100% drop	–	
No change	10	Antigua and Barbuda, Cuba, Dominica, Grenada, Guyana, Peru, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Trinidad and Tobago, Uruguay.
Increase/new	3	Dominican Republic, Guatemala, Venezuela (Bolivarian Republic of).
Undetermined	5	Barbados, Bolivia (Plurinational State of), Brazil, Chile, Ecuador.
Not applicable	1	Jamaica.
Total	22	

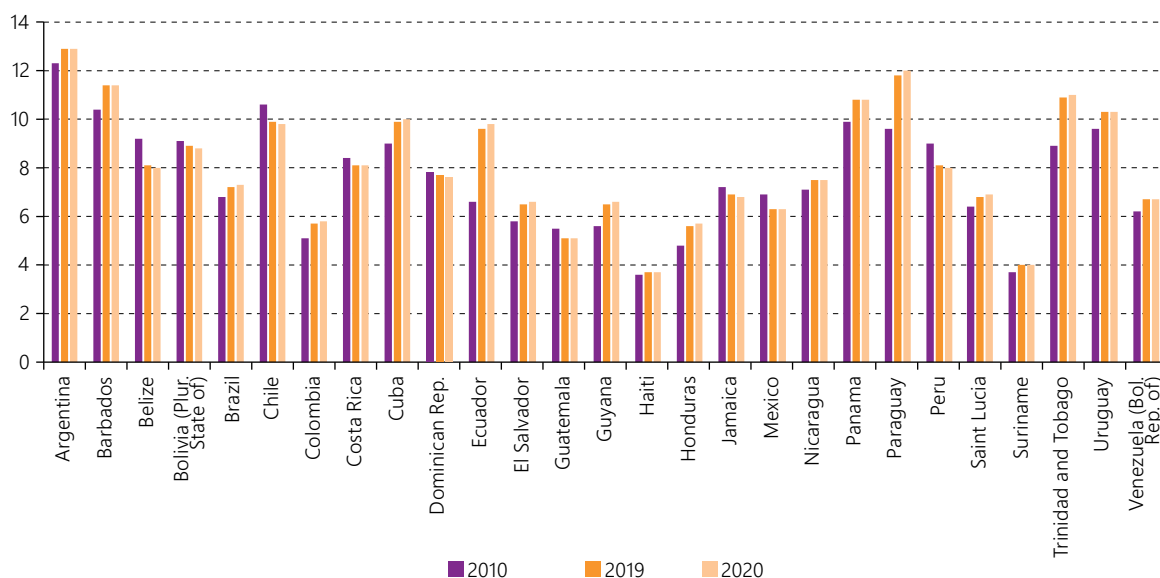
Source: Prepared by the authors, on the basis of United Nations Children's Fund (UNICEF). "Tracking the situation of children during COVID-19", 2021 [online] <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>.

Regarding stunting, defined as having a low height for age, no increase was observed in most countries between 2000 and 2020 (see figure 5). In 2020, the proportion of children in Latin America and the Caribbean experiencing stunting reached 11.3%, with Guatemala (42.8%), Ecuador (23.1%), Haiti (20.4%) and Honduras (19.9%) demonstrating the highest prevalence (FAO and others, 2021). This situation poses a serious risk to children's healthy development. It is, therefore, essential to continue to monitor trends and prevent a reversal of the progress made over the past 20 years, with a special focus on those countries where this indicator has worsened.

The situation regarding access to food is troubling. Prior to the pandemic, the region provided significant coverage through school feeding programmes, benefiting more than 80 million children and adolescents. This service was interrupted as a result of the suspension of school activities and the mobility restrictions imposed, reducing or threatening children's access to healthy and quality food (ECLAC, 2021a).

According to ECLAC (2021a, 2021b), in 2020, 29 countries implemented 73 food delivery programmes, often as modifications of existing school feeding programmes, accompanied by other initiatives to promote home consumption and local trade. With respect to school nutrition programmes, of the 22 countries that responded to UNICEF's follow-up survey, 11 countries reported declines in coverage, seven of which were between 75% and 100%, and two reported an expansion or the creation of services (see table 8).

**Figure 5**  
**Latin America and the Caribbean (27 countries): prevalence of stunting among children under 5**  
*(Percentages)*



Source: Prepared by the authors on the basis of United Nations Children's Fund (UNICEF), World Health Organization (WHO), World Bank, and Food and Agriculture Organization of the United Nations (FAO) and others, Latin America and the Caribbean - Regional Overview of Food Security and Nutrition 2021: Statistics and Trends, Santiago, 2021.

**Table 8**  
**Latin America and the Caribbean (22 countries): changes in coverage of school nutrition programmes**  
**(school feeding, take-home dishes), first quarter of 2020–third quarter of 2021**  
*(Percentages and number of countries)*

Changes in coverage	Number of countries	Countries
0-10% drop	1	Guatemala.
10-24% drop	–	
25-49% drop	2	Ecuador, Mexico.
50-74% drop	1	Jamaica.
75-100% drop	7	Antigua and Barbuda, Barbados, Cuba, Guyana, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago.
No change	5	Dominica, Dominican Republic, Grenada, Saint Kitts and Nevis, Uruguay.
Increase/new	2	Bolivia (Plurinational State of), Peru.
Undetermined	3	Brazil, Chile, Venezuela (Bolivarian Republic of)
Not applicable	1	Suriname.
Total	22	

Source: Prepared by the authors, on the basis of United Nations Children's Fund (UNICEF). "Tracking the situation of children during COVID-19", 2021 [online] <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>.

### 3. Responsive caregiving and loss of parents and caregivers

Parents and caregivers play a vital role in the delivery of responsive caregiving as they enable children to "participate in human communication and exchanges" (WHO, UNICEF, World Bank, 2018, page. 9), helping them engage in interaction and build early bonds and relationships with others. Losing one of them is thus a highly stressful situation for children, with long-term repercussions.

According to a 2021 study (Hillis and others, 2021), an estimated 1,134,000 children have been orphaned or separated from primary caregivers because of the pandemic —1,562,000 if secondary caregivers are included— during the period March 2020 to April 2021 in the 21 countries studied, with the attendant risks in terms of poverty, abuse and institutionalization. The authors estimated a mortality rate of primary or secondary caregivers per 1,000 children and adolescents under 18 for Argentina (1.5), Brazil (3.5), Colombia (3.4), Mexico (5.1) and Peru (14.1) (Hillis and others, 2021). Detailed information for each country is presented in table 9.

**Table 9**  
Latin America (5 countries): number and rate<sup>a</sup> of loss of primary or secondary caregivers due to deaths associated with COVID-19 and excess mortality from 1 March 2020 to 30 April 2021

Country	Orphanhood (Loss of mother, father, or both)		Loss of primary or secondary caregivers	
	Number	Rate per 1,000 children under 18	Number	Rate per 1,000 children under 18
Argentina	13 003	1.0	19 504	1.5
Brazil	113 150	2.1	189 899	3.5
Colombia	29 851	2.3	50 083	3.4
Mexico	131 325	3.3	203 549	5.1
Peru	92 702	1.4	136 572	14.1

Source: Prepared by the authors, on the basis of S. Hillis and others, "Global minimum estimates of children affected by COVID-19-associated orphanhood and deaths of caregivers: a modelling study", *The Lancet*, vol. 398, No. 10298, 2021 [online] [https://doi.org/10.1016/S0140-6736\(21\)01253-8](https://doi.org/10.1016/S0140-6736(21)01253-8).

<sup>a</sup> Data are total number of children or rate per 1,000 children younger than 18 years.

The study also found that for the five countries in Latin America included in the study, paternal deaths exceeded maternal deaths (1.6 times more in Mexico and Brazil, 1.8 times more in Argentina and Colombia, and 2.2 times more in Peru), and in terms of age, the highest number of paternal orphans was associated with deaths of men ages 45 to 64, with the highest number of maternal orphans from deaths of women ages 15 to 44 (Hillis and others, 2021).

One recommendation for responding quickly to children who have suffered the loss of primary caregivers seeks to strengthen family care through kinship care, foster care or adoption (Hillis and others, 2021). Of 21 countries that reported data on coverage provided by alternative residential and family care services, four countries report a decline as of September-October 2021, compared to the first quarter of 2020 (pre-pandemic) (UNICEF, 2021). Details can be found in table 10.

**Table 10**  
Latin America and the Caribbean (21 countries): changes in coverage of alternative residential and family care services, first quarter of 2020–third quarter of 2021  
(Percentages and number of countries)

Changes in coverage	Number of countries	Countries
0-10% drop	4	Chile, Guatemala, Jamaica, Trinidad and Tobago.
10-24% drop	–	
25-49% drop	–	
50-74% drop	–	
75-100% drop	–	
No change	14	Antigua and Barbuda, Barbados, Bolivia (Plurinational State of), Cuba, Dominica, Ecuador, Grenada, Mexico, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Uruguay.

Table 10 (concluded)

Changes in coverage	Number of countries	Countries
Increase/new	2	Brazil, Dominican Republic.
Undetermined	1	Venezuela (Bolivarian Republic of).
Not applicable	–	
Total	21	

Source: Prepared by the authors, on the basis of United Nations Children's Fund (UNICEF). "Tracking the situation of children during COVID-19", 2021 [online] <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>.

#### 4. Security and safety

The security and safety component of the Nurturing Care Framework includes policies and laws associated with social protection and social services, as well as minimum incomes. Given the increase in poverty and extreme poverty caused by the pandemic, particularly in households with children, analysis of this component is critical.

Birth registration is one service included (WHO, UNICEF, World Bank Group, 2018) as it is closely tied to children's right to identity. As of 2016, the births of an estimated 94% of children under 5 had been registered in the region, up from the 76% coverage identified in 2000. Among the initiatives implemented to improve regional coverage of these services, civil registration services were established in hospitals, fees were eliminated, social protection mechanisms were provided, and communication campaigns were launched (UNICEF, 2016). In UNICEF's September-October 2021 follow-up survey on changes in COVID-19-related coverage provided by national child protection services and programmes, compared to the first quarter of 2020 (before COVID-19), six countries reported declines in the coverage of birth and death registration services because of a change in availability, access and/or use of services. This may have serious implications for access to state benefits and the right of each child to an identity (name and nationality). These data are provided in table 11.

**Table 11**  
**Latin America and the Caribbean (21 countries): changes in coverage of civil registration services**  
**(registration of births and deaths), first quarter of 2020–third quarter of 2021**  
*(Percentages and number of countries)*

Changes in coverage	Number of countries	Countries
0-10% drop	2	Guatemala, Jamaica.
10-24% drop	1	Mexico.
25-49% drop	2	Dominican Republic, Peru.
50-74% drop	1	Venezuela (Bolivarian Republic of).
75-100% drop	–	
No change	13	Antigua and Barbuda, Barbados, Bolivia (Plurinational State of), Chile, Cuba, Dominica, Ecuador, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, Uruguay.
Increase/new	1	Brazil
Undetermined	1	Suriname
Not applicable	–	
Total	21	

Source: Prepared by the authors, on the basis of United Nations Children's Fund (UNICEF). "Tracking the situation of children during COVID-19", 2021 [online] <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>.

### (a) Violence

A safe, secure and caring environment is critical for children's development and helps protect them from violence (WHO, UNICEF, World Bank Group, 2018). Violence against children is multifaceted, can take different forms, ranging from physical, sexual and emotional violence to neglect and can occur in various places, such as the home, school, community and on the Internet (UNICEF, 2015). One of the most common forms of violence against this population is physical punishment during childhood, which is a predictor of deterioration in children's behaviour and an increased risk of abuse, indicating the need to design and implement evidence-based public policies such as "no hit zones" or educational campaigns aimed at parents and caregivers that promote comprehensive disciplinary measures (Heilmann and others, 2021).

The various effects of the pandemic in Latin America and the Caribbean may cause a more marked increase in violence against children and adolescents compared to the period prior to the COVID-19 crisis, along with a decrease in protective measures (ECLAC/UNICEF/Office of the Special Representative of the Secretary-General on Violence against Children, 2020). In this sense, it is important to assess the continuity of universal violence prevention programmes in the region. As shown in table 12, according to the UNICEF survey, as of September-October 2021, three countries had reported a decline in the coverage of their violence prevention programmes, while six had reported the expansion or creation of initiatives, compared to before the pandemic (first quarter of 2020). According to Guedes and others (2020), governments have implemented global actions such as expanding telephone helplines, funding shelters and other safe housing options for survivors, along with modifying family law and judicial systems.

As a result of pandemic mitigation measures, such as quarantines and school closures, there has been an increase in children's exposure to electronic devices. While digital tools have considerable advantages and facilitate the continuity of daily activities such as education, work and communication (Trucco and Palma, 2020), they also involve higher levels of exposure to risks that are characteristic of information and communication technologies, such as cyberbullying (ECLAC/UNICEF, 2020a).

**Table 12**  
**Latin America and the Caribbean (21 countries): changes in coverage of universal violence prevention programmes for the entire population (parenthood, campaigns, child safety online), first quarter of 2020–third quarter of 2021**  
*(Percentages and number of countries)*

Changes in coverage	Number of countries	Countries
0-10% drop	1	Guatemala.
10-24% drop	2	Brazil, Chile.
25-49% drop	–	
50-74% drop	–	
75-100% drop	–	
No change	8	Antigua and Barbuda, Barbados, Dominica, Ecuador, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Uruguay.
Increase/new	6	Cuba, Dominican Republic, Jamaica, Suriname, Trinidad and Tobago, Venezuela (Bolivarian Republic of).
Undetermined	2	Bolivia (Plurinational State of), Mexico.
Not applicable	2	Grenada, Peru.
Total	21	

Source: Prepared by the authors, on the basis of United Nations Children's Fund (UNICEF). "Tracking the situation of children during COVID-19", 2021 [online] <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>.

A survey conducted in Uruguay in April 2020 showed that school-aged children (6 to 12 years old) averaged 6.1 hours per day of exposure to electronic devices (mobile phones and tablets) (UN-Women/ UNICEF (2020). The increased need for virtual interactions has drawn attention to the problem of cyberviolence which, through digital media, social networks, messaging platforms or emails, jeopardizes individuals' integrity and/or safety and has a far-reaching impact on their quality of life (Observatorio de Violencia de Género en Medios de Comunicación, OVIGEM, 2021). A study by the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) in Chile of 956 students ages 12 to 18, conducted during September and October 2020, indicates that during the COVID-19 crisis, 39% of girls and 31% of boys ages 12 to 14 have experienced cyberviolence. One in 10 girls who experienced cyberviolence stated that they thought about harming themselves. Regarding virtual classrooms, 50% of children ages 12 to 14 reported feeling overwhelmed; 62% were embarrassed to turn on the camera and 23% reported that an unknown person made contact and sent aggressive or obscene content. Finally, the increased time spent on the Internet or access to large amounts of information during the pandemic has had a negative impact on emotional well-being (UN-Women, 2020).

### (b) Mental health

The security and safety component also encompasses mental health, both of children and their caregivers, as emotions and impulses are a fundamental element of nurturing care. The pandemic has taken a heavy toll on people's mental health (ECLAC, 2021a), and government responses have been limited by a lack of investment in mental health promotion, prevention and care prior to the pandemic (United Nations, 2020).

Faced with this scenario, where it is estimated that there will be an increase in the demand for mental health care, troubling conditions were noted in four countries in the region. According to the UNICEF follow-up survey, as of September-October 2021, coverage of mental health, psychosocial and addiction support services had declined compared to the first quarter of 2020, prior to the pandemic (see table 13). However, it is important to note that this figure represents a drop from the 15 countries reporting declines as of August 2020, pointing to a more positive regional situation. Of the 21 countries that responded, four indicated that services had been implemented or expanded.

A study of 780 children and adolescents in Argentina, conducted in three phases between September 2020 and February 2021, concluded that 39% of the homes of children aged 3–12 did not have designated play spaces (UNICEF, 2021c). At the second measurement, about half of the children were easily distressed or cried a lot, got angry more often than previously, were irritable, anxious and/or experienced fluctuating emotions. Between the second and third measurements, these signs decreased as children looked forward to meeting friends, vacations and the return to school, although they also expressed a greater fear of getting sick and concern about becoming disease vectors for their family members, particularly those who belong to at-risk groups. The study also found that 5% of children aged 3–5 and 8% of children aged 6–12 consulted a doctor for a mental health problem.

**Table 13**  
**Latin America and the Caribbean (21 countries): changes in coverage of mental health, psychosocial and addiction support services, first quarter of 2020–third quarter of 2021**  
*(Percentages and number of countries)*

Changes in coverage	Number of countries	Countries
0-10% drop	2	Guatemala, Saint Lucia.
10-24% drop	1	Suriname.
25-49% drop	1	Chile.
50-74% drop	–	

Table 13 (concluded)

Changes in coverage	Number of countries	Countries
75-100% drop	–	
No change	9	Antigua and Barbuda, Barbados, Cuba, Dominica, Dominican Republic, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Trinidad and Tobago, Uruguay.
Increase/new	4	Bolivia (Plurinational State of), Grenada, Jamaica, Mexico.
Undetermined	4	Brazil, Ecuador, Peru, Venezuela (Bolivarian Republic of).
Not applicable	–	
Total	21	

Source: Prepared by the authors, on the basis of United Nations Children's Fund (UNICEF). "Tracking the situation of children during COVID-19", 2021 [online] <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>.

Based on their accounts, the presence of trusted adults was especially important for emotional well-being, and the mother remains at the core of the care process, resulting in a greater burden of domestic chores for women. Regarding virtual classes, children ages 3–12 expressed that they missed the opportunities for camaraderie with their peers and felt overwhelmed by the number of tasks they did not understand or could not perform alone. It is important to note that the negative impact on mental health is not evenly distributed; rather, the data show significant inequalities by socioeconomic level (UNICEF, 2021c), reflecting the inequalities characteristic of the region.

## 5. The transition from in-person to distance learning in early childhood education

In addition to efforts made by countries to address the exponential increase in the demand for health care, various public health measures have been implemented to halt the spread of the virus among the population, including the closure of schools, childcare centres and early education centres. According to the Nurturing Care Framework, "learning is a built-in mechanism for human beings, ensuring our successful adaptation to changing circumstances. It begins at conception, initially as a biological mechanism" (WHO, UNICEF, World Bank Group, 2018, p. 9). Thus, early learning during the first thousand days of life is essential. From this standpoint, the interruption of in-person care in childcare or early education centres during the pandemic risks eroding these opportunities.

In April 2020, it was estimated that 188 countries had closed schools to curb the spread of the virus and minimize its impact, affecting 90% of the world's students. School closures restrict learning, socialization and physical activity, and considering prior experiences with other health crises such as the Ebola epidemic, could mean that a substantial number of children may never return to school, losing access to social welfare services, healthy food or safe drinking water (*The Lancet. Child and Adolescent Health*, 2020; ECLAC/UNICEF, 2020a).

One measure implemented to address this situation was the creation of emergency systems for distance learning, although various reports indicate that the students from the poorest households have had the least access to distance learning (*The Lancet. Public Health*, 2021a).

### (a) Distance learning

With respect to access to distance learning (via radio, television, online platforms, paper-based exercises), of the 22 countries that responded to UNICEF's follow-up survey of children's education conditions as of September-October 2021, two countries indicated that the transition to distance learning had been very challenging (in August 2020, there were five countries in this category). Sixteen countries were partially successful with some limitations, and three were generally successful. Table 14 provides the breakdown by country.

**Table 14**  
**Latin America and the Caribbean (22 countries): success of access to distance learning in September–October 2021**

Country	Level of success
Antigua and Barbuda	Partially successful, with some limitations.
Barbados	Partially successful, with some limitations.
Bolivia (Plurinational State of)	Partially successful, with some limitations.
Brazil	Partially successful, with some limitations.
Chile	Partially successful, with some limitations.
Cuba	Generally successful.
Dominica	Partially successful, with some limitations.
Dominican Republic	Generally successful.
Ecuador	Partially successful, with some limitations.
Grenada	Partially successful, with some limitations.
Guatemala	Partially successful, with some limitations.
Guyana	Very problematic.
Jamaica	Partially successful, with some limitations.
Mexico	Partially successful, with some limitations.
Peru	Partially successful, with some limitations.
Saint Kitts and Nevis	Not applicable.
Saint Lucia	Partially successful, with some limitations.
Saint Vincent and the Grenadines	Partially successful, with some limitations.
Suriname	Partially successful, with some limitations.
Trinidad and Tobago	Partially successful, with some limitations.
Uruguay	Generally successful.
Venezuela (Bolivarian Republic of)	Very problematic.

Source: Prepared by the authors, on the basis of United Nations Children's Fund (UNICEF). "Tracking the situation of children during COVID-19", 2021 [online] <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>

In light of the difficulties and limitations pointed out by the countries, consultations were held on the areas of improvement identified by each government for future implementation of distance education. Among those most frequently selected were the need to increase access to distance learning, both in terms of the availability of devices and the accessibility of Internet connectivity; to improve assessment and monitoring of learning; to encourage engagement by parents and students; and to implement measures to provide teachers with support during this period. Table 15 shows the number of responding countries or territories for each of the options (a total of 176 responses were received from 26 countries).

**Table 15**  
**Latin America and the Caribbean (26 countries): identification of areas for improvement in implementing distance education, September–October 2021**

Measures	Countries
Improve access to distance learning for students and/or teachers (provide accessible devices, supporting materials, batteries, free Wi-Fi, mobile data and ensure learning platforms are accessible, etc.).	18
Improve monitoring/assessment to measure learning.	18
Increase parental engagement (raise awareness about distance learning, encourage feedback from parents/caregivers, provide guidelines, ensure regular follow-up by teachers, etc.).	17
Increase student engagement (e.g., through student feedback, peer support).	16



Table 15 (concluded)

Measures	Countries
Increase training and guidance for teachers and school leadership on distance learning pedagogy, skills and technology.	16
Improve access to content in accessible formats for children with disabilities based on their needs.	15
Increase coverage and relevance of content (e.g., early childhood education materials, gender-sensitive content, age-appropriate materials, social and emotional learning, etc.).	14
Increase overall community participation.	13
Enhance support for teachers (MHPSS, financial, etc.).	12
Improve access to content for girls.	9
Provide devices to vulnerable groups to access online teaching/learning.	8
Improve access to content for ethnic/linguistic minorities.	7
Enhance access to distance education for refugees/asylum seekers/internally displaced children/migrants (provide devices, batteries, free Wi-Fi, mobile data, etc.).	5
Improve water and sanitation practices and quality in school facilities.	1
Other, Not applicable, None or Don't know.	7

Source: Prepared by the authors, on the basis of United Nations Children's Fund (UNICEF). "Tracking the situation of children during COVID-19", 2021 [online] <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>.

### C. Summary of the impact of the pandemic on children's well-being

This analysis of the effects of the COVID-19 pandemic on children's overall well-being, based on the Nurturing Care Framework, highlights the profound impact that the crisis has had on this population group. Deteriorating living conditions, reflected in the increase in poverty and the decrease in household income, will have medium- and long-term repercussions, many of which will be difficult to reverse. Despite the various social protection measures countries have implemented to contain the crisis triggered by the pandemic, their limitations have impeded efforts to address children's needs in their entirety and protect their rights.

Although the data show that as a population group, children are not especially vulnerable to infection and death from COVID-19, it is clear that their right to health has been disrupted, sometimes at one of the most critical junctures in their development, such as newborn care. The analysis revealed a number of the pandemic's possible health impacts on this population resulting from the diversion of health care services, as reflected in the decrease in coverage in some countries of newborn care, reproductive health services, maternal, neonatal and child health care and nutrition services, as well as interruptions in routine vaccination and in wasting detection and nutrition programmes in schools. The medium- and long-term impacts of this are yet to be seen. Even so, this situation highlights the need to safeguard children's right to health during periods of crisis by defining critical health care areas where services cannot be interrupted given the vulnerability of the population they serve.

Likewise, the pandemic has hampered efforts to provide children with the type of care that allows them to develop positive relationships with other people and build bonds of trust. One of the most critical situations identified is associated with the number of children who have been orphaned or deprived of primary caregivers and who are at risk of poverty, abuse and institutionalization. In some cases, the disruption of alternative residential and family care services hampers children's access to responsive caregiving, jeopardizing their overall development and the ability to ensure their rights. Given the vulnerability of Latin America and the Caribbean to disasters of various kinds, it is essential

to ensure that children who suffer the loss of one of their caregivers receive the full support needed in terms of income and the various dimensions of nurturing care so that this situation does not result in a violation of their rights.

Efforts to provide the safety and security needed by this population group during the pandemic also proved challenging, especially considering that one in every two children is living in monetary poverty (ECLAC/UNICEF, 2020a). For this dimension, it was observed that some countries report decreases in civil registry services, especially in the legal registration of children at birth. In the short and medium term, this could adversely impact children's access to social protection programmes and other state services, such as cash transfer programmes for families with children under 5. In light of these families' deepening vulnerability, it is essential to reverse these declines and proactively develop crisis-resilient mechanisms for future disasters.

According to ECLAC, of the 468 non-contributory emergency measures announced by the countries between March 2020 and October 2021, 91 measures consisting of cash and in-kind transfers, equivalent to 19.5% of the total, focused on children and adolescents (Atuesta and Van Hemelryck, 2022).<sup>5</sup> To confront future emergencies, analysis of the efficacy, relevance and timeliness of these measures will be critical, as well as identification of opportunities for coordination with pre-existing policies to guarantee a reliable, adequate income for families with children and adolescents. This approach would enhance access to social inclusion policies and services, an element that should be incorporated into the design of multisectoral social protection systems.

Although in some countries measures to prevent violence against children have been strengthened, in others there has been a decline in the coverage of universal violence prevention programmes for the entire population (parenthood, campaigns, child safety online). It is concerning that, in some cases, this has been accompanied by a disruption of mental health, psychosocial and addiction support services at a time when additional support is necessary given the school closures and lockdown measures, combined with a high degree of exposure to unsafe digital spaces. These conditions highlight the importance of developing policies that provide children with the necessary tools and skills to protect themselves against risky online situations (Trucco and Palma, 2020).

Finally, regarding the possibility of continuing remote early learning while educational establishments are closed, it was noted that although this transition caused several difficulties in some countries at the beginning, the situation seems to have been improving. Among the areas identified for improvement are increasing access to distance learning for students and/or teachers—one of the social protection measures implemented by countries during the pandemic (ECLAC/UNESCO, 2020)—improving monitoring/assessment to measure learning and increasing parental engagement. This experience has underscored the urgency of reducing the digital gaps in the population, in terms of access and skills (ECLAC/UNESCO, 2020; Trucco and Palma, 2020). Furthermore, considering the impracticality of providing the care and learning characteristic of childcare and early education centres from a distance, these spaces must be protected in crisis situations such as the current one.

These findings illustrate that despite the substantial repertoire of previously implemented conditional and unconditional cash transfer policies and programmes in the region (Atuesta and Van Hemelryck, 2022; Rossel and others, 2022)—many of which have prioritized families with children and adolescents—the existing systems and mechanisms were insufficient, in terms of coverage and effectiveness as well as their institutional framework and management, to enable coordination of these entitlements with those that could be directed towards the early detection of child vulnerability and guarantee access to essential services. In light of the available evidence, there is a fundamental debt to be addressed by the countries in the region.

<sup>5</sup> See Economic Commission for Latin America and the Caribbean (ECLAC), COVID-19 Observatory in Latin America and the Caribbean [online] <https://www.cepal.org/en/topics/covid-19>; "Social protection measures to confront COVID-19 in Latin America and the Caribbean", Social Development and COVID-19 in Latin America and the Caribbean [online] <https://dds.cepal.org/observatorio/socialcovid19/en/>.



### **III. Recommendations to make progress towards child-sensitive social protection policies and reverse the impact of the pandemic**

This ongoing crisis will have short-, medium- and long-term consequences for children given the susceptibility to environmental challenges inherent in their developing brain architecture and the difficulties parents and/or caregivers have faced to respond adequately to the needs of infancy and childhood (Causey and others, 2021; Yoshikawa and others, 2020). Deteriorating conditions, reflected in increased income poverty and high unemployment rates, will place children in a position of heightened vulnerability. Children who have been neglected or lack access to essential services will be most exposed to toxic stress that results, for example, from child abuse or neglect, substance abuse by parents, and maternal depression (Shonkoff and Garner, 2012).

Social protection takes on even greater importance as it forms the basis of the State's response to these needs, an investment that has a substantive impact on human development and productivity (Ortiz and Cummins, 2012). It has played a vital role in mitigating the negative impacts of the crisis, through the implementation of measures to compensate for the decline in household income, to protect food security and ensure access to basic services during the pandemic. This protection is essential for families with children to ensure that they have the resources needed to provide them with nurturing care. It is also important to have universal care systems that promote and ensure children's rights.

Social protection systems are the foundation on which the guarantee of social, economic and cultural rights is built, hence the importance of prioritizing children to prevent unmet basic needs and to ensure access to essential services. However, this discussion illustrates that in some countries in the region, services have not been provided in a timely manner or tailored to the needs of children and their families. As previously mentioned, it is estimated that one in every two children in Latin America and the Caribbean has fallen into poverty because of the pandemic and its social and economic effects and faces the increased probability that they will fall short of their developmental potential, drop out of school, have unequal access to learning and Internet connectivity, suffer mental health problems, and be victims of child violence (ECLAC/UNICEF, 2020a). There is also evidence that children living in economically unstable households or who experienced food insecurity during the pandemic suffered greater negative

repercussions for their mental health than children in more economically secure households (Osgood, Sheldon-Dean and Kimbally, 2021). The situation is critical. Children have only one chance to get a healthy start to life, and child poverty in one generation virtually guarantees child poverty in future generations (Ortiz and Cummins, 2012).

Against this backdrop, considering the heightened uncertainty of this era, social protection systems should explore multisectoral responses and collaboration to address the various dimensions of well-being and, at a minimum, focus on establishing coordination among the social, health and education sectors. Redressing inequalities in the region requires the interconnection of health and social protection systems, given the existing evidence of the constraining effect of the social determinants of health on the exercise of the rights of those living in more vulnerable situations (ECLAC, 2021; Cuevas Barrón and others, 2021). This has been exacerbated in Latin America and the Caribbean over the course of the pandemic (Hennis and others, 2021; ECLAC, 2022).

Protecting children's needs and rights demands a coordinated response to health, nutrition, early learning, security and safety, income and responsive caregiving, which requires intersectoral coordination among the relevant agencies, ranging from programmatic aspects, administration and governance to information systems and financing (UNICEF, 2019). The challenge here is to enhance the comprehensiveness of social protection systems using a child-sensitive approach aimed at addressing the various dimensions of social inclusion (ECLAC, 2021d).

The comprehensiveness of such systems must be underpinned by the principle of inclusiveness so that all children and their families are covered by one of the social protection pillars and enjoy the social protections required to confront adversity, while allowing equal access to opportunities at a critical stage of development to overcome and avoid subsequent inequalities (ECLAC/UNICEF, 2020a).

In Latin America and the Caribbean, a limited number of countries have implemented comprehensive national child protection systems, understood as a set of laws, policies, standards and services aimed at preventing and responding to protection-related risks (UNICEF, 2008). Early childhood initiatives have been documented in Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela (Bolivarian Republic of) (ECLAC and UNICEF, 2013; Fiszbein and others, 2020). Of these, Peru and Uruguay explicitly include childhood and adolescence.

Among the key elements of child development services are an intersectoral approach and coordination among the sectors that manage, design and deliver entitlements, which include health and nutrition, safety, social protection and education, depending on the child's age. Stakeholders span the public, private and non-governmental spheres, and the target population includes the children themselves, their caregivers and communities (Rebello Britto, Yoshikawa and Boller, 2011). Public policies to support child development are underpinned by multisectoral and ecological strategies that combine health services, education and development support along with social policies and family-friendly support systems (World Bank/Ministry of Social Development and Family, 2018). Efforts to strengthen comprehensive national child protection systems, such as initiatives aimed at designing child-sensitive income protection policies and fiscal regulations to protect their associated budgets, are stymied by the uneven development of such systems in the region, particularly considering the high probability of new emergencies or crises.

These challenges also require comprehensive protection over a longer period, from early childhood to adolescence, adopting a sequential approach in recognition of the specific needs of each stage of development (López, 2021). Broadly speaking, measures to address these challenges can include key actions, such as identification of the spectrum of entitlements that correspond to each stage of the life cycle. At a minimum, these entitlements should cover the dimensions of care, health, nutrition, education, income protection and special protection. Furthermore, these actions require an inclusive perspective that remains sensitive to differences and attentive to the various manifestations of inequality. Strengthening of the relevant institutional mechanisms is critical to this process (López, 2021).

Cecchini and others (2015) state that the key elements of rights-based social protection policies are (i) equality and non-discrimination, (ii) comprehensiveness, (iii) institutional support, (iv) participation, (v) transparency and access to information and (vi) accountability. Based on these elements, the following recommendations can apply to countries with legally constituted comprehensive national child protection systems (given the fundamental role of the regulatory framework in strengthening social institutions' capacity to manage policies and implement the necessary intersectoral coordination (Martínez, 2019)); countries with comprehensive national child protection systems that have not been legally constituted and, finally, countries lacking comprehensive national child protection systems.

## **A. Countries with legally constituted comprehensive national child protection systems**

For countries with legally constituted comprehensive national child protection systems, a review of the principles underpinning their design and implementation is recommended. The goal is to ensure a comprehensive approach across services, components and focal areas to deliver thorough evidence-based services with proven effectiveness that are relevant to territories and communities, through programmes that consider the entire life cycle. This comprehensiveness refers to the various interconnected components of social protection that must be coordinated throughout the life cycle, reflecting the role of child-sensitive social protection systems in addressing the various forms of social and economic vulnerability that children and adolescents and their families face throughout life (UNICEF, 2019).

The Regional Agenda for Inclusive Social Development, adopted by the member States of the Economic Commission for Latin America and the Caribbean (ECLAC) at the third session of the Regional Conference on Social Development in Latin America and the Caribbean (ECLAC, 2019), includes enabling progress towards the establishment of income guarantees for children among its lines of action to reduce the risk of unmet basic needs at a key moment in human development, as in developed countries. One of its lines of action involves assessment of the gradual, phased implementation of a system of universal transfers for children, with some countries in the region taking steps in this direction (Vargas and others, 2021). This line of action is likely to be implemented more easily in countries with enabling institutional conditions and should be carried out in conjunction with efforts to include income considerations in child-sensitive social protection systems in the region.

Likewise, this Agenda underscores the fundamental role of care systems for the various populations involved in their operation, including the care of children. In particular, this Agenda issues a call to: "Ensure that the entitlements included in social protection systems have a child-sensitive perspective, taking into account the specific risks affecting children, strengthening their access to services aimed at building their capacities, family entitlements and care. In particular, contribute to the consolidation of comprehensive early childhood care systems through programmes that link social protection, health, nutrition, early education and care actions, promoting the required intersectoral coordination" (ECLAC, 2020, p. 34).

Moreover, adaptation and flexibility in the face of emergencies and disasters should be considered in reformulation of the portfolio of services to enable an efficient response to urgent needs, as well as in child-sensitive mitigation and prevention actions.

## **B. Countries with comprehensive national child protection systems that are not legally constituted**

Having legally constituted child protection systems strengthens the institutional framework, enhancing management capacity, clarity in the governance and organization of the various administrative levels with the corresponding assignment of responsibilities, transparency in the use of resources and accountability

with a view to implementing universal policies that remain sensitive to differences (ECLAC/UNICEF, 2020a; Martinez, 2019).

In these cases, policies should be consolidated to develop legal frameworks that ensure the legal sustainability of the initiatives and incorporate permanent government funding to ensure financial sustainability. To achieve this, it is critical to monitor the investment in children (Tromben and others, 2021), considering the high rates of return on investment in this critical stage of human development.

The implementation of an institutional framework also seeks to ensure that social policies are seen as a right of the people, in this case children and caregivers, along with promoting accountability for the decisions made, the use of resources (Cecchini, and others, 2015) and ongoing monitoring and evaluation of the effectiveness of the services delivered.

### **C. Countries lacking comprehensive national child protection systems**

In terms of rights, States must guarantee the well-being of their populations, especially those experiencing greater vulnerability. Families with children are exposed to heightened risks, stress and fragility; thus, the development of welfare States, underpinned by a sound institutional framework, is essential to withstand current and future crises. The first recommendation for these countries is to take steps towards defining comprehensive national child protection systems, an investment with long-term returns for societies.

In countries that do not formally have comprehensive national child protection systems, but that employ social protection strategies, it is essential to consider the needs of this age group, ensuring minimum welfare standards and differentiated responses for families with children and adolescents, given that in the region, poverty is concentrated in households with children (ECLAC/UNICEF, 2020a).

It is important to develop information systems capable of measuring the impact on children and adolescents to monitor children's and adolescents' overall well-being, as well as to identify instances of vulnerability in which the exercise of their rights is at risk.

### **D. Cross-cutting measures during periods of crisis and emergencies**

Finally, based on the review of the background information provided in this document and with the aim of making progress towards comprehensive and sustainable universal social protection systems, the following cross-cutting recommendations emerge, which should be applied during periods of crisis such as the COVID-19 pandemic:

- As the pandemic situation remains critical in much of the region due to unequal access to vaccines, among other reasons, one of the key actions needed is to take all necessary steps to define and ensure the continuity of essential services for children, facilitating timely access to treatment and rehabilitation, preventive actions and early detection of risky health situations. In terms of education, it is important to consider the emerging employment landscape in plans for the reopening of childcare and education facilities. This should be accompanied by measures aimed at guaranteeing a secure income for families with children and adolescents, particularly in emergency situations and times of crisis, such as the current one (ECLAC/UNICEF, 2020).
- Given the disparate information available on the impact of the pandemic on children in the region, since, for example, most of the countries and territories analysed do not identify cases of COVID-19 and associated deaths in this age group, it is necessary to implement or strengthen national information systems to monitor children's health in emergencies and crises (ECLAC/UNICEF, 2020a) to trigger the necessary warnings and responses in the corresponding territories and levels of care, ensuring equity and paying special attention to populations that are subject to greater vulnerability.

- It is important to encourage and support innovative responses associated with telehealth services, psychosocial support, monitoring and promotion of child development and access to early learning experiences, for example, by making technological resources available, providing the respective practical training for service providers and incorporating the communities themselves, along with territorial considerations. It will be essential to close digital gaps, both in terms of access and skills (ECLAC/UNESCO, 2020).
- Involve infant and child experts in the thematic roundtables on pandemic responses and in the design of post-pandemic plans to include them in these strategies and in governmental agendas, emphasizing the needs of children and the impact on future generations. These situations are mutually negatively reinforcing and require comprehensive responses: the disruption in access to essential services, the increase in extreme poverty in families with infants and the reduction in access to food can lead to a devastating increase in child deaths and to a heightened risk of various forms malnutrition. The loss of caregivers and increased stress will affect future generations, given the physiological, psychological and epigenetic changes that occur in utero and during the first years of life, factors that must also be considered in such responses. For this reason, it is essential to allow space for participatory dialogue between different actors in society and government, including vulnerable groups (ECLAC, 2021c).
- Develop work agendas that include national and local governments and public entities, international organizations, civil society, the private sector and academia to design synergistic approaches through collaborative, strategic networks for analysis, the development of proposals, the implementation of pilot experiences and the scale-up of initiatives geared towards responding to emerging or resurgent challenges, such as those related to the double burden of malnutrition, cyberviolence, early detection of mental health problems among children, inclusion of recent migrant populations, incorporation of behavioural sciences in public policies and risk mitigation in the face of emergency and disaster risks. The challenge is to seize the opportunity afforded by the pandemic to strengthen or make progress towards social protection systems that are synchronized with risk management systems to enhance knowledge about the risks faced by children in disaster situations and enable an effective and efficient response (ECLAC, 2021c).






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The crisis triggered by the coronavirus pandemic (COVID-19) has generated a number of obstacles to ensuring children's right to health, education and social security, a standard of living that allows for their full development and protection from all forms of violence, in a context in which, in 2020, one of every two children in Latin America and the Caribbean was living in poverty. Following an analysis of the effects of the pandemic on children's well-being, based on the Nurturing Care Framework, this document provides a set of recommendations for implementing child-sensitive social protection policies that, to the extent possible, help reverse the negative effects of the pandemic on children.

