



COVID-19 SURVEY

“Survey on people’s perceptions and attitudes. Impact of COVID-19 pandemic and government measures on everyday lives”

Second Round – Report on Findings

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Second Round –Report on Survey Findings

UNICEF Argentina
Social Inclusion and Monitoring Area
August 2020

Introduction

The coronavirus (COVID-19) pandemic is a public health emergency with both immediate and long-term impact, posing particular risks and effects on children, adolescents and families. Although children are not the hardest hit population group in terms of health, the pandemic impacts their education, exposes them to more situations of violence, impacts their physical and mental health and generates changes in their habits and routines.

In addition, it has significant effects on households’ ability to generate and sustain earnings to ensure children and adolescents’ wellbeing. These effects are particularly heavy in more vulnerable populations, such as families that live in poverty conditions. Likewise, the pandemic has increased the overburden of housework and caring tasks among women, who have also become more exposed to situations of violence, ill-treatment, abuse or exploitation (UNICEF, 2020) (Ministry of Women, Gender and Diversity, 2020).

In this context, unequal access to health services, social and income protection schemes and the possibility of obtaining nutritious food, as well as the absence of sanitation infrastructure and water facilities for hand-washing in homes, and the lack of connectivity and distance learning options, can widen inequality gaps as regards exercise of rights (UNSDG, 2020).

Social protection systems are a key tool to deal with these challenges. In Argentina, the government has implemented a series of measures, including the increase of funds transferred to households with children through the Universal Child Allowance (AUH) and the *Alimentar* Card, the implementation of the Emergency Family Income (*Ingreso Familiar de Emergencia*, EFI), the increase of income transfers made to other groups such as the elderly, the continuation and extension of food support schemes and the implementation of family-friendly policies. The government has also implemented employment and salary protection policies and strengthened the programs aimed at preventing violence at home and violence against women (National Government, 2020)¹.

Meanwhile, both households and the society as a whole are making a significant effort in ceasing their work activities –with an impact on their income-, changing their consumption and hygiene habits, limiting their freedom of movement, and staying at home most of the time – all for the common good.

¹ <https://www.argentina.gob.ar/coronavirus/medidas-gobierno>

In this context, it is essential to have available robust, representative and timely information on these matters. Therefore, as part of its Response Plan to the emergency, UNICEF launched its first Rapid Assessment in April with the aim of acquiring data on the population's perceptions and attitudes about the pandemic and the measures taken to deal with it². We are now presenting the 2nd Round of the Survey, which was carried out during July to assess the changes and continuities brought about by the pandemic and the responses to it.

Firstly, this document describes the objectives, motives and background leading to the implementation of the 2nd Rapid Assessment³. Next, it details the methodological design of the Survey and describes the data gathering process is described. The document then proceeds to report the main findings of the second round of the Survey on the issues relevant for the understanding of the direct and collateral effects of the COVID-19 pandemic in Argentina, focusing on childhood and adolescence. Lastly, the document presents some conclusions and recommendations.

Objectives

UNICEF in Argentina carried out the Second Round of the Rapid Assessment as part of its Response Plan to COVID-19 in order to acquaint itself with the perceptions, habits, attitudes and changes caused by the pandemic among the population. The survey also investigates its economic and social effects on households with children and the implementation of the social protection system, as well as the implications of the pandemic and various response measures related to social and emotional wellbeing, focusing on early childhood and adolescence.

UNICEF thus provides timely and reliable data allowing to:

1. Identify the emerging challenges for families with children and adolescents in multiple dimensions related to the exercise of their rights to health, food, education, care, social protection, decent housing, special protection and participation;
2. Inform decisions on the adoption of measures aimed at preventing transmission of the disease in the short term and ensuring the full exercise of children and adolescents' rights during the pandemic;
3. Contribute to the design of public policies focused on childhood and adolescence in the middle term, and to the strengthening of the overall protection system; and
4. Follow up this issue through the generation of comparable evidence from one round to the other.

² The report on the findings of the first round is available at:

<https://www.unicef.org/argentina/informes/encuesta-rapida-covid-19-informe-de-resultados>

³ Here in after, the "COVID-19 Survey - Survey of the population's perceptions and attitudes. Impact of the COVID-19 pandemic and government measures on everyday life" will be referred to as the "Rapid Assessment".

The objective of the report is to facilitate the dissemination and use of the results of the Rapid Assessment. More information on indicators is available on the following online platform⁴: <http://dash2.knack-research.com:8888/DASHCOVID2/login.php>

Methodological design

The 2nd Rapid Assessment was performed from 14 to 26 July via a telephone questionnaire to a sample of 2525 households with children and adolescents in Argentina, with national and regional levels of representation. The data were gathered by KNACK.

The 2nd Rapid Assessment used the same sampling frame as the first survey, which was conducted in April. Both are based on the sampling frame of the MICS 2019/2020 survey, which ensures statistical robustness and reliability and provides national and regional representativeness. The Multiple Indicator Cluster Survey (MICS) is an international standard household survey program carried out by UNICEF in order to collect statistics on a wide range of subjects on the situation of children and women⁵. The Rapid Assessment was performed under the framework of the Cooperation Agreement for the implementation of the MICS Survey in Argentina, signed with the Ministry of Social Development and the Social Policy Coordination Board⁶.

In summary, the methodological design of the Rapid Assessment consists in surveying the households selected in MICS 2019/2020. The defined profile involves households with children and adolescents residing in urban areas of the Argentine Republic.

The dimensions under analysis

The selection of the subjects and variables is mainly based on their relevance for the development of children and adolescents' physical, cognitive, emotional and social abilities and the protection of their rights. In the second place, it is driven by the importance of finding out the level of adhesion to contagion prevention measures and the effectiveness of the economic aid and social protection programs in face of a pandemic. In the third place, it is meant to investigate the initial social and economic effects generated by the pandemic in children and adolescents.

The 2nd Rapid Assessment covers the following dimensions:

- Perceptions about the Mandatory Preventive Social Isolation and Mandatory Preventive Social Distancing measures (respectively ASPO and DISPO, by their Spanish acronyms)
- Prevention and health measures
- Household income
- Access to social transfers
- Food

⁴ To access the online platform, the user name is **unicef** and the password is **aclow34!2**

⁵ The implementation in Argentina was designed to estimate internationally comparable and statistically representative indicators at national and regional level on the following subjects: health, education, wellbeing, water and sanitation, early childhood development, childhood protection, operation and disability.

⁶ For more information, see: www.unicef.org.ar/mics

- Early childhood
- Recreational outings
- Education
- Perceptions of adolescents aged 13 to 17
- Dynamics and violence at home
- Home activities

Sampling and field survey

The sample was stratified according to geographical dominions and, within each, into five strata according to the educational level of the head of household as surveyed by the 2010 INDEC Census (National Statistics Office). It is representative of 6,109,679 households with at least one child or adolescent, and of 26,414,148 persons living in those households. It refers to the total urban population in places with more than 2,000 inhabitants. Population estimates were built with a final correction which took into account demographic growth as determined by INDEC projections. The weight of this sample was determined applying post-stratification by region (dividing Buenos Aires City and the suburban districts of the Province of Buenos Aires that surround it (hereinafter “Buenos Aires suburban area”)) and by educational stratum.

As mentioned, the sample is representative at national and regional level. For this purpose, the following regions, households and persons were surveyed:

| Representation domain | No. of cases surveyed | | Representation | |
|--|-----------------------|---------------|------------------|-------------------|
| | Households | Persons | Households | Persons |
| Buenos Aires City and Buenos Aires suburban area | 885 | 3,801 | 2,219,574 | 9,420,674 |
| Pampeana Region | 375 | 1,584 | 2,103,526 | 8,793,291 |
| Cuyo Region | 301 | 1,396 | 396,759 | 1,831,757 |
| Argentine Northwest Region (NOA) | 348 | 1,654 | 594,266 | 2,833,297 |
| Argentine Northeast Region (NEA) | 276 | 1,293 | 466,138 | 2,186,960 |
| Patagonia Region | 340 | 1,395 | 329,416 | 1,348,169 |
| Total | 2.525 | 11,123 | 6,109,679 | 26.414.148 |

The following table shows the maximum probable errors (confidence interval = 95%, and design effect = 2) for four percentages. The errors mentioned refer to estimates calculated with respect to the total number of households under study.

| % | +/- (95% conf.) |
|----|-----------------|
| 2 | 0.8 |
| 5 | 1.2 |
| 10 | 1.7 |
| 50 | 2.8 |

The Rapid Assessment covered 85% of a sample similar to the first one. In addition, a larger sample was assigned to the City of Buenos Aires and the Buenos Aires suburban area in order to allow the differentiation of this area from the rest of the localities, including some specific questions for the City of Buenos Aires and some for the Buenos Aires suburban area.

Lastly, it is important to mention that the sample reached a wide coverage of localities throughout the country: surveys were performed in 260 towns with 2,000 inhabitants or more.

A household questionnaire was used to collect information on all household members (usual residents), including a specific set of questions for women. The survey strategy consisted in applying the questionnaire to women in the households to the extent possible and, if an adolescent aged 13 or more lived in the household, the corresponding module was also applied. As a result, 2,525 households were surveyed and 2,456 women and 646 adolescents were interviewed.

| Dimensions | Responders | | | Total |
|-------------------------|------------|-----|-------------|-------|
| | Women | Men | Adolescents | |
| Household questionnaire | 2,343 | 182 | | 2,525 |
| Women Section | 2,456 | | | 2,456 |
| Adolescents Section | | | 646 | 646 |

The Rapid Assessment allows disaggregation and tabulation by: Geographical area (Buenos Aires City and Buenos Aires suburban area, Province of Buenos Aires, Cuyo Region, Argentine Northwest Region, Argentine Northeast Region, Pampeana Region and Patagonia Region); Head of household's employment status (employed, unemployed, inactive); Home location (shantytown, informal settlement, monoblock or social housing and Other Occupancies); Head of Household's sex (Man, Woman); Number of household members (less than 5 and up to 5 members); Situation of the household during the quarantine (no impact on income, reduced earnings, loss of job); Social transfers (beneficiary of AUH; not beneficiary of AUH); Has the *Alimentar* card and/or has access to tickets or meals (beneficiary of AUH, has the *Alimentar* card, Does not have them, Does not know).

Main findings

The main findings of the data survey for each module are summarized below. As already mentioned, this survey differentiated between the clusters under strict quarantine and those undergoing other phases. The results for the total population are presented first, followed by the information on the population under Mandatory Preventive Social Isolation (ASPO) and Mandatory Preventive Social Distancing (DISPO), shown in a disaggregated manner.

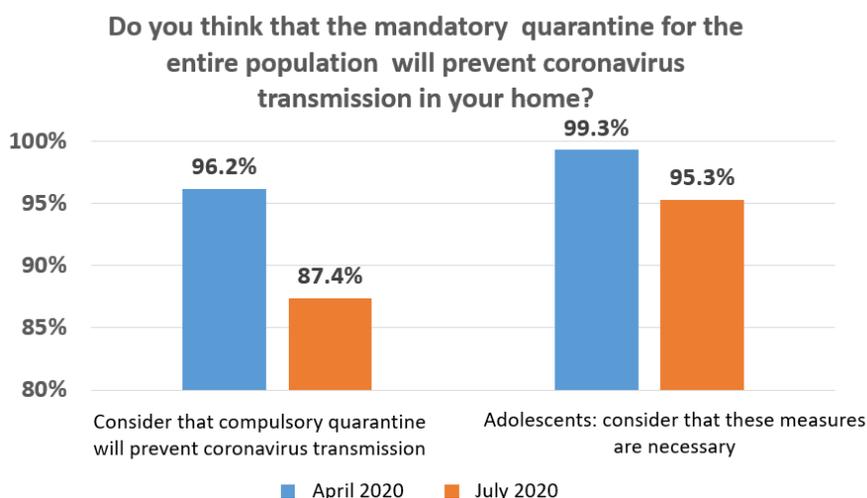
Total population

Perceptions about the ASPO and DISPO measures⁷, compliance and risks

Social and physical distancing measures are aimed at stopping the transmission of COVID-19 and preventing the occurrence of new cases. However, if these measures are to succeed, their implementation requires a commitment from the whole of society (WHO, 2020).

The module on perceptions and attitudes regarding the quarantine showed that **87% of the total population considers that the quarantine will prevent the contagion of COVID-19; 83.2% stated that the absence of quarantine would cause a high risk of contagion. 95% of the adolescent population considers that the measures are necessary.** 95% of the households state that they are able to comply with social isolation measures.

In summary, the majority of the population perceives that the quarantine is effective to prevent transmission. However, the comparison between these results and those obtained in April reflects a reduction of nine percentage points in the household indicator and four percentage points among the adolescents surveyed.



⁷ ASPO: Mandatory Preventive Social Isolation. DISPO: Mandatory Preventive Social Distancing.

No differences are observed between towns with and without strict quarantine, and the proportion of households that consider that the quarantine is useful to avoid contagion is, respectively, 87% and 88%. Nevertheless, the city of Buenos Aires and the Buenos Aires suburban area have shown the greatest reduction in this figure, from 96% in April to 85% in July.

Finally, as regards prevention measures, it was observed that **92% of the households follow the recommendation to wash hands** with soap and water. 6% use gel alcohol. Slightly lower percentages, but still in the majority of cases, are observed in households located in **shantytowns and settlements: while 89% wash their hands with soap and water, 3% use gel alcohol.**

98% of the households answered that they have the necessary prevention, cleaning and disinfection products, an improvement with respect to April (93%).

Labor income

One major impact of the COVID-19 pandemic is economic in nature and particularly affects persons with more precarious and informal jobs.

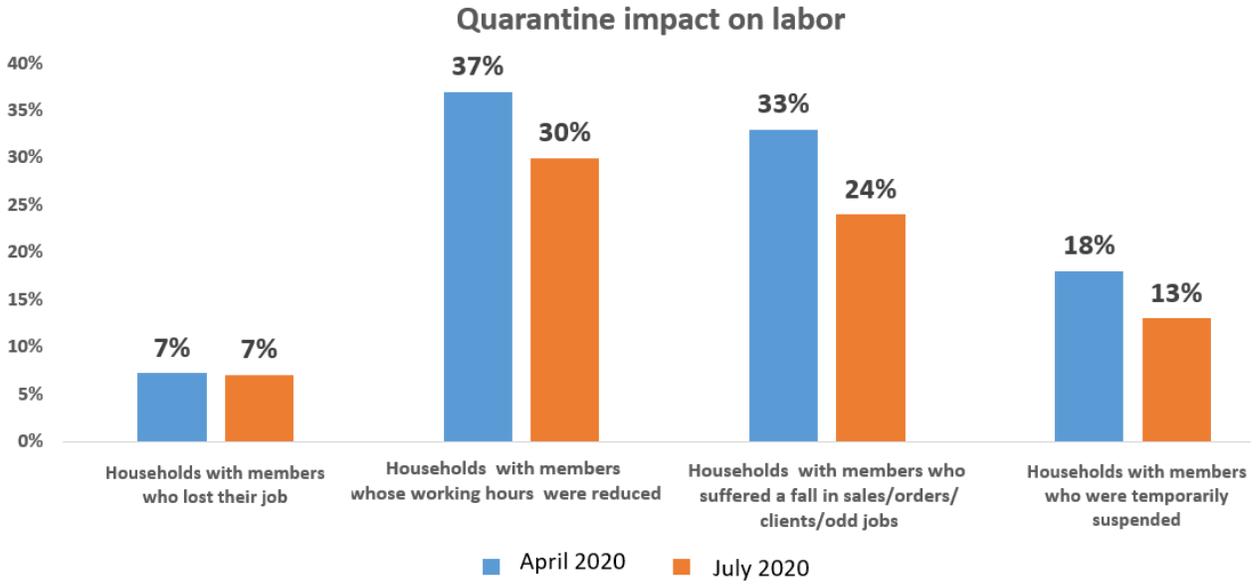
Around April, during the first Rapid Assessment, it was observed that 60% of the total households surveyed, i.e., 3.6 million households where 15 million persons live, had seen a reduction in their income as a result of the pandemic and the measures taken to deal with it. In the new survey carried out in July, **45% of the households stated that their income from work had decreased** as compared with their situation prior to the pandemic. This means that, despite the resumption of activities, the relaxing of the quarantine in some parts of the country, and the implementation of the employment and production assistance program (ATP, Spanish acronym), **2.6 million households** are experiencing a reduction in their work earnings.

The households **hardest hit by this situation are those in the NEA** (Argentine Northeast Region), where this proportion peaks to 54%. In addition, **the loss of income in the households is 54% in shantytowns and settlements, 55% among AUH beneficiaries and 48% among households with five or more members.**

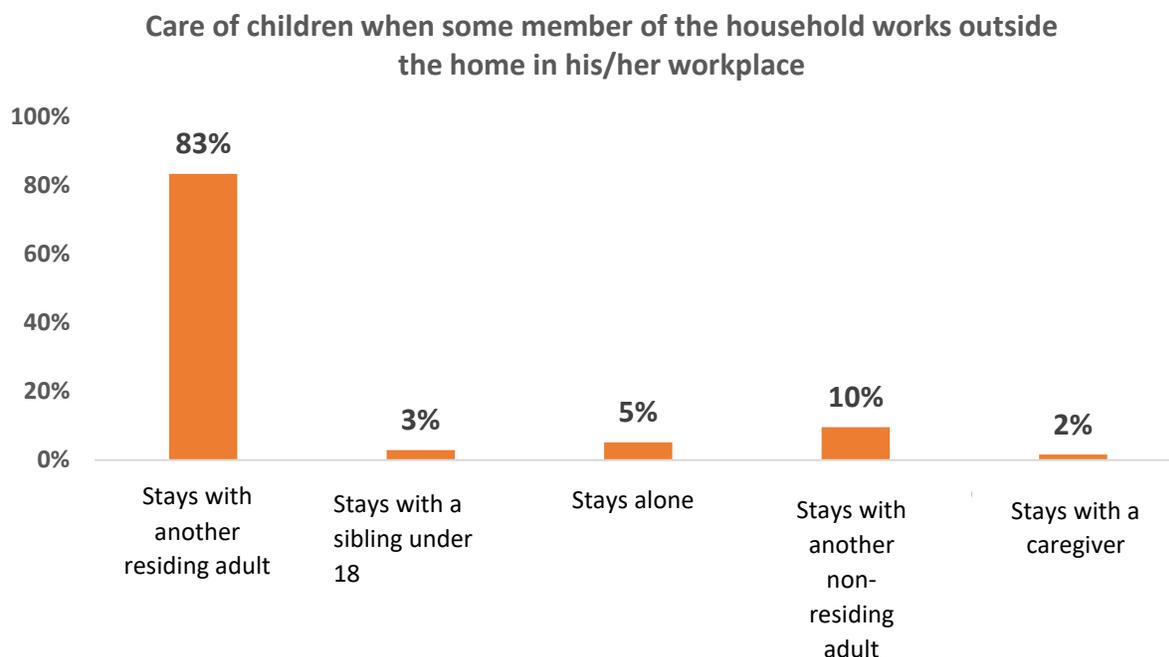
A minimum difference is observed between the towns that were under strict quarantine and those under flexible quarantine: 46 and 44%, respectively.

7% of the households declare that at least one job has been lost in their home: there are 450,000 households where a person has lost his/her job. The percentage rises to **15%** in the **Cuyo** region and **12%** in the **Patagonia** region.

The main cause of income reduction is related to **decreases in working hours** (30%), **decreased levels of sales, orders or customers** (24%), and **households with members whose work posts have been suspended** (13%). The following chart shows that, compared with the April survey, in every case the cause remains stable (work reduction) or its proportions are lower. This would ultimately explain the reduction in the number of households with lower works incomes from April to July, as mentioned before.

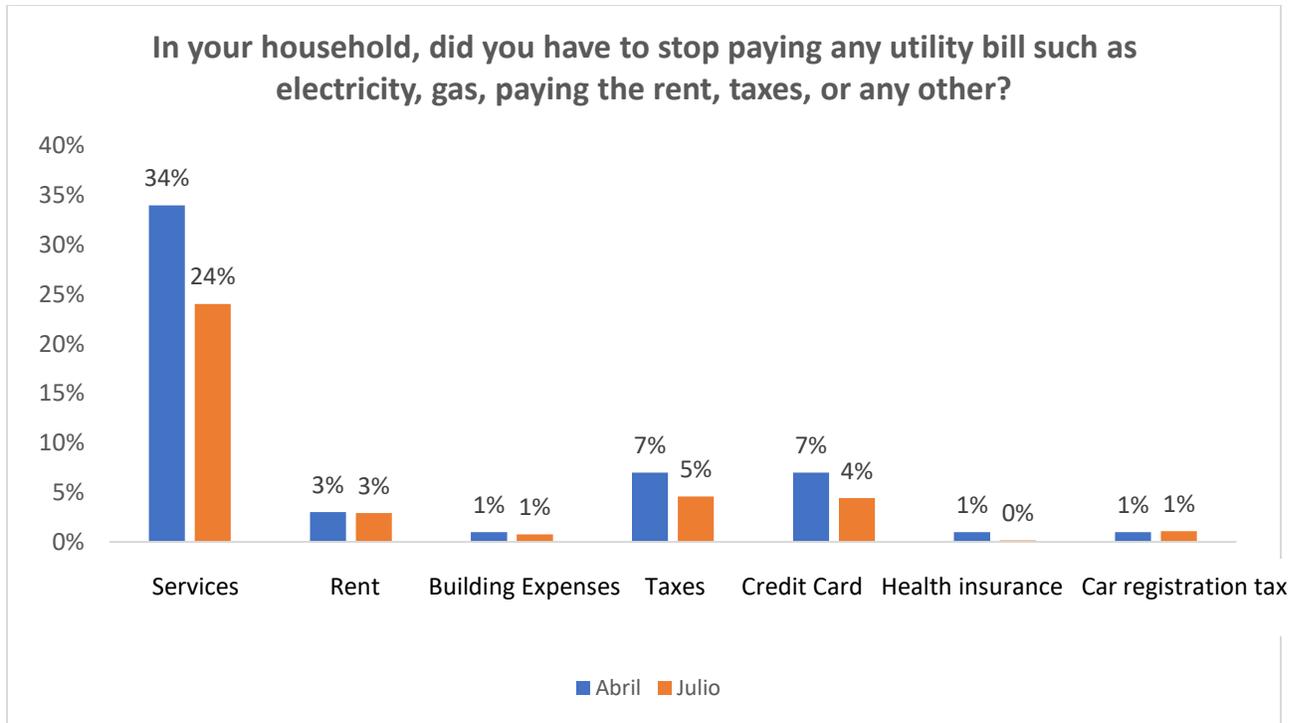


The survey also investigated the strategies adopted by households when a member has to go to work. In most cases, the children remain in the care of another adult residing in the household (83%).



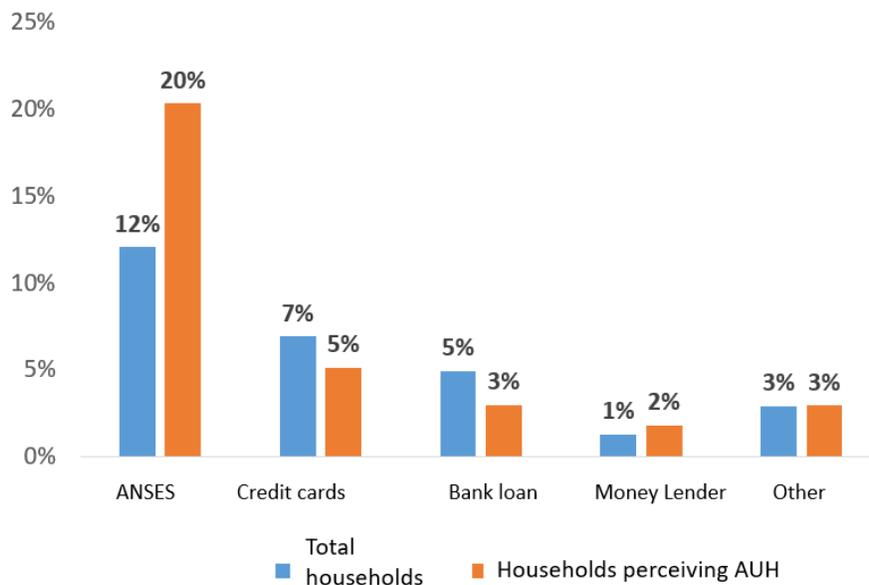
One possible effect caused by decreased family income and employment is the reduction in food expenditures, which is analyzed in the pertinent section. This situation may induce households to implement adjustment mechanisms which affect the wellbeing and health of children and adolescents.

Also, as a result of income reductions, a number of households (24%) have stopped paying some services, mainly electricity, gas, telephone, mobile phone or Internet. It was also observed that 14% of the households stopped paying apartment building expenses, taxes, credit cards, etc. As compared with April, the number of households with debts in these sectors has decreased.

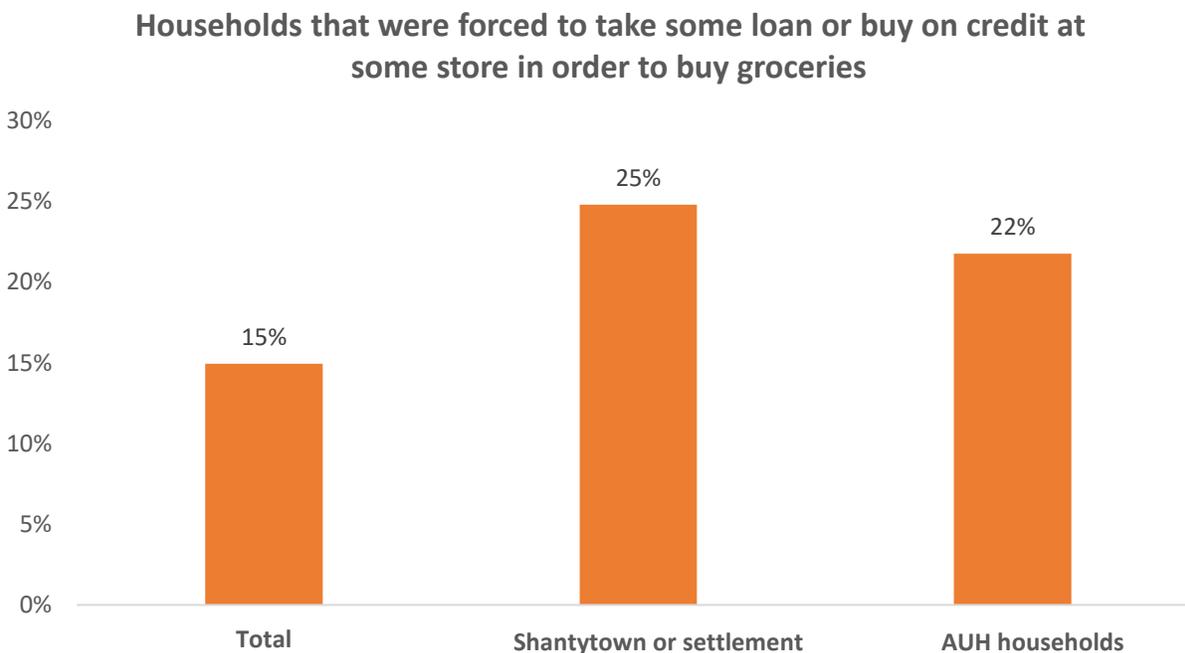


Additionally, this second round of the Survey investigated possible future debt taken by households in response to income challenges. **25% of the households has a least one debt. 12% of the households owed debts to ANSES (20% in the case of households with AUH) and 12% owed debts to credit cards (7%) and banks (5%).**

Household debt



Also, **15% of the households had debts with shops because they had bought food on credit.** This figure rises to **25% in the case of households located in shantytowns or settlements,** and to **22% in the case of households benefiting from the AUH.**



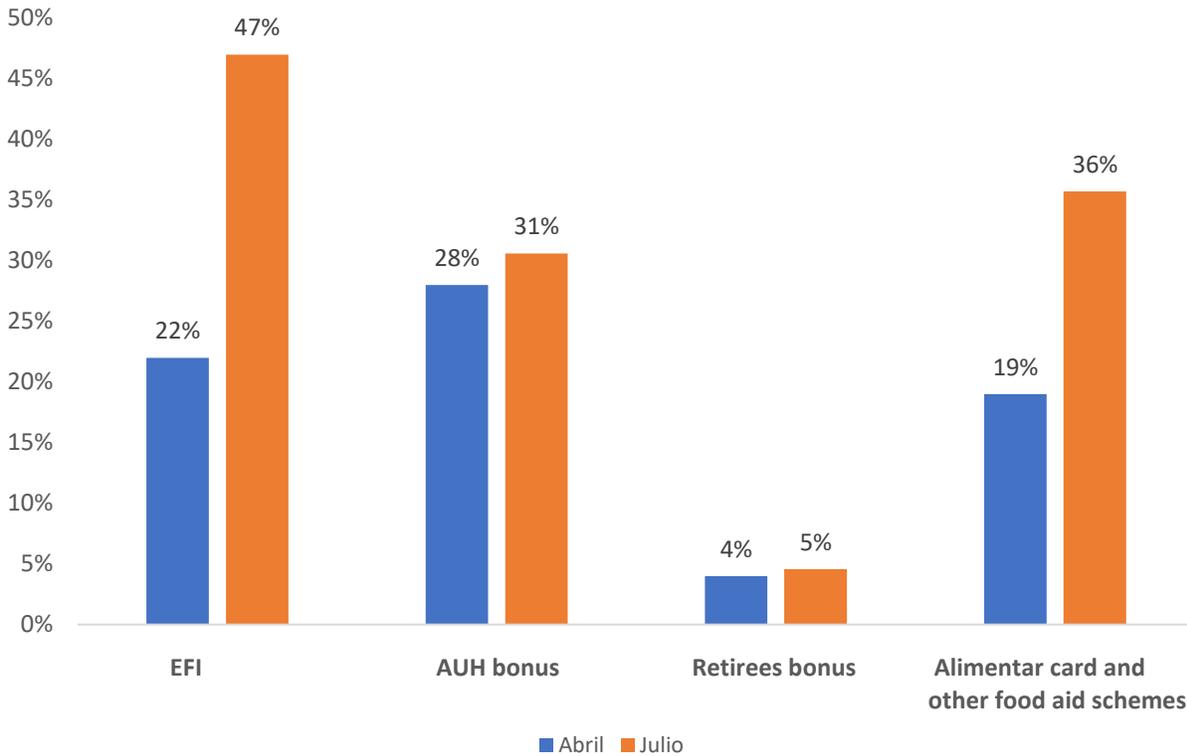
Social transfers

There is a large number of children living in households vulnerable to negative shocks caused by the COVID-19 pandemic, the effects of which may expose them to a situation of poverty encompassing multiple dimensions. Social protection systems are key tools to help containing negative socioeconomic impacts and have proven to be highly effective in emergency contexts (UNICEF, 2019).

The Rapid Assessment confirmed the high coverage of the social protection system in Argentina. **57% of the households with children under 18 receive some type of transfers.** In particular, **47% of the households surveyed stated to have received the Emergency Family Income (EFI), 31% received the AUH special bonus, 5% received the pensioners' bonus and 36% had access to the *Alimentar* card or other food support schemes.**

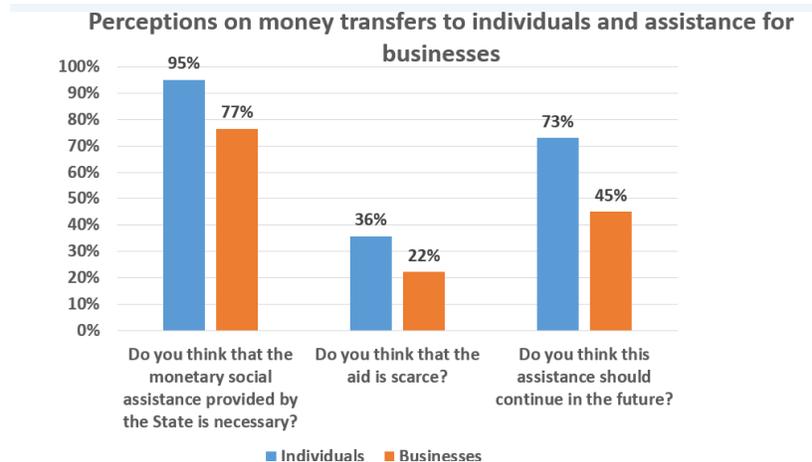
The following chart shows the proportions of the households that benefited from social transfers between April and July. The increasing trends observed for the EFI and the *Alimentar* card are especially noteworthy. As regards the EFI, in April, when the first survey took place, the grant was just beginning to be assigned. In the second survey, the increase coincides with the completion of food card distribution. The stability observed in the AUH bonuses and pensioner bonuses is due to the fact that the beneficiaries are the same and the bonuses were granted for one time only.

Social transfers



Regarding the coverage, **70% of the EFI is concentrated in households have access to Public Health**. In absolute terms, **the EFI benefits 2.8 million households where 13 million people live**. On the other hand, 20% of the households mentioned that a member had applied for the EFI and had been rejected.

Lastly, in view of the effort made by the State to mitigate the critical situation of the population, the Survey inquired about their perceptions in this regard. The **majority agreed with the transfers to persons** (EFI, AUH bonus and pensioner bonus, etc.) **and to companies** (aid for salary payments, expiry extensions, tax moratorium, etc.)



As shown in the chart, the agreement on the need for transfers to persons and companies is 95% and 77%, respectively. 36% of the persons surveyed considers that the support granted to persons is low, while 22% believes the same as regards company support.

As to whether these policies should be maintained along time, there is a significant difference when considering persons and companies: **while 73% believed that the policies should be maintained for persons, slightly less than half (45%) considered that this type of transfers should be maintained along time for companies.**

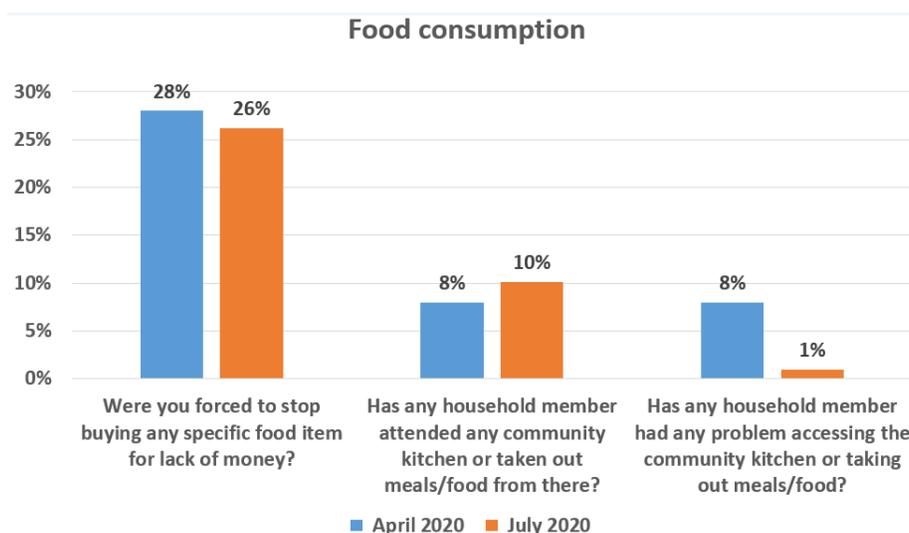
Food

Healthy, varied and nutritious food is a necessary condition for the full development of children and adolescents (CDN, 1989). It is therefore relevant to analyze if the COVID-19 pandemic has negative effects on food availability and quality for households.

The Rapid Assessment performed in July reflected that **26.2% of the total households surveyed had stopped buying some foods due to income limitations. In shantytowns and settlements, the percentage is 31%.** Households headed by women, households with many members and those with at least one person suffering from disability also show greater difficulties in accessing food than the general average.

The Rapid Assessment detected changes in community kitchen patterns and a higher dependence on meals and food bags among the households, depending on the location of their homes.

It was observed that in 10% of the households there is at least one member that eats at a community kitchen. In this case, 69% stated that they attended the kitchens with the same frequency. **However, 26% state that they take away/receive less food.**



Also, out of the total population surveyed, 7% of the households with children or adolescents regularly access school canteens. This represents approximately 450,000 households with at least one child or adolescent who regularly eats at the school canteen. Only 32% stated that the service of the canteen in terms of the food provided is enough for every day of the week. By contrast, **68% of the households reported that the quantity of food provided suffices for only a few days of the week.**

Dynamics and violence in households

Previous health crises have shown that children are more exposed to situations of exploitation, violence and abuse when schools are closed, when social services are disrupted and when movements are restricted (UN 2020). In addition, the absence of the relationship and daily contact with teachers and health personnel makes it more difficult for them to ask for help in these situations and hinders the detection and reporting of the cases by the persons who are in contact with the children on a day-to-day basis.

The Rapid Assessment indicates that in 39% of the households, persons feel more anxious about being infected by COVID-19. Tobacco consumption has risen in 5.4% of the households, alcohol consumption in 2%, and psychotropic drug consumption in less than 1% of the households.

It has been observed that in 19% of the households there is **more anger and quarreling: 43% of the conflicts are between adults, 20% between adults and their offspring, and 21% between siblings.**

1.3% (i.e., 77,900) of the households experienced domestic violence episodes during the quarantine. In 57% of the cases, those situations involved women and in 24% children. Violence against women is a troubling phenomenon, which may be exacerbated in social isolation contexts such as the present one. It should be noted that both in cases of **domestic violence and violence against women, the results of a telephone survey on the subject should be taken with caution**, contrary to data gathered through more sensitive techniques which are available in contexts other than social isolation.

The cases of violence reported through this Survey may face challenges caused by under-reporting, particularly when the perpetrator lives in the same house and is present at the time of the survey. Intra-family violence against children and adolescents is even more challenging, since violence as a form of child rearing is often naturalized and the telephone survey directly addresses the adults who may be applying such practices. That said, the data indicated that in 2.4% (+/- 0.7%) of the households (145,000 households) women reported to have been verbally attacked or abused.

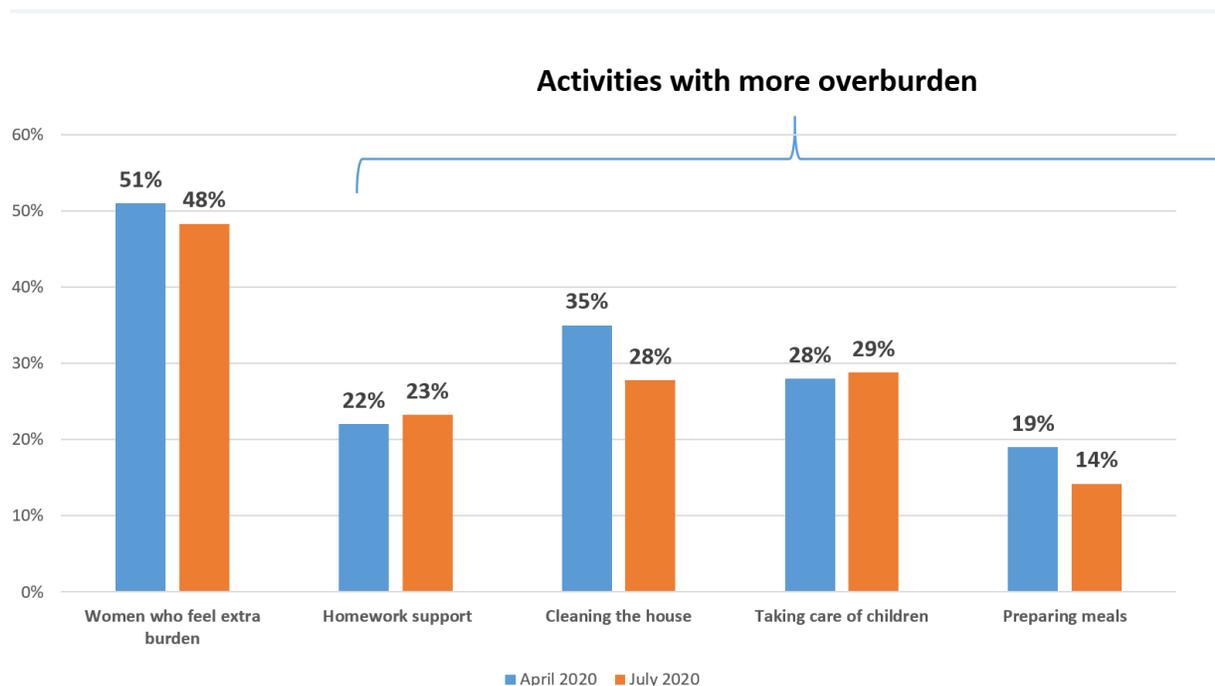
A significantly lower proportion (0.4%, i.e. 21,800 women) declared to have suffered physical violence, in 80% of the cases from their partners. In 32% of the cases, the women answering the Survey said that they spoke about the subject with their acquaintances. Then, in proportions ranging from 10 to 13%, they stated that they reported the problem to the police or to specialized assistance centers and to family members and friends, respectively.

Compared to the results obtained in April, domestic violence situations have retained the same proportions. **But in the case of physical violence against women, the proportion has tripled: in April, the percentage was 0.13%. This means that, from the 7,000 women who in April declared to have suffered physical violence, the number of cases surveyed increased to almost 22,000 in July.** The incidence of verbal violence has also remained stable (2.4%).

Distribution of housework and caretaking tasks

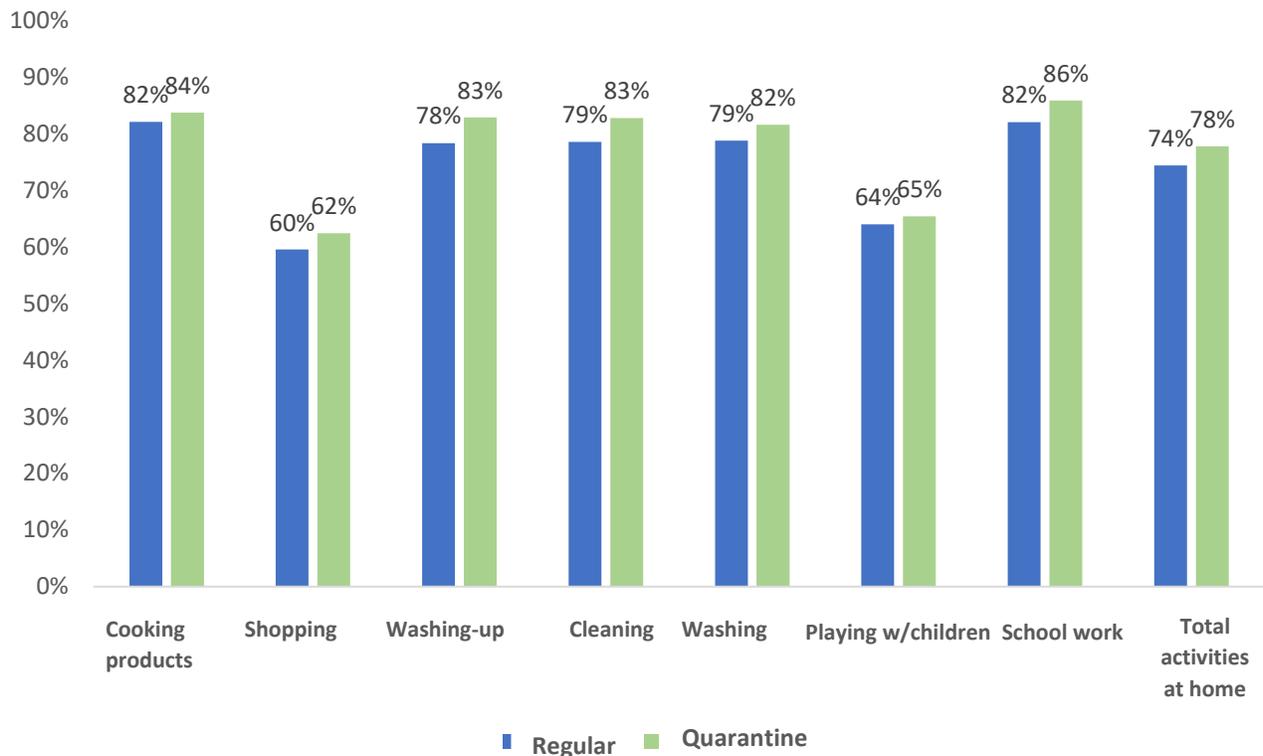
The COVID-19 outbreak has different impacts on women and men, and may exacerbate previously existing gender-related disparities. **48% of the women aged 18 or more who were interviewed stated that during the social isolation period they felt a greater overburden of household chores: child care (29%), house cleaning (28%), helping with homework (23%), and cooking (14%), among others.**

Compared with the data obtained in April, this overburden has remained relatively stable, but child care and homework have taken on additional relevance.



The Survey made a more detailed investigation of household activities in the case of households subjected to strict quarantine conditions. The Survey first asked who was usually in charge of housework. Then, the Survey asked who was carrying out the chores during the quarantine. The following chart shows the participation of women in April and July.

Participation of women in household activities: prior to and after the quarantine (locations in strict quarantine)



During the quarantine, their involvement increased to 78%. In comparison with the previous period, the participation of women increases in every task: cooking, shopping, dishwashing, house cleaning, cooking, disinfecting groceries, helping with homework and playing with the children. In addition, only 39% of the women state they are able to balance labor market demands and housework.

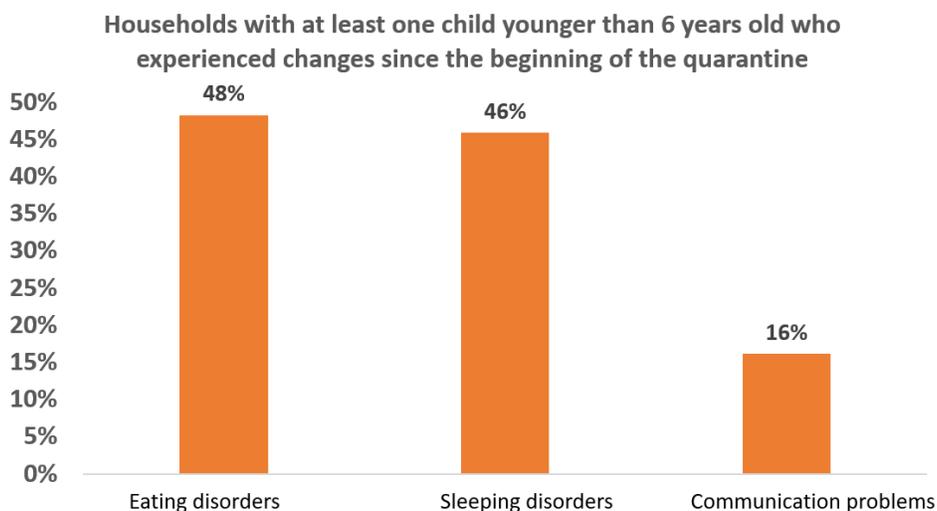
Social and economic protection measures should take into account the dynamics of housework economy, and should promote actions aimed at reducing inequalities in the distribution of housework and encourage task sharing between men and women.

Early childhood

Various reports linked to the research on natural disasters indicate that children are more vulnerable than adults to emotional impacts caused by traumatic situations or events that disrupt their daily life. In particular, younger children react to the stress they notice in their mother, father and other caretakers; they perceive what is happening around them and react in different ways: they can become more dependent, show worry, distress, anger or agitation, withdraw into themselves or return to behaviors they had left behind. Emotional difficulties may set in because

of disruptions in children’s routines, which affect their perception of security, predictability and structure, and manifest themselves as alterations that may affect their sleeping, eating and communication habits, among other aspects.

The second round of the Rapid Assessment sought to obtain information on these effects. In this regard, it is observed that **almost half the households with children up to 6 stated that the children showed alterations in relation to food** since the quarantine started. **46% of the children experience alterations in their sleep**, and lastly, **16% of them show communication problems**.



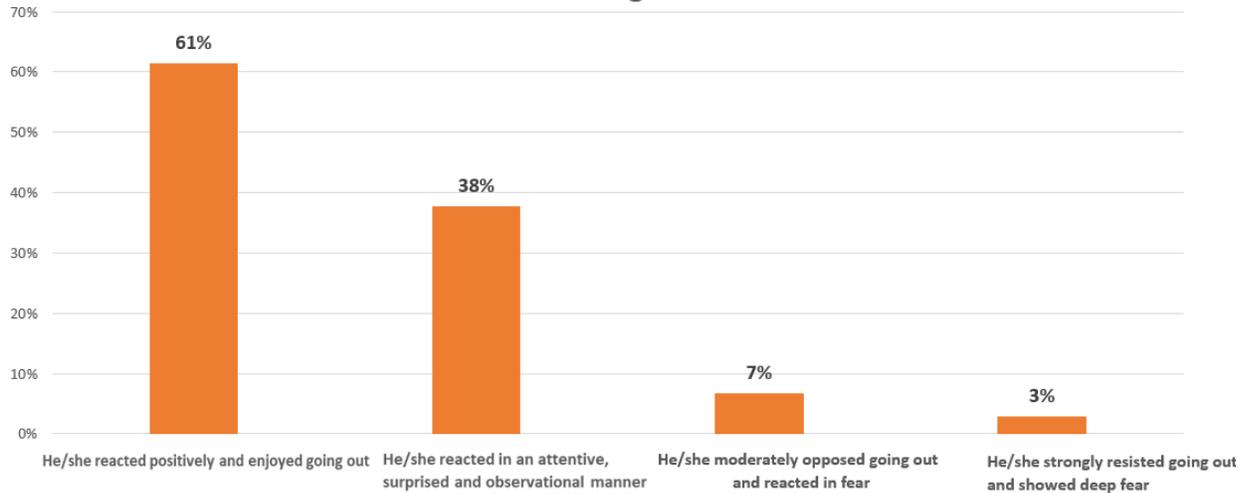
Young children can ask direct questions about what is happening now or will happen in the future and may show different behaviors when reacting to strong feelings (fear, worry, sadness, anger) about the pandemic. Children’s emotional wellbeing should be addressed as a core priority during the pandemic, since they run the risk of developing significant manifestations and problems such as stress, anxiety or depression (Bartlett, Griffin y Thomson, 2020).

Recreational outings

Recreational outing situations are perceived as a positive factor in child care and rearing strategies, particularly with respect to their effects on mental health, as mentioned above. The second round of the Survey therefore sought to investigate the households’ perceptions about this activity.

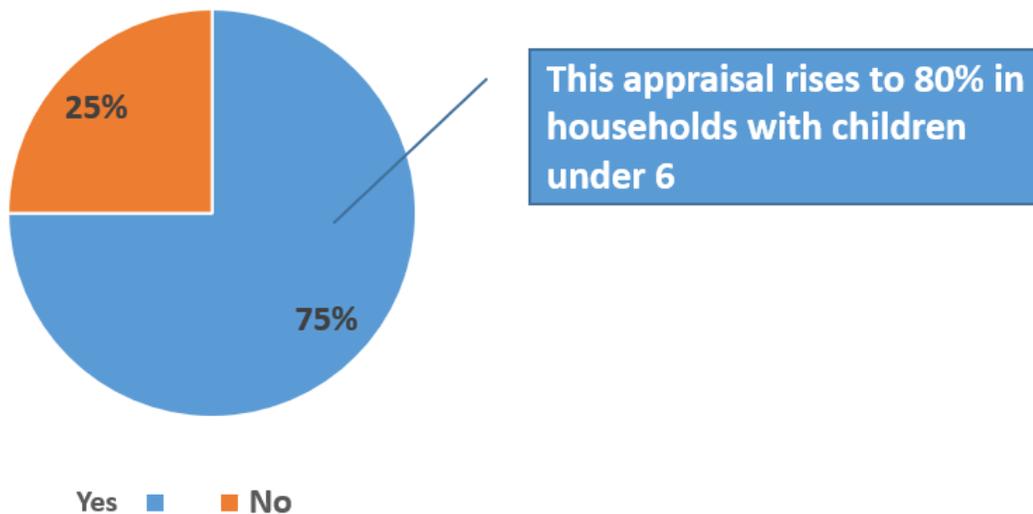
The data indicate that children evidenced different reactions. While 61% reacted with pleasure, 38% showed surprise and caution. It was also observed that 10% of the children were moderately or strongly opposed to the outing.

Faced with the option to go out during the quarantine, following a long period of physical isolation, how did the child react during those outings?



The Survey also analyzed the situation of **recreational outings in the city of Buenos Aires and its suburban area**. In both spaces, the ample majority of the households emphasized their **positive impact on children** (75% in the city of Buenos Aires and 96% in its suburban area).

Do you think that recreational outings for children had a positive impact on their wellbeing?

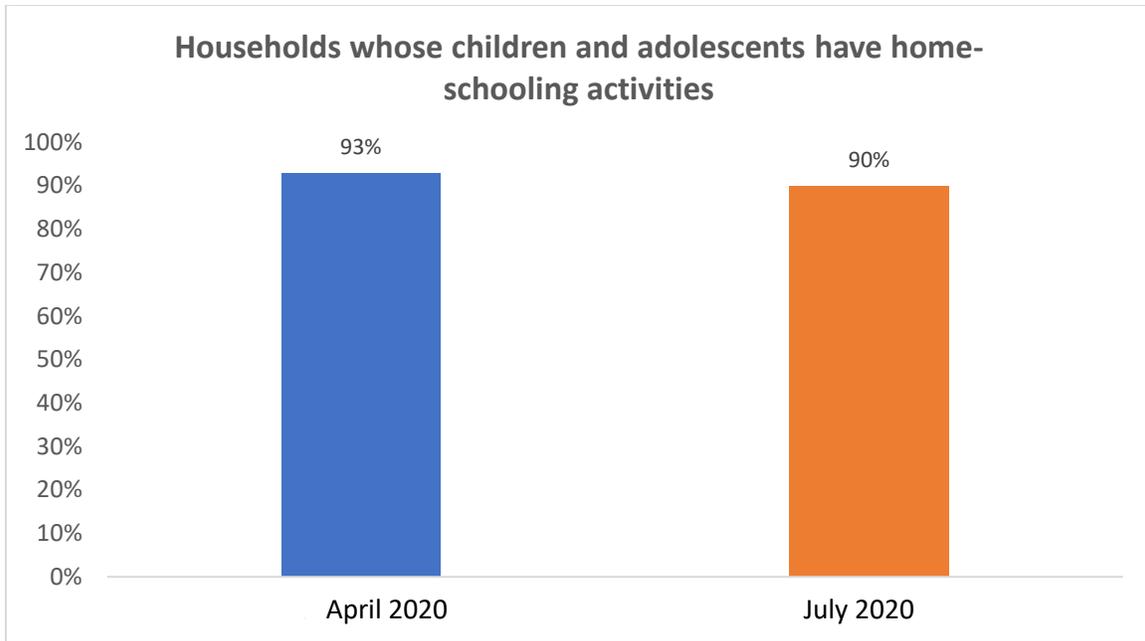




Education

The spread of COVID-19 caused the suspension of in-person classes at initial, primary, and secondary levels in all their modalities (Ministry of Education resolution 108/2020). Thus, children and adolescents ceased to attend education centers. At the same time, in order to contribute to the conditions required for the continuation of teaching activities in the national education system, a multi-platform solution was developed (website, public TV and radio programs, and printed booklets) with educational contents for every level. However, this process may leave behind and widen the inequality gap for children and adolescents who lack access to technological devices or permanent connections to the Internet or who need more learning support, and it also implies a challenge for the teachers as well as for the students and their families.

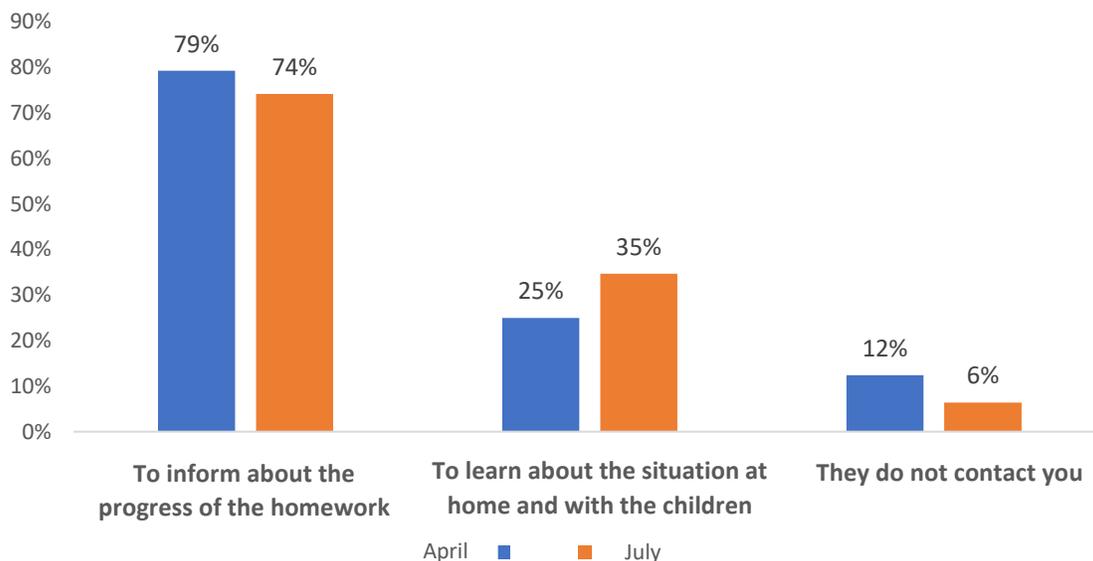
The findings of the Rapid Assessment reveal that during the quarantine period **90% of the households with children and adolescents aged from 3 to 17 have school activities and homework. This percentage is only slightly lower than the one registered in April.**



Among those who stated they have such tasks, **74% are in contact with the school in order to obtain feedback on their progress. Homework support** is provided mainly by **mothers (87%)**. In comparison with April, this represents a significant increase: in April, it was observed that **68% of the mothers** helped their children with schoolwork. Also, in 35% of the cases, the families indicate that the school contacts them to learn about the situation of the household and the children. This represents an increase in the schools' communication with the households, as compared with April.

Lastly, **45% of the households believe** that schools **will not be able to comply with the required prevention measures**.

Are you contacted by the school in your household?

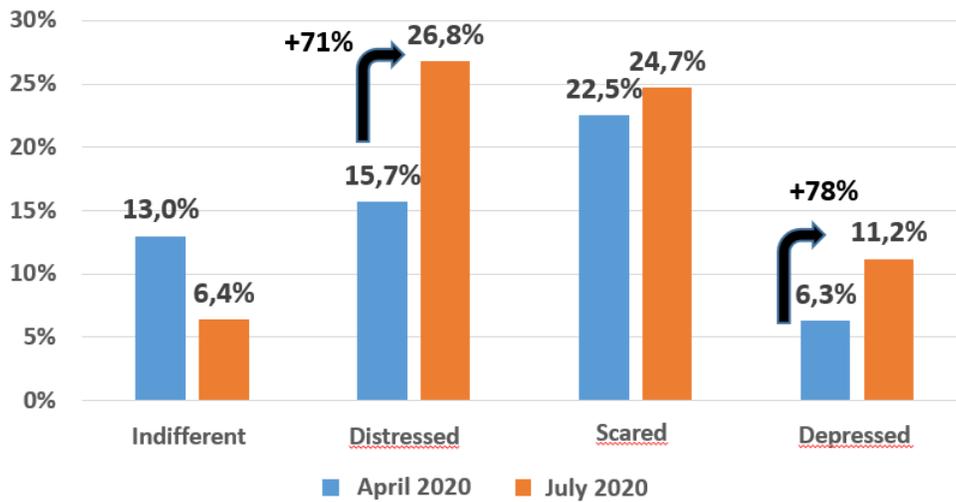


Adolescents' opinions

In times of economic, humanitarian or social crisis, children and adolescents have less opportunities to express their opinions and defend their rights (UNICEF, 2012). Listening to and taking into account the opinions of children and adolescents about situations that affect them is one of their rights, as well as an essential condition to examine their situation, understand the context they face and propose pertinent solutions to help them. With this aim in view, the Survey included a module targeting the adolescent population aged from 13 to 17, which sought to capture their experiences, states of mind and perceptions with regard to the COVID-19 pandemic.

The data obtained reflect that, over time, the situation of adolescents has changed in terms of negative feelings. The following chart shows that situations of distress, depression or fear have grown in comparison with April.

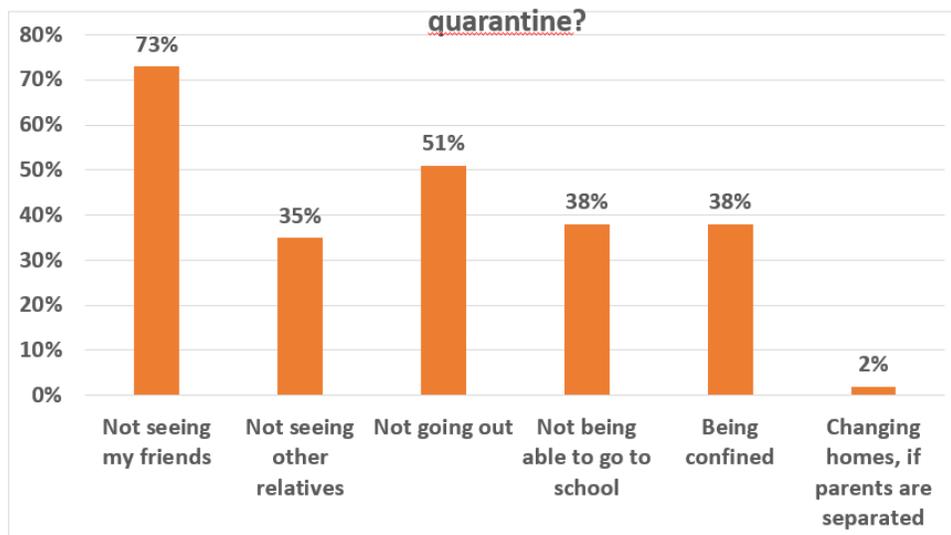
Did you feel distressed, depressed, scared about the uncertainty caused by this context?



In total, **36%** of the adolescents interviewed experience negative feelings, such as fear (**24.7%**), distress (**26.8%**) or depression (**11.2%**). More than half of them speak about these subjects with their mothers. **63%** of the adolescents surveyed believed that they or their family members could catch the disease.

The Survey also inquired which aspects of the isolation measures are affecting them the most. Over 70% stated that it was hard for them not to see their friends, and half of them mentioned not being able to go out, missing school, being confined, not being outdoors or not doing the things they used to do before (such as sports, cultural activities, political activities, workshops, etc.), among others.

What do you find most difficult about this quarantine?



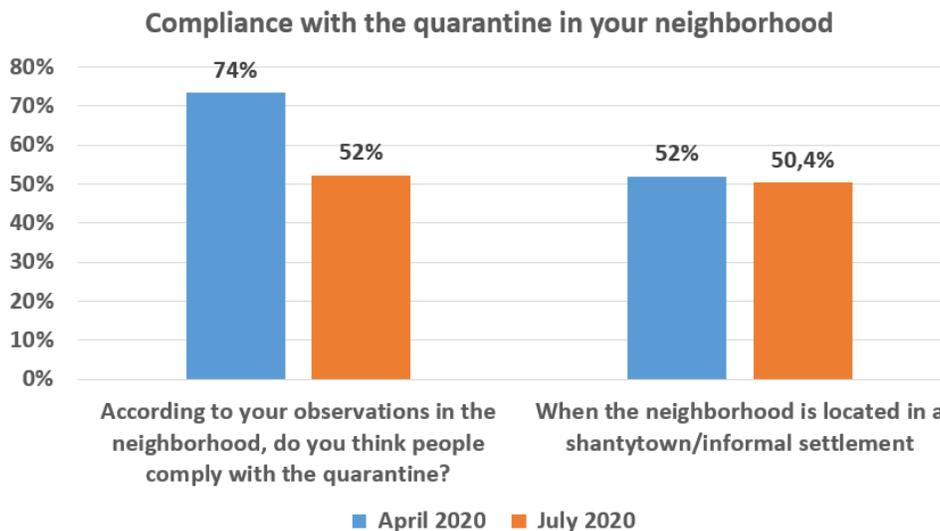
73% of the adolescent's state that their screen time has increased since the start of the quarantine. This time, the Survey also investigated situations of exposure to discrimination, abuse, cyberbullying, violence or pornography. Although the frequency of these situations was surveyed, it is important to mention the proportions and numbers of adolescents who stated to have been exposed to these situations: **17% of the adolescents state that they experienced one of the following situations.**

| Network exposure to: | Quantity | % |
|--|----------|------|
| Obscene/pornographic contents | 135,199 | 9.5 |
| Violence or postings inciting violence | 144,397 | 10.5 |
| Cyberbullying or abuse | 50,235 | 3.5 |
| Discrimination for different reasons | 55,083 | 3.9 |

Population in ASPO phase (strict quarantine)

At the time of the survey, the localities under strict quarantine include the city of Buenos Aires and the districts forming its suburban area. The quarantine had also been imposed on households located in towns in all the country's regions except Cuyo.

With regard to the perceptions about quarantine compliance, **52.3% of all households believe that the people in their neighborhoods are abiding by the quarantine**, a reduction with respect to the figure obtained in April (73.5%). The percentage is lower in shantytowns and settlements, where a 50% compliance is reported, but in this case, the decrease with respect to April is much lower.



71% of the households located in towns under strict quarantine during the survey indicated that a member of the household had gone out the day before. The main reasons for leaving the house were first, to buy food and second, to go to work (58 and 32%, respectively).

A group particularly vulnerable to contagion is that of households with more than 5 members located in shantytowns and settlements, which experience overcrowding living conditions that make it difficult for them to comply with prevention measures. In these cases, 69% of the households stated that a member had left the house the day before, also mainly to buy food and go to work. The proportions were similar to those mentioned in the previous paragraph.

96% of the households under quarantine stated that they are able to comply with isolation measures.

Lastly, it is interesting to observe **the changes in perception of populations subjected to strict quarantine with regard to the risk of contagion if the quarantine were not in place**. 64.5% declare that without the quarantine, the risk of contagion would be high. 24% consider that the risk is medium. Only 11% consider that the risk of contagion under no quarantine conditions is low or none. In April, the high risk perception was 83%, the medium risk perception 10%, and the low or no risk perception 6%.

| In your opinion, in the absence of quarantine, what would be the risk of you or your family members catching the disease? | | |
|---|------------|------------|
| Risk | April | July |
| High | 83.0 | 64.5 |
| Medium | 10.6 | 23.9 |
| Low | 4.8 | 8.0 |
| No risk | 1.6 | 3.5 |
| Total | 100 | 100 |

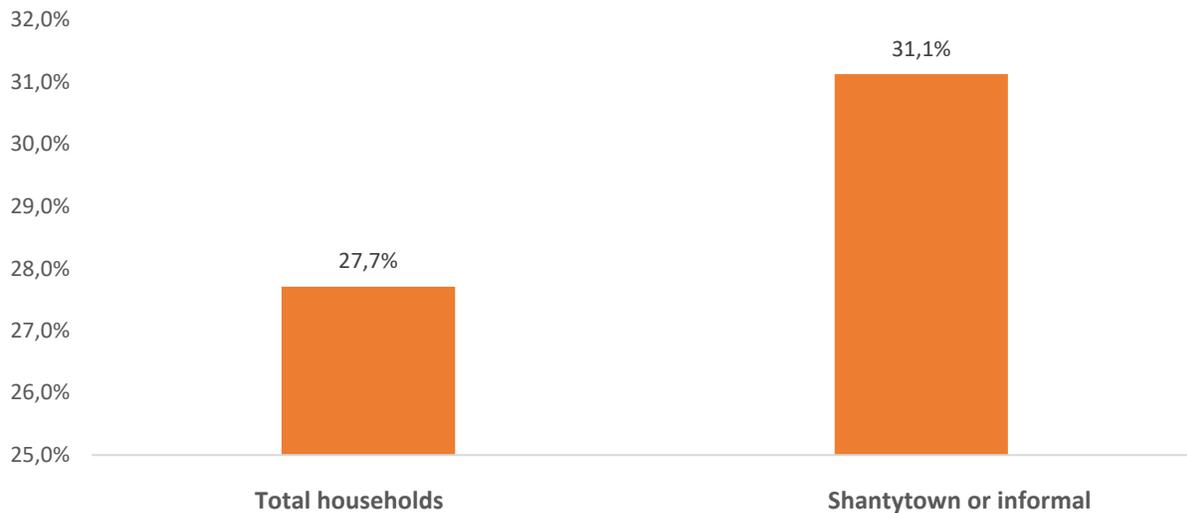
On the other hand, the implementation of the different isolation stages **affected various activities related to prevention, health care** and the treatment of diseases, symptoms or possible symptoms unrelated to coronavirus.

The survey performed in July reflects that in towns under strict quarantine, **in 45% of the households some members stopped complying with health controls**. This proportion is slightly lower than the one obtained in April, with 55% of the households in this situation.

Out of the group surveyed in July, 69% stopped attending medical consultations. 14% of the households answered that they had not attended any medical studies. A further 11% declared that they had not attended medical practices and planned surgeries (9% and 2%, respectively).

Lastly, it is observed that **27.7% of the households** have not been able to comply with **the children's health checks and vaccination schemes**. This causes considerable alarm in terms of the children's right to health. In the case of households located in **shantytowns or settlements, this figure increases to 31%**.

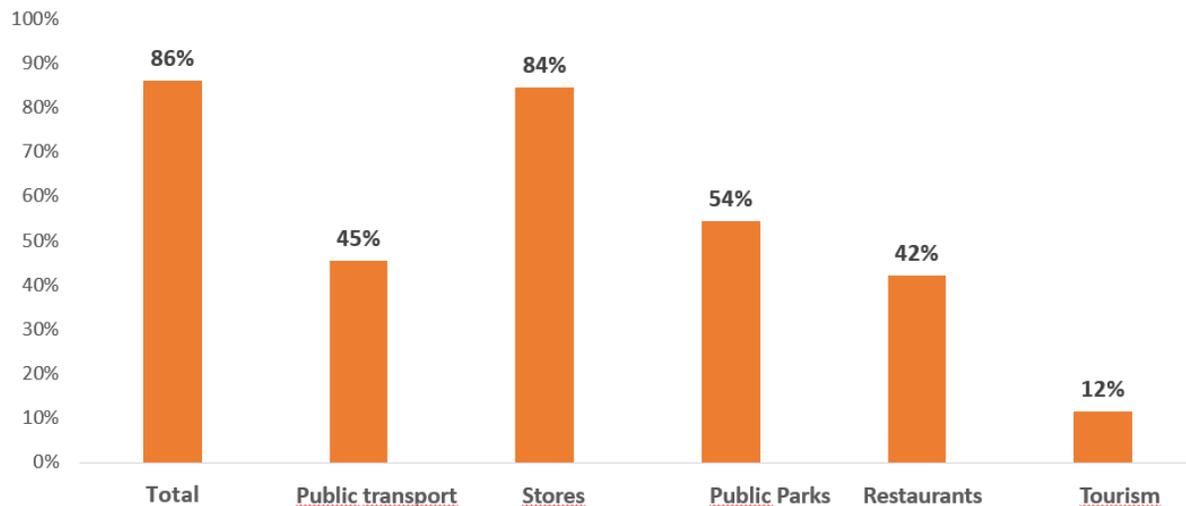
Households that have interrupted vaccination of their children



Households in DISPO phase (flexible quarantine)

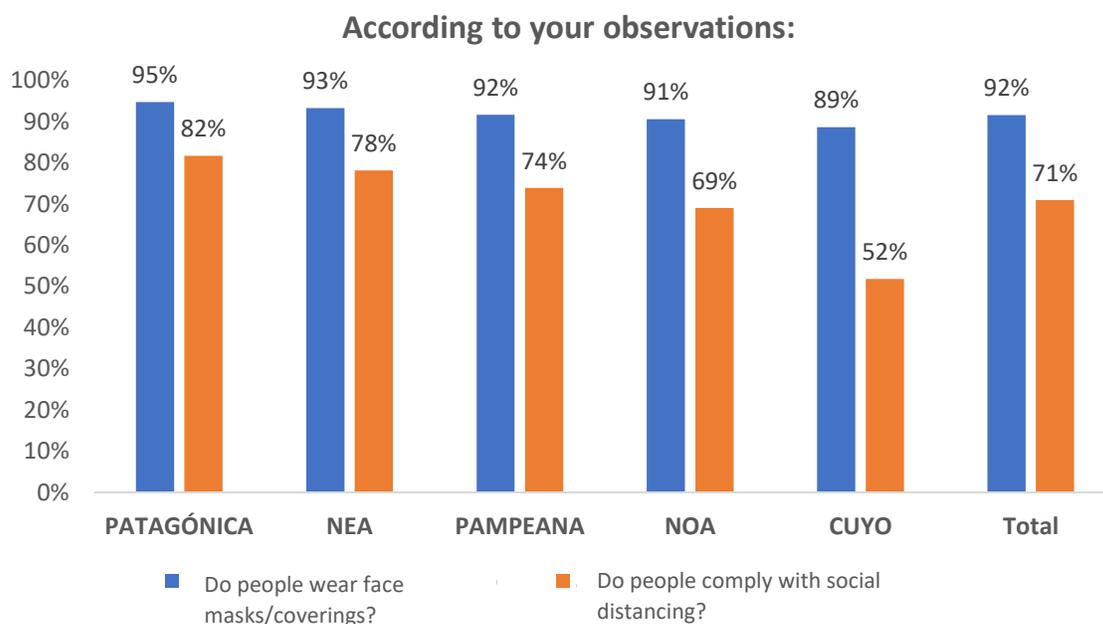
With regard to households located in towns under different flexible quarantine conditions, a first survey referred to the reopening of various activities and public spaces, as shown below.

In your town/province, was there a reopening of all activities, except for educational activities?



The survey also investigated the compliance with preventive measures such as distancing and the use of masks at street level. **In all the regions, masks are used in more than 90% of the cases surveyed.** With regard to social distancing, the proportions observed are lower: in all regions except Patagonia, the percentages fall below 80%. The lowest point is observed in

households in the Cuyo region, which show a 52% compliance level with regard to social distancing.



75% of the households answered that one of their members had gone back to work. Of this group, 95% stated that prevention measures/protocols are applied in the work places in order to meet distancing requirements. In the context of schools and care facilities which remain closed, in addition to other restrictions such as the possibility to access the family networks to which families also resort, the return to work spaces implies a particular challenge as regards the necessary precautions.

55% of the households interviewed stated that the experience of strict quarantine has changed and altered house tasks. **43% stated they avoided health checks, medical practices** and even planned surgeries during the quarantine. **27% of the households were unable to comply with their children’s medical controls and vaccination schemes**, similar to the households under strict quarantine, as mentioned previously. Of this group, **40% of the households resumed these activities once the quarantine changed to the distancing phase.**

Conclusions

The second round of the Rapid Assessment provides updated information on the effects caused by the pandemic on households with children and adolescent. On one hand, it allows following up on the challenges and concerns identified during the first round carried out in April, as it surveyed the same households. On the other hand, this second round includes new questions related to the socio-emotional situation of early childhood and the impact of recreational outings on children and adolescents. Likewise, the sample was improved to be able to have a specific breakdown for the City of Buenos Aires and the Suburban Area of Buenos Aires province regarding these matters.

One of the key goals of UNICEF Argentina's COVID-19 Response Plan is to produce and provide robust, representative and timely information on the situation of children and adolescents. Likewise, the evidence collected helps inform the decision-making levels in the adoption of measures that may ensure the exercise of rights for all children and adolescents during the pandemic, in view of the challenges that will result from it in the medium and long term.

In sum, the data gathered from the second round of the Rapid Survey show that, in spite of the fall of almost 10 points, the percentage of people who agree with the quarantine as a way to avoid transmission is still high: around 87%. However, in locations with strict quarantine, just a bit more than half of the households consulted (52.3%) believes there is compliance with the quarantine. This perception is 20 points lower than that recorded in April (73.5%).

As mentioned, one of the largest impacts of the pandemic on the wellbeing of households has been their possibility to generate and maintain earnings, in particular those individuals with more precarious and informal working conditions. In this new survey carried out in July, we observed that 45% of households had a reduction in their earnings from work compared to their situation prior to the pandemic. In other words, beyond the reopening of activities, the more relaxed quarantine in parts of the country and the implementation of the labor and production assistance program (ATP, Spanish acronym), 2.6 million households have seen a reduction in their earnings from work.

The most impacted households are found in the North-east region (NEA), where such percentage is as high as 54%. Also, the loss of income in the households rises to 54% in shantytowns and informal settlements, 55% in households that receive AUH (Universal Child Allowance) and to 48% in households with five or more members.

The fall in earnings implies restrictions in consumption and in the ability to pay for household expenditures. In particular, in this second round of the survey, respondents were asked about possible future debts for the household: 25% has at least one debt. 12% of households responded to have a debt with ANSES (National Social Security Administration) (about 20% of households with AUH benefit) and about 12% have debts between cards (7%) and banks (5%). Likewise,

15% of households has incurred in debt with grocery stores to buy food on credit. Such situation rises to 25% in the case of households located in shanty towns and/or informal settlements and to 22% in households with AUH benefit.

In this context, the measures taken in the area of social protection, especially as regards social transfers, have helped mitigate the shock caused to the income of the population with a focus on the most vulnerable. A percentage of 57% of households with children younger than 18 receive some money transfer. In particular, 47% of households surveyed responded that they were granted the Emergency Family Income (EFI), 31% was given the special AUH bonus, 5% received the retiree bonus and 36% was given the Alimentar Card and had access to other food assistance mechanisms.

The magnitude of the challenges facing households with children and adolescents make it necessary to continue strengthening social protection programs to offset the fall in their earnings, and adds one more argument to think about universal, unconditioned responses to provide coverage to all children and adolescents. Also, it is required for these programs to be a sufficiently comprehensive to allow all families to come out of (or avoid falling in) extreme poverty.

The information collected by the 2nd round of the Rapid Assessment shows a general agreement among the households surveyed towards money transfers to the population (EFI, AUH bonus and retiree bonuses, etc.) and to businesses (assistance to pay salaries, overdue payment extension, tax pardons, etc.)

As regards the food situation, economic restrictions limit the intake of nutritious and varied food and increase household dependency on food assistance and meals provided by school kitchens. The Survey of July found that 26.2% of all households surveyed had stopped buying some food products due to their low income. In shantytowns and informal settlements, the percentage is as high as 31%. Households with women heads, large households and those with at least one person with disability also exhibit higher difficulties to have access to food than the general average.

This situation could worsen the food insecurity state in Argentina both in the short and medium term. The food problem in households with children and adolescents, particularly in those households with lower incomes, requires special and urgent attention that may lead to the creation of mechanisms to help counter this phenomenon.

As regards the health area, in the population in strict quarantine, we observe that 27.7% of households has not been able to perform health checks and get vaccination for their children, a situation that constitutes a significant warning as regards children's right to health. In the case of households located in shantytowns or informal settlements, these numbers rise to 31%. In households under flexible quarantine, 43% indicate that they have stopped attending medical checks and even scheduled surgeries during the quarantine. A percentage of 27% of households has not been able to continue with health checks and children's vaccination, similar to what is reported by households in strict quarantine, as shown in the previous paragraph. Out of this group, 40% has resumed medical visits wherever there is a change to the social distancing phase.

The Survey also allowed identifying concerns linked to the socio-emotional health of younger children. Emotional difficulties are perceived due to the change in their routines, thus impacting their feeling of security, foreseeability and structure, manifesting themselves as alterations related

to sleep, eating and communication, among others. Almost half of the households with children younger than 6 express that their children have suffered from food alterations during the quarantine. 46% exhibit sleeping alterations and finally 16% of children are presenting communication problems.

Adolescents, on their part, report they feel sad, worried or depressed in this context. In total, 36% of the adolescents interviewed experience some negative feeling: scared (24.7%), anguished (26.8%, over 70% increase compared to April), or depressed (11.2%, 78% more than April). More than half talk about these feelings with their mothers. 63% of adolescents interviewed believe that they or somebody from their family may get infected with the virus.

The situation of recreational outings is a factor perceived as positive in terms of care and raising strategies, particularly as to the effects on children's mental health, as mentioned above. For that reason, the second round of the Rapid Assessment attempted to learn about the perception of households regarding this activity. The data show that children's reactions were different and diverse. While 61% reacted positively, 38% did it in a surprised and cautious manner. The results also showed that about 10% of the children opposed between moderately and firmly. Also, the Survey allowed examining the situation of recreational outings in the City of Buenos Aires (CABA) and suburban belt of Buenos Aires province. In both spaces, the vast majority of households surveyed highlighted the positive impact on children: 75% in CABA and 96% in the suburban belt.

The pandemic has deepened preexisting gender inequalities, including the distribution of care tasks and house chores. A percentage of 48% of women older than 18 who were interviewed expressed that, during the social isolation period, felt more overburdened by house chores: taking care of the children (29%), cleaning the house (28%), helping with home-schooling activities (23%), food preparation (14%), and others. In view of the increase in care and house demands, women continue to be the ones to take on the additional burden, in most cases. Also, violence against women is a matter of concern, aggravated in social isolation contexts as today. Data revealed that in 2.4% (+/- 0,7%) of households (145 thousand households), women reported they feel ill-treated or verbally abused. A proportion considerably lower than 0.4% (21,800 women) declared to have suffered some physical aggression, 80% of those cases they were ill-treated by their couples. These values tripled the numbers reported in April (0.13%).

The comparisons explained along this document show some key challenges in the exercise of children and adolescents' rights in the framework of the pandemic. They also show important inequalities between different population groups. The pandemic and the measures that must be taken to respond raise the risk of deepening these inequalities. The evidence presented seeks to contribute to adjusting the strategies in the short, medium and long term so as to reduce the disparities in the children and adolescent population.

It is important for the government to continue evaluating, based on evidence, the benefits and negative consequences of each intervention both for containing the disease transmission as well as for limiting social and economic damages. In particular, it should be a priority to advance in strategies specifically designed to provide psychological support to children, based on families and the community, to help them regain confidence and security as well as strengthen their socialization abilities. Also, as far as epidemiological conditions allow, in strict compliance with

biosecurity protocols, all girls and boys should go back to school. Hence, the school community as a whole must generate the conditions necessary to allow a gradual return.

Different strategies can support the community, enhance mental health in this context, protect access to essential goods and services, and alleviate the economic impact of the stay-at-home measures, especially in households with children in more vulnerable conditions. To do that, it is fundamental to ensure that every child and adolescent can exercise their full rights, even in situations of emergency.

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