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SOCIAL WORK RESPONSE TO CHILDREN: PANDEMIC AND POST PANDEMIC INTERVENTIONS

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Abstract: *Pandemics are those most challenging situations that create daily hurdles due to the spread of infectious diseases and other effects at the mass level. Children are the most vulnerable population, as they are more prone to infections due to a low immune system. They are dependent on their physical, mental, social, cultural, and cognitive development. So, the development and care of the children should be on priority during a pandemic crisis. There is also a need for post-pandemic interventions covering health, safety, education, social security, protection from exploitation and abuse, and enabling them to live in a healthy social environment. The present paper presents social work intervention for children and Social Group Work application in meeting the crisis (COVID-19). The data used in the study were from the published reports of national and international agencies like WHO, UNICEF, Government of India. This paper will be focused on pandemic preparedness, the measures taken at the time of the pandemic, and the rehabilitation measures in post-pandemic situations. The researcher provides an insight into the involvement of social work practice in child welfare, especially the Social Group Work method. Social group workers' skills and techniques in providing protective and rehabilitative measures for the children in the pandemic.*

Keywords: Children, Social Group Work, Pandemic, Post-pandemic, COVID-19

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Introduction

Pandemics are those most challenging situations that create daily hurdles due to the spread of infectious diseases and other effects at the mass level. A pandemic is defined as "an epidemic occurring over a vast area, crossing international boundaries, and usually affecting many people" (Porta, 2014). The occurrence of pandemics was found to be due to viral disease from animals. Two types of risks are associated with the pandemic called 'spark risk' and 'spread risk'. Spark risk is a risk created due to the sudden arrival, while spread risk includes the disease's frequency and its effects to spread within the human population.

From previous times, several diseases occurred throughout the world categorised in pandemics like the Black Death, Spanish flu. These days, a new pandemic crisis occurred in the world named "Coronavirus" in December 2019 (COVID-19). The novel coronavirus or COVID-19, originated in Wuhan, China, and rapidly spread globally, including India. World Health Organization (WHO) declared it a pandemic.

These diseases increase pandemic risk by providing opportunities for viruses to become better adapted to spread within a human population. The causes of the pandemics are individual behavioural changes, political stresses, and tensions, social, political, and economic disruption (Madhav, et al., 2017). COVID-19 comes across the world, putting the crisis, and children are the hidden victims of this pandemic. It is affecting the lives of the children, especially vulnerable and marginalised children. More children suffer from malnutrition and are prone to diseases due to a lack of basic amenities and other safety and precautionary measures. There have been more possibilities of being affected by disease among this population due to multiple side-effects on their physical and psychosocial well-being. So, the development and care of the children should be on priority during a pandemic. They need post-pandemic interventions in health and safety education, social security, protection from exploitation, and abuse, enabling them to live in a healthy social environment.

The present paper attempts the intervention of social work for children in the pandemic and post-pandemic crisis. The action was taken against the adverse effects of COVID-19 and the preventive measures taken to deal with the crisis within social work methods and practice for children and their families. This paper focuses on the application of Social Group Works for children in meeting the crisis (COVID-19), which is the primary method of social work practice.

It will provide an insight into the scope of social group work in the Integrated Child Development Services (ICDS) Scheme in Uttar Pradesh (U.P). ICDS Scheme is the nationwide programme of the Government of India for child survival and development.

Uttar Pradesh is lagging most states of the country in terms of the major indicators of social development. The state seems to have low human development levels and low economic development levels (Human Development Report, Uttar Pradesh, 2008). It has been found through the research reviews published by National Institute of Public Cooperation and Child Development (NIPCCD) from time to time that there are limited studies conducted in U.P. This inspired the researcher to take up study in this area in the context of social work knowledge and skills.

1. Children at a Glance

Children are the most vulnerable population as they are prone to infections due to a low immune system. They are dependent on their physical, mental, social, cultural, and cognitive development. There are broad areas for developing children from the early years of their life until adolescence, including education, health, safety, social security, healthy social environment, and abuse. World Health Organization (WHO) has recognised the social factors responsible for the health of a child. The working group on child rights for the 12th five-year plan (2012-17) mentioned that India has the world's largest child population. As per the 2011 census, India has 158.79 million children in 0-6 years of age group, 40% of children below six years are undernourished, and the child mortality rate is very high in India (Ministry of Women and Child Development, 2010-11). It is revealed in the report of the National Family Health Survey (NFHS) IV that in India, 38.4% of children below five years of age are stunted, 28% are wasted, 59% are anaemic, and 35.7% children are underweight. Infant Mortality Rate for India is 41, and Under-five Mortality Rate for India is 50 (International Institute of Population Sciences, 2015-16).

In 2019, India was in the 102nd position out of 117 countries in the Global Hunger Index. The index accounts for undernourishment, child wasting, child stunting, and child mortality. The report accompanying the index observed that child wasting and stunting rates in India are very high in terms of public health significance and highest among all countries. Poor health infrastructure is also responsible for the condition of children in India. Government allocation for healthcare is among the lowest in the world. It has been reported that India had a shortage of 600,000 doctors, including 230,000 paediatricians and 2 million nurses, before the pandemic

(Venkatanarayanan, 2020). The impact of COVID-19 on children depends on their health status, immunity level as well. The children who have lower immunity due to deficiencies might be at more risk of being infected. The children who belong to vulnerable social groups like scheduled castes, scheduled tribes, and other backward classes and the children who belonged to more impoverished families face challenging times during pandemic (Venkatanarayanan, 2020).

As per the census of India 2011, India has 10.1 million child labourers in the age group 5-14 years. As per data, 62.8% of child labour (15-18 years) are engaged in hazardous work, 10% of them are engaged in family enterprises. The quantity and quality of employment deteriorate rapidly because of COVID-19 due to downward adjustment to wages, social security, and working hours. The effect of COVID-19 will be more on informal sector workers, including self-employed, unorganised, and migrant workers who are more vulnerable to adverse labour market outcomes. The children of farmers and agricultural labourers in India are at even greater risk (Kundu, 2020).

Child rights are fundamental freedom and rights of all human beings below the age of eighteen. These rights are applicable for every child without discrimination because of their race, colour, sex, creed, or any other status. Children are mostly the victims of exploitation and abuse for ages. They are the most vulnerable population as they suffer from hunger and homelessness due to poverty, engagement in work, high infant mortality, and limited opportunities for health care and primary education. A child needs to live a good and healthy life with the provision of ample opportunities, utmost care and concern, protection from abuse and neglect, and needs to be preserved overall. There are several programmes of India's Government to develop children to reduce the risk of mortality and morbidity among them for their protection and rehabilitation. Like the ICDS programme, governments have started some of these programmes, focused on a multi-sectorial approach consisting of health, education, and nutrition components. Similarly, Integrated Child Protection Services (ICPS) for protection of children, CARA (Child Adoption Resource Authority) for adoption services, Childline India (1098) for missing and needy children.

ICDS programme was launched on October 2, 1975, for providing services to children under six years of age group, expecting and lactating mothers. It is a centrally sponsored scheme implemented by the Ministry of Women and Child Development. It is an integrated programme for children's growth and development, including health, nutrition, immunisation, pre-school education, and nutrition & health education. It aims at physical, psychological, and cognitive

development and improvement of children's nutritional and health status in 0-6 years. ICDS programme is focused on protecting the rights of 'survival' and 'development' to the children. 'The right to survival' includes the right to maintain the standard of health, nutrition, and an adequate standard of living. 'The right to development' consists of the right to education, support for early childhood, development, and care, and social security. The programme services are provided through frontline honorary workers called Anganwadi workers at Anganwadi centres (AWC). AWC is a courtyard centre located within the village or slum in urban areas (Ministry of Women and Child Development, 2009).

2. Impact of Coronavirus on Children

The impact of coronavirus on children depends on their health status, immunity, and diseases record. Other than this, the family's social and economic status also affects the child to be prone to be affected. However, all the children are prone to infection due to a lower immune system than adults. In India, several studies have been conducted on maternal health and nutritional status, revealing women and children's deteriorated condition on health conditions. Children need the utmost attention and care among the population, especially the children under one year of age. It includes newborn care, immunisation of children in the early years of life to prevent them from diseases, and check malnutrition, mortality, morbidity, stunting, and wasting. The causes are poverty, low literacy, unsafe drinking water, poor environment, lack of sanitation, and essential health services.

The immunisation of children against diseases like diphtheria, measles, tetanus, and polio was effected during the lockdown. It can create risks among children due to the unavailability of vaccine/medical staff for preventing diseases. In a report of WHO, it was mentioned that all over the world, at least 80 million children under the age of one year are at risk of diseases as the COVID-19 outbreak disrupted routine vaccination efforts. In India, around 2-2.2 million children under the age of one year are targeted every month for vaccination under national programmes, i.e., approximately 2.6 million children per year. Due to treatment and precaution of COVID-19, several states had stopped routine healthcare activities, including immunisation. Due to this, around 1.5 million children may be missing routine immunisation entirely or partially. Routine immunisation programmes of India have made significant progress in fighting against infectious

diseases and protecting its children from age-old diseases like polio, measles, tetanus, and diphtheria, and a delay in vaccination may lead to disastrous results (PTI, 2020).

A survey was done by "Child Rights and You" (CRY) on 'Rapid Online Perception Study about the effects of COVID-19 on children'. The interview was carried out with parents, and data was gathered from 1102 respondents of 23 states and Union territories. The study was carried out with a self-administered questionnaire covering 30 questions. Prerequisites for the study were internet literacy, and internet-enabled mobile or devices. However, the participation from most marginalised and vulnerable sections was limited. It was found that most parents reported that their child was spending most of their time on laptops and the internet (88%). The children's changed eating pattern and an increased bond between the parents and the child during the pandemic are observed. Children's eating patterns have changed to some extent, was mentioned by 41% of the total respondents, while the changed eating pattern of children to a great extent was mentioned by 35% of the parents. They have multiple side-effects on their physical and psychosocial well-being. More than half of the parents reported that their child became more agitated and anxious during the lockdown. A child's mental well-being and happiness were affected due to lockdown were mentioned by 37% of respondents. The findings of the study indicate that children have been among the biggest victims of the pandemic. Around 51% of parents who have below five years of age children in their household mentioned that they could access immunisation services during the lockdown. The study found that around 54% of parents reported that they discussed the Covid-19 situation with the child, whereas around 47% said they tried to divert the child's mind by engaging them in other activities (CRY, 2020).

The lockdown affects children who already experience barriers to accessing education or at higher risk of exclusion. This includes children with disabilities, child labourers, students in remote locations, children of migrant workers, or those whose families have lost income due to job loss or precarious employment (Kundu, 2020).

3. Measures Taken to Deal with Pandemic and Post-Pandemic Crisis

Once a pandemic has started, a coordinated response should be implemented, focusing on the maintenance of situational awareness, public health messaging, reduction of transmission, and care for and treatment of the ill. As an immediate measure to check the spread of the COVID-19 pandemic, governments worldwide have shut down educational institutions. It was mentioned in

the report of UNICEF that across the globe, 463 million (31%) of school children were not able to assess online education due to school closures. The majority of children belonged to rural areas. The data represents that globally 3 out of 4 children were not using online platforms for school education, and these children belonged to rural areas or poor households having a low economic background (UNICEF, 2020). The Government of India has also opted for nationwide school closure. According to UNESCO, around 32 crore learners/students are affected in India. In the current scenario, most of the focus has been on online learning platforms for providing education. However, around half of the world has no internet access; a similar scenario prevails in India. The Ministry of Human Resource Development (MHRD) has suggested that all schools connect with their students through digital platforms to compensate for the loss of school hours. As of now, most private schools and selected public schools like Kendriya Vidyalaya have started online classrooms. However, most government schools are either not set up to use these platforms, or do not have the technology and equipment to provide online teaching. Moreover, most students do not have access to the internet, smartphones, or a computer. Therefore, many children studying in public schools remain cut off from online education (Kundu, 2020).

A case study of Upma Sharma (name changed), aged 32 years, is discussed here to show the lack of digital media access by the health workers. She is an AWW in the rural area of Noida, UP. The AWC she runs operates in an interior area of Noida where a majority of people live in poor socio-economic conditions. The area is lagging in developmental services and basic amenities. The data is being recorded manually in registers, as she mentioned that AWWs are unskilled in entering data in computers. Later on, the register is handed over to the supervisor in a meeting. The supervisor validates the data and sends it to the top level. There is no training being organised for enhancing their skills and improving their service delivery. She underwent training six months ago, but it only included the theoretical information in the form of a meeting. Training curriculum is not designed according to different techniques used for community mobilisation, counselling, computer literacy.

As a direct measure, states should prioritise efforts to continue education for all children, using all available technology. States can reach out to local NGOs working on children with disabilities and engage with them at every stage of the response. Special efforts should be taken to identify children orphaned due to COVID-19, and shelter and foster care arrangement should be made on a priority basis (Kundu, 2020).

Government and social workers should pay attention to easing hunger and malnutrition. The millions of children who will be victims of the COVID-19 pandemic need immediate attention from states and communities. The starting point should be the parents. First, coordinated policy efforts are taken to provide employment and income support to all informal sector workers to stimulate the economy and labour demand. It will reduce the probability of children that enter the workforce.

4. Social Group Work Practice in Pandemic and Post-Pandemic Crisis

Post-pandemic means to be prepared physically and psychologically to deal with the after-effects of the pandemic. To start with typical routines of life with all precautionary measures according to the guideline provided by the government during spark, and spread periods (Madhav, et al., 2017). Social Group Work is the primary social work practice method in which the groups are formed to solve individuals' problems in the concerned group. Social work practice in child welfare, especially the Social Group Work method, is to enable positive health-seeking behaviours among them and prevent violence against children and supporting survivors. The skills and techniques being used by social group workers in providing protective and rehabilitative measures for the children during a pandemic crisis. Social work intervention is essential to overcome the lacunas related to the protection and development of children. Several groups that exist in a community and within their scope of work. Social 'group work' techniques could be used by engaging diverse groups in the community, analysing the group situation, dealing with group feelings, and developing inter-group relationships.

A community or a group comprises individuals, so, 'casework' method be incorporated for dealing with individual problems. It is necessary to build trust with individuals, identify their needs, and persuade them to reveal their problems. Group counselling is done, to encourage them to avail of the services.

The collaboration of different programmes and functionaries is required to better the programmes to deal with the pandemic. The inter-sectoral convergence approach should be adopted among different programmes and departments. Social Group Worker can participate in supporting existing groups in society. They can participate in the government's social awareness programme with positivity to take collective action towards the problem and its remedial solutions. They should provide proper and adequate knowledge. They should build networking for the needy

who are the victims of COVID-19. They should adopt a collaborative and persuasive strategy. They should focus on behaviour change of the peoples to reveal their problems regarding the crisis's social and economic impacts. They should make aware people honest in disclosing their health hazards during COVID-19 and inform rightly, to the concerned officials. Social group workers should use their skills to deal with cost-effective strategies, situational awareness, and risk communications. They provide psychosocial support to children with the involvement of families in building healthy relationships during the pandemic. These are mentioned below in detail.

Cost-Effective Strategies: The immediate action taken at the time of arrival of the pandemic with active preparation and the use of available resources is known as the cost-effective strategies. These resources are the workforce, the health staff, the availability of doctors, nurses, and the strengthened health infrastructure. Prior investment in improving the water and sanitation systems and increasing awareness among the population regarding health and hygiene can help deal with the pandemic's initial outbursts. Environmental and population constraints also increase pandemics' severity, including the unhygienic conditions of slums, unresponsive health systems, lack of awareness, and lethargic behaviour among the population (Madhav, et al., 2017).

Situational Awareness: Situational awareness in the context of pandemic preparedness means creating awareness among the citizens about an accurate, up-to-date view of infectious disease threats and the available resources (human, financial, informational, and institutional) to manage those threats. It includes pandemic preparedness before the attack of the pandemic to minimise the risk and best possible actions taken at the time of pandemic to fight against the disease.

Risk Communications: Risk communications can play a significant role in dealing with the crisis during the pandemic by providing correct information to people to take protective and preventive action. Public health officials also need to identify and address misinformation, rumours, and anxieties (Madhav, et al., 2017).

Psychosocial Support for Children: The term psychosocial development means psychological development for children and their interaction with the social environment. A healthy environment is necessary for the average growth of the body, brain, and nervous system of children (UNICEF, 2013). Children's psychosocial development is affected by different sets of factors, including parent-child interaction, home environment, and maternal involvement with the

child (Vazir, Naidu, & Vidyasagar, 1998). People should follow precautions and prepared psychologically during the COVID-19 pandemic. They should stay home, stay safe, stay connected, and stay disciplined. They should adopt a positive attitude towards the problem. They should share family cores, behaviour changes, and help in improving family situations.

5. Scope of Group Work in ICDS Scheme in the State of U.P. and the Challenges

Uttar Pradesh is the most populous state of India, having a population of 199.8 million as per the 2011 census, which shares a 16.5% population. One-sixth of the world's population lives in India and one-sixth of India's population lives in Uttar Pradesh (MSME Development Institute, October 2015). Human Development in the U.P. is meagre as a high proportion of the population belongs to the socially and economically depressed groups (Human Development Report, Uttar Pradesh, 2008). It is ranked in 18th place in terms of the Human Development Index (HDI-2015) prepared by the Planning Commission (NCERT, 2016).

ICDS Programme was initially introduced in U.P. in 1975 when the programme was started in 33 experimental blocks, which included three projects in U.P. in 1997, World Bank assisted with three programmes operating in the state. As of 31.03.2014, the total number of ICDS projects in the U.P. reached 897, and Anganwadi Centers reached 188259 (Niti Aayog, June 2015).

In the ICDS Scheme, the services are provided to the beneficiaries groups; children, mothers, and adolescent girls. Further, children are grouped according to age group, age group of 0-3 years, and 3-6 years. Similarly, mothers are grouped in the category of expectant and lactating mothers. Accordingly, the services are provided to the respective groups among the services provided under ICDS. When providing nutrition and health education, the respective groups are formed of mothers and adolescent girls (15-18 years). Group meetings are done on the selected or proposed topic to create awareness among them related to mothers and their children's nutrition and health, health and hygiene, ante-natal care (ANC) and postnatal care (PNC). Group counselling is done for sending a child to AWC for Pre-School Education, for routine immunisation of the child, participation in health checkup done at AWC, for ANC and PNC, and in collecting supplementary nutrition at the time of its distribution done at AWC.

There should be decentralisation of responsibilities at AWC at all levels, to get quality results. There is a need to develop the interpersonal skills required to counsel the parents to participate in the programme. For this purpose, there can be involvement of counsellors and social

workers. For better service delivery, proper use of social work practices and knowledge is recommended at various stages like programme planning, development, and implementation. AWWs and other functionaries are equipped with necessary counselling skills and techniques, like Focused Group Discussion (FGD), Interpersonal Communication (IPC), Behavior Change Communication (BCC).

During the lockdown period, AWC was closed, and the activities at AWC were hampered; the service provision been reduced at AWC. AWWs were engaged in tracing COVID-19 patients and creating awareness about COVID-19 in their locality. They found difficulty distributing ration, so they provided S.N., health checkup, and routine immunisation at their beneficiaries' doorstep. They need to make aware people of the stigma and fear due to COVID-19. They should be trained in the shift towards IEC through digital media instead of community events/ gatherings (Poddar & Mukherjee, 2020).

A case study of Geeta (name changed), aged 27 years is discussed here to understand the services provided by AWWs to the beneficiaries. She is an Anganwadi Worker in the urban area of Noida. She runs the centre in her own house where all the facilities are available like electricity, clean drinking water, toilet facility, kitchen and clean, hygienic conditions. She faces no problems from community members and is getting full support and cooperation from them in making this programme a success. Also, she is getting support from an NGO operating in the community.

Additionally, the local NGO arranges educational programmes in the community and involves AWWs in those programmes. Due to COVID-19, AWC is closed for pre-school education activities, nutrition and health education, etc. She is visiting door to door for checking new cases of COVID in the area. Also, she distributes supplementary nutrition at the doorstep of registered beneficiaries. She provides immunisation services and health checkup while following all the precautions. She makes the community aware of the symptoms of COVID, to avoid gatherings, usage of masks, and maintaining social distancing.

Conclusion

The cause of the pandemic is the change in human beings' lifestyle and the deterioration of the natural environment. Pandemic (COVID-19) effects have social disruption, economic damage, individual behaviour change, political stress, and tensions to people of all age groups. Pro-activeness, in terms of pandemic preparedness and response interventions at its arrival, depends

upon several factors. It includes the speed, the spread, and, the timings of the occurrence of the pandemic. This pandemic has created several challenges – loss of jobs and livelihood, marital discord, child abuse, neglect, malnutrition, and insecurity.

COVID-19 creates problems in relationships, interaction, and trust. During pandemic and post-pandemic, a social worker uses their skills and techniques for a family adjustment. A family is a primary group, so, the social worker should focus on the family. Family is essential, and they are helped to learn new social behaviour and social interaction.

There is the need to provide training to AWWs regarding the information on viruses and preventive measures to be taken and the psychosocial impact of COVID-19 on women and children. AWWs need to be digitalised, and they need to be trained in taking online sessions and online training. They need to ensure social distancing at AWC, in group meetings and community events. Developmental measures should be taken by focusing on programmes and activities that are initiated to promote children's welfare and development during a pandemic. The survival of the fittest should be changed to survival by cooperation to fight against COVID-19. Social work is a revolutionary kind of practice. They should take this pandemic situation as a challenge and an opportunity.

References

- CRY. (2020). *Children among the biggest victims of Covid-19 lockdown with multiple side-effects*. Kolkata: Hindustan Times.
- Human Development Report, Uttar Pradesh, 2008. *Chapter-1 Uttar Pradesh Economy and Society: A Profile*. Lucknow: Planning Department, Government of the U.P.
- International Institute of Population Sciences. (2015-16). *National Family Health Survey- 4*. New Delhi: Ministry of Health and Family Welfare, Government of India.
- Kundu, P. (2020, April 21). *The Wire*. Retrieved from the wire.in: <https://thewire.in/rights/covid-19-crisis-will-push-millions-of-vulnerable-children-into-child-labour>
- Madhav, N., Oppenheim, B., Gallivan, M., Mulembakani, P., Rubin, E., & Wolfe, N. (2017). Chapter 17, Pandemics: Risks, Impacts, and Mitigation. In D. T. Jamison, H. Gelband, & S. Horton, *Disease Control Priorities: Improving Health and Reducing Poverty, 3rd Edition*. Washington, DC: The International Bank for Reconstruction and Development / The World Bank.
- Ministry of Women and Child Development, 2009. *Integrated Child Development Services (ICDS) Scheme*. Retrieved from www.icsd_wcd.nic.in: http://icsd_wcd.nic.in/icsd/icsdawspx
- Ministry of Women and Child Development. (2010-11). *Annual Report*. New Delhi: Government of India.

- MSME Development Institute. (October 2015). *State Profile of Uttar Pradesh (2014-15)*. Kanpur: Ministry of Micro, Small and Medium Enterprises, Government of India.
- NCERT. (2016). Human Development. In NCERT, *India: People and Economy* (pp. 23-31). New Delhi: National Council of Educational Research and Training.
- Niti Aayog. (June 2015). *A Quick Evaluation of Angawadis under ICDS*. New Delhi: Programme Evaluation Organization, Government of India.
- Poddar, P., & Mukherjee, K. (2020). *Response to COVID-19 by the Anganwadi Ecosystem in India*. Gurgaon: KPMG.
- Porta, M. (2014). *A Dictionary of Epidemiology. 6th ed.* Oxford: Oxford University Press.
- PTI. (2020, May 24). *WION*. Retrieved from wionews.com: <https://www.wionews.com/india-news/covid-19-impact-concern-over-possible-resurgence-of-vaccine-preventable-diseases-among-children-300763>
- UNICEF, 2013. *Detection of Under-nutrition among Pre-school Children*. New Delhi: Government of India.
- UNICEF. (2020). *COVID-19: Are children able to continue learning during school closures? A global analysis of the potential reach of remote learning policies*. New York: UNICEF data and analytics section.
- Vazir, S., Naidu, A. N., & Vidyasagar, P. (1998). Nutritional Status, Psycho-social Development, and the home environment of Indian Rural Children. *Indian Pediatrics*, 35(10), 959-966.
- Venkatanarayanan, S. (2020, April 3). *How Safe Are India's Children From COVID-19?* Retrieved from science.thewire.in <https://science.thewire.in/health/children-coronavirus-covid-19-hunger-stunting-wasting-malnutrition-paediatricians/>