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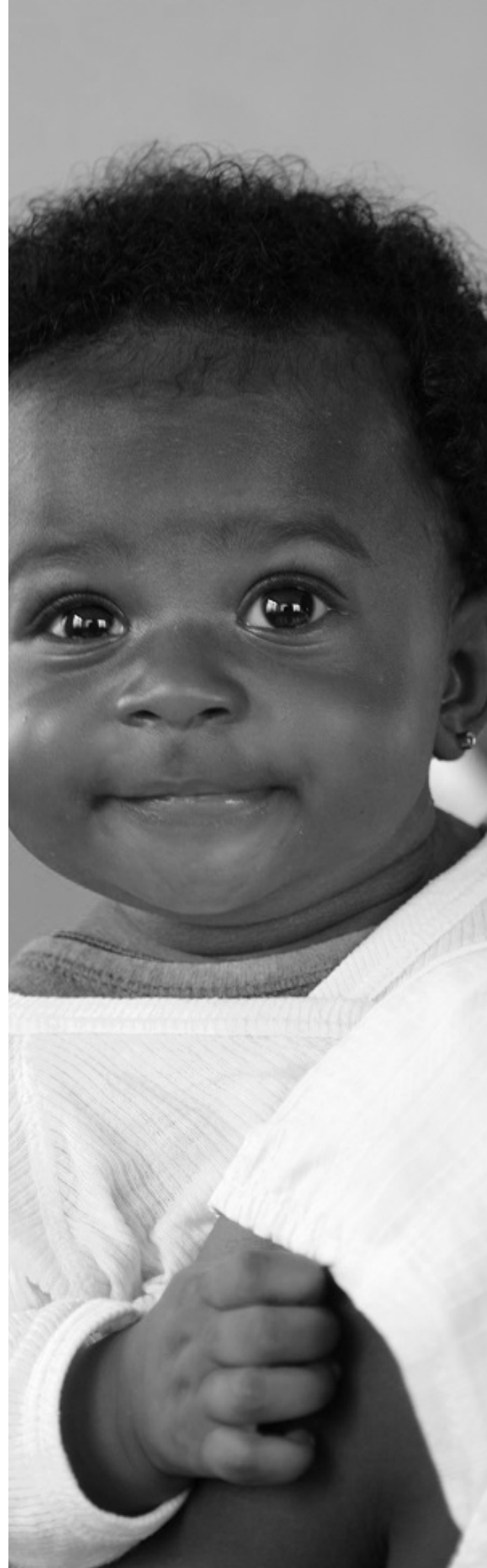
PRIMARY AND SECONDARY IMPACTS OF THE COVID-19 PANDEMIC ON CHILDREN IN GHANA



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Executive Summary

The COVID-19 pandemic has placed a heavy toll on the human and economic development of many countries around the world. As of 31st December 2020, Ghana had the second-highest number of coronavirus cases in the region of West and Central Africa with 54,771 persons having tested positive. Acknowledging the multiple efforts made by the Government of Ghana, the paper calls for further investment and actions to address the adverse effects of the pandemic, especially on children.

This briefing paper was developed by UNICEF and the Social Policy Research Institute, in collaboration with the National Development Planning Commission. It built on existing microdata, analyses of children's vulnerabilities and specific phone survey data collected between March and June 2020. The paper outlines the primary and secondary impacts of COVID-19 on children in Ghana.

In the short term, children have experienced reduced access to essential goods and services, increased poverty, food insecurities and exposure to violence, abuse and exploitation, as well as declines in physical and mental health. In the long term, these might lead to intensified adverse effects on children's health, nutrition and learning outcomes, psychosocial well-being, and on the ability of households to recover. Especially among vulnerable households and children, these factors risk exacerbating existing deprivations and inequities.

Prior to COVID-19, one-in-three children in Ghana already lived below the monetary poverty line, and two-in-three children were multidimensionally poor. Children staying at home and the re-prioritization of support services in key sectors have also compounded

the various risks children face in critical periods of their development.

The paper also highlights how nearly one million children below one year of age have been missing out on routine essential health services. It also stresses the impact of nationwide school closures on the educational progress of more than nine million learners between pre-primary and secondary school levels. More than 1.6 million children of primary school age in some of the poorest and most deprived districts in Ghana have also lost access to school meals. For many children from vulnerable groups, including children with disabilities, the prolonged school closures have put a premature end to their education.

Although access to clean water and practicing good hygiene are essential to reducing susceptibility to diseases, there are persistent regional disparities in households' access to reliable water supply. Pandemic-related household income shocks, food insecurity, economic instability and social isolation have increased children's vulnerability to violence, child labour, and abuse. Between March and June 2020, the share of Ghanaian children exposed to physical punishments in their households reportedly rose from 18% to 26%, according to a phone survey with households.

The paper finds that wide-reaching secondary effects of the virus and consequent mitigation and preventive measures should be addressed in multidimensional ways, across sectors. In addition to emergency relief, strengthening social protection systems and prioritizing child-sensitive spending on human capital development, particularly on children's learning through school reopening, are forward-looking strategies to protect children from this and future crises.

Introduction

This issue brief outlines the primary and secondary impacts of the COVID-19 pandemic on children in Ghana based on existing microdata and analyses of children's vulnerabilities, as well as on a selection of recently collected data which aim to recurrently monitor the effects of the pandemic. The channels of the pandemic's impacts on children are dissected through the lenses of child-relevant sectors including health, nutrition, education, water, sanitation and hygiene (WASH), child protection and information, in addition to financial wellbeing and a discussion on specific vulnerable groups of children.

This brief is targeted at a wide range of stakeholders including governments, development partners, civil society organisations and other stakeholders, with the objective of raising awareness of the wide-ranging and likely long-lasting impacts of COVID-19 on children in Ghana. The broad range of primary and secondary effects on children highlights the importance of considering the medium and long-term impacts of the pandemic on children in response measures, as well as in policy and programming going forward. Policy measures and adequate financial resource allocation to protect children from the worst primary and secondary impacts of the pandemic in the short, medium and long-terms are crucial to prevent irreversible harm to children's wellbeing and development, as well as to achieve the Sustainable Development Goals (SDGs).

Background

The COVID-19 pandemic has had devastating economic and humanitarian effects worldwide,

as political, social, economic and health systems and networks have been overwhelmed and devastated by the rapid spread of the virus. This onset of the virus, in combination with the effects of government-enacted policies, is projected to have severe consequences for households and children.

By December 2020, **more than 54,000 Ghanaians** had tested positive for COVID-19, of which 323 people had died. In the end of December, Ghana had the fifth highest number of confirmed cases of COVID-19 in Sub-Saharan Africa, at **54,771** cumulative cases (of which 842 are currently active), following South Africa, Ethiopia, Kenya and Nigeria.¹

While the primary effects of the pandemic on children appear to be limited, children are highly susceptible to the indirect secondary effects of the pandemic as a result of strained service systems, household income shocks and disruptions to social services and care networks, educational progress, and timely essential health services. Prior to the pandemic, about one-in-three children in Ghana lived in monetary poor households, and two-in-three children could not realise their full rights, lacking access to essential goods and services and consequently to their ability to maximise their developmental potential.² A recent analysis by Save the Children and UNICEF forecasted that the economic fallout from the pandemic may push up to 24 million additional children living in Sub-Saharan Africa into poverty, from 250 million children living in poor households, to around 274 million children by the end of 2020.³ Safeguarding children's rights should, therefore, be an essential component of the emergency response.

1 Ghana Health Service (GHS) and Government of Ghana (2020).

2 73% of children younger than 18 years (9,761,000 children) were multidimensionally poor before the pandemic, facing deprivations in at least three dimensions of child wellbeing (out of the sector-specific dimensions of Nutrition, Health, Learning & Development, Child Protection, Water, Sanitation, Housing and Information). See National Development Planning Commission (NDPC), Ghana Statistical Service (GSS), UNICEF, and Social Policy Research Institute (SPRI) (2019).

3 UNICEF and Save the Children (2020).

Social and economic shocks due to the pandemic have widespread influence on children's and adolescents' wellbeing. Evidence from previous crises suggest children are at great risk of adverse consequences. Moreover, girls and boys are impacted differently, with girls being disproportionately affected by the secondary impacts of the pandemic. In the short term, these adverse consequences include loss of access to essential goods and services, declines in physical and mental health, worsening nutrition status, and exposure to protection violations.

In the long term, these will lead to significant adverse effects on children's health, nutrition and learning outcomes, psychosocial wellbeing, and an ability to recover from shocks. Evidence from the Ebola epidemic shows that school closures, redirected education funding and inadequate learning alternatives directly led to a reduction in children's access to education. These children were more at risk of dropping out of school permanently, abuse, exploitation and neglect (including a documented rise in adolescent pregnancies), and a decline in learning outcomes.⁴ Decreased uptake of health services and closures of reproductive, maternal and child healthcare services led to an increase of non-Ebola morbidity and mortality long after the initial outbreak of the epidemic in the region.⁵

Children are also not spared from the economic impacts of the COVID-19 pandemic, which is causing a severe global recession. Evidence from the 2008-2009 global financial crisis suggests infant mortality in Sub-Saharan Africa increased by up to 50,000 excess infant deaths, largely concentrated among girls, in coincidence

with GDP contraction.⁶ Economic contraction, particularly in settings with high labour informality like Ghana, puts children at greater risk of increased participation in hazardous and exploitative labour. Global predictions posit an average 0.7 percentage point increase in child labour for a 1 percentage point rise in poverty.⁷

Major existing response measures to prevent and mitigate the effects of the COVID-19 pandemic in Ghana have include:

A three-week temporary lockdown of Greater Accra, Kasoa and Greater Kumasi (30th March - 20th April 2020).

Closure of schools, places of worship, restaurants and bars, and limitations on numbers of people in gatherings.

Use of face masks in all public spaces was made mandatory.

Restrictions on travel (border closure) and public gatherings.

Free water for domestic users for six months to ensure water security in households.

Free distribution of water to areas facing acute shortages by Community Water and Sanitation Authority (CWSA).

Channels of Impacts on Children in Ghana

The primary impacts of the pandemic on children are classified as the direct effects on human health, i.e. on the morbidity and mortality of children and their caregivers. The secondary impacts on children are classified as those resulting from the indirect effects of health system overload, economic fluctuations,

4 Halabi, Gostin, and Crowley (2017).

5 Brolin Ribacke, Saulnier, Eriksson, and Schreeb (2016); Huber, Finelli, and Stevens (2018); Bali, Stewart, and Pate (2016).

6 Friedman and Schady (2013); Cader and Perera (2011); Rajmil et al. (2014); Gopinath, G. The Great Lockdown: Worst Economic Downturn Since the Great Depression. Retrieved from <https://blogs.imf.org/2020/04/14/the-great-lockdown-worst-economic-downturn-since-the-great-depression/> World Bank. COVID-19 to Plunge Global Economy into Worst Recession since World War II. Retrieved from <https://www.worldbank.org/en/news/press-release/2020/06/08/covid-19-to-plunge-global-economy-into-worst-recession-since-world-war-ii>

7 International Labour Organization (ILO) and UNICEF (2020).

government policies and lockdowns, social and behavioural changes, budgetary reallocation in child-relevant sectors, and other disruptions to essential services for children, most visibly in education.

While the primary effects of the pandemic appear to be limited, children are highly susceptible to the indirect secondary effects of the pandemic as a result of strained service systems, household income shocks, and disruption to social and care networks, interrupted educational progress, disruptions to essential health service supply and uptake, and protection concerns (see Figure 8, page 31).

Negative developments at the sectoral and macroeconomic levels due to the primary and secondary effects of the pandemic will impact progress towards achievement of almost all SDGs. This includes disrupted progress in reducing the incidence and intensity of multidimensional and monetary poverty, already experienced by the majority of children in Ghana before the pandemic.

Health

The initial narrative that children and the youth are less susceptible to risks of COVID-19 has been refuted by recent research carried out by the UNICEF Office of Research - Innocenti. Children's susceptibility to the virus depends on where they live and their pre-existing health vulnerabilities. In low- and middle-income countries,⁸ persons aged under 20 years comprise 11% of the overall COVID-19 caseload. In countries with high child and adolescent mortality like Brazil, India and Nigeria the rate is higher and reaches 23% in Paraguay.⁹

Table 1 Primary and secondary effects on maternal and child health as a result of COVID-19

Primary effects	Secondary effects
<p>Exposure to COVID-19 virus by children and family members with and without pre-existing poor health conditions → morbidity, mortality and associated trauma.</p>	<p>Movement restrictions and lockdown → Disruption of services and loss of access to critical health interventions.</p> <p>Household income shocks due to economic downturn → Reduced health-seeking behaviour for maternal and child health and fertility services. Unaffordability of critical services.</p> <p>Fear of contracting virus → Reduced health-seeking behaviour for mothers requiring ante/post-natal care and children requiring critical health interventions (vaccinations, malnutrition treatment, injury).</p>

Child-level Outcomes
<p>Adverse effects on short and long-term maternal, infant, young child, and adolescent health and nutrition status due to unmet need for health treatment (ante/post-natal care), vaccinations, reproductive health and other critical services.</p> <p>Increased risk of falling into poverty due to higher out-of-pocket expenditures on health services in the context of rising prices and unemployment.</p> <p>Survival and health risks to young girls and adult women seeking fertility and ante/post-natal health care services.</p>

8 Excluding China. See Idele, Anthony, Damoah and You (2020).

9 Idele, Anthony, Damoah, and You (2020).

Disruption in provision of essential maternal and child services in Ghana will likely have an impact across all relevant indicators, including coverage of skilled deliveries, antenatal and postnatal care, and immunisation, where the country fares well. Nearly half, 47.5%, of deaths in Ghana in 2016 were caused by communicable diseases, and maternal, prenatal and nutrition conditions.¹⁰ However, specific groups of children and the population in general face increased risks due to pre-existing vulnerabilities.

In addition to disruptions to critical health services, the quality of health services provided is at risk of further decline as, among other challenges, pressure on the health system increases and priorities shift in resource allocation and funding. Mothers visiting Child Welfare Clinics (CWC) for services may no longer receive the full package of services. For example, children may be immunised but not weighed, thereby receiving an incomplete service package which puts them at risk of not being monitored for preventable health risks including malnutrition. Mothers may also be dissuaded from complete service package uptake due to existing bottlenecks in service delivery such as long waiting times and extraneous financial commitments (e.g. towards transportation and service charges).¹¹

Recent monitoring data on child wellbeing during the COVID-19 pandemic suggests vaccination coverage has generally been affected. About 14.4% of surveyed households in Ghana reported having overdue and unobtained vaccinations for their youngest child of 2 years or younger between March and June 2020. More than half of these households

listed fear of coronavirus contagion as the main reason for not vaccinating their child during this period, followed by lack of vaccines and movement restrictions associated with the lockdown.¹²

Nearly one million children younger than 1 year – 839,941¹³ – are at risk of missing out on vaccinations which may pose risks to their health, survival, and development, especially in case of disease outbreaks (e.g. measles). More than 4.1 million children aged under 5 years¹⁴ face increased risks of mortality considering the incidence of tuberculosis, malaria and diarrhoea, and the predicted decline in the already limited utilisation of professional treatment for these ailments (coverage at or below 50%). In 2018, incidences of malaria stood at 234 per 1,000 population at risk, while the incidence of tuberculosis was 148 per 100,000 people.

The high adolescent pregnancy rate of 18% in 2018 indicates that a considerable share of girls – up to 290,841 aged 15-19 years¹⁵ – may face survival and health risks during pregnancy, delivery, and post birth due to disruptions in essential health services. Nearly a third of a million individuals living with HIV – of whom 20,000 are children aged 0-14 years and 310,000 persons aged 15 years and over¹⁶ – may not have access to antiretroviral therapy.

Children and women from households with limited financial resources face greater risks of morbidity and mortality in the context of the pandemic. There are wide disparities in disease prevalence and in access to and utilisation of maternal and child health services between households in the poorest and richest wealth

10 World Bank Health, Nutrition and Population Statistics database, 2020, The World Bank (2020c).

11 Agbozo, Colecraft, Jahn, and Guetterman (2018).

12 UNICEF Ghana and Social Policy Research Institute (SPRI) (2020).

13 Interpolated figures extracted from World Bank Health, Nutrition and Population Statistics database The World Bank (2020c).

14 World Bank Health, Nutrition and Population Statistics database, 2020, The World Bank (2020c).

15 Based on 2020 population projections for girls aged 15-19 years in Ghana; see Ghana Statistical Service (GSS) (2020).

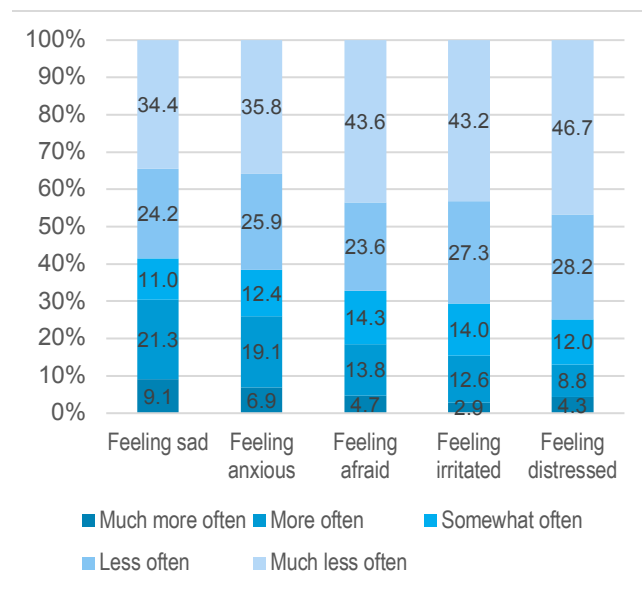
16 Ibid.

quintiles. Household income declines due to pandemic-related financial shocks may exacerbate these disparities: only 55.6% of Ghanaians were covered by health insurance before the pandemic, and out-of-pocket (OOP) healthcare expenditures are high.¹⁷ In 2012, 21.1% of households were pushed below the \$1.90¹⁸ poverty line by OOPs in the health sector, while 38.1% were pushed below the \$3.20¹⁹ poverty line.

The pandemic has also had a negative toll on children’s mental health and emotional distress. Due to lockdown policies, children are increasingly confined at home, spend less time with their friends and classmates, and have limited possibilities for socialising with other children. Children who are living in violent or stressful environments are even more at risk of a negative toll to mental health in addition to protection violations, and therefore face violations of multiple children’s rights. Figures from the first of a six-wave series of bi-monthly reports on children’s wellbeing in Ghana under the effects of the COVID-19 show that in 30.4%

of households, children aged between 6-17 years reported feeling sad “more often” or “much more often” than before March 16, followed by 26.0% feeling anxious, 18.5% afraid, 15.5% irritated and 13.1% distressed (Figure 1).²⁰

Figure 1 Percentage of households with children aged 6-17 years with emotional changes since March 16, 2020



17 Ghana Statistical Service (2018a).
 18 \$ 2011 PPP.
 19 Ghana Statistical Service (2018a).
 20 UNICEF Ghana and Social Policy Research Institute (2020).

Policy Options

Collect and report data on COVID-19 testing, cases and deaths by age group and sex and location to inform policymaking.

Ensure continuity and sustainability of essential mother and child health and nutrition (MCHN) services provision by adapting them to the context of the pandemic in district assemblies, including demand-side factors hindering access to services.

Supply all health facilities with personal protective equipment (PPE) to enable provision of services in a safe manner.

Supply health facilities providing MCHN services with improved WASH facilities to prevent spread of infection.

Supply health facilities with basic equipment, medicine, and other supplies to ensure provision of essential services, immunisation and drugs for mothers and children.

Secure sufficient and adequate human and financial resources for essential MCHN services provision across all levels of services provision, particularly in Community and Health Planning Services (CHPS) and health centres.

Institute follow-up systems in health provision to prompt and provide support to caregivers to seek/take up needed or scheduled healthcare services.

Carry out outreach activities to address demand-driven factors hampering utilisation of healthcare services, including sensitisation of the population about safety in utilisation of essential health services.

Carry out immunisation campaigns to ensure that the most vulnerable and hard-to-reach children do not miss out on this essential service.

Health systems

Challenges in Ghanaian health systems with emergency preparedness, coverage of essential services, financial protection of the poorest and most vulnerable population, and inequalities in service accessibility and delivery remain widespread. The health system overall faces a myriad of challenges in dealing with the pandemic, including weak coordination mechanisms, lack of/or inadequate quarantine and isolation facilities, irregular supply of laboratory supplies and other material, and lack of legislation in dealing with public health emergencies.²¹ A significant portion of the population is at risk of catastrophic and impoverishing expenditures for surgical care, as OOPs account for 40% of current health expenditures. Structural issues include:²²

1. Equity issues in service availability because of prioritisation of hospitals rather than CHPS or primary health care clinics and facilities for capital investments.
2. Shortage of adequately trained health workers and unequal distribution favouring urban areas and hospitals. In 2018, Ghana had 4.2 nurses and midwives per 1,000 population, and in 2017 the number of physicians per 1,000 population was only 0.136.
3. High workload in district and regional hospitals as public facilities experience shortages of skilled staff, laboratory services and drugs.
4. Inadequate quality of care and health workers' competencies, especially in rural areas, urban slums, in poor areas and in the Northern region.
5. High prices of drugs resulting in cost inefficiencies.
6. Limited coverage of health insurance, only one half of the population, while the other half makes OOPs that have impoverishing effects.
7. Issues with service provision at health facility level due to underfunding of the National Health Insurance Scheme (NHIS) budget that covers

21 The World Bank (2020b).

22 Saleh (2013).

their operational expenses.²³ Expenditures in the health system accounted for 3.3% of GDP in 2017, and more than a half (52%) comprised domestic private expenditures, while the Universal Health Coverage (UHC) index²⁴ was only 47%.

8. The NHIS is currently designed to favour reimbursements for curative treatments over preventive measures, thereby putting children at increased risk of preventable disease at a time when health services are already disrupted.

Policy Options

Expand capacities of health centres/CHPS centres in remote, vulnerable and poor communities for detection, testing and treatment of COVID-19 to facilitate accessibility to COVID-19-related services for all and ease the caseload on the higher levels of health services providers such as hospitals.

Train health workers on infection prevention and protection during the pandemic, especially in provision of essential MCHN services.

Efficient and equitable allocation of human and financial resources at all levels of service provision during the pandemic to ensure there are no disruptions in essential MCHN service provision.

Ensure financial protection of the population in accessing essential health services by subsidizing health insurance contributions for those who have lost their jobs as a result of the pandemic, and exempting the poor and vulnerable from payment of user fees and medicine when accessing essential primary health and nutrition services or incorporating/integrating an essential health services package in existing safety net programmes.

Nutrition

Malnourishment remains a prevailing issue in Ghana. Every year, 12,000 children die because of low weight, in part caused by inadequate feeding practices, micronutrient deficiency, malnourishment of mothers during pregnancy, and food insecurity.²⁵ About 17.5% of children under-5 are stunted and 12.6% are underweight.²⁶ The prevalence of moderate and severe food insecurity is very high, nearly 50% in 2017.²⁷

The impact of the pandemic on child nutritional outcomes extends to multiple vectors, including:

- 1) Increase in food insecurity due to disruptions in food supply chains (and consequently increase in food prices), other shocks affecting food supply chains, and loss of income and remittances due to economic effects of the pandemic.²⁸
- 2) Disruption in essential health and nutritional services provision by health providers.
- 3) Loss of access to school meals and nutrition-related programmes for children in public primary schools due to school closures.²⁹



23 World Health Organization (2019).

24 Coverage index for essential health services (based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access). It is presented on a scale of 0 to 100 The World Bank (2020d).

25 The World Bank (2017).

26 Ghana Statistical Service (2018a).

27 The World Bank (2020d).

28 The World Bank (2020a).

29 Growth monitoring for younger children, deworming and vaccinations.

Table 2 Secondary effects on children's nutritional outcomes due to COVID-19

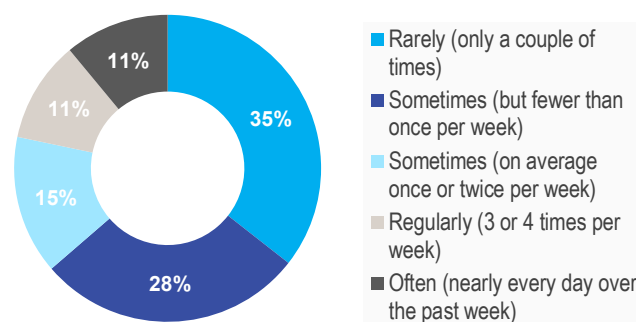
Secondary effects
<p>School closures → Losing access to regular and nutritious school meals (School Feeding).</p> <p>Household income shocks, disruptions in food supply chains, increase in food prices due to economic downturn → Household food insecurity and reduced consumption of nutritious food.</p> <p>Maternal and child health service disruptions due to lockdown and closures → Reduced ante- and post-natal care services providing nutrition and breastfeeding services and information. Reduced access to acute malnutrition treatment.</p>
Child-level Outcomes
<p>Adverse effects on short and long-term children's nutritional status due to reduced intake (meal size, frequency and diversity) of nutritious food → Risk of increased rates of wasting and stunting.</p>

The closure of schools heightens the malnourishment risk to children from older age groups, especially the 5-15 year age bracket. The school feeding programme, essential to improve nutritional outcomes as shown in recent studies³⁰, normally covers 2,939,555 pupils in 9,162 public basic schools (between kindergarten and Primary Grade 6) in all 16 regions and from all 260 Metropolitan Municipal and District Assemblies (MMDAs). Since mid-March, such primary school age pupils have lost access to school meals. While meals were provided for people in Accra and Kumasi during the three-week national lockdown by civil society organisations, the government has provided meals for the junior and secondary high school students who returned to school.

Of these children (aged 6-14 years) who usually receive school programme meals (living in 35.6% of surveyed households), since the closures 44.2% of these households have not received programme meals (41.0% in rural areas and 48.1% in urban areas).³¹

Findings from the first wave of a phone survey monitoring the situation of children under the COVID-19 pandemic already showed the effects it had on children's nutrition and food security. 24.1% of children aged between 6 months and 14 years lived in households that reported having children under 14 years with fewer meals than usual in the past four weeks before the survey. Figure 2 presents the frequency of having fewer meals than usual in the past four weeks among these children.³²

Figure 2 Frequency that children aged 6 months to 14 years had fewer meals than usual in the past four weeks before the survey conducted in June 2020



The effects will be greater among those with pre-existing vulnerabilities and deprivations. This includes the 28%³³ of children living in monetarily poor households whose limited financial resources risk being restrained further due to economic effects, subsequently increasing food insecurity. The Northern region had the highest stunting, wasting and underweight rates, and simultaneously the

30 Gelli et al. (2019) found that the school feeding programme improved the height-for-age ratios among boys and by a larger degree among girls aged 5-8 years in northern regions, and among children living in households below the poverty line.
 31 UNICEF Ghana and Social Policy Research Institute (2020).
 32 UNICEF Ghana and Social Policy Research Institute (2020).
 33 Ghana Statistical Service (GSS) (2018b).

lowest coverage of essential nutrition (or related) services before the pandemic. Children living in households whose main income sources are from agriculture or the informal economy are also likely to experience food insecurity.

Policy Options

Expand the safety net of the poor and vulnerable households to ensure households' access to adequate nutrition. Options include horizontal and vertical expansion of Livelihood Empowerment Against Poverty (LEAP), complementing LEAP and/or other (new) cash transfer programmes with food vouchers or provision of food items and/or meals in areas where food supply chains are severely disrupted.

In case of continued school closures, make arrangements to change the modality of school meals provision.

In case of school openings, recommence provision of the full package of nutrition and health and ensure that food safety and quality standards are sustained.

Ensure continuity/sustainability of essential MCHN services provision by adapting it to the context of the pandemic in district assemblies, including incidences of positive cases and demand-side factors hindering access to services.

Early Childhood Development

Early childhood is a crucial period during which investments made in maximising children's opportunities for development yield immense returns for the individuals, families, society, and the economy at large. The COVID-19 crisis risks secondary impacts which limit these opportunities and ultimately impair

children's long-term growth and development trajectories.³⁴

Early childhood care and education centres perform important cross-sectoral functions to ensure children receive necessary inputs while supporting the caregiving function of households and caretakers. Especially for low-income families, these facilities provide support in protecting children from food insecurity and malnutrition, while supporting households in balancing paid employment and childcare. Restrictions on movement and access to these facilities threaten to widen the gap between children from different socioeconomic backgrounds.

Movement restrictions and closure of **educational and care facilities including kindergartens and pre-primary education, nation-wide**, enacted since mid-March 2020, affect approximately 506,166 children enrolled in early childhood educational development programmes (0-3 years), and approximately 1,852,028 children aged 3-5 years enrolled in pre-primary education.³⁵

Already prior to the pandemic, **52.6% of children aged 0-4 years** were not attending an early childhood education programme, not receiving learning support from an adult nor having access to books and toys in the household.³⁶ Disparities are worse between children living in asset-poor compared to non-asset poor households, and in rural areas compared to urban areas. Nationally, 31.6% of children were not considered developmentally on track in social, emotional, and cognitive domains.³⁷ Before the pandemic, 42.8% of children under age 5 years were living in asset-poor households. The high percentage of children developmentally off-track and

34 United Nations; Franke (2014).

35 Based on 2019 data of the UNESCO Institute for Statistics (UIS) (2020).

36 National Development Planning Commission et al. (2019).

37 Ghana Statistical Service (GSS) (2018c).

lacking the necessary cognitive stimulation in the earliest years translates into low learning outcomes at primary level: findings from the 2015 Early Grade Reading Assessment (EGRA) administered in Grade 2 in the 11 approved Ghanaian languages and English identified that 50% of learners could not read one word in the comprehension component.³⁸

Movement restrictions increase the burden on parents and caregivers in supporting children’s development and learning, which may be particularly difficult for parents with low levels of education – 52.8% of children of mothers with pre-primary or no education were attending early childhood education pre-pandemic.³⁹ Toxic stress due to pandemic-related income shocks, food insecurity, economic instability, and social isolation may inhibit caregivers’ quality of care.⁴⁰ Deficient school-preparedness may also affect more than 80% of children aged 5 years who were attending pre-primary education pre-pandemic. A positive impact of lockdown policies may be that caregivers spend more time with their children at home and have fewer engagements in work and other activities.⁴¹ This could decrease the 29.2% of young children who experience negligent care, and increase the percentage of children who receive learning support interactions with an adult in the household.

Table 3 Secondary effects on children’s developmental outcomes in early childhood due to COVID-19

Secondary effects
<p>ECD and care centre closures →</p> <p>Disruption of early childhood services (care, nutrition, learning) provision for young children.</p> <p>Increased burden of care by families, especially women and single mothers who may be particularly negatively affected by unemployment and household care burden as a result of the economic downturn and lockdown policies.</p> <p>Disruption of early childhood development (emotional, cognitive and social development) for children aged under 5 years.</p> <p>Parental negligence in the face of increased pressures and insecurities due to virus contagion, unemployment.</p>
Child-level Outcomes
<p>Negative impacts on short and long-term developmental outcomes for children during the critical first years of early childhood. Potential permanent interruption of long-term developmental capacities.</p> <p>Disadvantaged groups of children may face difficulties in returning to regular education after experiencing a period of inequitable learning conditions, especially if directly entering primary school after a period of foregone early childhood education opportunities.</p> <p>Prolonged inequities between girls and boys, children of poor and non-poor households, and households directly affected by COVID-19.</p>

38 Ghana Education Service (GES) and RTI International (2016).

39 Ghana Statistical Service (2018c).

40 Barrero-Castillero, Morton, Nelson, and Smith (2019); Lundberg and Wuermli (2012).

41 UNICEF (2020a).

Policy Options

Social protection and social assistance transfers are critical tools for ensuring the welfare of both children and their caregivers, as they target multiple domains of wellbeing.⁴² Promoting the wellbeing of caregivers and reducing prolonged toxic stress will support their ability to provide nurture and care to young children.

Caring for young children can incur considerable costs for households, especially those that were already vulnerable before the pandemic. Integrating emergency-response or scaled-up cash transfers, child benefits and nutrition and health interventions with support for parenting and early learning programmes, as part of a social protection package of interventions, would follow a child-centred strategy for mitigating the short-term and long-term effects of the pandemic. In the long-term, this would also provide a framework for “building back better” integrated, child-centred and shock-responsive promotive social protection and assistance systems after the pandemic.

Investing in remote-based learning and remote psychosocial support for young children would provide an organised learning alternative to formal ECD/E programmes. Radio learning programmes, such as those based on learning through play methodology for young children would prevent especially children of low-income backgrounds and children living in rural and remote areas from being left behind.⁴³

The most vulnerable groups in the population are likely to experience the most severe consequences of any costs and losses of developmental opportunities incurred during the lockdown period. Cross-sectoral efforts for mitigating the negative impacts of the pandemic on children should therefore be well-coordinated and equity-focused. This would include paying particular attention to children living in poor households, in rural and remote areas, children with disabilities, and children of other commonly socially excluded groups, such as refugees and internally displaced persons.

Education

The pandemic’s impacts on children’s access and quality of education are most severely felt through the tracking closure of schools without adequate alternative education services accessible by all children, nation-wide. These measures are likely to exacerbate existing inequities in education in the short and long-terms and worsen existing barriers to access.

Already prior to the pandemic, 16.9% of children aged 5-11 years, 50.9% of children aged 12-14 years, and 83.3% of children aged 15-17 years were either not attending school, two or more years behind in school, or have not achieved the correct level of schooling for their grade. Urban-rural disparities are significant, with children faring far worse in rural areas, as well as in the Northern and Upper West regions. While the ratio of boys to girls in school attendance and completion favours girls at the primary and lower secondary levels, a higher rate of boys is attending and completing upper secondary school.⁴⁴

Nationwide school closures began on March 16, affecting approximately 9,253,063 learners between pre-primary and secondary education levels.⁴⁵ School closures were partially lifted in the second half of June – through a phased approach and while maintaining social distancing regulations – for final year senior high school and junior high school students with a focus on exam preparation and completion.⁴⁶ Second year junior high school and senior high school students returned to school in August to complete the remainder of the 2019-2020 curriculum with the understanding that, as exam students in the 2021 school year, they need to have covered all curriculum content missed during school closures. For other students, closure of schools is still in force and distance learning programmes are continuing to be rolled out by the Ministry of Education.⁴⁷

42 Yoshikawa et al. (2020).

43 UNICEF (2020b).

44 National Development Planning Commission et al. (2019).

45 UNESCO (2020); UNESCO and UNICEF (2020); Ministry of Education, Republic of Ghana (2020b).

46 The Presidency, Republic of Ghana (2020).

47 Ministry of Education, Republic of Ghana (2020a).

Although distance learning programmes have been implemented nationwide⁴⁸, these services are not equitably accessed, such as by children without access to televisions, mobile devices, and internet (14-17% of school-age children) and service stations, such as postal offices for receiving remote learning materials. Even for children able to access distance and online learning programmes, the quality of learning is highly impacted as a result of numerous factors, including learning difficulties at home. This is likely to have negative long-term impacts on learning outcomes. Further evidence is necessary to monitor the pandemic's impact on children's long-term learning outcomes.

The RECOVR rapid response panel survey, carried out in May 2020, further found that:⁴⁹

Only 60% of all children are spending time on education since school closures were enforced.

Children spent an average of only 5.9 hours per week on education, for which the main reason is listed as lack of supervision from adults in the household, lack of support from teachers and schools, and lack of motivation.

Only 32% of households with a child in school have received communications from the child's school.

Around 60% of respondents reported that children resorted to their own schoolbooks, as opposed to other educational materials, including internet content and Ghana Learning TV (less than 20%), to spend time on education at home.

Monitoring data from June 2020 strongly indicate that children face difficulties learning at home due to school closures. Among children attending primary and junior high school, 39.4% of their households indicated they lacked access to basic tools like computers or phones, 33.2% lacked learning materials including textbooks, and 28% of households

reported that children's lack of interest in taking lessons was a leading learning difficulty. For children attending senior high school, the lack of access to basic tools like computers or phones was also the main learning difficulty for almost half of households (45.3%), followed by lack of learning materials, including textbooks (27.6%) and lack of access to the internet (25.6%) to access learning materials.⁵⁰

Children learning from home may also face inadequate conditions for effective learning, such as living in overcrowded households (one-in-three children), living in households without electricity or proper lighting (one-in-five children), or not having an appropriate space for learning or support from parents and teachers. This is especially relevant for children living in rural and remote areas, in low-income households, and those left behind due to migration of family members. Children living in rural areas are at least twice as likely than children living in urban areas, and children living in the two poorest asset index quintiles are at least three times as likely than wealthier children, to not have access to common information channels.⁵¹

Children with disabilities and physical or learning impairments are at risk of being left behind in existing mitigating measures. Although boys were significantly more likely to fall behind in education than girls in the pre-pandemic period⁵², girls are at risk of facing additional pressures during a period of school closures, including early pregnancy and marriage, which may keep them from returning to school post-pandemic.^{53, 54} Financial shocks may cause children to be held out of school temporarily, or permanently not return to school, instead taking up economic activity as a coping measure.⁵⁵

48 On 5 May, the Ghana Education Service (GES) provided a TV timetable for May for distance learning for children in kindergarten to secondary high schools. It includes subjects such as Math, English and Science. Distance learning platforms are available through mobile devices and through physical packages for children without access to mobile devices.

49 Innovations for Poverty Action (IPA) (2020).

50 UNICEF Ghana and Social Policy Research Institute (2020).

51 National Development Planning Commission et al. (2019).

52 National Development Planning Commission et al. (2019).

53 Himelein (2015); Elston, Cartwright, Ndumbi, and Wright (2017); Onyango, Resnick, Davis, and Shah (2019).

54 A simulation using data from 157 countries, which posits that children affected by school closures due to the COVID-19 pandemic face a loss of, on average, 0.6 years of schooling adjusted for quality, thereby reducing the effective years of schooling that students achieve from 7.9 years to 7.3 years, and in the long-term, a reduction in lifetime earnings equivalent to \$16,000. See Azevedo, Hasan, Goldemberg, Iqbal, and Geven (2020).

55 International Labour Organization and UNICEF (2020).

Evidence from other crises suggests that poorer families may not be able to cope as well as higher income families in keeping their children in school.⁵⁶

Table 4 Secondary effects of school closures on children’s educational outcomes due to COVID-19

Secondary effects of school closures
<p>Disruption of learning, schooling and exam schedules.</p> <p>Unsuitable learning environment at home (e.g. overcrowding), no access to distance learning material (e.g. no access to ICT).</p> <p>Boys and girls may be vulnerable to gendered traditional roles in the household (e.g. increased involvement in child labour for boys, and childcare and early marriage for girls), which may occur more frequently in economically vulnerable households.</p> <p>Mental health burden of loss of access to children’s peer networks.</p>
Child-level Outcomes
<p>Negative impacts on short and long-term learning outcomes (lost or slowed progress in school, or early exit from education).</p> <p>Tracking difficulties faced by children belonging to disadvantaged groups in returning to regular education after experiencing a period of inequitable learning conditions.</p>
<p>Children may not return to regular education in favour of alternative (economic) activities pursued during the period schools were closed.</p> <p>Inequities between girls and boys, children of poor and non-poor households, children belonging to minority groups or households directly affected by COVID-19.</p> <p>In case of acute mortality rates due to COVID-19, the number of available and skilled teachers may drop.</p> <p>Decreased calorie consumption and increased hunger due to school closure having a negative overall impact on nutrition, as well as children’s physical and cognitive development, preventing them from learning effectively.</p>

Policy Options

<p>Identify opportunities for incorporating COVID-19 response measures into systemic improvements in the educational sector, in terms of delivery and quality of educational materials, building the capacity and digital literacy of educators, engagement of parents in their children’s learning, and in shock-responsiveness.⁵⁷</p>
<p>Develop the necessary teacher training and learning infrastructure to provide a viable learning alternative to regular schools, in the event of current and future school closures.</p>
<p>Special attention should be paid to vulnerable children, including those living in poor households, rural and remote areas, living in households without electricity and network access, children with disabilities, young girls, and children living in precarious settlements.</p>
<p>Social protection benefits to compensate households and prevent negative coping measures, and to cushion negative pandemic impacts on vulnerable households.</p>
<p>Invest in remedial learning programmes and back-to-school strategies to ensure that vulnerable children, including children who were already behind in their learning achievement, can return to school and have positive learning outcomes upon their return.</p>
<p>Promote access to education for children who were already out-of-school before the pandemic.</p>
<p>When schools reopen, ensure they have appropriate WASH facilities, nutrition programmes, and capacity building for educators and school staff for basic screening of illness and other preventive measures.</p>
<p>As schools reopen, early screening at the school-level should take place for identifying ill health and disability, with referral mechanisms to relevant health and education services in place.</p>
<p>Integrate emergency preparedness and responsiveness strategies in the education system at national and sub-national levels, to respond effectively to ongoing and future emergencies including epidemics, natural disaster, conflict and climate-related vulnerabilities.</p>

56 Himelein (2015); Frankenberg, Sikoki, Sumantri, Suriastini, and Thomas (2013); Chenjezi (2020).

57 UNESCO and UNICEF (2020).

Water, Sanitation, Hygiene and Housing

Access to adequate and improved water, sanitation and hygiene (WASH) services in health and education facilities, as well as in homes and public spaces, are critical to mitigating the effects of COVID-19 and preventing further contagion spread. However, most children in Ghana are exposed to inadequate WASH conditions, highlighting a heightened risk to an increased disease burden which may be compounded by the direct effects of COVID-19. On the other hand, pandemic-related mitigating measures, which are largely centred around maintaining physical distance and proper handwashing and hygiene, may lead to progress in improving health, WASH and housing conditions for children in the short and long term.

Prior to the pandemic, more than **80% of children lacked access to adequate sanitation** (improved and non-shared facilities, handwashing with soap and water, and no open defecation), and around 15% of the child population lacked soap, detergent or other materials for handwashing in the household.⁵⁸ Around half (51.5%) of all household members in Ghana lacked access to a handwashing facility where water and soap or detergent were present.⁵⁹ About 50% of children did not have access to safe drinking water.⁶⁰ Moreover, for 48.3% of the household population in Ghana, the main source of drinking water was at risk of moderate to very high levels of faecal contamination.⁶¹ Disparities are large, especially between children living in urban and rural areas, with nearly double the share of children in rural areas being exposed to hazardous WASH and housing conditions. The situation in public spaces is not fully known but may be comparable at best.

nearly all households reported handwashing with soap and water more often than they used to during the last seven days before the survey and avoided physical greetings (94-95% of respondents). However, not all households with children had knowledge of all measures for reducing the risk of contracting COVID-19 (Figure 3).⁶²

Figure 3 Percentage of households with children younger than 18 years aware of measures to reduce risks of contracting COVID-19



Movement restrictions and lockdowns may further exacerbate inequities, especially for children living in households where the main sources of drinking water and water for handwashing are not on the premises (77.0% of household members; 90.4% in rural areas and 61.3% in urban areas).⁶³ Although the Government of Ghana committed to absorbing the cost of water bills for all Ghanaians for three months (later extended until the end of 2020) to compensate any losses of livelihoods and income, weak regulatory mechanisms and the fragmented state of service management systems in rural areas, among other bottlenecks in service delivery, may prevent equitable implementation of this relief. The findings of the RECOVR survey show that only 14% of

58 National Development Planning Commission et al. (2019).

59 Ghana Statistical Service (2018c).

60 National Development Planning Commission et al. (2019).

61 Ghana Statistical Service (2018c).

62 UNICEF Ghana and Social Policy Research Institute (2020).

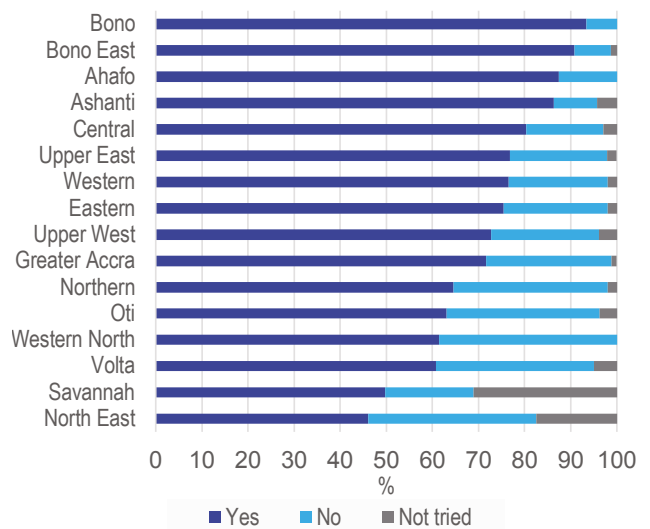
63 Ghana Statistical Service (2018c).

or water in response to the pandemic.⁶⁴ Temporary handwashing facilities in vulnerable communities have also been erected at a slow pace, which hampers their effectiveness in preventing the spread of the virus.⁶⁵

About 6% of households from the lowest two economic quintiles, mostly from low-income high-density urban areas, depend on sachet water for drinking.⁶⁶ Loss of jobs or no opportunity for street vending means there will be an additional burden on meeting water needs, or compromises in other essential needs, such as food for children.

Although access to clean water and proper hygiene are essential measures for containing the pandemic, monitoring data collected in June 2020 emphasised the persistent regional disparities in household access to a reliable water supply. The percentage of children living in households without regular access to water supply ranges from the lowest share in Bono (93.5%) to the highest share living in Western North and North East regions (38.6% and 36.4%, respectively) (Figure 4).⁶⁷

Figure 4 Percentage of children living in households without regular access to water supply during the last 7 days, by region



Between 52-62% of children in Ghana are deprived of adequate housing conditions, experiencing overcrowded housing, no access to electricity in the household, or living in housing with walls, roofs, or floors made of inadequate materials.⁶⁸ Physical distancing policies may therefore be unrealistic and harmful for children at risk of increasing protection violations related to overcrowding in the home, health hazards associated with poor housing conditions, and to having a lack of adequate space for play and stimulation.⁶⁹ In the short-term, government-mandated fumigation and waste clearance of schools, markets and selected public spaces may have a positive effect on public health and safety for children’s living environments post-lockdown, although the sustainability of these measures is unclear.⁷⁰

64 Innovations for Poverty Action (2020).

65 Duti (2020).

66 Ghana Statistical Service (2018a).

67 UNICEF Ghana and Social Policy Research Institute (2020).

68 National Development Planning Commission et al. (2019).

69 Chzhen (2014).

70 Duti (2020).

Table 5 Secondary effects on children related to water, sanitation, and hygiene due to COVID-19

Secondary effects
<p>Lack of adequate water, sanitation and hygiene facilities (clean water, improved facilities) → Limitation of children and their household’s ability to abide by preventative containment measures.</p> <p>Lockdown, curfews, movement restrictions → For households with only off-premises access to water, sanitation and hygiene services, movement restrictions limit their access to these facilities.</p> <p>Increased public provision of adequate and safe water and sanitation facilities in public spaces and schools → Increased engagement in preventative measures through access to safe water and sanitation facilities and decreased exposure to disease.</p>

Child-level Outcomes
<p>Increased risk to direct health outcomes of COVID-19 infection and other illnesses.</p> <p>Negative impacts on short and long-term equity in children’s health outcomes because of increased risk of exposure to communicable diseases in absence of on-premises water and sanitation facilities.</p> <p>In the event of sustainably erected public WASH facilities in public spaces and schools, improvements in children’s hygiene behaviour and overall lower exposure to health risks related to poor WASH conditions.</p>

Policy Options

Consider distributing water by tankering for free or at reduced prices in low-income, high-density poor urban areas where no water networks are available, until sustainable solutions are implemented.

Provide additional resources for accelerating WASH services, including clean water and soap for handwashing, for households living in urban, peri-urban, rural and remote areas, as well as in schools, health centres and informal settlements. Interventions should be coupled with education and outreach campaigns for good hygiene and physical distancing practices.

Integrate emergency-response measures for providing universal access to safe water and hygiene facilities, as well as clean and safe living environments, into sustainable national strategies for improving WASH and housing conditions for all, including in schools, healthcare facilities and other public spaces.

Ensure sustainable financing of a strong and widely accessible WASH system that benefits public health and building resilience.

Include members of marginalised and vulnerable groups in all measures extending access to safe WASH services. Measures should be adapted to their specific needs and appropriate for the settings in which they live, such as children living in refugee camps, street children, children with disabilities, and children living in female-headed and low-income households.

Ensure that outreach efforts and information campaigns include comprehensive guidance for hygiene in the context of COVID-19 and are adapted to target audiences including children and caregivers living in low-resource settings, in rural and peri-urban areas with limited WASH resources, with functional difficulties, members of different ethnic or religious groups and those living in informal settlements.

Child Protection

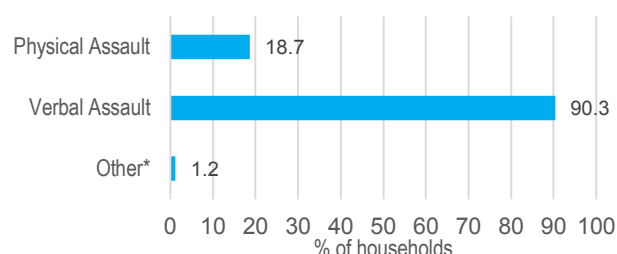
Pandemic-related response measures affect the protection of girls and boys from abuse, neglect, and exploitation. Prior to the pandemic, **57.7% of children aged 0-14 years were deprived in child protection, being exposed to negligence or violent discipline at home, or not having a valid birth registration.** Girls and boys are also unequally exposed to various protection violations and face different risks.⁷¹

Girls and boys are forced to spend more time in possibly vulnerable and overcrowded household conditions, due to school closures⁷² and restrictions on movement, with increased risk of protection violations in light of these and other stressors. Overcrowded households may exacerbate psychological tensions and frustrations which, in combination with lost livelihoods and a sense of hopelessness or the incapacity to cater for one's own family, may lead to increased domestic violence and other protection violations, at a time when the capacity of security and justice services are limited due to the pandemic. These are critical risk factors that exacerbate the incidence of violence experienced by girls and boys during a pandemic.

Monitoring data already shows an increase in intra-household violence between March and June 2020. The share of children exposed to physical punishment in their households “often to very often” increased from 18.3% before March 16, 2020 to 26.1% in the 30 days before the survey. Girls tend to suffer slightly higher exposure to physical punishment than boys: 8.6% of girls (and 8.1% of boys) were exposed to physical punishment “very often and often” before March 16, 2020, compared to 13% of girls and 12.6% of boys in the 30 days before the survey. The most frequently reported intra-

household violence was verbal assault (90.3%), followed by physical assault (18.7%) (Figure 5).⁷³

Figure 5 Type of intra-household violence since March 16, 2020



* The category “other” includes Defilement, Rape, Sexual Harassment and/or Cursing.

With households facing loss of income and heightened financial insecurity,⁷⁴ there is a risk of **child labour** becoming an increasingly prevalent coping mechanism for children and households, with children becoming engaged in exploitative and hazardous jobs. In 2018, 30% of children aged 5-17 years were engaged in child labour in Ghana.⁷⁵ Estimates predict an increase of at least 0.7 percentage points in child labour per percentage point rise in poverty.⁷⁶ Monitoring data from June 2020 suggests there has been a 10.9% increase in the share of children aged 5-17 years in Ghana involved in working or selling activities during the last 30 days before the survey compared to the period before March 16, 2020.⁷⁷

Anecdotal evidence also shows that the pandemic has seen girls become increasingly vulnerable to sexual exploitation, including transactional sex as a coping mechanism in the face of livelihood deterioration.

With informal work expanding, the need for less skilled and non-educated workers will increase. Girls and boys of legal working age in particular

71 National Development Planning Commission et al. (2019).

72 In Ghana, 9,200,000 children are out of school as a result of COVID-19, according to National Development Planning Commission et al. (2020).

73 UNICEF Ghana and Social Policy Research Institute (2020).

74 International Labour Organization and UNICEF (2020).

75 Ghana Statistical Service (2018a).

76 International Labour Organization and UNICEF (2020).

77 UNICEF Ghana and Social Policy Research Institute (2020).

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Girls and boys are forced to spend more time in possibly vulnerable and overcrowded household conditions, due to school closures and restrictions on movement, with increased risk of protection violations in light of these and other stressors.

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may **drop-out of school permanently** and not return when classes re-start post-pandemic.⁷⁸ In particular, girls tend to be more involved in agricultural (e.g. in family businesses) and domestic work (e.g. childcare, caring for family members or doing chores), and may not have the option to return to school.⁷⁹

As government priorities are shifted towards the health sector, activities focussed on child protection, gender-based violence (GBV) and social welfare are suspended or reduced due to lockdowns, leaving girls and boys more at risk of potential protection violations.⁸⁰ According to a survey conducted in June 2020, directors of departments of Community/Social Welfare (DCD/WS) in 170 of the 260 Metropolitan Municipal and District Assemblies (MMDAs) reported a strong increase in child abuse cases and a reduction in violence prevention programming. According to the survey, 77% of social workers reported reductions to household and community visits.⁸¹

Prevalence of harmful practices (e.g. Female Genital Mutilation and Cutting (FGMC)) could increase due to reduced prevention and response services.⁸² Pre-existing **violence towards children and women** (e.g. GBV) is at risk of being aggravated as implemented restrictions prohibiting social contact in addition to increased fear of falling ill can lead to higher psychological distress among adults.⁸³ Younger women aged 15-19 years were more likely than other age groups to report experiencing forms of domestic violence in the pre-pandemic period.⁸⁴ National opinion polls as of 11 May 2020 reported 19% of children aged

15-19 years experienced violence and abuse at home, and the majority did not know where and how to receive support in these instances.⁸⁵

Girls and boys may face higher risk of **negligence, abandonment and (sex)-trafficking**.⁸⁶ Due to illness or death, caregivers are not capable of providing parental supervision and children might be abandoned or sent away to extended families or friends in non-affected areas or residential care facilities.

Another outcome of COVID-19 restrictions relates to **child marriage and adolescent pregnancy**. In 2018, Ghana recorded fertility rates of 75 births per 1,000 girls aged 15-19 years, disproportionately representing girls in rural areas and in the poorest wealth quintiles.⁸⁷ With an increased exposure to violence and household income shocks due to the pandemic, social and economic pressure may lead to a rising incidence of child marriage and adolescent pregnancy as a result of sexual exploitation and sexual violence. The number of child sexual abuse victims, including child prostitution, is therefore likely to increase due to secondary effects of the pandemic. Risk-prone behaviours (e.g. consumption of alcohol or drugs) among adolescents might intensify due to the closure of schools.⁸⁸ Children undergoing economic hardships and school closures may increasingly participate in crime, bringing them in conflict with the law.

Birth registration may decline due to movement restrictions and households' economic contraction from the COVID-19 shock and recovery. Legal identification is often required to access health and education

78 Ibid.

79 The Alliance for Child Protection in Humanitarian Action and UNICEF (2020).

80 Marques, Moraes, Hasselmann, Deslandes, and Reichenheim (2020).

81 UNICEF Ghana and Office of the Head of Local Government Service (2020).

82 UNICEF (2020c).

83 Mikolajczak, Brianda, Avalosse, and Roskam (2018).

84 Institute of Development Studies (IDS), Ghana Statistical Service (GSS), and Associates (2016).

85 U-Report (2020).

86 The Alliance for Child Protection in Humanitarian Action (2018); Green (2020).

87 Ghana Statistical Service (2018c).

88 Andrews, Foulkes, and Blakemore (2020).

services, while protecting children from entering marriage or the labour market.⁸⁹ The temporary closure of registration facilities will put a strain on the earlier attained 80% registration rate, especially in contexts where access to public services and transfers is already problematic.

Particularly in urban areas and among children taking part in distance learning through online programmes during the school closure period, an increased number of children and youths are at increased risk of exposure to online exploitation. These violations may include sextortion, online grooming and financial fraud.

The potential increase in protection violations against children are also relevant at the macroeconomic level. The costs of child abuse to Ghana is estimated at GH¢ 926 million to GH¢ 1.442 billion per year. These comprise the direct (prevention activities, including medical, welfare, and legal), indirect (costs related to incarceration of criminals abused as children) and life-long (chronic illness of childhood abuse victims) costs that ultimately contribute to significant losses in productivity and future earnings capacity.⁹⁰

Table 6 Secondary effects on children's risk of exposure to protection violations due to COVID-19

Secondary effects
<p>Lockdown and movement restrictions → Risk of increased protection violations (violence, pregnancy, child marriage, sexual violence and exploitation) due to living in overcrowded housing and/or spending more time in vulnerable household conditions. Risk of decline in birth registrations.</p>
<p>School closures → Increased risk factors for children to engage in child labour, child marriage, sexual exploitation and risky behaviours in absence of adequate alternative learning opportunities and in the face of dire household livelihoods needs.</p>
<p>Financial shock to the household → Risk of increased children's exposure to protection violations including physical discipline, negligence and exploitation, due to psychological distress among adults and negative coping mechanisms.</p>
Child-level Outcomes
<p>Long-term increase in incidences of psychosocial distress, trauma and poor mental health of children and adolescents.</p>
<p>Decline in birth registration may implicate ineligibility for essential public services and social transfers.</p>
<p>Poor educational outcomes in event of slowed educational progress or early exit from school due to economic activity, marriage or pregnancy.</p>
<p>Long-term loss of earnings capacity for victims of childhood abuse as a result of life-long costs of chronic illness.</p>

89 Ghana Statistical Service (2018b).

90 UNICEF and Ministry of Gender, Children and Social Protection (2015).

Policy Options

Promote children's access to child helplines by telephone, WhatsApp and other online applications to create safe spaces to talk about feelings and anxiety and facilitate the reporting of protection violations and referrals to age and gender responsive services. Ensure speedy processing, referral and adequate follow-up of complaints.

Ensure free access to medical services and reports to victims of violence and exploitation, including child victims of sexual abuse and exploitation.

At all times, advocate the Courts to explore alternatives to custodial sentencing and make detention a last resort to reduce the number of children in detention to the barest minimum, awareness-raising campaigns on the importance of interactive parent-child relationships and the use of positive discipline when dealing with stress.

Support skill-building and resilience programmes for children and adolescents to build their coping skills in emergencies and be informed of channels for seeking help, reporting and receiving services.

Engage communities and religious leaders in providing advice to strengthen family and caregiving environments (e.g. on organising family routines, staying calm and maintaining positivity, and reducing stress during social distancing periods).

Guarantee access to existing social protection services (e.g. birth certificate, LEAP, NHIS)

Strengthen social services to support women, children and adolescents exposed to violence, through Mental Health and psychosocial support, safe temporary shelter, legal aid, psychological and physical healthcare.

Promote the Back To School Campaign, including re-entry for girls who have given birth during the period of school closures, and for previously out-of-school children and youth.

Strengthen social protection systems through existing or new programmes. For example, by providing cash transfers to poor households to cope with the pandemic and thus reducing risks of child labour, child marriage and sexual exploitation.⁹¹

Collect age and sex disaggregated data to increase detailed and accurate information.

Include child protection/GBV interventions into emergency preparedness and response plans and long-term development plans.

Vulnerable Groups

Vulnerable groups are especially predisposed to suffer from primary and secondary effects of the pandemic. This includes 18.7% of children aged 2-17 years living with disabilities (experiencing any functional difficulty), 2,447 child refugees living in camps, 2,191 internally displaced people, street children who populate metropolitan areas including around 100,000 street children living in Greater Accra, 0.9% of children aged 0-17 living in detention facilities and 3,500 children living in residential homes for children (RHCs).

COVID-19 may negatively affect inclusive growth as the poorest and most vulnerable children are likely to be hardest hit with already severely limited life chances (e.g. reduced access to nutritious food and poor quality of housing).⁹² For example, girls and boys deprived of their liberty, children in migrant families, refugees, children living and working on the street, children living in care facilities and internally displaced people often live in crowded and unhygienic conditions and are more exposed to abuse, exploitation, neglect and GBV as they are usually excluded from social protection systems.⁹³ Moreover, they are at higher risk of contracting and spreading the disease.

Children with disabilities are especially vulnerable to missing out on education due to school closures. They further face reduced access to therapeutic support which can lead to an exponential increase in stress levels.⁹⁴

Children living in monetarily poor households have fewer financial resources and savings, which puts them at a higher risk of exposure to job and income losses.⁹⁵ This can affect their access to basic services and necessities, including good nutrition, sustainable housing, safe drinking water, adequate sanitation facilities and opportunities to engage in on-line schooling. Immediate and comprehensive

91 International Labour Organization and UNICEF (2020).

92 OECD (2020).

93 The Alliance for Child Protection in Humanitarian Action and UNICEF (2020); OECD (2020); UNHCR (2020).

94 OECD (2020).

95 OECD (2020).

action is essential to avoid widening the gap between advantaged and disadvantaged children.

Policy Options

Provide modified communications (in various languages) about the risks and prevention of COVID-19 in migrant and refugee camps.

Release children deprived of their liberty where possible (e.g. minor offences, due for release or at the end of their sentence) and undertake appropriate measures to restrict new admissions of children to detention facilities.

Support reunification of children in residential care facilities to families (i.e. biological, extended, foster care or adoption) and strengthen gatekeeping mechanisms to prevent unnecessary separation.

Provide support to street children with comprehensive assistance (e.g. prevention of disease, food, shelter, reunification services).

Improve and maintain conditions in facilities where children are deprived of their liberty or are in care of RHCs, including with respect to child/staff ratios, access to adequate health and WASH facilities, mental and psychosocial support, protection from violence, abuse and exploitation and access to child-friendly information on the pandemic.⁹⁶

Guarantee the continued supply and access to medicines and other support including basic needs (goods and services) for persons with disabilities during the pandemic.⁹⁷

Provide accessible environments (hospitals, testing and quarantine facilities) for treatment of children with disabilities and ensure the availability and dissemination of health information and communications in accessible modes, means and formats.⁹⁸

Information

Access to information is crucial to ensure accurate and real-time knowledge on the situation of the pandemic for the general public (e.g. potential risks, preventative measures and available resources for care), in particular for vulnerable children.⁹⁹ Disinformation (including half-truths) can endanger people's health-seeking behaviour and place them at a higher risk of contracting and spreading the virus.¹⁰⁰

Acquiring a comprehensive understanding of COVID-19 is helpful in reducing the stigmatisation of people infected with the disease.¹⁰¹ Sharing reliable and evidence-based institutional information can increase public trust, allowing for governmental accountability and transparency. It can also enable the exchange of good practices and challenges experienced across and within countries.¹⁰²

Inadequate information devices and ICT networks can hamper school-aged children in their access to learning opportunities when remote schooling is the norm. This might exacerbate the existing digital divide between the advantaged and disadvantaged children.¹⁰³ Even when information channels are available, the ICT infrastructure might be inadequate to deliver reliable and affordable services. In Ghana, **16.1% of children have no access to media services**, and around 4.44 million people are not covered by 3G network access.¹⁰⁴ Under 50% of all children in Ghana have access to radio, televisions, or mobile phones. While 82.9% of children have access to internet in the household, wide disparities remain between children of different socioeconomic backgrounds nationwide.¹⁰⁵

96 The Alliance for Child Protection in Humanitarian Action and UNICEF (2020).

97 OHCHR (2020).

98 Ibid.

99 Article 19 (2020).

100 Turianskyi (2020).

101 Article 19 (2020).

102 Ibid.

103 Turianskyi (2020).

104 Karlsson and Cruz (2018); National Development Planning Commission et al. (2019).

105 Ghana Statistical Service (2018c).

Finally, having no access to information networks may exacerbate mental health and trauma due to increased feeling of social isolation.¹⁰⁶

Table 7 Secondary effects of COVID-19 on children’s wellbeing due to poor access to information

Secondary effects
<p>School closure → Absence of information and ICT devices may pose barriers to accessing alternative distance learning opportunities and implicate progress made in education.</p>
<p>Disinformation → Risk of harm to child health and access to essential public services in absence of accurate information on COVID-19-related preventative measures and available social services; risk of stigma.</p>
<p>Lockdown and social distancing → Risk of mental health burden and trauma due to increased feelings of social isolation in absence of information sources and devices.</p>
Child-level Outcomes
<p>Lost or slowed progress in education, or permanent exit from schooling.</p>
<p>Long-term health risks due to late intervention in event of missing or inaccurate institutional information on preventing and coping with the effects of the pandemic.</p>
<p>Risk of long-term poor mental health outcomes and trauma.</p>

Policy Options

Organise digital literacy and awareness campaigns to teach citizens on how to navigate through available information and using the internet to improve their socio-economic situation. Also, provide public internet cafes across the country.

Ensure easily accessible information channels to provide real-time and comprehensive information on the situation of the pandemic in the country and present the available resources (e.g. child protection services) that support vulnerable groups of the population.

Financial Wellbeing of Children and their Households

Global reductions in trade volumes and the predicted economic downturn are affecting the financial wellbeing of households – and indirectly on children’s wellbeing. As the secondary effects of the COVID-19 pandemic and related containment measures continue around the world, recent projections by the World Bank suggest an economic growth contraction in the Africa region from 2.4% in 2019 to between -2.1 to -5.1% and the first economic recession in the region in 25 years.¹⁰⁷ In Ghana, projections point to a **reduction in real GDP growth from an estimated 6.5% in 2019, to a forecasted 1.5% in 2020 and 3.4% in 2021.**¹⁰⁸ This would be Ghana’s lowest growth rate in 37 years.

A rise in monetary poverty due to the pandemic is likely to hit vulnerable populations the hardest, while less vulnerable populations are likely to be more financially resilient

106 Turianskyi (2020).
 107 Calderon, Kambou, and Zebaze Djiofack (2020).
 108 The World Bank (2020).

and recover faster from financial shocks. This implies that not only will (child) poverty increase due to the economic downturn, but so will inequality.

On the supply side, employment continues to decline with the widespread closure of non-essential businesses, schools, workplaces and service facilities, alongside travel bans. Moreover, as many lines of work are informal and or cannot be carried out remotely, the rise of unemployment among already vulnerable groups who dominate informal labour markets (who constitute upwards of 86% of Ghanaian employment) is of particular concern.¹⁰⁹ Children living in households reliant on informal labour are highly vulnerable to adverse outcomes related to financial shocks.

On the demand side, spending patterns have changed and deferred in the context of pandemic-related uncertainty and a reduced access to goods and potential shortages of essential items.¹¹⁰

As parents and caregivers are affected by the indirect macroeconomic effects of the global pandemic, a rise in unemployment and income loss is likely to give rise to children living in monetarily poor households. Recent projections suggest that the share of monetarily poor children in Sub-Saharan Africa alone will increase from 250 million children living in poor households today, to around 274 million children by the end of 2020.¹¹¹ **In Ghana, 28.2% of children were living in monetarily poor households**¹¹² prior to the COVID-19 outbreak.¹¹³ Around one-in-10 children (10.1%) experience extreme poverty.¹¹⁴

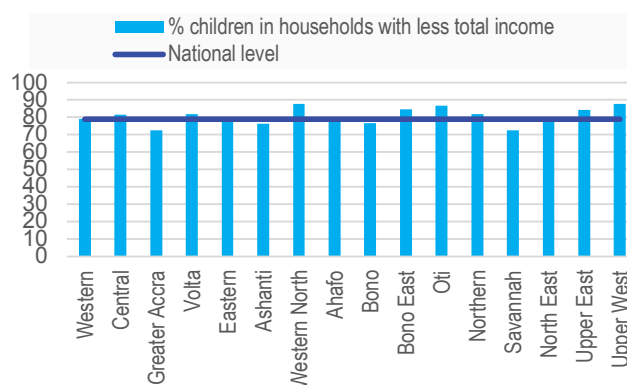
A higher prevalence of monetarily poor children is observed in rural areas opposed to urban

areas (44.5% versus 9.8%). Nearly one-in-five rural children (18.6%) live in extreme poverty compared to only 1.4% of urban children.

A larger proportion of children are living in monetary poverty in the Upper West (77.7 per cent), Northern (67.4 per cent) and Upper East (58.1 per cent) regions.

Recent figures from the first wave of a phone survey suggest that up to 79% of children live in households that reported a reduction in total household income compared to March 16, 2020, ranging from 72.5% in Savannah up to 87.9% in the Western North and Upper West regions (Figure 6).¹¹⁵

Figure 6 Percentage of children living in households that reported a reduction in total household income since March 16 2020, by region



It is expected that monetarily poor children will be more likely to suffer from the consequences of the pandemic (see Figure 6).¹¹⁶ It is highly probable that the share of children living in financially poor households and children living in transient poor households in Ghana will grow as a result of the pandemic, while households just above the poverty line are likely to become poor. Children living in male-headed households, in households with a higher number of household members, and

109 International Labour Organization (ILO) (2020).

110 Ibid.

111 UNICEF and Save the Children (2020).

112 Monetary poverty is based on the national poverty line of GH¢1,314 per capita per year which incorporates both food and non-food consumption.

113 National Development Planning Commission et al. (2019).

114 Extreme monetary poverty is based on the national extreme poverty line of GH¢792.2 per capita per year.

115 UNICEF Ghana and Social Policy Research Institute (2020).

116 OECD (2020).

in households where the household head has a lower level of education, are particularly vulnerable.

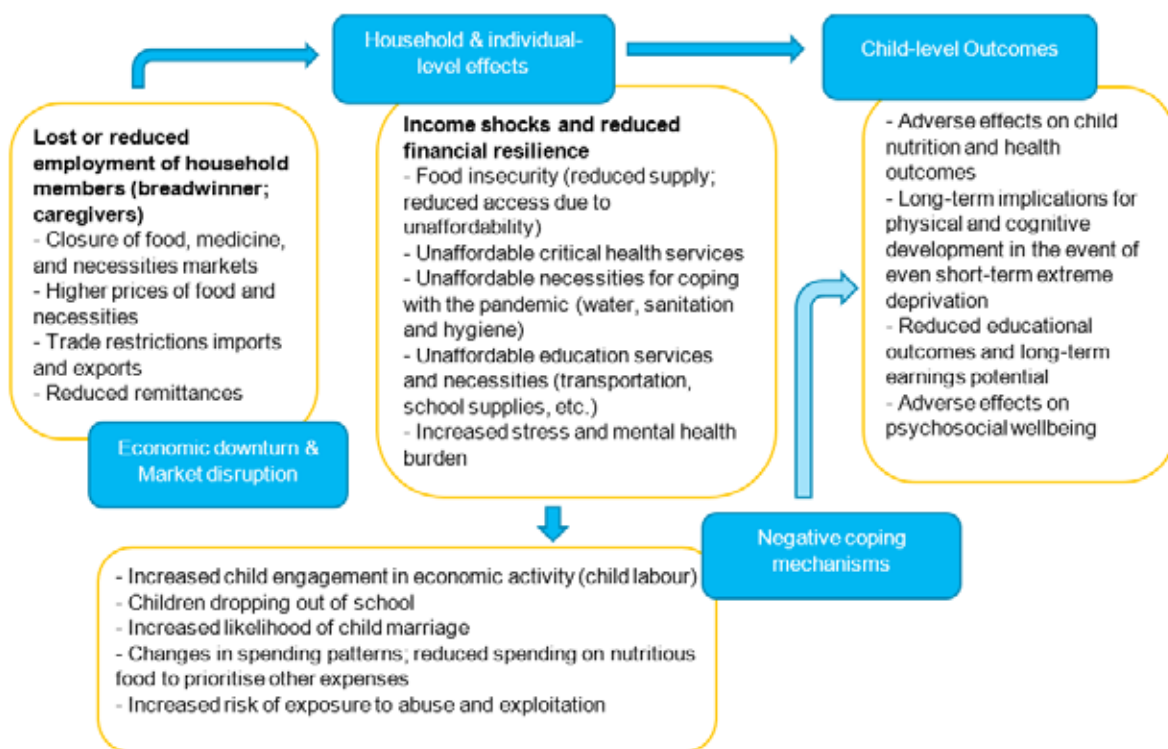
Considering that income inequality is expected to expand as the cost of lockdown measures and market downturns disproportionately affect already poor and vulnerable households the hardest, existing projections of increases of monetary poverty in the Sub-Saharan Africa region are likely to be severely underestimated. Further research and micro-simulation modelling are necessary to project the specific number or share of children likely to fall into monetary poverty given different scenarios of macroeconomic conditions in Ghana.

The sectoral hurdles for effective containment of the virus and mitigation of its direct and

indirect effects, which are likely to prolong the duration of the containment measures and thus the economic impact on children and their households.

Estimates predict a rise in household poverty and worsening living standards in Ghana, highlighting the importance of strengthening and expanding the nation's social protection systems to be shock-responsive, inclusive and promotive. Bukari et al. (2020) used online survey and telephone interview data collected between May and June 2020 to discern that household food insufficiency, access to health and water services, and income have worsened between the pre-pandemic and current periods, with worse outcomes among respondents who became unemployed as a result of the pandemic.

Figure 7 Secondary impacts of COVID-19-related economic instability on children's outcomes



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Estimates predict a rise in household poverty and worsening living standards in Ghana, highlighting the importance of strengthening and expanding the nation's social protection systems to be shock responsive, inclusive and promotive.

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These findings are supported by the RECOVER survey, which reported 29% of respondents experienced food shortages, 57% experienced income shock-related food insecurity due in part to increases in food prices, and more than 40% had to limit food intake in the previous week.¹¹⁷ Among these respondents, households with school-age children were more likely to experience food insecurity due to household income shocks, and less than 3% of households have received social assistance in-kind or in-cash from the government in response to the pandemic.¹¹⁸

As in previous crises, vulnerable populations including children, those living in low-income households, working in the informal sector, and those who have limited access to social protection, essential services including healthcare and social safety nets, will be most severely affected. Gender inequalities in employment and thus household income (especially in women-headed households) may also be exacerbated, as most vulnerable small- to medium-sized enterprises are operated by women, and women are disproportionately affected by closure of schools and child care centres and thus more prone to unemployment in the pandemic context.¹¹⁹

Policy Options

Economic recovery and resilience strategies in response to the COVID-19 pandemic in Ghana should place children and vulnerable groups at the centre. Social protection and assistance measures should reach the poorest and most vulnerable groups immediately.

Expansion of existing shock-responsive social protection measures, alongside social assistance benefits targeting the livelihood preservation, income compensation and provision of essential life-saving services should be extended to the poorest groups. Such measures also provide an opportunity for scaling-up existing social protection systems to build resilience and preparedness in the long-term, and especially in the event of a future crisis.

While the LEAP programme already targets the poorest and most vulnerable households, its presence should be extended to urban and peri-urban areas where pockets of poverty persist and where contamination hotspots are likely.

Strengthening the capacity of these programmes, such as LEAP, to protect the poor and vulnerable in the pandemic context will also act as a virus containment measure as target populations are able to better adhere to virus containment regulations without sacrificing their livelihoods. This would require an adaptation of the LEAP programme's existing proxy means testing eligibility conditions to the context of the urban-poor, and to the specific conditions of vulnerable groups like children and the elderly.

117 Innovations for Poverty Action (2020).

118 Ibid.

119 Danquah and Schotte (2020).



Conclusion

While the primary impact of the pandemic in Ghana is concentrated on human health and public health systems, the wide-reaching secondary effects of the virus and consequent mitigation and preventive measures should be addressed in multidimensional and intersectional ways. Mitigating the worst primary and secondary effects of the COVID-19 pandemic on children's and adolescents' wellbeing and livelihoods involves close coordination among all stakeholders, especially in the social protection area for the provision of emergency relief to the most vulnerable groups.

Beyond the emergency response, measures to mitigate the broader and secondary impacts of the virus must consider short, medium and long-term consequences for protecting children from rights violations, abuse and neglect. The secondary impacts of the pandemic on children put a large share of children at risk of irreversible losses in developmental progress in the medium and long-terms, and these risks are even greater for children belonging to already vulnerable groups. Beyond the risks to child wellbeing, these negative effects also implicate a high economic burden and influenced productivity in the long-term if left unaddressed, through the reduced productivity and earnings of children who have faced severe deprivation during childhood. These risks must be considered in forward-looking strategies for pandemic containment and management, to ensure that children do not lose access to critical goods and services – even during a short span of time – and that no child is left behind.

Strengthening cross-sectoral programming, social protection systems including scaling-up social transfer programmes will play important roles in protecting children and their households from the worst secondary impacts of the crisis. Concurrently, fiscal policies should prioritise spending on human development programmes through investments in education, health, nutrition, child protection and WASH sectors.¹²⁰ Financial tracking and monitoring public finance systems for child-sensitive spending are imperative measures to ensure

adequate resource allocation and expenditure to meet these objectives.

Containing the spread of the virus in communities and public spaces including health facilities and schools involves the concerted efforts of health, WASH, and education service providers and administrators to enable children to return to school and maintain preventative measures in place. Pandemic response measures provide valuable opportunities for transformation and lasting sustainable improvements in these sectors. For example, investments in digital infrastructure for distance learning in response to school closures present an opportunity to transform education through expanded and accessible digital connectivity, digital tools and to bridge the digital divide to reduce inequities in learning.¹²¹

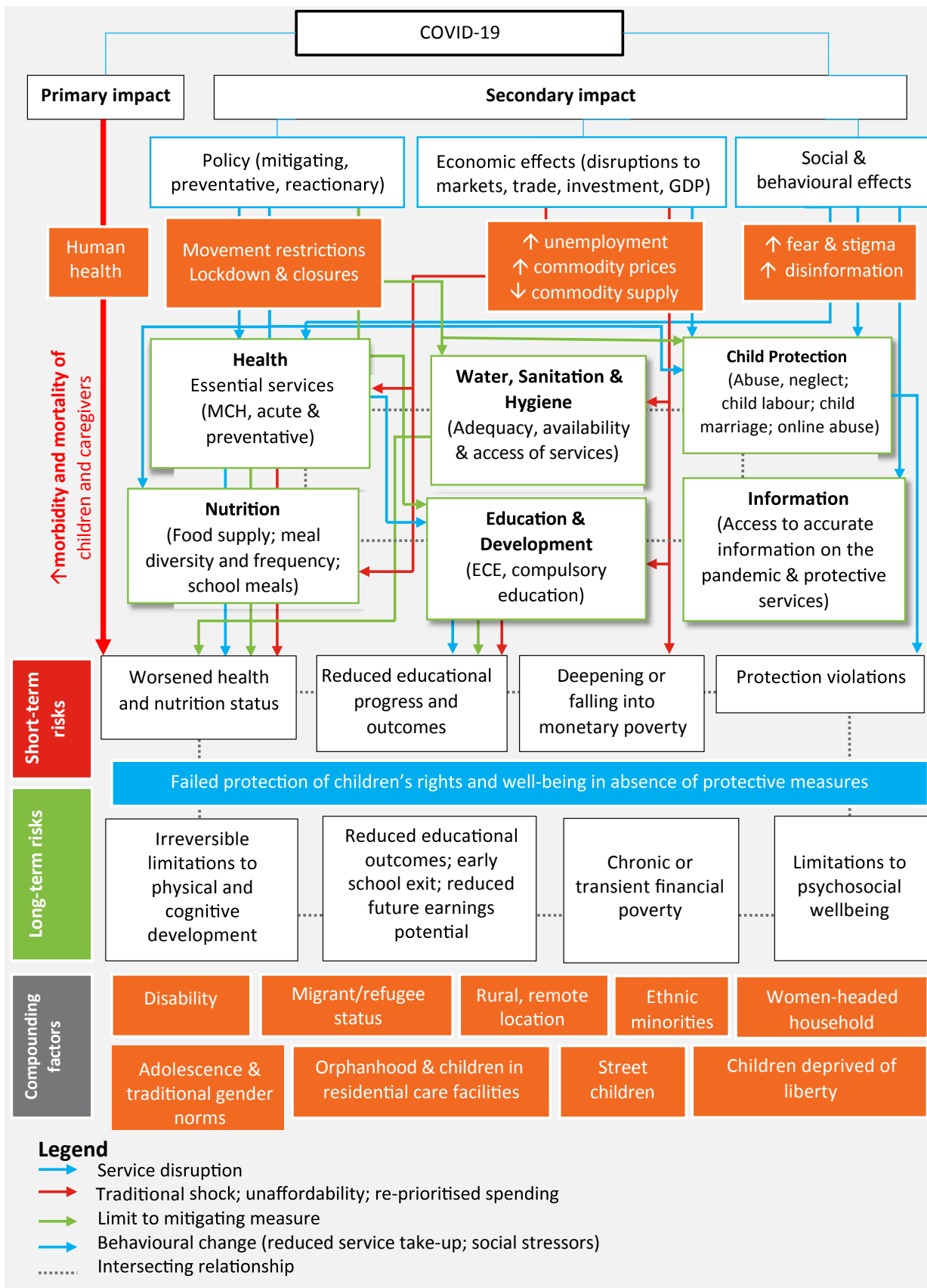
Vulnerable groups of children including adolescent girls, children with disabilities, children living in rural and remote areas, children living in informal settlements, children living and working on the streets, migrant and refugee children are likely to experience all negative impacts most severely, and must therefore be specifically considered and catered for in all emergency response and measures. Investing in adaptive, risk-informed and innovative policy and programming responses – such as social cash transfers that rely on digital payment systems, data analytics and gender-sensitive programming – may help to expand coverage to these vulnerable populations.¹²² As the crisis is ongoing, the full extent of its impact on children is yet to be determined. The economic costs of erecting and scaling-up containment, mitigation and prevention efforts in dealing with COVID-19 in Ghana are significant. Yet, the lives saved as well as the gains made in economic and human capital as a result of building back more shock-responsive and resilient systems for children will better position Ghana to navigate the post-pandemic landscape. Ensuring the sustainability of these systems is key to dealing with the ongoing pandemic and to prepare for future shocks, including climate-related crises.

120 International Monetary Fund (IMF) and World Bank Group (2020).

121 Ibid.

122 Ibid.

Figure 8 Channels of primary and secondary impacts of the COVID-19 pandemic on children





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