

# PRIMARY AND SECONDARY IMPACTS OF COVID-19 ON CHILDREN AND WOMEN IN GHANA

COVID-19 IMPACTS ON CHILDREN | ISSUE 1 | NOVEMBER 2020



## KEY MESSAGES

The COVID-19 pandemic has had significant impacts on children and women in Ghana. It has affected their health and limited their access to different dimensions of wellbeing, including financial wellness, food security and nutrition, crowding-out of health system interventions, education, child protection as well as Water, Sanitation and Hygiene (WASH):

- More than half of the children covered by the survey live in households whose principal stopped working for COVID-19 reasons. 79% of the children face a reduction in total household income compared to March 16, 2020.
- 24.1% of the children, aged 6 months to 14 years, had fewer meals than usual in the four weeks before the survey. 44.2% of the households with children aged 6-14 years have stopped receiving meals from school feeding programmes since school closures.
- There is limited use of healthcare services. More than 35% of the households with children sick in the seven days before the survey sought medical treatments from pharmacies and chemical/drug stores. COVID-19 infection fears are the main reason for not making antenatal care visits to a health facility nor vaccinating children as per schedule, followed by income and mobility restrictions.
- A high percentage of children have presented emotional changes since the pandemic, with up to 30.4% of the households reporting having children aged 6-17 years who felt sad more often.
- Nearly half (45.6%) of the children born since March 16, 2020 have no birth certificate nor registration with civil authorities.
- Child labour has increased among children 5-17 years old, especially for household chores (34.8%).
- More than one-fifth of the children live in households in which physical punishment has become more common (20.9%), with no gender difference
- A significant share of children normally attending primary and junior high school (34.8%), or senior high school (28.1%) have not engaged in any education or learning activity since school closures.

- Almost every household is aware of preventive hygiene measures to reduce the risk of contracting COVID-19. However, 21.7% of the children live in households without regular access to water supply, and 17.7% without a regular collection of solid waste.

## INTRODUCTION

This report is the first of a series of bi-monthly bulletins on children's wellbeing in Ghana amid the COVID-19 pandemic. The reports aim to assess the effects of the pandemic on children in Ghana, focusing on vulnerable and poor ones as well as gender disparities. These reports have the primary purpose of empowering policymakers with timely evidence on child-related issues in the context of the crisis.

The analysis uses a longitudinal national representative phone survey with 3,265 households and 2,063 caretakers of children selected based on the sampling framework of the Ghana Living Standard Survey VII and administered by the Ghana Statistical Service (GSS). The data for this report (Wave 1) was collected through phone interviews in June 2020. The sample size consisted of 5,667 children aged 0-17 years (51.1% females) living in 2,186 respondent households representing all 16 regions, rural and urban areas, in Ghana. Interviews were conducted in local languages.

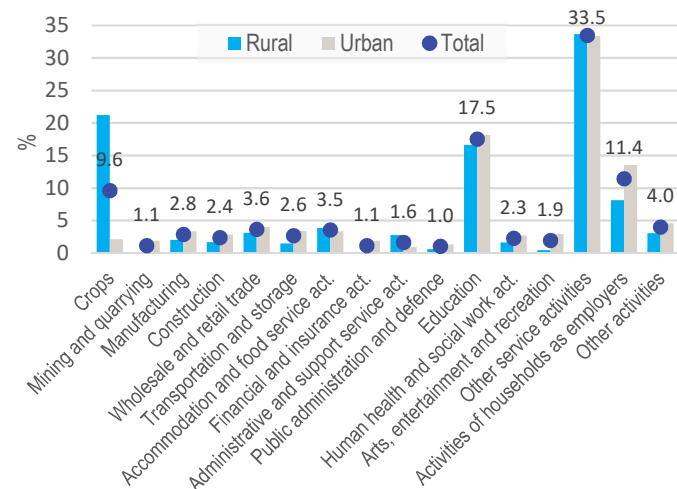
## FINANCIAL DISTRESS OF HOUSEHOLDS

The slowdown in economic activity caused by the COVID-19 outbreak has brought **financial distress** to households in Ghana. 28.9% of children live in households whose principal had not worked in the last seven days before the survey. **Employment turnover** among these households is very high: more than half of these children (53.6%) live in households whose principal was working before March 16, 2020.

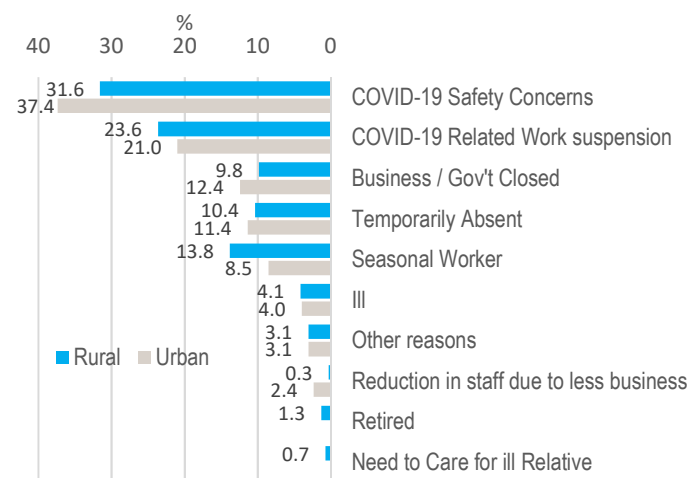
Differences in employment turnover across areas of residence were significant (64.6% for children in urban areas, in contrast to 42.4% in rural areas). These households' principals were working in sectors of activity that differed depending on the area of residence (Figure 1). In rural areas, the main sectors of activity for principals who have not worked during the last seven days were other service activities (33.5%), crops (21.2%), and education (16.6%). In urban areas, the activities were other service activities (33.4%), education (18.1%), and activities of households as employers (13.5%).

However, the reasons for not having worked during the seven days prior to the survey were common (Figure 2): more than half of the children live in households whose principal<sup>1</sup> (who answered the survey call) stopped working for pandemic-related reasons (i.e. safety concerns or suspension of work).

**Figure 1.** Sector of activities of household principal working before March 16, 2020 and have not worked in the seven days prior to the survey (by urban/rural)



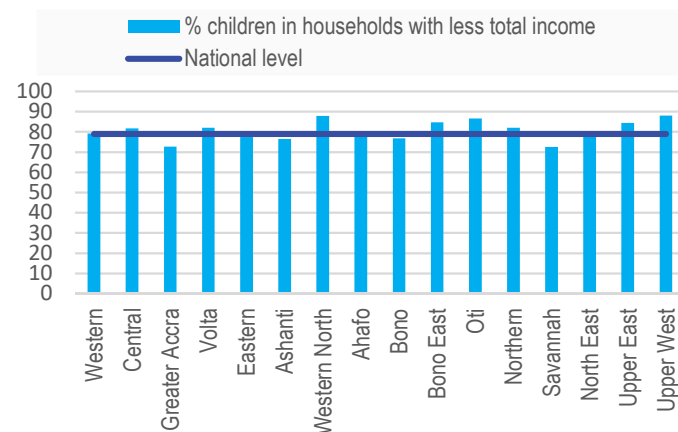
**Figure 2.** Main reasons that children's household principal reported for not working in the seven days prior to the survey



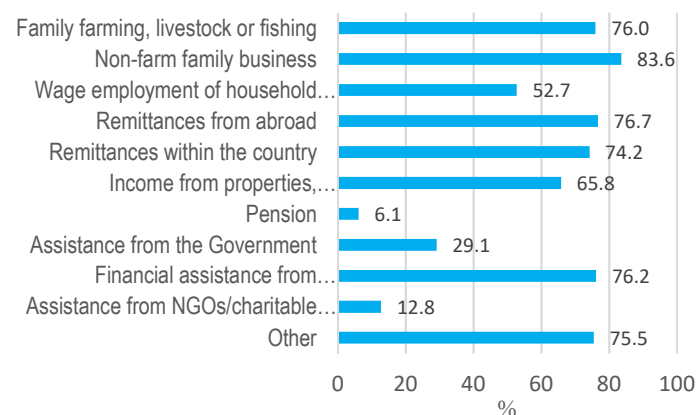
Independently of having worked (or not) during the last seven days, 79% of children live in households that reported a reduction in **total household income** compared to March 16, 2020 (Figure 3). This income shortage is a concern for all regions considering these percentages ranged from 72.5% in Savannah to 87.9% in the Western North and Upper West regions. Some sources of income have remained relatively stable during this period (pension, assistance from non-governmental organizations or charitable organizations). However, more than 75% of the children live in households that reduced the following main **livelihoods sources**: non-farm family

business, remittances from abroad, financial assistance from family/friends, and family farming, livestock or fishing (Figure 4).

**Figure 3.** Percentage of children living in households that reported a reduction in total household income since March 16, 2020 (by region)



**Figure 4.** Percentage of children living in households with a reduction in income since March 16, 2020, from different sources of livelihood



## FOOD SECURITY AND NUTRITION

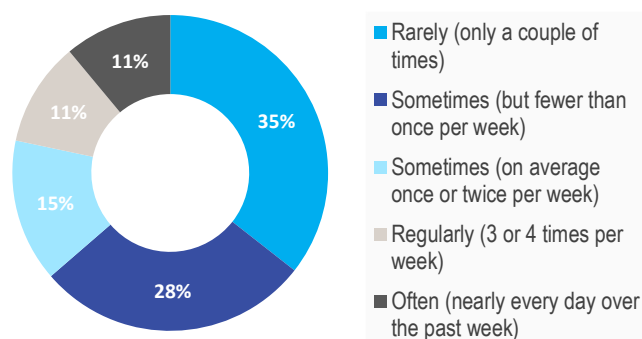
Reduced household income is one of the reasons why children may experience limited **access to food**. 24.1% of children aged between 6 months and 14 years live in households that reported having children under 14 years with fewer meals than usual in the past four weeks before the survey. For 11% of these children, this regularly occurred (three or four times per week), and 11% often had fewer meals than usual (nearly every day), as shown in Figure 5. Among children younger than 6 months, 60.9% were exclusively breastfed during the last four weeks, while 11.5% received a mixture of breastmilk and bottled milk, and 27.6% were only partially breastfed or introduced to supplementary feeding.

The national closure of schools on March 16, 2020 affected a significant share of children aged 6-14 years. 35.6% of households

<sup>1</sup> The "principal" is defined as a responsible adult in the household who contributes to the income of the family or makes spending decisions.

(40.3% in rural areas and 31.1% in urban areas) have children aged 6-14 years who usually receive meals from the government or other organizations from **school feeding programmes**. Since the school closures, 44.2% of these households have not received meals (delivery or collection stations) from school feeding programmes (41.0% in rural areas and 48.1% in urban areas). Still, a non-meaningful share of households with children between 6 and 14 years that usually receive meals from school feeding programmes continued receiving such meals after March 16, 2020 (55.8%). 62.6% of these households have received this food source often (nearly every day) and 22.8% regularly (three or four times per week). However, 27.1% of these households declared that, since the school closures, they often received fewer meals from school feeding programmes than usual. This situation highlights the food insecurity issue among primary school-aged children who face school closures.

**Figure 5.** Frequency that children aged 6 months to 14 years had fewer meals than usual in the four weeks before the survey



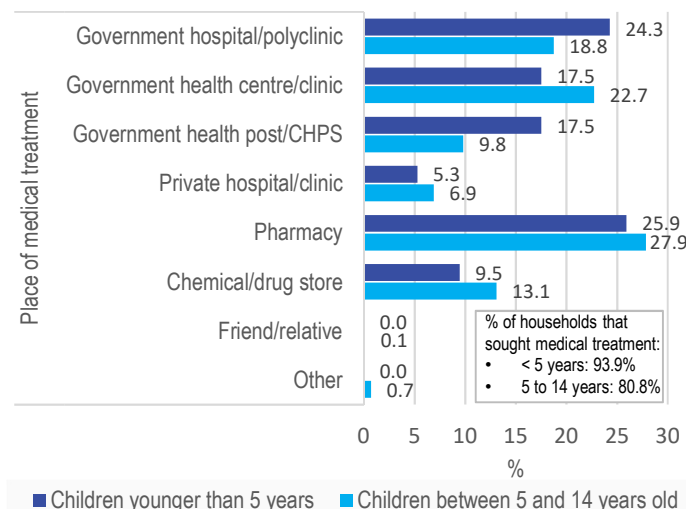
## CHILDREN'S SURVIVAL AND HEALTH

Limited **use of healthcare services** was evident, especially among children aged 5-14 years. While 11.1% of households with children younger than 5 years had at least a child sick in the last seven days, for households with children aged 5-14 years, this percentage was 8.5%. The symptoms analysed to be considered ill included: having fever, diarrhoea, cough, fast/short/rapid breaths or difficulty breathing. Households are more likely to seek **medical treatment** when children are younger than 5 years than when older (93.9% versus 80.8%), leaving a high proportion of children in Ghana without receiving medical treatment (Figure 6).

While a high proportion of households received medical treatment in government hospitals, health centres and posts during the last seven days before the survey (59.3% among children younger than 5 years and 51.3% among children aged 5-14 years), many households sought medical treatment from pharmacies and chemical/drug stores (more than 35% in both age groups). This evidence indicates that a high proportion of children had inadequate access to quality health care during the lockdown. Besides symptoms that potentially indicate COVID-19 infection, they may also be a result of diseases that may

risk a child's life if not treated correctly. Therefore, non-attendance at health facilities not only translates into potential direct health effects for the child, it also increases the risk of the virus' spread in society from a potential lack of identification and proper isolation of the infected person.

**Figure 6.** Place of medical treatment received by children in households depending on age seven days prior to the survey

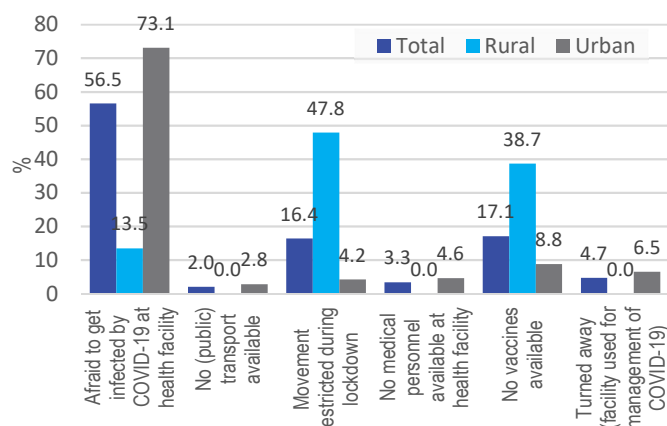


**Access to antenatal care (ANC)** among pregnant women was limited since March 16, with 19.5% of women not attending any antenatal care classes at health facilities, despite at least one ANC visit before this date.<sup>2</sup> About a half of women who reported not attending any ANC visit indicated the reason was fear of coronavirus infection at health facilities.

Another dimension of health affected during the pandemic is **vaccination coverage**. 14.4% of households reported their youngest child 2 years or younger was due for (and did not obtain) a scheduled vaccine since March 16, 2020. The reasons for not getting a vaccine as per schedule are diverse and vary by area of residence (Figure 7). Most households (56.5%) indicated they were afraid of coronavirus infection, followed by lack of vaccines (17.1%) and movement restrictions during lockdown (16.4%). In rural areas, 47.8% of households indicated the main reason was lockdown movement restrictions. Another main reason was the lack of vaccines (38.7%).

<sup>2</sup> 7.6% of pregnant women had at least an ANC visit before March 16, but no visits since this date.

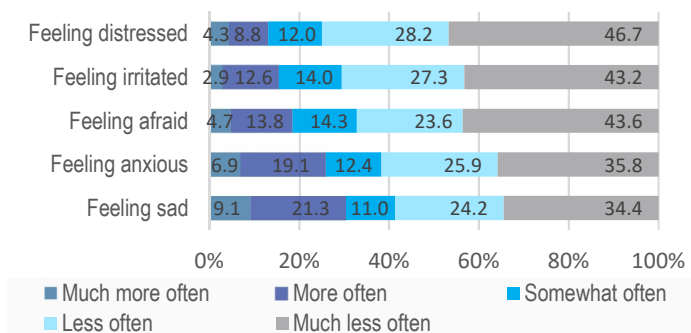
**Figure 7.** Households' reasons for not vaccinating their youngest child 2 years or younger as per schedule (by urban/rural)



One of the main concerns about the lockdown was its impact on children's **mental health and emotional distress**. Children are confined to their households without the ability to socialize with other children, sometimes in violent or stressful environments, which affects their wellbeing.

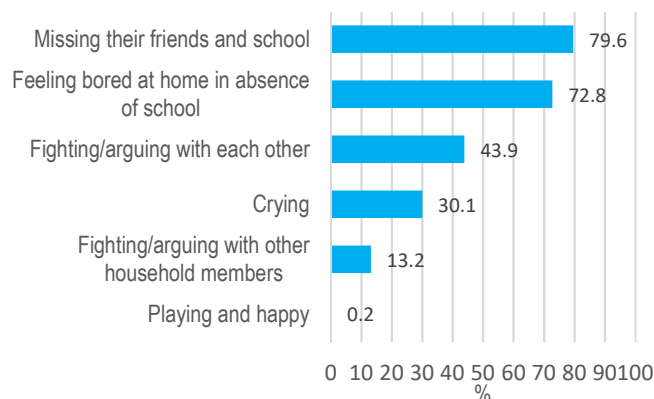
About one-third (30.4%) of households reported their children aged 6-17 years felt sad more often than before March 16, 2020, followed by being anxious (26%), afraid (18.5%), irritated (15.5%) and distressed (13.1%). However, around half (46.7%) of households reported their children aged 6-17 years felt distressed much less often than before March 16 (Figure 8).

**Figure 8.** Percentage of households with children 6-17 years old with emotional changes since March 16, 2020



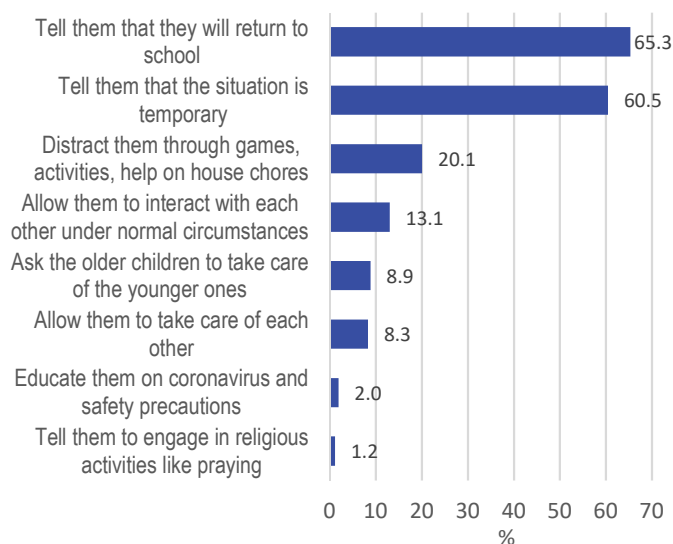
The degree of children's concern about the pandemic was very high and felt across the country. 57.3% of households noticed that children were very concerned and 20.3% somewhat concerned. Also, households reported increased frequency in some behaviours of their children 6-17 years (Figure 9). 79.6% of households indicated that children missed their friends and school, and 72.8% felt bored at home in the absence of school. Moreover, 43.9% of households stated that children fought or argued with each other more often, and 30.1% cried more often since March 16, 2020.

**Figure 9.** Percentage of households with children aged 6-17 years displaying more acute behaviours since March 16



Caretakers supported children's mental health during the lockdown in different ways (Figure 10). The most common practices were to tell children they would soon return to school (65.3%), the pandemic was temporary (60.5%) or distract them through games, activities, asking for help with house chores (20.1%).

**Figure 10.** Caretakers' common ways to support children's mental health during the pandemic



**Parent's irritability** with their child(ren) increased compared to before March 16 and the last 30 days before the survey, especially evident with children with disabilities<sup>3</sup> as shown in Figure 11. Before March 16, more than 60% of the children's parents did not get irritated often or at all, but during the last 30 days this changed for children with disabilities, for whom parents were often or very often irritable (55.1%) versus 36% for children without disabilities. There were no significant child gender differences.

<sup>3</sup> A child is considered disabled if (s)he suffers from 'a lot of difficulties' or 'cannot at all' see, hear, walk or climb, remember or concentrate, self-care, or

communicate (narrow definition, United Nations (UN) Washington Group on Disability Statistics, 2019).

**Figure 11.** Percentage of children living in households whose parents' irritability changed since March 16 (by child disability status)

Children without disabilities:

% Irritated before March 16	Irritated during the last 30 days					Total
	Very Often	Often	Somewhat often	Not often	Not at all	
Very Often	3.6	4.7	0.3	0.2	0.1	8.7
Often	4.4	6.7	1.6	0.9	0.0	13.6
Somewhat often	2.5	5.8	5.5	2.2	0.5	16.6
Not often	2.7	3.8	5.2	27.3	1.8	40.7
Not at all	0.8	1.1	1.3	3.6	13.7	20.5
<b>Total</b>	<b>14.0</b>	<b>22.0</b>	<b>13.8</b>	<b>34.2</b>	<b>16.0</b>	<b>100.0</b>

Children with disabilities

% Irritated before March 16	Irritated during the last 30 days					Total
	Very Often	Often	Somewhat often	Not often	Not at all	
Very Often	2.4	5.6	1.0	0.2	0.0	9.2
Often	4.6	12.9	0.2	0.5	0.0	18.3
Somewhat often	0.0	4.2	3.5	0.4	0.2	8.2
Not often	3.7	14.5	6.0	17.4	0.6	42.2
Not at all	3.5	3.8	2.7	1.0	11.1	22.1
<b>Total</b>	<b>14.1</b>	<b>41.0</b>	<b>13.5</b>	<b>19.5</b>	<b>11.8</b>	<b>100.0</b>

## CHILD PROTECTION

The **absence of birth certificates** is a deprivation of children's rights. Almost half of the children born since March 16, 2020 (45.6%) had no birth certificate nor birth registration with civil authorities in Ghana (Figure 12). Only 21.3% of children had a birth certificate. There are some differences by locality, with 59.1% of children not registered in rural areas versus 33.1% in urban areas. One of the arguments for not registering children was fear of coronavirus infection, especially in urban areas. Other reasons were the name of the child was not decided (65.6%) and lack of time to register the child (26.6%).

**Figure 12.** Percentage of children born since March 16, 2020 with a birth certificate (by urban/rural)

Ghana

Not registered, 45.6	Registered, but no birth certificate, 33.1	Registered with birth certificate, 21.3
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Rural

Not registered, 59.1	Registered, but no birth certificate, 26.9	Registered with birth certificate, 14.0
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Urban

Not registered, 33.1	Registered, but no birth certificate, 39.0	Registered with birth certificate, 27.9
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With school closures, children spend the majority of time at home, increasing the probability of being engaged in **child labour**. Figure 13 shows the percentage of children aged 5-17 years engaged in household chores or selling activities before March 16, 2020 and in the last 30 days before the survey. Grey cells indicate the percentage of

children with increased engagement in these activities and the white cells, a decrease. Although there was a 10.9% increase in children 5-17 years old involved in working or selling activities during the last 30 days before the survey compared to before March 16, 2020, the engagement of children in household chores registered the most significant increase in child labour: 34.8% of children were more frequently doing these activities. A high percentage of children helped very often or often with household chores in the last 30 days (66.6%), but there are no differences across gender. The percentage of children engaged in household work or selling things very often or often during the last 30 days before the survey was much lower (14.8%), but the frequency of engagement in these activities increased slightly more among boys (11.4%) than girls (10.5%).

**Figure 13.** Percentage of children aged 5-17 years by frequency of engagement in household chores or household work or selling things in the last 30 days and before March 16, 2020

% Help with chores before March 16	Help with chores in the last 30 days					Total
	Very often	Often	Somewhat often	Not often	Not at all	
Very often	19.4	3.2	0.2	0.1	0.2	23.1
Often	11.9	14.7	1.6	0.5	0.1	28.8
Somewhat often	3.1	5.5	6.1	1.2	0.5	16.2
Not often	3.0	5.0	4.3	11.9	0.3	24.6
Not at all	0.6	0.2	0.3	1.0	5.2	7.3
<b>Total</b>	<b>38.0</b>	<b>28.6</b>	<b>12.5</b>	<b>14.6</b>	<b>6.3</b>	<b>100.0</b>

% Work or sell things before March 16	Work or sell things in the last 30 days					Total
	Very often	Often	Somewhat often	Not often	Not at all	
Very often	3.6	0.2	0.3	0.1	0.3	4.5
Often	1.5	4.9	0.8	0.3	0.2	7.7
Somewhat often	0.6	1.3	2.6	0.3	0.3	5.1
Not often	0.3	1.7	1.7	7.1	0.7	11.5
Not at all	0.2	0.5	0.3	2.8	67.4	71.3
<b>Total</b>	<b>6.1</b>	<b>8.7</b>	<b>5.7</b>	<b>10.6</b>	<b>68.9</b>	<b>100.0</b>

Note: Grey (white) cells indicate the percentages with an increase (decrease) in the frequency of engagement in child labour.

The percentage of households with children aged 12-17 years that have experienced pressure for **child marriage** since March 16, 2020 is less than 1% (0.07%). This might be related to households' economic insecurity. However, further investigation is required for more specific conclusions to be made.

**Child exposure to violence** has significantly increased since March 16, 2020. More than one-fifth of children live in households in which physical punishment has become more common (20.9%), with no gender difference. The percentage of children exposed to physical punishment in their households somewhat often to very often increased from 18.3% before March 16 to 26.1% in the 30 days before the survey (Figure 14). However, girls tend to suffer slightly more exposure to physical punishment than boys: 8.6% of girls (8.1% of boys) were exposed to physical punishment very often and often before March 16, 2020, compared to 13% (12.6%) in the 30 days before the survey.

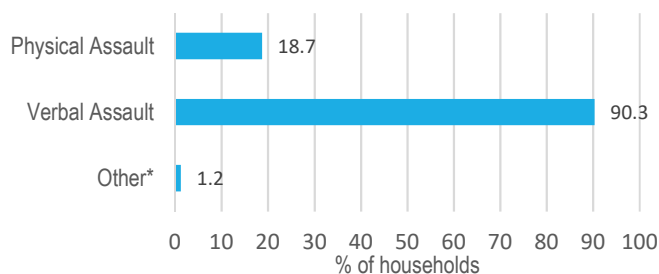
**Figure 14.** Percentage of children by frequency of exposure to physical punishment in the household in the last 30 days and before March 16, 2020

% Experience of physical punishment before March 16	Experience of physical punishment in the last 30 days					Total
	Very Often	Often	Somewhat often	Not often	Not at all	
Very Often	0.7	0.3	0.4	0.1	0.4	1.9
Often	1.1	2.6	0.9	1.1	0.6	6.4
Somewhat often	0.6	3.1	4.9	1.1	0.3	10.0
Not often	0.9	3.4	6.0	28.2	4.2	42.6
Not at all	0.0	0.1	1.1	4.7	33.3	39.2
Total	3.3	9.5	13.3	35.1	38.9	100.0

Note: Grey (white) cells indicate the percentage with an increase (decrease) in the frequency of exposure to physical punishment of children.

Moreover, 21.3% of children live in communities that have experienced a severe crime (theft, assault, harassment) since March 16, 2020. For 5.7% of children, a household member had experienced such a crime of this kind. The percentage of children living in a community that has experienced an increase in intrahousehold violence since March 16 is high (12.3%). 5.4% of the children live in a household where a member has experienced this kind of violence. The most cited type of intrahousehold violence among the children living such households (Figure 15) is verbal assault (90.3%), followed by physical assault (18.7%). Other types of intrahousehold violence are cursing (1.2%), defilement (0.6%), rape (0.6%), and sexual harassment (0.6%).

**Figure 15.** Type of intrahousehold household violence since March 16, 2020



\* The category "other" includes Defilement, Rape, Sexual Harassment and/or Cursing.

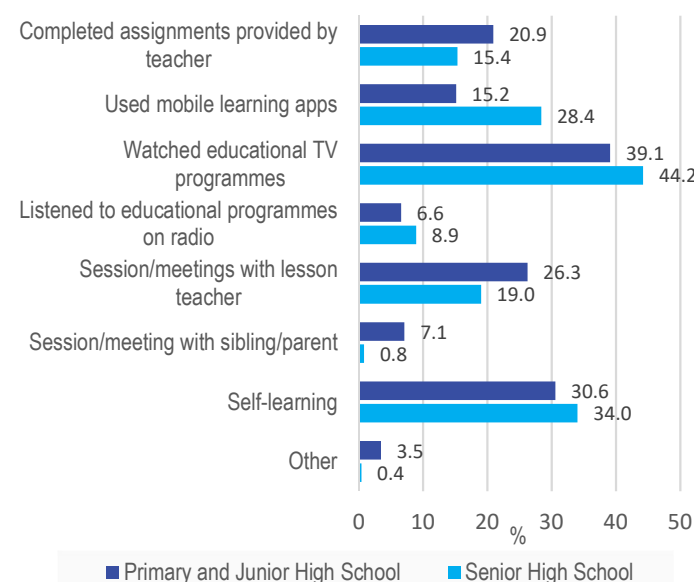
## EDUCATION DURING SCHOOL CLOSURES

Schools from pre-primary, primary and junior to senior high schools have been closed in Ghana since March 16, 2020 due to the pandemic. This situation has different implications for children depending on their ages. A significant share of children attending primary, junior high or senior high schools before this date have not engaged in any **education or learning activity** since the lockout (34.8% of primary and junior high school children and 28.1% of senior high school children).

Activities reported by households are diverse and depend on the school level attended (Figure 16). Among children in primary and junior high school, 39.1% of households reported they watched educational TV programmes, 26.3% had sessions/meetings with a lesson teacher (tutor), and 30.6% did self-learning. For children in senior high school, the most common education activity was also to watch educational TV

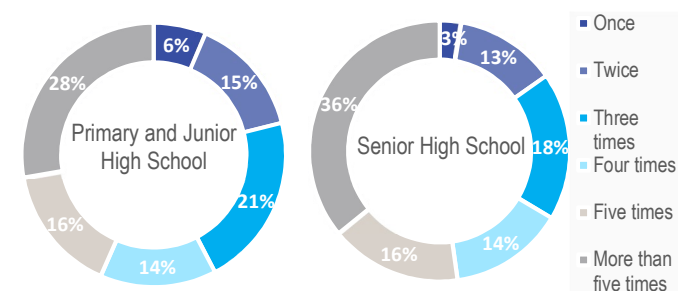
programmes in 44.2% of households, followed by self-learning (34%) and use of mobile learning apps (28.4%).

**Figure 16.** Most frequent learning activities reported by households for their children, depending on level of school attended



Most households reported that children engaged in these educations or learning activities five times or more during the seven days before the survey: 43% of children attending primary and junior high school and 52% of those attending senior high school (Figure 17).

**Figure 17.** Frequency of education or learning activities of children in households during the last seven days (%), by attended educational level

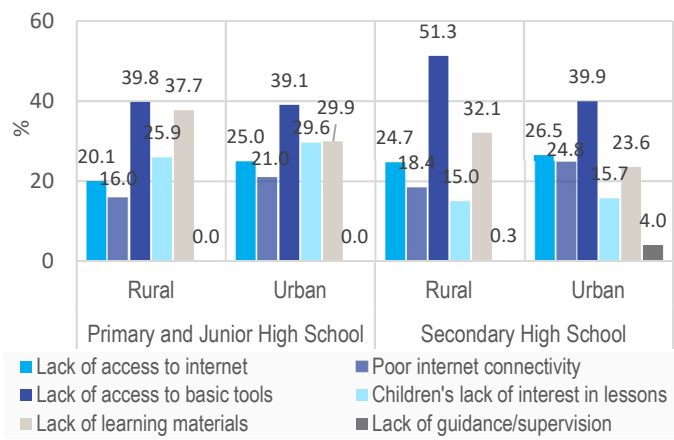


Children face many **learning difficulties** studying at home. For those attending primary and junior high school, 39.4% of households indicated they lacked access to basic tools like computers or phones, 33.2% needed learning materials including textbooks and 28% reported that children's limited interest in lessons was a key learning obstacle. For children attending senior high school, a dearth of basic tools like computers or phones was the main learning difficulty for almost half of households (45.3%), followed by lack of learning materials including textbooks (27.6%) and internet access (25.6%). For children attending this education level, having internet and good connectivity was more critical than for other education levels.

Learning difficulties varied significantly across areas of residence (Figure 18). The lack of internet access and poor internet connectivity

were bigger barriers in rural than urban areas. Lack of access to basic tools affected around 40% of households but was significantly more frequent among children attending senior high school in rural areas (51.3%). Limited learning materials was a more common learning difficulty for households in rural than urban areas for children in primary and junior high school (37.7% versus 29.9%, respectively) and senior high school (32.1% versus 23.6%, respectively).

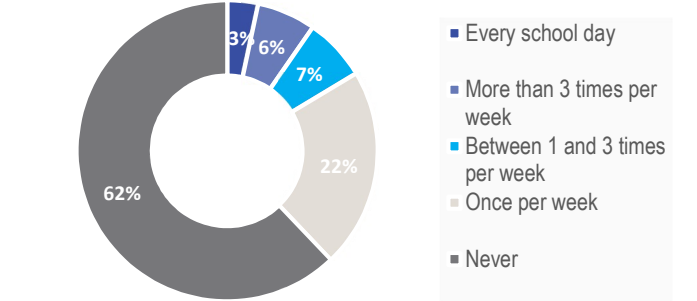
**Figure 18.** Most frequent learning difficulties that children face at home depending on educational level attended (by urban/rural)



Most households indicated children would return to school upon re-opening: 96.1% of children attending primary and junior high school and 98.3% attending senior high school. For around 60% of the households that indicated children would not return to school, the main reason stated was the caretaker expected children would not be motivated to return. The second most frequent reason for deciding that children would not return to school differed by school age. For children attending primary and junior high school, approximately 30% of the households indicated they feared COVID-19 infection. For households with children in senior high school, the second most frequent reason for not returning to school was the household had lost a member (head or caretaker) and children would need to engage in economic activities to help (17.7%).

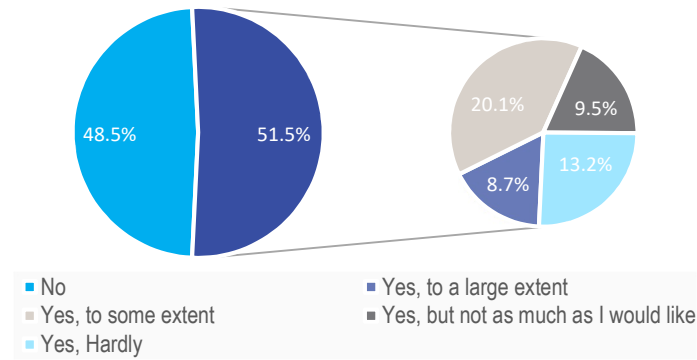
**Contact between children (and their parents and caregivers) and teachers** has been constrained in Ghana since the school closures from March 16 (Figure 19). 62.1% of households have not maintained any contact with teachers. When engaging teachers, it was most commonly once per week. Only 3.3% of households indicated that children, parents, or caregivers have contact with teachers every day. The most common means of contact with teachers was by phone, WhatsApp or in-person talks.

**Figure 19.** Frequency of contact of children, parents, or caregivers with teachers during the school closure



Caregivers' engagement in learning activities since March 16, 2020 varied significantly, but in almost half (48.5%) of households, the caregiver did not assist with schoolwork (Figure 20). From the total of households, 8.7% of caregivers assisted children with schoolwork to a large extent, and 20.1% to some extent. This implies limited caretakers' guidance and assistance to children in the learning process, which will generate high inequality in education among children in Ghana.

**Figure 20.** Intensity of caregiver's assistance to children with their schoolwork since March 16, 2020

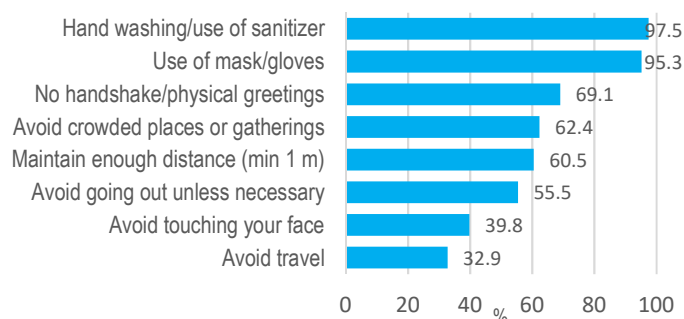


## WATER, SANITATION, AND HYGIENE

Personal hygiene is essential in the context of a pandemic to reduce the risk of contracting COVID-19. Household's **knowledge of preventive measures and the behaviour** of its members significantly contributes to limit the spread of the virus nationally. A significant share of households with children younger than 18 years were aware of hygiene measures to reduce this risk (Figure 21).

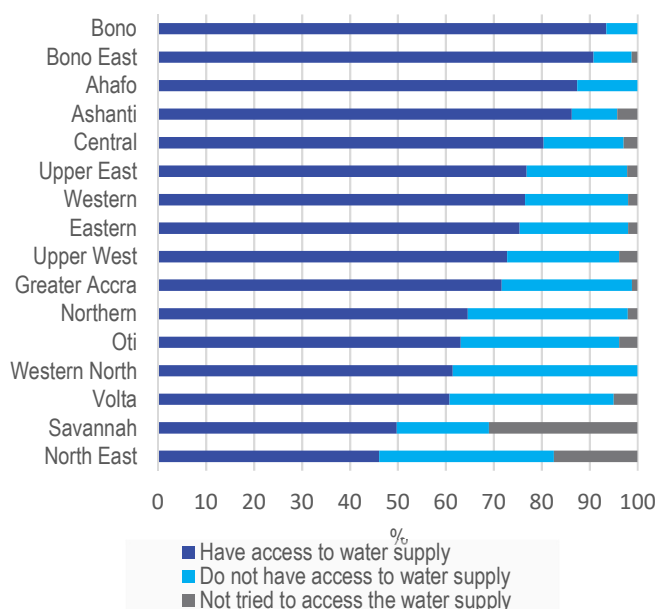
Almost every household (97.5%) was aware of the importance of handwashing or use of sanitizer as a preventive measure, and 95.3% also highlighted the use of masks and gloves. However, only 39.8% of households indicated that a preventive measure was avoiding touching the face. Around two-thirds of households reported maintaining physical distancing was a key measure to reduce COVID-19 risks by avoiding handshakes or physical greetings, crowded places or gatherings with many people, and keeping at least one metre's distance (69.1%, 62.4% and 60.5%, respectively). Concerning practiced hygiene measures, 94.9% of households with children reported handwashing with soap more often than they used to during the last seven days before the survey, and 94.3% avoided handshakes/physical greetings.

**Figure 21.** Percentage of households with children younger than 18 years aware of measures to reduce the risk of contracting COVID-19



Although having household water is fundamental to take preventive measures to avoid COVID-19, 21.7% of children lived in households without **access to a regular water supply** in the seven days before the survey. This profile of deprivation of an essential need significantly differs by region (Figure 22). Regions with the highest percentages of children living in households with regular access to a water supply are Bono (93.5%), Bono East (90.8%), Ahafo (87.4%) and Ashanti (86.3%). Western North and North East have the highest percentages of children living in households without regular access to water supply (38.6% and 36.4%, respectively). Savannah had the lowest water supply coverage among children in Ghana. However, 31% of children in these households reported not trying to access water supply. Hence, it is not possible to determine conclusions for this region with the data reported.

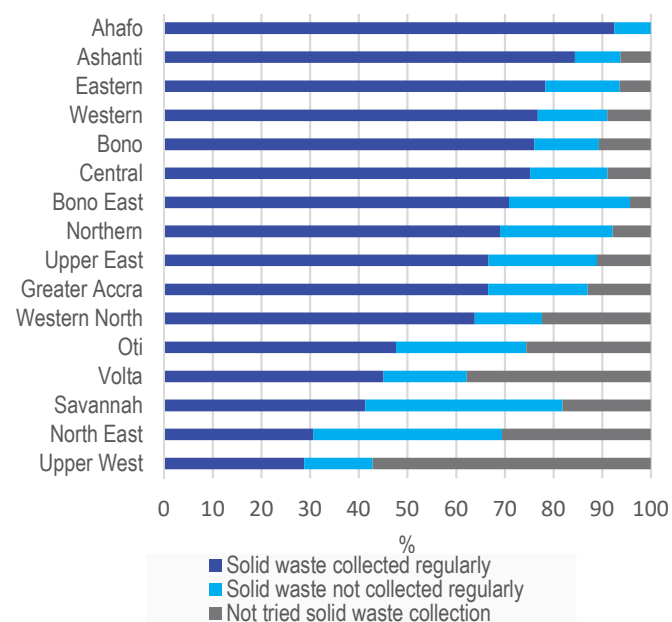
**Figure 22.** Percentage of children living in households with access to regular water supply during the last seven days (by region)



In relation to sanitation, there is a higher risk of inadequate management of solid waste during a lockdown, increasing health risks.

17.7% of children live in households that reported **non-regular collection of household solid waste** during the last seven days before the survey. Figure 23 shows the variability across regions. Ahafo and Ashanti have the highest share of children with a regular collection of household solid waste (92.5% and 84.4%, respectively). Among households with non-regular solid waste collection, there was a high percentage of children whose households had not attempted to dispose of household solid waste and, therefore, the conclusions are less clear. Independently of this evidence, Savannah and North East were among the regions with the lowest percentages of children with regular collections of household solid waste during the seven days before the survey (40.5% and 38.8%, respectively).

**Figure 23.** Percentage of children living in households with regular collection of household solid waste during the last seven days (by region)



## CONCLUSION

This report reveals the significant negative impacts of the COVID-19 pandemic on children in Ghana in the short-term with respect to access to essential services, financial distress, food insecurity, mental health, increased risk of exposure to violence and child labour and the effects of school closures on children's learning. These findings require the attention of policymakers to develop and provide a child responsive policy framework and programmatic interventions to respond to these negative impacts.<sup>4</sup>

More data will be collected in the coming months to evaluate these trends and determine the evolution of different dimensions of wellbeing due to the pandemic and government interventions.

<sup>4</sup> For details about policy options available to Ghana refer to "Primary and Secondary Impact of the COVID-19 Pandemic on Children in Ghana" (2020), prepared by the Social Policy Research Institute (SPRI Global).