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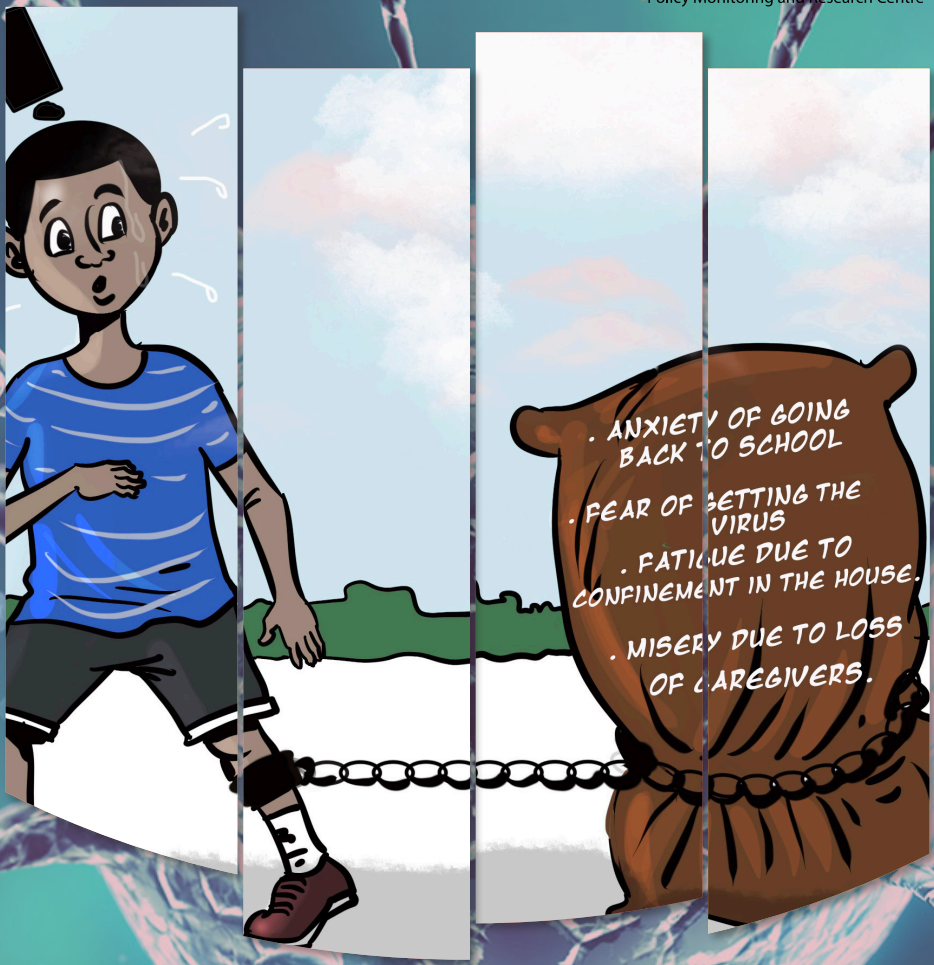


# EFFECTS OF COVID-19 ON CHILDREN

## IN ZAMBIA: CHALLENGES FOR ACHIEVEMENT OF SUSTAINABLE DEVELOPMENT GOALS AND REALIZATION OF THE RIGHTS OF CHILDREN

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# LIST OF ABBREVIATIONS

| | |
|---|---|
| COVID-19 | Coronavirus disease |
| EVD | Ebola Virus Disease |
| SDG | Sustainable Development Goal |
| WHO | World Health Organization |
| ICT | Information Communication Technology |
| UNICEF | United Nations Children's Fund |

## INTRODUCTION

While medical literature has shown that children have been marginally susceptible to the COVID-19, the measures put in place to contain the pandemic have had adverse effects on their socio-economic and mental wellbeing. Generally, **the impact of the COVID-19 pandemic on children is twofold; firstly, is the exposure of children to the virus itself and secondly, various vulnerabilities resulting from the measures being implemented locally and globally to stop the spread of the pandemic,** which has led to reduced access to education and health services, increased child poverty and exposure to violence and abuse.

The impact of COVID-19 on children is even worse for the vulnerable such as children with disabilities, children from poor households and migrant children. **The unprecedented socio-economic crisis that has been caused by COVID-19 has rapidly exacerbated some of the biggest threats to child survival and well-being such as hunger, reduced access to health, education, social, and child protection services**.

Zambia recorded its first COVID-19 case on March 18th 2020, and Government responded by announcing strict measures aimed at combating COVID-19. These were both health and behavioural in nature and included: **wearing of face masks, sanitizing hands regularly, disinfecting surfaces, discouraging the public from visiting crowded places, observing physical distance of about 1-2 meters, postponing social events and encouraging the public to work from home, among others.**

In more stringent measures, **schools, universities, restaurants, gymnasiums, churches, casinos and other social spaces closed as control measures were hightened by the Government.** These measures resulted in disruption of the school calendar through the closure of schools which affected children socially and reduced access and demand for health care services.

## EFFECTS OF COVID-19 ON CHILDREN

Children in particular are vulnerable during infectious disease outbreaks for a variety of reasons. Beyond the immediate impacts on their health and that of their caregivers, the social and economic disruptions caused by outbreaks also present risks to children's well-being and access to essential services and protection. The Alliance for Child Protection in Humanitarian Action (2016) notes that the experience from recent outbreaks, including the 2016-17 cholera outbreak in Yemen and the 2014-16 Ebola Virus Disease (EVD) epidemic in West Africa, have shown that infectious disease outbreaks pose distinct challenges to traditional child protection responses and access to essential services which have historically been grounded in contexts of armed conflict and natural disaster.

In the context of COVID-19, **while children are not the face of the pandemic, they are subjects of concern due to the wider impact of the pandemic on their wellbeing**. Children have been spared from the direct health effects of COVID-19 when compared to adults but this does not negate the overall effect on their wellbeing. The impact of the pandemic on children can be analyzed through three main channels by which it can be said to have affected them, as follows:

i. **Infection with the virus**, even if this has not been on a scale comparable to older population.

ii. **Socio-economic** impact arising from the loss of caregivers to COVID-19 and the knock down effect on their mental wellbeing, their social development, physical safety and privacy.

iii. **Threats to achievement** of the Sustainable Development Goals and realization of the rights of children.

# IMPACT OF COVID-19 ON SELECTED SUSTAINABLE DEVELOPMENT GOALS

The impact of the pandemic when viewed from its effect on strides made towards achieving Sustainable Development Goals offers policy makers extra lenses to interrogate the status of child protection and rights in view of the impact of COVID-19 on children's economic, development and psychological wellbeing.

The socio-economic impact of COVID-19 is most apparent through the loss of parents and/or guardian caregivers.

**THE WORLD BANK**

According to the **World Bank**, by the end of June 2021, estimates indicated that nearly 2 million children under the age of 18 had lost a mother or father, grandparent or caregiver to COVID-19 and the report further stated that for **every 2 people who die of COVID-19, 1 child is left orphaned or is facing the death of a parent or caregiver who has been living in their home.** The consequences for these orphaned children is that they face a number of **risk and broad consequences resulting in child poverty, malnutrition, displacement and school dropout among others**.

## Sustainable Development Goal (SDG) 1

The Agenda 2030 for Sustainable Development acknowledges child poverty, where SDG Target 1.2 aims to **"reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions"** by 2030. The COVID-19 crisis has further aggravated these chronic rates of poverty, threatening the entire child protection system.

Child poverty not only affects children's immediate situation, but it also has long term effects on their growth and development. For example, child poverty is associated with **lower skills and productivity levels, poorer health and nutritional status, lower educational outcomes and higher probabilities of unemployment**.

According to the UNICEF 2018 report on child poverty in Zambia, 40.9 percent of children suffer from at least three deprivations or more (e.g. lacking access to nutrition, education, health, water, sanitation, adequate housing). 36 per cent of children in Zambia are both monetary poor and multi-dimensionally deprived (UNICEF, 2018). These deprivations have been exacerbated by the COVID-19 as evidenced by the study by World Bank in 2021 on COVID-19, poverty and social safety net response in Zambia where the study reviewed that half of the children who were in school before the pandemic were engaging in learning after schools closed and food insecurity which already high before the pandemic has been further worsened with high proportions of households reporting skipping meals or running out of food during the pandemic. This situation is among the drivers of child poverty and eroding all children nutritional and educational gains the country has achieved over the years (WORLD BANK, 2021).

## Sustainable Development Goal (SDG) 2

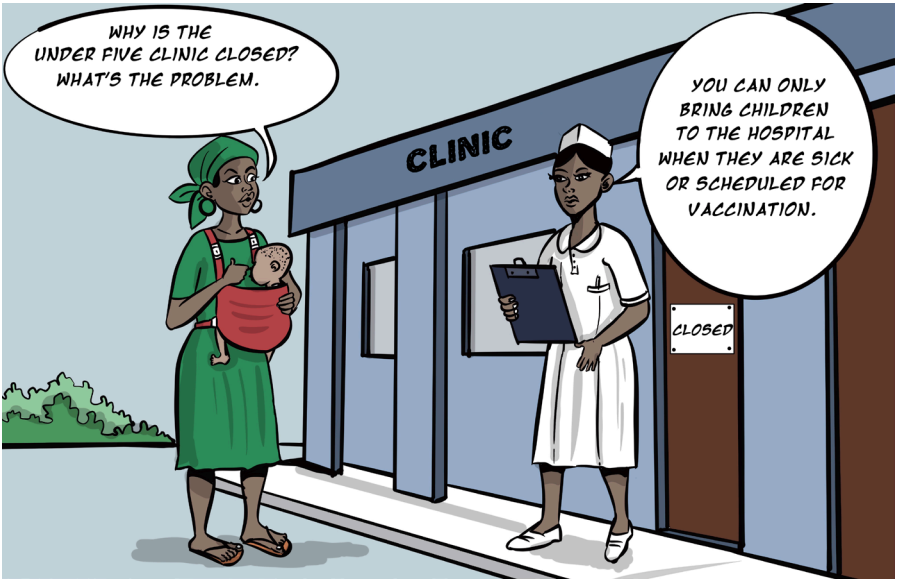
*SDG 2 aims to achieve zero hunger globally through improved food security and promotion of nutrition and sustainable agriculture.* The impact of COVID-19 on SDG 2 and its targets that pertain to children stems from the closure of schools as a measure to contain the spread of the virus. **The closure of schools both in 2020 and 2021 did not only disrupt the learning process but also left close to 1 million learners** who benefit from the school feeding program at risk of hunger, thereby reducing the gains the country has made towards achieving SDG 2 on reduced hunger and child related malnutrition. While the main aim of the program was to improve school attendance and enrollments as an attractive

mechanism from vulnerable households, **the program has proved to be effective in improving nutritional status of children as well as the cognitive and academic performance. Therefore, the closure of schools meant no access to this essential service aimed at reducing hunger among vulnerable children as the meals provided by the program guarantees vulnerable children one high-energy, protein-rich cooked meal a day**.

## Sustainable Development Goal (SDG) 3

SDG 3 aims to attain the promotion of wellbeing for all at all ages. In relation to children, at its adoption the goal aimed to **reduce global maternal mortality to less than 70 per 100,000 live births by 2030**; end preventable deaths of new-borns and children under 5 years of age; all countries to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births; and lastly ensure universal access to sexual and reproductive health-care services including family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030 ***(SDG booklet, 2015).***

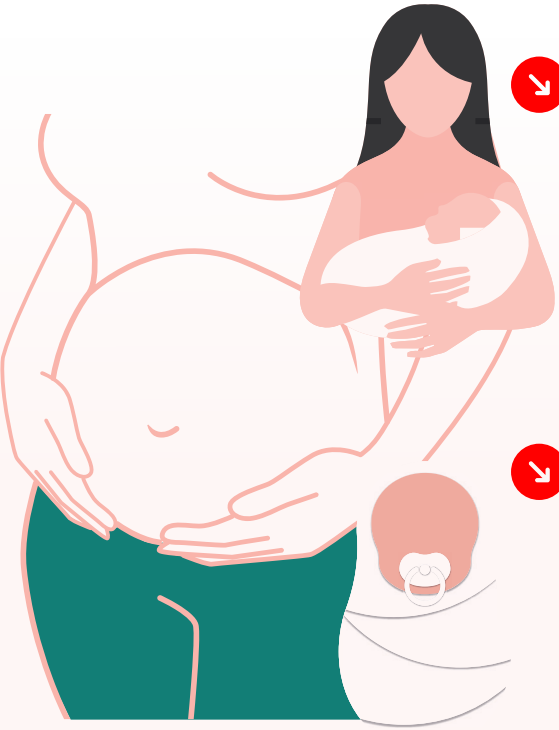
The COVID-19 pandemic has impacted the demand and access to health services essential for child survival by affecting efficient provision of these services. Due to the pressure the pandemic has exerted on the health systems, the country is facing challenges in safely maintaining access to high essential health services to citizens especially essential child-related health services. **Although mortality rates for COVID-19 are low for children and adolescents, this age group has been disproportionately affected by disruption of routine health services including child immunization and growth and monitoring by parents and caregivers**.




World Health Organization

According to the **World Health Organization (WHO)** report on child immunization coverage, the COVID-19 pandemic and associated disruptions have strained health systems, with **about 23 million children missing out on vaccination in 2020, about 3.7 million more than in 2019 and the highest number since 2009 (WHO, July 2021)**. The report indicated that up to 17 million children did not receive a single vaccine during 2020 thereby widening the already existing inequalities in vaccine access globally with most of these children coming from communities affected by **conflict, undeserved remote places and informal settlements with already existing deprivation of access to basic health and other key social services**.

Zambia has recorded tremendous progress towards achieving child health outcomes for the stated targets of SDG 4. Maternal mortality has continued to decline from 398 deaths per 100,000 live births in 2013/2014 to 278 deaths per 100,000 live births in 2018. Infant mortality had also declined from 45 deaths per 1,000 live births in 2013/2014 to 42 deaths per 1,000 live births to in 2018 ***(Zambia Demographic and Health Survey Report, 2018).***



**Maternal Mortality Decline** from 398 deaths per 100,000 live births in 2013/2014 to 278 deaths per 100,000 live births in 2018.

**Infant mortality had also declined** from 45 deaths per 1,000 livebirths in 2013/2014 to 42 deaths per 1,000 live births to in 2018

In terms of access to essential health services by pregnant women, the country has experienced a surge in uptake of antenatal services with the majority of women (97 percent) aged 15-49 who had a live birth in the 5 years preceding the survey receiving antenatal care from a skilled provider during their most recent birth. 64 percent had at least four antenatal care visits. In terms of postnatal services, 70 percent of mothers and 72 percent of new-born had a post-natal check during the first two days after delivery ***(Ministry of National Development Planning, 2020).***

Zambia has faced challenges in safely maintaining access to high quality essential services for its citizens due to the pressure exerted on the health system by the pandemic. This coupled with stigma, misinformation and movement restrictions have negatively affected the demand for life saving health services for children, especially by caregivers. There was fear to access services such as immunization, under five clinics and Out Patient Department (OPD) from health centres and this led to direct mortality from the outbreak and indirect mortality from preventable and treatable conditions such as diarrhea in children. A Rapid Gender Analysis survey by Save the Children, Ministry of Community Development and Social Services and other partners indicates that community access to health care facilities since the outbreak of the pandemic has been hindered by fear of the use of health facilities as COVID centres and the prioritization of COVID patients in some of the facilities. Demand for health services has been hampered by fear of getting the virus and being quarantined at health facilities ***(Save the Children, 2020).***

## Sustainable Development Goal (SDG) 4

**SDG 4 aims to "ensure inclusive and equitable quality education and promote lifelong learning opportunities for all".** The targets for SDG 4 are premised on realizing quality of education and life-long opportunities for all and this is central to realizing a full productive life for all individuals critical to achieving sustainable development.

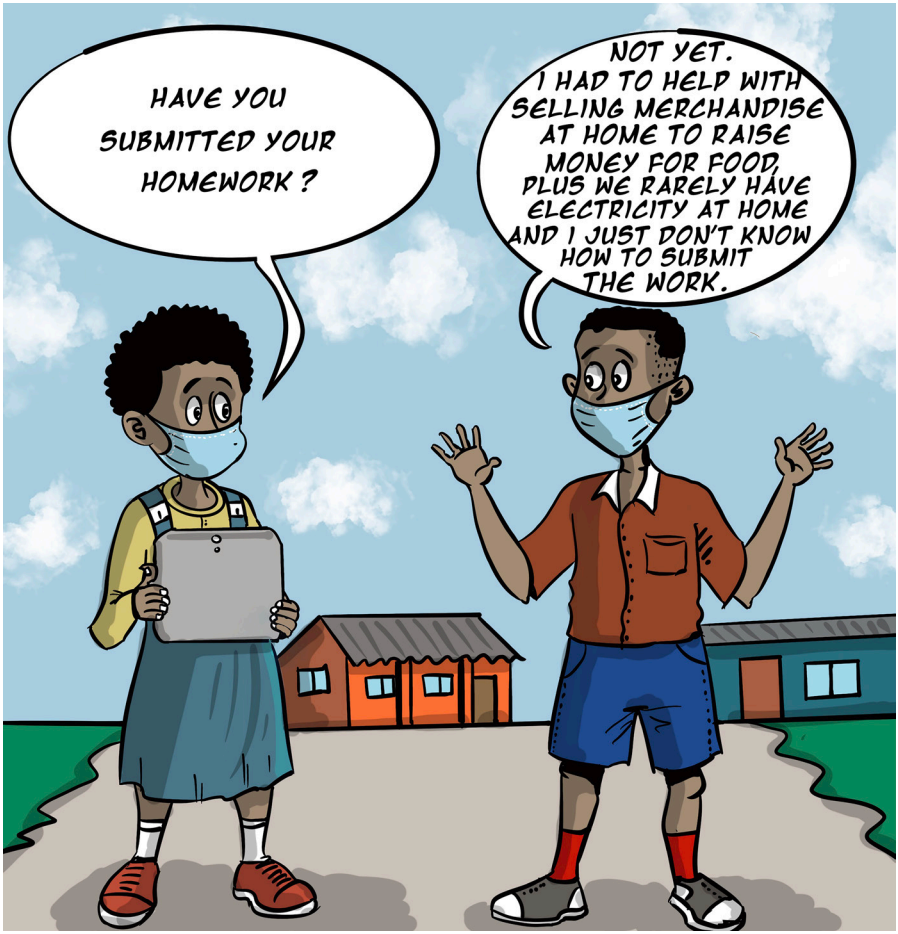
Zambia has made tremendous progress in implementing efforts towards SDG 4. The country has made strides in the education sector, marked by the attainment of universal access to primary education and on-going strategies to achieve improved access and equity at higher levels of the education system. **Some of the interventions for achieving quality education include: enhancing access to quality, equitable and inclusive education; enhancing access to skills training; enhancing private sector participation; continuous**

**review of the curriculum; and enhancing the role of science, technology and innovation**.

The education sector has not been spared from effects of the pandemic. The sector has witnessed the closure of primary, secondary and tertiary institutions as a measure to contain the spread of the virus. According to a policy brief by World Vision on COVID-19 and its impact on children's education, over 4.4 million children and adolescents experienced a disruption in their education, potentially regressing progress the country has made towards SDG 4 ***(World Vision, 2020).*** The pandemic threatens to reverse strides made by Government in efforts to provide inclusive high quality primary and secondary education and the ambition of leaving no one behind as enshrined in the Education Policy and the Seventh National Development Plan respectively.

The resultant effects of closure of schools both private and public has impacted learners differently, leaving most children from public schools particularly adversely affected by the closure. **While strides have been made to implement the use of Information Communication Technology (ICT) in schools, the pandemic has revealed inequalities in access and usage of ICTs**. The closure of schools required children to access learning through digital platforms. However, the quality of education received through online classes is very much dependant on home environment, computing equipment and access to internet, all of which are related to financial strengths. But for most children who come from poor households the economic cost of buying data is perceived as secondary to other needs such as food and shelter. **The cost of communication data is one of the prohibitive factors limiting children's access to online learning. This is compounded by the lack of internet connectivity and basic infrastructure in most public schools in rural areas thereby intensifying the inequality of access to education as the pandemic rages on**. The Ministry of Education acknowledges the challenges of implementing distance and alternative learning, as such programmes are not well-developed for wider coverage of learners. **The Government has faced logistical and sustainability challenges during the roll out of online distance education.**

The impact of inequality in inclusive education is even worse for children living with different forms of disabilities. A Zambian study conducted in December 2020 by Catholic Medical Mission Board and its partners confirms the levels of inequality brought about by the pandemic in the access to education. The report reveals that school attendance for children with different forms of disabilities has been greatly affected as **most children cannot access online education due to their conditions and no specific interventions have been put in place to ensure continued learning for this segment of the child population** ***(Catholic Medical Mission Board Et al 2020).***



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Equality/ access education

## GOVERNMENT RESPONSES: STRATEGIES AND MECHANISMS

### 1. Efforts towards attainment of SDG 4 by Ministry of Education under the Education Contingency Plan 2020

In response to the effects of the closure of schools and reduced access to health care services, Government, through the Ministry of Education, developed and implemented the **Education Contingency Plan for COVID-19 to ensure continuity of learning for children. The contingency plan was developed with support from UNICEF and implementation of the plan involved more stakeholders in the education sector**.

The plan aims to bridge the gaps in student learning and eventually ensure all safety measures are in place for the re-opening of all institutions, public and private, across the country. Its priority interventions have been in two phases. Phase One focused on the response plan to ensure continuous learning by students during the stay-home period; while Phase Two focused on the recovery plan to prepare schools to implement measures for continuity that will support a sustainable safe school environment across Zambia and ensure learning continues in the event of another emergency of this nature.

The Ministry of Education acknowledges the challenges of implementing distance and alternative learning during the pandemic. This program for large scale implementation was not fully developed pre-pandemic and the Ministry has faced logistical and sustainability challenges as it moves into the initial

stage of implementation. This notwithstanding, the Ministry has been using the multi-sectoral approach to implement the following efforts:

- Enhance awareness among children and youth by dissemination of age-appropriate messages as supplementary to regular delivery of lessons.
- Continuity of learning through diverse platforms with focus on disadvantaged and marginalized children and adolescents. Children have been able to access lessons through television and radio.
- Back to School campaign and community outreach to ensure that no child drops out of school due to COVID-19.
- With support from partners such as Save the Children, the Ministry has continued to produce child friendly information, education and communication materials on COVID-19 in various local languages.
- Government have partnered with Save the Children and other partners to deliver remote learning materials to children in hard to reach areas.
- Working with Save the Children, the Ministry of Education has been packaging take -home food rations for children when schools closed and when schools reopened, provided them with hygiene kits, hand washing facilities and reusable facemasks.

## 2. Efforts Towards SDG 3 by Ministry of Health

During the COVID-19 pandemic, Government with help of partners in the health sector has implemented efforts to ensure continued access to health services for children. These interventions are not only important for ensuring that children access lifesaving services but are aimed at accelerating progress towards attaining SDG 3 targets of reducing child death by two thirds by 2030.

### Child Health Week Programme

Within the context of the COVID-19 response, the provision of services during Child Health Week was conducted in line with safety standards set by WHO

for ensuring the safety of health workers as well as the community. **In order to stimulate demand for the service, key messages were disseminated to the public through a national media campaign and community mobilization was on-going**. Child Health Week activities were conducted in June 2020 and 2021 as efforts to deliver child survival interventions meant to protect children against killer diseases and to improve their health and development.

**Continued Community health services provision**

To ensure continuity in the provision of health services at community level, the Ministry of Health with support from Save the Children conducted training of community health workers in COVID-19 prevention and control, and provision of health care in the context of COVID-19, treatment of diarrhea and other child-related diseases. Through this initiative, Government and Save the Children delivered infection, prevention and control supplies such as hand washing soaps, hand sanitizers, face masks and gloves to selected health facilities to ensure the safety of both children and health workers.

### 3. Efforts towards SGD 2 under the Zambia COVID-19 Humanitarian Response Plan

Prior to the outbreak of the COVID-19 pandemic, Zambia with assistance from UNICEF, developed a humanitarian response plan in form of a United Nations Flash Appeal to ensure provision of nutrition services in response to prolonged and severe droughts in Zambia. This program was redesigned to include COVID-19 prevention measures and ensure continuity of service delivery at community level and to nutrition centres. Through this plan Government was able to initiate child wasting treatment services in 36 districts targeting 647 health facilities. Program activities included provision of personal protective equipment, provision of nutrition services for those in need and strengthening supply chains as well as resumption of outreach services. **Through the humanitarian response, there was improved under-five attendance during the Child Health Week from 2 million targeted children to 3.5 million and a reduction in wasting was recorded to below 3% from 12% due to outreach programmes implemented during the program period**.

## 4. Efforts towards child protection and wellbeing by Ministry of Community Development and Social Services

The Ministry of Community Development and Social Services developed a comprehensive COVID-19 Response Plan in 2020 to provide essential services to the vulnerable in society, targeting older persons and children in institutions, separated children, circumstantial children, persons with disabilities, families with children affected by COVID-19 and communities at large.

This plan was developed against an understanding of how infectious diseases (COVID-19 inclusive) negatively affect the vulnerable in society. With 2 million vulnerable households and more than half of the Zambian population constituting of people below the age of 18 and considering the impact the pandemic would have on the vulnerable populations due to the disruption in access to basic services, Government needed a plan to address the social dimensions of COVID-19. **The plan was focused on livelihoods, care and protection of families especially children, persons with disabilities and older persons to respond to the need for welfare and psychological support**.

Through the contingency plan and with collaboration from various stakeholders (cooperating partners, international organizations and local communities), Government implemented the following social welfare programmes targeting children:

- Provision of psychosocial support to families affected by COVID-19 and the vulnerable in society;
- Provision of care and protection to the children found in families affected by COVID-19 and those in institutional care;
- Provision of social services integrated at the point of screening, targeting children for specific care and protection measures;
- Provision of Personal Protective Equipment (PPE) to the frontline staff, the poor and vulnerable in society;
- Provision of protective materials to child care facilities, correctional facilities, reformatory and approved schools;
- Sensitization and awareness raising to mitigate stigmatization of COVID-19 victims and their families;

- Training and orienting frontline staff in providing emergency social services amidst the pandemic;
- Provision of emergency social cash transfers and food to the vulnerable especially households with children with disabilities; and
- These are long-term effects of the pandemic that require urgent action in the same manner that the HIV/AIDS epidemic was addressed. The social protection system needs to come up with a framework that will be centred on prevention, protection and care for children affected by the pandemic.

## BEST PRACTICES

In its *Policy Note to Guide a Response,* the Global Reference Group on Children Affected by COVID-19: Joint Estimates and Action has shared some pointers on how to address emerging issues affecting children. Lessons are drawn from the HIV/AIDS crisis which left a generation of children who lost parents and caregivers. Twenty years on, we have close to **14 million children who lost one or both parents to AIDS. For children, the death of a parent or caregiver and the attendant causes disruptive changes to their lives and have a devastating and long-term impact on their economic, physical and emotional welfare**.

From this history that conveys clear lessons of how short-sighted it is to ignore children and their needs during a pandemic, we can arrive at firm mitigations **to ensure that a generation is not condemned to the social ills of violence, child marriage, poverty and malnutrition, among others**.

Zambia and the world at large are faced with a new pandemic which has moved with unprecedented speed. Two years since COVID-19 was declared a pandemic, more than 434 million people have been infected, 5.9 million have

died globally. The pandemic has shown indirect mortality from reduced access to healthcare and other services. The immediate global and national responses have focused on public health necessities – preventing infections, awareness raising, advancing treatment, reducing mortality, developing and distributing vaccines. The response has not necessarily looked into social services for children left orphaned, which could well be a fatal lapse in the response. This is a critical point to underscore the plight of the children left behind.

In relation to vaccination, the Economist Intel Unit forecasts that the best case scenario for over 85 low and middle income countries is that it will be 2023 or later before countries have widespread vaccination coverage to at-least 70% of its eligible population against the WHO set targets that every country by mid 2022 should have vaccinated 70% of its eligible population. This raises concerns about the pace of vaccination in Zambia; it must be noted that the threat to adults is real and by implication the threat to children is heightened. Considering the mass bereavements the country experienced at the peak of the third wave - June to August 2021, we must be alive to the effect this has had on children. This is the hidden impact that we need to address and plan for. The year 2021 marks two decades of progressive reductions in HIV/AIDS prevalence, with a lasting legacy of 14 million children who lost one or both parents to HIV/AIDS. Important lessons can be derived from the HIV epidemic that affected Zambia:

1. Slow response results in serious negative consequences for children and their redistribution among family members exposes them to severe sexual, physical and emotional abuse. Therefore, the impact of the loss of parents and caregivers calls for broad and quick response through the family safety net to mitigate the loss.
2. The Global Strategy for Children was developed which guided the formulation of prevention, protection and care responses to the epidemic. The same can be applied to the COVID-19 pandemic.
3. Reintegrate children back into communities. Safe and loving family care needs to be promoted through focus on family and community based responses. It has been proven that this can achieve good outcomes for children.

## RECOMMENDATIONS

Government and cooperating partners are urged to prioritize resources for child programming to address COVID-19 and establish a strong foundation for an inclusive, long-lasting and equitable recovery. This can be done through the following strategies:

(a) Prioritize technical resources: Recognizing the fiscal constraints arising from a worldwide recession (the worst the world has seen since the first world war), this calls for investment in children's human capital today as this is essential to securing not only their future but that of communities and countries.

(b) Strengthen public sector capacity through a trained, empowered and resourced workforce.

(c) Invigorate community interventions weighing in on family and community based options for care of bereaved children; children who lose a parent but are well cared for show better resilience and recovery. Support to families through the Ministry responsible for social welfare will be key in this regard through the use of strategies and mechanisms already in existence.

(d) Monitor increases in social vices such as Gender Based Violence (GBV), especially cases of child sexual abuse including peer to peer cases; and engage the relevant professional personnel to offer counselling for children and families as some of these cases will most likely be rooted in social disruptions caused by COVID-19.

(e) School counselling units should be enhanced and made mandatory, suitable staff should be engaged to provide this service.

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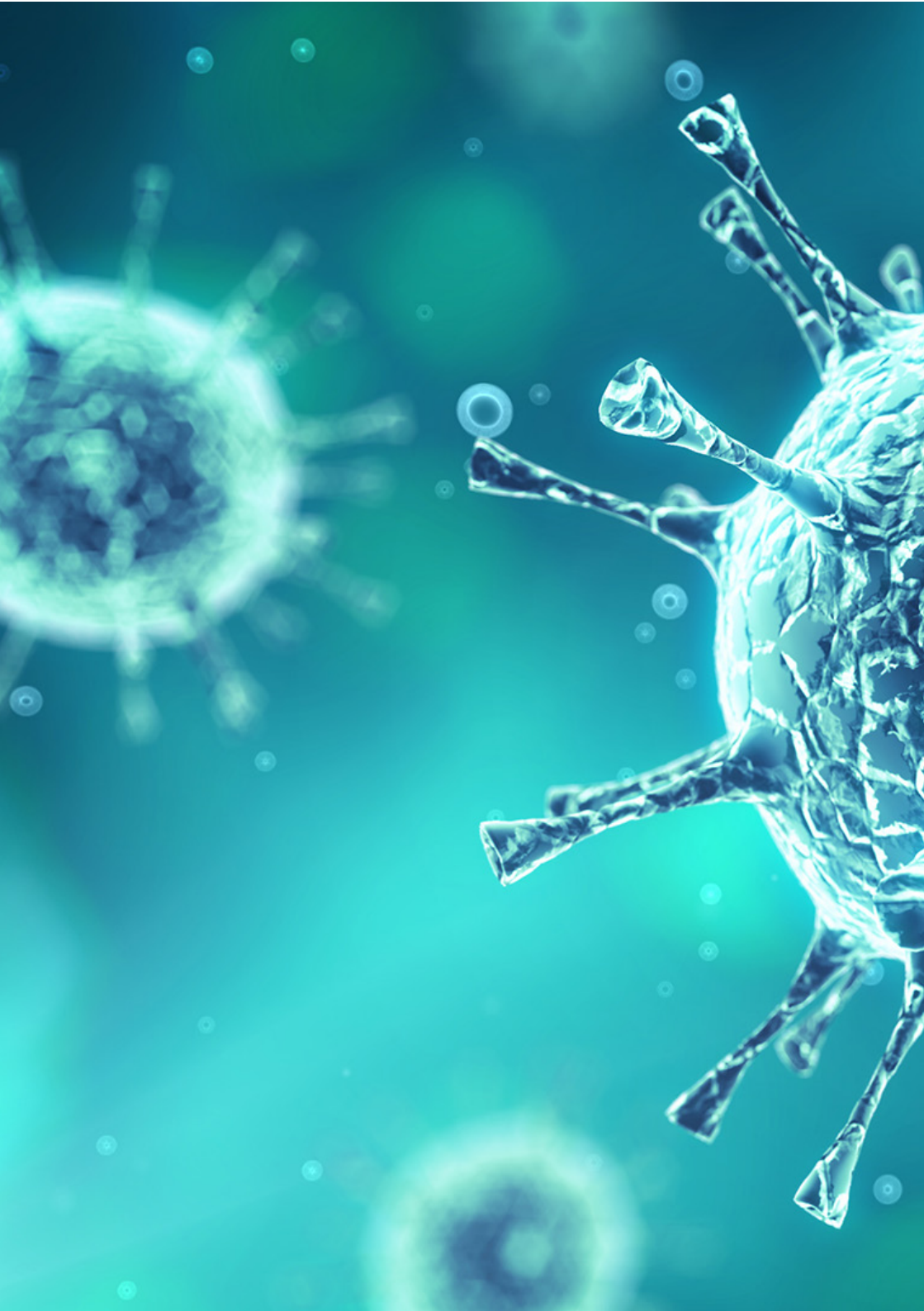
## IMPACT OF COVID-19 ON CHILDREN ARISING FROM LOS
## EFFECTS ON THEIR HEALTH, MENTAL WELLBEING, SOCIA

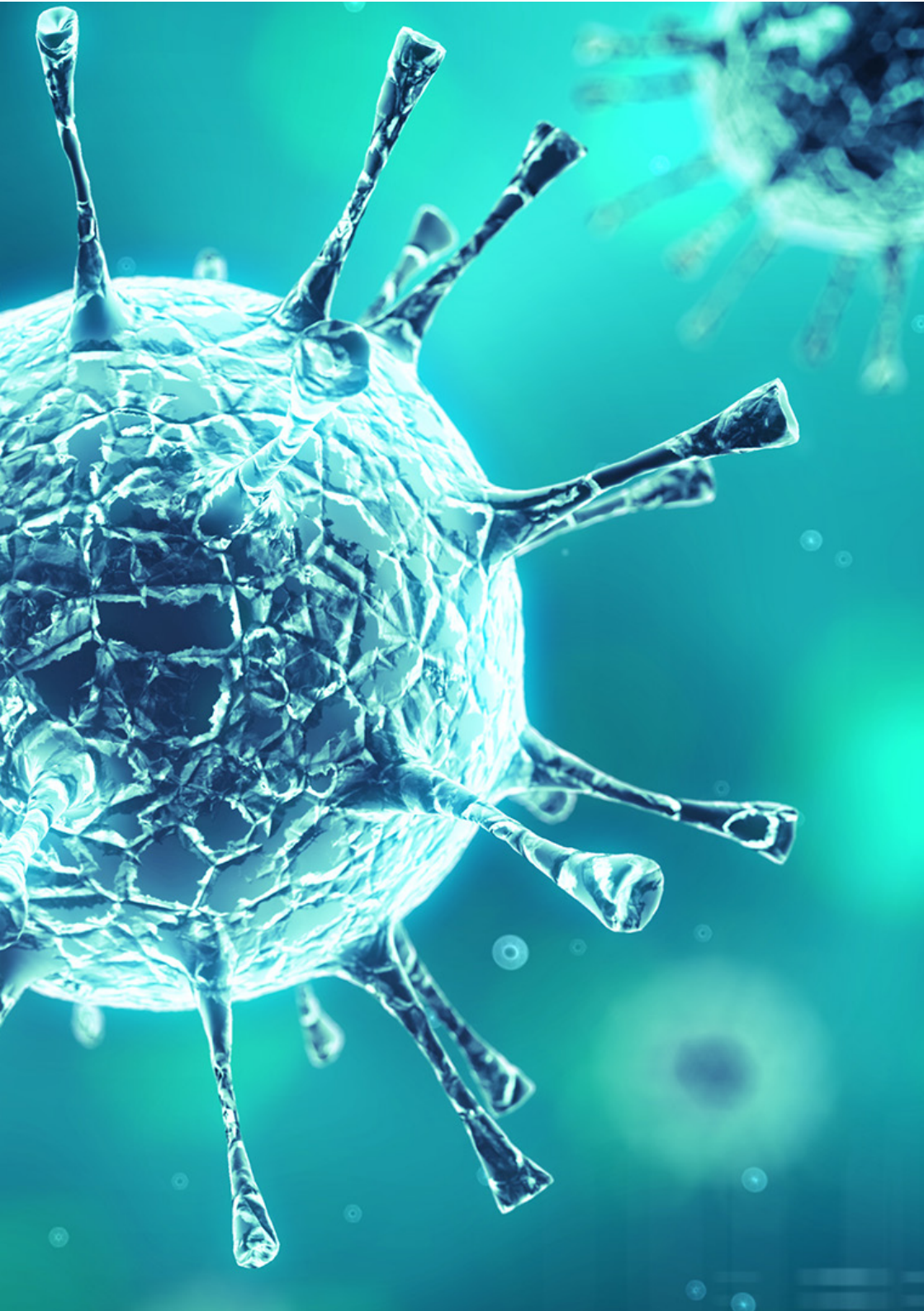
| CHILD WELBEING ISSUE | RISK PRESENTED BY COVID-19 |
|---|---|
| Separation of children from caregivers | • Death of caregiver.<br>• Children sent away by caregivers to stay with other family in none infected households.<br>• Infection of the disease by the child. |
| Physical distress | • Fear of infection with the disease.<br>• Stigmatisation of individuals infected with, or suspected to be infected with COVID-19.<br>• Death or illness of family, friends and neighbours.<br>• Infection with the disease. |
| Sexual violence | • Death or illness of caregiver reduces family protection. |
| Child labour | • Loss of household income due to death or illness of caregiver. |
| Social exclusion | • Social stigmatisation of individuals infected or of individuals suspected to be suspected. |
| Neglect | • Death or illness of a caregiver.<br>• Abandonment due to fear of transmission. |
| Physical violence | • Loss of household income due to death or illness of caregiver increases family tensions and risks of domestic violence.<br>• Fear of transmission, the need to care for sick family members or parental inability to cope with children's psychosocial distress. |

*Adopted from the Guiding Note by Aliiance for Child Protection in Humanitarian Action: Protection of Children during Infectious Disease Outbreaks*

## SS OF CAREGIVERS TO COVID-19 AND THE KNOCK-ON
## L DEVELOPMENT AND PHYSICAL SAFETY, AND PRIVACY.

| RISK PRESENTED BY COVID-19 PREVENTION AND CONTROL MEASURES |
|---|
| • Isolation of caregiver or child.<br>• Community level quarantine imposed while family members are apart.<br>• Abandonment of children after they have received treatment or have been quarantined. |
| • Hospitalisation of caregiver or child for treatment.<br>• Isolation in isolation units and home-based quarantine can leave children feeling anxious and lonely, particularly if they cannot be physically comforted or play with their friends and family.<br>• Personal protective gear worn by health workers can appear alien and be frightening. |
| • Lack of supervision for children when caregivers are hospitalised.<br>• School closure and/or reduced access to sexual and reproduction health information and services can lead to increased risky behaviour.<br>• Reliance on outsiders to transport goods and services to the community, who may prey on children's reduced supervision or demand sex in return for assistance.<br>• Increased obstacles to reporting incidents of sexual violence. |
| • Loss of household income due to death or illness of caregiver increases the risk of child labour and – for girls in particular transactional sex.<br>• Disruption of livelihood, which in turn encourages girls to engage in transactional sex.<br>• Loss of household income due to isolation or quarantine measures can increase children's risk of engagement in hazardous labour and transactional sex. |
| • Social stigmatisation of individuals receiving treatment or those suspected of being infected.<br>• Social stigmatisation of individuals who were in quarantine or treatment.<br>• Disruption to birth registration processes due to quarantine. |
| • Children may not receive consistent levels of social and/or cognitive stimulation during the period of illness.<br>• Isolation or quarantining of caregivers away from their children.<br>• Isolation or quarantining of children without social and/or cognitive stimulation.<br>• Closure of schools and other facilities. |
| • Lack of supervision for children whose caregivers have been hospitalised.<br>• Household and community quarantine measures can lead to tensions between caregivers and children in the household, resulting in increased parental frustration and corporal punishment.<br>• Increased obstacles to reporting incidents of physical violence. |





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