



The impact of COVID-19 on global child protection efforts

A review of regional and global research



SUMMARY

The tragedy of the sudden and rapid onset of COVID-19 has had an unprecedented impact on global efforts towards child protection, specifically in initiatives that address violence against children (VAC). This reader reviews key research studies that have been conducted worldwide to understand the effects of the pandemic on child protection efforts and examines strategies that have been adopted to ensure children continue to be safe and that communities and duty bearers respond appropriately to incidents of VAC.

Keywords: COVID-19, pandemic, intimate partner violence, coronavirus

Major Impact of COVID 19 on Child Protection Efforts

REGIONAL SURVEYS

A 2020 rapid assessment study conducted among 74 community-based organizations at the peak of the COVID-19 pandemic in April and May by Children Rights and Violence Prevention Fund (CRVPF), a regional child protection organization operating in Uganda, Kenya, Tanzania and Ethiopia found the following impact of COVID-19 on partners' work¹:

1. **Restricted interaction** with children, adolescents, parents, community leaders due to various forms of lockdown throughout the region. The lack of interaction was unfortunate as information and experience-sharing gatherings like peer group meetings and parenting sessions could not be held whereas they are a key strategy for reaching communities with prevention messages, detecting VAC cases and supporting case management.
2. **Reversal of VAC prevention gains:** Household poverty resulting from the socio-economic downturn, job loss, and limited trade opportunities has fostered child labour, school dropout and increased violence against children (VAC) especially girls who are being married off for economic gain. Intimate partner violence (IPV) has also increased as partners struggle to maximize limited resources. All these factors have undermined key gains (keeping children in school, positive parenting, and violence prevention initiatives in communities) and increased the risk of children not returning to school even when the COVID-19 situation normalizes. Of the respondents interviewed, 89% cited an

Box 1: Short-term partner responses to COVID-19 impact on VAC prevention efforts

- Use of technology-based platforms to continue discussions on interventions and experiences for preventing and addressing VAC. Social media platforms like WhatsApp have been particularly useful for partner engagement.
- Developing COVID-19 information materials (like posters) integrated with violence prevention messages as a way of continuing the work through key messages
- Use of broadcast media especially community radio to reinforce messages on violence prevention and response and positive parenting.
- Encouraging parents and caregivers engage with their children, counsel and learn more about their character and passions and teach them life skills and home chores.
- Supporting households, adolescent girls and boys to access employment opportunities or start their businesses in case they are not able to return to school.

¹ CRVPF partners' regional survey to understand the impact of COVID-19 on their work with children, adolescent girls, and boys, families, and communities

incident of sexual and gender-based violence (SGBV) within their homes or community during the pandemic.

- 3. Reduced response to VAC incidents:** A key downside of the lockdown of communities has been restricted movements and engagements severely hampering the ability of children, caregivers, and communities to report VAC cases. However, even when these cases have been reported, the shift of government resources towards COVID-19 related expenditures has limited strong response from law enforcement agencies and health facilities. As a result, communities have become disenfranchised, choosing to hide the cases or dealing with them on their own terms regardless of the best interest of the child.
- 4. Limited communication** with communities further hampered by costs and challenges of using technology. For example, partners had to learn to use highly technical online meeting platforms like Zoom to conduct virtual meetings, which require costly data connections in addition to computing devices. For example, in some communities in Arusha, Tanzania, there is no telecommunication network so information could not be easily relayed.
- 5. Logistical challenges** were faced by several organizations due to required re-allocations of resources to address emergency needs like medical care and food vis-à-vis other planned programme activities. Administrative issues like reporting were also problematic because of difficulties in collecting data and timely communication.

“I think this circles back to the kind of work we do to empower the communities to build self-reliance and now it is an opportunity to do more about around self-reliance, resilience, and sustainability. It’s a wakeup call to build sustainability for the most vulnerable groups in our societies.”

-Winnie Kheamba, Board Member CRVPF

Save the Children Findings on the Impact of COVID-19 on Child Protection Work

Save the Children in its July 2020 policy paper: *Covid-19 Impacts On African Children: How To Protect-A-Generation At Risk* notes that: *“The COVID-19 pandemic is jeopardising Africa’s children’s formal learning, health and safety/protection, particularly the girls. It is estimated that over 262.5 million children from pre-primary and secondary school are currently out of school because of COVID-19 closures [...]. For many poor and vulnerable children in Africa, schools are not only a place for learning but also a safe space from violence and exploitation.”*²

- 1. Disruption in supportive routines and coping mechanisms** for children: School closures and quarantine, for example, have created anxiety for children who must grapple with the harsh socio-economic realities which are emotionally and mentally destabilizing for caregivers. The ripple effects of this can be seen in increased incidences of emotional, sexual, and physical violence at home.
- 2. Increase in discrimination against the most vulnerable children** – migrant children, children caught up in armed conflict, separated refugee children, children in conflict with the law, children living on streets, children with disabilities – who may be unfairly be singled out as risk factors for COVID-19 by communities, health facilities and even child actors. Consequently, these children are inadvertently left out of the response net and may even be subject to more violence especially in resource-constrained areas. Even in situations like

² https://resourcecentre.savethechildren.net/node/17694/pdf/pan_african_policy_paper_8th_june_-_final.pdf






Senegal's where efforts were made to remove children from the streets, the multi-stakeholder effort has proved complex and a strain on existing residential institutions.

3. **Increasing vulnerability to gender-based violence and sexually transmitted diseases:** Sex for basic needs is often prevalent in low-income countries; however, during crises, it is exacerbated due to economic needs of families which are often willing to 'sacrifice' their girls to sex trade in exchange for food and other essentials. This is especially true in places like refugee camps where child protection is low and food and shelter are even scarcer.
4. **Caring for the sick is often considered the sole responsibility of women and girls.** During pandemics, when sickness is rife, the girl-child is overly burdened with serving the sick, cleaning and feeding them, thus exposing her to a higher risk of infection from the disease. With poor healthcare, lack of drugs and treatment the girl's life is at risk.

UNICEF Findings on the Impact of COVID-19 on Child Protection Work: The Data

"This is a universal crisis and, for some children, the impact will be lifelong."

Source: UNICEF <https://data.unicef.org/covid-19-and-children/>

	Indicator	Pre-COVID	Estimated impact of COVID
	Percentage of children lacking access to education and/or health services	47% of children already had limited access to education and health services	56% of children will potentially lack access to education and or health services
	Mortality	Direct impact of COVID-19 on child and adolescent mortality is limited	1.2 million under-five deaths could occur in just six months due to reductions in routine health service coverage levels and an increase in child wasting.
	Vaccination	Socio-cultural norms limited uptake of vaccination	Due to COVID-19 measures, approximately 80 million children under the age of 1 in at least 68 countries may miss out on receiving life-saving vaccines
	HIV prevention	On-going HIV prevention interventions	An additional 124,000 children could be infected with HIV if prevention services are disrupted for 6 months
	Child labour	Progress made in reduction of child labour over a 20-year period	A one percentage point rise in poverty could lead to at least a 0.7% increase in child labour in certain countries.

References and Further Reading

https://resourcecentre.savethechildren.net/node/17694/pdf/pan_african_policy_paper_8th_june_-_final.pdf

Video on effects of COVID 19 on children in Uganda

<https://www.unicef.org/uganda/impact-covid-19-children-uganda>

<https://data.unicef.org/covid-19-and-children/>

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