

CASE STUDY

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Child protection and the COVID-19 response in Uganda

Who is World Vision Uganda?

World Vision is a Christian humanitarian organisation dedicated to working with children, families, and their communities to reach their full potential by tackling the root causes of poverty and injustice through development, relief, and advocacy.

The World Vision logo, which consists of the words "World Vision" in a bold, sans-serif font, with a small orange and white star icon to the right.

In Uganda, World Vision¹ works across 49 districts to provide long-term development support in Health and Nutrition, Resilience and Livelihoods, Sanitation and Hygiene, Education, Child Protection and Emergency Response. World Vision Uganda strategically² seeks to contribute to the improved and sustained well-being of 5.2 million vulnerable children in Uganda. The latest country strategy (2021-2025) focuses on the psychosocial and economic impact of the COVID-19 pandemic on children and emerging humanitarian needs.

The impact of the pandemic on children

Globally, the COVID-19 pandemic has had a devastating effect on children in many different ways, including loss of education, increased abuse and violence, isolation, loss of family members, as well as the psychosocial impacts of these experiences. This is no different in Uganda. One study found evidence of increases in violence against children, sexual abuse (often with delays in detection), and child labour.³ Human Rights Watch also reported on the increase in exploitative and dangerous child labour, fuelled by school closures and the dire economic impact of the pandemic on household incomes.⁴



Isma Mugoya, 7 years old and physically disabled, recently received a wheelchair during the 16 days of activism response to PWDs amidst COVID 19.

1 World Vision Uganda: www.wvi.org/uganda

2 World Vision Uganda Country Strategy 2021-2025: https://www.wvi.org/sites/default/files/2021-09/Designed_abridged%20version_FINAL%20FOR%20PRINTv2.pdf

3 Sserwanja, Q., Kawuki, J., and Kim, J.H. Increased child abuse in Uganda amidst COVID-19 pandemic. *Journal of Paediatrics and Child Health*. 57 (2021) pp. 188 – 191.

4 Human Rights Watch. (2021) Uganda: COVID-19 pandemic fueling child labor. <https://www.hrw.org/news/2021/05/26/uganda-COVID-19-pandemic-fueling-child-labor>. Retrieved 9.8.2021

The economic downturn has led to widespread food insecurity, denying children the nutrition they need to grow. Millions of children have also had their learning interrupted, as well as suffering from social isolation during the strict government lockdowns when left without caregivers.⁵ With some parents or caregivers working and others hospitalised due to COVID-19, children have often been left at home alone.

A study of children with disabilities found they had difficulties meeting basic daily needs; their parents struggled to educate them at home (due partly to a lack of accessible learning materials); their access to health and rehabilitation services was often curtailed; and they lost the support of their peers during the lockdowns.⁶

Surveys and reports from health facilities (see Box on page 5) have shown an upward surge in teen pregnancies since the start of the pandemic. One district reported that between 2,000 and 4,000 girls had visited a health facility for antenatal care. The relationship between this significant upsurge and the pandemic is clear since the majority of the sexual violence leading to these pregnancies occurred within the home.⁷

Children themselves have expressed their concerns about being cut off from schooling, as well as issues such as the rise in violence, child marriage, sexual abuse, child labour, food shortages, restricted access to water, the lack of personal protective equipment (PPE) to follow preventative guidelines, and more.⁸

In summary, the impacts of the COVID-19 pandemic on children's protection and well-being have been numerous and varied. Child protection organisations such as World Vision have had to step up and adapt their programming to meet the enhanced and particular needs of children at this time. World Vision Uganda's response objectives are:

1. Scale up preventative measures to limit the spread of COVID-19
2. Strengthen health systems and workers to support and manage COVID-19 and continue key child health and nutrition services
3. Strengthen support for children impacted by COVID-19 through education, child protection, food and livelihoods
4. Collaborate and advocate to ensure children are protected
5. Strengthen monitoring, evaluation, accountability and learning processes for the response.

Adaptation and strengthening of child protection programming

With the sudden onset of the pandemic and strict lockdown measures, World Vision Uganda had to strategise on how to quickly adapt its programming, while addressing emerging needs. Following a rapid assessment of the key protection needs in the current context, it became apparent that a phased approach would be required – from emergency response to medium- and long-term response – as the pandemic became the “new normal”.

World Vision carried out a mapping of children affected by COVID-19 in their local communities to assess the target populations of direct and indirect beneficiaries, as well as identify existing child protection structures and service points that could provide emergency responses. Included in the mapping was identification of the child protection issues that emerged from the pandemic.

5 Interview with World Vision Uganda staff.

6 Femke Bannink Mbazzi, Ruth Nalugya, Elizabeth Kawesa, Claire Nimusiima, Rachel King, Geert van Hove & Janet Seeley (2021) The impact of COVID-19 measures on children with disabilities and their families in Uganda, Disability & Society, DOI: 10.1080/09687599.2020.1867075

7 Interview with World Vision Uganda staff.

8 Joining Forces. (2020) Children in Uganda speak out on COVID-19. Child Fund Alliance, Plan International, Save the Children, SOS Children's Villages, Terre des Hommes International Alliance, World Vision Uganda. <https://resourcecentre.savethechildren.net/node/18011/pdf/Childrens%20voices%20COVID-19.pdf>. Retrieved 9.8.2021

As members of the district COVID-19 Task Force, one of the first interventions by World Vision and other members was to advocate for changes in the response to positive cases, and to oversee efforts to make the quarantine and treatment centres more family-friendly. The organisation advocated to have child protection social service providers recognised as essential workers, resulting in the resumption of some services during the lockdown. World Vision also conducted trainings at some of the treatment centres on psychosocial support, providing child-friendly services and approaches on how to assist patients with children or other family members who need care, and responding to their concerns.



Honorable Justice Barrack, a 13-year-old child parliamentarian in Busia Area Program, represents other children by voicing child-related issues and challenges amidst COVID 19, as well as recommending interventions for school resumption programs that integrate teenage mothers back to school.

At the community-level, with few child protection workers and limitations in service provision, adaptations were made to reporting and referral procedures, as well as standard operating procedures on alternative care for vulnerable children. Psychosocial support counselling for children and parents was made a priority and adapted to focus on the kinds of stressors brought on by the pandemic; for instance, helping children and adolescents understand more about the virus and why they have to stay home for so long. World Vision also supported community-level child protection structures, such as Child Protection Committees and para-social workers, to provide mobile mental health and psychosocial support.

When the Child Hotline and National Call Centre were closed, World Vision mobilised the community volunteers in its pandemic response areas to provide feedback using phones hooked to a central platform. When calls were received, the cases were referred to the Child Protection Service Point in that area (see details below). Community workers were also trained on COVID-19, including how to support families affected by the virus, psychosocial support to children and families, long-term or alternative care, and the newly adapted referral procedures and pathways.

Due to the escalation in domestic violence with the lockdown, as well as the economic strains and other impacts of the pandemic, the child protection team worked with the gender unit to address these issues. This was done by adapting existing parenting skills programming to include simple messaging that focused on dealing with the stresses arising from the pandemic. The message was disseminated at household level through Household Clusters meeting in communities, while World Vision also worked with the Ministry of Gender, Labor and Social Development to develop and communicate similar messaging for both adults and children. In addition to this, World Vision has equipped and supported community influencers to engage in COVID-19 risk and prevention communication. The organisation worked with various media to share messages about positive parenting, addressing psychosocial distress, and other information that needed to be amplified.

Other interventions provided by World Vision at the household level included livelihood and food security assistance, the provision of educational materials for remote learning, and health education. There have also been occasions where World Vision staff have had to respond to specific situations; for example, following observations that some people leaving treatment centres were being rejected and even harmed by their communities, World Vision staff started to accompany individuals back to their homes, as well as working to diffuse tense situations.

Adaptation and strengthening of partners' approaches and World Vision's role

In the course of the pandemic, community groups have had to reorient their focus to areas of work where they often lacked experience, such as psychosocial support. As a result, World Vision has done a lot of capacity building around psychosocial support with community counsellors, who are part of community structures.

With child protection structures still not fully operational, World Vision has supported the establishment of Child Protection Service Points to provide psychosocial support and case management. Located at sub-district level, each of these centres is staffed by a government social worker, a police officer (from the family and child protection unit), and a faith leader. World Vision raised awareness of these services through radio and social media.

World Vision has also worked with partners, such as religious and cultural institutions, which continued to have reach in the communities even during lockdown. These partnerships were leveraged for interventions related to COVID-19 awareness-raising; for example, working with cultural institutions that run radio and television programming to promote COVID-19 awareness.

Pre-existing community structures, such as Child Protection Committees and other social work organisations (many of whom had worked with World Vision previously), adapted their modes of operation in order to continue their work. Community meetings had to be held with smaller numbers and other avenues were used for outreach, such as local radio and partnering with local leaders; for example, Child Protection Committee members from local councils were able to communicate messages about the pandemic. Although, there were limitations in terms of geographical coverage, communication was still effective under the circumstances.

Adapting relationships with formal child protection systems

One of the first pandemic-related working relationships with the government involved strengthening the capacity of Child Protection Committee members. Initially, many of these members were focused mainly on reporting cases of abuse, meaning other child protection risks had to be highlighted, such as the need for alternative care for children whose caregivers were in treatment. This required gaining a wide range of skills related to child protection prevention and response, including reporting and referring cases of violence, case management, and alternative care.

As mentioned, World Vision also worked with the Ministry of Gender, Labor and Social Development to develop specific messaging for adults, such as around positive parenting and psychosocial support, with the messages disseminated via the Child Helpline and other forums.

At the very start of the pandemic, World Vision partnered with the national referral hospital for mental health to support the training of child protection actors in psychosocial support and mental health recovery. The organisation also worked with COVID-19 treatment centres by providing trainings on psychosocial support, and helping to make services more child friendly. This was in response to staff visits to treatment centres where children were sometimes found to be poorly treated in vulnerable situations.

Engaging faith leaders and faith communities in child protection during the pandemic

World Vision has been working with faith congregations as change agents for behavioral change in communities using World Vision's Channels of Hope for Gender and Channels of Hope models.⁹ Through these models, faith leaders become volunteers implementing child protection programs at the congregational level and in the wider community. As child protection actors, they are able to lead child protection interventions which has happened in both Christian and Muslim congregations. Channels of Hope Action Teams are established and each team is tasked with reaching out to at least six vulnerable children each quarter. They meet every month to share learning, success stories, data on the numbers of children they have reached, and the protection issues they have been able to address.

When schools were closed, the congregations also established early childhood development (ECD) learning programs and World Vision did a lot of orientation on how to prevent the spread of COVID-19 and provide services to vulnerable children.



A group of teenage girls from Northern Uganda engaging duty bearers to end teenage pregnancy during the national commemoration of the 16 days of activism against SGBV.

9 These are two of World Vision's program models that engage faith leaders to facilitate community processes to address child well-being issues from a faith perspective. <https://www.wvi.org/church-and-interfaith-engagement/channels-hope-gender>; <https://www.wvi.org/faith-and-development/channels-hope>.

The impact of COVID-19 on teenage pregnancy, sexual violence and child marriage

Teenage pregnancies are higher in developing countries than developed countries, and more so in sub-Saharan Africa with 28% of adolescents giving birth before the age of 18. In Uganda, more than one in four adolescents (15–19 years) become pregnant with the rates being higher in rural areas (27%) than urban areas (19%).

Across Uganda, eight out of ten citizens (79%) said the lockdown had increased cases of teenage pregnancy and sexual violence. In the six months before COVID-19, 593 girls under the age of 18 reported sexual violence compared to 860 girls six months into the pandemic.

The spike in teenage pregnancies during the lockdowns (especially in Uganda's poorer rural areas) has been confirmed by the government. After the first lockdown, teenage pregnancies rose by 28% with the Ministry of Education reporting that over 90,000 girls under 18 fell pregnant during the period when they were not attending school, and this included more than 9,000 underage girls. Public health facilities' records related to GBV cases and district health information also showed an increase in teens seeking their first antenatal services on a monthly basis.

During this time, there was also a 65% increase in cases of violence against children reported to the Uganda Child Help Line (UCHL), with much of this abuse being perpetrated by those who should be their protectors.

Another worrying (and related) trend has been an increase in child marriage. Although the legal age of consent to marriage in Uganda is set at 18, getting married formally or informally before this age is a common practice in the country. Both boys and girls are married off as children, but girls are disproportionately affected by this harmful practice with most young girls getting married to considerably older men.

In most cases, child marriage is the outcome of teenage pregnancies and child sexual abuse, but not all teenage pregnancies end up in child marriage.

According to World Vision Uganda's Strategy Report 2020, child marriage in its operation area before the arrival of COVID-19 was at 12% but during the pandemic in 2021 this figure had risen to 46%.

Studies have also shown that girls who marry young are more prone to GBV and domestic abuse due to their limited autonomy and the significant power differentials. Both child marriages and teenage pregnancies are associated with shame, stigma and mental health issues that sometimes can lead to suicidal tendencies.



A 13-year-old teen girl is among more than 298,127 teenagers that visited public health facilities for their 1st antenatal care in 2020 during the COVID-19 lockdown in Uganda. Teenage pregnancies escalated amidst COVID-19, affecting 10 to 17 year olds.

10 WHO/UNFPA 2013

11 Uganda Bureau of Statistics 2016

12 Uganda Twaweza Sauti Za Wanainchi report 2021

13 Uganda Twaweza Sauti Za Wanainchi report 2021

Adapting programming to address teenage pregnancy and violence against children

Since the lockdowns in March 2020, World Vision has introduced a number of nationwide interventions to help address the serious situation described in the box above. This has been achieved by adapting existing programmes in the following ways:

1. Child protection and education programme
 - Amplifying success stories demonstrating that preventing teenage pregnancy is possible by showcasing World Vision’s effective strategies and interventions to inspire all actors to scale up what works.
 - Advocating for positive parenting while children are at home during the lockdown, inclusive of children living with disabilities and teenage mothers.
 - Creating awareness of the available services and service points for pregnant teens and highlighting the urgent need for psychosocial support services to help adolescents cope with challenges associated with teenage pregnancy, including reintegrating teen mothers via back-to-school campaigns.
2. Health programme
 - Presenting health information to teenagers visiting facilities for first ANC.
 - Tracking teenage mothers accessing teenage care safe motherhood services.
 - Linking teenage mothers to community care groups for nurturing.
3. Livelihood programme
 - Training/creating awareness of simple vocational skills for children/youths within their homes during lockdown.
 - Behaviour change activities like empowered worldview and biblical reflection, integrated with activities of a spiritual nature within households.

In addition to these interventions, World Vision has continued to implement the It takes a world to end violence against children campaign, which has proven to bring a sustained change to the lives of children by focusing on the following:

- Empowering all children (in school and out of school) with life skills and abilities to protect themselves and others from violence, abuse, exploitation and neglect, through the creation of clubs and peer groups.
- Confronting harmful social and cultural norms and practices that underlie violence against children through programs, community engagement, dialogue, and national level campaigns.
- Strengthening child protection related laws, policies, systems, and structures at national and sub-national levels.



One of the teenage ambassadors in Northern Uganda leading the “back to school campaign” and ending teenage pregnancy in Uganda. Northern Uganda has the highest cases of teenage pregnancies as a result of the pandemic.

Bridging the gap between development and humanitarian approaches in the response

World Vision was able to leverage its long-term presence in communities and the child protection systems and mechanisms it has established and contributed to during its humanitarian response. This included supporting community child protection actors and frontline workers with information, education, and communication (materials) to raise awareness of the increased risks brought about by the impacts of COVID-19, such as increased violence, exploitation, abuse, neglect, family separation, child and adult safeguarding, and more. These interventions were important to ensure that existing reporting and referral mechanisms were still functioning despite pandemic restrictions, as well as being an acknowledgement of the greater role health and other frontline workers needed to play in community-level child protection.

When caregivers were hospitalised, leaving children alone, World Vision facilitated alternative community care initiatives. The organisation also supported community-level structures, such as Child Protection Committees and para-social workers, to provide mobile mental health and psychosocial support to children and families experiencing distress brought about by the impacts of COVID-19. There was also collaboration with relevant local government actors to facilitate psychosocial activities for distressed children and adolescents.

World Vision contributed to national and district level policy and advocacy that operationalised government standard operating procedures, guidelines and advocacy for child protection, health and education in the COVID-19 context.

The organisation also strengthened its humanitarian accountability by establishing accountability mechanisms in communities such as hotlines, suggestion boxes, complaints logs and community help desks. Routine community meetings were also held to discuss and communicate issues related to the COVID-19 response.

The interventions in the pandemic focused on strengthening community-level, and district and national governmental child protection systems and mechanisms. In the pandemic recovery and post-recovery stages, as the focus shifts back onto development programming, these systems and mechanisms will benefit from this capacity-building and assist with efforts to “build back better”.

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A team of teenagers in Eastern Uganda are mobilised to champion the end teenage pregnancy campaign through sports. Teenagers discuss child protection issues with their coach during sports sessions in Uganda.