Child Protection
and COVID-19

Afghanistan Case Study
The impact of COVID-19 on children

After decades of conflict, Afghanistan is the deadliest crisis in the world.\(^2\) Prior to the restrictions instituted to prevent the spread of COVID-19, 93 percent of the population lived on less than US$2 per day\(^3\) and were unprepared to absorb the economic shocks resulting from the pandemic. Research conducted by World Vision Afghanistan following the onset of COVID-19 found that up to 50% of surveyed families had been forced to send their children to work during the pandemic as a means of coping with financial constraints.\(^4\) In a further assessment, 21% of families reported they were not able to meet the basic needs of their children.\(^5\)

In addition to economic pressures, restrictions on movement and school closures have had a significantly negative impact on children’s education and daily routine. Remote schooling is not an option for many children who lack the means to access it. Prior to the pandemic, 60% of out-of-school children were girls, and in the face of long-term school closures, it is likely that this number will increase.\(^6\)

With the lockdown forcing children to stay at home, many girls are facing increased exposure to violence, abuse, neglect and exploitation.\(^7\) Girls are particularly at risk of child marriage, a negative, economic coping mechanism that occurs at the household level.

This will result in a situation where for many children, the harm they experience as a result of COVID-19 will not be temporary. Things may never return to ‘normal,’ and millions of girls and boys will stay trapped in cycles of violence and stressful lives, limiting their potential. Poverty and household vulnerability leading to increased early forced child marriage will inevitably lead to further intergenerational cycles of poverty and violence.

In summary, the COVID-19 pandemic has had many, varied impacts on children’s protection and well-being. Child protection organizations, such as World Vision Afghanistan, have had to adapt their programming to meet the enhanced and particular needs of children at this time. Our programming prioritizes child protection, education, maternal and child health, nutrition, water, sanitation, and hygiene (WASH), livelihoods and food security. Our objectives in the COVID-19 Response have been:

1. Risk communications and community engagement
2. Surveillance, rapid response teams and case investigation
3. Infection prevention and controls.

These have been delivered alongside, and where possible integrated with, our existing programming to support vulnerable children and their families, amplifying the impact of our interventions.

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1. This case study was developed by Malia Robinson, International Consultant, and Hekmatullah Karimi, Child Protection Officer for World Vision Afghanistan.
3. Ibid. p. 6
6. Ibid. p. 6
7. Ibid. p.7
World Vision Afghanistan's adaptation and strengthening of child protection programming

Since the onset of the COVID-19 pandemic, initial adaptations to child protection activities focused on increasing children's safety and minimizing the spread of COVID-19 in our child friendly spaces (CFS) and educational/school programs. This was achieved through the provision of personal protective equipment (PPE) for children, social workers and teachers; our PPE kits included masks, gloves, soap, a personal towel and hand sanitizer.

Afghanistan had a standalone Afghanistan Humanitarian Fund (AHF) project in a western province that was providing MHPSS support to children. This also included Individual Protection Assistance (IPA) for particularly vulnerable children. With the onset of the pandemic, the implementation of PSS programming became more technical, with activities tailored to address the specific, negative impacts brought about by the pandemic. For example, parenting sessions added the topic of coping mechanisms to support caregivers handle the additional responsibilities of parenting during the COVID-19 pandemic (such as providing additional educational support to children), as well as providing techniques for diffusing family tensions that might intensify during lockdowns. Similar sessions were also offered to male and female community members in the targeted areas.

We also increased the number of handwashing stations in facilities and our targeted communities. Children and their families received practical sessions on COVID-19 prevention, including how to wash their hands and use masks and gloves effectively. Class and group sizes were reduced in schools and our Children's Street Working Centre, with multiple classes and sessions added to ensure children continued to have access to services.

When our child protection facilitators were unable to go to the field to follow up cases that may require Individual Protection Assistance (IPA) or referrals, a shift was made to using phone and messaging systems. This ensured that critical case management services could continue, despite movement restrictions. However, when COVID-19 levels were high, our facilitators nonetheless felt that there was significant value in maintaining contact with children and families so that on-going support could be provided. 9

One reported area of strengthened programming was that of mental health and psychosocial support (MHPSS). Prior to the pandemic, World Vision

Prevention

In lieu of face-to-face sessions, we developed information education, and communication (IEC) materials for children and community members. Mass messaging about COVID-19 prevention was also sent through phones to increase the reach of the messaging. COVID-19 prevention and child protection-focused messaging was delivered through radio and television. The latter focused on child rights and the prevention of violence against children. Alongside this, a game booklet was produced for parents which aimed to help them enhance the psychosocial well-being and resilience of their children. This was widely used, and was also available via religious centres.

9. Interview with World Vision Afghanistan child protection staff member
Overview of the ways in which World Vision Afghanistan has engaged faith leaders and faith communities in ensuring children are protected in the midst of COVID-19

Faith leaders played an important role in providing messages about COVID-19, contextualizing the pandemic through the use of Islamic teachings and referencing previous pandemics that occurred during the time the Messenger was living. They also worked to convince people within their communities to use personal protective equipment (PPE), after initial reluctance.

During Friday prayers at the mosques, faith leaders broadcast messages relating to COVID-19 and child protection, and also worked to follow World Health Organisation (WHO) protocols regarding physical distancing, urging people not to come to prayers and emphasizing Islamic teachings that supported these efforts.

World Vision Afghanistan supported the critical role of faith leaders by holding trainings with faith leaders whom we had already engaged in child protection community work. These trainings supported faith leaders to gain a more comprehensive understanding of the COVID-19 virus, its impacts, and how to prevent infection and transmission. The faith leaders were then asked to share these messages during prayers and other gatherings. In close coordination with WHO, Ministry of Haji and Religious Affairs and our Faith and Development unit, 60 religious leaders and their families were trained on COVID-19 risk education, prevention and risk communication.

These leaders were then mobilized to communicate messaging and distribute IEC materials to their respective congregations. IEC materials was also installed at the gates to places of worship.

Simultaneously, faith leaders conducted three awareness discussions sessions to 85 representatives of Internally Displaced Persons (IDP) (45 male and 40 female) in IDP settlements, which faith leaders reported to be extremely helpful.

“We as faith leaders are obliged and responsible to disseminate coronavirus risk reduction messages to our people. Thanks to World Vision which has managed an awareness session to the representatives of Internal Displaced People settlement who are the most vulnerable, and I could pass the message of saving life from coronavirus to the participants.”

Ghulam Mohammad Shahiq, faith leader, Herat, Afghanistan
Impacts of COVID-19 on child marriage

Whilst child marriage has long been present in Afghanistan, there has been an increase of child marriage following the onset of COVID-19 due to the economic impacts of the pandemic\(^\text{10}\). When people lost their livelihoods, it became difficult for them to meet the basic needs of their children. They consequently began adopting negative coping mechanisms, such as engaging their female children in marriage. One less child in the household was thought to improve the care available for the remaining children.

However, girls who are married before the age of 18 years face a plethora of threats to their safety and well-being, both in childhood and adulthood. These include increased risk of early childbirth and the accompanying health risks, increased risk of domestic violence and reduced access to education.

World Vision Afghanistan’s Response

Recognizing the detrimental impact that child marriage has on a girl’s future, World Vision Afghanistan adapted our existing campaign for addressing child marriage, “It Takes a World,” that was already being implemented in the country. When the number of girls engaged in child marriages began to increase, we intensified our focus on the campaign activities. Messages were broadcast and booklets were printed with stories for children and families about the harmful effects of child marriage. We also referred children facing the prospect of, or already affected by, child marriage to other organizations that could provide specialized support, such as referrals made through CPAN.

We also engaged faith leaders in child marriage prevention activities in communities. Community groups were created to work to stop child marriage. When child marriages were planned, the community groups would gather and share messages with the families about the harmful effects of the marriage. In some cases, these interventions were effective (see text box). In other cases, referrals were made, where safe to do so, to provide support to the affected girl and, where possible, mitigate the negative effects of the child marriage.

To address the root economic causes underpinning the increase in child marriage, we offered Individual Protection Assistance (IPA) to families at risk of entering their daughters into marriage, including the provision of food and non-food items, and provided material support for unemployed caregivers to start small livelihood projects. We also referred families with specialized needs, such as health and some livelihood needs, to other organizations that could provide those services, as well as specialized case management.

A girl named Wahida 11 years old was forced by her father Fazl to marry her in baad (exchange) to an older person named Sarwar, who was already married. It was also agreed that Sarwar would marry his daughter with Wahida’s brother. Wahida’s mother did not agree with the decision. She wanted her child to continue education. Since she was not able to stand against her husband, she decided to share the issue with a member of her local community change group – she remembered that they had shared the issue of child marriage during awareness raising sessions. The community change group met with Sarwar and Fazl to stop the incidence from occurring by sharing the negative effects of child marriage and highlighted that baad is not allowed in Islam. Due to continuous efforts from community members, the child marriage was stopped.

Names were changed for the confidentiality matters.