



Child Protection

and COVID-19

World Vision's COVID-19 Response in Fragile Context

World Vision International documented lessons learned from our COVID-19 Response in eight fragile context: Afghanistan, Cambodia, El Salvador, Iraq, Lebanon, Somalia, Uganda and Venezuela.¹

Case studies were developed for each of these countries to capture lessons learnt and innovative approaches that can be piloted in other contexts. The case studies are based on key informant interviews with World Vision staff in each of the eight countries, analysis of World Vision programme data and a desk review of relevant secondary data. A brief summary of the key findings of the case studies is presented within this document.



Overview of the Impact of COVID-19 on Children

The pandemic has negatively affected children in almost all aspects of their lives. Within the data analysed for the case studies, **the most frequently cited concern was school closures**. For millions of children in the case study countries, school represents a safe space where they access not just education, but also food, water, sanitation and hygiene (WASH) facilities, and recreational activities. However, during the pandemic, in-person schooling has been frequently replaced by remote education, with lessons conducted over phone, radio or television, curtailing children's access to vital services.

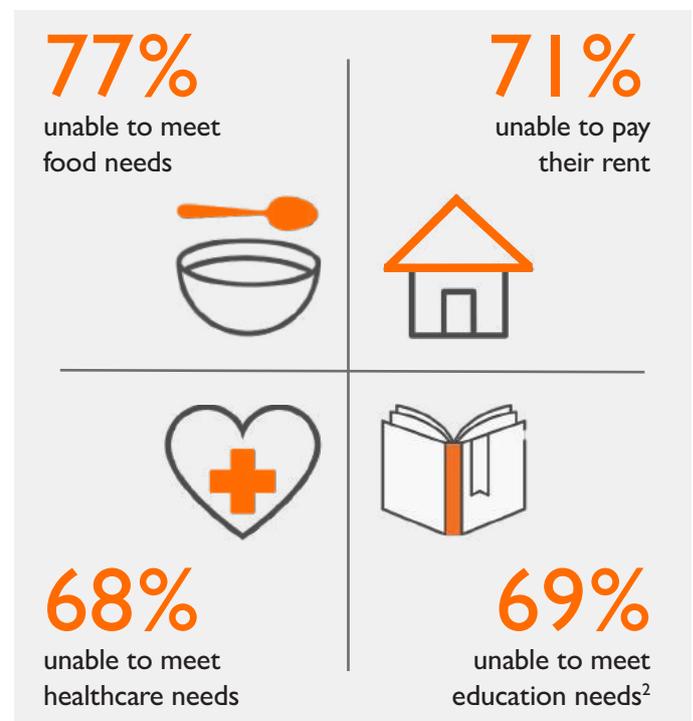
Furthermore, a common theme across all the case studies was that **remote modalities deliver a lower quality of education than in-person teaching**; the service quality was generally perceived to be poor, children without access to the required media were excluded from remote modalities and independent work could not be supported by illiterate parents.

This is significant, since reduced access to education not only impedes children's social and educational development, but also reduces their access to protection mechanisms in schools for monitoring children at risk of abuse and exploitation. Reflecting this, **the longer the shutdowns continued, the higher the risks of child marriage, exploitative labour and other forms of abuse**.

The impact of COVID-19 on household livelihoods has also been acutely felt by children in each of the case study countries. Loss of income has led to food insecurity,

inability to access basic needs and evictions, among other impacts. **Many households have turned to negative coping mechanisms, such as selling off household goods, exploitative child labour and child marriage.**

Research carried out by World Vision, which focused on refugees and internally displaced persons in case study countries, found significant indirect impacts of the pandemic. With the resulting income loss, respondents reported that:



1. This Summary Brief was developed by Malia Robinson, International Consultant. It was reviewed by Natalia Korobkova, Humanitarian Advocacy and External Engagement Technical Director, World Vision International, Joy Cheung, Sr Advisor for Child Protection in Humanitarian Action, World Vision International, Teresa Wallace, Technical Director for Quality and Innovation in Global Child Protection and Participation, World Vision International, Aimyleen Gabriel, Sr Child Protection Programme Advisor, World Vision UK, and Deepesh Paul Thakur, Global to Local Director for Advocacy and External Engagement, World Vision International.
2. World Vision (2021) High risk- low priority: Why unlocking COVID-19 vaccine access for refugees and internally displaced communities is critical for children. World Vision, p. 11.



Our analysis has found that a child who experienced hunger in the four weeks prior to the survey was 60% more likely to be married than his or her peers who did not experience hunger.

When considered in relation to the global increase of almost 12 million children living in crisis levels of hunger from 2019 to 2020, this suggests an additional 3.3 million children could be married by age 18.

World Vision Youth Healthy Behavior Survey (2021)

While robust data on the impacts of COVID-19 on child marriage is difficult to find, World Vision staff in almost all the case study countries reported seeing an increase in child marriage cases. Data from World Vision programmes between March and December of 2020 showed that **child marriage rates had more than doubled in many of the communities we serve.**³ Analysis of data from World Vision's Youth Healthy Behavior Survey confirmed a correlation between increased risk of child marriage and the following three impacts of COVID-19: hunger; reduced access to education, and erosion of parental support due to stress and strains on household finances.⁴

The isolation of the lockdowns and quarantines have also presented potential risks for children. In every country studied, there were reported increases in abuse and violence in the household. **"World Vision estimates that up to 85 million more girls and boys worldwide may be exposed to physical, sexual and/or emotional violence as a result of COVID-19 quarantine."**⁵

World Vision child protection staff interviewed for the case studies reported that they had **observed increases in adolescent pregnancy since the start of the COVID-19 pandemic.** Perceived drivers of this increase included school closures, lockdowns and girls exchanging sex for material and financial assistance. Our staff expressed particular concern regarding the increase in adolescent pregnancies during periods of lockdown. In El Salvador, for instance, data collected during the lockdown indicated that perpetrators likely came from the girls' households or close social networks.

The impact of the pandemic on adolescent pregnancy rates reflects similar findings to rates of adolescent pregnancy during the Ebola pandemic, with a World Vision report noting that school closures in Ebola-stricken countries led to a 65% increase in adolescent pregnancy.⁶ Early pregnancies impact girls' health, economic situation and reduce the likelihood that they will return to school when schools re-open.

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3. World Vision (2021) Breaking the chain: Empowering girls and communities to end child marriages during COVID-19 and beyond. World Vision, p 12.
 4. World Vision. (2021) COVID-19 and child marriage: How COVID-19's impact on hunger and education is forcing children into marriage. World Vision, p. 4.
 5. World Vision. (2021) COVID-19 Aftershocks: Access denied. World Vision, p 9.
 6. Ibid. p. 5.

Negative impacts on children's mental health were also widely reported across the eight case study countries. These included distress about losing, or possibly losing, family members, increased social isolation and anxiety about missing out on education. In El Salvador, it was noted that distress also came from the inability to carry out traditional burial rituals that can offer a sense of closure. Children and caregivers who had already experienced traumatic events, such as armed conflict, were reported to be particularly affected, with COVID-19 compounding the mental health and psychosocial needs arising from other crises.

We need to be psychologically and materially assisted, and for the security situation to be improved.

Sara, 14-year-old girl



In 2020, in order to better understand the impact of COVID-19 on the mental health and psychosocial well-being of children living in conflict, World Vision and War Child Holland conducted research with children, adolescents, caregivers, community members and child protection specialists in six conflict-affected countries⁷. The findings were the following:

70%

of forcibly displaced children



expressed a need for mental health and psychosocial support

43%

of host community children



40%

of children



shared that COVID-19 was the main risk affecting their emotions.⁸

48%

of caregivers

Of the interviewed children and young people



38% said they felt sad and fearful



on the extreme end of continuous sadness

14%

There are, to varying extents, other crises in the case study countries, such as conflict, political and economic instability, natural disasters (including drought in Afghanistan and locust invasions in East Africa) and the deadly explosion at the Beirut port in Lebanon. The COVID-19 pandemic has only compounded the effects of existing crises and, in some cases, taken away resources to address these, such as medical resources and humanitarian aid.

Among the many other disparate impacts of COVID-19 between wealthier and low-to-middle income countries is exacerbation of existing inequalities, seen most clearly in terms of access to vaccines. **In countries with the lowest incomes, the pandemic is surging yet there is little access to vaccines.** Many of the countries we have included in the case studies, such as Lebanon and Uganda, host some of the highest numbers of forcibly displaced persons in the world.

These populations are at particularly high risk of COVID-19 infection but lack access to vaccines. Low-income countries have only been able to purchase 3% of global vaccine doses.⁹ Our research has found that **40% of 152 host countries' vaccination plans do not include, or are unclear about, the inclusion of refugees and asylum seekers that live within their borders.**

In summary, the COVID-19 pandemic has had many, varied impacts on children's protection and well-being. Child protection organisations, such as World Vision, have had to adapt their programming to meet the enhanced, unique needs of children during this time. As highlighted in the remainder of this document, our country offices have focused on key areas of child protection programming, developing and delivering extremely creative and innovative solutions to ensure successful delivery of services to partners, children and families in our targeted communities.

7. Six conflict-affected countries were Colombia, the Democratic Republic of the Congo (DRC), Jordan, Lebanon, the occupied Palestinian territory and South Sudan.
8. World Vision and War Child Holland. (2020) The silent pandemic: The impact of the COVID-19 pandemic on the mental health and psychosocial well-being of children in conflict affected countries. World Vision and War Child Holland, p. 4
9. World Vision. High Risk-Low Priority Op. Cit. pp. 1



Adaptation of World Vision's and Partners' Child Protection Systems Approaches

In each of the case study countries, World Vision's child protection teams conducted rapid assessments and reviewed existing programming to determine appropriate first steps. As the pandemic evolved, programme adaptation and development of new programming was ongoing. World Vision takes a holistic approach to strengthening the various systems in the protective environment, so child protection was integrated within the COVID-19 responses of other sectors.

Adaptation of Existing Programming¹⁰

The first challenge for World Vision and partners in each of the case study countries was to address the impact of sudden lockdowns on programming. Nearly all activities, including training, psychosocial support sessions and case management, shifted to remote modalities. These included online platforms such as Zoom, Teams, Messenger and WhatsApp; the latter was by far the most commonly used, since few children and families, and even some of our community partners and community leaders, have access to computers. However, most already use WhatsApp for networking. Some World Vision-supported schools and child friendly spaces (CFS) remained open but adjusted the way they operated; classes and CFS groups were split up into smaller groups and more sessions were offered. Standard Operating Procedures (SoPs) were developed so that any in-person child protection programming adhered to the safety procedures mandated by the government in each context.

Various adaptations were also made to the content of child protection programmes and materials, depending on the context. Content that would normally be offered face-to-face, as well as new materials relating specifically to COVID-19, had to be adapted to formats that suited remote delivery, through radio, television, online platforms or phone. World Vision's core child protection and gender-based violence models¹¹ and tools were adapted to incorporate or strengthen elements that address priorities in the pandemic; these included a stronger emphasis on psychosocial support (PSS), positive parenting, adolescent programming and COVID-19 prevention. The adapted tools and models addressed the well-documented increase in violence at the household level during COVID-19, frustration with school closures and the risks associated with harmful forms of child labour.

A response of this scale and complexity required the skills of development, disaster management and peacebuilding staff and made real-time learning and adaptation critical. Throughout the pandemic, we have listened to and learned from affected communities, partners and staff, as we have walked alongside them on this ever-evolving journey.

World Vision, Agile in Adversity



World Vision International has developed many innovative protection models. These have been very effective in the supporting the adaptations required during the pandemic response, demonstrating their effectiveness in both development and humanitarian contexts.

The models that were used in the case study countries were:

- Celebrating Families
- Channels of Hope for Child Protection
- Channels of Hope for Gender
- Channels of Hope for Maternal Newborn and Child Health
- THRIVE

10. World Vision. (2021) Agile in adversity: How COVID-19 changed the way World Vision works. World Vision

11. For details of our Channels of Hope model, please see: <https://www.wvi.org/health/publication/channels-hope>

In further examples of innovation and adaptation, some of our existing models and other programming usually conducted face-to-face were digitalized so to be accessible on different platforms. For example, in Lebanon, our team worked with a partner to digitalize our PSS programme materials for the two age groups: six to 11 years, and 12 to 17 years. The sessions were digitalized into an interactive format and put on a website that the children could access directly. A small pilot was completed with 45 children with varying levels of literacy across different settings and, based on the positive results, the programme was scaled up.

With in-person programming paused, World Vision and partners developed new materials to address the emerging needs in child protection as a result of the COVID-19 pandemic. One particularly innovative approach for increasing COVID-19 vaccine uptake was World Vision Lebanon's adaptation of our flagship Channels of Hope model to address misconceptions regarding vaccines. The new programme, Channels of Hope Vaccine, equipped faith leaders with accurate information about the COVID-19 vaccine. Leveraging their authority, faith leaders used religious texts, along with scientific information, to remove religious barriers that may cause vaccine hesitancy.

In each of the case study countries, World Vision also developed new virtual materials with a strong focus on COVID-19 messaging, closely integrated with child protection messaging. We developed videos with messaging that not only focused on COVID-19 prevention, but also integrated child protection issues such as abuse, positive

parenting, and reporting and referral for child protection incidents. Radio programmes were also developed for delivering COVID-19 messaging, outlining activities for children and providing guidance on positive parenting. For example, in Venezuela, our network of faith leaders and faith-based organizations, under the Hope without Border programme, used radio to facilitate games for children which they could undertake whilst listening to the radio in their churches. Activities and messages focusing on the spiritual nurture of children were also shared on the radio.

With social distancing measures often preventing in-person activities, printed materials were developed and distributed for use in the households, such as home-based PSS activities. Printed materials were also provided during relief operations, such as food distributions. These materials highlighted the typical information and activities that would normally be included in World Vision child protection programming, such as guidance for caregivers on positive parenting and activities to keep children and families engaged.

Information about COVID-19 and prevention measures was also included. These materials were particularly important for households that could not access our virtual programming. It was noted that printed materials were not always successful in households where the caregivers are not literate. However, this issue could be addressed through closer follow up. For example, in Lebanon, our staff made follow up calls to support caregivers to implement remote education materials with their children.





Across the case study countries, we also developed new services to address temporary gaps in child protection services that had arisen due to the COVID-19 pandemic. For example, when the **Child Hotline and National Call Centre** were closed in areas where World Vision Uganda was implementing pandemic response, our team mobilized its community volunteers to establish a temporary feedback and response mechanism using phones hooked to a central platform. When calls were received, the cases were referred to the Child Protection Service Point in that area. In a further example, our team in Somalia recognized that school closures were reducing teachers' access to children, and thus reducing their opportunities to identify children in need of protection interventions. We therefore built on teachers' existing WhatsApp networks to include remote monitoring of their students by phone. This approach subsequently acted as an early warning system, given the heightened risks of child labour and school drop out that accompany extended school closures.

Recognizing the substantive psychosocial impact of the pandemic on children and their families, we also **increased our emphasis on PSS for children and their families**. For example, in Cambodia, we partnered with Transcultural Psychosocial Organization (TPO) Cambodia, a non-governmental organization that specializes in Mental Health and Psychosocial Support (MHPSS), to extend remote and in-person services to children and adults in the communities where we operate. Services included in-person and hotline counseling, psychological first aid (PFA) training, and counseling for our staff and partners to support their emotional resilience. Similarly, in Afghanistan, we adapted our PSS programme to address the specific negative impacts brought about by the pandemic. This included adding sessions on 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.

Finally, where needed, we used our **strong community-level ties to identify and address some of the less obvious impacts of the pandemic**. For example, in Uganda, we identified that individuals returning to their communities from COVID-19 treatment centres were facing abuse from other community members, including being physical harmed. This form of abuse was not reported in the other case study countries. After considering how best to respond to this new form of violence and discrimination, World Vision Uganda began accompanying individuals back to their homes after they had been discharged in order to diffuse tensions.



Partners

In each of the case study countries, partners, such as faith and community leaders, and civil society organizations (CSOs), have continued to play a critical role in World Vision's COVID-19 Response and ongoing child protection programming, particularly in communities where remote modalities have been difficult to access.

Since the onset of the pandemic, and reflecting their increasing role in delivering community-based child protection activities, our partners have benefited from significant capacity-building efforts; these have been undertaken by our in-country teams to strengthen partners' capacity on messaging and implementing both COVID-19 and child protection activities, particularly prevention work.

One important area of capacity development has been PSS, given this has become a priority child protection focus following the onset of the pandemic. This has resulted in our partners playing a strong role in PSS programming. For example, in Iraq, community-based Child Protection Committees (CPCs), established and supported by World Vision, have distributed a PSS Family-based Toolkit to households.

Encouragingly, our efforts to further develop the capacity of our partners during the pandemic have not only increased their impact in their communities, but also helped to further strengthen relationships between World Vision child protection teams and our community partners. This represents a positive outcome of our efforts to adapt to the challenges of the pandemic.



Government Advocacy

During the COVID-19 pandemic, World Vision has continued to work closely with government partners at the national, regional and municipal levels. For example, World Vision El Salvador provided support to the national government in developing guidance and policy to address child protection issues in mandatory quarantine centres. Support was also given to the Education Ministry to establish virtual training and study programmes for children during periods of school closures and to educators to prepare them for the resumption of in-person schooling. Our El Salvador team also contributed to strengthening technical teams in schools and the Ministry, with a particular focus on enhancing the technical capacity of teachers to address children's mental health issues.

Similarly, at the very start of the pandemic, World Vision Uganda partnered with the National Referral Hospital for Mental Health to train child protection actors in psychosocial support and mental health recovery. The organization also worked with COVID-19 treatment centres, providing trainings on psychosocial support for staff working in the centres and helping to make services more child-friendly. Furthermore, when child protection structures were not yet fully operational after a period of closure due to the pandemic, our Uganda team also supported the establishment of Child Protection Service Points to provide psychosocial support and case management. These Child Protection Service Points, operating at the sub-district level, were staffed by a government social worker, a police officer for the Family and Child Protection Unit, and a faith leader. Our team raised awareness of the availability of these critical services using radios and social media.

Finally, in Cambodia, we contributed to the finalization of the "National Child Protection in Emergencies Plan". This vital national plan helps to clarify what child protection support, services and activities should be included in the national and local government responses to emergencies, with a particular focus on the government's COVID-19 Response.

World Vision and its partners have continued to be actively involved in advocacy with governments to ensure child protection standards are respected in national COVID-19 responses, and to develop new, much-needed, policy, guidance and SoPs.

One early, successful advocacy campaign in many of the case study countries was to have child protection and social service providers deemed "essential workers" so they could return to their work in the communities during the lockdown periods.

Advocacy was also conducted through the humanitarian child protection working groups, as well as country-level networks of child protection organizations for national and international assistance for the response.





Engaging Faith Leaders and Communities in the COVID-19 Response

Faith leaders and faith communities are some of World Vision's key partners globally. In the COVID-19 Response, they have played critical roles in prevention and response to the pandemic, and also providing continuity to child protection programming at the community level.



World Vision has provided substantial training for religious leaders and communities on the COVID-19 disease, including how to prevent it and how to stop its spread. This has been achieved by adapting messaging with consideration for faith teachings and values.

In Lebanon, World Vision's Channels of Hope model was adapted to the COVID-19 Response in a programme called **CHANNELS OF HOPE VACCINE.**

The adapted programme trains faith leaders about the virus, how to prevent it, how to stop its spread and the value of vaccination. Faith leaders then disseminate key messages addressing vaccine hesitancy in their faith communities.

Targeted Prevention Messages

World Vision's primary engagement with faith leaders and communities during the COVID-19 pandemic has been around awareness raising and messaging. Working alongside faith leaders, our teams developed common, contextualized messages which were adapted to the culture and religion of the context in which they were implemented. Efforts to explain the pandemic and promote and model prevention actions used scripture, where appropriate, and were delivered during religious prayers and services.

For example, in Uganda, World Vision's flagship **Channels of Hope** programme was used to raise awareness about child marriage, abuse and corporal punishment. Furthermore, in Venezuela, church meals for children offered an opportunity to share COVID-19 and child protection messages, and to engage children in activities related to COVID-19 prevention. They were also opportunities for church members to monitor children at risk of abuse and violence. A rich evidence could be found in the five years' research to measure the impact of Channels of Hope program was carried out with Columbia University and Queen Margaret University, especially in terms of **Faith Communities' Contribution to Ending Violence Against Children.**



Guidance

World Vision has worked with churches and mosques to develop protocols which aim to stop the spread of COVID-19 and outline how faith leaders can model positive prevention behaviours.

Highlighting the impact of our work on COVID-19 prevention, our team in Venezuela found that churches which participated in our Hope without Borders programme reported taking stringent measures to prevent the spread of the virus, including sharing messaging for COVID-19 prevention.

Across the case study countries, there were also examples of faith leaders ensuring their churches compliance with COVID-19 safety protocols and spreading children against children related messages.



Impacts

Engaging faith leaders and communities in World Vision's COVID-19 Response has given our child protection programming and COVID-19 prevention programming a much broader reach than would have been possible if the organization had worked alone. During lockdowns in the case study countries, when our teams were unable to undertake face-to-face work, faith leaders were a vital link to communities and contributed to the continuity of COVID-19 and child protection programming. The trust and authority that faith leaders have in their communities has the potential to contribute to greater outcomes, with their messaging trusted to a much greater degree than messaging delivered by other actors who are viewed as outside organizations.

The impact of outreach by the faith leaders has been particularly evident with regards to school attendance and prevention behaviour. For example, in Puntland, where World Vision Somalia has done considerable work with faith leaders on promoting school return following school closures, almost 100% of children enrolled in the 21 schools supported by World Vision in Puntland returned to school once the schools re-opened. Furthermore, in schools around the country where World Vision Somalia provided water, sanitizer and soap, there was a demonstrable increase in handwashing and mask wearing.





Impact of COVID-19 on Child Marriage

The pandemic's effect on livelihoods, household income, inability to access basic needs and sexual exploitation in exchange for basic household items, has driven families to consider engaging their daughters in child marriages in order to better meet the needs of their other children. In contexts where child marriage is a part of cultural customs, the pandemic risks exacerbating this practice.

World Vision's Responses to Address Child Marriage

Globally, World Vision's work to address child marriage is included in our "It Takes a World" campaign, which aims to end violence against children. Countries are adapting and contextualizing the campaign for their particular contexts. In some countries, World Vision's gender and health models, Channels of Hope Gender and Channels of Hope for Maternal, Newborn, and Child Health, have also been adapted to address issues relating to child marriage. Most of the work is prevention-focused, engaging faith leaders who participate in these programmes to develop messaging appropriate to their faith communities.

Engaging faith leaders in community dialogue, to address the cultural aspects of child marriage, is a means through which we endeavor to challenge social norms supporting the practice of child marriage and initiate behavioural change. For example, in Afghanistan, community groups have been created to work to stop child marriage. When child marriages are planned, the community groups gather and share messages with the families about the harmful effects of the marriage. Happily, the committees have succeeded in preventing some child marriages. Similarly, in Somalia, faith leaders are trained on the risks of child marriage through World Vision's Channels of Hope for Maternal, Newborn and Child Health programme. They then deliver this messaging to their faith communities.

We have found that faith leaders are especially effective at delivering this messaging since they have influence in their communities and also participate in law-making. World Vision has also been engaged in influencing laws, systems, and structures to enhance protections for girls at risk of marriage.

World Vision country offices that do not have programming specific to child marriage include messaging on this theme in other child protection programming.



Child protection teams engage with different World Vision sectors, such as health and livelihoods, to develop programme interventions that can begin to address the root causes of child marriage in the pandemic. Some programmes identify families at risk of child marriage and provide them with basic assistance, such as food and non-food items, livelihood start-up assistance and referrals to necessary services. Further programming focusing on child marriage includes life skills programmes for adolescents.

Bridging the Gap Between Humanitarian and Development Approaches

World Vision's long-term presence in most of the case study countries, where we have substantial experience implementing development programming, has facilitated a vital connection between our humanitarian response and ongoing child protection work. Country child protection teams have ensured the continuity of our existing child protection work in our responses to the COVID-19 pandemic. **By building on our deep understanding of the existing strengths and gaps in national child protection programming, our country teams have been able to quickly adapt to emergency modalities.** Their contextual knowledge also enabled them to see that the COVID-19 Response would be a long-term process that would move in phases (from acute to recovery), and to plan accordingly.

Relationships with governments, established through child protection work implemented as part of our development programming, were leveraged to address some of the child protection concerns arising from the pandemic. These included providing continuity in education and access to health. When quarantines and lockdowns were being lifted, our teams worked closely with the communities in which we work on economic strengthening efforts.

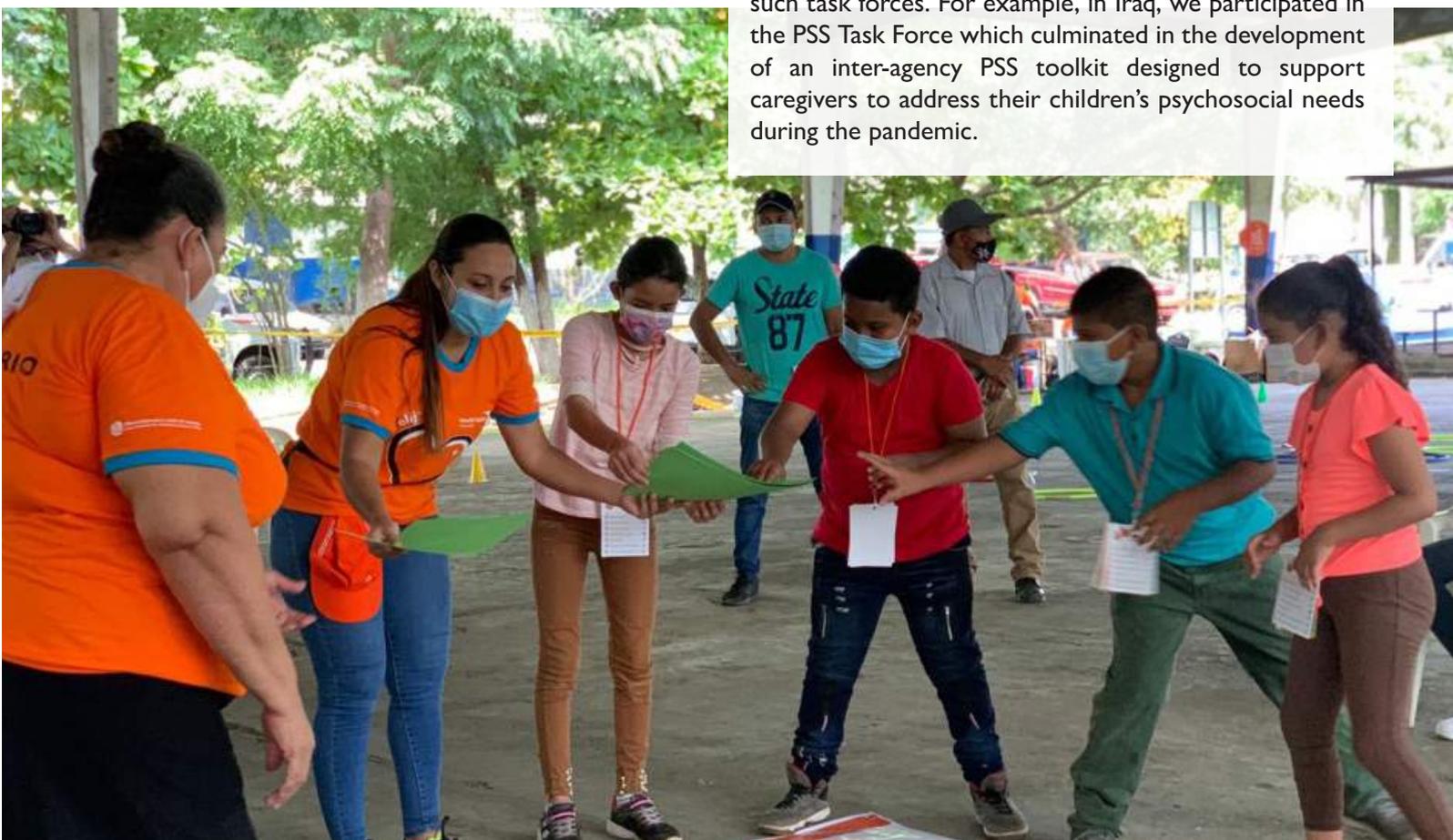


Effective Coordination and Networking During the COVID-19 Response

World Vision continues to be an active and often lead actor in pandemic response coordination structures in each of the case study countries. Since the onset of COVID-19, our teams have participated in both humanitarian and governmental coordination mechanisms, and have been a key contributor to the development of policies, guidance, SoPs, and standardized programming approaches.

One important element of effective coordination in the COVID-19 Response has been the creation of thematic task forces in the larger Child Protection Working Groups. This allows organizations with particular expertise to lead thematic coordination and take time out of the larger national structures.

Maintaining a focus on the broader child protection risks is also important for continuity of programming prior to the pandemic. World Vision has been an active member in such task forces. For example, in Iraq, we participated in the PSS Task Force which culminated in the development of an inter-agency PSS toolkit designed to support caregivers to address their children's psychosocial needs during the pandemic.



Lessons Learned

A general observation that has surfaced in the findings from the case study countries is the centrality of education and psychosocial well-being in the child protection-related impacts of the COVID-19 pandemic. World Vision's integration of child protection programming in the overall COVID-19 Response, including child

protection mainstreaming through other sectors engaged in the Response and maintaining continuity of prior child protection programming through partners, has proved to be an extremely effective approach for ensuring a holistic and sustainable response to the pandemic. Key lessons learnt are outlined below:



Adaptations

- World Vision's programme models, such as Channels of Hope, are adaptable and can be contextualized in order to respond to child protection needs that emerged or were heightened during the COVID-19 pandemic. Tailored support to individuals to access necessary services, such as the provision of airtime to support access to online activities, increases engagement and participation.
- Remote modalities have proven feasible and an effective way of reaching children and their families during times of lockdown. However, there are limitations on the extent to which they can engage participants, particularly for activities that normally have a high level of interpersonal interaction. Closer follow up, through phone calls or similar means, can mitigate this limitation, as can the use of digital platforms to create engaging, interactive content.
- Media, such as radio and television, have higher levels of access, so are useful avenues for information provision, COVID-19 prevention messaging, education provision and recreational activities for children.
- Some in-person activities, such as schools and child-friendly spaces, are feasible if strict COVID-19 protocols are followed and monitored, including close adherence to all national guidelines and procedures.

Development of New Programming

- Flexibility in developing new approaches, when children and families cannot access remote modalities, is important for reaching larger numbers of households.
- Creative partnerships with partners who can produce these alternative materials, such as printed materials, videos, and radio shows, will hasten the response and ensure quality.



Partners

- Partners, such as faith and community leaders, and civil society organisations (CSOs) play an important role in World Vision's COVID-19 Response and ongoing child protection programming. World Vision could not have achieved its goals in the Response without them.
- Ongoing capacity-building efforts are crucial for developing and retaining these valuable relationships with partners; these should particularly focus on capacity gaps linked to needs that have arisen due to the pandemic, especially those identified by partners through their community work and community assessments.



Governments

- The COVID-19 Response has shown the value of World Vision's work in terms of providing technical support and capacity building to enhance governments' response to the pandemic at different country levels.
- The actions taken with government partners during COVID-19 have strengthened relationships; this has the possibility of enhancing future child protection programming.

Advocacy

- Advocacy initiatives by World Vision, its partners and national Child Protection Working Groups are essential for ensuring humanitarian actors' access to communities during lockdowns, thus allowing continuation of child protection and COVID-19 programming.



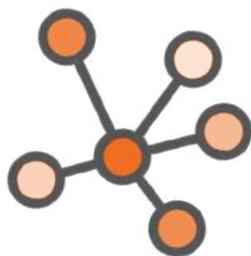
Engaging Faith Leaders and Communities

- World Vision's longstanding partnership with faith leaders and faith communities has been critical in the success of our COVID-19 Response and ensuring continuity of community-level child protection programming.
- Faith communities offer vital entry points for World Vision's COVID-19 Response and child protection programming through their own initiatives, such as the provision of meals and other basic needs.
- Faith leaders can successfully engage their communities in awareness raising and behaviour change initiatives, such as promoting the use of personal protective equipment (PPE), addressing vaccine hesitancy and challenging negative coping mechanisms that are used due to the detrimental economic impacts of the pandemic.
- The impact of World Vision's programming on prevention and behaviour change relating to COVID-19 and child protection has been greatly enhanced by our work with faith leaders.

Child Marriage



- The drivers of child marriage are many and varied. Successful child marriage programming is based on an understanding of the pre-emergency situation, in which drivers of child marriage may be based primarily on cultural traditions, and any new drivers that have led to an increase in child marriage during the pandemic. World Vision is currently carrying out Barrier Analyses to identify the behavioural determinants of child marriage in each local context, with the findings used to inform programming.
- Faith leaders play an important role in preventing and responding to child marriage and adolescent pregnancy, and have greatly benefited from World Vision's flagship models, such as Channels of Hope Child Protection, Channels of Hope Gender and Channels of Hope for Maternal, Newborn, and Child Health.
- Countries without programming specific to child marriage have successfully added messages into other child protection programming, as well into other World Vision sectors engaged in the COVID-19 Response, highlighting the benefits of integrated programming.



Humanitarian and Development Approaches

- World Vision is well-placed to bridge this gap, as well as provide continuity of some ongoing child protection programming with a development focus, throughout the COVID-19 Response, given our longstanding presence in communities and our relationships with faith and community leaders, and governments

Coordination

- Coordination mechanisms strengthened the COVID-19 Response, particularly when guidance, and standardized tools and materials were developed jointly by members of coordination structures in an inclusive fashion.
- The creation of thematic task forces within national level Child Protection Working Groups, led by partners with thematic expertise, streamlined coordination processes and improved programme quality.
- Capacity building efforts with governments and local and national non-governmental organisations led to their increased participation in humanitarian structures.

