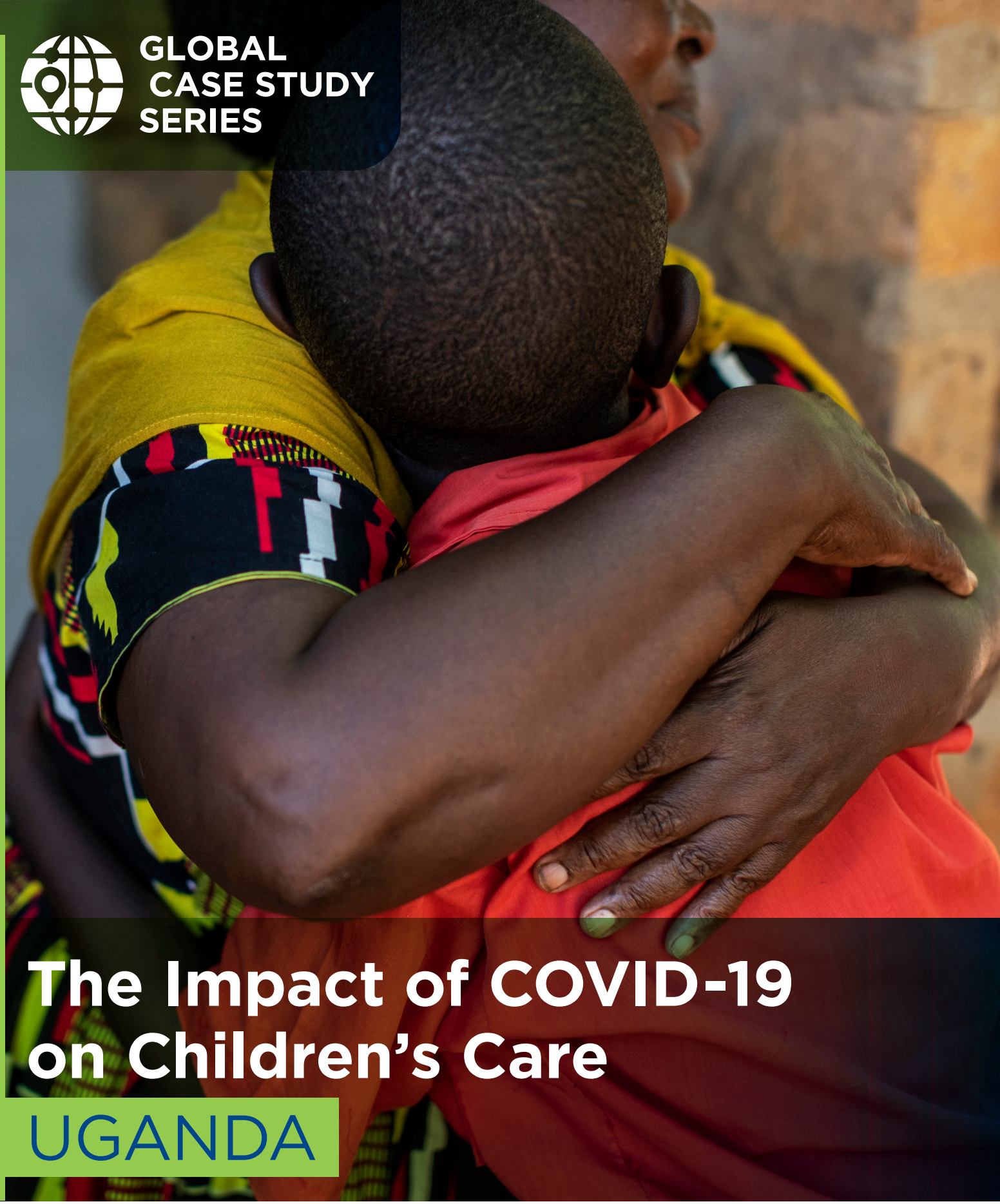
GLOBAL CASE STUDY SERIES



The Impact of COVID-19 on Children's Care

UGANDA

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GHR FOUNDATION

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Changing THE WAY WE care

Changing the Way We Care[SM] (CTWWC) is a global initiative designed to promote safe, nurturing family care for children, including reforming national systems of care for children, strengthening families, family reunification and preventing child-family separation, which can have harmful, long-term consequences, development of alternative family-based care, and influencing others toward family care.

Since COVID-19 was declared a pandemic in March 2020, the world has experienced a series of waves and variants of the ever evolving and vaccine eluding COVID-19 virus. Initial responses predominantly focused on slowing the spread of the virus and included movement restrictions, intra-country and inter-country border closings, quarantine, isolation, social distancing, and mask wearing. Whilst these responses aimed to slow the spread of the virus, they also tended to overlook the prioritization of vulnerable populations such as children with disabilities, children in alternative care settings and children who have lost either one of both parents/caregivers due to the virus. The initial response plans also neglected to assess and address the secondary impact of the virus, that is increased mental health and psychological distress, disruption in accessing basic services, loss of caregiver's livelihood and food insecurity.

In numerous countries, for children in residential alternative care settings the response led to abrupt

reunification with families that were - from parenting capacity, psychological and financial perspectives - ill-prepared for their return. Children who had no families to return to were kept in residential care, many of whom were children with disabilities, and thus, inadvertently exposed to further exclusion and were disproportionately affected by the disruption of essential services and access to education.[i] The Global Reference Group on Children Affected by COVID-19 and research by the Imperial College of London estimate that minimum of 10,512,700 children globally have lost one or both parents, custodial grandparents or other co-residing grandparents to COVID-19 death.[ii] These deaths compound the anxiety, uncertainty and fears children faced and continue to face related to grief, loss (community, friendship and other social networks), separation from family, placement into alternative care and falling into poverty.[iii]

Within this evolving context of the pandemic, this document is one of a series of case studies conducted in India, Kenya, Moldova and Uganda over the course of 2020-2022 to gather information on how COVID-19 has and is affecting family-child reunification, alternative care placement, and support for reintegration and to identify trends and recommendations for family- and community-based care of vulnerable children in the context of COVID-19 and beyond. The case studies are intended to inform programming for CTWWC and others working on the care and protection of children during COVID-19 and future emergencies. They present recommendations around the global and national responses to caring for vulnerable children during emergencies such as COVID-19 and provide individual country-level learning.

Using a mixed-methods approach the case study explored these questions:

- In what ways has the COVID-19 pandemic affected the reunification of children and families and the provision of family/community support services? What was most helpful and who was involved?
- In what ways has the COVID-19 response affected the reunification of children and families and the provision of family-based alternative care and family/community support services in terms of emergency response, recovery and longer-term rebuilding? What immediate and more long-term steps were taken? By whom? What was most helpful? What were the main gaps?
- What considerations need to be taken in global and national responses to COVID-19, and other health pandemics that may arise in the future, to ensure the safety and wellbeing of children in family and community-based care?

While the small number of key informants comprises a limitation, in the analysis of information attention was given to balancing the information shared by interview informants and learning gathered through desk review. Interviews were phased approach between the end of 2020, the beginning of 2021 and June and July of 2022.

CTWWC deeply appreciates the time and input from Child's i Foundation, whose managers, social workers and monitoring and evaluation officers provided invaluable insight and openly shared their experience and stories to make this case study possible. To learn more about Child's i Foundation visit: https://childsifoundation.org

Background

Uganda has a total population of over 44 million[iv] of which more than 45 per cent is under the age of 15[v]. One-third (32%) of households in Uganda include foster or orphaned children and nearly two in every ten children (19.9%) live with neither biological parent.[vi] Estimates indicate that between 40,000 and 50,000 children live in residential care facilities.[vii] Regarding the deinstitutionalization process, in 2011, The Ministry of Gender, Labor and Social Development (MGLSD) launched the Alternative Care Framework promoting family-based care thus considering institutional care as a last resort option, and created a database of childcare institutions. Major non-government organizations (NGOs) in conjunction with the MGLSD have undertaken a number of 'de-institutionalization projects', including: the 2012-2015 'Strong Beginnings – A family for all children' project; the 2014-2017 'De-institutionalization of Orphans and Vulnerable Children in Uganda' (DOVCU) project; the 2016-2018 'Alternative Care Consortium on Systems Strengthening' (ACCoSS) project; the 2015-2019 'Keeping Children in Healthy and Protective Families' (KCHPF) project.[viii]

On the 18th of March 2020, the Ugandan President issued Guidelines on Avoiding the Corona Virus[ix] proclaiming the immediate closure of all schools, universities and tertiary institutions as well as places of worship, limitations on gatherings and the obligation to observe prevention measures such as handwashing in the workplace and on public transport. On the 22nd of March, the borders were closed.[x] As many residential care centers (RCC) - often called Residential Children's Homes - were registered as schools, they were required to abide

by the presidential guidelines and immediately sent children home to known families and communities. In April 2020, the MGLSD worked with the National COVID-19 Taskforce to develop standard operating procedures (SOPs) for remand homes, reception centers, RCCs and rehabilitation centers to mitigate the spread of COVID-19. The SOPs provided guidance for establishing a COVID-19 Taskforce in each center and infection control procedures including regular handwashing and use of hand sanitizer, daily disinfection of surfaces, safe admittance of new incoming children, recreational activities for groups of maximum five children, continuous information and education provision about COVID-19, staff self-care, suspension of family tracing and reunification activities, suspension of external education and apprenticeship activities, and during periods of quarantine, the prohibition of visitors entering the center compound and staff or their relatives leaving the compound. In June 2020, the Government of Uganda approved the 2020 National Child Policy, thus replacing the 2004 National Orphans and Other Vulnerable Children (OVC) policy. The new policy addresses the four core children's rights and provides a framework for strengthening child wellbeing systems in the country.

The National Child Protection Working Group was able to ensure information sharing and coordination of child protection efforts of NGOs from the start of the lockdown and throughout subsequent COVID-19 containment. This information sharing and coordination was made possible by the working group's members who contributed to purchasing a premium Zoom account, data and airtime. In response to reports of increases in violence against children associated with the enforcement of COVID-19 restrictions, the MGLSD and the National Child Protection Working Group, in December 2020, organized a two-day National Learning Event on Child Wellbeing During and Post COVID-19[xi] to generate knowledge and learning to inform implementation of the new National Child Policy in the context of the pandemic. A total of 208 people from over 45 districts participated remotely through the event's website while others followed proceedings through social media and/or livestreaming on YouTube. Overall, the December 2020 National Virtual Learning Event provided an excellent opportunity for participants to start building on learning from service delivery, programming and research perspectives on addressing the effects of the COVID-19 crisis on children and inform responses to future pandemics. This event also provided an opportunity to identify and prioritize issues that affect children during and post the COVID-19 pandemic for advocacy, policy, practice, research and strategic partnerships.

Ongoing efforts of NGOs, such as Child's-I Foundation, are working to strengthen families and communities' capacities to raise their children and to ensure sustainable alternatives to orphanages. This is particularly critical given the Global Reference Group on Children Affected by COVID-19's estimates that, at least, 47,700 Ugandan children have lost one or both parents, custodial grandparents or other co-residing grandparents to COVID-19 death.[xii] Childs-I Foundation work with communities and families involves engaging RCCs and helping them plan a process of family reunification or, if appropriate, independent living arrangement in a welcoming community for children in RCCs. Such a process includes assessment, preparation, support and monitoring of the children and families throughout the entire process of reunification or organization of the independent living arrangement and engaging the local community in defining a new purpose for the center itself, such a multi-purpose community service center. Work undertaken by Child's-I Foundation during the first, second and subsequent waves of the COVID-19 pandemic will be presented in the remaining sections of the case study.

Impact of COVID-19 on Alternative Care and Reunification

Rapid Deinstitutionalization

Following the March 2020 Presidential ordinance to close schools, RCCs registered as schools proceeded to return children to their families. Given the emergency context, these reunifications typically happened without adequate preparation of the child or their family. Of note, safe and successful family reunification of children living in RCCs requires months, sometimes years, of careful preparation of the child and family, intense monitoring, follow up and support throughout the process of reunification. Rapid return of RCC children to their families without adequate preparation and monitoring can put the child at grave risk. Also, due to movement restrictions, efforts undertaken by the RCCs to monitor and provide support to the reunified children and families were generally limited.

Examples of rapid reunification in Uganda:

In Totoro, seventeen of a total of nineteen children were rapidly reunified with their families at the end of March 2020. Ten children were placed with their biological families and seven with extended families. Two aged 17 and a young adult remained at the center because their families were not known. In Mpigi, 49 children out of a total of 56 children in the center were rapidly reunified with their families at the start of the COVID-19 containment period, the remaining 7 children remained in the center because they had no known family and family tracing was still ongoing.

The rapid reunification was reported to be not only the result of the presidential ordinance, but also due to decreased financial resources from RCC donors.[xiii] Decreased donor funding translated into a few RCCs undesirably sending children back to the families; in turn parents/caregivers of these children eventually had to accept the reality that their children would not be returned to the institutions once the lockdown lifted. Other RCCs affected by the halt in funding tried to keep small number of children within their care.[xiv] Many reported to Child's i Foundation that they, "simply did not know how to support children in their care as funding from European donors completely stopped."[xv]

Once the lock down took effect, it was severe; no one was allowed to leave their houses, not even for non-COVID-19 medical needs.[xvi] In the second lockdown policy makers adjusted these restrictions to allow people to access health care; persons wishing to move needed to secure a "pass" from village leaders to undertake such trips. Though this change was welcomed, respondents reported that this mechanism was not efficient as there was typically one person issuing all the passes. During the second lockdown Childs i Foundation adapted to the pass system, secured the required permissions to move within communities and subsequently offer support to vulnerable children and families.

Basic Needs

Child's i Foundation found that prior to the first lockdown, there was mass movement of children from schools to their homes and migration of workers from urban centres to villages.[xvii] The instigator of the mass movement in the general population was the general concern over the cost

of living in cities. Many were of the view that once they are back in their villages, they would have opportunities to grow their own food as well as have a support network amongst their family and community members. However, during the first and second waves of the pandemic, village households struggled to cope with restrictions on travel and work, had concerns over health, food security, and experienced financial instability at both personal and family levels. For instance, food expenditures increased from 40 to 43%, with most households spending more of their income on food.[xviii] COVID-19 containment measures, reportedly, led to increased malnutrition in households where the breadwinner had lost their source of income. Losing one's abode was also a growing concern from many Ugandans. Respondents reported that many individuals, including care leavers were faced with the possibility of losing their accommodations due to rent increases and/or evictions. They also reported that the combined effects of these financial hardships made many families and communities resistant to children returning home from RCCs, as they were "an extra mouth to feed."[xix]

Access to non-COVID-19 medical services was also affected. Children with non-COVID-19 medical needs experienced difficulties accessing medical care, particularly as all community medical services were closed. If one was able to access medical services and/or admitted to private or government hospitals, it would have been difficult to pay the associated bills dues to the high costs. During this time, one child with severe disabilities who was under the care of Child's i Foundation, passed away. This was a particularly hard story for Child's-I Foundation to share, as they believe the child would still be alive today, had s/he been able to access the necessary medical services.

The third wave of the virus added more layers of socio-economic difficulties for already struggling

families and children. The overall cost of living increased which had a ripple effect on the costs of food and fuel which were reported to be up by five times the usual costs.[xx] This may be attributed to the on-going conflict in Ukraine which has led to a 'grain blockade' directly affecting many countries in Africa, along with fuel shortages. In light of these added external shocks, the Ugandan government did their best to reassure the nation that things will get better, especially if the country increased local production of food and if affected populations accessed government-led initiatives. However, Child's i Foundation noted that the communities they serve typically are not reached by government initiatives, as said communities are located in rural regions of the nation.

Protection Needs

As in other countries, the COVID-19 containment measures, especially the lockdowns and school closures, have led to an alarming rise in violence in the home, with women and children bearing the brunt. The Police and the Ministry of Information, Communication and Technology reported an increase in cases of children who were abused and/or neglected by their primary caregivers.[xxi] Stakeholders described an increasing acknowledgement that family homes which were once deemed to be safe havens, became places where children are most vulnerable and at risk of abuse and violence.[xxii] This may attributed to the fact that children and other family members are at home and often idle, which can escalate existing tensions and increase risks of domestic violence. Sexual violence against young girls was becoming a "vice" in one of the sub-counties served by Child's i Foundaation and they reported that many of these girls became pregnant.[xxiii] Despite the increase in cases of violence, few children were reporting the abuse they experienced.

A study by the Africhild Centre on the effect of COVID-19 on Prevention and Response services to Violence Against Children in Uganda[xxiv] reported that containment measures have rendered children more susceptible to sexual abuse. Between April and August 2020, there were over 400 cases of violence against children reported to the Uganda Child Helpline - mainly child neglect, physical and sexual violence - representing an increase of 65% compared to pre-COVID-19 reports. More than a half (54%) of the children who participated in the study reported experiencing physical violence, which affected boys slightly more (56.0%) than girls (52.1%). Of the 9.9% who reported having ever experiencing abusive sexual touching, at least six in every ten children (or 59.4%) reported abusive sexual touching.

UNICEF reported specific challenges to ensuring case management during the COVID-19 containment period, including lack of transportation and communication facilities as well as petty cash to ensure services.[xxv] Also, during acute periods of the pandemic, only essential staff were required to be present in their offices. This sometimes delayed the process of reviewing case files of reunified children by Community Development Officers and District Probation and Social Welfare Officers. However, within the early months of the COVID-19 response, the social service workforce was recognized by the MGLSD and their partners, as critical and subsequently enlisted as part of district response teams

providing support to communities. Social workers also required airtime and petty cash to pay for emergency case management costs such as referral costs or food. Initially UNICEF supported the MGLSD to cover these costs while investments from other partners were sought to cover such costs longer term.

Psychosocial Support Needs

Respondents from Child's i Foundation reported that children returning home were often stressed, with worries about their ability to continue their education at home without support from the RCC and concerns about the family's financial problems.[xxvi] As schools were closed, the children were idle in the home and often would attempt to move out to escape boredom and/or avoid tensions in the home, thus further escalating such tensions.[xxvii] The containment measures also abruptly disconnected children from positive and supportive relationships they relied on when in distress; that is, at school, within the extended family, and in the community.[xxviii] Many care leavers reported suicidal ideations, increased depression, anxiety and worry about their future.[xxix] Lastly, the second wave of the pandemic was one of loss for children, RCCs staff and Child's i Foundation alike. Two to three families in each service area lost female caregivers whilst the organization lost two of their community volunteers. The ability to participate in rituals such as funerals, or to access grief counselling was also challenging for the community due to the movement restrictions.

Access to Education

Although schools partially opened in September 2020, in December of the same year the majority of the learners still remained out of school due to mobility restrictions and other COVID-19 containment measures.[xxx] Some schools resorted to online classes, however challenges were encountered with connectivity, data expenses as well as access to devices. Also, the UN-coordinated Education Taskforce for COVID-19 reported that when schools closed, caregivers (parents, grandparents, foster carers) were tasked with playing the role of teachers; a task few caregivers were prepared for, or able to take on, especially caregivers with limited education and resources or caregivers of children with special educational needs or younger children.[xxxi] This was often an impossible task for caregivers as some could not read or write and/or were barely smartphone proficient let alone able to navigate internet features and use online education applications. This made it particularly difficult for caregivers to support their children's education.

IMAGE BY KPC_PETER FROM PIXABAY

Mitigation Measures for Harmful Impacts of COVID-19

Basic Needs

As many families served by Child's i Foundation are very poor, all reunified families were provided with a reintegration package containing basic supplies such as food, soap, face masks, hand sanitizer, and a mattress for the child. Child's i also provided emergency funds to field workers to better support households that were found to be in a critical situation due to lack of food and malnutrition, inability to pay rent and threat of eviction. Child's i foundation supported the introduction of an economic strengthening programme to assist families with addressing the financial hardships faced during acute periods of the pandemic and beyond. They engaged their network of community volunteers & para-social workers, to be trained by the district health educators on COVID-19, prevention, vaccination and to share messages in areas that could not be reached by the oganization's social workers.

These "foot soldiers"[xxxii] in the communities proved instrumental in meeting the needs of vulnerable children and families during acute periods of the pandemic.

For non-COVID-19 medical needs, the organization worked to ensure that children were able to access these services. In instances where a child needed a medical intervention as a matter of urgency, the organization directly contacted social workers based in hospitals to alert them that the child was enroute. This practice sped up the child's access to critical medical care as well as ensured that the children was in receipt of the right support whilst on ward, inclusive of psychosocial support from the hospital social workers.

Other mitigation measures were spurred by the inclusion of child's rights and care reform actors in district taskforces. Initially these taskforces were more political in nature and focused on health measures to prevent the spread of the virus, thus overlooking the non-COVID-19 related needs of children and other vulnerable populations. As the pandemic unfolded, taskforce members realized that key stakeholders were missing from the groups and subsequently expanded the same to include NGOs such as Child's i, and other stakeholders attuned with the social issues being experienced by children and families, inclusive of child protection issues. Child's-I Foundation along with the new members of the taskforces presented the needs of children in these forums, advocated on behalf of children and subsequently influenced the level of support offered to children during acute periods of the pandemic.[xxxiii]

Uganda received its first batch of COVID-19 vaccines in March 2021 under the COVAX initiative; a partnership between the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, WHO and the United Nations Children's Fund (UNICEF).[xxxiv] This was a key measure to counteract the spread of the virus as well as to assist inoculated service providers (health, social welfare, etc.) to address the basic needs of struggling children and families. Respondents reported that vaccines are available to children aged 5 years and older and that campaigns of the same are on-going in schools. However, there are issues with vaccination uptake due to limited

knowledge and misinformation in the community about vaccines and their effects.[xxxv] The Child's-I Foundation team will be deliberating how best to promote vaccination and prevention strategies around the virus, in the communities they serve.[xxxvi]

Protection Needs

Child's I Foundation had already engaged and trained volunteers in most of the communities to work in coordination with the government's Probation and Social Welfare Officers to monitor and support at-risk children and families. During the initial period of lockdown when mobility was severely restricted, they mobilized these volunteers and provided them with personal protective equipment, specifically face masks, hand sanitizer and gloves, as well as mobile phones and airtime, and a bicycle, thus enabling them to work under the guidance of social workers to monitor and support the reunified children.

The provision of bicycles to community volunteers enabled them to substantially increase the number of children and families they could visit a day. Before the pandemic, when community volunteers did not have bicycles, they would visit three to four families a day, but since they were provided bicycles during the COVID-19 lockdown period, they have been able to visit ten or more families a day.

Social workers would schedule monthly calls with all families of recently reintegrated children, requiring all family members to be present. During these calls, the social worker would make sure s/he spoke to each child and relevant family member. As soon as the lockdown eased, Child's i social workers were

able to obtain a government pass (see example to left) providing them the permission to conduct field visits to monitor the status of reunified children, verify that children were well and ensure no safeguarding concerns were observed.

Child's i Foundation also worked with the RCCs to retroactively ensure all steps of the holistic family reunification process, including assessing each reunified child and their family, reviewing case plans and responding to the identified needs. They included neighbours and community members to gather complementary information about the status of the family and child, address resistance and help set support systems. If a placement was found to be unsafe or the child was struggling, they worked with the family to identify alternative relatives to provide kinship or foster care.

From an organizational perspective, addressing child protection issues or needs of vulnerable children were greatly supported by technological adaptations undertaken by Child's i Foundation. As opposed to conducting home visits face-to-face, the trained community volunteers functioned as the "eyes and ears" of the social workers and follow-up was undertaken telephonically. Virtual meetings were held to support case review as well as the development of support plans for children and families at-risk. Professional support to the community volunteers and social workers were provided on different platforms, such as WhatsApp. The organization also established an internal calling system to facilitate timely follow up of any issues raised, and weekly zoom calls between senior leadership and social workers to review children's cases and agree how urgent needs could be met.

Psychosocial Support Needs

Child's i Foundation worked to create a sense of normalcy for children amid the confusion, anxiety and fears around the virus. Community volunteers provided psychological first aid to children and families, counselled youth, encouraged parent to play with their children, encouraged children to play with one another during the second lockdown (in small groups) and provided material support to better address key sources of stressors amongst care leavers. Young adults in independent living were supported with offsetting the economic issues they were experiencing such as increased rent and worry over being evicted. These young adults were also contacted regularly by the Child's i team to create a support network for them. As it pertains to grief and loss, Child's i supported with grief counselling, burial costs, transportation and some medical costs for persons at the tail end of their life,[xxxvii] whilst religious institutions supported families with bereavement processes. Respondents also noted that the Uganda government also raised awareness around mental health on radio and television and provided outlets for mental health support.

Access to Education

Children who remained in RCCs were supported by on-site staff with their education or formed peer groups to support one another. UNICEF supported the districts to print and issue education materials whilst Uganda Women's office in Tororo supported community volunteers to do visits with families and go through educational manuals with parents/caregivers. Whilst on these visits, community volunteers would also play with children and encourage parents to do the same. Child's i also provided community volunteers with education packs to go through with parents/caregivers. For children who became pregnant, schools created spaces for them to breastfeed their babies and in some instances where schools were close to the child mother's home, the baby would be brought to school for its feedings by the grandmother.

Remaining Challenges

Despite the mitigation measures applied to during acute periods of the pandemic, there are on-going challenges which may hinder the progression of care reform in Uganda. One that is particularly concerning is the practice of RCCs actively recruiting children from financially marginalized families. Recruiters visit villages and persuade families to allow their children to join their institutions to "access better education or health care". Those interviewed for this case study reported that many parents/caregivers, thought that they "did not have a choice" about sending their children to these facilities.[xxxviii] This practice seems to be picking up again post COVID. Some RCCs continue to go unregistered and therefore fall under the radar when it comes to being monitored by the relevant government departments. The number of unlicensed RCCs in Uganda remains unknown and as a result, the exact number of children who reside in care facilities is likely to be more than the current estimates.[xxxix] It is difficult to know how many children have returned since COVID restrictions lifted.

Once schools re-opened in January 2022, it was reported that adolescents who engaged in petty work during lockdowns, were not attending classes and generally not interested to return to school. During acute phases of the pandemic, some care leavers or those in independent living worked as a means of survival, they got used to having a source of income and subsequently found schooling to be unattractive.[xl] Child's i has been able to negotiate with some of these teenagers and was successful with convincing some to return, but not all. Other children were simply not showing up for school. To address this, community volunteers were engaged to go door-to-door in the village households to ensure that no children were at home when they should be at school. It is an ongoing process. The Ugandan government has offered financial incentives around education, but these schemes predominantly benefitted urban areas and not the rural areas which Child's i Foundation operates.

The re-opening of schools also posed additional challenges for families. Schools are struggling to support children with "catching-up" on almost two years of education lost, there are classrooms which are congested and disparities in the quality of education being delivered in urban areas versus rural areas.

Conclusions & Lessons Learnt

Child's i Foundation personnel reported that though the pandemic was gruelling for children and actors within the care reform space, it presented many opportunities to improve systems and structures to be adaptable for service delivery in both development and humanitarian contexts.[xli] **LESSON: The social impacts of COVID-19 helped government to realise the importance of social workers within the communities.**

The magnitude of the economic, material and biopsychosocial suffering experienced by children and families confirmed to policy level actors, the need for social workers to be considered as essential service providers during times of crisis. **LESSON: The integration of social workers and social service providers, as essential staff during emergency contexts at the macro and mezzo levels of society, is critical to meeting the socio-economic and biopsychosocial needs of affected populations, including children with disabilities, in the short and long term.**

The pandemic highlighted the day-to-day cost of institutionalizing children and strongly indicated to policy level actors that orphanages and/or similar institutions are not the best response for looking after children in either humanitarian or development settings. The pandemic emphasized that a reliance on donor funding as the main source of institutionalizing children was not sustainable, as many institutions had to unwillingly return children to their homes due to dried up funding. The pandemic also demonstrated to care reform actors that there is there is a "*lot of ability and resilience within the families*.[xlii] Though orphanages were encouraged to continue monitoring children who were reunified with their families, it became evident "*that the [some] children don't ever have to come back to the orphanages … [as] families have demonstrated that they are able to care for their children [appropriately] and with minimal support and minimal supervision … how much more can parents[/caregivers] do with additional [on-going] support*."[xliii] **LESSON: Harnessing the capacities of families and caregivers to care for and look after their children within the home, with the application of home/family-based interventions is to be promoted at all levels of society and supported by the needed funding to do the same.**

LESSON: Engaging trained community (volunteer) workers is a key component of the community-based approach. These workers were able to reach children and families in their own villages during lockdowns, when social workers were restricted from conducting home visits. In the case of Child's i Foundation, these workers we trained prior to the containment measures, easily mobilised and provided with additional essential resources and support to ensure basic monitoring of vulnerable children's safety and wellbeing and guided on essential actions if children visited were found to be at risk of harm. Equipping and training workers was key to their success.

LESSON: The normative framework of Western approaches of social work practice, which is based on individualism, was not an appropriate fit for the communities that they worked in, as community-based approaches were more effective during acute periods of the pandemic.[xliv] Applying community-based approaches to social work, such as those described in this case study, including engagement of community volunteer workers, is a key strategy for meeting the needs of at-risk children and families in the communities in both development and humanitarian contexts.

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Changing The Way We Care℠ (CTWWC) is a global initiative funded by USAID, the MacArthur Foundation and the GHR Foundation, and implemented by Catholic Relief Services and Maestral International, along with other global, national and local partners working together to change the way we care for children around the world. Our principal global partners are Better Care Network, Lumos Foundation, and Faith to Action. CTWWC's vision is to be a bold global initiative designed to promote safe, nurturing family care for children, including reforming national systems of care for children, strengthening families, family reunification and preventing child-family separation, which can have harmful, long-term consequences, development of alternative family-based care, and influencing others to build momentum towards a tipping point of change for children.

Need to know more? Contact Changing the Way We Care at:
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