

**EXPLORING CHILD ABUSE AND PROTECTION INTERVENTIONS
AMIDST PUBLIC HEALTH EMERGENCY IN LUSAKA DISTRICT,
ZAMBIA**

BY

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DEGREE OF PHILOSOPHY IN EDUCATION PSYCHOLOGY**

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AUTHOR'S DECLARATION

I, **Marien Matafwali** hereby declare that this piece of work Doctor of Philosophy (PhD) Thesis titled: **Exploring child abuse and protection Interventions for Children at Risk Amidst COVID-19 in Lusaka district** is my work and that all the sources used or cited herein have been indicated and acknowledged using complete references and this academic work has never been previously submitted for the award of a degree at the University of Zambia or any other University or learning institution.

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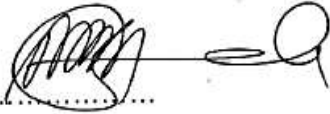
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DEDICATION

I dedicate this thesis to the memory of my late parents Mr Alexander Malama Matafwali and Mrs Prisca Mubanga Chakolwa-Matafwali. This thesis stands as a testament to the strong foundation, unwavering love, and guidance they gave me. It is with a heavy heart and profound sadness that I reflect upon their absence at this significant milestone in my life. My mother, in particular, cherished the value of education and instilled in me the belief that a woman's independence can only be truly attained through education, hard work and self-belief. It is through her unwavering belief in my potential that I stand here today, on the cusp of my dreams realised. I stand on the precipice of achieving my goals, it is bittersweet to know that my parents are not here to share in this joyous moment. **Mother**, despite your absence during my formative years, amidst the uncertainties, as a young girl, I was armed with nothing but the dream of achieving my life's aspirations. I am confident that you look down upon me with pride as you witness the accomplishments of your last born's journey reaching such heights. My heartfelt gratitude goes out to you, my beloved parents, for everything.

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ABSTRACT

The study explored child abuse risks and protective measures during the COVID-19 pandemic in Lusaka District, Zambia. It employed Urie Bronfenbrenner's Ecological model and a mixed-methods approach. An exploratory sequential research design was adopted for the current study. Data were collected from a total of 193 respondents and comprised 92 child protection Service Providers, 54 parents or caregivers and 47 children. Questionnaire and interview guide and were used to collect data. Qualitative data underwent thematic analysis to identify codes and common themes. The data were coded into categories which included Service Providers (SP), parents (P), children (C), and focus group discussions (FGD). While quantitative data were analysed using the Statistical Package for Social Sciences (SPSS) to generate frequencies, percentages and one-way ANOVA tests to assess significance. Multiple regression and T-test were also used to test the hypothesis as well as Pearson correlation. Key findings indicated a significant decrease in reported child abuse cases during the pandemic (t-value = -7.315, p = .006). Child neglect and sexual abuse were prevalent, emphasising girls' vulnerability. Child protection services played a crucial role but 48 per cent of providers reported unpreparedness for emergencies. Child risk factors included age (46.1%), community substance abuse (45%), and parental absence (40%). Child neglect was high during COVID-19 (45% and 43% in 2020 and 2021), followed by sexual abuse (32% and 30%). Re-integration showed a cyclic pattern, with differing perceptions among Service Providers, parents, and children. Recommendations included integrating child protection in emergency planning, investing in online services, collaborating with community organisations, implementing a national multi-sectoral approach, and providing mandatory counseling for abused children.

Key Words: *Child Protection, child risks, COVID-19, Lusaka, Zambia*

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ABBREVIATIONS AND ACRONYMS

CPU	-	Child Protection Unit
CPS	-	Child Protection System
	-	
CPA	-	Child Physical Abuse
CRF	-	Child Risk Factors
	-	
CSA	-	Child Sexual Abuse
ERF	-	Environmental risk factors
	-	
MCDSS	-	Ministry of Community Development and Social Services
	-	
NGOs	-	Non-Governmental Organisations
PRF	-	Parental Risk Factors
	-	
SPSS	-	Statistical Package for Social Sciences
UNCRC	-	United Nations Convention on the Rights of the Child
	-	
UNICEF	-	United Nations Children's Fund
	-	
VSU	-	Victim Support Unit
WHO	-	World Health Organisation

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CHAPTER ONE: INTRODUCTION

1.0 Overview

Chapter One provides an overview of the study, focusing on the landscape of child services during the COVID-19 era and the evaluation of the adaptability of child protection measures during emergencies. The chapter conducts an analysis of child protection interventions, examining their legal and policy framework contexts. It also includes the statement of the problem, purpose of the study, objectives, research questions, significance, limitations, delimitations, and operational definitions of key terms. The chapter concludes with a summary.

1.1 Background to the problem

The outbreak of the Novel COVID-19 pandemic has had an adverse effect on the environments in which children grow and develop. COVID-19 was first reported in Wuhan China in November 2019 and the World Health Organisation (WHO) declared the COVID-19 as a global threat and health emergency in February 2020. Liu et al. (2020) reports that people all over the world were affected by the pandemic that was considered to be a global emergency crisis. The pandemic triggered disastrous socio-economic, political and psychological crisis globally. Undoubtedly, COVID-19 negatively impacted on the socio-ecological system including disruptions in service delivery aimed at protecting the children (Liu et al., 2020; Chakraborty & Mity, 2020; WHO, 2020).

In Zambia, the first two cases of COVID-19 were reported on the 17th March, 2020 by the Ministry of Health. On the 18th March, 2020, the government of the Republic of Zambia announced closure of all educational institutions as some of the measures to mitigate the spread of the disease (Mwiinga et al., 2020). On the global front, UNESCO (2020) estimated that 107 countries had implemented the closure of schools affecting 802 million children. Suffice to say that, although effective measures were taken to mitigate the spread of the disease, confinement during the disease outbreak as highlighted by Wang et al. (2020) triggered negative effects on children's rights, physical and mental health as well as heightening risks for child abuse. Studies of past epidemics and crises as reported by UNICEF (2020) shows devastating impacts on child protection and delivery of related services. During the Ebola outbreak in West Africa, child welfare structures and community mechanisms were weakened, and child

protection responses were delayed or otherwise adversely affected. For instance, school closure could affect both the reporting and the incidence of child maltreatment cases. There is a likelihood that during school closure, children might have limited contact with informal support networks such as teachers and friends thus, leaving them with insufficient social network to help detect or facilitate disclosure of abuse. Fitzpatrick *et al.* (2020) affirms that professional educators play a key role in the early detection and reporting of child maltreatment. According to United States of America's Department of Health and Human Services Report (2018), the largest share of reports alleging child abuse and neglect are from educational personnel accounting for about 20 per cent of reported cases.

To illuminate this, other studies such as Wang *et al.* (2020) have indicated that school closure was one of the effective measures taken to mitigate the spread of the disease on one hand, prolonged school closure and confinement during the disease outbreak had negative effects on children's rights, physical and mental health on the other. It is argued that being quarantined at home has a propensity to greater psychological burden on children than the physical sufferings caused by the virus due to disruptions to families and daily routine (UNICEF, 2020 & Gosh *et al.*, 2020). For instance, the period of quarantine compelled children to spend most of their time at home with their parents or care givers who are sometimes the main perpetrators of child abuse such as corporal punishment or humiliating punishment. UN (2020: 10) confirms that lockdowns tragically present an opportunity for child abusers to harm the children. UNICEF (2020) anticipated that, restricted movements during the pandemic limited access to protection services as children were rarely in a position to report egregious acts. Therefore, in light of the COVID-19 crisis and subsequent school closures or reduced hours of learning, the concern was whether and to what extent child protection provision acted as a protective shield against child maltreatment before and during the crisis. Notwithstanding the anticipated children exposure to violence during the pandemic as little is known on availability of child protection services provided during the crisis. Therefore, increased research into Child abuse or maltreatment and child protection safeguards is necessary. This can facilitate understanding of various interventions and could be of considerable value for targeted preventive interventions in the time of emergency.

1.1.1 Global context on Situation Analysis on the Status of the Children and Child Abuse

Child abuse or maltreatment are defined in different ways by different organisations and scholars. WHO (1999: 29-31) defined child maltreatment as “*All forms of physical or emotional ill treatment, sexual abuse, neglect or negligent treatment, commercial or other exploitation resulting in actual or potential harm to the child’s health.*” The definition emphasises the importance of these actions that cause actual or potential harm to a child's health. It also emphasises the multifaceted nature of child maltreatment, emphasising both the immediate harm and the potential long-term effects on a child's well-being. It recognises the complexities of issues affecting children's safety and protection by encompassing various forms of abuse and neglect. Child abuse may include any act or failure to act by a parent or a caregiver that results in actual or potential harm to a child and can occur in a child's home, or in the organisations, schools or communities the child interacts with. (Wise, 2011 & Coghill et al., 2009).

Child Abuse is a global issue of great magnitude that can affect children of all ages, sexes, races, ethnicities and socioeconomic classes because being a child pre-dispose them to be vulnerable to any forms of abuse (Cullin-vezina et al., 2013). In spite of acknowledging the scourge of child abuse as a global problem, there are few sources of data on the prevalence of violence against children worldwide. Available information, however, including the United Nations Secretary General’s Study on Violence against Children, indicates that violence against children is an issue that exists across the globe (UNICEF, 2013). Stoltenborgh (2015) asserts that, the prevalence of child maltreatment is largely similar across the globe. The global statistics on children’s protection from violence and exploitation from abuse, millions of children worldwide experience the worst kinds of rights violations. Millions more children, not yet victims, are inadequately protected against them. Additionally, over one billion children are victims of child abuse, indicating that six out of ten children worldwide are victims of abuse (WHO, 2012 & UNICEF, 2012).

According to the United States of America Department of Health and Human Services, approximately 680,000 children were the victims of reported child abuse (Milaniak & Widom, 2015; Stoltenborgh, 2015). Luecken, Roubinov and Tanka (2013) also reports

that Child neglect at the global front was at a staggering 78.3 per cent, physical abuse 17.6 per cent, sexual abuse 9.2 per cent, and emotional abuse 8.1 per cent. Stoltenborgh (2015) combined and compared the results of a series of meta- analyses on the prevalence of child sexual, physical and emotional abuse and physical and emotional neglect. The overall estimated global prevalence rates for self- report studies (mainly assessing maltreatment ever during childhood) were 127,1000 for sexual abuse (76/1000 among boys and 180/1000 among girls), 226/1000 for physical abuse, 363/1000 for emotional abuse, 163/1000 for physical neglect and 184/1000 for emotional neglect (Stoltenborgh, 2015).

Furthermore, an estimation of the total minimum numbers of children exposed, which is a function of both prevalence and size of the population-at-risk by UNICEF (2014)), shows Asia has the highest number, with over 700 million children exposed; Africa follows with over 200 million children; then Latin America, Northern America, and Europe combined show over 100 million children exposed. The synthesised findings for the base case scenario indicate that, globally, a minimum of over one billion children were exposed to violence during the year 2014 (UNICEF, 2014) A recent report by WHO (2021) estimate child maltreatment that, nearly one in every four children, or 300 million children, aged between 2 to 4 years are subjected to physical punishment and/or psychological violence at the hands of their parents or caregivers on a regular basis. One in every five women and one in every thirteen men report having been sexually abused as a child aged from zero to -17 years and 120 million girls and young women under the age of 20 years old have experienced some form of forced sexual contact (WHO, 2021). The global prevalence of child abuse is a social problem affecting nearly all the countries in the world and this demands the implementation of comprehensive and sustainable child protection interventions.

1.1.2 African Context on Situation Analysis on the Status of the Children and Child Abuse

In Africa, child abuse is not different from the global picture as violence against children has continued to rise across the continent. Badoe (2017) reports that, Child abuse in Africa is a major threat to the achievement of the sustainable development goals. Apart from that, compared to other world regions, there is very little published research on child abuse in Africa. Although Badoe (2017) reports scarcity of published

scientific data, the occurrence of child abuse in Africa cannot be denied. Badoe (2017: 32) report that: “*Child abuse in Africa is a major threat to the achievement of the sustainable development goals ... and has become increasingly topical with a dramatic increase in recognition and an appreciation of the long-term harmful effects on the affected population*”. INTERPOL (2018) also affirms that, young children are more likely to suffer severe abuse at the hands of an adult. Many children are subjected to sexual abuse, psychological or emotional abuse as well as neglect. The prevalence rate of child abuse indicate that Africa has a record of highest rate of child neglect in the world with 41.8 per cent of girls and 39.1 per cent of boys being neglected by people responsible to take care of them. Additionally, more than half of children have experienced maltreatment in their lifetime, and more than one fourth report lifetime multiple abuse victimisation. Recent studies conducted and published by on 22 July 2021 has confirmed alarming rates of child abuse and violence in Africa. The findings also show that over 50 per cent of children across the continent experience physical abuse, with certain regions reporting that four in 10 girls experience sexual violence before the age of 15 years old. Shockingly, in some areas over 80 per cent of children aged between one years old to 14 are violently punished each month, contributing to Africa having the highest rate of child neglect in the world. Approximately 41.8 per cent of girls and 39.1 per cent of boys are neglected by their caregivers. Additionally, the studies highlight the prevalence of sexual violence against children with disabilities, ranging from two incidents per child in Senegal to four incidents per child in Cameroon. In Nigeria, around 66 per cent of girls and 58 per cent of boys under the age of 18 years old witness violence in their homes. Furthermore, more than half of all children aged from 13 to 15 years old in West and Central Africa experience bullying at school, highlighting the urgent need for intervention and support to address this stressful reality (Nace et al., 2022; Nguyen et al., 2021; Kakuru, 2022).

In sub-Saharan Africa many children live against a back-drop of violence, be it within their own families, in the communities within which they live, or in areas of armed conflict. The prevalence rate shows 56.3 per cent of children experience lifetime physical abuse, 35.5 per cent for lifetime emotional abuse, 9 per cent lifetime sexual abuse and 68.9 per cent account for any type of lifetime victimisation (Badoe, 2017; Sharon, Fidelis & John, 2022). Hillis and Kress (2016) further reports that in many settings in sub-Saharan Africa (SSA), adolescents and young adults face high levels of

violence victimisation. The study further reports that over 50% of adolescents (aged 15 - 17 years) from twenty-four African countries had experienced physical, sexual, or emotional violence, or bullying, in the past year. Burton Ward and Artzin (2018) study on violence against the children in South Africa reported prevalence rate of over 12 per cent for all forms of sexual abuse, 18 per cent for physical abuse and 24 per cent for family violence and more than half of the participants reported other forms of direct or indirect exposure to violence.

Center of Disease Control (202) several nationally-representative studies conducted on violence against children in sub-Saharan Africa revealed high rates of violence in these populations. In Swaziland the study found that nearly 1 in 4 females experienced physical violence as a child and approximately 3 in 10 females experienced emotional violence as a child (Simwanza et al., 2023; Kakuru, 2022; Meinck et al., 2017).

A similar study conducted in Tanzania found out that almost three quarters of both male and female children have experienced physical violence prior to age 18 by an adult or intimate partner and 1 in 4 children have experienced emotional violence by an adult prior to age 18.19 (Vagi et al., 2016). Another study by Meinck et al. (2016) among high school students in South Africa found that 27 per cent of students surveyed reported physical abuse during childhood and over 70 per cent reported emotional abuse. In Malawi, the 2013 Violence against Children and Youth in Malawi (VACS) survey reveals a disturbing reality and exposes a hidden crisis. Shockingly, over 60 per cent of Malawians experienced some form of violence during their childhood, which significantly impaired their emotional, physical and intellectual development. The survey also highlights how pervasive the problem is, with 41 per cent of Malawians admitting that child abuse, mistreatment or neglect occurs frequently in their communities (Chilanga et al., 2020; Nguyen et al. 2021). This alarming discovery highlights the urgent need for comprehensive action to address the diverse challenges facing children in sub-Saharan Africa and to protect their well-being.

1.1.3 Zambian Context on Situation Analysis on the Status of the Children and Child Abuse

UNICEF (2020) report that Zambia is a country of young people, with the majority of the population under the age of 18 which translate to 53.4 per cent. By 2015, the

estimated median age was 16.7 years. Although Zambia has made commitment and steady progress to the implementation of 2030 sustainable development goals targeting on improving the protection of the children such as reduction of poverty from 50 per cent in 2016 to 44 per cent in 2019 through social protection mechanisms such as social cash transfers, there are many challenges which are crucial for the survival, protection and general well-being of the children in the country.

Zambia stands out among nations grappling with severe poverty and inequality, as reported by UNICEF's 2020 report. This pervasive poverty not only serves as fertile ground for the occurrence of child abuse but also renders children vulnerable in various aspects of their lives, as indicated by both the Zambia Demographic Health Survey (2018) and UNICEF (2019). These sources emphasize that a significant majority of children in Zambia experience either monetary or non-monetary poverty. Furthermore, it is estimated that 54.5 percent of the population lives below the national poverty line. Moreover, monetary poverty or deprivation among children is estimated at 64 percent, with rural areas bearing the brunt of this hardship. Additionally, over 54 percent of Zambia's 16.6 million people earn less than the international poverty line of US\$1.90 per day, with 48.3 percent classified as extremely poor, and three-quarters of the impoverished residing in rural locales.

Some studies have confirmed that poverty is one of the key drivers of harm to children, as Bywaters & Skinner (2022) contend that poverty affects every aspect of family life. It is indissolubly linked in other factors which surge the risk of harm: including domestic violence, poor mental health and substance use. Drake (2014); Bywaters and Skinner (2022) and Featherstone et al. (2019) all establish strong evidence that links poverty to child abuse and neglect. They further point out that changes in income alone while other factors remain constant have a major impact on the numbers of children being abused or harmed. Reduction in income and other economic shocks increase the numbers of children being subject to abuse and neglect. Keeping in mind high levels of poverty and the general situation analysis on the status of children in the country, it is undeniable that poverty is one of the precipitating factors and triggers of child maltreatment. Children continue to face abuse, neglect and other forms of violence creating a compromised child friendly environment for the well-being of the children. This was confirmed by The African Child Policy Forum Report (2018) which

ranked Zambia as one of the bottom nine “least child-friendly” countries and ranked 48th out of the fifty-two African countries.

The ranking highlights the persistent and widespread issue of child abuse impacting numerous children in Zambia. Merrill et al. (2020) highlight the prevalence of violence victimization among youths, emphasizing the urgent need for increased attention to this pressing public health concern. According to statistics from Save the Children (2019), nearly 43% of girls aged 13 to 17 have reported experiencing one or more forms of violence, with over half of these incidents occurring in or near their homes. Furthermore, 59% of girls become mothers before the age of 19, and 31% are married by the age of 18.

UNICEF (2019) also reported that among young people aged between 18 and 24 years in Zambia, 20 per cent of women and 10 per cent of men reported experiencing sexual violence before they were 18 years of age while 34 per cent of women and 40 per cent of men reported experiencing physical violence. Six thousand four hundred and thirteen children live in residential care institutions, highlighting the need for a family-based alternative care system that would allow for children to grow up within a family unit. An estimated 1.3 million children aged between 5 and 14 years were engaged in child labour.

Furthermore, the Zambia Police Victim Support Unit also reported a steady increase of reported cases of child abuse in 2018 and 2019. A total number of 6,085 and 9,545 children were abused respectively (VSU, 2018 & 2019 Annual reports). The rise in statistics of reported cases of child abuse to relevant authorities show that child abuse in Zambia is a wide spread problem with many children being vulnerable to abuse. It is important to note that, although the significant increase in the number of reported cases of child abuse to relevant authorities in Zambia. Matafwali’s (2016) study revealed that what is reported is just the tip of an iceberg, majority of the cases are not even reported to relevant authorities. This situation has a likelihood of preventing many abused children from receiving child protection services especially in the COVID-19 era

The impact of violence against children cannot be under scored and it goes far beyond the initial incident as the victims can experience various consequences. Munsaka and

Matafwali (2013) and Mohammadi et al. (2014) all point out that Child abuse and maltreatment are joint problems that have numerous direct and indirect adverse effects on child physical and mental health. Maltreatment can cause victims to feel isolation, fear, and distrust, which can translate into lifelong psychological consequences that can manifest as educational difficulties, low self-esteem, depression and trouble forming and maintaining relationships (Leeb, Wis & Zolotor, 2011; Odhayani, 2013 & Herrenkohl, 2013). Thus, it is worth noting that early years of life are one of the most effective and efficient investment of any nation. Suffice to say is that, not all children have an opportunity to grow up in a supportive environment that stimulates health growth as some children are exposed to adversities such as child abuse, worse still children become victims of violence. (UNICEF, 2007; Munsaka & Matafwali, 2013).

The occurrence of child abuse in any nation is detrimental to the well-being of the child which has a propensity to perpetuate intergenerational abuse in any nation. Huefner (2007) allude to the fact that Intergenerational abuse is when maltreatment experienced during childhood is repeated by a child as they get older within their own adult family. Exposure to child abuse create mirrors of what was seen or experienced when growing up and individuals are likely to pass that pain, hurt or abuse to other generation when they grow up. This could result in the victimisation of one's own children, their spouse, or even a sibling (Huefner 2007; Domoney & Trevillion, 2021).

1.1.4 Legal and Policy framework on Child Protection

From the global front, the legal framework which guides child protection or children's basic rights to protection in Zambia is enshrined in the constitution and international treaties. Compliant with key international treaties including the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. On the global front, creating an enabling environment for the children to grow is a universal obligation of every country in the world. In spite of tremendous efforts made by various countries, there are many issues affecting child welfare that can be detrimental to the growth of the children globally. For example, inadequate national and legal framework implementation to support child protection, inadequate resources, large caseloads, lack of services and access to services to name just a few.

Public child welfare agencies provide four main sets of services of child protection investigation, family-centered services and supports, foster care and adoption. According to Lalayants (2008), the protection of children's welfare in many parts of the world involves a variety of institutions and professionals ranging from social workers to the police, courts, schools, and health centres among others. In the course of their duties, these institutions and professionals work together to varying degrees to ensure the welfare of children. Global perspectives on the issues affecting child welfare worldwide, including warfare, land mines, child labour, child sexual exploitation and immigration (NICEF, 2014 & WHO, 2018).

To ensure that the welfare of the children is improved, there are various legislative framework developed instituting standards of practice and striving for continuous excellence in various countries. The global child rights-based is anchored on the United Nations Convention on the rights of the child (UNCRC) and in Africa, the African Charter on the Rights and welfare of the child is ratified by Zambia and serves as important under basis for child protection services on the global front. Any country that ratifies the UNCRC and the African Charter on the Rights and welfare of the child is committed to ensuring that children's rights are protected (Ministry of community Development and Social Services, 2017).

In 1989, the United Nations ratified and adopted the Convention on the rights of the child (CRC). The CRC comprises of fifty-four articles including social, economic. Political and cultural rights of the child. Some articles relevant to this study will be highlighted. The UN Commission on Human Rights, Convention on the Rights of the Child (1990) Article 19, paragraph one and two states that:

1. *States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*
2. *Such protective measures should be, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as*

for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Although the convention has been in existence for some time, many countries are still facing challenges in the implementation aspect worse still during the outbreak of the pandemic. The headways made so far notwithstanding, as analysed by Mekonen and Tiruneh (2014) that, there is still a long way to go to realise children's rights and well-being in most developing countries, particularly in southeast Asia and sub-Saharan Africa. Though many of them have put in place relevant laws and policies, these have not been accompanied with enforcement initiatives. Lack of resources and poor functioning of government bodies mandated to implement and monitor the implementation of the Convention are barriers to effective implementation, hence relatively lower success in achieving concrete child well-being outcomes.

From the African context, as a follow up to the UNCRC, the African Charter on the Rights and welfare of the child also recognises that the child occupies a unique and privileged position in the African society. Article 16 which is relevant to this study also stipulates that: Children should be protected from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse (Organisation of African Union, 1990).

Other African legal and policy framework for protecting children from violence, exploitation, and neglect as highlighted by Network (2017) include:

- (i) The African Union Plan of Action on the Family in Africa (hereafter referred to as the AU PoA on the Family) emphasises the importance of families as the primary mechanism for coping with social, economic, and political adversity. It recognises that some families are under "unprecedented strain", including those caring for orphans, vulnerable children, abused or neglected children, and that states must provide "urgent attention" to strengthen the resiliency of these families;
- (ii) The African Union's Social Policy Framework for Africa recommends that states provide social protection programmes to assist poor or otherwise vulnerable families in strengthening their capacity to care for their children holistically The

Addis Ababa Declaration on Strengthening the African Family for Inclusive Development reiterated this;

- (iii) The Addis Ababa Declaration on Strengthening the African Family for Inclusive Development: The African Union Summit in Addis Abeba, Ethiopia, in January 2015, adopted a Declaration and Plan of Action on Employment, Poverty Eradication, and Inclusive Development, which calls on the ILO to collaborate with the African Union and other partners on a Five-Year Priority Programme. The Addis Abeba Declaration on Strengthening the African Family for Inclusive Development calls on member states to define a minimum package of social protection and allocate resources for social protection for families with children, in the form of cash and services, in order to strengthen families' capacities to care for children; and
- (iv) Africa's Agenda for Children 2040. The vision that inspires this course is captured in the African Union (AU)'s Agenda 2063. ACERWC established a 25year Agenda in 2016, titled "Agenda 2040: Fostering an Africa Fit for Children". The Agenda's main goal is to restore the dignity of the African child by assessing the achievements and challenges encountered in the effective implementation of the African Children's Charter. It has also set goals to assist vulnerable families and children in caring for children, particularly families with unemployed parents, orphans and disabled children.

From the data provided above, it can be seen than all nations are working hard to create a health and a protective environment so that children can become productive members of society. However, it not clear, as to the degree to which child protection safeguards have been enforced in various countries especially in the COVID-19 situation.

Despite becoming party to international law sends a clear signal to the community and stakeholders that a country is committed to ensuring child protection as stipulated by Cutland (2012), international legislation is insufficient to protect children as child abuse is a continuing global problem. "Incorporating and implementing the UNCRC and other child protection based legislation on a global scale is not without difficulty and there are many obstacles to fulfilling its principles and monitoring its progress" (Cutland, 2012: 677). Thus, even if Zambia as a signatory to the UNCRC and the African Charter on the Rights and welfare of the child, it is very challenging to protect

the rights of the child in the country because of various factors such as poverty, economic problems and other problems.

Based on this global legal guidance child protection, parties are expected to take all appropriate legislative, administrative, social and educational measures to protect the children from all forms of physical or mental violence including during the period of emergency. For example, some of the measures to prevent the spread of the disease such as stay at home, reduced hours for the children to be in schools, limited access to child protection services and resources to support the households are some of the precipitating risk factors during the COVID-19 which can be detrimental to the well-being of the children.

The well-being of children is intrinsically linked to the implementation of the Convention in the country. The magnitude of efforts towards the implementation of the Convention through the formulation of legislative and policy frameworks, the amount of resources committed to this cause, and the overall efficiency of the systems put in place for the implementation process especially during the time of crisis like COVID-19 pandemic have a bearing on the achievement of child well-being outcomes.

1.1.5 Legal and policy Framework in Zambia

Zambia has a number of legal and policy frameworks that guide the development and implementation of programmes and initiatives aimed at promoting social and economic development. These frameworks include the National Development Plans, the Poverty Reduction Strategy Paper, and the Vision 2030 Strategic Plan. Additionally, there are specific policies and laws aimed at addressing issues such as education, health, gender, and human rights (Republic of Zambia. (2018; Republic of Zambia, 2018; United Nations Development Programme, 2018; World Bank 2019).

1.1.5.1 Legal Framework

The government of the Republic of Zambia has various enactments of laws in Zambia that uphold and comply with the principle of the best interests of the child; significant improvement in child survival and support to children's development to reach their full potential through education and enhancement of access to health services. The

Legal framework is anchored on the constitution of Zambia which is supported by various policies to be analysed in this Chapter.

MCDSS (2017: 10) Outlines the national legal framework that provides protection and promote children's rights include:

1. **Constitution of the Republic of Zambia, Chapter One of the Laws of Zambia Amendment No. 2 of (2016):** Chapter One of the Constitution of the Republic of Zambia Amendment No. 2 of 2016 recognises and protects the rights of children in Zambia. Specifically, it acknowledges that children have the right to a name and nationality,

the right to education, the right to health care services, the right to be protected from exploitation, abuse, and any form of violence, and the right to participate in decisions that affect them.

2. In addition, the Constitution provides for the establishment of measures and mechanisms to protect children from all forms of abuse, neglect, and exploitation, including sexual exploitation and trafficking. It also requires that the best interests of the child be a primary consideration in all matters concerning the child. The Constitution further establishes the Child Rights Commission, which is responsible for promoting and protecting the rights of children in Zambia. The Commission is mandated to investigate complaints and provide remedies for violations of children's rights, as well as to advise the government on policy and legislative measures to promote and protect the rights of children. Overall, the Constitution of the Republic of Zambia Amendment No. 2 of 2016 provides a strong legal framework for the protection of children's rights in Zambia. However, there is still much work to be done to ensure that these rights are fully realised in practice, particularly in relation to the most vulnerable children, such as those living in poverty or affected by HIV and AIDS (Constitution of the Republic of Zambia, 2016).

3. **Juveniles Act Chapter 53 of the laws of Zambia:** The Juveniles Act Chapter 53 of the Laws of Zambia is an important legal framework for child protection in Zambia. It provides for the establishment of juvenile courts, diversionary measures, and protection of children in conflict with the law and those in need of care and protection. The Act also provides for the rehabilitation and re-integration of children who have been in conflict with the law or are in need of care and protection (Juveniles

Act, Chapter 53 of the Laws of Zambia, 2006, Section 12). The Act is aligned with the Convention on the Rights of the Child (CRC), which Zambia ratified

4. **Adoption Act Chapter 54 Of the Laws of Zambia:** is a legal framework that governs the adoption of children in Zambia. The act sets out the rules and procedures that must be followed for a child to be adopted in Zambia. The primary goal of the act is to ensure the protection of children who are in need of care and protection, and to promote their best interests. The act also seeks to ensure that only suitable individuals or families are allowed to adopt children, and that the adoption process is carried out in a transparent and fair manner Adoption Act (Chapter 54 of the Laws of Zambia), Section in 1991. The CRC sets out a comprehensive framework for the protection and promotion of children's rights, including the right to protection from violence, abuse, and neglect, the right to education, and the right to participate in decisions that affect them. The Juveniles Act also supports the National Child Policy, which was launched in 2006. The policy aims to provide a comprehensive framework for the promotion and protection of children's rights in Zambia. It includes provisions for child protection, education, health, and social welfare. In addition, the Act is supported by the Child Protection Code of Conduct, which provides guidelines for the protection of children from abuse, exploitation, and neglect. The Code of Conduct was developed by the Ministry of Community Development and Social Services in partnership with UNICEF and other stakeholders. Overall, the Juveniles Act Chapter 53 of the Laws of Zambia provides a strong legal framework for child protection in Zambia. It is aligned with international standards and supported by national policies and guidelines. It is crucial for all stakeholders, including government agencies, civil society organisations, and the general public, to work together to ensure that the Act is fully implemented and that children are protected and supported to reach their full potential (Juveniles Act, Cap. 53 Section 64(1) (1956, last amended 2011).

5. **Maintenance Act Chapter 55 of the Laws of Zambia:** plays a critical role in child protection by ensuring that children have access to financial support from their parents or guardians. Child maintenance is a key component of child protection, as it helps to ensure that children have access to basic necessities such as food, clothing, shelter, and healthcare. The act specifically provides for the payment of maintenance by a person to their child, and the court may issue a maintenance order for the support of a child. This is important in cases where a child's parent or guardian is unable or

unwilling to provide financial support for the child. In addition, the act defines a dependent as a child, spouse, or parent, indicating that the law recognises the importance of supporting children and their families. The enforcement provisions of the act, including the seizure of property and attachment of earnings, also help to ensure that maintenance orders are enforced and that children receive the support they need. In summary, the Maintenance Act Chapter 55 of the Laws of Zambia is an important piece of legislation that helps to protect the rights and well-being of children by ensuring that they have access to financial support from their parents or guardians. It is an important tool for child protection and plays a critical role in ensuring that children are able to thrive and reach their full potential.

6. **Affiliation and maintenance of the children's Act, Chapter 53 of the Laws of Zambia:** is a legal framework that provides for the maintenance of children born out of wedlock. The Act primarily deals with the obligation of parents, both biological and adoptive, to provide financial support for their children's upbringing, including education, health, clothing, and other basic needs. Under the Act, any person who has had sexual intercourse with a woman, and as a result, she has given birth to a child, is deemed to be the father of the child, and he is liable to maintain that child. The Act also establishes a legal procedure for establishing paternity and for enforcing maintenance orders (Affiliation and Maintenance of the Children Act, 1994, § 4).

7. **Anti- Human Trafficking Act No. 11 of 2008):** is a law in Zambia that aims to combat human trafficking, particularly the trafficking of women and children. The act prohibits and criminalizes various forms of human trafficking, including the recruitment, transportation, transfer, harboring, or receipt of persons for the purpose of exploitation, such as sexual exploitation or forced labor. Anti-Gender based violence Act no. 11 (2011): provides for the protection of victims of gender based violence such as physical, mental, social or economic abuse against a person because of that person's gender. This Act is relevant to the protection of the children. Its provisions relevant to the children articulates that the Service Providers should secure the physical safety of a child victim, provide counseling and rehabilitation services. The extent to which this Act is implemented requires extensive research to gauge the effectiveness of child protection safe guards provided to the children especially in times of crisis. The act also establishes various measures to protect victims of human

trafficking, including the provision of medical, psychological, and social assistance to victims, as well as their protection from retaliation or re-victimization. The act further provides for the establishment of a National Human Trafficking Secretariat to oversee the implementation of the act and to coordinate efforts to combat human trafficking (Anti-Human Trafficking Act, 2008).

8. **Education Act chapter 134 of the Laws of Zambia:** The Education Act provisions related to child protection in the education system. Some of the key provisions include: Protection from corporal punishment: Section 26(1) of the Act prohibits the use of corporal punishment in schools, stating that "no teacher shall administer corporal punishment to any pupil." This provision aims to protect children from physical harm and ensure that discipline is maintained through non-violent means. Duty to report abuse: Section 28(1) of the Act requires school authorities to report cases of child abuse to the appropriate authorities. This provision is intended to ensure that cases of abuse are promptly reported and that action is taken to protect the child from further harm. Protection of children with disabilities: Section 36(1) of the Act mandates that schools provide reasonable accommodations for children with disabilities. This provision aims to ensure that children with disabilities have access to education and are not discriminated against in the education system. Protection of children from harmful content: Section 50(1) of the Act prohibits the use of books or other materials that promote hatred, discrimination, or other harmful attitudes. This provision aims to protect children from exposure to harmful content that could negatively impact their development and well-being. Overall, the Education Act Chapter 134 of the Laws of Zambia includes several provisions aimed at protecting children in the education system. These provisions reflect the government's commitment to promoting child rights and ensuring that children are safe and well-cared for in schools (Education Act, n.d.).

9. **Penal code, chapter 87 of the laws of Zambia:** The Penal Code of Zambia, which is contained in Chapter 87 of the Laws of Zambia, includes provisions related to child protection. Some of the relevant provisions are as follows: Child prostitution: Section 138 of the Penal Code makes it an offense for anyone to procure or attempt to procure any girl under the age of 16 years to become a common prostitute. Defilement: Section 138A of the Penal Code criminalizes defilement, which is defined as sexual

intercourse with a person under the age of 16 years. The penalty for defilement is imprisonment for life. Child trafficking: Section 135 of the Penal Code prohibits the trafficking of children, including any act of recruitment, transportation, transfer, harboring, or receipt of a child for the purpose of exploitation. The penalty for child trafficking is imprisonment for up to 25 years. Child pornography: Section 177 of the Penal Code makes it an offense to produce, distribute, or possess child pornography. The penalty for child pornography offenses ranges from fines to imprisonment for up to 25 years, depending on the severity of the offense. Child abandonment: Section 219 of the Penal Code makes it an offense for a parent or guardian to abandon a child under the age of 14 years. The penalty for child abandonment is imprisonment for up to two years. In addition to the Penal Code, Zambia has other laws that protect children, such as the Children's Act, the Anti-Trafficking in Persons Act, and the Gender-Based Violence Act. These laws provide further provisions for the protection of children from various forms of abuse and exploitation, including child labor, child marriage, and physical and emotional abuse. (Penal Code of Zambia, Ch. 87).

1.1.5.2 Policy framework on Child Protection in Zambia

There are various policies for the care and protection of the children. The primary focus and objective of these policies is to create an environment which provides the social and economic well-being of the children and protects them from abuse and mistreatment. Policies on child protection stipulates measures meant to protect children from exploitation and abuse as one of the objectives on child abuse. The following are some of the policies on child protection:

- 1. National child policy:** The national child policy in Zambia was first developed in 1994 and revised in 2006. The policy is based on the principles of the United Nations Convention on the rights of the child (UNHCR) and seeks to promote and protect and protect the rights of children in Zambia. The policy proposed various measures that will help combat child abuse such as: refining and harmonizing the legal system where the statutory and customary issues on early marriages are concerned; introducing appropriate measures to prevent the child abuse through advocacy and promotion of children's rights and reinforcing the laws that protect the child. (Ministry of Sport, Youth and Child Development, Zambia, 2006).

2. One of the key areas of focus in the policy is child protection. The policy emphasises the need to protect children from abuse, neglect and violence. It also seeks to prevent child labour, and ensure that children are not exploited. The policy provides for the establishment of the child protection systems at the national and local levels to support these efforts. Another important aspect of the policy in Zambia is education. The policy recognizes the importance of education in the development of children and seeks to ensure that all children have access to quality education. This includes the development of early childhood education programmes and the provision of support for children with disabilities. The policy also emphasises the need for gender sensitivity to promote the rights of the girls. The policy also addresses the health needs of children in Zambia. It recognises that good health is essential for the well-being of children and seeks to ensure that all children have access to quality healthcare services. This includes the provision of immunisations, nutritional support, and treatment for illnesses. The policy also recognises the importance of addressing the high incidence of HIV and AIDS and other diseases among children in Zambia. The child policy in Zambia also promotes child participation in decision-making processes that affect their lives. It seeks to involve children in matters that concern them, including in schools, communities, and the media. The policy recognises that children have a right to express their views and have them taken into account in decision-making processes. Finally, the policy provides for the development of monitoring and evaluation mechanisms to track progress in the implementation of the policy. This includes the establishment of a National Child Monitoring and Evaluation System to ensure that the policy is being implemented effectively (Republic of Zambia Ministry of Community Development and Social Services, 2016; UNICEF Zambia, 2017).

3. **Social policy:** The government of the republic of Zambia has introduced a range of social programmes aimed at supporting vulnerable groups including the elderly, orphans, and people with disabilities. The policy is being implemented by the Ministry of Community Development and social services. Advocates for reducing poverty, inequality and vulnerability. Social Protection policies and practices that protect and promote the livelihoods and welfare of people suffering from critical levels of poverty and deprivation and/or are vulnerable to risks and shocks. These programmes include cash transfers, food aid, and health services. Protective interventions seek to shield targeted populations from the consequences of economic

and social shocks, poverty and destitution in particular as well as relief responses to emergencies. In order to reduce poverty, vulnerable people receive social support from the ministry (MCDSS, 2014). For example, through social cash transfer, provision of home of safety for vulnerable and abused children. The department of social welfare at the Ministry of Community Development and Social services recommends the inclusion of parents or care givers of the vulnerable children on social cash transfer programme help to break poverty cycle and foster productivity at household level (Ministry of Community Development and Social Services, 2017).

Despite the multiple protective legislative and policy framework available, childhood maltreatment has become a prevalent health and safety concern. It has become apparent that although addressing the immediate welfare of a child is a necessary component of child safety is not enough (Kennie, 2016). It can be stated that, even if the legal and policy framework focuses on protecting children from abuse, the issue of agility of child protection safeguards in emergencies was not appropriately emphasised. The policies focused more on legal frame work, equality and poverty reduction as measures that can help to mitigate child exploitation and abuse.

Apart from that, it is unclear the extent to which Service Providers can create an enabling environment for the children during the COVID-19. Thus, research focusing on the welfare of the children and child protection interventions especially in emergencies should be an ongoing investigation in order to provide empirical evidence that will help to improve the welfare of the children. It is under this thrust that the current study will focus on Child risks and protection interventions in the COVID-19 era.

1.1.6 Child Protection Service Delivery in Zambia

The provision of child protection services in Zambia as stipulated by the Ministry of Gender and Ministry of Community Development (2012) and Social Services (2017) involves various government ministries and other stake orders such as Non-Governmental Organisation. For example, implementation of the legislative provisions is carried out by primary care ministries namely: Department of Gender and Child Development, Ministry of Community Development and social services, Ministry of Home Affairs, Ministry of Health, Ministry of Education, Ministry of

Local Government, Housing and Environmental Protection; and the Ministry of Justice. Support on child protection matters is also given by the Victim Support Units and Child Protection Units within the Zambian Police Service (Ministry of Gender, 2012). The police are the first line of contact when a crime against the children has been committed. The police have a duty to safeguard and protect children reporting of violence or abuse of children to the Police incurs obligations at every stage of the police response. These obligations extend from initial deployment and response of the first officer on the scene, investigating all reported cases of child abuse, arrest perpetrators of child abuse and the multi-agency processes for the protection and care of children (Zambia Police Child Protection Unit, 2018).

Secondary Ministries addressing child protection issues include: Ministry of Labour (MoL) · Ministry of Education, Ministry of Youth, Sport and Child development, Ministry of Health (MoH) Ministry of Finance (MoF) Ministry of Local Government and Housing (Ministry of Gender, 2012: 21). These ministries contribute to child protection by ensuring access to healthcare and education. They may be involved in identifying and addressing issues such as child labour, trafficking and access to quality education

Legal Institutions such as Zambia National Prosecution Authority (NPA): Responsible for prosecuting cases of child abuse and ensuring that justice is served in cases involving crimes against children, and Judiciary play a critical role in interpreting and applying laws related to child protection. They adjudicate cases involving child abuse, neglect, or exploitation.

The other in child protection service delivery are the Non-Governmental Organisations that include both international and local organisations. International organisations provide support, resources and expertise to enhance child protection services. They may collaborate with the Zambian government and local organisations to address broader issues affecting children. Local NGOs and Community Leaders act as grassroots advocates for child protection. They often provide support at the community level, raise awareness about child rights, and may intervene in cases of abuse or neglect.

In spite of Zambia putting up measures to strengthen child protection, the pandemic created an inescapable emergency that disrupted the operations of services in all the sectors precipitating heightened risks to child maltreatment. It is unclear the extent to which Service Providers created an enabling environment for the children during the COVID-19. Thus, research focusing on the welfare of the children and child protection interventions especially in emergencies should not only be an ongoing investigation but also supported. It is through extensive investigations that can provide empirical evidence which can help to improve the welfare of the children. It is under this thrust that the current study will focus on Child abuse and child protection safeguards in the COVID-19 era: examining the effectiveness of interventions in agile circumstances.

1.2 Statement of the Problem

Globally, it is estimated that up to one billion children aged 2-17 years are exposed to physical, sexual, or emotional violence or neglect annually (WHO, 2020). The outbreak of COVID-19 pandemic disrupted child protection service delivery from the global front to national level. Ferguson, Kelly and Pink (2022) contends that, the pandemic highlighted and exacerbated a so called shadow pandemic of gender-based violence, particularly against women and children.

Although Target 16.2 of the 2030 Agenda for Sustainable Development Goals propagates the end of all forms of violence against children, ensuring the protection of children calls for systematic efforts to address the risks. Despite Zambia's proactive efforts to implement measures aimed at preventing violence against children MCDSS (2017); UNICEF (2020) little is known about the extent to which the pandemic-induced restrictions jeopardised the sustainability of fostering a safe environment for children. It is against this backdrop that the present study endeavors to explore the realms of child risks and protection interventions during COVID-19 in the Lusaka District.

1.3 Purpose of the Study

The purpose of this research or study was to investigate interventions aimed at preventing child abuse and ensuring the protection of children facing increased risks during the COVID-19 pandemic in Lusaka District.

1.4 Objectives of the Study

According to Kasonde-Ng'andu (2013) research objectives are specific, clear, and measurable goals or statements that articulate the desired outcomes or achievements a researcher aims to accomplish through a research study. These objectives serve as the guiding framework for the entire research process, providing a roadmap for designing the study, collecting data, and analysing the results. The current study was guided by the following research objectives:

1. To analyse emerging trends in the occurrence of child abuse;
2. To examine perceived child abuse risk factors arising from child protection during COVID19 in Lusaka district;
3. To evaluate the responsiveness of selected child protection interventions during the COVID-19 pandemic;
4. To evaluate perceptions of child protection Service Providers; children and parents on Child Re-Integration; and,
5. To design framework for Child Protection applicable during agile circumstances.

1.5 Research Questions

Research questions as guided by Kombo and Trump (2006) are specific queries or interrogative statements that guide a research study, delineating the scope and focus of the investigation. These questions are crafted to address the primary objectives of the research and serve as the foundation for designing the study, collecting data, and drawing meaningful conclusions.

The following research questions that guided the study:

1. Are there emerging trends in the occurrence of child abuse?
2. What were the child risk factors Arising from Child Protection interventions during COVID-19?
3. How responsive were selected child protection interventions implementation during the COVID-19 pandemic
4. How do child protection Service Providers, children, and parents perceive Child Re-Integration?

5. Which model would be more appropriate in provision of Safety and protection to children at risk during an agile circumstance?

1.6 Research Hypothesis

A research hypothesis is a clear, specific, and testable statement that predicts the relationship between two or more variables or anticipates the outcome of a research study. It serves as a guiding proposition that researchers aim to investigate and either confirm or refute through empirical research and data analysis (Komb & Trump, 2006). The present study adhered to the common practice in research, particularly in field research, by employing both null and alternative hypotheses (List, Shaikh & Xu, 2019). The null hypothesis (H0) typically denotes a statement of no effect or difference, while the alternative hypothesis (H1) asserts the presence of an effect or difference. The inclusion of both hypotheses is widely acknowledged as crucial for hypothesis testing and statistical analysis (Kruschke, & Liddell 2018; List, Shaikh & Xu, 2019).

The following were the research hypothesis used in the current study:

1. **Null Hypothesis (H0):** There is no significant difference in the number of reported child abuse cases between the periods before and during the pandemic.
Alternative Hypothesis (H1): There is a significant difference in the number of reported child abuse cases between the periods before and during the pandemic.
2. **Null Hypothesis (H0):** There is no significant difference in perceived risk factors to abuse by child protection service providers' and parents' responses during COVID-19. **Alternative Hypothesis (H1):** There is a significant difference in perceived risk factors to abuse by child protection service providers' and parents' responses during COVID-19.
3. **Null Hypothesis (H0):** There is no significant difference in the perceived responsiveness of selected child protection interventions during the COVID-19 pandemic.
Alternative Hypothesis (H1): There is a significant difference in the perceived responsiveness of selected child protection interventions during the COVID-19 pandemic.

4. **Null Hypothesis (H0):** There is no significant difference in perceptions of child reintegration among child protection service providers and parents following the COVID19 pandemic in Lusaka district.

Alternative Hypothesis (H1): There is a significant difference in perceptions of child reintegration among child protection service providers and parents following the COVID19 pandemic in Lusaka district.

1.7 Significance of the Study

From the available literature, it is believed that Child Safety and Protection measures enshrined in the legislation and policies in Zambia are sufficient to protect children from abuse during agile circumstance including during COVID-19 (MCSS, 2014). However, it was evident from UNICEF (2020) report that Child protection systems in many countries were affected by COVID-19 were struggling to prevent child abuse and respond to violence against children during global pandemic which brought about an unprecedented experience that might have heightened the risks and levels of vulnerability, especially among children. Therefore, the current Study on Exploring Child Abuse and Protection Interventions for Children at Risk during COVID-19 in Lusaka District may contribute to the following:

1. **Development of Tailored Child Protection Measures:** By analysing emerging trends and risk factors specific to child abuse during COVID-19, the study allows for the development of tailored child protection measures. It is hoped that, the findings of the current study would contribute to solving an important and growing social problem of child abuse during agile circumstance such as COVID-19 era by highlighting areas of concern in safety and protection of children. These measures can address the unique challenges posed by the pandemic, ensuring a more effective response and support system for children at risk.
2. **Awareness of Contextual Factors of the impact of COVID-19 on children's safety:** The study offers insights into how the unique circumstances of the COVID-19 pandemic, such as lockdowns, economic stress, and heightened uncertainty, have impacted child abuse rates. It is hoped that, the findings of the current study may enhance stakeholders (Service Providers, parents, children and the community) understand and shed more light on these factors that are crucial in the development

of more proactive child safety and protection interventions during similar public health crises.

- 3. Inform policy direction and implementation during emergency:** it is hoped that the findings of the current study may equip child protection Service Providers with data-driven insights into perceptions and phenomenological lived experiences related to child abuse and protection during the pandemic. This knowledge may empower them to make informed decisions, and advocate for policy changes or innovations that better safeguard children's rights during emergency.
- 4. Provide empirical evidence and contribute to the already existing body of knowledge:** It is further believed that the findings of the present study may assist in the development of an integrated, organised base of knowledge by providing empirical information about the strengths and limitations of existing interventions in preventing and treating child maltreatment during agile circumstances.
- 5. Informed Child Protection framework Design for Agile Circumstances:** It is hoped that, the development of the current study **Matafwali 2023 multi-sectoral emergency child protection framework** suited for agile circumstances like a pandemic or any emergency, makes a substantial contribution. This model might guide future responses to crises, ensuring a rapid and effective child protection mechanism, crucial for the safety and wellbeing of children during unforeseen events.

Based on the aforesaid contributions, this study on exploring child abuse and protection interventions for children at risk during COVID-19 in Lusaka district holds significant implications for the protection and wellbeing of children. While existing legislation and policies in Zambia are believed to be adequate, the unprecedented challenges posed by the COVID-19 pandemic revealed gaps in child protection systems globally, emphasising the need for targeted interventions. This study contributes by offering tailored child protection measures, enhancing awareness of contextual factors impacting child safety, informing policy direction and implementation during emergencies, and providing empirical evidence to augment the knowledge base. Additionally, the study lays the foundation for an informed child protection model designed to address agile circumstances, ensuring a swift and effective response for the safety and prosperity of children amidst unforeseen events like the COVID-19 pandemic.

1.8 Delimitations of the Study

Creswell (2013) defines delimitations as the parameters that define the scope of a study in terms of content and geographical coverage. These boundaries help narrow the focus of the research and acknowledge factors beyond the researcher's control. In this study, conducted in Lusaka Province of Zambia, Lusaka District was specifically chosen as the research site due to its abundance of Child Safety and Protection programs. Additionally, during the pandemic, Lusaka District reported the highest number of child abuse cases, as documented by Zambia Police Magazine (2020). These factors led to the selection of Lusaka as an ideal location to assess the effectiveness of Child Safety and Protection interventions amidst the agile circumstances of COVID-19.

In addition to the geographical and content-based delimitations, several methodological delimitations were acknowledged in this study. Firstly, the focus on Lusaka District may have introduced sampling limitations, potentially impacting the generalizability of the findings to other regions of Zambia. Secondly, participant selection bias may have been present due to the exclusion of certain stakeholders, such as community leaders or representatives from marginalized communities, which could have limited the diversity of perspectives captured. Lastly, constraints related to data collection methods, particularly in qualitative approaches, may have influenced the reliability and validity of the findings. These methodological delimitations were important considerations in interpreting the study's results within the specific context of Lusaka District, Zambia.

1.9 Limitations of the Study

The study focused on child protection Service Providers from various organisations, parents, and abused children might introduce sampling bias, limiting the representation of diverse perspectives. To mitigate this limitation, the study employed a mixed-methods approach that combined qualitative data with quantitative data, broadening the spectrum of insights.

Additionally, the current study concentrated solely on the Lusaka district in Zambia, potentially limiting the generalisability of findings to other regions or countries. While

acknowledging this limitation, the researcher contextualised the findings within the unique socio-cultural dynamics of Lusaka district, enhancing the applicability of insights to similar contexts. The current study relied heavily on qualitative data might limit the statistical generalisability of findings. To address this, the qualitative findings were complemented with statistical trends from available child protection records, enriching the study's comprehensiveness.

Another significant limitation of this study was limited availability of abused children as respondents especially from the households. Despite efforts to ensure their participation, it was exceptionally difficult to locate and engage abused children in the study. This limitation could potentially lead to an underrepresentation of the firsthand experiences of this vulnerable group, which is crucial for a comprehensive understanding of child abuse dynamics during the pandemic. To address this limitation, the research team collaborated closely with local NGOs and child protection agencies to establish trust and rapport with the communities. Child-friendly spaces were created to ensure a safe and comfortable environment for children who were willing to share their experiences. Additionally, the research team employed child-sensitive interview techniques to minimise potential harm and discomfort during data collection.

Furthermore, the hesitance of some parents to allow their children to participate in the study was another challenge. While parents themselves were willing to participate, they expressed concerns about potential emotional distress or re-traumatisation that their children might experience by discussing their abuse experiences. This hesitance hindered the collection of firsthand accounts from abused children. To address this limitation, the researcher ensured rapport creation and engaged in discussions with parents to address their concerns. Informed consent procedures were carefully explained, emphasising the confidentiality and sensitivity of the information collected. In some cases, separate interviews were conducted with parents and children to respect their privacy and ensure their comfort.

To overcome the difficulty in accessing certain participants, particularly abused children and their families, the researcher employed snowball sampling. While this approach enabled the inclusion of some hard-to-reach respondents, it may introduce

selection bias, as participants were recruited through their social networks, potentially leading to an overrepresentation of individuals connected to the initial sample. To mitigate the potential bias introduced by snowball sampling, the researcher made efforts to identify independent contacts within the target communities to reduce the reliance on interconnected networks. Triangulation of data sources and constant comparison were used during analysis to ensure the validity of findings.

The limitations of this study stem primarily from methodological considerations, particularly concerning sampling bias and the reliance on qualitative data. By focusing on child protection Service Providers, parents, and abused children from various organisations, the study may have introduced sampling bias, potentially limiting the representation of diverse perspectives. To address this, a mixed-methods approach combining qualitative data with quantitative data was employed to broaden the spectrum of insights. Additionally, the study's concentration solely on the Lusaka district in Zambia may limit the generalisability of findings to other regions or countries. However, efforts were made to contextualise the findings within the unique socio-cultural dynamics of Lusaka district, enhancing their applicability to similar contexts. The heavy reliance on qualitative data may further limit the statistical generalisability of findings, but this was supplemented by statistical trends from available child protection records to enrich comprehensiveness. Difficulties in accessing abused children and their families were addressed through snowball sampling, but this approach may introduce selection bias. To mitigate this, independent contacts within target communities were identified, and triangulation of data sources and constant comparison were employed during analysis to ensure validity.

1.10 Definitions of Operational Terms

Agile circumstance: in this study it is the ability to think and understand quickly in order to come up with an actual approach to child protection during the pandemic.

Child: in this study, any person aged from 0-18 years.

Child Abuse: Any cause of injury, death, emotional harm or risk of serious harm to a child.

Child protection Systems: Child safeguards is a term used for internal child protection interventions such as policies, procedures and practices that are employed to ensure that various organisations create a child safe environment.

Child protection: is the protection of children from any form of harm, violence, exploitation, abuse and neglect aimed to support prevention and response to protection related risks.

Interventions: a combination of programmes and strategies designed to strengthen or improve behavior change or service delivery. For example, in this study the protection of children from abuse, neglect, exploitation and other forms.

Public health emergency: is a situation that poses a significant threat to public health and requires immediate action to prevent or control its spread.

Risks: a situation or event involving exposure to danger.

1.11 Organisation of the Thesis

- Chapter One** presents the background of the study, statement of the problem, purpose of the study, research objectives, research questions, significance of the study, delimitations of the study, operational definitions of terms used in this study and ends with a Chapter Summary.
- Chapter Two** provides a conceptual framework, theoretical framework, and review of related literature to this study.
- Chapter Three** is a presentation of the methodology that was used for this study. It shows the research design adopted for the study, philosophical approach, population, sample size, data collection method and instruments used, data analysis and ethical considerations.
- Chapter Four** is a presentation of the findings of the study. The findings are presented using the formulated research questions.
- Chapter Five** discusses the findings using the research objectives.
- Chapter Six:** presents the conclusion of the study and the recommendations drawn from the findings. This chapter is followed by references and appendices

1.12 Chapter Summary

Chapter one focused on the background information for this study. What seems to be a common scenario in many countries worldwide referred to this chapter is that, in spite of having global and national child protection legal and policy framework, child abuse still remains a global problem with millions of children are abused every year. This chapter further focused on the statement of the problem, research objectives and questions, delimitations, theoretical and conceptual framework. The next chapter is the review of related literature.

CHAPTER TWO

LITERATURE REVIEW

2.0 Overview

The previous Chapter looked at the background of the study. This chapter will focus on the literature review relating to the current study. The literature review chapter begin with the conceptual framework, followed by the theoretical framework, and themes relevant to the study specific objectives as follows: the concept of child protection, child abuse, trends in child abuse, risk factors contributing to the occurrence of child abuse, responsiveness of child protection intervention implementation performance, the nature of psychosocial support provided to children, and child re-integration. The last part of this chapter discusses gaps in knowledge and justification of why it was important to conduct the current study.

2.1 Conceptual Framework

The study aimed to deeply understand child protection within the context of agile situations in Zambia, specifically focusing on child abuse and protection interventions for vulnerable children during the COVID-19 pandemic in Lusaka district. While the ecological theory provided a useful foundation by highlighting the interactions between individuals and their environments, it had limitations. These weaknesses included its inability to adequately address crucial aspects like assessing the readiness of child protection Service Providers, evaluating intervention effectiveness, and analysing trends in child abuse occurrences. To overcome these limitations, the study incorporated an additional conceptual framework. This decision aimed to grasp the complexities of child protection dynamics during agile circumstances like a pandemic. By merging insights from the ecological theory with the tools from the supplementary framework, the study aimed to gain a more comprehensive understanding of the readiness of Service Providers, intervention effectiveness, and evolving child abuse trends. Ultimately, this approach aimed to enhance the study's contribution by offering relevant insights for both theory and practical strategies in child protection during similar contexts.

Apart from that, the integration of a theoretical model, particularly the ecological model, and a conceptual framework in the current study serves as a solid foundation for a comprehensive investigation. The ecological model enables a comprehensive

understanding of the complex interactions at the individual, family, community and societal levels and offers a holistic perspective that is crucial for assessing the complexity of child well-being. At the same time, the conceptual framework provides operational clarity by guiding the translation of theoretical constructs into measurable variables tailored to the local context of Lusaka district. This approach not only sharpens the study's focus on the complex dynamics of child risk and protection, but also increases the validity and applicability of the findings by taking into account the unique sociocultural and environmental factors inherent to the region.

Yamauchi, Ponte, Ratliffe and Traynor (2017) defined conceptual framework as the consideration of variables related to the research study. These variables help in defining the phenomenon of the research. In other words, the conceptual framework shows the relationship between the variables by the use of an intervening variable. It is vital that the researcher develops the conceptual framework before collecting data. The reason for this is that the variables are needed for the study. Normally, the conceptual framework consists of three variables namely; dependent, independent and intervening variable. A dependent variable as the name states, depends on the modification or alterations of the independent variable while an independent variable is a variable that can be modified or manipulated with the focus being directed on the dependent variable (Eshiteti & Maragia, 2013). Conceptual framework was used to provide a systematic understanding of a research problem by organising ideas and concepts. In the context of child protection during the COVID-19 pandemic, the following conceptual framework was used:

2.2 Dependent Variable

1. Child Protection during the COVID-19 Era

Linked to the dependent variable is the transitional model which highlights three stages of transition to respond to a novel situation or change. These stages include: preparedness, response and adaptation. The current study integrated the transitional model in the conceptual framework because the COVID-19 pandemic has had a profound impact on children's lives, including their safety, health, education, and well-being. Child protection interventions have become more critical than ever to safeguard children during this crisis. The current study analysed integration of transitional model

as regards to the preparedness, response, and adaptation of child protection interventions during the pandemic in the following:

- a) Planning and preparedness: refers to the measures taken before the outbreak to prevent or mitigate its impact;
- b) Emergence Response and interventions: refers to the swift actions taken during the outbreak to address the immediate needs and mitigate the impact of the crisis; and
- c) Adaptation: refers to the adjustments made to the existing child protection interventions to meet the new needs and challenges posed by the pandemic.

Independent Variables

- a) child protection interventions during the COVID-19
- b) trends in child abuse
- c) risk factors contributing to child abuse perceptions of Service Providers, parents and

i. children on the re-integration of the children into the family

Intervening Variables

- a) **Community and Society:** cultural beliefs and practices or level of community involvement in child protection during emergencies
- b) **Institutional Factors:** adequacy of legal and policy framework to respond to child protection during agile circumstances, coordination among line ministries, Service Providers' level of response during the COVID-19 and resource allocation or mobilisation.
- c) **Personal Factors:** socio-economic factors, knowledge of child protection individual attitudes and belief.

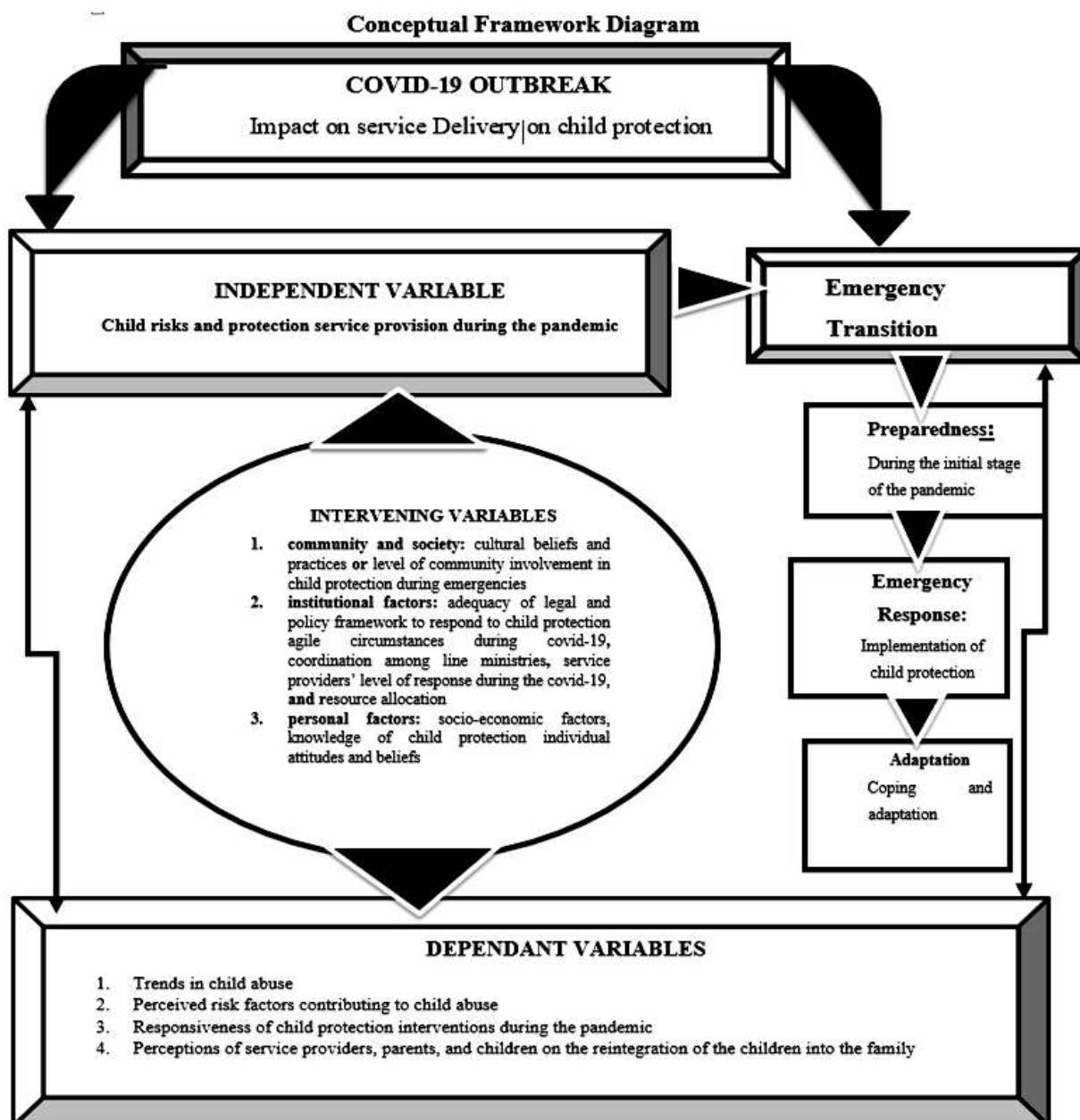


Figure 2.1: The Conceptual Framework

2.3 Theoretical Framework

A theoretical framework according to Smith and Johnson (2018). Is a structured conceptual model that provides a foundation for conducting the research because consists key concepts, theories, and constructs that help researchers understand and explain phenomena, formulate hypotheses and guides the investigation. It serves as the backbone of a research study, shaping the research questions, methods, and interpretations.

The current study used the Ecological model of human development by Bronfenbrenner. An ecological model is a theoretical framework used to understand how different factors at various levels of a child's environment interact and influence their development. This model can be used in the context of child protection to identify the various factors that contribute to child maltreatment and inform interventions aimed at preventing it (Bronfenbrenner, 1979).

Bronfenbrenner (1979) developed the ecological theory which organises contexts of human development into five layers of external influence. Two kinds of interacting are illuminated; the child as a biological organism and the immediate social environment as a set of processes, events and relationships, but also the processes between the social systems within the child's social environment (Garbarino, 1982 cited in Lindell, 2004). Bronfenbrenner acknowledged that there are numerous aspects of a child's life that interact with and affect the child. His research extended beyond individual development to consider broader influencing factors and the context of development (Bronfenbrenner, 1974).

According to the ecological model, a child's development is influenced by multiple levels of their environment, including their individual characteristics, their family, their community, and the broader societal context (Bronfenbrenner, 1979). In the context of child protection, this means that interventions aimed at preventing child maltreatment must address the factors at each of these levels.

The justification for using the ecological theory is that, it is able to demonstrate an array of interrelated influences on child development. According to Urie Bronfenbrenner's (1979) Ecological Child Development Model as cited in Mandyata (2015), that a child's development in an ecological environment appears to be heavily influenced by what the child encounters in the immediate and distant ecological settings that interact with such a child. Furthermore, a human ecological approach has been described as the reciprocal interplay between the developing child and the changing environments that children live in that is very cardinal in understanding child protection. For example, at the individual level, interventions may focus on enhancing parenting skills or addressing mental health concerns in parents that may contribute to maltreatment (Chaffin et al., 2004). At the family level, interventions may involve

strengthening social support networks or addressing issues related to poverty or substance abuse (Macdonald et al., 2006). At the community level, interventions may involve increasing access to resources such as healthcare, education, and social services, as well as engaging in community-wide prevention efforts (Milner & Crouch, 2019). At the societal level, interventions may involve changes in policy or law enforcement to promote child safety and well-being (Macdonald et al., 2006). Thus, awareness of the contexts that children are in using the ecological models can help to highlight various child protection interventions during emergencies.

Furthermore, the ecological model provides a comprehensive and holistic perspective on child protection, which take into account the multiple levels of influence on child development and well-being. According to Bronfenbrenner's ecological model (1979), a child's development is influenced by a range of factors that exist at different levels, including the micro-system (individual and immediate family), meso-system (interactions between microsystems), exosystem (external settings that affect the child), and macro-system (larger cultural and social contexts). By considering the interplay between these different levels, researchers can gain a deeper understanding of the complex factors that impact child protection outcomes (Lee & Putnam, 2019).

Additionally, the ecological model helps to identify and address the root causes of child abuse and neglect, rather than focusing solely on individual-level factors such as parental characteristics or child behavior. For instance, researchers can use the ecological model to examine how systemic issues such as poverty, social inequality, and lack of social support can contribute to child maltreatment (McDonald, 2020). This approach can help to inform more effective prevention and intervention strategies that address the underlying social and environmental factors that place children at risk of harm.

Similarly, the ecological model recognises the importance of collaboration and coordination among different stakeholders in the child protection system, such as parents, educators, healthcare providers, and social workers. By promoting a shared understanding of the multiple factors that influence child well-being, the ecological model can help to foster greater collaboration and communication among these

different groups (Lee & Putnam, 2019). This can lead to more effective and coordinated efforts to prevent and respond to child abuse and neglect.

Thus, the ecological model is a valuable theoretical framework for child protection research, as it provides a holistic and comprehensive perspective on the multiple factors that impact child wellbeing. By considering the interplay between different levels of environment and the root causes of child maltreatment, researchers can gain a deeper understanding of the complex issues surrounding child protection. Furthermore, the ecological model promotes collaboration and coordination among different stakeholders in the child protection system, which can lead to more effective prevention and intervention strategies.

Ecological theory of Human Development

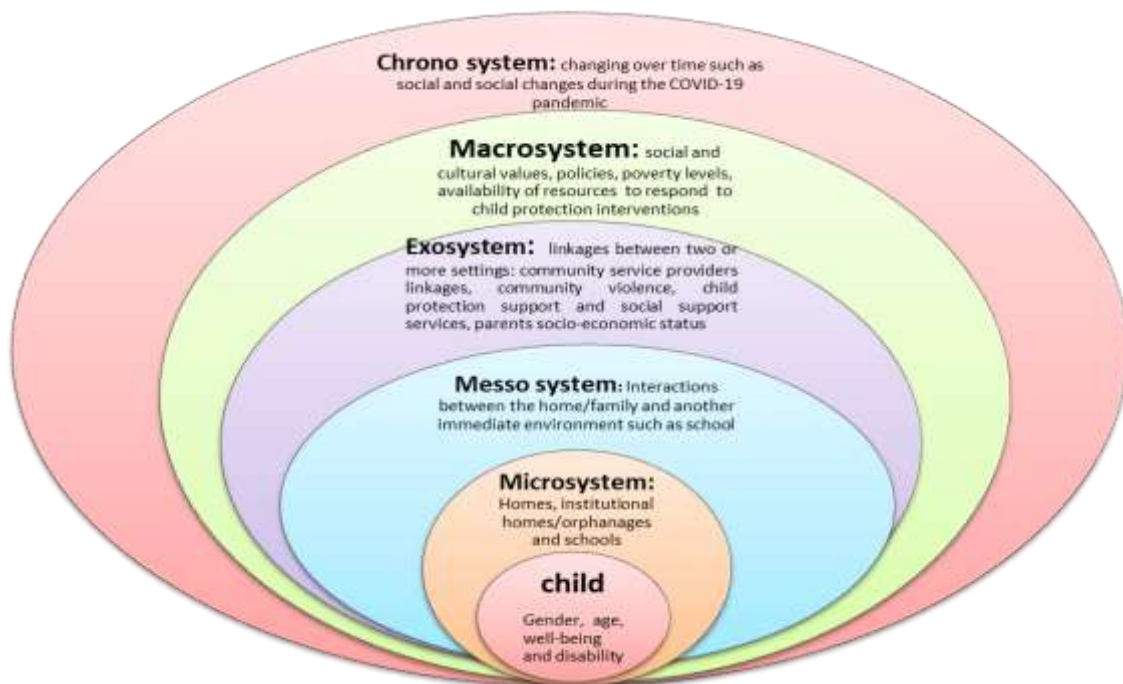


Figure 2.2: Bronfenbrenner - Model of Ecological Development

Micro-system

According to Bronfenbrenner (1979), the first layer in the development of a child, is the microsystem. This is the immediate environment in which the child lives. It comprises the home, family, school, peer groups and community as the immediate support system as child grows and develop. Child safety and protection is covered in the interaction with the child within this system. During the COVID-19 period, for example, many countries Zambia inclusive implemented or experienced school

closures and children were forced to stay at home to reduce the spread of the virus. Homes and families therefore became focal points for child safety and protection. However, this development might have been characterised by limited interactions as children had no access to other systems within the microsystem to help support the normal development such as peer groups, school and community as they were conformed to home environment for such a long time. Failure to provide a nurturing care to the child within the immediate environment during the pandemic predispose them to possible child abuse. The perpetrators of child abuse were possibly found in homes and families in which some children were and precipitated abuse in the home, families and community. This therefore raises the question has to what interventions were put in place in the microsystem to ensure child safety and protections during the agile circumstance such as COVID-19 era in Zambia, hence the need for the present study.

Meso-system

In line with Bronfenbrenner (1979) Ecological Human Development Model, the second layer in the development of a child, is the mesosystem. It involves connections or interactions of the different mesosystems which children find themselves in. It involves personal relationships with the child and how these groups in the immediate environment of the child interacts with the child will affect them (Weiten, 2004; Bronfenbrenner, 1979). For example, the school, family and the community are directly connected to the child. In this study, the mesosystem can provide an enabling environment to have the child feel safe and protected from those who perpetuate child abuse within the social environment surroundings the child in all circumstances. In the current study, the mesosystem explores interactions and relationships between parents, Service Providers, and children as well as analyses how these interactions influenced child abuse risk factors and protection measures during the pandemic. It has been however, unclear has to what provisions were put in place to have the child feel safe and protected during the agile circumstance that existed as a result of the COVID-19 period. The study sought to investigate and establish how connections between home or families and schools ensured the children were safe and protected during the COVID-19 period in Lusaka in Zambia.

Exo-system

Another system projected in the Ecological Human Development Model, is the exo-system. In this system, it involved linkages existing between two or more ecological social settings surrounding a growing and development of a child. National legal framework, policies, for example, provided for actions on against community violence which led to improved child safety and protection supported by social support services available in the community. The exo-system may not deal with the developing child but affect indirectly with indirect connections as projected by the (Bronfenbrenner, 1979). In this study, the exo-system is seen as a vehicle through which community can deal with violence against children, poverty affecting families which became heightened as COVID-19 impacted on social services reduced child safety and protection of children. The linkage between the child and this layer clearly called for how government responded to the safety and protection of the child during an agile circumstance such as during the COVID-19 period. The study therefore sought to establish measures put in place and how ensured safety and protection of the children in the study site.

Macro-system.

In its fourth layer the Ecological Human Development Model by Bronfenbrenner (1979 deals with issue of a child and the subsystem, that is, macro-system. This system, is the largest and consist of people and places indirectly affecting the child that still have significance influence on the development of children (Vander Zanden, Crandell & Crandell, 2007; Bronfebrenner, Morris, 2007). Macrosystems are the norms and the ideologies that illustrate a culture. Elements that contribute can be political, financial, social, and educational systems that form the general pattern for citizens (Garbarino, 2005 cited in Lindell, 2008). Access to economic resources, health care, childcare and other services are found in the macro-system which affects the child's safety and protection. The policy decisions made there filter down and affect children, families and communities indirectly and often compromise the safety and protections of the children. It comprises of children's cultural patterns, beliefs, values, particularly the dominant beliefs and ideas as well as economic and political system. The political system may include the government policies and global welfare of the child. For example, how adequate are the policies to protect the children during the pandemic

and the influence of cultural beliefs or practices on child abuse which can have an impact on reporting. The economic system may include availability of resources allocated towards child protection and ending child abuse. It has been however, not clear on how policies, culture, political system and practices that emerged during an agile circumstance- covid-19 impacted on the safety and protection of the children in the study site.

Chronosystem

Through extensions on the works of Bronfenbrenner on Ecological human development Model Bronfenbrenner, Morris. (2007), there is a fifth layer or system through which a developing child is exposed, is the chronosystem. It adds the useful dimensions of time which demonstrates the influence of both changes and constancy in the children's world (Bronfenbrenner, 1978). It includes changes over time such as economic and social changes which has its own implications on the growing and developing child. COVID-19, as a chrono-system event, profoundly impacted every ecological layer of child development. From the microsystem of family interactions to the macrosystem of societal norms and policies, the pandemic disrupted routines, social connections, and access to resources crucial for healthy development. For example, during the COVID-19 pandemic world over Zambia inclusive posted a lot of changes and restrictions which directly or indirectly affected how children were safeguarded in the study area. This includes economic cycles experienced scarce resources, parents or caregivers' unemployment or low-income status, household low income status, which negatively affected how parents might have responded to child's safety and protection during emergency period such as COVID-19. Social changes that occurred during the pandemic include many families spending a lot of time at home during the partial lockdown and having less access to resources which might have had its own implications on the safety and protection worth investigating through the present study.

The justification for using the Ecological Human Development Theory is that, it is able to demonstrate an array of interrelated influences on child development. According to Bronfenbrenner's (1979) Ecological Child Development Model as cited in Mandyata (2015), that a child's development in an ecological environment appears to be heavily influenced by what the child encounters in the immediate and distant ecological

settings that interact with such a child. Furthermore, a human ecological approach has been described as the reciprocal interplay between the developing child and the changing environments that children live in that is very cardinal in understanding child protection. For example, at the individual level, interventions may focus on enhancing parenting skills or addressing mental health concerns in parents that may contribute to maltreatment (Chaffin et al., 2004). At the family level, interventions may involve strengthening social support networks or addressing issues related to poverty or substance abuse (Macdonald et al., 2006). At the community level, interventions may involve increasing access to resources such as healthcare, education, and social services, as well as engaging in community-wide prevention efforts (Milner & Crouch, 2019). At the societal level, interventions may involve changes in policy or law enforcement to promote child safety and well-being (Macdonald *et al.*, 2006). Thus, awareness of the contexts that children are in using the ecological models can help to highlight various child protection interventions during emergencies.

Furthermore, the ecological model provides a comprehensive and holistic perspective on child protection, which take into account multiple levels of influence on child development and well-being. According to Bronfenbrenner's ecological model (1979), a child's development is influenced by a range of factors that exist at different levels, including the micro-system (individual and immediate family), meso-system (interactions between micro-systems), exosystem (external settings that affect the child), and macro-system (larger cultural and social contexts). By considering the interplay between these different levels, researchers can gain a deeper understanding of the complex elements that impact child protection outcomes (Lee & Putnam, 2019).

Additionally, the ecological model helps to identify and address the root causes of child abuse and neglect, rather than focusing solely on individual-level factors such as parental characteristics or child behaviour. For instance, researchers can use the ecological model to examine how systemic issues such as poverty, social inequality, and lack of social support can contribute to child maltreatment (McDonald, 2020). This approach can help to inform more effective prevention and intervention strategies that address the underlying social and environmental factors that place children at risk of harm. Similarly, the ecological model recognises the importance of collaboration and coordination among different stakeholders in the child protection system, such as

parents, educators, healthcare providers, and social workers. By promoting a shared understanding of the multiple factors that influence child well-being, the ecological model can help to foster greater collaboration and communication among these different groups (Lee & Putnam, 2019). This can lead to more effective and coordinated efforts to prevent and respond to child abuse and neglect.

Thus, the ecological model is a valuable theoretical framework for child protection research, as it provides a holistic and comprehensive perspective on the multiple factors that impact child wellbeing. By considering the interplay between different levels of environment and the root causes of child maltreatment, researchers can gain a deeper understanding of the complex issues surrounding child protection. Furthermore, the ecological model promotes collaboration and coordination among different stakeholders in the child protection system, which can lead to more effective prevention and intervention strategies.

2.4 The Concept of Child Protection

When discussing child protection systems, it is important to define who is a child. The UN convention on the Rights of the child (CRC) (1990) defines a child as: *every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier*. In Zambia, according to the Republican Constitution and the National Child Policy by Ministry of Youth, Sport and child Development (2015) definition of the child means a person who has attained or is below the age of 18 years old.

Child protection is a broad term used to explain efforts that aim to keep children safe. UNICEF (2014) uses the term child protection to refer to preventing and responding to violence, exploitation and abuse against children. Samsonsen (2016) further explains that child protection systems consists of laws and policies, meaningful coordination across government departments and between sectors at different levels. UNICEF (2013: 3) defined Child Protection system as:

Certain formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect and exploitation of children. A CP system is generally agreed to be comprised of the following components: human resources, finance, laws and policies, governance, monitoring

and data collection as well as protection and response services and care management. It also includes different actors – children, families, communities, those working at subnational or national level and those working internationally. Most important are the relationships and interactions between and among these components and these actors within the system. It is the outcomes of these interactions that comprise the system.

From this definition, it can be observed that child protection systems are a set of usually government-run services designed to protect children and young people who are below 18 years in order to encourage family stability and create an enabling environment for the children. UNICEF (2018) and UNESCO (2008) affirms that child protection systems are often spread across government agencies.

2.5 Forms of Child Abuse

The current study incorporated forms of child abuse in the review of literature Research on the occurrence of various forms of child abuse because you cannot separate abuse from child protection interventions. Research on various forms of child abuse confirms an increase during the COVID-19 pandemic. African partnership to End Violence against Children (APEVAC) report released in (July, 2021) state new evidence which shows that, violence against the children is increasingly throughout Africa. The report further reveals that, rates of physical, sexual and psychological violence has grown largely due to the COVID-19 pandemic and ongoing humanitarian emergencies. In order to understand factors contributing to child abuse, it is important to understand the types of child abuse or maltreatment. These the major forms of child abuse include physical abuse, child sexual abuse and exploitation, neglect, emotional abuse and abandonment.

2.5.1 Emotional Abuse

Emotional abuse and emotional neglect are among the most common types of childhood maltreatment and are linked to a variety of negative mental health outcomes. Emotional abuse is a pattern of verbal behaviour over time or a single incident that is intended to harm the child's psychological capacity or emotional stability. Facets of emotional abuse, such as constant swearing, yelling, criticism or humiliation of a child, are easily noticeable, but others, such as unrealistic expectations or unreasonable

demands on the child, or unfair treatment rejection, name calling, teasing or bullying, yelling, criticism, prolonged isolation or locking a child up, and exposure to domestic and family violence (Taylor & Francis 2007; Yates, 2007). It harms the child's mental health as well as his or her physical, cognitive, moral, and social development (Kumari, 2020; Behl, Conyngham & May 2003). Selected studies on the effects of emotional abuse such as a study conducted by Dube *et al.* (2006) reveals that childhood emotional abuse was linked to ever drinking alcohol and early onset of alcohol use. Thompson and Kaplan (1996). Also report that emotional abuse may have a profound effect on aspects of psychological development in children.

In spite of Stoltenborgh et al. (2012) acknowledging emotional abuse as a global problem affecting the lives of millions of children all over the world, this type of abuse is a more hidden form of childhood maltreatment with difficulties in recognising, reporting and measuring it. Previous research suggested that the prevalence of emotional abuse is at least higher than reported in national statistics. Previous empirical studies, for example, suggested that the prevalence of emotional abuse ranges from 12 per cent to 48 per cent, depending on the sample studied (Trickett et al., 2009; Shin et al., 2017). Stoltenborgh et al. (2012) met analysis review on the universality of childhood emotional abuse reveals that, figures of emotional abuse reported in twenty-nine studies estimated prevalence was 3/1,000 for studies using informants and 363/1,000 for studies using self-report measures of child emotional abuse.

It is unarguably that, emotional abuse is one of the under reported forms of abuse. Many children experience it at home as many parents or care givers. When facing difficulties, they find it difficult to provide a safe and loving environment for their children. Apart from that emotional abuse or neglect may also reflect culturally accepted practices in some settings. For example, in many African cultures, scolding the child when they have done something wrong is an acceptable form of discipline. Similarly, girls receive less care and fewer resources than boys in the same family (Kumari, 2020).

2.5.2 Sexual Abuse

Sexual abuse is defined as including all forms of sexual abuse and sexual exploitation of children. This encompasses a range of acts, including completed non-consensual sex acts. The prevalence of child sexual abuse is difficult to determine because it is often not reported as Matafwali *et al.* (2020) allude to the fact that, majority of the cases of child sexual abuse are not reported, what is reported to relevant authorities is just the tip of an iceberg. As reported by MCDSS (2017) majority of the victims of Child Sexual Abuse (CSA) are girls. This clearly indicates that girls are more likely to experience CSA than boys during childhood. WHO (2022) confirms that 120 million girls and young women under twenty years of age have suffered some form of forced sexual contact.

Big Win Philanthropy (July 2018) Report on violence against children which reviewed evidence relevant to Africa on prevalence, impact and prevention reveals that, around 30 per cent of girls are sexually abused as children. For girls, the median level of ever-experienced childhood sexual violence is 30 per cent, while for boys it is 13 Per cent. Girls' percentages range from 22 per cent in Malawi to 38 per cent in Swaziland, while boys' percentages range from 9 per cent in Zimbabwe to 18 per cent in Kenya. In terms of the nature of the violence, a median of 16 per cent of girls across the six countries experienced unwanted sexual touching, 15 per cent attempted unwanted sex.

2.5.3 Physical Abuse

Physical abuse is any physical injury to the child such as kicking, striking, burning or biting or any action that leads to physical impairment of the child. UNICEF (2001) shows that most commonly employed by adults was corporal punishment, regardless of how easy it was to go to excess and mete out abuse instead of legitimate discipline. Child Physical abuse (CPA) occurs when a child is hurt or injured in an unintentional way. It is simply physical violence against a child and in most cases executed by a parent or a caregiver Physical abuse does not always result in visible scarring or injuries (Finzi-Dottan & Harel, 2014; Annerbäck, Svedin & Dahlström 2018). For example, hitting, shaking, choking, smothering, throwing, burn and using physical restraints. WHO (2022) estimates that nearly one in every four children, or 300 million children, aged between 2 and 4 years old are subjected to physical punishment and/or psychological violence at the hands of their parents or caregivers on a regular basis. Big Win Philanthropy report published (July, 2018) involving review of literature from

selected African countries reveal that, physical violence is experienced by roughly two thirds of children during their childhood. The median level of childhood physical violence experienced by girls is 57 per cent, 72 per cent for boys, and 65 per cent for both genders. Girls' percentages range from 22 per cent in Swaziland to 66 per cent in Kenya, while boys' percentages range from 52 per cent in Nigeria to 76 per cent in Zimbabwe. Unlike CSA, one gender is not necessarily more likely to be a victim of CPA. The results of the report clearly indicate that both genders were at high risk of experiencing physical abuse.

Research on child physical abuse as reported by Annerbäck et al. (2018) have shown that CPA it is a public health problem and there are strong enduring effects on mental and/or physical health in adulthood. Annerbäck et al. (2018); Campbell (2020) and WHO (2022) all reveals that Children who had been exposed to Child Physical Abuse reported significantly worse health than those who had not been exposed. Depending on the force used, CPA may result in lifelong physical or mental health impairments and/or other negative outcomes such as the death of the child (World Health Organisation, 2016). For example, children who are exposed to CPA are at increased risk for behavioural, physical and mental health problems such as: perpetrating or being a victim of violence, depression, smoking, obesity and injuries associated with the abuse.

The extent to which children were exposed to physical abuse during the pandemic is widely explored by many researchers and organisations. During the COVID-19 era, a number of studies reported a significant increase in the occurrence of physical abuse. Loiseau et al. (2021) study on Physical abuse of young children during the COVID-19 pandemic reported alarming increase in the relative frequency of hospitalisations of children during the lockdown period. The results further revealed that, even though the absolute number of children exposed to physical abuse did not change significantly, a significant increase in the relative frequency of young children being hospitalized for physical abuse from 2017 (0.053%) to 2020 (0.073%) was discovered. When compared to the 2017 to 2019 period and taking into account observed decrease in the overall hospital admissions during the first lockdown, the number of children exposed to physical violence was at 40 per cent higher than it was expected. Lawson, Piel & Simon's (2020) study also highlights that parental job loss during the pandemic could

be detrimental to children's safety raising the likelihood of psychological and physical abuse. Many parents who lost their jobs experienced depression, and stress.

In spite of its occurrence, CPA also continued to be an under-reported. Often this was an undetected problem for a variety of reasons including individual and community variations in what constitutes "abuse", inadequate knowledge and lack of training among professionals to identify abusive injuries, unwillingness to report suspected abuse and professional bias (Kellogg & Committee on Child Abuse and Neglect, 2007).

2.3.4 Child Neglect

Child neglect is a failure by a parent or a person with the responsibility to provide the child's needs. It is a deficit in meeting a child's basic needs including the failure to provide adequate supervision, health care, clothing or housing as well as other physical, emotional, social, educational and safety needs (Nelson et al., 2012; WHO, 2022 & Centers for Disease Control and Prevention, 2022). In other words, neglect occurs when the child is deprived of their basic needs or absence of sufficient attention, responsiveness and protection appropriate to the age, stage and unique needs of the child.

Furthermore, there are various types of child neglect which have been identified and described by Network (2017) that include:

- (i) Psychological or emotional neglect encompassing a lack of emotional support and love, chronic inattention, caregivers who are 'psychologically unavailable' by ignoring young children's cues and signals, and exposure to intimate partner violence or drug or alcohol abuse;
- (ii) Physical neglect defined as the failure to protect a child from harm, failure to supervise or to provide a child with basic necessities such as adequate food, shelter, clothing and basic medical care;
- (iii) Physical or mental health neglect by withholding necessary medical care; and
- (iv) Educational neglect of failure to comply with laws requiring caregivers to secure their children's education, whether through school attendance or otherwise.

On the prevalence of child abandonment, according to the United Nations (2019), sixty million children and infants were abandoned by their families and are living on their

own or in orphanages around the world. While child abandonment is a rare event, it still occurs in many countries worldwide including high income countries. In Africa APEVAC's report released in (July, 2021) reveals that Africa has the highest rates of child neglect in the world, with 41.8 per cent of girls and 39.1 per cent of boys being neglected by their caregivers. In high income countries, research has also confirmed its occurrence. Navne and Jakobsen (2021) study investigated child abandonment in ten high income countries namely Denmark, Sweden, Norway, Germany, the Netherlands, France, Poland, Austria, the United Kingdom and the United States of America. The researcher confirms the occurrence of child abandonment in all the ten high income countries included in the study.

It is imperative to state that, the lockdown during the COVID-19 period resulted in an increase in child neglect in several countries, with many children being neglected by their parents and denied basic necessities such as food, medical care and shelter (Sserwanja, Kawuki & Kim, 2021). Furthermore, just like any other types of child abuse, child neglect, has negative effects on the development of the child. Milaniak & Widom's (2015) study reports that individuals with a history of child abuse and/or neglect were significantly more likely than the control group to be poly-violence perpetrators, committing violence in all three domains. Similarly, Centers for Disease Control and Prevention (2022), also confirms that Children who are abused or neglected face an increased risk of future violence victimisation and perpetration, substance abuse, sexually transmitted infections, delayed brain development, lower educational attainment and limited employment opportunities in the long run.

2.3.5 Abandonment

Another form of abuse is abandonment, which occurs when the parent's identity or where about are unknown, the child is left by parents or caregivers in circumstances where the child suffers serious harm or the failure of the parent to provide support for a period. In other words, child abandonment is the illegal relinquishment of interests and claims over one's offspring with the intent of never resuming or reasserting guardianship (Corbier, M. 2005; MCDSS, 2019, UNICEF, 2018 and UNESCO, 2020).

Abandonment as another form of child abuse has been referred to as a problem that is entirely the domain of poor women, and that these women are frequently young

teenagers as postulated by Blackie (2014). This implies that majority of the perpetrators of child abandonment are young women left with the responsibility to take care of their children especially when the father of the child has failed to provide much needed support. UNICEF (2014: 55) acknowledge other factors that contribute to child abandonment to the *“growth of people who suffer from alcoholism, drug addiction, mental illness and de-socialisation and criminal personalities, single-parent families, which are the main contingents supplying institutions for orphan children”*. Poverty, high levels of violence including rape, gender inequality, extreme and diminishing family support is also tribute to child abandonment.

2.5.6 Child Trafficking and Commercial Sexual Exploitation of Children (CSEC)

A child under the age of 18 years old who engages in, agrees to engage in, or offers to engage in sexual conduct in exchange for money, clothing, food, shelter, education, goods or care is considered commercially sexually exploited. Exploited children are not “child prostitutes” but rather “child victims”.

2.5.7 Child Labour

Child labour is work that deprives children of their childhood, their potential and their dignity and that is harmful to physical and mental development Child labour can cause severe physical and mental harm, as well as death. It has the potential to lead to slavery as well as sexual or economic exploitation. In nearly every case, it denies children access to education and health care, limiting their fundamental rights and jeopardising their futures (UNICEF, 2020). Children being forced into wage labour because of extreme poverty has become a global problem in recent years. ILO (2014) revealed that, nine per cent of African children are involved in hazardous work, which is the highest rate among all regions of the world. Africa has the most child labourers; 72.1 million African children are estimated to be in child labour, with 31.5 million working in hazardous conditions. In Africa, progress against child labour appears to have stalled.

2.6 Trends in the Occurrence of Child Abuse

The section on Trends in the Occurrence of Child Abuse examines evolving patterns and prevalence rates of child maltreatment. Through analysis of empirical data and scholarly insights, it aims to illuminate shifts in societal, economic, and familial factors

contributing to these trends. A trend is a broad direction in which something evolves or changes (Wu et al., 2007). The analysis of trends in the occurrence of child abuse is dependent on any country's child protection service system UNICEF (2020), which is mandated to protect children from abuse and neglect. Aside from that, the foundation of trend analysis in child abuse is reporting all cases of child maltreatment to child protection Service Providers, who are also expected to respond appropriately to the report.

Although child maltreatment was recognized as a global social problem affecting children, the outbreak of COVID-19 pandemic was a potential catalyst for child abuse and brought various emerging changes in the occurrence of child abuse. Various studies conducted during and after the pandemic have highlighted significant changes in child maltreatment (UNICEF, 2020; WHO, 2020 & Yousif et al., 2021).

Loiseau (2021) study on Physical abuse of young children during the COVID-19 pandemic conducted in France found a 50 per cent increase in the relative frequency of children's hospitalisations for physical abuse from 2017 to 2020. Thus, this steady increase in the occurrence of child physical abuse in France reflect a global trend in child maltreatment during the pandemic. Gonzalez, Afifi and Tonmyr (2021) also report that, COVID-19 pandemic increased risk factors associated with family violence in Canada.

Similarly, Yousif et al. (2021) study revealed an increase in children's hospitalised cases linked to physical abuse during the pandemic. The Children's Hospital of Eastern Ontario reported a more than two-fold increase in fractures and head trauma in children under the age of one year from September to January 2021, compared to the same period in pre-pandemic years.

Alenezi *et al.* (2021) study on Evaluation of the impact of the COVID-19 pandemic on the reporting of maltreatment cases to the National Family Safety Programme in Saudi Arabia reveals that during COVID-19, abuse was reported by a family member far more frequently than by the victims themselves or by a healthcare worker. The study further revealed that sexual and emotional abuses were more frequently reported, and the male gender is thought to have featured more frequently in reports prior to the pandemic era than during the pandemic.

2.7. Risk Factors in the Occurrence of Child Abuse

Risk factors for child maltreatment are measurable circumstances, conditions, or events that increase the likelihood that a family will have poor outcomes in the future (Child Welfare Information Gateway, 2014). Understanding the risk factors for child abuse and neglect is vital in developing effective prevention and early intervention strategies. Risk factors are causes of child abuse or neglect, and the presence of one or more risk factors does not guarantee the safety of children, just as the presence of protective factors does not guarantee the safety of children. For example, family size or parent alcohol abuse is one of the risk factors to child abuse, however, child maltreatment can also occur in small size families or in homes where parents do not abuse alcohol. Ronan, Canoy and Burke (2009) cited in Smart (2017) point out that large family size has multiple risk factors, even families with many risk factors do not abuse or neglect their children. On the contrary, child maltreatment can occur in families with none of the commonly associated risk factors.

Poverty is one of the factors contributing to child abuse and child protection. It can be both financial and psychological, and this affects the effect of prevention programmes. UNICEF (2018) reports that many child marriages in Zambia occurs as a result of poverty. For example, young children are married off at a tender age in an effort to improve their lives. As a consequence of Zambia's economic and social circumstances, many children and families are constrained by the lack of viable alternative options to advance in life.

Additionally, a child's vulnerability to maltreatment may be increased by factors such as age, health, and physical, mental, emotional, and social development. Because of their small physical size, early developmental status, and need for constant care, infants and young children are especially vulnerable to certain forms of maltreatment, such as abusive head trauma and physical or medical neglect (Conroy et al., 2009; Widom, et al., 2001; Schumache et al., 2001, Whitake et al., 2008) Furthermore, researchers explains other characteristics of the child contributing to the occurrence of child abuse such as children with disabilities, cognitive impairment, or failure to thrive may be more likely to be abused. (Hibbard & Desch, 2007, Skuse et al., 1995) Children with disabilities were more likely than typical development children to be abused by parental figures and to suffer physical abuse that resulted in bodily harm or serious

sexual offenses, such as penetration, repeated abuse, use of force and threats. Higher levels of disability were linked to a higher risk of sexual abuse. Both the increased prevalence of severe abuse and the failure to disclose abuse (Hershkowitz & Horowitz, 2007).

Moreover, the gender of the child is identified as one of the contributing factors to child abuse. Most studies that focused on Child sexual abuse reveals gender disparities in its occurrence. The CSA literature indicates that girls are far more likely than boys to be victims of CSA. (Barth et al., 2013) The girls are more likely to experience child sexual abuse as compared to boys. Wacstcott (1994) study in South Africa confirmed that, the majority of the victims of child sexual abuse of all the reported cases at the Red Cross War memorial children's hospital in Cape Town over a period of six months were girls aged from two to twelve years old.

Furthermore, Children who experience mental health problems, or whose parents struggle with mental health issues, face increased vulnerability to child abuse. The stress and challenges associated with managing mental health conditions can impair a parent's ability to provide adequate care and support to their children, potentially leading to neglect or abusive behaviors. Research indicates that parental mental illness significantly heightens the risk of child maltreatment, as it can contribute to decreased parental supervision, emotional instability, and impaired decision-making abilities (Leslie et al., 2016). Additionally, children with their own mental health concerns may be more susceptible to abuse due to their increased dependence on caregivers and potential difficulties in communicating their needs effectively (Lindsey et al., 2014). The COVID-19 pandemic heightened the risk of child abuse, especially for children with mental health issues or parents struggling with their own mental health. The stressors of the pandemic, such as economic strain and limited access to support services, exacerbated existing challenges. Parents' ability to provide care may have been impaired, leading to neglect or abusive behaviors. Children's dependence on caregivers and difficulties in communicating their needs were compounded by the disruptions caused by COVID-19. Addressing both children's and parents' mental health needs was crucial in preventing child abuse and promoting family well-being during this challenging time.

Moreover, the immediate environment in which children reside can either foster protective or abusive conditions for their development and growth. A safe environment is characterized by the absence of active threats to child safety. If any threats do exist, they are being effectively managed and controlled. Landgren (2005) outlines the elements required in a society for the effective protection of children from violence, exploitation and abuse. The eight elements key to protective environments are:

1. Government commitment and capacity;
2. Legislation and enforcement;
3. Culture and customs;
4. Open discussion;
5. Children's life skills, knowledge and participation;
6. Capacity of families and communities;
7. Essential services; and
8. Monitoring, reporting and oversight.

These elements present a case for creating a common child protection platform nationally, within and across agencies. There is no doubt that a safe environment exists because all stakeholders with the assigned task of providing a safe home and community environment are assuring that protection is occurring, available and ongoing. For example, the government has a huge role to play in creating the safe environment for children in any nation. As highlighted in Landgren (2005) eight elements of a protective environment for the children, government commitment and capacity is key. The government has a responsibility of ensuring that laws and policies are formulated and all stakeholders should ensure that these policies are effectively implemented. Apart from that, the government should also ensure that resources are mobilized towards the fight against child maltreatment. Based on this back drop, it can be said that the government has a huge role to ensure that children are protected.

2.7.1 Child Protection Interventions during an Emergency

Child protection interventions during an emergency are broad and are mostly based on efficiency, effectiveness, sustainability, community partnership and collaborations, communication and media based involvement, and responsiveness of child protection services to the needs of the children (UNICEF, 2020). Efficiency measures how economically resources (inputs) and the way they are applied are converted to direct

results. Efficiency in the use funds to help children and families to demonstrate effectiveness in protecting children from harm (Tilbury, 2009). For example, focusing on the allocation of resources towards child protection programmes such as monitoring the situation of children and families at risk; to coordinate protection, referral activities, to identify and manage individual cases and providing a place of safety for children at risk. Thus, the approach to performance measurement in child protection can contribute to efficiency in service delivery (Tilbury, 2009). Encompassed three major content areas: improving communication; enhancing the knowledge base of professionals in both sectors; and providing adequate resources and appropriate service models.

Suffice to say is that, the outbreak of the COVID-19 pandemic has a negative impact on child protection services globally. UNICEF (2020) global survey reports that, Violence prevention and response services were severely disrupted during the COVID-19 pandemic, leaving children at increased risk of violence, exploitation and abuse. Around two thirds of countries reported at least one service was severely affected and the highest proportion of countries reporting disruptions in the availability of services. Fouche, Fouché and Theron (2020) point out that,

COVID-19 legislation had the potential to advance children's protection from abuse and neglect during emergency times. However, this potential would be curtailed if COVID-19 legislation was inadequately operationalised and/or prioritised physical health to the detriment of children's intellectual, emotional, social and security needs. Many governments focused on the investing resources in physical health of the people children inclusive and the can led into reducing funding towards various services such as child protection.

The concept of sustainability comprises a variety of dimensions that are relevant for assessing an intervention. Canavera, Lanning, Polin and Stark (2016) reported four dimensions which appeared as decisive pillars for child protection systems' strengthening. These included coordination, capacity, programme funding and community inclusion. These factors were found out to have taken root in unequal measure. During the COVID-19 pandemic, implementing sustainable child protection programmes that protected children from violence, abuse and exploitation was a

priority for every country in the world. UNICEF (2020) reports that risk factors for violence, exploitation and abuse were on the rise for children living under restricted movement and socioeconomic decline during the pandemic. Katz et al. (2022) study reveal that COVID-19 created challenges for child protective services worldwide. UNICEF (2020) acknowledges that 104 of the 136 nations that answered to UNICEF's Socio-economic Impact Survey of COVID-19 Response reported that services pertaining to violence against children had been disrupted. Around two thirds of the world's nations, including South Africa, Malaysia, Nigeria and Pakistan, stated that at least one service had been seriously impacted. The majority of countries experiencing service availability issues are in South Asia, Eastern Europe, and Central Asia.

There is no doubt that the outbreak of the COVID-19 escalated already existing child protection challenges. Matafwali et al. (2020) and UNICEF (2020) heightened some challenges which include Under reporting of cases of child abuse hinders the provision of child protection intervention Availability and access to child protection services at community level remains a challenge in many countries across the world especially during the COVID-19 pandemic. UNICEF (2020) reports that, widespread interruptions in the reporting and referral mechanisms of child protection services have also been observed. UNICEF (2020) estimates that 1.8 billion children live in countries where violence prevention and response services have been disrupted due to COVID-19.

It can be inferred that, even if there are well planned and implemented child protection programmes at national level, failure of this framework to trickle down to the community level is likely to delimit access to victims in need of these services and ultimately defeats the purpose of implementing such programmes. Thus, the objective of every child protection intervention is to strengthen community participation for effective implementation especially during the time of emergencies. Canavera et al. (2016) recommends that strengthening national child protection systems, emergency response activities must better align with household- and community- level efforts to protect children.

Lack of coordination among key stakeholders can hinder the implementation and strengthening of child protection interventions both at national and community level.

Coordination problems are not just about conflicts, however, and may also arise because of the redundancy of programmes, or the presence of gaps in coverage because programmes have not been coordinated. Coordination is one of the oldest challenges facing many programme implementation as some stake holders can either work in isolation or risk being alienated. Canavera, et al. (2016) study in South Sudan reports that all systemic levels indicated that child protection systems strengthening efforts operated largely in isolation from the quotidian realities of children, families and communities. Lack of coordination meaning the failure to operate like a well-oiled machine and Peters (2018) says that it is often caused by inadequate data sharing ineffective communication among key stake holders. This can lead to delay in the implementation of child protection policy or programmes.

UNICEF (2019) acknowledged that lack of comprehensive data on violence against children is one of the gaps and challenges to plan, implement, monitor and evaluate appropriate policies and programming for child protection. This lack of sufficient and reliable data contributes to the inability of both government and other agencies to make informed programmatic decisions around violence against children. As a result, evidence to support advocacy, inform national planning and funding allocation, and monitor the impact of all forms of violence is urgently needed.

United Nations Sustainable Development group (2020) suggested various specific child protection services to put in for vulnerable children such as children living on the streets, children with disabilities, homeless children and those exposed to abuse place during the COVID-19. The immediate and sustained actions for the attention of governments and policymakers, including in relation to the following three priorities:

- (i) Re-balance the amalgamation of interventions to reduce the impact of COVID-19 on children in low-income countries and communities and broaden social protection programmes to reach the most susceptible children;
- (ii) The second approach is to prioritise the continuity of child-centered services with particular focus to equitable access to services and community-based child protection programmes; and
- (iii) Thirdly, provide practical support to parents and caregivers, including how to talk about the pandemic with children, how to manage their own mental health and the mental health of their children, and tools to help support their children's learning.

The involvement of parents is very important for child care practice cannot be over emphasised. Child protection systems need to see parents as active participants in child protection rather than passive ones in order to fully engage them in the process. Parental involvement begins at home with the parents providing a safe and healthy environment.

2.7.2 Collaborations and Partnerships in Child Protection

Partnerships in child protection can be defined as a shared commitment to negotiation and resulting actions that ensure a child's safety and welfare. It necessitates mutual respect for each other's points of view, as well as recognition of the power imbalance between professionals involved, children, and their families. Thus, it involves all agencies and professionals working together to safeguard children. Apart from that, each professional or agency will have a different role to play but each of them is all as important.

In order to create an effective partnership or collaboration in child protection Comer and Vassar (2008) identified six principles to partnership that include:

1. Everyone desires respect
2. Everyone needs to be heard
3. Everyone has strengths
4. Judgments can wait
5. Partners share power
6. Partnership is a process

If these principles are followed by stakeholders, partnership can be an integrative and problem-solving relationship that puts the interest of the child at the center of everything. It is for this reason that partnership and collaboration is encouraged at all levels as highlighted by UNICEF (2020) that no service provider can implement community programmes without partnership with the parents and community. Similarly, Department of Children and Youth Affairs (2016) and Slettebø (2013) alleges that Collaboration is also encouraged in the diversity, equality and inclusion approach in child protection. Partnership further provides social support needed, a forum to voice their opinions of the services, empowering process and provide Service Providers with useful information which can result in sustainable programme

development. Corby, Millar and Young, (1996) conducted a study on parental involvement found that, parents felt heard and understood, they were better informed than before and their involvement in all aspects of the decision making was an empowering process. When one feels heard and understood, defensiveness and resistance begin to melt away and it becomes easier to look for solutions.

Furthermore, Green, Rockhill and Burris (2008) study found that collaboration served to benefit families through facilitating development of shared values across systems, improving communication, and creating team approaches to support of families. Similarly, the Federal Children's Bureau implemented a programme in (2003) for five years. The programme focused on d Improving Child Welfare Outcomes through Systems of Care. The cross-site evaluation of Systems of Care (National Technical Assistance and Evaluation Center for Systems of Care,

2010) found that, Community partners perceived that their collaborative efforts were effective in promoting positive changes in policies, procedures, and practices and, ultimately, in creating positive outcomes for children and families. The evaluation further revealed that, child welfare staff felt increasingly encouraged and supported to adopt collaborative practices, and community based approaches, Child welfare agencies experienced increases in broad-based community support, which helped them weather crises associated with child fatalities and inter-agency partners became more active participants in child welfare case planning processes and their services to children and families in the child welfare system nearly tripled.

Despite evidence by UNICEF (2020) that partnership hold promise in sustaining child protection programmes and effective implementation, few studies explicitly examine factors that may facilitate or impede partnerships. Providers across systems described ongoing challenges such as misunderstanding between systems, time pressures related to ASFA, and confidentiality concerns. Green, Rockhill, and Burris (2008) study further reported providers across systems faced ongoing challenges in partnership such as misunderstanding between systems, time pressures and confidentiality concerns

2.7.4 Communication and Media -based involvement in Child Protection

Effective communication in child protection between professionals and other stakeholders cannot be excluded as one of the major interventions during emergency. Communication is defined as “the process by which information is transmitted from one person to another and is understood by them”. This definition also emphasises that the recipient must interpret the message and attach meaning in order to give appropriate feedback. Thus, communication is particularly crucial in a network where a number of individuals coordinate action within the network. Coordination is an interagency context within which inter-professional communication can occur; and conversely, communication is a behavioural enactment of the intention to coordinate (Reder & Duncan 2003; Forrester et al., 2008; Scott 2002 & Oswell, 2008).

Communication is identified as being important in child protection as it can create support among all stakeholders especially the family. Communication can either inhibit effective practice or be a valuable fulcrum for family support and child protection. This support can involve the creation of a social support network understood as a process by which information or resources are endowed from formal to informal networks in everyday moments and in crisis situations (Lin & Ensel 1989); Fuentes-Peñaez et al., 2014; Pérez-Hernando and Fuentes-Peláez, 2020).

Effective communication between professionals as suggested by Reder & Duncan (2003) requires a mindset that can be developed through training. This has two fold impact on child protection. On one hand it can improve efficiency and on the other professionals are likely to encounter challenges if not well trained in the use of technology. UNICEF (2020) conducted a survey on in Europe to find out to find out how governments and partners have been using digital technology to respond to COVID-19 pandemic.

Some of the findings of the study revealed that, many across countries Europe were using digital technology as a tool for training, coaching or supervision. Apart from that, it was found that the interactive online platforms brought together practitioners to share new theoretical and practical knowledge, professional experiences as well as dilemmas and strategies to overcome obstacles. The study further revealed that, remote access to digital platforms on the use of digital solutions by social workers was found to be a challenge. Challenges included lack of computer literacy and skills,

connectivity problems and lack of digital devices. The findings of the aforesaid study confirm what Reder and Duncan (2003) who hinted that effective communication among professional in the use of technology requires training. Without appropriate training and putting in place resources or strategies to overcome challenges, achieving effective communication among stakeholders is likely to be problematic.

Furthermore, keeping play in multidisciplinary child protection communication interventions, the media is also identified as key stakeholders in child protection communication interventions. In the recent years, communication and involvement of the media in child protection has emerged and established as a main platform for public communication. Therefore, many organisations including government institutions cannot ignore the presence and influence of media in child protection during emergence. It is also important to note that even without an emergency, as pointed out by Mishra (202) and Reder and Duncan (2003) that the media has been utilised to sensitise the people on various issues such as human rights, child rights and protection of the children. Furthermore, the media plays a significant role in informing and influencing people's attitudes and behaviour, increase society's awareness of, and response to child abuse and neglect.

UNICEF (2020) adds that, media attention to child rights as at times positively influenced public, professional and political responses to circumstances in which children find them.

Psycho-social a process of facilitating resilience within individuals, families and communities" (IFRC Reference Centre for Psychosocial Support, 2009). UNICEF (2010) also defined psychosocial support (PSS) as a processes and actions that promote the holistic wellbeing of people in their social world. It includes support provided by family and friends. In emergency situations, psychosocial support is a major factor in the mental and physical protection of children and can be a key child protection intervention. If properly delivered, psycho-social can provide a safe, stable environment in the midst of crisis, and help restore a sense of normality, dignity, and hope by providing both routine and structured, supportive activities that help build children's cognitive, social and emotional skills (UNICEF, 2010) Crises can disrupt family relationships, disturb social cohesion, and can create feelings of isolation, uncertainty, fear, anger, loss, and sadness. Exposure to adversity, particularly in early

childhood, can lead to lifelong impairment of learning, behavior, physical and mental health (Shonkoff, Boyce & McEwen, 2009). Child abuse has both short and long term impact on the psychological wellbeing of the child. . Southern Africa Trust (2001) cited in Matafwali (2016: 4) outlines the short- term effects to include: mood changes, worrying thoughts, anger, feelings of powerlessness, fear, increased anxiety, night mares, difficulty in concentrating, flash backs of the events, frequent vigilance of one's environment for fear of confronting the abuser. Long term effects include: difficulty with trust and intimacy relationships, depression, chronic or severe anxiety, post trauma stress disorder (PTSD). There is an association between child maltreatment and devastating lifelong consequences to individuals who experience it (Hillis et al., 2019; Meng et al., n.d.; Lamis, 2014).

Ainamani et al. (2017) study indicated a significant negative association between PTSD symptom severity and working memory ($\beta = -0.32$, $p < 0.001$), as well as executive functions ($\beta = -0.19$, $p = 0.003$). Furthermore, the impairment of psycho-social functioning in everyday life was positively related with PTSD symptom severity ($\beta = 0.70$, $p < 0.001$), and negatively with executive functioning ($\beta = -0.15$, $p = 0.003$). Trauma survivors not only suffer from the core PTSD symptoms but also from impaired cognitive functioning. PTSD symptom severity seems furthermore to be related to impair psycho-social functioning.

Psychosocial support is an integral aspect for consideration while mitigating the devastating effects of child maltreatment as research findings by Ainamani et al. (2017) further suggest that trauma-related mental health problems may heighten the risk for poverty and lack of prospect and further aggravate the consequences. Fuentes-Peláez et al. (2014) contends that, the provision of psychosocial support enhances wellbeing and health, as social relationships provide the individual with a set of identities and positive evaluations. It is through psychosocial child protection interventions that help to take care of the mental well-being of both the family and the abused child.

Although there is scarcity of research as reported by Ainamani et al. (2017) regarding available psychosocial support intervention for maltreated children in developing countries, few research conducted have confirmed benefits of psychosocial support to

abused children and family. Derakhshanpour et al., (2017) study on Effectiveness of psychosocial interventions in abused children and their families revealed that significant changes in mother's general health ($p < 0.001$) improved children's conduct, peer problems. Physical and emotional abused also significantly decreased. They concluded that psycho-social interventions effectively improved child-parents interventions and mental health of the parents. Therefore, based on the findings, psychosocial support in child abuse interventions as a very important service provision as failure to provide this service can have negative impact on both the children and the Service Providers.

Another aspect to consider is that, psychosocial support services should not only target children and their families but also Service Providers. Pandemics and natural disasters are extremely stressful events for frontline workers because they provide care and other integrated services to a population experiencing the disaster's effects while also experiencing such impacts in their personal lives. Frontline workers are at a higher risk of negative effects on their mental health as stressors are added to an already demanding job. The current COVID-19 pandemic has already had a significant impact on healthcare workers' mental health, with increased rates of burnout, anxiety, and depression. (Palmer et al., 2022; Ching 2021; Medeiros et al., 2021). The need for the provision of psycho-social services to Service Providers was because of distress and burnout was confirmed by Roberts et al., (2021) study on mental and well-being impact of COVID-19 on rural paramedics. Police, community nurses and child protection workers found strongest associations with burnout and psychological distress related to workload provision of practical support during the pandemic. They concluded that COVID-19 increased the workload and stress on Service Providers and the major sources of stress were related to organisation's response to COVID-19 and not COVID-19 parse.

2.8 Perceptions of stakeholders on re-integration of children into family-based care

Inter-Agency Group on Children's Re-integration, (2016: p. 1) define re-integration as: *"The process through which a child who has been separated from his or her family makes what is anticipated to be a permanent return to that family and community in*

order to receive protection and care. It involves a child's physical reunion with his or her family or former caregiver with the aim of making this placement permanent.”

In other words, re-integration is the method of encouraging and securing a changeless return of a child into his or her family and the community where he or she is given security, a sense of having a place and reason in all circles of life (MCDSS, 2017). Furthermore, Article 39 of the United Nations Convention on the Rights of the Child (UNCRC), highlights the need for special protection and care for the children who are vulnerable or at risk and emphasises the role of the family in caring for the children and the state in providing support. For example, the UNCRC.

Article 7 states that: every child has the right to know and be cared for by their parents.

Article 10: governments must respond quickly and humanely to reunite a child who has been separated from their family.

Other international and regional instruments such as the African Charter on the Rights and Wellbeing of the children have built on the same basic principles as UNCRA. It highlights issues of special importance with regards to issues of family life and alternative care specifically address: parents responsibilities, family reunification of separated children, maintenance of the child and social integration among others (MCDSS, 2017).

In recent years, there has been a growing number of children living in institutional homes or safe homes MCDSS (2017) and the outbreak of the COVID-19 pandemic created an inescapable heightened risk of children being abused and some in need of alternative care. Boothby *et al.* (2012) report that the majority of children living in safe homes or institutions were first exposed to traumatic life events while living with their families or after being separated from their families and placed in an out-of-family placement - an institution or foster care - or after becoming homeless and living on the street.

In Zambia, MCDSS (2017) highlights that, Children who are abused or at risk of protection are removed from risk environment to the homes of safety or safe spaces. The safe spaces or homes of safety provided to the children at risk of protection is not

considered as a permanent home because Service Providers believe that, children should grow up in a family.

One of the objectives of the current study focused on re-integration of children who were abused and those removed from the streets. These categories of children being integrated remains under explored by researchers as reported by De Bruin Cardoso et al. (2020) that Understanding children's re-integration experiences within other groups of children, such as those from the streets, trafficked or in residential care, remains challenging. The most evidence on the impact of re-integration programmes on children has come from research with children affected by or associated with armed conflict (Betancourt et al., 2008, 2010; Boothby, Crawford & Halperin, 2006; Burman & McKay, 2007; Jordans et al., 2012; McKay, Veale, Worthern & Wessells, 2010 cited in De Bruin Cardoso 2020).

In recent years, there has been a notable increase in efforts to reunite separated children with their families. De Bruin Cardoso et al. (2020) highlight this surge in interest, reflecting a broader recognition that while institutions may offer a semblance of safety, they are often viewed as less desirable environments for children's overall well-being. Stakeholders, including policymakers, practitioners, and advocates, have emphasized the importance of prioritizing family reintegration over institutionalization for children who have been separated from their families.

In spite of foster care placements showing positive psychosocial adjustment and developmental gains among children growing in institutional homes, as reported in an orphan study by Escueta et al. (2014) conducted in Cambodia, Ethiopia, India, Kenya and Tanzania which found that children living in institutional settings performed as well as or better than their counterparts in family-based care on measures such as physical and emotional well-being. The adverse effect of Separation of children from the family on a child's development cannot be overlooked. McCall and Groark (2015) confirm that Children can suffer great harm when they are taken away from their families. Lack of attachment to a reliable caregiver harms a child's growth, especially their brain development. Family for every Child (2014b) also observes that the loss of parental care can have a significant effect on a child's development and well-being. The ideal setting for a child's growth and development is universally acknowledged to

be a safe and secure home. Therefore, every effort is made to reintegrate separated children into their families and communities (BCN et al., 2013).

Furthermore, Cody (2017) report on children affected by or associated with armed conflict show how re-integration programmes that support children individually while also building community acceptance can lead to children gaining confidence, skills, and a positive outlook as they progress through their re-integration journey, allowing them to carve out positive futures.

2.9 Review of selected Child Protection models and rationale for the applicability of the current study framework

In this section of the literature review, six prominent child protection models were reviewed in order to understand their strengths, weaknesses, and applicability, particularly during emergencies. The models under review include the Anglo-American model, Nordic model, Continental European model, Post-Colonial model, Child Protection Law Model, and Child Protection Practice Model. Understanding these models is crucial for the current study as it seeks to develop a multisectoral emergency child protection framework applicable in Zambia. Undoubtedly, the review of these models, provided insights into various approaches to child protection, identify gaps in existing systems, and inform the development of a comprehensive framework tailored to address child protection needs during emergencies in Zambia.

The first four prominent child protection models draw upon Gilbert, Parton and Skivenes (2011) cited in Tobis (2019). These are: the Anglo-American model, Nordic model, Continental European model, and Post-Colonial model.

a) Anglo-American Model

The Anglo-American model, prevalent in English-speaking countries like England, the United States, Canada, Australia, and New Zealand, primarily focuses on identifying and investigating cases of child abuse or neglect. It operates on a remediation-oriented approach, where interventions are initiated after problems have arisen, often targeting individual cases rather than providing universal preventive measures. One of its strengths lies in its structured remediation processes, including clear protocols for

abuse identification and investigation, as well as established systems for out-of-home placements when necessary.

The weaknesses of the Anglo-American model, lie in its reactive nature, focusing more on remediation after abuse has occurred rather than preventive measures. This approach can strain resources, particularly during emergencies like pandemics, where proactive interventions are crucial. Additionally, the model's heavy reliance on out-of-home placements may not be conducive to addressing child protection needs effectively during emergencies, warranting the development of a more adaptable framework applicable to crisis situations.

b) Nordic Model

The Nordic model, observed in countries like Sweden, Finland, Norway, Denmark, and Iceland, takes a holistic approach to child protection, with a strong emphasis on family support and prevention. It views the government as having a social responsibility to support all individuals and families, providing universally available childcare, healthcare, and family support services. One of its notable strengths is the significant upfront and ongoing investment required to establish a broad network of support services, leading to reduced social problems in the long run. Despite the model emphasising preventive measures and family support, the challenge lies in maintaining universal support alongside targeted interventions during crises. Therefore, developing a child protection framework adaptable to emergencies is essential to address these weaknesses and ensure effective responses during such times.

c) Continental Models

Belgium, the Netherlands, Germany, and France adopt Continental Models, which strike a balance between child protection and family support. These models often involve self-referral and community-based assistance, with a focus on assessing families' strengths and needs rather than investigating abuse and neglect. Strengths of these models include the flexibility to tailor interventions to individual cases and the involvement of community resources in supporting families. However, challenges may arise from the lack of standardized approaches across different countries and disparities in service provision based on regional variations.

While these models emphasize family support and community-based assistance, challenges include the lack of standardized approaches and disparities in service provision across regions. Developing a framework applicable during emergencies is crucial to address these weaknesses and ensure consistent and effective responses to child protection needs during crises.

d) Post-Colonial Model

Post-colonial countries, primarily in Africa, Asia, or Latin America, often adopt variations of the Anglo-American model but face unique challenges. While their child protection systems align with international standards, limited resources and inadequate enforcement of laws pose significant barriers. Strengthening child protection laws and involving NGOs in service provision are notable strengths of these models. However, challenges include insufficient government funding for support services, and disparities between formal and informal systems of support. These weaknesses highlight the importance of flexible and adaptive approaches to child protection during crises, emphasizing the need for coordinated responses that address both immediate and long-term needs.

e) Child Protection Law Model

This del can be traced from September 2009 when the Protection Project at the Johns Hopkins School of Advanced International Studies started a joint project with the International Centre for Missing and Exploited Children to draft a Model Law on Child Protection aimed at protecting children from all forms of neglect, abuse, maltreatment, and exploitation (International Centre for Missing and Exploited Children, 2013)

This model emphasises the establishment of clear legal standards, mandated reporting, investigative procedures, and judicial oversight to safeguard children from abuse and neglect. Key concepts of this model include the enactment and enforcement of laws specifically designed to protect children, the designation of authorities responsible for child welfare, and the provision of legal remedies for victims of abuse (ibid).

However, weaknesses of this model become apparent in its applicability to child protection during emergencies. For example, the model's focus on legal frameworks and procedural safeguards may hinder its adaptability to rapidly changing emergency situations. Legal processes and protections may not be well-suited to address the immediate needs of children affected by crises, leading to delays in response and service delivery. Apart from that, While the model includes some provisions for children during crises, such as natural disasters or public health emergencies like pandemics, the Child Protection Law Model may face significant challenges. Emergency situations often overwhelm legal systems and infrastructure, leading to delays in legal proceedings, difficulties in enforcing laws, and limited access to legal remedies for child victims as confirmed by Davidson et al (2023) study that reveal that, most respondents reported their sectors had experienced challenges in protecting children from violence — particularly delays in reporting abuse and pursuing justice undoubtedly, the rigid nature of legal frameworks may hinder rapid response and flexibility in addressing emerging child protection issues during emergencies

f) The Practice -SAFE Model

The Practice Model developed by Action Child Protection exemplified by the Safety Assessment Family Evaluation (SAFE) Model, demonstrates several strengths that contribute to effective child protection practices. Firstly, the model is founded on a strengths-based approach, emphasizing family-centered and trauma-informed interventions. By focusing on strengths and capacities rather than solely on deficits, the model promotes empowerment and engagement with families, potentially enhancing outcomes. Moreover, the SAFE Model incorporates standardized tools and decision-making criteria, providing a structured framework for assessing child safety and making well-informed decisions. This standardized approach helps ensure consistency and reliability in child welfare agency practices across different jurisdictions (<https://und.edu/cfstc/files/docs/2022-may-sfpm-overview-handout.pdf>).

Based on the highlighted reviewed models it is worth to note that, the development of a child protection model applicable during emergencies is crucial due to several reasons gleaned from existing models. Firstly, during emergencies, existing child protection systems may face significant challenges in responding effectively to the

needs of children and families affected by crises as repeatedly reported by Canavera, et al (2016) study. The study revealed that although child protection systems were found to have varying degrees of influence, respondents from all levels of the system indicated that efforts to strengthen child protection systems often operated independently from the everyday experiences of children, families, and communities such as pandemics, natural disasters, or armed conflicts.

Models like the Anglo-American, Nordic, Continental, and Post-Colonial highlight weaknesses in current systems, including an overemphasis on remediation rather than prevention, and limited coordination between sectors. Secondly, emergencies exacerbate vulnerabilities and increase the risks of abuse, neglect, exploitation, and violence against children. Therefore, a specific framework tailored to address child protection needs during emergencies is essential to ensure the safety and well-being of children in crisis situations as recommended by Bennouna, et al (2018) that there is need to develop multisectoral and relational child protection interventions capable of promoting healthy development of children across the life course as the humanitarian system is struggling to adapt to changes. Thirdly, existing models often lack provisions for rapid response, multi-sectoral collaboration, and adaptation to evolving circumstances, all of which are critical components during emergencies (O'Leary & Squire 2012; Bennouna, et al 2018; Copeland, 2021). Thus, the development of an emergency-specific child protection model is imperative to fill these gaps and provide a coordinated, effective, and timely response to protect children in times of crisis.

2.10 Identified gaps and justification of the study

The literature review highlights significant deficiencies in current research pertaining to child risks and protective interventions amid the pandemic.

2.10.1 Identified gaps and Justification

A review from various countries identified a number of studies related to child protection and those published documenting the impact of the pandemic on violence against children. These studies primarily focused on exploring risk factors, recent trends in violence against children, children's experiences of physical and psychological violence at home, with few studies examining sexual violence,

adolescent intimate partner violence, bullying, and youth and community violence. With few exceptions, the evidence is from high-income countries.

Despite increasing numbers of studies, little attention has been given to conducting a study on risks and child protection interventions during the COVID-19. The review of literature on various studies on child protection, the researcher found that, the objectives and the problem for the current study were not explored by other researchers in this field. The following are some of the selected studies reviewed.

Brown (2022) conducted a study on the impact of COVID-19 pandemic on child protection systems, referrals and responses in Colorado USA. Key findings show that an overall decline in the volume of referrals and responses during the pandemic compared to previous years. As such, there was decline in response for all types of maltreatment allegations ranging from 6.8 per cent for domestic violence in the home to 30.7 per cent for child physical abuse.

The study provided key information on the impact of the COVID-19 pandemic on referrals to child protection services. In spite of this valuable contribution, there is still a gap in knowledge on some of the variables which the current study focused on such as, risk factors contributing to the occurrence of child abuse and child protection interventions.

Renov et al. (2022) study on the impact of COVID-19 pandemic on child protection services case workers and administrators in the USA. The findings reveal that participants reported challenges in virtual service provision. Virtual visits such as telemedicine became more ambiguous across health care systems. On the other hand, the families reported that engaging them virtually provided flexibility and opportunities. Furthermore, families perceived virtual child protection visits created privacy concerns as many participants noted challenges that guaranteed them confidentiality during visits. Although the study provided important information on access to child protection services in the USA, the study had a methodological gap, it only included Service Providers and the voices of parents or family and children were not investigated on. Therefore, there is a need to continue conducting future research on how COVID-19 impacted service delivery in the Zambian context.

Kuen et al. (2020) study was also reviewed. The study focused on surges in child abuse harm during COVID-19 pandemic. The study reported an alarming rise in abuse related inquiries among children in the United Kingdom. The researchers also reported that coronavirus pandemic effort to contain it were taking a serious toll on children. This study was conducted in the United Kingdom and the objectives used were totally different the current study.

At regional level, Kidman, Piccolo and Kohler (2020) conducted a study on adverse childhood experiences: Prevalence and association with adolescent health in Malawi. The key findings revealed that, the study found that adolescents reported a substantial burden of adversity, averaging five adverse childhood experiences. Those in the highest quintile of adverse childhood experiences were significantly more likely to report adverse mental health outcomes, including depression (OR=3.11, 95% CI=2.10, 4.60) and post-traumatic stress disorder (OR=4.19, 95% CI=2.43, 7.23), along with worse self-rated health (OR=3.72, 95% CI=2.03, 6.81).

While the study provides valuable insights into the association between adverse childhood experiences (ACEs) and adolescent health outcomes in Malawi, there are notable gaps in knowledge that need to be addressed, especially in the context of the study on child risks and protection interventions during the COVID-19 pandemic in Lusaka District. For example, the study focused on Malawi, and the findings may not be directly applicable to other regions or countries, including Lusaka District in Zambia. There's a need to understand how cultural and regional variations may influence the prevalence and implications of adverse childhood experiences. Apart from that, the study was conducted from 2017 to 2018, and it may not capture the potential impact of the COVID-19 pandemic, which began in late 2019. Given the unprecedented global crisis, there is a gap in understanding how the pandemic might have exacerbated or altered the adverse childhood experiences in Lusaka District. Thus, a specific focus on the impact of COVID-19 is crucial for informing targeted interventions in Lusaka

District

Haffejee and Levine (2020) conducted a study in South Africa titled, 'when will I be free': Lessons from COVID-19 for child protection in South Africa. The study

revealed that children in care exhibited a keen awareness of the socio-economic challenges affecting communities in South Africa, expressing deep concerns for the safety, well-being, and welfare of their parents and siblings. Despite experiencing frustration due to limited contact with family members, the children acknowledged the resources available to them within the residential care facility.

While the article provides valuable insights into the experiences of children living in a residential care facility in Gauteng, South Africa, during the COVID-19 pandemic, there are still gaps in knowledge that need to be addressed. The study specifically targets children living in a residential care facility, and the findings may not be representative of children in other settings such as households, and children on the streets it is against this backdrop that the current study focused on broader examination of various categories of children for a comprehensive understanding of child protection interventions and experiences.

Chineka and Kurevakwesu (2021) conducted a study on Challenges for child welfare and development during the COVID-19 pandemic in Zimbabwe. The findings reveal that restrictions associated with the mitigation of the pandemic collapsed critical services associated with child development and gains that had been made in strengthening these services were shamed. The development of children were threatened as the pandemic and associated mitigation measures led to the closure of schools, bereavement and reduction in family income. The study has gaps regarding insufficient exploration of Child Protection Interventions. In spite of the study revealing policy and programmatic alternatives, it does not extensively explore or evaluate the responsiveness of these alternatives. Hence there is need to conduct research in order to provide a comprehensive child protection interventions responsiveness as well as trends and risk factors to child abuse during the pandemic.

Furthermore, some studies on child protection in education focused on the knowledge of teachers about child abuse and how to respond to the needs of the children. The researcher reviewed most of the studies conducted on the knowledge of teachers with respect to child abuse and their role. For example, Baginisky (2003) study on the views and experiences of newly trained teachers on child protection, Brown (2012) and Buckery and McGarry (2013) study on lessons on child protection of newly qualified primary level teachers in Ireland. The results reveal that, teachers especially student

teachers lacked sufficient knowledge to recognize and handle cases of child maltreatment.

Although these studies highlighted teacher's incompetence or lack of knowledge when dealing with child abuse, the results provides almost universal challenges faced by teachers with regards to child protection. This provides a strong background base to investigate or conduct research on child protection to broaden the scope of knowledge.

In Zambia, there is a gap in knowledge on research on child protection. Some of the studies that were conducted prior to the outbreak of COVID-19 mainly focused on the prevalence of child abuse. Child protection studies during the pandemic were also limited to very few nongovernmental organisations such as UNICEF, Save the children, Child fund, World Vision to name but a few.

Few studies to date had evaluated the impact of the pandemic on child protection services or caseworkers and administrators in Zambia. Following the review of literature on various studies on child protection, it was found out that, the objectives and the problem for the current study were not earlier explored by other researchers in this field.

In Zambia, Moon, Lim and Kim (2023) conducted a study on Domestic violence towards children in Kenya and Zambia during the COVID-19 pandemic. The study revealed that children from households where guardians perceived a strongly negative impact of COVID-19 were more likely to experience both emotional and physical violence interestingly, in Kenya, the presence of NGOs in communities was associated with a lower likelihood of children experiencing domestic violence, suggesting a potential protective role for such organizations. The study further reported that the COVID-19 pandemic has increased the risk of domestic violence towards children, particularly in underprivileged communities, where children were lacking social support from both communities and governments.

While the study provides important insights into the impact of the COVID-19 pandemic on domestic violence towards children in Kenya and Zambia, certain gaps persist. The specific mechanisms through which NGOs contribute to reducing domestic violence in underprivileged communities are not thoroughly examined,

leaving room for a more comprehensive understanding. Hence, conducting a new study on child risks and protection interventions in Lusaka District is warranted to provide insights into how these dynamics play out in a distinct socio-cultural and economic context. Exploring the unique challenges faced by children in Lusaka during the pandemic, as well as exploring the responsiveness of local child protection mechanisms, will contribute to tailored interventions that address the specific needs of children in the district. The current study also explored potential collaborations with NGOs and Government ministries enhance the contextual understanding of child protection measures in Lusaka.

Silumbwe (2022) conducted a study in Kalola Community, Chibombo District, Zambia, that focused on assessing community-based child protection mechanisms (CBCPMs). It identified key child protection risks, including drug and alcohol abuse, school dropouts, conflict with adults, teen pregnancy, early marriage, sexual violence, child labor, and neglect. Poverty, lack of economic opportunities, and inadequate parental supervision were recognized as common themes contributing to these risks. The research also explored cultural and religious practices, highlighting concerns about separate houses for children exposing them to sexual abuse. The study revealed limited consideration of children's voices in the community, with cases often handled at the family level due to fear of reporting. Challenges in utilizing formal child protection structures were highlighted, including distance, corruption, and limited capacity. Dissatisfaction with child protection services was expressed, emphasizing the need for local formal structures and addressing the victimization of those who report. The study's recommendations included engaging community leaders to reduce alcohol consumption, sensitization programs, establishing counseling or youth resource centers, advocating for local formal structures, and introducing income-generating activities for youth.

While the study provides valuable insights into the child protection landscape in Kalola Community, certain gaps in knowledge persist. The study does not explore into the potential impact of the COVID-19 pandemic on child protection mechanisms in Kalola. Understanding the specific challenges posed by the pandemic would enhance the comprehensiveness of the findings. Lastly, there is a need for a deeper examination of the perspectives and experiences of specific vulnerable groups, such as children

with disabilities, to ensure a more inclusive understanding of child risks and protection interventions during the pandemic from various service providers.

Furthermore, some of the studies conducted mainly focused on the prevalence of child abuse, child sexual abuse, child marriage and child abuse and on the provisions of the law in Zambia. For example, Dankore (2011) conducted a study on child domestic labour in Lusaka: a gender perspective. The study examined why children were engaged in domestic labour in Lusaka and the conditions under which they worked as well as differentials. Chinyanta (2015) conducted a study on child abuse and the law in Zambia. The study revealed that, the problem of child abuse in Zambia was seemingly at stake because many children were abused in one way or another. The study further reports that, the law on the child was not adequate and efficient enough to achieve child protection and end child abuse. For example, child abuse cases were portrayed by the sentence given to the perpetrators of child abuse. Matafwali (2016), nature of counselling offered to sexually abused children in selected Victim Support Units in Lusaka district. The findings revealed that, child sexual abused in Zambia is handled by Service Providers from medical legal perspective. The psychological well-being of the child was rarely taken care of. The counselling offered to the children was meant to help Service Providers to get information to use for legal purpose. The study also revealed that, child sexual abuse was rarely reported to relevant authorities and what was reported was just a tip of an iceberg. Furthermore, Kauseni (2018) also conducted a study on child marriages in Zambia a study of causal factors in selected schools in Chipili district in Zambia.

Although the aforesaid studies begun uncovering the problem of violence against children, many were conducted in confined districts or school-based thereby rendering them to be limited in the scope of child protection, its risk and protective interventions during emergencies and has remained largely unknown especially in the COVID-19 era.

Therefore, the gap in knowledge warrants further research urgently. In order to address this information gap, it was pertinent to conduct research to enhance child protection agencies to effectively respond to service needs during emergencies, funding or

resource allocation and make informed programmatic decisions around violence against children.

2.10.2 Rationale of the current study in educational psychology

Educational psychology is the scientific study of psychology in education. It involves the application of all branches of psychology in education. The study and scope of psychology in education include but are not limited to important topics such as learning theories, teaching methods, motivation, cognitive, emotional, and moral development, parent-child relationships, to name just a few (Mangal, 2002; Good & Levin, 2001). The educational psychology focal areas in education that concern educational psychologists and teachers include:

- (i) The learner - Learner is the most important of the three elements. Educational psychologists and teachers focus on the characteristics of the learner in order to enhance learning. Learner characteristics are ideas about how personal, social, cognitive, and academic factors influence a student's learning experience. It is assumed that these factors play a critical role in both how and what students learn (Mangal, 2002);
- (ii) The learning process that includes teaching methods, application of theories to learning in order to create effective learning experiences; and
- (iii) The learning situation - the learning situation refers to the environment in which learners find themselves and where the learning process takes place. For example, school environment, classroom environment and other factors that can affect the learning process.

Based on the aforesaid focus areas of educational psychologists and teachers, conducting a research on child protection is within the boundaries of educational psychology field specifically focusing on the learner and the learning situation. For example, characteristics of the learner who experienced child maltreatment and the home environment has a propensity to affect the educational achievement of the learners. Romano, Babchishin, Marquis and Fréchette (2015) all affirm that children aged from zero to 18 years old with a history of maltreatment were more likely to struggle in multiple domains of cognitive functioning, including educational outcomes that include not only academic achievement but also mental well-being. The link

between childhood maltreatment and educational outcomes may be explained in part by the disruption of key developmental processes in children, such as attachment, emotion regulation, and sense of agency. Furthermore, maltreatment characteristics and the functioning of various systems in which children are embedded can serve to positively or negatively influence the educational outcomes of maltreated children.

Furthermore, justification of the current study in educational psychology is anchored on the following four reasons:

1. Child maltreatment can lead to toxic stress and affect the cognitive and social functioning of the learner and their academic performance.
2. Child protection is a multi-disciplinary facet which should involve various specialist with specific academic backgrounds.
3. The role of the teachers in child protection is cardinal and cannot be under scored.
4. There is need to increase awareness and consistence in compliance with child protection guidelines of all stakeholders.

Child maltreatment can lead to toxic stress and affect the cognitive and social functioning of the learner and their academic performance. Therefore, it should also be noted that factors outside of the classroom setting may contribute to academic success. It is for this reason that, the current study is within the boundaries of educational psychologists focus areas of investigating factors affecting the performance of the leaners outside the classroom set up as a large body of knowledge such as Sharks and Robinson (2013); Buckery and McGarry (2013); Tarr *et al.* (2013); Jimenez *et al.* (2016); Lamini and Makondo (2017) indicate that socioeconomic status, child abuse, toxic stress all have a strong prediction of school achievement and child outcome in general Sharks and Robinson (2013) study on assits, economic opportunity and toxic stress for understanding child and educational outcomes showed that socioeconomic status has a strong direct influence on child outcomes. For example, socioeconomically vulnerable children are more likely to face toxic stress and children under toxic stress face long term academic and physiological difficulties.

McGruder (2009) explain that toxic stress is a term for hormonal changes that occur in response to frightening or threatening events or conditions. When the frightening

situation is severe, these changes are toxic and can affect children's behavior, cognitive capacity, emotional and physical health.

Child abuse is one of the causes of toxic stress in children as reported by Tarr *et al.* (2013) who stated that some of the examples of events that can produce toxic stress include: physical abuse, psychological abuse, sexual abuse, witnessing domestic violence, physical or emotional neglect, financial hardships, placement in foster care and many other forms of threatening or frightening experiences.

Toxic stress has far reaching consequences on the growth of the child. Shonkoff *et al.* (2012); Kim *et al.* (2013) and Jaffee and Christian (2014). All acknowledge that, toxic stress is associated to hormone disruptions and stunt brain growth, diminish brain activity in the prefrontal cortex, a region that controls executive function, learning, memory, attention, anxiety and emotional regulation. Children exposed to frequent or threatening events such as child abuse that are likely to induce toxic stress have more depressed academic, behavioural and health outcomes. Shern *et al.* (2014) also reported similar finding on the effects of exposure to toxic stress. The research by Shern *et al.* (2014) further reveals that exposure to toxic stress early in development can leave a long term impact. It causes long term changes in the brain's structure. This process is referred to as 'biologically imbedding of experience which leads to disrupt the development of the prefrontal cortex leading to emotional problems and negative effect working memory, attention and inhibitory control.

Jimenez *et al.* (2016) research comparing the academic outcomes of kindergarten children exposed to three or more frightening or threatening life experiences with academic outcomes of children not exposed to such experiences. The results reveal that, children with more stressful life experiences had a greater likelihood of suffering from academic problems. The study further reveals that, children exposed to toxic stress had below average mathematics skills, reading problems and many were unable to name letters of the alphabet. On behavioural outcomes, the study reveals that children exposed to threatening and frightening experiences exhibited behavioural problems such as acting younger than their age, being clingy, having difficulties getting along with peers, attention problems, aggressive and broke rule at school was greater for those who had exposed to toxic stress than for those who were not exposed to such. Diamini and Makondo (2017) also conducted a study on effects of child abuse

on the academic performance of primary school learners in the Manzini region in Swaziland. The results showed that majority of the abused learners under performed as a result of abuse. The learners had also showed some behavioural characteristics linked to abuse which included suspicious of every person around them, some became anti-social others adopted a misdirected malicious attitude to everyone around them and this had a negative impact on their academic performance.

The occurrence of child abuse increased the likelihood of children exposure to abuse toxic stress as COVID-19 restrictions paralysed service delivery including child protection services. It is likely that a disproportionately high numbers of children in schools experienced abuse during the pandemic and possibility of these children might suffer from toxic stress. Therefore, it is undoubtedly to state that the profound effects of child abuse on the development of the child demand ongoing research on problems affecting the children outside the classroom setup because they have a direct impact on academic performance of the children. It is right to state that, it is high time educational psychologists and educators have to turn attention to this social problem of child abuse and prevention, so should policy makers. Failure to do that, the academic achievement of abused children will remain depressed.

Child protection is a multi-disciplinary facet. Research on child abuse or protection should also take that approach involving various professional and should not be limited to specific academic fields. Multidisciplinary team' is a term used to describe a variety of different inter-professional working arrangements. A multidisciplinary team care allows for the effective evaluation and planning of client needs (Kodner, 2006; Øvretveit, 1996). Additionally, Tarr et al. (2013) further emphasised that, an interdisciplinary or professional team including a teacher, health workers, police officers and social workers is to model respectful collaboration and communication required for professional practice in this area.

Furthermore, McGruder (2019) highlighted that teachers and schools were often the first ones to notice negative behavioural changes related to child abuse such as school attendance, attention, abstract reasoning, impulse control and general behaviour of the children exposed to abuse. . Therefore. It is critical for educationists to understand child abuse and protection because they have a role to play in child protection not only

detecting and reporting suspected cases of child abuse as Campbell and Wigglesworth (1993) but also in a multi-disciplinary team-work and in contributing to ongoing research on child protection or abuse. Given the crucial role teachers played in the safeguarding of children as, there is need to support educationist participation in child abuse and protection including under taking research. Based on this, participation of educationists in research on child protection warrants equal participation in issues affecting the children. Apart from that, given the role educationists play in the multi-disciplinary team and in safeguarding child rights, it is delusion to limit scientific research to specific academic fields.

The role of the teachers in child protection is cardinal and cannot be under scored. Teachers have an important role to play in child protection that lies not only in the detection and reporting of possible cases of child abuse but also in multidisciplinary teamwork as well as ongoing support and monitoring of the abused children social and academic well-being. Therefore, research in child protection by educationist is in both emphasizing child protection issues and promoting social support systems for abused children in schools. It is through the participation and contribution of educationists to research on child protection that they would influence the establishment or strengthening of school child protection programmes or policies because such policies would be useful in helping children in need of care

Additionally, teachers' level of preparedness, knowledge and understanding of child protection or child abuse is important. Studies focusing on areas of understanding preparedness, risks and child protection interventions during emergency should be supported. Brown (2012) explains that, while teachers are trained in the areas of understanding preparedness to deal with child abuse and advocating the rights of the children, unfortunately, teachers are at risk especially preservice teachers of being ill prepared to meet their mandated responsibility in child protection. Tarr et al. (2013) affirms that, knowledge and expertise about safeguarding and child protection are both essential skills for teachers. Campbell and Wigglesworth (1993) study on child protection in schools which surveyed training needs, knowledge and practice of teachers with respect to a range of child protection issues. The results reveals that, teachers considered child protection to be an important subject of direct relevance to their work as teachers. The study further showed that although their knowledge of

detecting the signs of child abuse was reasonably good, in practice, 40 per cent of teachers did not feel confident in handling these issues. It is against this background that there is need to increase awareness and scientific evidence in the areas of understanding child abuse, barriers in detecting and reporting child abuse and programme implementation as well as risk factors to child abuse (Brown, 2008).

Apart from that, teachers are involved in the implementation of child abuse prevention programmes in schools and responsible for mandatory reporting of child abuse to other relevant authorities. It is widely recognised in child protection systems framework that teachers have a role to play in both detection and reporting abuse. Baginsky (2013) study on the views and experiences of newly qualified teachers on child protection reveals that 98 per cent of the respondents indicated they had a role to play in child protection mainly because of their daily contact with the children and their general responsibility for children's well-being.

Additionally, there is need to increase awareness and consistency in compliance with child protection guidelines of all stakeholders including teachers in the quest to create a safe environment for the children. Buckery and McGarry (2013) study reveals that schools compliance with national guidelines on child protection was certainly inconsistent and such had an impact on the perceived confidence levels of teachers in dealing with child protection. Although there are many stakeholders who play an integral role in child protection, the extent to which teachers, are involved and participate in child protection should be highly emphasised. Thus, awareness and compliance to the implementation of child protection in schools should be another area of interest and focus of educationist.

Furthermore, increased research on child abuse and protection can provide relevant information to teachers and prepare them to meet the needs of the children who experienced abuse. It is hoped that the findings of the current study would provide information to stakeholders including teachers regarding child protection risks and interventions during emergency. Preparing teachers to meet the needs of the children who experienced abuse cannot be underscored. This notion is anchored on Taylor's (1997) work on how teachers can be prepared to meet the needs of the children in schools who experienced abuse or neglect. It is a known fact that COVID-19 as

reported by UNICEF (2020) heightened the risk of child abuse and children prolonged exposure to abuse has long term effects on their development. Therefore, participation of educationists in child protection issues at various levels including research provides a broadening wedge of content to meet the needs of learners who experienced abuse or neglect (Taylor & Hodykinson, 2001) As such, the researcher saw a compelling case for conducting a research on child protection during the COVID-19 and hoped that the findings would provide information on the needs of the children who experienced abuse. Walsh et al. (2010) explain that, teachers who are well equipped with knowledge and skills in child protection can respond and assist maltreatment children by enhancing their learning potential and assuring their future safety.

2.11 Chapter Summary

Chapter Two provided a comprehensive exploration of the existing body of literature relevant to the current study on child protection. The organised structure of the literature review centred around key themes such as the concept of child protection, child abuse, trends in child abuse, risk factors, intervention implementation performance, psychosocial support, and child re-integration, has facilitated a nuanced understanding of the complexities surrounding the subject. Through this analysis, it becomes evident that the landscape of child protection is multifaceted, encompassing a range of factors that contribute to the occurrence of child abuse and influence the effectiveness of protective interventions. Furthermore, the chapter critically examines the gaps in current knowledge, emphasising the need for the current study. By identifying areas where existing research falls short or lacks sufficient depth, the groundwork has been laid for the subsequent chapters to contribute meaningfully to the field. The justification provided for conducting the study underscores its significance in addressing these gaps and advancing our understanding of child protection dynamics. The next Chapter presents the methodology for the study.

CHAPTER THREE

METHODOLOGY

3.0 Overview

The previous Chapter reviewed related and relevant literature to the current study in order to guide the research methodology. The methodology involves setting out the fundamental molds controlling the research procedure and specifying what was done and why. Moreover, the specific methodological, philosophical and research design selected. Presentation of the data collection and analysis techniques along with some closing remarks on the ethics of the study.

3.1 Research Philosophy

Saunders et al. (2009, p. 124) postulate that, research philosophy refers to “*a system of beliefs and assumptions about the development of knowledge*” Research philosophy therefore is associated with assumption, knowledge and nature of the study. It deals with the explicit means of developing knowledge. This matter needs to be addressed because researchers may have different assumptions about the nature of truth and knowledge and philosophy helps us to understand their assumptions (Cresswell, 2009 & Maxcy, 2003).

Myers (2000:1) further states that: “*all research ... is based on some underlying assumptions about what constitutes 'valid' research and which research methods are appropriate.*” In order to develop the truth and assumptions about the development of knowledge of the current study, the researcher used pragmatism mixed method framework as the underlying philosophy for inquiry, as it supports researchers in choosing between different methods. At the apex of pragmatism philosophy, it accepts concepts to be relevant only if they support action and believes in doing what works best to achieve the desired result (Howe, 2018). Pragmatism as a research paradigm rests its philosophical foundation in the historical contributions of the philosophy of pragmatism which claim that an ideology or proposition is true if it works satisfactorily, that the meaning of a proposal is to be found in the practical values of accepting it, and that unpractical ideas are to be rejected (Maxcy, 2003), as such philosophical explanations, pragmatism embraces a plurality of methods in research. The use of both qualitative and quantitative methods in research helped to consolidate the weaknesses and strengths of each method in the quest to establish the solutions

under investigations in the current study. Apart from that, the impact of COVID-19 on children had far reaching long effects on the development of the child and research on child risks and protection systems should take practical philosophical approaches in order to come up with pedagogical measures that can help to strengthen these systems and deal with issues affecting the children especially during emergencies. In adopting a pragmatic stance, researchers as guided by Myers (2000) prioritise practicality and real-world applicability, acknowledging the urgency of addressing immediate concerns in child protection systems during emergencies. The far-reaching consequences of the pandemic underscore the need for pedagogical measures that extend beyond theoretical frameworks, necessitating solutions grounded in practicality and effectiveness. Pragmatism facilitates a holistic examination of interventions, emphasising not only theoretical considerations but also the tangible impact on children's well-being, thus providing a well-rounded foundation for developing robust and adaptable protection systems tailored to the dynamic challenges faced by children in emergency situation

Johnson and Onwuegbuzie (2004) authenticate that, pragmatic researchers put at the heart of their endeavors the research question(s) rather than focusing on ontological and epistemological deliberations about truth and reality. As a result of the epistemological and ontological assumptions supporting various methods, pragmatic research appropriateness for exploring social problems rest on very much upon the research framework in question.

Thus, the use of pragmatism as a philosophical underpinning can help to address the aforesaid research question for the current study as it is a philosophical tool for addressing problems. Biesta (2010) reaffirms not to merely understand pragmatism as a philosophical position but rather as a set of philosophical tools of value for addressing problems. Pragmatist philosophy holds that human actions can never be detached from the previous experiences and from the beliefs that have emanated from those experiences. For example, various experiences brought about by the COVID-19 pandemic and other problems that heightened vulnerability of the children. These experiences are thus intrinsically linked to action to identify risk factors to child protection systems and possible solutions to solve the problems that might arise either at present or future. Goldkuhl (2012) affirms that people take actions founded on the

possible consequences of their action, and they use the results of their actions to imagine the consequences of similar actions in the future. A major contention of pragmatist philosophy as directed by Johnson and Onwuegbuzie (2004) is that meaning of human actions and beliefs is found in their consequences. Therefore, actions are pivotal in pragmatism in order to help solve identified problems which needs empirical evidence provided by research.

In relation to the current study, the pandemic triggered disastrous crisis globally and magnified children's vulnerability to harm. The researcher envisaged that child protection problems demands to be investigated from a dichotomy of research lenses of pragmatic philosophical paradigm in order to provide practical solutions that might be used to improve service delivery especially during the time of emergency or crisis. Saunders., Lewis and Thornhill (2012) alleges that, pragmatics "recognise that there are many different ways of interpreting the world and undertaking research, that no single point of view can ever give the entire picture and that there may be multiple realities.

Therefore, it is worth noting that, this research has been guided by the foundational principles of research philosophy, particularly the pragmatic approach, which prioritises practicality and action over abstract ontological and epistemological debates. By embracing pragmatism as the underlying philosophy, this study has aimed to address the pressing issues surrounding child protection systems, especially in the context of the far-reaching effects of the COVID-19 pandemic. Pragmatism, as a research paradigm, has allowed for the integration of both qualitative and quantitative methods, harnessing the strengths of each to provide a comprehensive understanding of the challenges faced by vulnerable children.

3.2 Research Methodology

The current study used mixed methodology quantitative and qualitative. Mixed methodology which involves collecting, analysing and integrating qualitative and quantitative research. This method is a philosophically supported model of examination joining qualitative and quantitative methods of research so that evidence may be mixed and knowledge is increased in a more meaningful manner than either model could achieve alone (Cresswell, 2009). This approach to research was used by the researcher because

the combination of both methods can provide a better understanding of the research problem than either of each alone. In this study, the researcher used quantitative method to explore child protection services in the COVID-19 era, risk factors contributing to the occurrence of child abuse, service needs and perceptions of stake holders on re-integration. These demanded the use of qualitative method in order to gain an in-depth exploration of respondent's views and subjective responses.

Babour (2009) define qualitative research as an approach focused on gathering and analyzing nonnumerical data to deepen understanding of concepts, opinions, or experiences. This method is instrumental in gaining in-depth insights into complex problems and generating novel research ideas. Similarly, Cresswell and Cresswell (2017) characterises qualitative research as a systematic empirical inquiry aimed at comprehending and interpreting human behaviors, contexts, and relationships. By examining phenomena within their realistic contexts, qualitative studies aim to achieve a profound understanding of the subject matter. In the current study, the primary purpose of employing qualitative method is to gain insights into the phenomenon under investigation (Ibid). This includes exploring respondents' experiences to explain Child Protection related issues amidst the Covid-19 triggered emergency situation. Through direct interaction with participants, the researcher aimed to gather rich qualitative data, enabling a comprehensive exploration of the complexities surrounding the current study. This approach aligns with Oka and Shaw's (2000) assertion that qualitative researchers seek to understand the meanings individuals attribute to their experiences, actions or social phenomena. Ultimately, the knowledge generated from this qualitative inquiry can be applied to inform interventions in similar contexts, contributing to the broader understanding and improvement of Child Protection strategies. During emergency.

Furthermore, qualitative research is critical in research because it answers the “how” and “why” research questions and allows for a more in-depth understanding of experiences, phenomena, and context. To understand the human experience, qualitative research allows you to ask questions that cannot be easily quantified (Crowther & Lancaster, 2009) The fact that qualitative research as highlighted by Denzin and Lincoln (2005) is typically used to answer questions about the complex nature of phenomena, often with the goal of describing and understanding the

phenomena from the perspective of the participants, was ideal for this study, which sought to assess risks and child protection interventions during the pandemic. Interviews and focus group discussions with parents, children, and Service Providers, as well as open-ended questions in the questionnaires, yielded useful information about how responsive child protection interventions were during the pandemic.

Additionally, qualitative research was also appropriate for the current study because it is a naturalistic inquiry that studies people in their natural settings where they encountered the issue or problem under investigation (Kasonde-Ng'andu 2013). This method enabled the researcher to investigate and document experiences of the respondents, knowledge, and perceptions of child protection services provided during the pandemic. It is worthy to understand that qualitative research not only conveys information but also brings information to life. In this regard, the information gathered from the respondents would be used to improve and/or enhance the delivery of child protection services by paying attention to detail revealed through qualitative findings.

On the other hand, quantitative method as Cresswell and Cresswell (2017) rightly puts that it emphasise objective measurements and the statistical, mathematical, or numerical analysis of data collected. In order to sightsee child protection programme implementation performance during the COVID19 pandemic the researcher used ten child protection interventions that demanded the use of quantitative method. Apart from that, trends in the occurrence of child abuse and risk factors contributing to the occurrence of child abuse also required application of quantitative methods of inquiry. The use of various data collection instruments to collect data used both quantitative (close-ended questions) and qualitative (open-ended questions).

Thus, this research welcomes the opportunities and payoffs to be gained from implementing innovative mixed method research designs. The researcher recognises that, every methods has its limitations, however, the use of both methods can be complementary. Reflecting this view as expressed by May (1993), the systematic tools available for examining social problems are as many as they are diverse, and nonetheless each method to research has its own merits and demerits.

Therefore, employing the mixed method was appropriate for this study because of its many advantages. The utmost noticeable advantage of mixed methods research is its potential to overcome at least some of the problems related with conservative research methods (Creswell & Plano Clark, 2007). These include quantitative methods degrading the subject matter; or qualitative ones failing to move from the specific to the general and generalisation of the research findings to the whole population. By rejecting the unsuitability of different data types and analysis techniques, researchers are able to exploit the whole available data collection tools, rather than be restricted by specific tools of the research method boundaries (Creswell, 2003; Johnson & Onwuegbuzie, 2004). As the author earlier alluded to the fact that, by using both methods, researchers can hope to overcome the weakness or intrinsic bias and the problems that come from the use of a single method. Often, the purpose of using qualitative and quantitative method is to obtain confirmation of findings through convergence of different perspectives.

3.3 Research Design

“Research design is the structured plan that guides the entire research process, binding its elements together” (Kasonde-Ng’andu, 2013, p. 34). Similarly, it serves as the framework for collecting and analysing data (Bell, Bryman & Harley, 2022). In this study, an exploratory sequential research design was employed. Exploratory Sequential Mixed Methods Design (ESMMD) is a research design that involves collecting and analysing qualitative data first, followed by quantitative data collection and analysis. This approach allows researchers to build on the strengths of both qualitative and quantitative methods, providing a more comprehensive understanding of the research problem. (Creswell, 2017).

The choice of this design was because when investigating child abuse risks and protection interventions during the COVID-19 pandemic research demands flexibility and openness to various research methods, allowing the researcher to use a combination of approaches. Hence exploratory sequential research design allowed this holistic perspective of to use a combination of qualitative and quantitative approaches. (Creswell & Creswell, 2017). The data were collected in two phases. The researcher started with qualitative data collection from the Service Providers, parents and the children. Qualitative methods like interviews and focus groups were used initially

included to deeply understand challenges faced by Service Providers, children and families, in order to identify key themes. This qualitative phase informed the development of quantitative data collection instruments of phase two. In the quantitative phase, questionnaires and secondary data from the Victim Support Unit were employed to quantitatively measure the prevalence and significance of identified risk factors (Teddlie & Tashakkori, 2009). This mixed method approach enabled a thorough exploration of child abuse risks and protection interventions during the pandemic. The study's design was suitable as it accommodated diverse participant perspectives, including child protection Service Providers, parents, caregivers, and children, facilitating the exploration of various variables and potential relationships (Fife-Schaw, Breakwell & Hammond, 1995).

3.4 Study Site and Universe population

The study was conducted in Lusaka district. Lusaka district is part of Lusaka province, the smallest but most densely populated of Zambia's eleven provinces (CSO, 2014). According to Central Statistical Office (CSO) projections, the population of Lusaka district is estimated to be at 2,526,102 in 2018 (CSO, 2018). The researcher selected Lusaka district because it is the headquarters and capital City of Zambia where all child protection Service Providers' head offices are located.

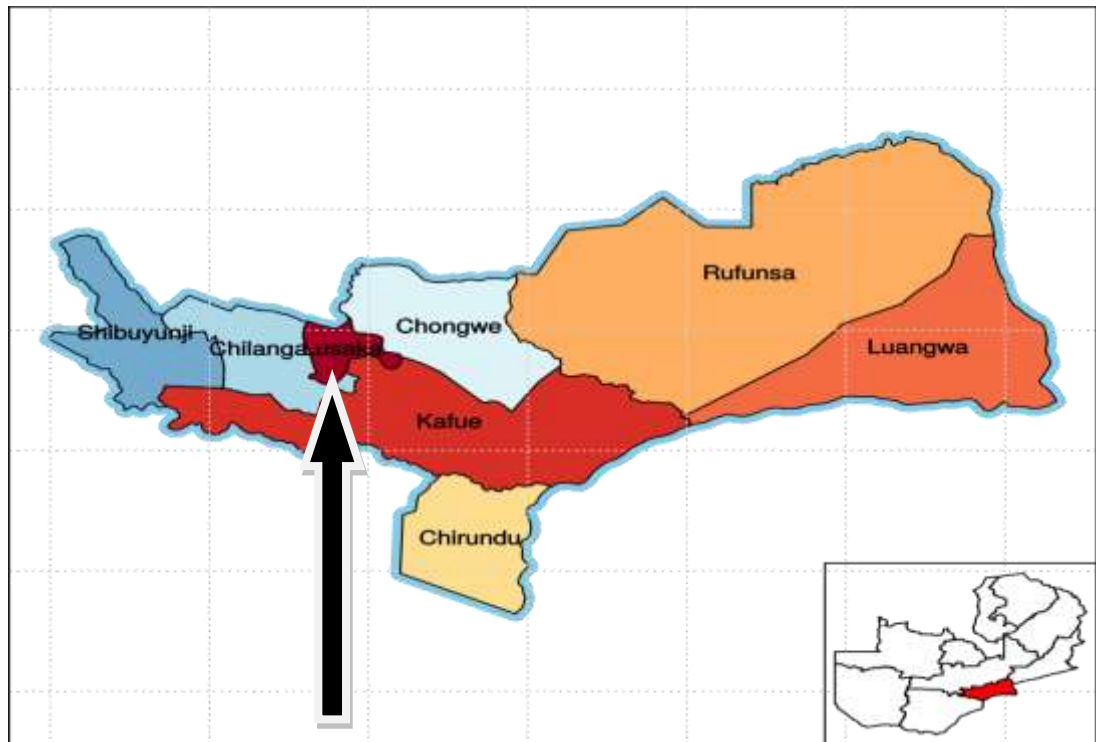


Figure 3.1: Map showing Lusaka district

Source: https://en.wikipedia.org/wiki/Lusaka_Province

Population refers to a group from which the sample is drawn (Cohen et al., 2006). By 2018 the population of Zambia stood at 18,920,657. Zambia has ten provinces and Lusaka is the headquarters of Lusaka province and national capital with an area of 21,896 km². Lusaka is

Zambia's smallest province and densely populated with a population of 3.186 million (The universe population was drawn from the Lusaka district. The universe population referred to a group or category of people who had characteristics relevant to the study (Kombo & Tromp, 2006). The target population for the current study had three categories of participants

1. Child protection Service Providers from two government Ministries and four selected Non- governmental organisations.
2. Parents: had to be Primary Care givers and responsible for taking care of the children. The parents were included in the current study because they had first-hand experience regarding their children's abuse and child protection services.

The reception selected no offending parents who were not perpetrators of child abuse.

3. Children: Age from 10 to 18 years and those who experienced child abuse during the pandemic.

The selection of these three categories of participants was carefully considered to ensure a comprehensive understanding of child protection interventions during COVID-19. By including child protection Service Providers, parents, and children with firsthand experience, the research aimed to provide a holistic view of the challenges and opportunities within the child protection system, ultimately contributing to more effective and responsive interventions for safeguarding children during crises like the COVID-19 pandemic.

3.4.2 Sample Size

A sample refers to a subset of the population that is selected for a particular study, (Cohen, Manion and Morrison, 2017). Reporting on the sample size is an important phenomenon in any scientific research. Although many researchers such as Zwick (2012); Devane, Begley and Clarke (2004) and Asghar (2019) all have acknowledged that the sample size as part of research is not adequately addressed by many researchers. For example, Vasileiou (2018) rightly points out that research shows that sample size sufficiency reporting is often poor, if not absent, across a range of disciplinary fields. In spite of the aforesaid, situation being continued, it is the responsibility of any researcher to address this important component of research and never to pay lip service as research is a branch of science. As a result, it requires a systematic, controlled, empirical, and critical foundation. Thus, the search for its results must be objective and systematic in its selection of sample size. The current study employed a mixed methodology and selected the sample through a purposive sampling technique for qualitative method and stratified sampling for quantitative method.

When determining the sample size in purposive sampling, the researcher has the autonomy to select any number of the sample which can serve the purpose of the researcher (Asghar, 2019). For the qualitative dimension of the study on child risks and protection interventions, given the mixed-method design and the sequential

explanatory design used in the study, the selection of participants aimed to provide comprehensive insights into the phenomenon under investigation. Firstly, the sample selection involved identifying key stakeholders involved in child protection, including child protection service providers, parents, and abused children. This selection was based on their direct involvement and experiences related to child risks and protection interventions. For the qualitative phase of the study, which focused on interviews, a subset of participants was chosen to represent each stakeholder group. This subset consisted of 10 child protection service providers, 10 parents, and 10 abused children. The selection of these initial participants was purposeful, aiming to capture diverse perspectives and experiences within each stakeholder group. Criteria for selection may have included factors such as the level of involvement in child protection activities, diversity in demographic characteristics, and varied experiences with child abuse and protection interventions

Although the researcher has the freedom to determine the sample size when using purposive sampling, there is a need to accommodate both methods when the study is using mixed-method research. Thus, it is impartial to ignore statistical procedures when calculating the sample size of quantitative data. The sample was divided into two categories, quantitative and qualitative. For quantitative data, to determine the sample size, the researcher was guided by Zwick (2012); Devane, Begley and Clarke (2004) guidelines if the population is unknown and used the minimum sample size criteria of 100 participants. Mundfrom (2004) further explicates that common rule of thumb for minimum sample sizes range from three to twenty times the number of variables, with absolute ranges ranging from 100 to over 1,000. There is little empirical evidence to support these recommendations, for the most part. Therefore, the researcher used an estimated minimum sample size of 500, this was because the population of category of respondents unknown and it was impossible to survey every member of its population due to financial and time limitations.

Based on this backdrop, the minimum population was estimated at 500, then a formula for calculating sample size was identified. Slovin's Formula was used to calculate the sample size. This formula is appropriate when there is insufficient information about a population' to determine the appropriate sample size (Yamane, 1973; Amini & Wiranatakusuma 2020).). Slovin's Formula is given as follows: $n = \frac{N}{1 + Ne^2}$ where $n =$

the sample size, N is the population size and e = the margin of error to be decided by the researcher.

To use the formula, the researcher figured out the error of tolerance and was happy with where confidence level of 95 per cent (giving a margin error of 0.05) Estimated Population size=500 $n = N / (1 + Ne^2)$ n =sample size

N = unknown population estimated at minimum sample of 500

Ne =margin of error the researcher selected 0.05 Sample size calculation $n = N / (1 + Ne^2)$

$300 / (1 + 500 * 0.05 * 0.05)$ $n = 222.22$

Since population sizes must be whole numbers the round up is 223.

Therefore, $n=223$

From the calculations above, the initial sample size calculation aimed for a sample size of 223 based on several considerations, including the desire for a representative and statistically robust sample. However, during the data collection process, the actual sample size achieved was 193, which included 92 Service Providers, 54 parents of abused children, and 47 abused children.

Several practical considerations contributed to this difference. For example, limitations in terms of resource constraints made it challenging to reach the initially calculated sample size of 223. As Ahmad & Halim (2017); Lakens (2022) points out, sample size calculations are often based on ideal conditions and statistical considerations. In the current study, there were several factors that prevented the researcher to reach a desired sample size. These factors included resource limitations, this played a critical role in the decision to work with a smaller sample size. Additionally, accessing and recruiting respondents in the context of child protection research, especially involving vulnerable populations such as abused children, was logistically complex. Challenges included issues related to informed consent, privacy, and ensuring the well-being of participants. These factors also affected the feasibility of reaching the desired sample size. Last but not the least, the nature of the research on child protection necessitates strict adherence to ethical guidelines and the well-being of respondents, particularly when involving children. Ensuring that data collection is conducted ethically and that participants are not unduly burdened takes precedence over achieving a larger sample

size as advised by Weiten (2004). This approach aligns with the principle of minimising harm to participants.

While a larger sample size can enhance generalisability, the 193 respondents were carefully selected to represent various stakeholders involved in child protection. This approach allowed for a holistic understanding of the issues at hand, including the perspectives of Service Providers, parents, and abused children.

Category of Respondents		Gender		Total
		Female	Male	
Service Providers	Police Service	42	21	63
	MCDSS	4	1	5
	YWCA	8	2	10
	Fountain of Hope	1	8	9
	Save the Children		1	1
	Child Fund		1	1
	Home of Safety	2	1	3
Total		57	35	92
Parents/Care Givers		52	2	54
Children	Household	15	5	20
	Homes of Safety	10	5	15
	Streets	4	8	12
Total Number of Children		29	18	47
Total Number of Respondents		138	55	193
		8		

Table 1: Total number of respondents

Table 3.1 above shows the total number of respondents who participated in the study. Out of the total number of 193(100%) 92 respondents were Service Providers representing 48 per cent, 54 parents representing 21per cent and 47 children representing 24 per cent. Therefore, the majority of the respondents were the Service Providers. The selection was based on the belief that these had sufficient knowledge and experiences on the child safety and protection provided during an agile circumstance such as during the COVID-19 era in Lusaka district of Zambia.

3.5 Sampling Procedures

Kahn and Best (2009) describe sampling as a procedure employed by a researcher to select or gather respondents to a sample. Kombo and Tromp (2006) confirm that the participants selected must be people who are able to function as informants by

providing rich information and also must have the experience of the topic of the research. The current study employed both probability and non-probability sampling. Probability sampling was utilized in the quantitative phase to generalize findings to a larger population (Creswell, 2017). For instance, representative samples of child protection service providers, parents, and abused children were surveyed stratified random sampling techniques to ensure equal chances of selection. On the other hand, non-probability sampling was more suitable for the qualitative phase, purposive and snow ball due to the nature of the mixed methods used in the study, allowing researchers to purposefully select participants based on their expertise or experiences related to the research topic. In-depth interviews with specific child protection service providers, parents, and abused children benefited from purposive sampling, ensuring relevant insights were captured. This approach enriched the qualitative analysis, providing a comprehensive understanding of child risks and protection interventions.

3.5.1 Quantitative sampling

Stratified sampling was used to ensure that the sample is representative of the diverse groups involved: Service Providers from various organisations, parents, and children. The total desired sample size for this study was 223. This sampling procedure is widely recognised for its ability to provide accurate estimates when dealing with diverse subgroups (Creswell & Creswell, 2017). The population was stratified into three main groups: Service Providers from various organisations, parents, and children. The total sample size of 223 was allocated among these strata based on the proportion of each group in the total population. The proportions were calculated as follows:

1. Proportion of Service Providers = $100 / (100 + 80 + 43) = 0.455$
2. Proportion of Parents = $80 / (100 + 80 + 43) = 0.364$
3. Proportion of Children = $43 / (100 + 80 + 43) = 0.182$

Once the proportions were determined, the sample size for each stratum was calculated by multiplying the total desired sample size (223) by the respective proportion. This ensured that each stratum's representation in the sample was in proportion to its presence in the population.

The calculated sample sizes for each stratum were as follows:

1. Sample Size for Service Providers = $223 * 0.455 \approx 101$

2. Sample Size for Parents = $223 * 0.364 \approx 81$

3. Sample Size for Children = $223 * 0.182 \approx 41$

Therefore, the researcher needed approximately 101 Service Providers, 81 parents and 41 children in the sample to maintain the same proportions as in the total sample size. This used to guide the selection of participants from each stratum, resulting in a stratified sample that accurately represented the diversity of the population. During the initial data collection, practical factors such as availability of respondents and resources compelled the researcher to deviate from these proportions. The actual research comprised of 92 Service Providers, 54 parents and 47 children.

Qualitative sampling

I. Purposive sampling

White (2005: 120) describes purposive sampling as

...a type of sampling which is based entirely on the judgment of the researcher in that a sample is composed of elements that contain the most characteristics, representative or typical attributes of the population, a judgment is made about which subjects should be selected to provide the best information to address the purpose of the research.

In the current study on child risks and protection interventions, purposive sampling was justified to ensure the inclusion of individuals directly involved in or affected by child protection issues.

II. Snowball Sampling

In response to the scarcity of respondents, particularly parents and abused children, the researcher utilized the Snowball sampling technique during data collection. Babour (2009) describes Snowball sampling, also known as chain-referral sampling, as a non-probability technique typically employed when the samples possess uncommon characteristics. This method entails existing subjects referring new subjects to participate in a research study. In this study, the researcher leveraged Snowball sampling by enlisting participating parents to assist in identifying additional eligible respondents within the community. These assisting parents were acquainted with others – parents or children who experienced abuse – meeting the study's eligibility criteria.

During the data collection phase, Snowball sampling served as a pivotal method. Initially, a small group of participants was purposively selected, often with the aid of child protection officers. These initial participants were then tasked with referring additional individuals from their social circles who met the study's criteria, such as being parents with relevant experiences regarding child abuse or children at risk. Through this referral process, the sample size incrementally expanded, with each new participant potentially leading to the recruitment of further individuals. This iterative approach persisted until reaching the desired sample size or until reaching saturation, where no new participants or information emerged.

This sampling procedure proved invaluable, continuing as the researcher contacted new participants. For children, this approach was particularly pertinent as the study focused on those who had accessed child protection services, ensuring the collection of comprehensive and relevant data. The study's inclusion of children aimed to amplify their voices on issues affecting them, aligning with McTavish, Streelasky, and Coles (2012) who advocate for considering children's perspectives in research. To achieve this, the researcher included children from households, homes of safety, and those from the streets, recognizing the unique insights street children offer despite their challenging accessibility. UNICEF (2006) underscores the difficulty in reaching and protecting street children, making their inclusion crucial for a comprehensive understanding of child protection issues.

Combining these sampling strategies in a mixed-method approach enhanced the credibility and trustworthiness of the research. Stratified random sampling ensured representativeness and minimized bias in quantitative data, while purposive and Snowball sampling enriched qualitative data by capturing diverse perspectives and reaching otherwise elusive participants. These rigorous sampling methods significantly bolstered the quality of the research findings, facilitating a nuanced understanding of child abuse risks and interventions within the target population.

3.6 Data Collection Instruments and technics

Data-collection instruments include tests, questionnaires, inventories, interview schedules or guides, rating scales, survey plans, and any other forms used to collect information from 10 or more respondents on substantially identical items (Cresswell,

2009). The selection of the data collection instruments is an important stage in research. Kasonde-Ng'andu (2013); Kombo and Tromp (2006) all advise that the selection of data collection instruments is an important step in the research process because it is based on the validity and reliability of the collected data. The researcher used questionnaires, structured interview guide, focus group discussions and field notes for data collection. The use of multiple data collection is encouraged in research. Flick (2014) states that, the use of multiple data collection techniques and sources increases the credibility of results and allows for the inclusion of different interpretations and meanings in data analysis. Hence, the researcher followed this path in order to strengthen and increase the credibility of the data. The following are the data collection instruments used to collect data:

3.6.1 Collection of Primary Data

1 Questionnaires

Bless and Achola (1988) defined a questionnaire as a research instrument consisting of a series of questions and other prompts for the purposes of gathering information from respondents. The current study employed a Likert scale questionnaire for closed ended questions. The questionnaires were the quickest way of collecting quantitative data from the Service Providers. Barbour (2008) affirms that, in any research endeavor, questionnaires are one of the primary sources of quantitative data. The questionnaire used in the current study comprised both open and closed ended questions for both qualitative and quantitative data. Nunan (1999) contends that any questionnaire should include both closed-ended and open-ended questions to complement one another and reduce researcher bias. Closed-ended questions required quantitative or numerical data, whereas open-ended questions required qualitative information.

Questionnaires have benefits that make them ideal for the current study. Creswell (2009) states that the questionnaires as a data collection instrument are cheaper to use, quick and easy to administer, they allow responses to be standardised and are also objective. Denscombe (2003) adds that questionnaires provide standardised answers because all respondents are asked the same questions and pre-coded answers, allowing the researcher to collate and analyse data quickly.

2. Structured Interview Guide

A structured Interview guide was used to collect qualitative data.. Kombo and Tromp (2006) claim that, structured interviews involve asking each respondent similar questions. Blanche *et al.* (2006), add that interviewing is probably the most commonly used instrument of data collection in qualitative research. Interviews explore the unique data of the case under investigation in great detail (Cresswell, 2009 & Denzin, 1978). In the current study, the researcher sought open-ended answers to a variety of questions and themes concerning the child protection risks and interventions during the COVID-19. The interviews assisted the researcher in explaining, better understanding, and exploring the opinions, feeling, behavior, experiences and phenomena regarding their experiences as either recipients of the service or Service Providers. Although some questions were pre-planned, others arose during the interview as the researcher probed and asked participants for more information.

3. Focus Group Discussion Guide

Focus group discussion was used to collect data from parents or care givers. Although the researcher never planned to conduct a focus group discussion with the Service Providers, during data collection focus group discussions with the Service Providers was conducted to strengthen qualitative results from the Service Providers' point of view. The focus group created an opportunity for respondents to share their experiences from other group members. Kelly (2007) confirms that, focus groups offer a researcher an opportunity to listen to people and learn from them. As a qualitative research method, focus group or guided group discussions helps to generate rich understanding of participants' experiences and beliefs and create a forum for sharing and comparing among the participants (Ibid). The researcher conducted four focus group discussions, two for child protection officers and two for parents and care givers. Participants in each group ranged from six to twelve members per group. The idea of conducting focus group discussions was to continue performing groups until saturation of no new interesting qualitative information emerged.

3 Field Notes

The researcher recorded raw notes during the interviews; this helped the researcher to write a narrative report using the raw notes. Field notes are notes taken by researchers while conducting research. The notes assist readers to gain a better understanding of the topic under consideration. Field notes are also used to describe what the researcher

saw while collecting data (Mack, MacQueen, Guest & Namey, 2011). Field notes supplemented and verified what was recorded during the face-to-face interviews in the study. Field notes supplemented and verified what was recorded during interviews in this study.

3.6.2 Documentary Analysis for Secondary Data

Documentary analysis of secondary data is a valuable data collection tool in research, involving the examination and interpretation of existing documents, records, or artifacts. This method enables researchers to scrutinise a wide array of materials, such as official reports, government documents, newspapers and archived records, providing a rich source of information without the need for direct participant interaction (Andrade *et al.*, 2018). In this study, the prevalence of reported cases of child abuse was analysed through the integration of secondary data using a documentary analysis approach.

The researcher collected secondary data from the Zambia Police Victim Support Unit during the field visit to use in analysing trends in the occurrence of child abuse. The utilisation of these official reports, was a valuable data collection tool, allowing for a comprehensive examination and interpretation of quantitative data on the trends in the occurrence of child abuse. This approach was particularly justified as it enabled the exploration of historical trends and patterns in child abuse before and during the pandemic, offering insights into the prevalence of reported cases over time. The documentary analysis of secondary data proved instrumental in enhancing the quantitative dimension of the research, providing a robust foundation for understanding the dynamics and trends in child abuse within the quantitative context. Apart from the information obtained from the Zambia Police and Child Fund, the researcher also used secondary data from various sources that included sources from books, journal articles both hard copy and online journals and other internet sources on various topics related to child protection. The secondary data were used to consolidate and support the current study.

3.6.3 Data Collection Procedure

The researcher began data collection after ethical clearance from the Humanities and Social Sciences Ethics (HSSE) committee in November 2022 to March 2023. The first

phase of data collection involved qualitative data from the respondents- Service Providers, parents and children using an interview guide and focus group discussions. The second phase involved quantitative data collection from Service Providers and parents. In order to increase response rate, the researcher worked with VSU and CPU national and station coordinators in all the Police stations. The response rate from Non-Governmental Organisations was also very high. This was achieved by making an appointment to collect data. The questionnaires were then administered and the researcher scheduled a meeting during lunch time to enable respondents to ask or clarify issues when answering the questionnaire or after answering the questionnaire. This further created an opportunity to collect and strengthen qualitative data as the researcher used concurrent triangulation where both qualitative and quantitative data was collected at the same time.

As regards to the interview, the researcher first of all started with parents/care givers. Parents or care givers also signed the concern forms and participation in the study was voluntary. The researcher was quick to inform the participants that they had a right not to participate in the study and that if they felt uncomfortable they were free to pull out at any stage of the study. The researcher recorded the interviews, took notes during the interview. Three FGDs were organised for parents or care givers in order to get in depth information. In addition to facilitating the group discussion, every member was given an opportunity to participate during the discussion. The researcher also ensured that, all the interviews were held in a conducive place with minimal disturbances. Most of the interviews were conducted in *CiNyanja*, *IciBemba* and the researcher used English where parents opted to use it as the language of instruction during the interview. *CiNyanja* is the most common language spoken in Lusaka and Zambia is multi-lingua meaning that majority of the people can speak more than two native language. The researcher is a native *Bemba* and very fluent in *CiNyanja*. During the interview, the researcher recorded the interviews using the note book and the recorder. Permission was sought from the respondents prior to commencement of the interview recording. The children from the households were interviewed after concern from their parents or care givers. The interviews lasted from 30 to 40 minutes.

3.7 Data Analysis

Data analysis involves the systematic arrangement of information such as interview scripts, questionnaires, field notes and other materials that the researcher accumulates in order to increase understanding. It also involves scrutinising the collected data and making inferences. Additionally, data analysis involves examining collected data for the purpose of drawing conclusions (Kasonde-Ng'andu, 2013; Kombo & Tromp, 2006).

1. Quantitative Data Analysis

Quantitative data from the questionnaires was processed statistically with the aid of statistical package for social sciences (SPSS) to generate frequencies. As a way of presenting findings, the researcher used tables and figures to present frequencies, percentages and cross tabulations from quantitative data. The one-way ANOVA test was used to examine the differences in the means and significance or variations in child protection interventions. Pallant (2010) explains that, ANOVA compares the means of two or more independent groups to see if there is statistical evidence that the associated population means differ significantly. The Service Providers were divided into two categories namely government ministries and non-governmental organisations.

Apart from that, the parents' interview guide had some structured questions for quantitative method. Furthermore, the sample had unequal sample size distribution of Service Providers. There were many Service Providers from government ministries as compared to nongovernmental organisations. This means that the sample size was not homogeneity of variance for this data. Therefore, in order to strengthen statistical power of ANOVA test when using unequal sample size that can violet the homogeneity of variance, the researcher used the obtained Welch's Robust test of equality of means. This was preferable when the assumption of homogeneity of variance is violated due to unequal sample size. The Welch's Robust adjusted factor in SPSS which was significant at alpha level of $\alpha=.05$ for each statistical analysis. Furthermore, post-hoc follow-up procedures using Games-Howell was conducted to test the difference between the two groups. The researcher employed Games-Howell post hoc procedure since the homogeneity of variance assumption was not met due to unequal sample size of the two categories of Service Providers.

The quantitative analysis also employed t-test, multiple regression and Pearson correlation. The t-test was utilised to assess whether there was a statistically significant in the context of analysing trends in reported cases of child abuse before and during the pandemic. A t-test was applied to compare the means of reported cases in different time periods prior to or during the pandemic under different conditions. In the current study, it was used to analyse risk factors and child protection interventions in relation to reported cases of child abuse.

Furthermore, multiple regression was employed to examine the relationship between a dependent variable and two or more independent variables. For example it was used to analyse risk factors and child protection interventions in relation to reported cases of child abuse. Pearson correlation further assessed the strength and direction of a linear relationship between different variables, such as the correlation between the effectiveness of child protection interventions and the risk factors to abuse.

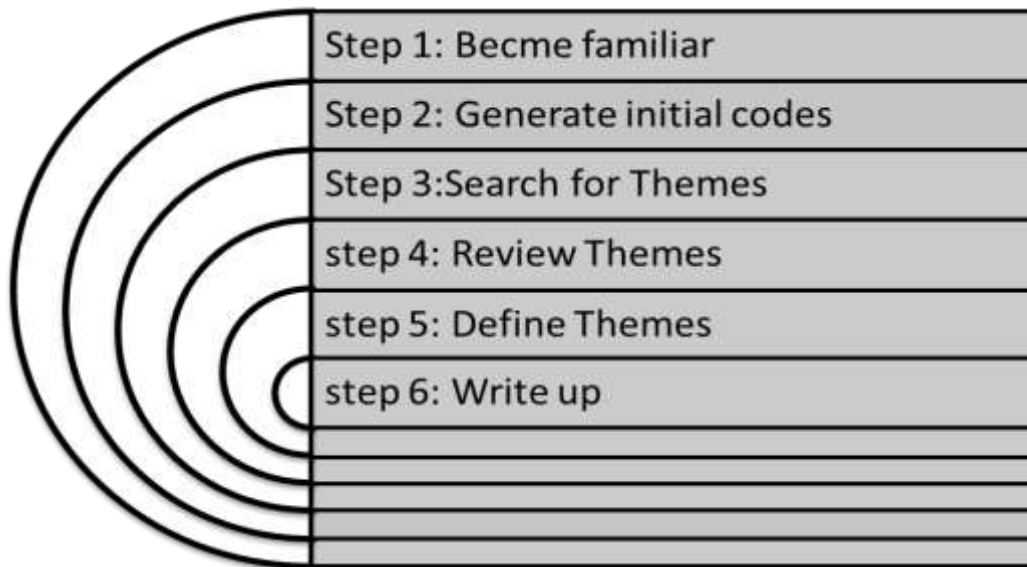
2. Qualitative Data Analysis

Qualitative data from the interviews and focus group discussions were analysed using thematic analysis. Thematic analysis embodies the pursuit of discerning underlying structures and profound narratives concealed within the realm of qualitative data. In the philosophical realm, Braun and Clarke (2006: 78) posit that: *it serves as the inaugural voyage into the world of qualitative methodology, for it imparts fundamental faculties that transcend the confines of mere analysis, furnishing the adept scholar with the keys to unlocking the depths of multifaceted intellectual exploration.*”

The aim of conducting a thematic analysis is to discern significant or intriguing patterns, known as themes, within the data and subsequently employ these themes to explore and provide insights into the research topic or address specific issues. This process extends beyond mere data summarisation; a robust thematic analysis involves interpretation and sense-making. A common mistake to avoid is equating the primary interview questions with the themes, as this often indicates that the data has been summarised and organised rather than truly analysed, (Clarke & Braun, 2013).

Furthermore, Braun and Clarke (2006) provide a six-phase guide which is a very useful framework for conducting thematic analysis. The current study employed these steps in order come up with a comprehensive qualitative data analysis.

Figure 4. Illustration of the Six Steps involved in Thematic Analysis



Applicability of Thematic Analysis to the current study

1. **Familiarisation of Data:** In the initial phase of the study, the researcher explored into the multifaceted dataset linked to the research questions. The data comprised of a blend of quantitative and qualitative data acquired through various research instruments used in the current study, such as questionnaires, focus group discussions, and one-on-one interviews. This process as highlighted by Braun and Clarke (2006) entails an in-depth exploration of the data, enabling the researcher to grasp the spectrum of participant responses and viewpoints, ultimately contributing to a comprehensive understanding of the research inquiries. In this phase, the researcher engaged with the data to comprehend the various responses and viewpoints shared by respondents.
2. **Generating Initial Codes:** Codes were generated based on the data, and this process should took into account both qualitative and quantitative responses. The researcher created codes to identify recurring themes or patterns within the data. The first codes were coded based on the research questions of the current study. The codes created were to capture trends in child abuse occurrences, perceived child risk factors, responses to child protection interventions, and perceptions on re-integration programme. The coding process accommodated the diverse data sources, including questionnaires, focus group discussions, and interviews. The

information was coded into relevant themes to identify common responses, patterns and inter-relationships. Furthermore, the researcher analysed the collected data in order to identify information related to research questions and objectives. The data was coded for example, Service Providers were coded SP1, SP2, SP3 while Parents were coded P1, P2, P3 ... and children C1, C2, C3.... The responses from the focus group discussions were coded FGD. After this procedure, the data were placed under the major themes identified and use graphics and direct verbatim to present the qualitative findings.

3. **Searching for themes:** The researcher then searched for broader themes by identifying patterns and connections among the generated codes. At the end of this step the codes had been organised into broader themes that seemed to say something specific about this research question. Themes emerged as commonalities that linked related codes, helped to organise and make sense out of the data.
4. **Reviewing Themes:** At this stage, the identified themes were reviewed and refined. The themes were assessed whether they accurately represent the data and research questions.
5. **Defining and Naming Themes:** Themes are clearly defined and given descriptive names. This step according to Braun and Clarke (2006) involves crafting concise and meaningful descriptions for each theme. The researcher came up with sub-themes as needed to ensure they align with the data and research objectives.

Figure 5 is a final thematic map that illustrates the relationships between themes

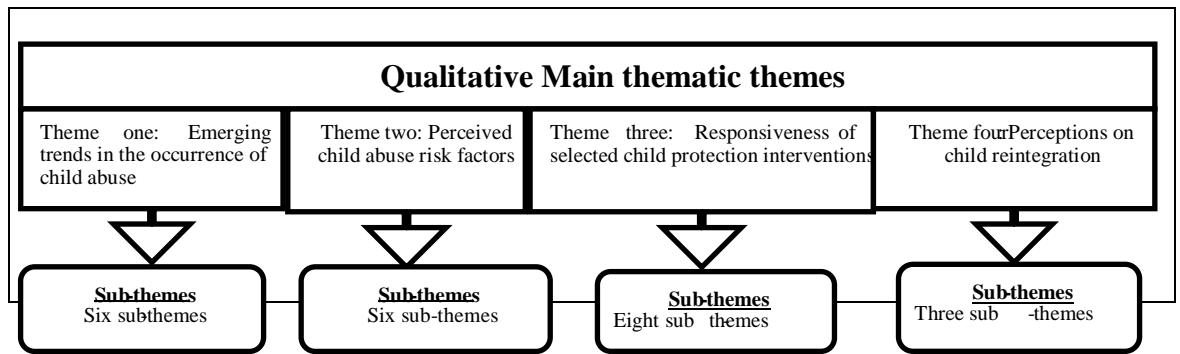


Figure 3.5: The process involved in defining and naming the qualitative results themes from main themes to sub-themes

6. **Writing the Report:** Finally, the research findings were documented in a report of the current study. The qualitative findings in the report included a detailed description of the themes and sub-themes, along with supporting narratives or verbatim from the respondents in order to provide a comprehensive data based on the voices of the respondents.

3.8 Validity, Reliability and Trustworthiness of data

Conducting quality research is highly emphasised by researchers and it is anchored on evidence-based practice validated by adherence to validity and reliability to enhance truthfulness of the data. When conducting research, Heale and Twycross (2015) counsel researchers not only to consider the results of the study but also the rigor of research. Rigor refers to how much effort researchers put into improving the quality of their research. In research, this is achieved by measuring validity and reliability. Rigor is one of the pertinent spring board to the achievement of validity and reliability. Without rigor, Morse et al. (2002) reason that research is worthless, becomes fiction, and loses its utility. Thus, with no doubt, it is worth to argue that reliability and validity remain corner stone concepts for attaining authentic research findings.

3.8.1 Reliability

Saunders et al. (2007) defined reliability of the study as the extent to which results are consistent over time and an accurate representation of the total population under study, and if the results of a study can be replicated using similar methodology, the research instrument is considered reliable.

(i) Pre-test

To achieve reliability requirement in research, the researcher used the pre-test (pilot study) to measure if the research instruments will produce the same results. Pre-test is a preliminary feasibility study that assisted the researcher in making the research more meaningful (Golafshani, 2003). Therefore, employing a pre-test in the current study will aid in the adjustment of data collection instruments, research questions and the avoidance of unnecessary costs and time expenditures in the primary data collection. In order to conduct a successful pre-test, the researcher tested all categories of respondents and analysed consistency in the responses, removed and added necessary questions before proceeding with the main data collection work. This up held the degree of consistency or reliability in measuring the property that the research tool was designed to measure:

(ii) Triangulation

Triangulation, is an approach frequently employed in research, enhances reliability by utilizing multiple data sources, methods, or researchers to corroborate findings. By integrating various perspectives or data collection techniques, researchers can mitigate the limitations inherent in any single method, thus bolstering the overall credibility and trustworthiness of results (Cresswell 2017). The following were the triangulation techniques employed in the current study:

(a) Methodological triangulation: was used to enhance reliability of the research results. Bekhet and Zauszniewski (2012) explain that methodological or mixed-methods research uses more than one kind of method to study a phenomenon. This study will be based on across method triangulation. Across-method studies combine quantitative and qualitative datacollection techniques (Boyd, 2001, Casey & Murphy 2009 cited in Bekhet & Zauszniewski, 2012). The researcher used mixed method, combining qualitative and quantitative research. This involved methodological triangulation included the use of different methods to approach the same research questions. Methodological triangulation as highlighted by Goertz and Mahoney (2012) is beneficial in providing confirmation of findings, more comprehensive data, increased validity and enhanced understanding of the studied phenomenon. For example, with triangulation, the current research will decrease the weaknesses of an individual method and strengthen the outcome of the findings. Boyd (2001) and

Bekhet and Zauszniewski (2012) advise that, a methodological triangulation is useful because the researcher avoid the flaws and research bias that come with reliance on a single research technique.

(b) Data triangulation: The researcher ensured triangulating data and coding qualitative data into relevant themes. Boyd (2001) states that, data triangulation involves multiple data sources to answer the research question of the study. In this study, the researcher varied data collection across different categories of respondents that included child protection Service Providers, parents/caregiver and children. Each category of respondents were subjected to the same data collection instruments. The interviews were conducted separately. In other words, respondents were interviewed separately. In order to achieve credibility and truth value in qualitative data, the researcher recorded the interviews to enhance objectivity in capturing individual experiences and use verbatim or actual words of the respondents in reporting in-depth qualitative findings. By doing so, Bekhet and Zauszniewski (2012) points out that, triangulation can increase the validity of the findings, provide a clear picture of the problem, increase confidence of the findings and create innovative ways to understanding a phenomenon under research. Therefore, the use of multiple methods in the study is to counter react the limitations and biases that stem from using a single method, increasing reliability of findings.

3.8.2 Validity

Validity has been defined by various scholars. In this study, the researcher considered Heale and Twycross (2015) definition who defined validity as: *accurately a method measures what it is intended to measure*. They further state that if research has high validity that means it produces results that correspond to real properties, characteristics, and variations in the physical or social world. Another definition considered in the current study was defined by Kriukow (2020) who defined validity to refer to whether these measurements “measure what they are supposed to measure”. In order to increase the validity of the current research in general focused on the data collection instruments and triangulation of the research. For example, data collection instruments were aligned with the major research questions of the current study. This was done in order to ensure that the research instruments measures the variables intended to measure in answering the research problem of the current study. The

selection of an appropriate research method was considered in order to allow the researcher triangulate the research process by obtaining information through different procedures to heighten the dependability and trustworthiness of the data and their interpretation. Moreover, the researcher also employed specific strategies to increase validity of the current research. These included, construct validity, descriptive validity and interpretive validity.

1. Construct Validity

Lehrner and Allen (2014) states that construct validity is about ensuring that the method of measurement matches the construct the researcher intends to measure. The applicability of construct validity in mixed method is focused on the development of data collection instruments that really measure the construct or the research problem under investigation. To achieve this, the researcher made sure that the questions in all the data collection instruments blends with the research questions guiding the study. In the questionnaire, some of the questions were carefully developed based on relevant existing knowledge. For example, the questions to measure the risk factors contributing to the occurrence of child abuse, assessment of child protection programme interventions and re-integration were based on UNICEF child protection system guidelines and Service Providers helped to identify some interventions prior to the commencement of data collection.

2. Content Validity

Newman, Newman, Brown and McNeely (2006: 48) define content validity refers to: *estimates how representative instrument items are of the content or subject matter that instrument seeks to measure.* Although content validity is important in research, establishing accurate content validity in mixed method is challenging because of paucity of information and the use of multiple methods. Newman, Lim and Pineda (2013) report that there is scarcity of detailed information in the literature on how to develop procedures for estimating content validity to increase trustworthiness of assessment instruments. In spite of this challenge, researchers should endeavor to adhere to content validity because it is essential to not only to provide transparency, but evidence that creates confidence in the assessment instrument. To enhance content validity, the researcher shared the questionnaire with child protection officers who

have knowledge in the subject matter to review the questions and counter check if they are appropriate as well as if they reflect reality of the happening in child protection relevant to the current study. Pre-test results also strengthened the validity of the test items in the data collection instruments to measure what it intends to measure.

3. Descriptive Validity

Descriptive validity according to Roberts & Priest (2006) refers to the factual accuracy of the account as reported by the researchers. To achieve this the researcher ensured that what the findings of the research represents what was reported by the respondents. The researcher used recorders during the interview and field notes that reflected the actual responses of the respondents. This enhanced accuracy in reporting descriptive information and objectively include what was reported as taking place in the group being studied actually happen. This also helped the researcher to accurately report qualitative results on what was observed, seen and heard. Another strategy the researcher used to increase descriptive validity of the research is what Johnson (1997) and Kaplan, Bush and Berry (1976) advised as one effective strategy used to obtain descriptive validity called investigator triangulation. This procedure of validity is significant because description is a foremost objective in almost all qualitative research. The researcher used data triangulation where multiple data collection instruments were used to investigate the research problems. The data collection instruments included the questionnaire with both open and closed ended questions to be administered to Service Providers, semi-structured interview guide for the parents and children as well as Service Providers at national level. This was done to ensure that the responses from the respondents from qualitative findings correspond with quantitative findings.

4. Interpretive Validity

The other validity criteria is the incorporation of interpretive validity that is obtained to the degree that the participants' viewpoints, thoughts, intentions, and experiences are accurately understood and reported by the qualitative researcher (Onwuegbuzie & Johnson, 2006). Mixed research involves combining complementary strengths and non-overlapping weaknesses of quantitative and qualitative research, assessing the validity of findings is particularly complex; we call this the problem of integration.

This was achieved by accurately reporting the responses from the respondent's point of view. At the data analysis stage to avoid researcher bias and to be rigorous in the analysis of the quantitative data, the researcher used SPSS identified as an application of appropriate statistical approaches for quantitative data. Qualitative results were coded and the researchers came up with themes related to the research questions used to collect data and the findings of the study. The field notes further validated the findings.

Furthermore, to enhance trustworthiness of the data the researcher adhere to true value and credibility. Truth value according to Spsychalska, Kontinen and Werning (2016). Refers to the fact that the data is rich and reflects the knowledge of the participants. Acceptability ratings given by respondents demonstrate their intuitive truth-value ratings. To enhance truth value in qualitative research, Scontras and Pearl (2021) point out that Credibility is the strategy that is implemented to provide truth value to qualitative research. This entails the researcher's prolonged engagement with the respondents during data collection. Although it is challenging to engage with respondents in a cross-sectional study like the current research, to achieve this, the researcher made prior appointments with the respondents during data collection period. This provided an opportunity to engage with some child protection officers, children and parents or caregivers.

3.8.3 Overcoming Research Bias in Qualitative Research Analysis

When collecting and analysing qualitative data, it is difficult for the qualitative researcher as reported by Weiltten (2004) to separate himself or herself from the data. To reduce bias, qualitative data was coded by the principle researcher and research assistant and check consistency between the interpretation from field notes, open ended responses and focus group discussions. This was done to increase truth by agreement in the interpretations. Another strategy involved the sharing of the results by key stakeholders or respondents who participated in the study prior to the compilation of the report. This gave an opportunity to the participants to review the results of the current study and ultimately decrease bias in the interpretations and ensure that results were representative of their views, beliefs and perceptions. Furthermore, an audit trail was used to reduce researcher's bias during the

interpretation of the findings. Kriukow (2020) defines audit trail to refer to monitoring and keeping a record of all the research-related activities and data, including the raw interview, the audio-recordings, the researcher's diary and the coding book. This helped in reporting unbiased findings.

The researcher also used peer review of the findings with the research assistant and other peers in the academic field to strengthen the interpretations of the findings. Peer review by peers in the academic field can help to identify things that the researcher missed or gaps in the interpretation that needs to be addressed. Peers can also provide affirmation that your conclusions are sound and reasonable given your data (Scontras & Pearl, 2021).

3.8.4 Trustworthiness of Data

The concept of trustworthiness in research is a foundational part of research methodology and is widely deliberated in the research. While there may not be a single specific definition, Creswell and Creswell (2017) defined the trustworthiness of the data in research as the extent to which the data collected and the findings derived from research are credible, reliable and valid. It encompasses the reliability of data collection and analysis processes, the credibility of research findings, and the overall integrity of the research process. Trustworthiness ensures that the research accurately represents the phenomena under investigation, thus enhancing the quality and credibility of research outcomes. In the context of research on child abuse risks and protection interventions during COVID-19, trustworthiness is essential to produce credible and actionable insights.

Foundational to trustworthiness is Credibility. In research, credibility can be enhanced by using well-established and validated measurement tools for quantitative data for example, standardised child abuse assessment scales (Fergusson *et al.*, 2019). The current study used unstandardised questionnaires because of the complexity and uniqueness of the research variables. Although Creswell and Creswell (2017) underscore the significance of tailoring research instruments to effectively capture the unique constructs and variables relevant to a given study. In the current research, the deliberate choice to employ unstandardised instruments aligns with established

scientific principles. This approach permits the incorporation of variables and nuanced dimensions specific to child abuse and protective interventions within the context of the pandemic, which standardised measures may not comprehensively address. This methodological choice resonates with Patton's perspective (2015), further validating the utility of unstandardised instruments, particularly in the examination of intricate, context-dependent phenomena. Such instruments afford the research flexibility required to explore into a diverse array of perspectives and facets. Furthermore, the adaptability of unstandardised instruments enables customisation to the unique context and the distinct requirements of the study's participant cohort. This adaptability assumes critical importance when investigating sensitive subjects such as child abuse during a pandemic. This practice of tailoring research instruments to the specific research milieu, as elucidated by Patton (2015), is pivotal in ensuring the pertinence and credibility of research findings, aligning seamlessly with established research principles.

In order to standardise questionnaires in the quest to enhance the credibility of the trustworthiness of data, the researcher ensured that the questions were clear, relevant, and meaningful to the target population. Conduct a thorough review of the literature to inform your questionnaire development. Apart from that, the questionnaires were reviewed by Service Providers and some experts in the field of psychology and child protection. Furthermore, prior to starting data collection, the researcher conducted a pilot test to survey and interview a small group of participants who were similar to the target population. This helps identify any ambiguities, misunderstandings, or issues with the questions, ensuring that your instruments are clear and valid (Weilten, 2004). The questionnaires and interview guides were revised based on pilot test feedback to enhance their validity. For qualitative data, credibility was achieved through rigorous data collection methods such as prolonged engagement in the field which took almost four months, and the use of multiple coders to ensure inter-rater reliability as emphasised by Creswell and Creswell (2017). For example, Service Providers were coded SP1, SP2, SP3, Parents were coded P1, P2, P3 ... and children C1, C2, C3. The responses from the focus group discussions were coded FGD.

To ensure that the quantitative data were representative of the population, the researcher first defined relevant strata. For example, stratified Service Providers based on their roles, abused children by age groups, and parents by demographics (e.g., age, gender and geographical areas). To collect rich and context-specific qualitative data, the researcher identified key participants who could provide unique insights based on their roles and experiences. This approach enriched the qualitative data by capturing a wide range of experiences and viewpoints.

Furthermore, trustworthy research also upholds ethical responsibilities to accurately represent the experiences and challenges faced by children, parents, and Service Providers involved in child protection. Trustworthiness of the authenticity of the data was achieved by providing verbatim quotes, rich descriptions of participants' experiences and maintaining the context of their narratives. In quantitative research, authenticity was maintained through transparent data collection and analysis methods that ensure data accurately represent the phenomenon under investigation (Ibid).

3.9 Pilot Study

The researcher conducted a pilot study in Lusaka district to assess and familiarise with the test instruments. Prior to commencement of the pilot study, the researcher sought clearance from the university HSSEC and permission from all the institutions where the main study was conducted.

The pilot study comprised few participants that included three children, two parents and two Service Providers. Those who participated in the pilot study were excluded from the main study. This was done as directed by Nardi (2006) that participants in the pilot study should not be included in the main research sample because they would be acquainted with the data collection tools. Therefore, including them again in the main research might produce biased results. Moreover, conducting the pilot study was very beneficial to the current research. For example, the pilot study questions were examined for bias, clarity and tested to determine validity and reliability.

3.10 Limitations of the study During Field Work

In spite of the current study having a number of significant insights for the provisions of child protection services during the pandemic, during the fieldwork or data collection phase of the study, several limitations were encountered. Firstly, the research faced challenges in accessing certain sensitive information related to sexually abused children due to legal and ethical constraints. Although the current study was cleared by the ethics committee, the process of clearance from government Ministries delayed the process.

Another major limitation encountered in the field was that, as a psychologist or social worker specialised in child protection during the data collection amidst the pandemic, the researcher's role as a child protector influenced interactions with parents and children in various ways. Firstly, there existed high levels of expectation by parents from the researcher as a source of social support. Parents may have anticipated that the researcher could provide immediate assistance or intervention beyond the research scope, introducing complexity to maintaining research boundaries. Additionally, some children perceived the researcher as a protector, impacting the dynamics of disclosure during interviews, as they may have expected emotional support or assistance with immediate concerns. In addressing these situations in the field, the researcher ensured transparency and clear communication regarding the study's scope and purpose. The researcher empathetically acknowledged the expectations while emphasizing the research nature of the interaction. A rapport was established with respondents, assuring them of the confidentiality of their responses and emphasising the importance of their honest input for the study's success. Furthermore, the researcher provided information about available support services and resources, demonstrating a commitment to their well-being within the ethical boundaries of the research. Balancing the dual role of a social worker and a researcher demanded sensitivity and clear communication to navigate the potential impact on data collection while upholding the ethical principles of both roles.

Additionally, another limitation was that, the study involved only Lusaka district and the data were collected from two government ministries, four NGOs, parents and children. In order to get a comprehensive data on child protection services during the COVID-19, the research should have collected information from all the provinces or at least five provinces. This was not achieved due to financial constraints. In order to

get a comprehensive data, Service Providers included those at national level and this helped in ensuring that, their responses had a broader lens.

Furthermore, due to COVID-19 and rain season it was challenging to conduct focus group discussion. The researcher rescheduled three focus group discussions by reducing the number of participants to five. Apart from that, it was also challenging to schedule interviews with child protection supervisors as many were preoccupied or concluding the end of year activities. In order to overcome this challenge, the researcher rescheduled some interviews using phone calls to secure follow-up interview appointments.

Apart from that, although some parents were accepting to participate in the study, they were not willing to allow their children to participate in the study. This affected the proportion of children from the households. In spite of having fifty-four parents who participated in the study, only twenty children from the households participated in the study. Regardless of this limitations the researcher had to adhere to ethical guidelines of consent and voluntary participation as well as minimising psychological pressure on the participants.

3.11 Ethical Considerations

Weiten (2004) asserts that, ethical considerations in research are a set of principles that guide your research designs and practices. These principles include voluntary participation, informed consent, anonymity, confidentiality and potential for harm. The following were the ethical procedures or ethical considerations that the researcher took into account during the study:

1. **Ethical Clearance:** This was obtained from the University of Zambia Humanities and Social Sciences Research Ethics Committee (**reference number HSSREC IRB NO. 00006464**) prior to commencement of data collection. The researcher also applied for clearance from all the named institutions where the research was conducted prior to commencement of data collection.
2. **Voluntary Participation:** it means that all research subjects have the autonomy to choose to participate without any pressure or coercion. The principle researcher ensured that all the people who participated in the study accepted on voluntary

basis without being forced. Apart from that, all the participants were informed that they were free to withdraw from or leave the study at any point without feeling an obligation to continue without providing any reason for leaving

3. **Informed Consent:** it is one of the founding principles of ethics in research and demands that human participants enter participate in research freely with detailed information about the research and what it means to take part. The researcher made sure that participants were not forced to participate in the study. All the participants who accepted to participate in the study signed an informed concern which was either read for them or themselves. To collect data from the children, the researcher asked the parents/care givers for consent. Some parents allowed their children to participate in the current study while others refused without giving any reason. The parents who accepted their children to participate in the study signed an informed consent on behalf of the children.
4. **Anonymity and Confidentiality:** Anonymity refers to keeping the identity of the respondents anonymous while confidentiality means only the research investigators know the identity of the participants and should keep it as a secret or confidential (Wiles et al., 2008). Maintaining confidentiality of information collected from research participants means that, only the researchers can identify the responses of individual respondents. Nevertheless, the researcher(s) must make every effort to prevent anyone outside of the research from connecting individual respondents with their responses. To uphold these key ethical principles in research, any personal details of the respondents were kept anonymous such as the name, address and email address of the respondents. During the recording the researcher informed the respondents not to mention their names. Apart from that, each data collection instruments were coded using the numbers for identification purpose. In reporting the verbatim, the researcher used pseudo names to protect the identity of the respondents. Furthermore, the name of one institution which is a home of safety for abused children was withheld for safety reasons as requested by the supervisors. The researcher was allowed to collect data without revealing the name of the institution. Individual responses were also not linked with the respondents' identities. Records were secured and locked in a separate location with strict access and only the principle investigator. To maintain confidentiality no names were attached to any of the methods of data

collection. Instead, code numbers were used. For example, Service Providers data collection instruments were coded SP1, SP2, SP3 ..., while parent's instruments were coded, P1, P2, P3 e.t.c. and children C1, C2, C3 e.t.c. Answered questionnaires and interview guides were stored within locked location with limited access.

5. **Potential for Harm:** It refers to risks or injury associated with the research that includes physical harm, discomfort, burdening or inconvenience a participant may experience as a result of procedures used in research (Sales & Folkman, 2000). The current research had no direct potential physical harm to the participants. This was stated in the consent form that there were no unknown risks associated with this research. To ensure that participants were not inconvenienced, the respondents were informed in advance about the research and appointments were secured prior to data collection. The researcher allowed the respondents to suggest the date convenient for data collection.

3.12 Chapter Summary

Chapter Three presented the methodology of the study. Pragmatism was used as a research philosophy, sequential exploratory design was used and employed mixed method in order to explore the Child protection risks and interventions in the COVID-19 era. Probability sampling was used for quantitative data and stratified random sampling was employed. For qualitative data, non-probability sampling was used. Purposive and snow ball sampling strategies used to select respondents who participated in the study. The instruments for data collection included questionnaires, interview and focus group discussions. Quantitative data was analysed using SPSS and qualitative data thematically. Due to the nature of the study especially involving children, ethical considerations were strictly followed before, during and after data collection.

CHAPER FOUR

PRESENTATION OF FINDINGS

4.0 Overview

Chapter three discussed the methodology used to collect data for the study. Chapter four presents the findings whose data was collected through use of close- and open-ended questions in the questionnaire as a data collection instrument. The findings presented are of the study conducted from 2018 to 2023, whose focus has been on child risks and protection interventions during the COVID-19 in Lusaka in Zambia. The presentation is aimed at helping to give a view on child risks and protection interventions during amidst COVID-19 pandemic. In accordance with the theoretical perspectives presented in Chapter Three, the Chapter on findings is grounded on the importance of giving descriptive statistical information supported by voices of study respondents. This approach is in line with the pragmatic standpoint of using mixed study quantitative and qualitative stance for purpose of understanding the social worlds based on experiences of respondents involving service child protection providers, parents and children (Creswell, 2014). The insights from this chapter provide a context for the subsequent chapters five and six. The presentation of the findings was guided by the following formulated research questions:

1. Are there emerging trends in the occurrence of child abuse?
2. What were the child risk factors Arising from Child Protection interventions during COVID-19?
3. How responsive were selected child protection interventions implementation during the COVID-19 pandemic
4. How do child protection Service Providers, children, and parents perceive Child Re-Integration?
5. Which model would be more appropriate in provision of Safety and protection to children at risk during an agile circumstance?

4.1 Demographical Data of Respondents

The demographic data of the respondents included the age range of the respondents, education, and work experience of the Service Providers.

4.1.2 Age range of the respondents

The age of the respondents was divided into two segments. The first category comprised of Service Providers and parents or care givers while the second category comprised of the children. **(a) Age range of the Service Providers and parents**

The age range of the Service Providers and the parents or care givers were divided into the following categories:

- (i) 20-29 years
- (ii) 30-39 years
- (iii) 40-49 years
- (iv) 50 and above

Table 2: Distribution of the age range of Service Providers and parents or caregivers

Age Range	20-29 Years	30-39 Years	40-49 Years	50 and Above	Frequency
Service Providers	21	44	25	2	92
Parents or Caregivers	16	26	7	5	54
Total	37	70	30	7	146

Table 2 above shows the age range of Service Providers and parents or caregivers ranging from 20 to 50 years and above. Out of the total number of 146 comprising ninety-two Service Providers and 15 parents), 37 respondents were aged from 20 to 29 years representing 25 per cent, 50 respondents were aged from 30 to 39 years representing 48 per cent, 30 respondents were aged from 40 to 49 years representing 21 per cent and the last age range comprised seven respondents aged from 50 years and above representing 5 Per cent. Based on the age range of Service Providers and parents, the majority 48 per cent aged from 30 to 39 years.

(b) Age range of the children

The age range of the children was presented in the following categories:

- (i) 10-12 years
- (ii) 13- 15 years
- (iii) 16-18 years

Table 3: Age range of the Children

Age Range	10 - 12 Years	13 - 15 Years	16 - 187 Years	Total
Children	24	15	8	47

Table 3 above shows the age range of the children who participated in the study. Out of the total number of forty-seven children who participated in the study, 24=n aged 10 to 12 years, 15=n aged 13 to 15 years and 8=n aged 16 to 17 years. Based on the findings, majority of the children 24=n who participated in the study and experienced abuse aged from 10 to 12 years.

4.2 Level of education of the respondents

The level of education of the respondents were divided into the following categories:

- (i) Academic qualifications or level of education of the Service Providers
- (ii) Level of education of the parents or care givers
- (iii) Children's educational status

(a) Service Providers Level of education

The level of education of the Service Providers was presented in the following divisions:

- (i) Certificate
- (ii) Diploma
- (iii) Bachelors' degree
- (iv) Post-graduate degree

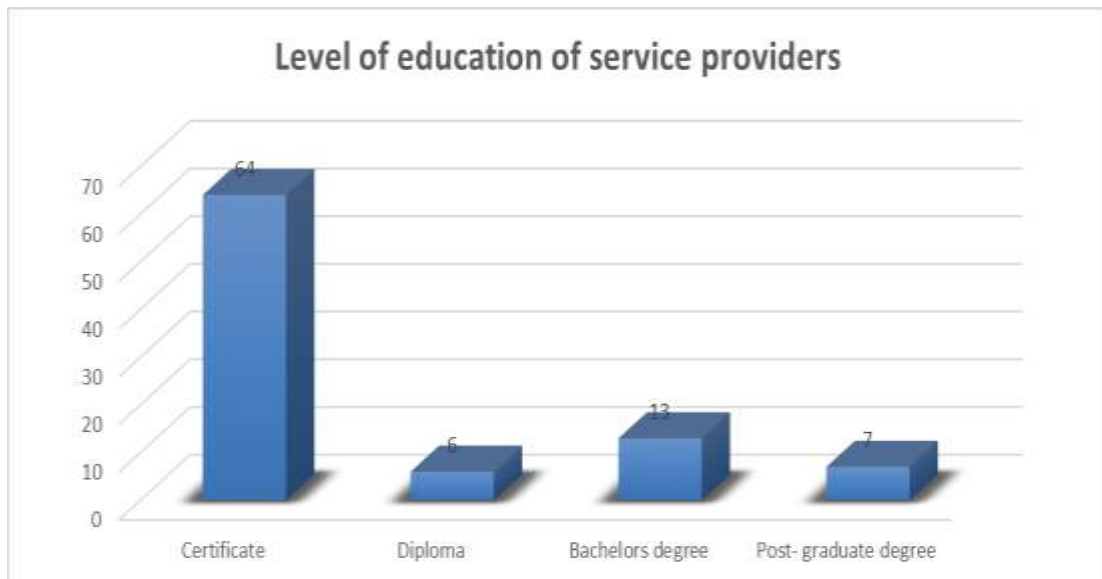


Figure 4.1: Service Providers' Level of Education

Bar Chart 4.1 above shows the level of education of the Service Providers. Out of 92= n (100%) total number of Service Providers respondents, 64= n respondents indicated that they were certificate holders representing 70 per cent, 6 diplomas representing 7 per cent, 13= n bachelor's degree representing 14 per cent and 7= n post-graduate representing 8 Per cent. Thus, majority of the respondents 64= n (70%) had only certificate in various academic qualifications. It must be mentioned that all the Service Providers' qualifications were in the field of social sciences such as: counselling, social work, psychology, theology and many others. This was established when respondents were asked to indicate and specify the field of study. Qualitative data also indicated that all the Service Providers had under gone capacity building training in various fields of child protection such as certificate of attendance obtained from workshops.

(b) Level of education of parents or caregivers

The level of education of parents or caregivers was presented in the following divisions

- (i) Never been to school
- (ii) Primary
- (iii) Secondary
- (iv) Tertiary education

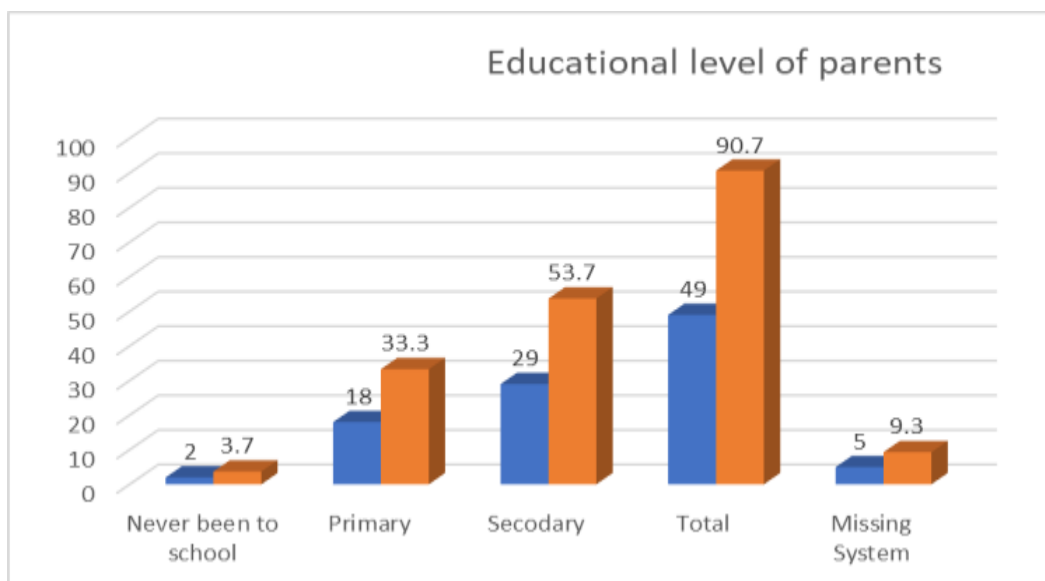


Figure 4.2: Level of education of parents or caregivers

Bar Chart 4.2 above shows that out of the 54=n parents who participated in the study 29=n had reached secondary level, 18=n primary, 2=n never been to school, and 5 missing values. The results also show that none of the parents indicated having been to college or university.

(c) Level of education and current educational status of the children

The level of education of the children was presented in the following divisions:

- (i) Never been to school
- (ii) Primary
- (iii) Secondary
- (iv) School drop-out

Level of education	Frequency
Secondary	12
Primary	14
Dropout	21
Total	47

Table 4: The level of education and current educational status of the children

As stated in Table 4.4 above, the results shows that, out of 47=n children who participated in the study, 21=n were school drop outs, 12=n secondary and 14=n

primary school during the time of data collection. The results show majority of the children 26 =n were school going and 21=n were not in school. It is important to note that all the children living in homes of safety were attending school. Furthermore, out of the 21=n children who dropped out of school, 12 children from the households and 12= from the streets were not in school. This was established during the interviews with the children on the streets. Some of them indicated that, they still had interest to go back to school but the only problems was lack of financial support and a place where to stay. Those who were in the age range of 15 to 18 years clearly stated that they cannot manage to go back to school but willing to be helped with skills training or empowerment. The study also established that, all the children in the homes of safety were attending school.

d) Type of abuse experienced by children who participated in the study

CN= child neglect, CSA=child sexual abuse, CPA= child physical abuse, EA=emotional abuse, HT=human trafficking, CL= child labour

Category of children		Type of Abuse					
		CN	CSA	CPA	EA	HT	CL
Household	20	12	8	14	5	-	12
Home of safety	15	15	10	15	15	-	7
Street children	12	12	12	12	12	-	10
Total	47	39	30	41	32	0	29

Source: Field data

Table 5 above illustrate findings from the responses of children regarding the types of abuse experienced during the pandemic are revealing. Across all categories of children, emotional abuse (EA) was the most commonly reported form of mistreatment, with a total of 41 children, following closely, child neglect (CN) was reported by 47 children, child sexual abuse (CSA) by 39 children, and child physical abuse (CPA) by 30 children. Specifically, in households, child neglect was reported 20 times, child sexual abuse 12 times, child physical abuse 8 times, and emotional

abuse 14 times, while in homes of safety, child neglect was reported 15 times, child sexual abuse 15 times, child physical abuse 10 times, and emotional abuse 15 times. Similarly, among street children, child neglect, child sexual abuse, child physical abuse, and emotional abuse were each reported 12 times. It's noteworthy that the study established that some children experienced multiple types of abuse concurrently, indicating a multifaceted nature of maltreatment during the pandemic. For example, street children, who reported the highest frequency of abuse overall, each experienced an average of 12 instances of abuse, encompassing various forms including child neglect, child sexual abuse, child physical abuse, emotional abuse, and child labor.

4.2.1 Work Experience of the Service Providers

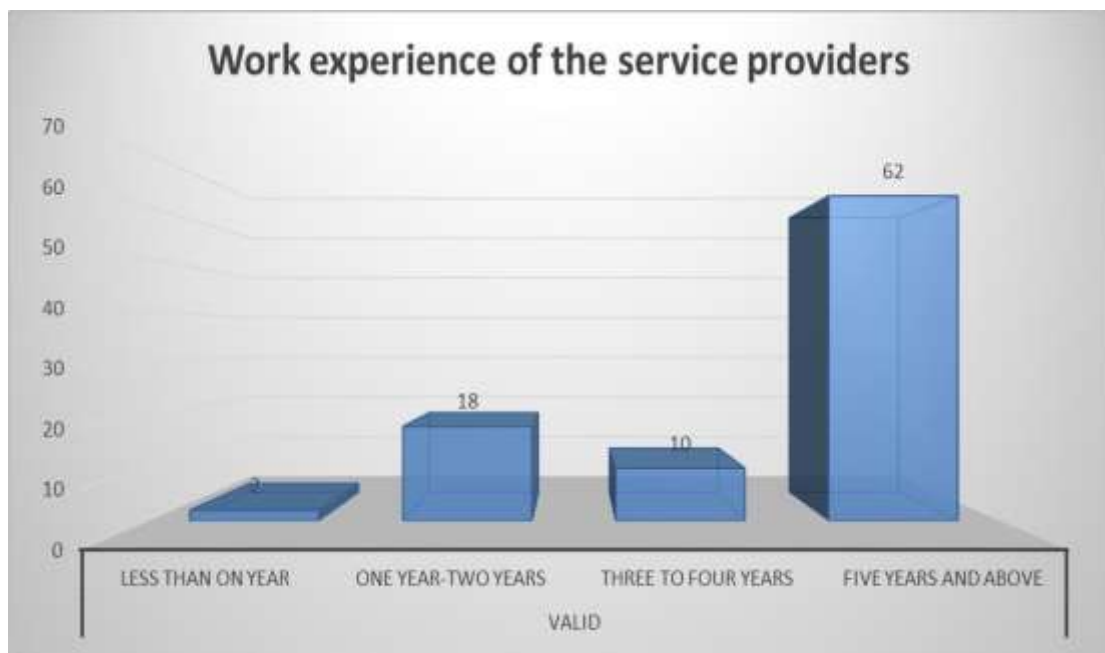


Figure 4.3: The work experience of Service Providers

From Bar Chart 4.4 above, it was found out that, out of 92 Service Provider participants, the majority of them (62) had worked on child safety and protection related works for a period of five year and above while a minority had done so for less than two years. Further, it was noted that ten had worked with children on child safety and protection for one year (18) years and others for three years (10 years). It was evident from the study that the majority of the Service Providers many years of experience working with children on issues of child safety and protection. It is right

to say that participants had sufficient experiences to accurately inform the study through their contributions.

4.3. Research Question number one: What were the trends in the occurrence of child abuse before and during COVID-19?

In objective one, the researcher analyzed police report cases spanning from 2017 to 2021 to conduct trend analysis regarding child abuse incidents. Despite the focus of the study being on the effects of the pandemic on child abuse, including data from 2017 and 2018, which were pre-covid, was essential for several reasons. Firstly, by examining trends over multiple years, including pre-pandemic data, the researcher could establish baseline patterns and trajectories of child abuse incidents. This allowed for a comprehensive understanding of the long-term trends and dynamics in child abuse prevalence, enabling meaningful comparisons with post-pandemic data. Additionally, incorporating pre-COVID data facilitated the identification of any existing challenges or vulnerabilities in child protection systems that may have been exacerbated by the pandemic. By analyzing trends over a multi-year period, the researcher could better contextualize the impact of the pandemic on child abuse and develop targeted interventions to address both immediate and underlying issues contributing to child maltreatment.

This research question employed a meticulous approach to unravel the dynamics surrounding child abuse by combining both quantitative and qualitative. The quantitative centered on the analysis of trends in the reported cases of child abuse from 2017 to 2021 capturing the statistical dimensions. Moreover, qualitative data analysis presented emergent themes, perspectives, and experiences related to child abuse. This qualitative component report the voices and narratives from respondents, amplifying the understanding of the emerging trends behind the numbers, thus enriching the overall comprehension of the issue.

4.3.1 Trend analysis of reported cases of child abuse from 2017 to 2021

This research question examined child abuse trends from 2017 to 2021 with the aim of uncovering dynamics and patterns in reported cases. The research focused on annual trends, identifying fluctuations and consolidating them to provide a comprehensive understanding of the prevalence of child abuse.

4.3.2 Reported Cases of Child Abuse in 2017



Figure 4.5: Reported cases of child abuse in 2017

Displayed in Figure 4.19 above are the recorded instances of child abuse in the year 2017. Among the total of 6,494= n (100%) reported cases of abuse, the predominant category was child neglect, comprising 3,397= n (52.3%) cases, marking the highest reported child abuse incidents. Following this, child sexual abuse constituted 2,374= n (37%), child physical abuse contributed to 477= n (7.3%), and child emotional abuse was responsible for 246= n (4%) cases. Interestingly, there were no reported cases of human trafficking in 2017.

Additionally, an analysis of the gender distribution reveals that girls exhibited greater vulnerability to abuse in comparison to boys. Out of the total 6,494= n (100%) reported abuse cases, 5,213= n (80%) were girls, while 1,281 were boys, accounting for (20%) of the cases. A more detailed examination of the data highlights that out of the 3,397 cases of child neglect, 2,526= n (39%) were girls and 880= n (14%) were boys. In the realm of child sexual abuse, which constituted 2,374 cases in total, 2,297= n (35%) were girls, whereas 51= n (1%) were boys. Child physical abuse encompassed 477= n (7.3%) cases, with 231= n (4%) involving girls and 246= n (4%) involving boys. Furthermore, child emotional abuse, contributing to 246= n (4%) cases, illustrated that 142= n (2%) girls experienced emotional abuse, compared to 104= n (2%) boys. This

analysis underscores the significant gender disparities within reported child abuse cases and emphasises the variations in the types of abuse that affected children in 2017.

4.3.4 Reported cases of child abuse in 2018



Figure 4.6: Reported Cases of Child Abuse in 2018

Depicted in Figure 4.6 above are the documented instances of child abuse in the year 2018. Out of the total of 6,085=n (100%) reported abuse cases, the prevailing category was child neglect, constituting 2,692=n (44.1%) cases, marking the highest number of reported child abuse incidents. Additionally, child sexual abuse comprised 2,683=n (44%) cases. Notably, the statistical data suggested that there was no significant distinction in the occurrence rates of child neglect and child sexual abuse, both being recorded at 44 Per cent. Furthermore, child physical abuse contributed to 477=n (8%) cases, while child emotional abuse was attributed to 246=n (4%) cases. Interestingly, there were 15=n (0.2%) reported cases of human trafficking in 2018.

Furthermore, an examination of the gender distribution highlights that girls continued to exhibit a higher vulnerability to abuse compared to boys. Among the total 6,085=n (100%) reported abuse cases, 4,703=n (77%) were girls, while 1,379=n were boys, constituting (23%) of the cases. A more in-depth analysis of the data underscores that out of the 2,692=n cases of child neglect, 1,785=n (29%) were girls and 907=n (15%) were boys. In terms of child sexual abuse, which encompassed a total of 2,683=n cases,

2,683=n (44%) were girls, whereas 65=n (1%) were boys. Child physical abuse accounted for 477=n (8%) cases, with 218=n (4%) involving girls and 259=n (4%) involving boys. Additionally, child emotional abuse, contributing to 218=n (4%) cases, revealed that 78=n (1%) girls experienced emotional abuse, compared to 140=n (2%) boys. Human trafficking accounted for 15=n (0.2%) of the total reported cases, with 7=n (0.1%) being girls and 8=n (0.1%) being boys.

4.3.5 Reported Cases of Child Abuse in 2019

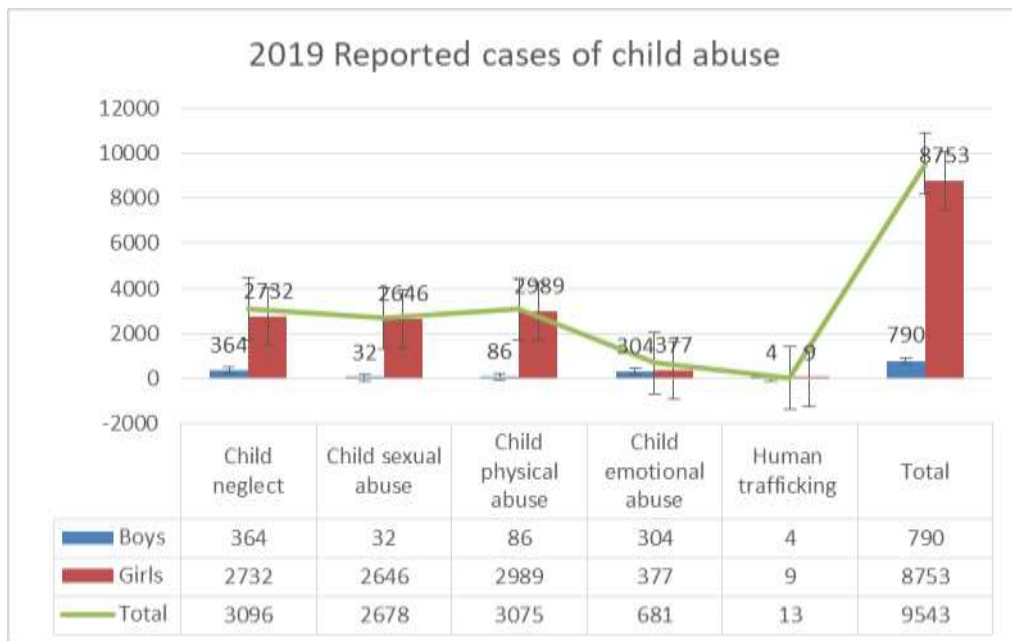


Figure 4.7: 2019 Reported Cases of Child Abuse

Illustrated in Figure 4.7 above are the documented occurrences of child abuse in the year 2019. Out of the total 9,543=n (100%) reported abuse cases, the predominant category was child neglect, constituting 3,096=n (32%) cases, representing the highest number of reported child abuse incidents. Moreover, child sexual abuse accounted for 2,678=n (28%) cases. Additionally, child physical abuse cases amounted to 3,075=n (32%), while child emotional abuse was attributed to 681=n (7%) cases. Notably, there were 13=n (0.1%) reported cases of human trafficking in 2019.

The analysis of the gender distribution highlights that girls continued to demonstrate a greater vulnerability to abuse in comparison to boys. Among the total 9,543=n (100%) reported abuse cases, 8,753=n (92%) were girls, while 790=n were boys, making up

(8%) of the cases. A more detailed examination of the data underscores that out of the 3,096=n cases of child neglect, 2,732=n (29%) were girls and 364=n (4%) were boys. In the context of child sexual abuse, which encompassed a total of 2,678=n cases, 2,646=n (28%) were girls, whereas 32=n (0.3%) were boys. Child physical abuse accounted for 3,075=n (32%) cases, with 2,989=n (31%) involving girls and 86=n (1%) involving boys. Additionally, child emotional abuse, contributing to 681=n (7%) cases, revealed that 377=n (4%) girls experienced emotional abuse, compared to 304=n (3%) boys. Human trafficking accounted for 13=n (0.1%) of the total reported cases, with 9=n (0.1%) being girls and 4=n (0.04%) being boys.

Analysing the results, it becomes evident that there was a significant surge in the number of reported cases of physical abuse, rising from 8 per cent in 2018 to 32 per cent in 2019. This shift indicates a notable increase in instances of physical abuse. Furthermore, the data underscores that girls were more frequently subjected to physical abuse in comparison to boys. These findings underscore the importance of addressing the prevalent issue of child abuse, particularly the gender-based patterns that emerged in the year 2019.

4.3.6 Reported cases of child abuse in 2020 Figure

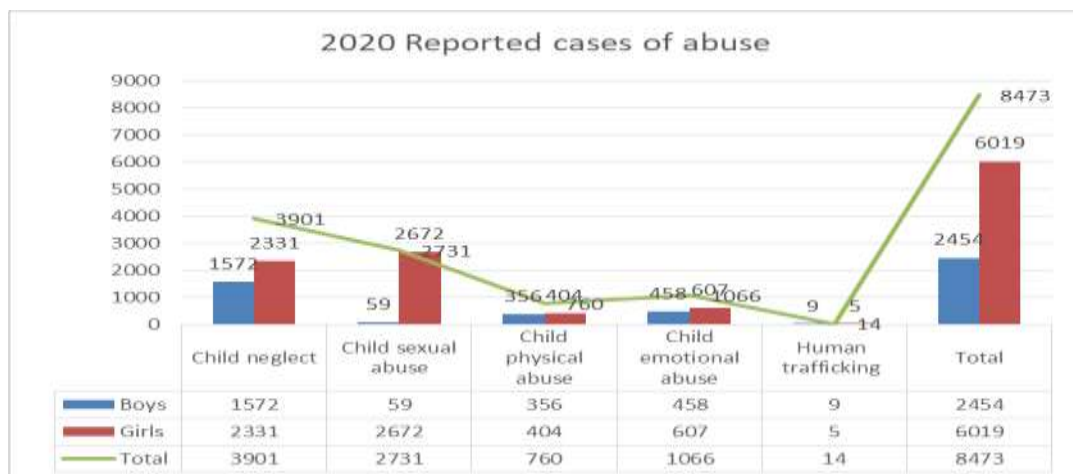


Figure 4.8: 2020 Reported Cases of Child Abuse

Illustrated in Figure 4.8 above are the documented occurrences of child abuse in the year 2020. Out of the total 8473=n (100%) reported abuse cases, the predominant category was child neglect, constituting 3,901=n (46%) cases, representing the highest number of reported child abuse incidents. Moreover, child sexual abuse accounted for

2731=n (32%) cases. Additionally, child physical abuse cases amounted to 760=n (9%), while child emotional abuse was attributed to 1066=n (13%) cases. Notably, there were 14=n (0.2%) reported cases of human trafficking in 2020. The results on gender distribution in 2020 highlights that girls continued to demonstrate a greater vulnerability to abuse in comparison to boys. Among the total 8473=n (100%) reported abuse cases, 6019=n (71%) were girls, while 2454=n were boys, making up (29%) of the cases. A more detailed examination of the data underscores that out of the 3901=n cases of child neglect, 2331=n (28%) were girls and 1572=n (19%) were boys. In the context of child sexual abuse, which encompassed a total of 2731=n cases, 2672=n (32%) were girls, whereas 59=n (1%) were boys. Child physical abuse accounted for 760= cases, with =404=n (5%) involving girls and 356=n (4%) involving boys. Additionally, child emotional abuse, contributing to 1066=n cases, revealed that 607=n (7%) girls experienced emotional abuse, compared to 458=n (5%) boys. Human trafficking accounted for 14=n of the total reported cases, with 5=n (0.1%) being girls and 9=n (0.1%) being boys. Although here were slight changes in the occurrence of child abuse prior to the outbreak of COVID-19, 2020 annual reports shows that there was an increase in child neglect, child sexual abuse and child emotional abuse.

4.3.7 Reported Cases of child abuse in 2021



Figure 4.9: 2021 Reported Cases of Child Abuse

Depicted in Figure 4.9 above are the documented instances of child abuse in the year 2021. Out of the total of 7588=n (100%) reported abuse cases, the prevailing category was still child neglect, constituting 3,824=n (50%) cases, marking the highest number

of reported child abuse incidents. Additionally, child sexual abuse comprised 2338=n (31%) cases. Furthermore, child physical abuse contributed to 889=n (12%) cases, while child emotional abuse was attributed to 535=n (7%) cases. Interestingly, there were only 2=n (0.02%) reported cases of human trafficking in 2021.

Furthermore, an examination of the gender distribution highlights that girls still continued to exhibit a higher vulnerability to abuse compared to boys. Among the total 7588=n (100%) reported abuse cases 6293=n (83%) were girls, while 1295=n were boys, constituting (17%) of the cases. A more in-depth analysis of the data underscores that out of the 3824=n cases of child neglect, 3271=n (43%) were girls and 553=n (7%) were boys. In terms of child sexual abuse, which encompassed a total of 2338=n cases, 2300=n (30%) were girls, whereas 38=n (1%) were boys. Child physical abuse accounted for 889=n (12%) cases, with 418=n (6%) involving girls and 471=n (6%) involving boys. Additionally, child emotional abuse, contributing to 535=n (4=7%) cases, revealed that 302=n (4%) girls experienced emotional abuse, and 233=n (3%) were boys. Furthermore, the results indicate a slight reduction in child trafficking accounting to 2=n (0.02) cases.

4.4 Trend analysis of reported cases of child abuse from 2017 to 2021

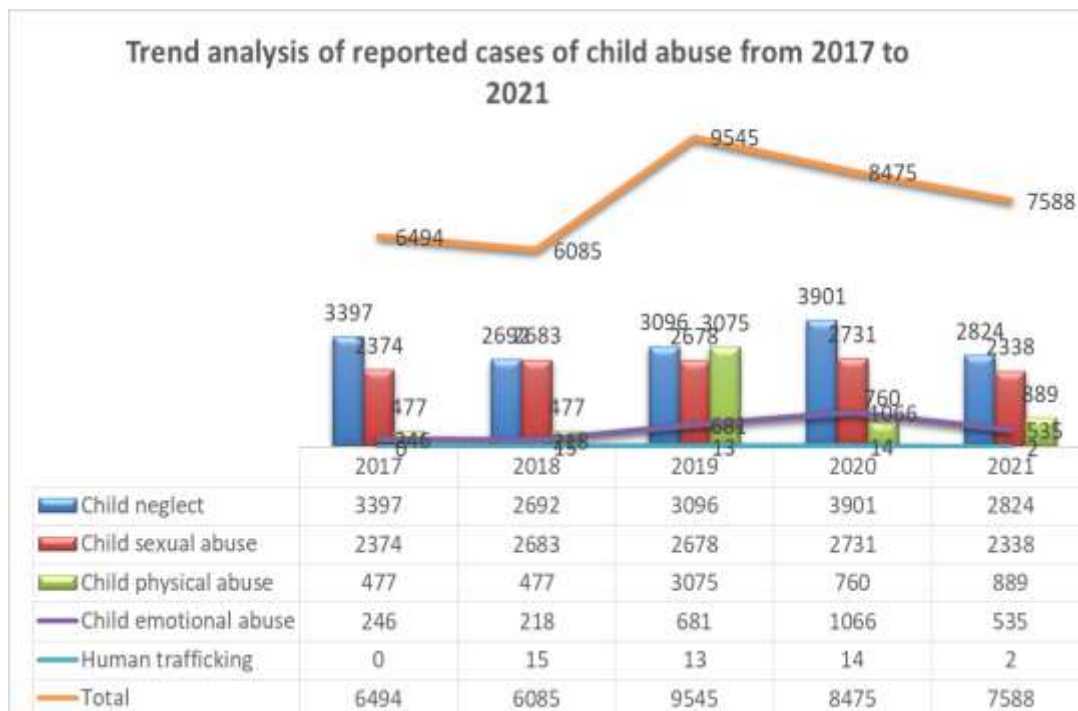


Figure 4.10: Trend analysis of reported cases of child abuse from 2017 to 2021

The trend analysis of reported child abuse cases between 2017 and 2021, both prior to and during the COVID-19 period, is depicted in Figure 4.18 above. The provided statistics reveal significant shifts in the pattern of cases over these years. From 2017 to 2018, the reported instances of child abuse exhibited a reversal, with a slight decline from 6,494 to 6,085 cases, translating to a decrease of 3.2 per cent. This was followed by a pronounced upswing from 2018 to 2019, as cases surged from 6,085 to 9,543, indicating a notable increase of 22.1 per cent. Continuing into 2020, there was a minor reduction in reported cases, dropping from 9,545 to 8,473 cases, reflecting a decline of 6 per cent. Notably, from 2020 to 2021, a striking decrease occurred in reported child abuse cases, plummeting from 8,473 to 77,588 cases, marking a substantial drop of 6 per cent. The decline in reported child abuse cases between 2020 and 2021 underscores evident alterations in the prevalence of such incidents. This observation raises the possibility of underreported cases or the influence of various factors affecting the reporting of child abuse incidents, prompting further analysis into the underlying dynamics of these changes. Apart from that, on the type of abuse, Child neglect was the most reported case, followed by child sexual abuse, physical abuse, emotional abuse, and human trafficking over the years.

Paired Samples T-Test

To test Research hypothesis one: There is no significant difference in the number of reported child abuse cases between the periods before and during the pandemic, a paired samples t-test was used. This test was performed to establish if there is no significant difference in the number of reported child abuse cases between the periods before and during the pandemic in Lusaka district. The results are shown in Table 5

Significant difference in the number of reported child abuse cases between the periods before and during COVID-19

Variables	N	Mean	Std.D	T	df	Sig.
Year 2017-2019	2	8030.5000	625.78950	-7.315	1	.006
Year 2020-2021	2	6289.500	289.20667			

Table 5: T-Test of reported cases of abuse from 2017 to 2021

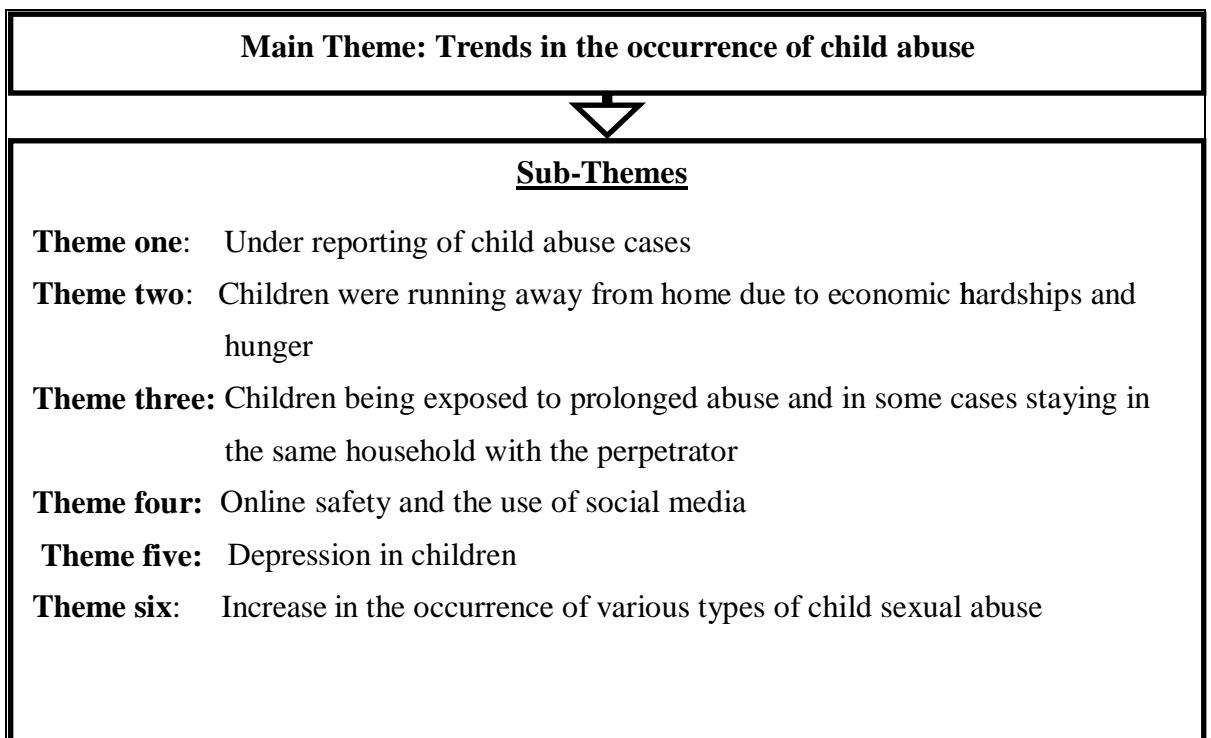
Table 5 above shows the paired samples t-test for post-test scores for the number of reported child abuse cases between the periods before and during COVID-19. The t-value was -7.315 for 1 degrees of freedom and the p-value was .006. This p-value is less than the level of significance ($\alpha = 0.05$ $p < 0.05$). Therefore, this means that there was a statistically significant difference in the number of reported child abuse cases between the periods before and during COVID-19. This means that there were more child abuse cases in the year between 2017 and 2019 as compared to the year 2020 and 2021.

Therefore, based on the significance level ($p < 0.05$), the study rejects the null hypothesis suggesting that there is indeed a significant difference in the number of reported cases of child abuse cases between the periods before and during the pandemic in Lusaka District. This finding highlights the importance of understanding the fluctuations in reported child abuse cases during crisis periods, such as the pandemic, and emphasizes the need for targeted child protection interventions during crisis.

The summary of quantitative findings from the trend analysis of child abuse cases from 2017 to 2021 reveal key findings. In 2017, child neglect dominated, accounting for 52.3 per cent of cases, with a clear gender gap favoring girls. The following year, 2018, a shift occurred: child neglect is still widespread (44.1%) while child sexual abuse increased (44%), maintaining the pattern of gender vulnerability. In 2019, there was a significant increase in reported cases, with a focus on physical abuse (32%) and increasing gender inequalities. The year 2020 showed a continuation of trends and highlighted an increase in child neglect and emotional abuse. However, the most noticeable change occurred in 2021, when cases fell significantly. The paired samples t-test confirmed a statistically significant difference between 2017-2019 and 2020-2021, suggesting a significant decrease in reported child abuse cases during the COVID-19 period. Notably, child neglect and child sexual abuse emerged as the highest reported cases throughout this period. The analysis of the gender distribution repeatedly highlighted the greater susceptibility of girls to abuse

4.4.1 Qualitative data on the emerging trends in child abuse during the pandemic

The qualitative phase of the emerging trends in the reported cases of child abuse examined the complexity of child abuse and protection dynamics during the pandemic and provided detailed insights from the respondents that were beyond statistical measurements. Using careful coding, the results formed a central theme that highlighted trends in the occurrence of child abuse and was further divided into detailed sub-themes for comprehensive qualitative thematic analysis. The aim of this research is to deepen understanding by examining the diverse factors that shape child abuse patterns and protective measures in the particular context of the pandemic



Theme One: Under Reporting of Child Abuse Cases

The current study found out that, there was under reporting of the cases of child abuse to relevant authorities during the pandemic. Most of the Service Providers explained that, most of the abused cases were kept within the family as a secret such as child sexual abuse while others were reported by family members who felt compelled to report the cases after the abuse as one service provider (**SP28**) explained that:

During COVID-19, cases of child abuse were reported by a family member more frequently than by the victims themselves ... COVID-19 restrictions limited social interactions in the community. This had a negative impact on the reporting systems of

cases of abuse in the community. Most of the cases reported to the police were reported by family members mostly those not living with the child after they observed the child's physical or behavioural signs of abuse upon visiting the family. Unlike before the COVID-19 school going children sometimes reported the abuse to the teachers, friends or members of the community, however, the pandemic limited the social interactions of the child.

Another service provider (**SP62**) stated that:

... People were scared to leave their homes because of fear of contracting the virus. The fear of contracting the virus adversely affected the reporting of cases of child abuse

Another service provider (**SP15**) had this to say:

Most of the cases were not reported to the Police especially if the perpetrator is a close family member worse still a bread winner. Most of the cases of child abuse were resolved within the family worse still within the households. What I mean within the house hold is that these cases were not shared with other family members not living in the same house.

Service Providers also explained that parents and other care givers were afraid of stigma or the outcome of the case if reported to relevant authorities. One service provider from one NGO (**SP32**) narrated that:

In our interactions with families, we have observed a prevailing trend that cases of abuse, particularly cases of child sexual abuse, are often kept as family secrets. Many parents shy away from going public with these issues for a complex web of reasons, including fear of judgment, societal stigma, and concerns about the potential impact on the family unit. It is disheartening to see that the very place where a child should feel safest becomes a breeding ground for silence and secrecy. Our challenge is not only to recognize and address the abuse, but also to break through the barriers of shame and fear that surround these incidents.

SP27 also added that:

Many parents we speak to don't want to say anything if they suspect abuse. They are afraid that bad things will happen to their child or even themselves if they do it. There's this worry about what people in the community will think and that stops them from getting help or reporting the abuse they see. The fear of being judged by either the family of the community keeps them silent.

One other service provider (**SP7**) echoed similar sentiments and stated that:

Parents often say they feel stuck. They're scared of what might happen if they report, and there's this worry about being judged by others in the community.

The pandemic seems to make it harder for them to open up, like the fear has increased during these tough times

The Service Providers' findings highlight a troubling trend during the COVID-19 pandemic with cases of child abuse being reported less often by victims themselves. Instead, family members, who often did not live with the child, became primary reporters after observing signs of abuse during visits. The restrictions imposed by the pandemic limited social interactions and negatively impacted reporting systems. Fear of contracting the virus further prevented people from leaving their homes, which impacted the reporting of child abuse cases. The reluctance to report, particularly when the perpetrator is a close family member or the breadwinner, resulted in many cases being resolved within the family, exacerbating the problem. Pervasive fear of judgment, societal stigma, and concerns about family well-being contribute to the silence and secrecy surrounding abuse cases, which poses a significant challenge for Service Providers. The need to overcome these barriers and create an environment in which families feel empowered to report abuse remains a critical target for intervention and support.

Narratives from the parents

One parent (**P2**) also reported that:

When someone attempted to defile my daughter, I reported the case to the police and they told me that they will follow-up the case. The perpetrator run away and after some few months my daughter was later defiled by a family member (... relationship withheld). I'm always afraid to tell many people... because I'm afraid it might make the situation worse for my child. What if the police intervene and nothing happen or things get really bad? It feels safer to just keep it in the family, even though deep down I know it's not the right thing to do. The fear that something bad could happen holds me back.

Additionally, another parent (P 3) echoed that:

It's hard to talk about problems openly now. I worry about the stigma and judgment from others in the community. The pandemic has made it even scarier to reach out for help. Reporting feels like it might bring more trouble than help, and that keeps me from speaking up.

Other parents narrated that the disruptions in service provision during the pandemic adversely affected reporting of cases of child abuse use. Some parents explained that sometimes parents had to go to the police station several times and to the hospital in cases of child abuse. The financial costs encored in the process discourage many parents from reporting the cases of abuse to the authorities. This was highlighted during the FGD with the parents. The following were the narratives from the FGD:

The pandemic made everything more difficult. When we suspected something was wrong with our child, we had to go to the police and the hospital multiple times. It wasn't easy, and the financial burden added up. We heard about other parents facing the same challenges. The costs involved in reporting cases of child abuse discouraged many of us. It felt like we were caught in a loop, going back and forth, and the fear of the expenses made some parents hesitate. There were times when it seemed easier to handle things within the family, even though deep down, we knew it wasn't right.

Many parents shared similar experiences, talking about the discouragement that comes with the financial costs of reporting. The fear of judgment and societal stigma was

already daunting, but adding the financial aspect made it even harder. It felt like reporting abuse was a luxury some of us couldn't afford during those tough times.

Narratives from the children (C6)

One child who was sexually abused had the following to say:

I really wanted to tell someone about what was happening, but I was so scared. I didn't think anyone would believe me, and I was afraid of what might happen if I spoke up.

Another child (C9) who run away from home due to physical abuse narrated that:

At home my auntie used to beat me every day. I told my friends about what was happening to me to find out if I can tell my teacher about this. My friends told me that reporting doesn't really work, so I just stayed quiet until I decided to run away to the streets.

Another child from the home of safety shared her sentiments:

I wanted to say something about what's happening at home, but I was really scared. I thought maybe it's not the right time during the pandemic. I didn't know if anyone would listen or believe me. My friends said telling adults doesn't really change things, so I kept it to myself. (C10).

The findings on this sub-theme reveals the pandemic restrictions adversely affected child abuse reporting systems as limited social interactions hindered the process. Fear of contracting the virus prevented individuals from leaving their homes, further impacting the reporting of child abuse cases. The reluctance to report the crime, particularly when the perpetrator is a close family member, often resulted in cases being resolved within the family. Widespread fears of judgment, societal stigma, and concerns about family well-being contribute to a culture of silence and secrecy surrounding abuse cases and pose a significant challenge for Service Providers. The critical intervention goal is to overcome these barriers and empower families to report cases of abuse.

Theme Two: Children were running away from home due to economic hardships and hunger

Many children were pushed on the streets because of economic hardships during the pandemic putting them at high risk of abuse. During the pandemic, there were many children on the streets either begging or doing some piece work. One service provider explained that: the economic hardships during the COVID-19 left many households in

poverty. Some parents lost employment which is a source of livelihood. This led to many children running away from home to the streets to look for piece works so that they can help their families. Others just started living on the streets permanently.

Response from the Service Providers

As a Child Protection Officer actively engaged in the removal of children from the streets, the impact of economic hardships and hunger on their decision to run away from home is palpable. Many of the children I encountered shared stories of desperate circumstances at home, driven by poverty and a lack of basic necessities. The streets became a refuge from the harsh realities they faced, with hunger and economic struggles pushing them to seek solace in the uncertain embrace of the streets. Our interventions aimed not only at providing immediate care but also at addressing the root causes, working collaboratively with families and communities to break the cycle of economic desperation driving these children away. (SP10)

In our Safe Homes we have seen more children coming because their families are struggling with money and don't have enough food. These children tell us that their families do not have jobs and that there is not enough money to buy regular meals. So they decide to leave their home because they are really hungry and their families are struggling for money. Our job as carers in these homes is not just to offer them a safe place for a short time. We want to work with their families to help them with money problems and to create a safe and good place for the children. **SP7** narrated that:

In our Safe Homes we have seen more children coming because their families are struggling with money and don't have enough food. These children tell us that their families do not have jobs and that there is not enough money to buy regular meals. So they decide to leave their home because they are really hungry and their families are struggling for money. Our job as carers in these homes is not just to offer them a safe place for a short time. We want to work with their families to help them with money problems and to create a safe and good place for the children.

NGO service provider (**SP1**)

At our NGO we actively help children who run away home because of money problems. The stories we hear show that families are having a really hard time making enough money. This makes it difficult for them to eat regular meals and is one of the reasons

why children end up on the streets. We're working on ways to help immediately by donating food and working with local communities to develop programmes that help families earn more money. The most important thing for us is to break the cycle of family poverty so that children do not have to run away from home.

Narrative from another service provider from NGO also shared similar sentiments (SP2) stating that:

In our NGO work, we talk to families who are struggling with money problems that are causing children to leave home. Parents tell us about the difficult decisions they have to make when trying to provide for their children when money isn't enough. The focus of our projects is to help the community and provide programmes that promote community empowerment.

Responses from the Parents

The parents also confirmed that children were pushed to the streets and hoes of safety because of hunger. One parent (P6) from *Misisi* Compound narrated that:

I sell vegetables and I keep four grandchildren at home. During the pandemic three of my grandchildren run away from home due to hunger, two of them went to fountain of Hope and one went to the streets to work... it was very difficult for me to provide for the family. Sometimes we used to each after two or three days. Life was tough.

The following were response from the children:

I ran away from home to fountain of Hope because we had no food at home.

(C23)

I came on the streets to look for piece work or beg from people so that I can have money to buy food. (C18)

I draw water in the restaurants so that they can pay me and give me the food.

(C24)

I stay on the streets because I know I will never spend a day without eating. (C19)

It can be inferred that, the findings of the theme on children running away from home due to economic hardships and hunger during the pandemic underscores the harsh reality faced by vulnerable families. The testimonials from both Service Providers and parents highlight the devastating impact of poverty on households, forcing children to seek refuge on the streets. Moreover, the voices of the children themselves provide insights into the desperation that drives them to the streets in search of work or food.

Theme Three: Children being exposed to prolonged abuse and in some cases staying in the same household with the perpetrator

This theme sheds some light on the distressing circumstances where children not only endure prolonged abuse but in some instances, find themselves residing within the very households where the perpetrators of harm exist. The exploration of this theme aimed at unravelling the complex dynamics surrounding the safety and well-being of children.

Response from the Service Providers

One child protection officer from a named police station narrated that:

In one particularly memorable case, we encountered a child caught in a cycle of abuse who was living under the same roof as the perpetrator. Our biggest challenge was to ensure the child's safety without increasing the risks. This case highlights the urgent need for thorough intervention strategies and robust support networks. Unfortunately, this child was abused by his biological father during his mother's absence in the village. The child, traumatised by the experience, found it difficult to articulate or reveal detailed information about the abuse. The disturbing situation only came to light when an alert neighbour, noticing the child's physical injuries, took the initiative and reported the case. This highlights the critical role that community awareness and reporting play in ensuring the safety of children in abusive situations.

One Police Officer (**SP61**) reported that:

During the pandemic, we had limited or lack of contact with the children, we came up with more innovating ways of providing our services. During the briefings, we proposed to start monitoring cases of child abuse posted on social media. For

example, videos showing a child being abused. Although it was challenging to locate the place we were monitoring and reading the comments on the posts to trace the place or town where that abuse occurred so that we can make a follow-up. This was one of the emerging trend as a way of reaching out to the children. We also worked with some social media platforms to help us locate the child. This was one of the challenging experiences during the pandemic and I think there is need for ZICTA to come on board and help us to reach out to the children.

Responses from the Parents

One parent (SP51) shared her experiences of her child being sexually abused in the home. She narrated that:

Our family is shattered. The abuse has left scars, not just on my child but on everyone. We need more understanding.

Responses from children

Some children narrated how they endured prolonged abuse with little or no hope of being helped out of this devastating situation. For example, a young boy who experienced prolonged abuse, bravely recounted his daily life in the same household as the perpetrator. He described the fear, confusion, and desperation to run away from home. He narrated that:

Things were not alright between me and my step farther. He used to beat me, I had nowhere to sleep, sometimes he and my mother could lock me outside that I should go to my father's relatives. Life is hard. (C40) Another one had this to say:

The bad things (Child sexual abuse) happened to me several times. He was doing bad... with me. I was scared to tell anyone (C32)

Theme Four: Online Safety and the use of Social Media

There were concerns about child online safety and the use of social media during the pandemic. Service Providers explained that a number of children were prone to online abuse. They also narrated that there was an increase in the number of cases of child abuse posted on social media.

Responses from the Service Providers One officer (SP73) narrated that:

We witnessed an increase in the number of cases of child abuse posted on social media either by family members or neighbours especially cases of prolonged child physical abuse. In as much as this helped us track the cases and lead to the arrest of perpetrators, we were concerned about the safety of the child whose identity was exposed to social media.

Another service provider from a named NGO (SP21) had this to say:

The major change that I can talk about is that online safety of the children during the pandemic. As Service Providers, it is something that we paid attention to as an emerging trend. During the pandemic, school closure and movement restrictions confined the children in homes. During the confinement, the cell phones became best friend to many children who were in homes where parents can afford a cell phone. The access to the cell phones predisposed our children to online abuse. Because of lack parental guidance and child protection services to protect children from online abuse, the extent to which the children experienced online abuse is difficult to detect. The online safety of the children was not taken care of. As they were exposed to internet, there was a likelihood of online exploitation of the children so we needed to make sure that as they are online, they are also protected. So that is one emerging issue that I can talk about.

Theme Five: Depression in Children

Some abused children also showed some severe signs of depression and disclosure of suicidal thoughts. Many children were exposed to prolonged exposure to abuse during the pandemic.

Responses from Service Providers

One service provider from YWCA (:SP41) narrated that

Some of the cases brought to our attention were discovered by either the family member or neighbours after the child was exposed to prolonged abuse. These children were discovered mostly after observation behavioural changes of physical symptoms of abuse. This had a negative effect on the psychological well-being of the victims and

many exhibited signs of severe depression and shared suicidal thoughts during counselling.

Another counsellor (SP12) from a named NGO had this to say:

Some children who were abused and brought to youth dropping centre for counselling were showing severe signs of depression and feelings of helplessness during the whole process of counselling. Most of the victims who exhibited these signs were especially those who were still staying with the perpetrators of the abuse.

Similarly, Police child protection officers also confirmed that during the lockdown or the pick of the pandemic which was characterised with restricted movements, there were selected reported cases of children attempting to commit suicide. One officer (SP50) narrated that:

As the national office, we received a case of suicide from the Copperbelt in Kitwe where a 7-year old child committed suicide and in Kalulushi also on the Copperbelt a 11-year old boy attempted to commit suicide. This was uncommon and we are ensuring that we reach out to the children to prevent such occurrences.

Theme Six: Increase in the occurrence of various types of child abuse

During the COVID-19 pandemic, a disturbing and concerning increase in various types of child sexual abuse emerged, signifying a distressing consequence of the crisis. Among these distressing trends were instances of organised events like sex parties and 'seven hours in heaven,' where young boys and girls, often vulnerable, were engaged in activities without consent or understanding of the implications. These events exposed minors to a dangerous environment where exploitation and abuse were rampant. Additionally, other distressing cases further surfaced where young boys fell victim to sexual abuse perpetrated by their peers, illustrating the urgency and gravity of addressing these threats in communities.

Summary of research question number one on the emerging trends in the occurrence of child abuse

In summary, this research question on emerging trends in the occurrence of child abuse, analysing the period from 2017 to 2021, has revealed vital insights. The

quantitative analysis demonstrated a fluctuating pattern in reported cases: a slight reduction of 3.2 per cent from 2017 to 2018, followed by a concerning increase of 22.2 per cent from 2018 to 2019. The advent of the pandemic in 2020 saw a slight drop of 6 per cent in reported cases, further decreasing by another 6 per cent in 2021. Notably, gender disparities were evident, with girls being more vulnerable to various forms of abuse, particularly child sexual abuse, child neglect, and physical abuse. On the types of abuse, Child neglect was the most reported case, followed by child sexual abuse, physical abuse, emotional abuse, and human trafficking. Paired samples t-test conducted on reported child abuse cases before and during COVID-19 shows a statistically significant difference. The t-value of -7.315 with one degree of freedom and a p-value of 0.006, which is below the specified significance level ($\alpha=0.05$), indicates that the number of reported child abuse cases varied significantly between time periods. In particular, more cases of child abuse were reported in 2017 to 2019 than in 2020 and 2021. This indicates a significant shift in the incidence of child abuse, with a decline during the COVID-19 period.

The qualitative findings shed light on critical issues like underreporting, children fleeing homes due to economic hardships, prolonged abuse within households, distressing cases of children attempting or committing suicide, and a distressing rise in various types of child sexual abuse. The qualitative research findings on the trends shed light on the harrowing realities that may precipitate Post-Traumatic Stress Disorder (PTSD) in abused children. The next research question focused on the risk factors to child abuse.

4.5 Research Question 2: What were the risk factors contributing to the occurrence of Child Abuse during the COVID-19 pandemic?

In the pursuit of understanding the critical dynamics surrounding child abuse during the pandemic, this research question delves into the intricate web of risk factors that play a pivotal role in its occurrence. Risk factors are those characteristics associated with child maltreatment and abuse, they may or may not be direct causes. In order to answer this question the current study used quantitative and qualitative findings.

4.5.1 Quantitative Findings

Findings on the risk factors in the occurrence of child abuse during the pandemic. The researcher used the following variables

- (i) Perceived Child Risk factors or Characteristics of the child as risk factors to abuse;
- (ii) Perceived Parental Risk Factors or Characteristics of the parents as risk factors to abuse; and
- (iii) Perceived Environmental Risk factors or Characteristics of the environment as risk factors to abuse.

To test Research Hypothesis two, which assumes that there are no significant effects on child protection providers' and parents' responses to child risk factors (CRF), parental risk factors (PRF) and environmental risk factors related to child abuse during COVID-19. 19, a one-way ANOVA test was performed. In addition, multiple regression analyses were used to examine the relationships between child risk factors and child abuse (CA), parental risk factors and child abuse, and environmental risk factors and child abuse. These statistical analyses were instrumental in examining the potential influence of parental and environmental risk factors on the occurrence of child abuse during the COVID-19 pandemic and contributed to a comprehensive understanding of the dynamics surrounding child protection in this context.

4.5.1.2 Perceived Child Risk Factors to Abuse during the COVID-19 Pandemic

The current study used child risk factors anchored on UNICEF and WHO measurement criteria. Child characteristics were used that included age of the child, gender of the child, physical or developmental disability, lack of attachment between the parent and the child.

Service Providers the evaluation encompassed five crucial aspects: the child's age, the child's gender, any physical or developmental disabilities, and the presence or absence of a strong attachment between the parent/caregiver and the child.

Figure 4.10: Responses from the Service Providers and Parents on Child Risk Factors for Child Abuse

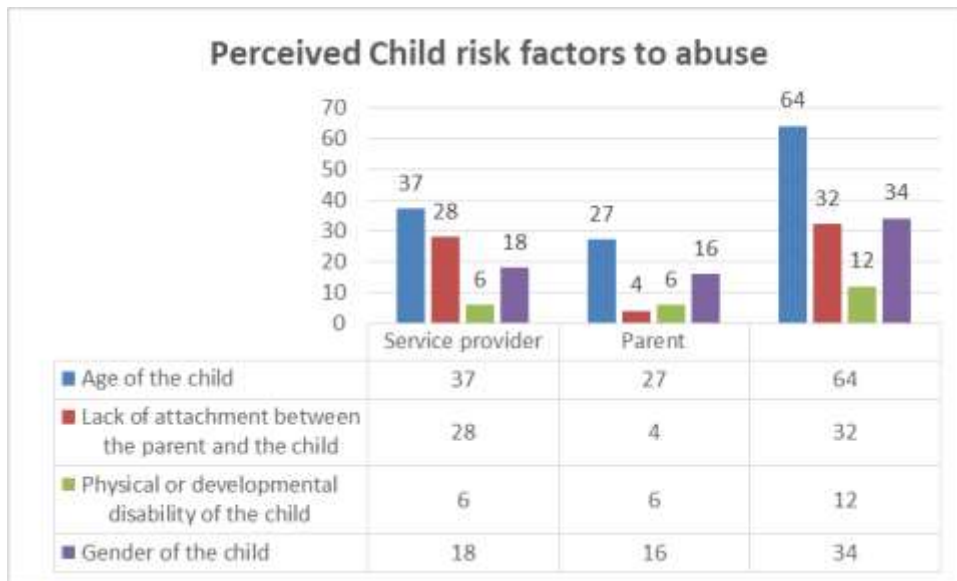


Figure 4.10: Responses from the Service Providers and Parents on Child Risk Factors for Child Abuse

Figure 4.10 Bar Chart above presents responses from Service Providers and parents on child risk factors for abuse. Five factors were used namely: age of the child, gender of the child, physical or developmental disability and lack of attachment between the parent or care giver and the child. The results show that, age of the child was identified as the highest risk factor for child abuse by both service provider (40.2%) and parents (53%) and by all categories of respondents 64=n. This suggests a consensus that younger children may be at a higher risk of abuse during the pandemic, possibly due to their vulnerability and dependency on caregivers. This suggests that the age of the child is seen as a significant factor influencing the risk of abuse, with 45 per cent of respondents considering it a major concern., followed by gender of the child 34=n with approximately 24 per cent of respondents identified the child’s gender as a factor contributing to the risk of abuse. This indicates that gender is also considered a significant concern in assessing abuse risk, lack of attachment was 32=n ranked as the third child-risk factor. Around 23 per cent of respondents recognised the lack of attachment as a factor contributing to the risk of abuse. This suggests that the emotional bond and attachment between the child and their caregivers play a notable role in

determining abuse risk and the least was the physical or developmental disability of the child 12=n (8%).

One way ANOVA test results illustrate within the group scores for Service Providers 63=n (74%), parents 53=n (37%) the mean between groups is 0.989 indicating the variation in responses between child protection Service Providers and parents regarding child risk factors for abuse during the pandemic. This suggests that there are differences in the responses between these two groups. The mean within groups is 0.974, representing the variation in responses within each group (i.e., Service Providers and parents). This reflects the variability in responses within each group regarding the specified child risk factors. The ANOVA test statistic (F-value) in this case, $F = 0.989 / 0.974 \approx 1.016$, The degrees of freedom for the between-groups (denoted as df1) is 1, and for the within-groups (denoted as df2) is 140. The ANCOVA test using a significance level (alpha) of 0.05 ($\alpha = 0.05$) indicated a p-value greater than 0.315 ($p > 0.315$). This means that the obtained p-value is not statistically significant at the 0.05 significance level. Based on the one-way ANOVA test results, the differences in responses between child protection Service Providers and parents regarding child risk factors for abuse during the pandemic are not statistically significant at the 0.05 significance level.

Multiple Regression Analysis between Child Risk Factors (CRF) and Child Abuse (CA) To establish the influence of Child Risk Factors (CRF) such as age of the child (AC), gender of the child (GC), physical appearance or disability (PA) and lack of attachment between the parent child (LAPC) on Child Abuse (CA) during the COVID-19 pandemic in Lusaka district, A Multiple Regression Analysis was also performed as show in Table 6 below:

Variables

CRF and Child Abuse

	Unstandardised	Std. Error	t-Standardised		Sig.
	Coefficient		Statistic	Coefficients	
<i>(Constant)</i>	3.871	.510	7.589		.000
<i>AC</i>	.055	.084	.654	.610	.001
<i>GC</i>	-.334	.121	-2.760	.461	.007
<i>PA</i>	-.447	.080	-5.613	.388	.000
<i>LAC</i>	.047	.102	.460	.242	.006

<i>P/DDC</i>	.031	.100	.342	.209	.002
<i>R</i>	.591	R Square	.349		
<i>Adjusted R Square</i>	.319	R Square Change	.042		
<i>F-Statistics</i>	11.671	Prob (F-statistic)	.000		
<i>Df1, Df2</i>	4, 87	Std. Error of Estimate	1.01569		
<i>(a) Dependent Variable: Child Abuse</i>					
<i>(b) Predictors: (Constant), AC, GC, PA and LAPC</i>					

Table 6: Multiple Regression Analysis between Child Risk Factors (CRF)

Significant at the 0.05 level (2-tailed). *Source:* Fieldwork, 2023

Table 6: Multiple Regression Analysis between Child Risk Factors (CRF) and Child Abuse Table 6 shows the results shows a multiple regression analysis between the independent variable (CRF) and the dependent variable (CA). The overall regression model was statistically significant ($f(4,87) = 11.671, p - value = .004 < 0.05, t = 7.589$). Since the p-value is less than 0.05, this indicates that CRF has an effect on CA. This further implies that Child Risk Factors had an influence on Child Abuse during the COVID-19 pandemic in Lusaka district.

Results from Table 6 shows correlation coefficient value between CRF and CA is .591. The value of R indicates a strong positive correlation between the independent variables CRF and CA. This implies that when Child Risk Factors increase, Child Abuse also increases. In other words, Child Risk Factors have an influence on Child Abuse.

The results also in Table 6 show that the adjusted R^2 for CRF to influence CA is .319. The value of adjusted R^2 mean that 31.9 per cent of variation in CA is influenced by CRF included in this regression model. This further mean that the regression model is significant to predict the effect of CRF on CA. In other words, Child Risk Factors influence Child Abuse by 31.9 per cent.

Also, results from Table 6 show that R squared for CRF to influence CA is .349. The value of R^2 mean that 34.9 per cent of variance in CA is influenced by CRF included in this regression model. This further mean that the regression model is significant to

predict the effect of CRF on CA. In other words, Child Risk Factors influence Child Abuse by 34.9 per cent.

Additionally, results in Table 6 reveal a positive and statistically significant relationship between

AC and CA ($p - value = .001 < 0.05, t = .654, \beta = .610$). This further indicated that AC has an influence on CA. However, the coefficient from the regression model tells that a one unit increase in AC is associated with a 610 unit increase, on average, assuming GC, PA and LAPC are held constant. This further indicates that an average change in CA is associated with a one unit increase in AC.

Further, results in Table 6 indicate that there is a positive and statistically significant relationship between GC and CA ($p - value = .007 < 0.05, t = -2.760, \beta = .461$). This further indicated that when GC has an influence on CA. However, the coefficient from the regression model tells that a one unit increase in GC is associated with a .461 unit increase, on average, assuming AC, PA, and LAPC are held constant. This further indicates that an average change in CA is associated with a one unit increase in GC.

Besides, results from Table 6 indicate that there is a positive and statistically significant relationship between PA and CA ($p - value = .000 < 0.05, t = -5.613, \beta = .388$). There these results indicate that PA of the child has an influence on CA. However, the coefficient from the regression model tells that a one unit increase in PA is associated with a .388-unit increase, on average, assuming AC, GC, and LAPC are held constant. This further indicates that an average change in CA is associated with a one unit increase in PA.

Results also in Table 6 indicate that that there is a positive and statistically significant relationship between LAPC and CA ($p - value = .006 < 0.05, t = .460, \beta = .242$). therefore these results indicated that when LAPC increase, CA also increases. However, the coefficient from the regression model tells that a one unit increase in LAPC is associated with a .242-unit increase, on average, assuming AC, GC, and PA are held constant. This further indicates that an average change in CA is associated with a one unit increase in LAPC.

In summary, the results of the regression model show that the overall model was significant

$$(F(4,87) = 11.671, p - value = .004 < 0.05, t = 7.589, \quad Adjusted R^2 = .319, R = .349).$$

The model explains 34.9 per cent of variance accounted for by the predictor variable (Child Risk Factors). Results indicate that CA

$$(p - value = .001 < 0.05, t = .654, \beta = .610), \text{ GC}$$

$$(p - value = .007 < 0.05, t = -2.760, \beta = .461), \quad \text{PA}$$

$$(p - value = .000 < 0.05, t = -5.613, \beta = .388) \quad \text{and} \quad \text{LAPC}$$

$$(p - value = .006 < 0.05, t = .460, \beta = .242) \text{ have an effect on CA.}$$

Specifically, the results suggests that there is a strong positive correlation between the independent variables (CRF) and the dependent variable (CA). In other words, Child Risk Factors (CRF) such as age of the child (AC), gender of the child (GC), physical appearance or disability (PA), and lack of attachment between the parent-child (LAPC) have an effect on Child Abuse.

Relative contribution of age of the child (AC), gender of the child (GC), physical or developmental disability of the child (P/DDA), and lack of attachment between the parent child (LAPC) on the Child Abuse (CA)

The study also sought to establish relative contribution of Child Risk Factors (CRF) such as age of the child (AC), gender of the child (GC), physical or developmental disability of the child disability (P/DDA), and lack of attachment between the parent child (LAPC) on Child Abuse (CA). The aim was to establish which among the independent variable i.e., age of the child (AC), gender of the child (GC), physical appearance or disability (PA), and lack of attachment between the parent child (LAPC) influenced Child Abuse the most during the COVID-19 pandemic in Lusaka district. To achieve this, standardised coefficients from a multiple regression analysis output were used and the ranking of the standardized coefficients was performed as shown in Table 7 below:

Relative contribution of Child Risk Factor (CRF) on the Child Abuse (CA)

<i>Variables</i>	<i>CRF and Child Abuse</i>			<i>Ranking</i>
	Unstandardised	Std. t-Statistic	Standardised Sig.	

	Coefficient	Error	Coefficients			
<i>(Constant)</i>	3.871	.510	7.589	.000		
<i>AC</i>	.055	.084	.654	.610	.001	1
<i>GC</i>	-.334	.121	-2.760	.461	.007	2
<i>PA</i>	-.447	.080	-5.613	.388	.000	3
<i>LAPA</i>	.047	.102	.460	.242	.006	4
<i>P/DDC</i>	.031		.100	.342	.209	.002 5

(a) **Dependent Variable: Child Abuse**

(b) **Predictors: (Constant), AC, GC, PA, LAPC, and PDDC**

Significant at the 0.05 level (2-tailed). *Source:* Fieldwork, 2023

Table 7: Relative contribution of Child Risk Factor (CRF) on the Child Abuse (CA)

Results in Table 7 show that AC ($\beta = .610$) contributed to Child Abuse the most during COVID-

19 pandemic in Lusaka District, followed by GC ($\beta = .461$), PA ($\beta = .388$), and LAPC ($\beta = .242$). Therefore, results of the study indicate that age of the child contributed to Child Abuse the most during COVID-19 pandemic in Lusaka district.

4.5.1.3 Parental Risk factors to child abuse during COVID-19

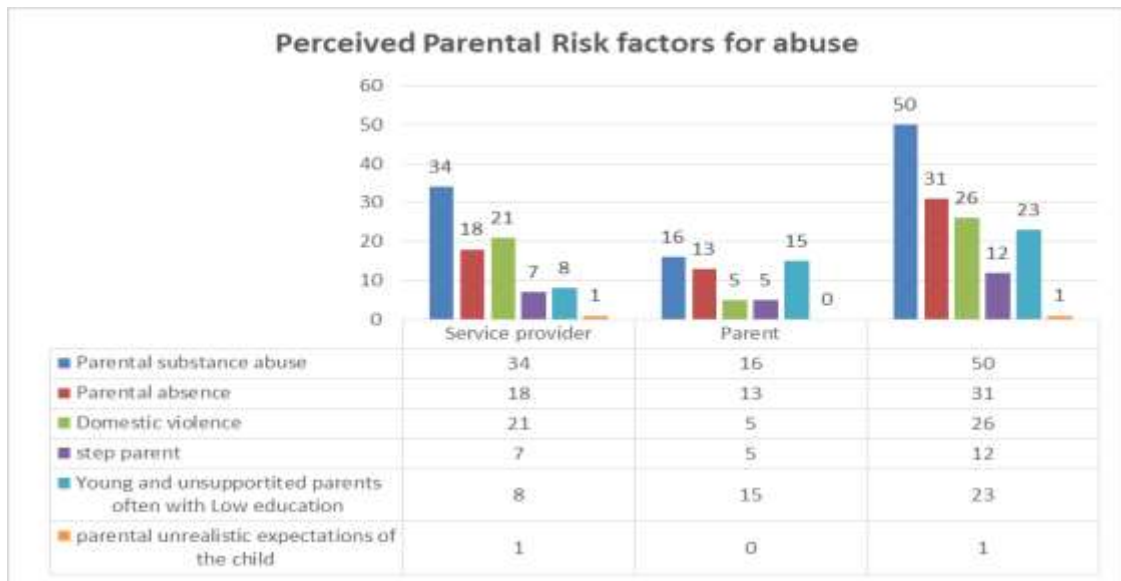


Figure 4.11 presents a Bar Chart illustrating responses from both Service Providers and parents

Based on figure 4.11, the study examined six risk factors: parental absence, parental substance abuse, domestic violence, step-parent presence, young and unsupported parents, and parents with low education levels. The results highlight a consensus among both Service Providers and parents, identifying parental substance abuse as the primary risk factor for child abuse during the pandemic. A significant portion of Service Providers, 34 (23%), and parents, 16 (11%), recognised parental absence as a contributing factor, followed by parental absence, with Service Providers at 18 (13%) and parents at 13 (9%). Notably, Service Providers emphasised domestic violence more, with 21 (15%) respondents, while only 5 (3%) parents acknowledged it. In the case of young and unsupported parents with low education as a risk factor, there was a disparity, with 15 (10%) parents rating it as a risk, compared to 8 (6%) Service Providers. Parental unrealistic expectations received the least attention, with only one service provider recognising it as a risk factor and no parents indicating it. Overall, both groups unanimously rated parental substance abuse as the highest risk factor at 50 (35%), followed by parental absence at 31 (22%), domestic violence at 26 (18%), young and unsupported parents with low education at 23 (16%), step-parent presence at 12 (8%), and parental unrealistic goals with just one respondent (0.6%).

Based on the results on parental risk factors to abuse, the current study reveals a notable divergence in perspectives between Service Providers and parents. Service Providers

seem to prioritise parental absence and domestic violence, while parents highlight parental substance abuse and young, unsupported parents with low education as more prominent risk factors. This contrast may indicate a disconnection between the views of those providing services and those directly affected. Additionally, parental substance abuse is consistently recognised as a significant risk factor by both groups. This emphasises the crucial role of substance abuse prevention and support programmes during the pandemic to mitigate child abuse incidents.

Moreover, the results on parental risk factors to abuse, the ANOVA test results within the group scores for Service Providers 63=n (74%), parents 53=n (37%) the mean between groups is 8.036 The mean within groups is 2.140. The ANOVA test statistic (F-value) in this case, $F = 3.755$, the degrees of freedom for the between-groups (denoted as df_1) is 1, and for the within-groups (denoted as df_2) is 141. The ANOVA test using a significance level (alpha) of 0.05 ($\alpha = 0.05$) indicated a p-value $p > .055$. Since p (0.055) is slightly above the typical significance level of 0.05, indicating that the differences in responses between Service Providers and parents are not statistically significant at this threshold. Furthermore, the mean between groups is 8.036, representing the variation in responses between child protection Service Providers and parents concerning parental risk factors for abuse during the COVID-19 pandemic. This indicates differences in responses between these two groups regarding parental risk factors. The mean within groups is 2.140, representing the variation in responses within each group. This reflects the variability in responses within each group concerning parental risk factors. Thus, based on the one-way ANOVA test, the differences in responses between child protection Service Providers and parents regarding parental risk factors for abuse during the pandemic are not statistically significant at the 0.05 significance level.

Multiple Regression Analysis between Parental Risk Factors (PRF) and Child Abuse

To establish the influence of Parental Risk Factors (PRF) such as Parental substance abuse (PSA), Parental absence (PA), Parental unrealistic expectations of the child (PUEC), Parental mental health status (PMHS), Step parent (SP) and Young and unsupported parents often with low education (YUPLE) on Child Abuse (CA) during the COVID-19 pandemic in Lusaka District, A Multiple Regression Analysis was also performed as show in Table 8 below:

Table 8: Multiple Regression Analysis between PRF and Child Abuse

Variables	Parental Risk Factors and Child Abuse				
	Unstandardised Coefficient	Std. t Error	-Statistic	Standardised Coefficients	Sig.
(Constant)	4.253	.684	6.214		.000
PSA	-.118	.114	-1.039	.614	.002
PA	.066	.149	.445	.557	.001
PUEC	-.494	.101	-4.902	.492	.000
PMHS	.015	.110	.141	.314	.009
SP	.015	.115	.133	.612	.000
YUPLE	-.322	.164	-1.966	.358	.033
R	.557	R Square			.310
Adjusted R Square	.261	R Square Change			.0612
F-Statistics	6.356	Prob (F-statistic)			.000
Df1, Df2	6, 85	Std. Error of Estimate			1.05829

(a) Dependent Variable: Child Abuse

(b) Predictors: (Constant), PSA, PA, PUEC, PMHS, SP, and YPLE

Significant at the 0.05 level (2-tailed). *Source: Fieldwork, 2023*

Table 8 shows the results depicting a multiple regression analysis between the independent variable (PRF) and the dependent variable (CA). The overall regression model is statistically significant. ($F(6,85) = 6.356$ $p - value = .000 < 0.05, t = 6.214$) Since the p-value is less than 0.05, this indicates that PSA, PA, PUEC, PMHS, SP, and YPLE have an effect on CA. This further implies that Parental Risk Factors had an influence on Child Abuse during the COVID-19 pandemic in Lusaka district.

Results from Table 8 shows a correlation coefficient value between PRF and CA is .557. The value of R indicates a strong positive correlation between the independent variables (PRF) and the dependent variable (CA). This implies that when Parental Risk Factors increase, Child Abuse also increases. In other words, Parental Risk Factors have an influence on Child Abuse.

The results also in Table 8 show that the adjusted R^2 for PRF to influence CA is .261. The value of adjusted R^2 mean that 26.1 per cent of variation in CA is influenced by PRF included in this regression model. This further mean that the regression model is significant to predict the effect of PRF on CA. In other words, Parental Risk Factors influence Child Abuse by 26.1 per cent.

Also, results from Table 8 show that R squared for PRF to influence CA is .310. The value of R^2 mean that 31.0 per cent of variance in CA is influenced by PRF included in this regression model. This further mean that the regression model is significant to predict the effect of PRF on CA. In other words, Parental Risk Factors influence Child Abuse by 34.9 per cent.

Additionally, results in Table 8 reveal a positive and statistically significant relationship between

PSA and CA ($p - value = .002 < 0.05, t = -1.039, \beta = .614$). This further indicated that when PSA increases, CA also increases. However, the coefficient from the regression model tells that a one unit increase in PSA is associated with a .614-unit increase, on average, assuming PA, PUEC, PMHS, SP, and YPLE are held constant. This further indicates that an average change in CA is associated with a one unit increase in PSA.

Further, results in Table 8 indicate that there is a positive and statistically significant relationship between PA and CA ($p - value = .001 < 0.05, t = .445, \beta = .557$). This further indicated that when PA increases, CA also increases. However, the coefficient from the regression model tells that a one unit increase in PA is associated with a .557-unit increase, on average, PSA,

PUEC, PMHS, SP, and YPLE are held constant. This further indicates that an average change in CA is associated with a one unit increase in PA.

Besides, results from Table 8 indicate that there is a positive and statistically significant relationship between PUEC and CA ($p - value = .000 < 0.05, t = -4.902, \beta = .492$).

These results indicated that PUEC of the child has an influence on CA. However, the coefficient from the regression model tells that a one unit increase in PUEC is associated with a .492-unit increase, on average, assuming PSA, PA, PMHS, SP, and YPLE are held constant. This further indicates that an average change in CA is associated with a one unit increase in PUEC.

Results also in Table 8 indicate that there is a positive and statistically significant relationship between PMHS and CA ($p - value = .009 < 0.05, t = .460, \beta = .314$).

These results indicated that when PMHS increase, CA also increases. However, the coefficient from the regression model tells that a one unit increase in PHMS is associated with a .314-unit increase, on average, assuming PSA, PA, PUEC, SP, and YPLE are held constant. This further indicates that an average change in CA is associated with a one unit increase in PMHS.

Moreover, results in Table 8 indicate that there is a positive and statistically significant relationship between SP and CA ($p - value = .000 < 0.05, t = .141, \beta = .612$).

These results indicated that when SP increase, CA also increases. However, the coefficient from the regression model tells that a one unit increase in SP is associated with a .612-unit increase, on average, assuming PSA, PA, PUEC, PMHS, and YUPLE are held constant. This further indicates that an average change in CA is associated with a one unit increase in SP.

Results in results in Table 8 indicate that there is a positive and statistically significant relationship between YUPLE and CA ($p - value = .033 < 0.05, t = -1.966, \beta = .358$).

These results indicated that when YUPLE increase, CA also increases. However, the coefficient from the regression model tells that a one unit increase in YUPLE is associated with a .358-unit increase, on average, assuming PSA, PA, PUEC, PMHS and SP are held constant. This further indicates that an average change in CA is associated with a one unit increase in YUPLE.

In summary, the results of the regression model show that the overall model was significant ($F(6,85) = 6.356, p\text{-value} = .000 < 0.05, t = 6.214$ Adjusted $R^2 = .261, R = .310$).

The model explains 31.0 per cent of variance accounted for by the predictor variable (PRF). Results indicate that PSA

($p\text{-value} = .002 < 0.05, t = -1.039, \beta = .614$), PA
 ($p\text{-value} = .001 < 0.05, t = .445, \beta = .557$) , PUEC
 ($p\text{-value} = .000 < 0.05, t = -4.902, \beta = .492$) , PMHS
 ($p\text{-value} = .009 < 0.05, t = .460, \beta = .314$) , SP and CA
 ($p\text{-value} = .000 < 0.05, t = .141, \beta = .612$) , and YUPLE
 ($p\text{-value} = .033 < 0.05, t = -1.966, \beta = .358$) have an effect on CA.

Specifically, the results suggests that there is a strong positive correlation between the independent variable (PRF) and the dependent variable (CA). In other words, Parental Risk Factors (PRF) such as Parental substance abuse (PSA), Parental absence (PA), Parental unrealistic expectations of the child (PUEC), Parental mental health status (PMHS), Step parent (SP), and Young and unsupported parents often with low education (YUPLE) have an effect on Child Abuse. Therefore, the result shows satisfactory goodness of fit between the independent variables (PRF) and the dependent variable (CA) as presented in the multiple regression equation below:

$$Y = \alpha + PSAX_1 + PAX_2 + PUECX_3 + PMHSX_4 + SPX_5 + YUPLEX_6$$

$$Y = 4.253 + (.614)X_1 + (.557)X_2 + (.492)X_3 + (.314)X_4 + (.612)X_5 + (.358)X_6$$

4.6 Relative contribution of PSA, PA, PUEC, PMHS, SP and YPLE on the Child Abuse (CA)

The study also sought to establish relative contribution of Parental Risk Factors (PRF) such as Parental substance abuse (PSA), Parental absence (PA), Parental unrealistic expectations of the child (PUEC), Parental mental health status (PMHS), Step parent (SP), and Young and unsupported parents often with low education (YUPLE) on Child Abuse (CA). The aim was to establish which among the independent variable i.e., Parental substance abuse (PSA), Parental absence (PA), Parental unrealistic expectations of the child (PUEC), Parental mental health status (PMHS), Step parent

(SP) and Young and unsupported parents often with low education (YUPLE) influenced Child Abuse the most during the COVID-19 pandemic in Lusaka district. To achieve this, standardised coefficients from a multiple regression analysis output were used and the ranking of the standardised coefficients was performed as shown in Table 9 below:

Table 9: Relative contribution of PSA, PA, PUEC, PMHS, SP and YPLE on the Child Abuse (CA)

Variables	CRF and Child Abuse					Ranking
	Unstandardised Coefficient	Std. Error	t-Statistic	Standardised Coefficients	Sig.	
(Constant)	4.253	.684	6.214		.000	
PSA	-.118	.114	-1.039	.614	.002	1
SP	.015	.115	.133	.612	.000	2
PA	.066	.149	.445	.557	.001	3
PUEC	-.494	.101	-4.902	.492	.000	4
YUPLE	-.322	.164	-1.966	.358	.033	5
PMHS	.015	.110	.141	.314	.009	6

(a) Dependent Variable: Child Abuse

(b) Predictors: (Constant), AC, GC, PA and LAPC

Significant at the 0.05 level (2-tailed. *Source*: Fieldwork, 2023)

Results in Table 9 shows that PSA ($\beta = .614$) contributed to Child Abuse the most during COVID-19 pandemic in Lusaka district, followed by SP ($\beta = .612$), PA ($\beta = .557$), PUEX ($\beta = .492$), YUPLE ($\beta = .358$), and PMHS ($\beta = .314$). Therefore, results of the study indicate that Parental substance abuse contributed to Child Abuse the most during COVID-19 pandemic in Lusaka district.

4.6.1 Environmental Factors to Child Abuse

These are the factors in the immediate environment of the child that contribute to the occurrence of child abuse. To determine environmental risk factors for child abuse, the current study employed Six factors namely, neighbourhood socio economic conditions or poverty, community violence, geographical location, movement restrictions during COVID-19 and community substance abuse.

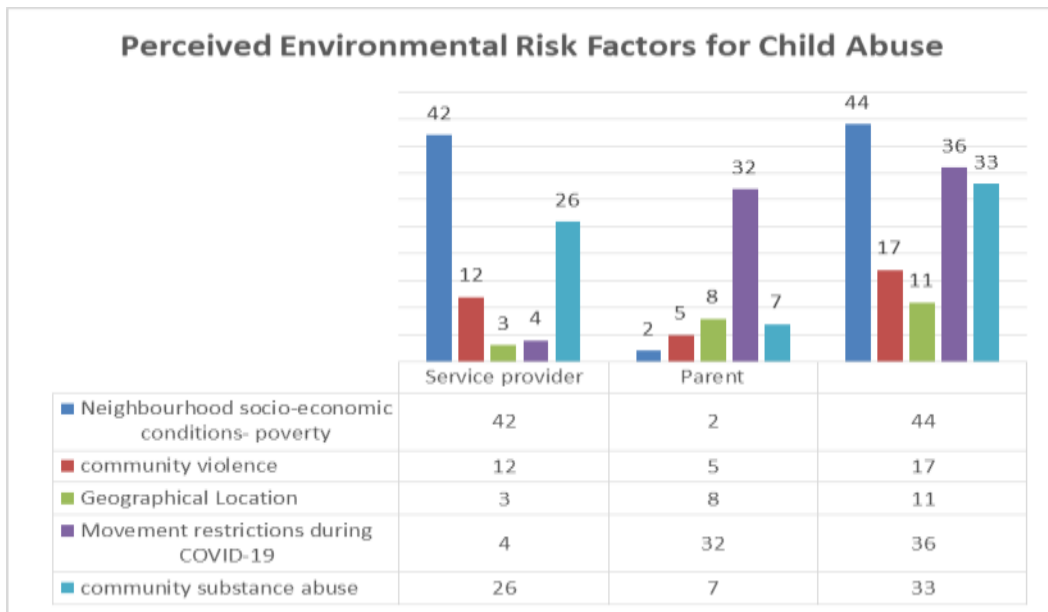


Figure 4.12: Responses from Service Providers on Environmental Risk Factors to Child Abuse

In Figure 4.12, the bar chart illustrates responses from both Service Providers and parents concerning environmental risk factors associated with child abuse. The data underscore poverty as the most significant risk factor, with a combined total of 44 (31.2%). Following closely is the impact of movement restrictions during the pandemic, indicated by thirty-six respondents (26%), emphasising the necessity for targeted interventions and family support to navigate the challenges posed by these restrictions. Community substance abuse was ranked third, with 33 respondents (23%) recognising its significance, succeeded by community violence at seventeen respondents (12%), and the geographical location of the home as a minor risk factor, acknowledged by eleven respondents (8%). Importantly, the study's between-groups analysis revealed minor discrepancies in how environmental risk factors were rated. Service Providers regarded neighbourhood socioeconomic conditions, particularly

poverty, as the highest risk factor, with forty-two respondents; conversely, only two parents identified socio-economic conditions as a major risk. Conversely, parents rated movement restrictions at thirty-two respondents, while only four Service Providers regarded it as the primary risk factor. This disparity in perspectives necessitates a deeper examination to comprehend the nuances and implications for addressing environmental risk factors in the context of child abuse prevention during the pandemic.

The results of the one-way ANOVA test on environmental risk factors for abuse during the pandemic indicate within the group scores for Service Providers 87=n (61%), parents 54=n (38%) the mean between groups is 43.679 indicating the variation in responses between child protection Service Providers and parents concerning environmental risk factors for abuse during the pandemic. This suggests that there are significant differences in responses between these two groups regarding environmental risk factors. The mean within groups is 2.282, representing the variation in response within each group. This reflects the variability in responses within each group regarding environmental risk factors. The ANOVA test statistic (F-value) in this case, $F = 19.137$. The F-value of 19.137 indicates a substantial amount of variation in responses between child protection Service Providers and parents regarding environmental risk factors for abuse during the pandemic. The degrees of freedom for the between-groups (denoted as df1) is 1, and for the within-groups (denoted as df2) is 139. The ANOVA test using a significance level (alpha) of 0.05 ($\alpha = 0.05$) indicated a p-value= $p < .000$. The very low p-value ($p = 0.000$) suggests highly significant differences in responses between Service Providers and parents concerning environmental risk factors for abuse.

Multiple Regression Analysis on the influence of Environmental Risk Factors (ERF) on Child Abuse (CA) during the COVID-19 pandemic in Lusaka district

To establish the influence of Environmental Risk Factors (ERF) such as Community substance abuse (CSA), Movement restrictions during COVID-19 (MR), Geographical location (GL), Community Violence (CV), and Neighborhood socio-economic poverty (NSEP) on Child Abuse (CA) during the COVID-19 pandemic in Lusaka District, a Multiple Regression Analysis was also performed as show in Table 10 below:

Table 10: Multiple Regression Analysis between ERF and Child Abuse

Variables	Environmental Risk Factors and Child Abuse				
	Unstandardised Coefficient	Std. Error	Standardised Coefficients	t Statistics	Sig.
(Constant)	4.557	.518		8.794	.000
CSA	-.265	.130	.503	-2.031	.040
MR	-.289	.094	.796	-3.067	.003
GL	-.282	.109	.461	-2.587	.011
CV	-.034	.108	.531	-.318	.025
NSEP	.004	.165	.303	.025	.042
R	.685	R Square			.535
Adjusted R Square	.691	R Square Change			.435
F-Statistics	5.292	Prob (F-statistic)			.000
Df1, Df2	5, 86	Std. Error of Estimate		1.10741	

(a) **Dependent Variable: Child Abuse**

(b) **Predictors: (Constant), CSA, MR, GL, CV and NSEP**

Significant at the 0.05 level (2-tailed). *Source: Fieldwork, 2023*

Table 10 shows the results shows a multiple regression analysis between the independent variable (PRF) and the dependent variable (CA). The overall regression model was statistically significant ($F(5,86) = 6.356$ $p - value = .000 < 0.05, t = 8.794$).

Since the p-value is less than 0.05, this indicates that CSA, MR, GL, CV and NSEP have an effect on CA. This further implies that Environmental Risk Factors had an influence on Child Abuse during the COVID-19 pandemic in Lusaka district.

Results from Table 10 shows correlation coefficient value between PRF and CA is .685. The value of R indicates a strong positive correlation between the independent variables (ERF) and the dependent variable (CA). This implies that when Environmental Risk Factors increase, Child Abuse also increases. In other words, Environmental Risk Factors have an influence on Child Abuse.

The results also in Table 10 show that the adjusted R^2 for ERF to influence CA is .691. The value of adjusted R^2 mean that 69.1 per cent of variation in CA is influenced by ERF included in this regression model. This further mean that the regression model is significant to predict the effect of ERF on CA. In other words, Environmental Risk Factors influence Child Abuse by 69.1 per cent.

Also, results from Table 10 show that R squared for ERF to influence CA is .535. The value of R^2 mean that 53.5 per cent of variance in CA is influenced by ERF included in this regression model. This further mean that the regression model is significant to predict the effect of ERF on CA. In other words, Environmental Risk Factors influence Child Abuse by 53.5 per cent.

Additionally, results in Table 10 reveal a positive and statistically significant relationship between CSA and CA ($p - value = .040 < 0.05, t = -2.031, \beta = .503$).

This further indicated that when CSA increases, CA also increases. However, the coefficient from the regression model tells that a one unit increase in CSA is associated with a .503-unit increase, on average, assuming MR, GL, CV and NSEP are held constant. This further indicates that an average change in CA is associated with a one unit increase in CSA.

Further, results in Table 10 indicate that there is a positive and statistically significant relationship between MR and CA ($p - value = .003 < 0.05, t = -3.067, \beta = .796$). This further indicated that when MR increases, CA also increases. However, the coefficient from the regression model tells that a one unit increase in MR is associated with a .796-unit increase, on average, CSA, GL, CV, and NSEP are held constant. This

further indicates that an average change in CA is associated with a one unit increase in MR.

Besides, results from Table 10 indicate that there is a positive and statistically significant relationship between GL and CA ($p - value = .011 < 0.05, t = -2.587, \beta = .461$).

These results indicated that GL of the child has an influence on CA. However, the coefficient from the regression model tells that a one unit increase in GL is associated with a .461-unit increase, on average, assuming CSA, MR, CV and NSEP are held constant. This further indicates that an average change in CA is associated with a one unit increase in GL.

Results also in Table 10 indicate that there is a positive and statistically significant relationship between CV and CA ($p - value = .025 < 0.05, t = -.318, \beta = .531$).

These results indicated that when CV increase, CA also increases. However, the coefficient from the regression model tells that a one unit increase in CV is associated with a .531-unit increase, on average, assuming CSA, MR, GL and NSEP are held constant. This further indicates that an average change in CA is associated with a one unit increase in CV.

Results in results in Table 10 indicate that there is a positive and statistically significant relationship between NSEP and CA ($p - value = .042 < 0.05, t = .025, \beta = .303$).

These results indicated that when NSEP increase, CA also increases. However, the coefficient from the regression model tells that a one unit increase NSEP is associated with a .303-unit increase, on average, assuming CSA, MR, GL and CV are held constant. This further indicates that an average change in CA is associated with a one unit increase in NSEP.

In summary, the results of the regression model show that the overall model was significant ($F(5,86) = 6.356, p - value = .000 < 0.05, t = 8.794$ Adjusted $R^2 = .691, R = .535$).

The model explains 69.1 per cent of variance accounted for by the predictor variable (ERF). Results indicate that CSA

($p - value = .040 < 0.05, t = -2.031, \beta = .503$), MR

($p - value = .003 < 0.05, t = -3.067, \beta = .796$), GL

($p - value = .011 < 0.05, t = -2.587, \beta = .461$), CV

($p - value = .025 < 0.05, t = -.318, \beta = .531$) ,and NSEP and CA ($p - value = .042 < 0.05, t = .025, \beta = .303$) have an effect on CA.

Specifically, the results suggests that there is a strong positive correlation between the independent variable (ERF) and the dependent variable (CA). In other words, Environmental Risk Factors (ERF) such as Community substance abuse (CSA), Movement restrictions during COVID-19 (MR), Geographical location (GL), Community Violence (CV), and Neighborhood socio-economic poverty (NSEP) have an effect on Child Abuse. Therefore, the result shows satisfactory goodness of fit between the independent variables (ERF) and the dependent variable (CA) as presented in the multiple regression equation below:

$$Y = a + CSA X_1 + MR X_2 + GL X_3 + CV X_4 + NSEP X_5$$

$$Y = 4.557 + (.503)X_1 + (.796)X_2 + (.461)X_3 + (.531)X_4 + (.303)X_5$$

4.7 Relative contribution of CSA, MR, GL, CV and NSEP on the Child Abuse (CA)

The study also sought to establish relative contribution of Environmental Risk Factors (ERF) such as Community substance abuse (CSA), Movement restrictions during COVID-19 (MR), Geographical location (GL), Community Violence (CV), and Neighborhood socio-economic poverty (NSEP) on Child Abuse (CA). The aim was to establish which among the independent variable i.e., Community substance abuse (CSA), Movement restrictions during COVID-19 (MR), Geographical location (GL), Community Violence (CV), and Neighborhood socioeconomic poverty (NSEP) influenced Child Abuse the most during the COVID-19 pandemic in Lusaka district. To achieve this, standardised coefficients from a multiple regression analysis output were used and the ranking of the standardised coefficients was performed as shown in Table 11 below:

Table 11: Relative contribution of CSA, MR, GL, CV and NSEP on the Child Abuse (CA)

Variables	ERF and Child Abuse					Ranking
	Unstandardised Coefficient	Std. Error	Standardised Coefficients	t Statistics	Sig.	
(Constant)	4.557	.518		8.794	.000	
MR	-.289	.094	.796	-3.067	.003	1
CV	-.034	.108	.531	-.318	.025	2
CSA	-.265	.130	.503	-2.031	.040	3
GL	-.282	.109	.461	-2.587	.011	4
NSEP	.004	.165	.303	.025	.042	5

(a) Dependent Variable: Child Abuse

(b) Predictors: (Constant), CSA, MR, GL, CV and NSEP

Significant at the 0.05 level (2-tailed). *Source:* Fieldwork, 2023

Results in Table 11 shows that MR ($\beta = .796$) contributed to Child Abuse the most during COVID-19 pandemic in Lusaka District, followed by CV ($\beta = .531$), CSA ($\beta = .503$), GL ($\beta = .461$), and NSEP ($\beta = .303$). Therefore, results of the study indicate that movement restrictions contributed to Child Abuse the most during COVID-19 pandemic in Lusaka district.

The influence of Child Risk Factors, Parental Risk Factors, and Environmental Risk Factors on Child Abuse

In order to establish if Child Risk Factors, Parental Risk Factors and Environmental Risk Factors influenced Child Abuse during the COVID-19 pandemic in Lusaka district, Multiple Linear Regression Analysis was performed to assess if child risk factors (CRF), parental risk factors (PRF), and environmental risk factors (ERF) influenced Child Abuse during the COVID-19 pandemic in Lusaka district. The results are shown in Table 12.

Table 12: Multiple Regression Analysis among CRF, PRF and ERF and Child Abuse

Variables	Factors and Child Abuse					
	Unstandardised Coefficient	Std. Error	t-Statistic	Standardised Coefficients	Sig.	
(Constant)	.508	.381	3.961		.000	
CRF	.264	.102	2.581	.575	.012	
PRF	.091	.096	.949	.601	.005	
ERF	.037	.074	.507	.654	.001	
R	.602	R Square		.362		
Adjusted R Square	.596	R Square Change		.092		
F-Statistics	2.749	Prob(F-statistic)		0.038		
Df1, Df2	3, 81	Std. Error of Estimate		1.19671		
a. Dependent Variable: Child Abuse						
b. Predictors: (Constant), CRF, PRF and ERF						

Significant at the 0.05 level (2-tailed). *Source:* Fieldwork, 2023

Table 12 shows the results shows a multiple regression analysis between the independent variables (CRF, PRF and ERF) and the dependent variable (Child Abuse). The overall regression model was statistically significant ($F(3,81) = 2.749, p - value = .038 < 0.05, t = 3.961$).

Since the p-value is less than 0.05, this indicates that CRF, PRF, and ERF have an effect on Child Abuse.

Results from Table 12 shows correlation coefficient (R value) for CRF, PRF, and ERF is .602. The value of R indicates a strong positive correlation between the independent variables i.e., (CRF, PRF and ERF) and the dependent variable (Child Abuse). This further implies that when child risk factors, parental risk factors, and environmental

factors increases, child abuse also increases. In other words, CRF, PRF, and ERF have an effect on CA.

The results also in Table 12 show that the adjusted R^2 for CRF, PRF, and ERF is .596. The value of adjusted R^2 mean that 59.6 per cent of variation in Child Abuse is influenced by CRF, PRF, and ERF included in this regression model. This further mean that the regression model is significant to predict the effect of CRF, PRF, and ERF on Child Abuse.

Also, results from Table 12 show that R squared for CRF, PRF, and ERF to measure CA is .362. The value of R^2 mean that 36.2 per cent of variance in Child Abuse is influenced by CRF, PRF, and ERF included in this regression model. This further mean that the regression model is significant to predict the effect of CRF, PRF, and ERF on Child Abuse.

Additionally, results in Table 12 reveal a positive and statistically significant relationship between CRF and CA ($p - value = .012 < 0.05, t = 2.581$). These results indicated that there is a positive effect between CRF and CA (.654). This further indicate that when CRF increase, CA also increase. However, the coefficient from the regression model tells that a one unit increase in CRF is associated with a .575 unit increase, on average, assuming PRF and ERF are held constant. This further indicates that an average change in CA is associated with a one unit increase in CRF.

Further, results in Table 12 indicate that there is a positive and statistically significant relationship between PRF and CA ($p - value = .005 < 0.05, t = .949$). These results indicated that there is a positive relationship between PRF and CA (.601). This further indicate that when PRF increase, CA also increases. However, the coefficient from the regression model tells that a one unit increase in PRF is associated with a .601 unit increase, on average, assuming CRF and ERF are held constant. This further indicates that an average change in CA is associated with a one unit increase in PRF.

Besides, for clarifying the effect of ERF on CA, results from Table 3 indicate that there is a positive and statistically significant relationship between ERF and CA

($p - value = .001 < 0.05, t = .507$). These results indicated that there is a positive effect between ERF and CA (.575). This further indicate that when ERF increase, CA also increase in Lusaka district. However, the coefficient from the regression model tells that a one unit increase in ERF is associated with a .654-unit increase, on average, assuming CRF and PRF are held constant. This further indicates that an average change in CA is associated with a one unit increase in PRF.

In summary, the results of the regression model show that the overall model was significant

($F(3,81) = 2.749, p - value = .038 < 0.05, t = 3.961, Adjusted R^2 = .596, R = .362$).

The model explains 59.6 % of variance accounted for by the predictor variables

(CRF, PRF, and

ERF). Results indicate that CRF ($\beta = .654, p - vale < .012, t = 2.581$),
PRF

($\beta = .601, p - value = .005 < 0.05, t = .949$), and ERF

($\beta = .575, p - value = .001 < 0.05, t = .507$) have an effect on CA.

Specifically, the results suggests that there is a strong positive correlation between the independent variables (CRF, PRF and ERF) and the dependent variable (CA). In other words, CRF, PRF, and ERF have an effect on CA.

Relative contribution of CRF, PRF and ERF on the Child Abuse (CA)

The study also sought to establish relative contribution of CRF, PRF, and ERF on Child Abuse (CA). The aim was to establish which among the independent variables i.e., CRF, PRF, and ERF influence Child Abuse the most. To achieve this, standardised coefficients from a multiple regression analysis output were used and the ranking of the standardised coefficients was performed as shown in Table 13 below:

Table 13: Relative contribution of CRF, PRF and ERF on the Child Abuse (CA)

Variables	User Acceptance and Adoption					Ranking
	Unstandardised Coefficient	Std. Error	t-Statistic	Standardised Coefficients	Sig.	
(Constant)	1.508	.381	3.961		.000	
CRF	.264	.102	2.581	.654	.012	1
PRF	.091	.096	.949	.601	.005	2

ERF	.037	.074	.507	.575	.001	3
(a) Dependent Variable: Child Abuse (CA)						
(b) Predictors: (Constant), CRF, PRF and ERF						

Significant at the 0.05 level (2-tailed). *Source:* Fieldwork, 2023

Results in Table 13 shows that Child Risk Factors ($\beta = .654$) contributed to Child Abuse the most during COVID-19 pandemic in Lusaka district, followed by Parental Risk Factors ($\beta = .601$) and Environmental Risk Factors ($\beta = .575$).

Correlation Matrix between risk factors related to child abuse

The study also sought to performed correlation matrix between the independent variables (CRF, PRF, and ERF) and CA as shown in Table 14 below:

Table 14: Correlation Matrix between Risk Factors related to CA

		CRF	ERF	PRF
CRF	Pearson Correlation	1	.343**	.541**
	Sig. (2-tailed)		.001	.000
ERF	Pearson Correlation	.343**	1	.233*
	Sig. (2-tailed)	.001		.025
PRF	Pearson Correlation	.541**	.233*	1
	Sig. (2-tailed)	.000	.025	

Significant at the 0.05 level (2-tailed). *Source:* Fieldwork, 2023

Results in Table 14 indicate that there is a positive and significant relationship between CRF and

ERF ($r = .343, p = .001 < .05$). This means they are significantly positively correlated, indicating that when CRF increase, ERF also increases. This further indicates that when Child Risk Factors increased during COVID-19 pandemic, environmental risk factors also increased.

In addition, results in Table 11 indicate that there is a positive and significant relationship between CRF and PRF ($r = .541, p = .000 < .05$). This means they are significantly positively correlated, indicating that when CRF increase, PRF also increases. This further indicates that when child risk factors increased during COVID-19 pandemic, parental risk factors also increased.

Further, results in Table 11 indicate that there is a positive and significant relationship between ERF and PRF ($r = .233, p = .000 < .025$). This means they are significantly positively correlated, indicating that when ERF increase, PRF also increases. This further indicates that when environmental risk factors increased during COVID-19 pandemic, parental risk factors also increased.

Thus, the results suggest that there are positive and statistically significant relationships between these sets of risk factors (CRF, ERF & PRF). This means that when one type of risk factor increase for example, Child Risk Factors, the other related risk factors such as, Environmental Risk Factors and Parental Risk Factors also tend to increase. These findings can be important for understanding how various risk factors are interconnected and may influenced each other during the COVID-19 pandemic.

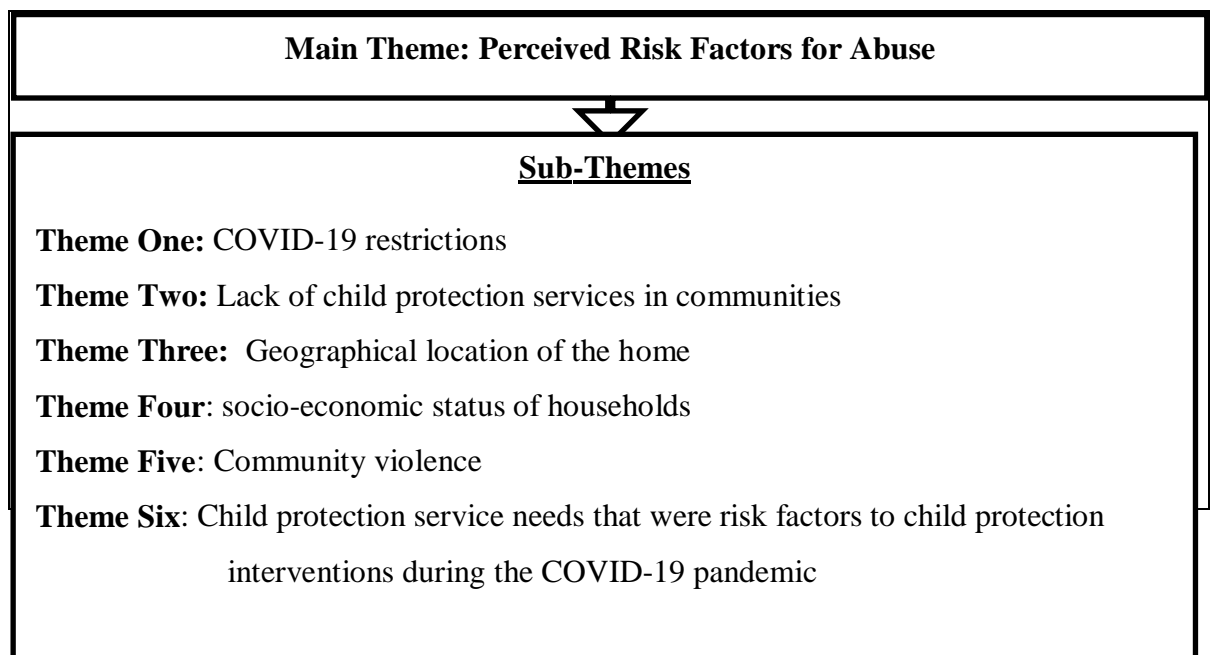
Furthermore, the hypothesis posited were as follows: the null hypothesis (H0) suggesting no significant difference in perceived risk factors to abuse between child protection service providers and parents, and the alternative hypothesis (H1) proposing a significant difference. The results, outlined in Table 14, revealed a positive and significant relationship between Child Risk Factors (CRF) and Environmental Risk Factors (ERF), indicating that as CRF increased, ERF also increased during the pandemic. Similarly, the findings in Table 11 demonstrated a positive and significant correlation between CRF and Parental Risk Factors (PRF), implying that an increase in child risk factors corresponded to an increase in parental risk factors during the COVID-19 pandemic. Consequently, these results provide empirical support for rejecting the null hypothesis, affirming a significant difference in perceived risk factors to abuse between child protection service providers and parents during this challenging period.

In summary, the quantitative results on perceived risk factors for child abuse highlight that, there is consensus among Service Providers and parents that child age is the primary risk factor for abuse, followed by gender, lack of attachment and, to a lesser extent, physical or developmental disability. The one-way ANOVA test shows no significant differences in responses between providers and parents regarding child risk factors. Of note, there are significant differences in views between Service Providers and parents regarding parental risk factors, with Service Providers emphasizing

parental absence and domestic violence, while parents focus on parental substance abuse and young, unsupported parents with low education. However, the ANOVA test suggests non-significant differences in responses between these groups regarding parental risk factors. When it comes to environmental risk factors, poverty is identified as the greatest risk, followed by movement restrictions during the pandemic. Discrepancies were found in the importance that Service Providers and parents placed on environmental risk factors, with significant differences in ANOVA test results. The regression models show significant influences on child abuse across child, parental, and environmental risk factors, with strong positive correlations and significant percentages of variance explained.

4.7.1 Qualitative Findings on the Risk Factors contributing to Child Abuse

Qualitative results revealed that there were many factors contributing to the occurrence of child abuse. This section includes narratives from the Service Providers, parents and children on the risk factors to child abuse during the pandemic. These were coded into near themes in order to provide in depth information.



Theme One: COVID-19 Restrictions

Service Providers acknowledged that COVID-19 movement restrictions predisposed the children to abuse. They confirmed that children were exposed to many forms of abuse such as sexual abuse, emotional and physical abuse due to restrictions in movements Service Providers recognised the profound impact of COVID-19

movement restrictions on exposing children to heightened risks of abuse. Their insights confirmed that the constraints imposed during the pandemic created an unfortunate breeding ground for various forms of abuse, encompassing distressing experiences such as sexual, emotional, and physical maltreatment.

Responses from Service Providers

In support of this, one child protection officer from Zambia Police (**SP 4**) stated that: *“We experienced an increase in reported cases of child sexual abuse and the perpetrators were mainly family members.*

Another Service Providers from NGO’s (**SP 8**) narrated that:

Restrictions in movements had both direct and indirect consequences contributed to child abuse. For example, most of the activities were done virtually during the COVID-19 restrictions paralysing service provision. We somehow lost contact with the community.

Another officer (**SP 56**) reported that:

When there was a lock down it meant that families were cut on extended social interactions there by creating socialisation within the confines of homes. This situation had put children at high risk of physical abuse and incest.

Another Service Provider (**SP21**) said that:

The lock down also led to school closure confining children to stay indoors with restricted outdoor play or staying with other household members in the house for a long time. We anticipated a surge in child physical abuse and sexual abuse because some adult family members started seeing the children as potential sexual partners. The sad part is that, the perpetrators were family members living with the children in the same household. Apart from that, even if the abuse is known to other family members, most of these cases were not reported to relevant authorities for fear of reporting a relative. Therefore, many families opted to settle these cases of abuse within the household. (SP1) The officer of the NGO’S narrated that:

... it was challenging to implement community based child protection interventions during COVID-19. We had minimal or no face to face contact with the children and

their families. We were protecting them from a distance. Because of our lack of presence -close presence in the community some of the cases could have gone unnoticed, so that was one risk factor which we experienced as Service Providers during the COVID-19 period. (SP 10) Another Service Provider had this to say:

School closure during the pandemic was a risk factor to child abuse. Most of the cases of child abuse happens in homes perpetuated by either a family member or a person known to the child. We anticipated high rates of teen pregnancies during the lock down. Girls were very vulnerable to abuse and majority of the children were engaged in child labour. They were sent by their parents to do some piece work to raise money for the family. (SP 7)

SP 9 also added that:

The economic hardships during the pandemic contributed to abuse. Because of socioeconomic factors during the pandemic, physical abuse and child neglect became common. During this time, some parents lost their jobs and ran away from their families. We had many cases of women reporting that their husbands had abandoned the family, leaving the mother with the responsibility of caring for the children.

Furthermore **SP (8)** from the home of safety also had this to say:

We received many children who ran away from home to the streets because of child labour, physical abuse, or neglect. Some children who run away from home to either the streets or homes of safety have experienced various forms of child abuse in their households. The hostile conditions of many households lead many children to run to the streets to either find a place of safety, a piece of work, or food.

SP 4 had this to say:

...COVID-19 was just like any other emergency, when this emergency happened, many children were displaced within the household and many run away to the streets and one of the concerns to us Service Providers is that, are the streets safe for the children? How are the children surviving in this situation? Are there any child friendly services we can provide for the children in this situation? If we take them to places of safety, are we going to provide a conducive or child friendly environment such as place where

they can play? Do we have enough resources to provide them with food and keep them warm? Is their welfare in homes of safety close to normal as it possibly should be? These are the questions we should ask ourselves as Service Providers.

Another Child protection officer from YWCA (**SP 3**) said that:

Most of the children staying in townships located near towns such as Chibolya, Kanyama, Kabwata and many other townships were exposed to child labour during the pandemic. He further explained that, although child labour is rarely reported as child abuse because parents and caregivers fail to differentiate between child abuse and child responsibility to contribute to the family, many children are exposed to this type of abuse. This is where we see children selling fruits, vegetables, and other foodstuffs either on the streets or going around in communities. Sometimes children go to town of communities/households to look for piece work. Some children draw water in hair saloons or restraints so that they can have something to eat or help their parents at home. As much as the end result is to contribute to the economic livelihood of the household, children engaged in child labour are predisposed to other forms of abuse and street life. These are the children we see on the streets. They start with exposure to child labour and later think that they can survive on their own on the streets.

Furthermore, community substance abuse was also reported as a risk factor during COVID-19.

One officer (**SP2**) reported that:

COVID-19 led to loss of employment and business, because of various economic factors many adults in communities were taking alcohol as one way of either enjoy themselves of running away from the problems. This led to increased cases of gender-based violence and family abandonment.

Responses from parents - Some of the common responses from the parents also identified movement restrictions during the pandemic as a major risk factor which had both direct and indirect consequences on child protection service delivery or wellbeing of the child. Parents reported that during the early stages of the pandemic, the

lockdown forced everyone to stay at home. There were cases of child abuse in the community during this period that were not reported to the police. One parent confirmed that:

“It was terrifying to leave your house for fear of contracting the virus.” (P3) P4 also added that:

“During those initial stages of the pandemic, we as parents were aware of how movement restrictions directly affected our ability to protect our children. The lockdown was a difficult period, confining everyone to their homes and making it harder to ensure the safety and well-being of our kids.” P10 also added that:

“Those early months of the pandemic were tough as parents. We could see how the restrictions on movement were a big concern, impacting our ability to ensure our children's safety. Being under lockdown meant everyone was home, and this brought about added challenges in looking after our kids and keeping them safe.”

Theme Two: Lack of child protection services in some communities

The majority of parents said that the lack of services during the pandemic presented a significant obstacle or risk to the children. During the focus group discussion, parents reported that there were few police officers at the station to help them when the cases were reported to the Police. This caused the procedure to be delayed. For instance, they said that, it was impossible for the police to investigate the cases further or even to apprehend the child abusers. Additionally, the victims weren't given timely care.

One parent added that:

When I reported the case to the police, I was told to return the following day because all child protection officers were working from their homes.(P19)

Parents also reported that lack of support from the Service Providers prevents many parents from reporting cases of abuse to the Police. They narrated that:

There are many unreported cases of abuse in our communities. Children are abused every day because the perpetrators knows that even if the case was reported, nothing will be done. (P12)

One parent (P44) said that:

We have seen many cases of child abuse ending at the Police station without being taken to court. We have also seen people who defiled our children walking freely in our communities. It is like nothing is being done in our communities by government to protect our children.

Another parent (P27) had this to say:

When my child was sexually abused, I immediately reported the case to the police. I was then referred to the hospital for a medical examination. The medical report confirmed that my daughter was abused, and when I took it to the police station, the officers told me to give them transport money, which I didn't have at that time. I was told to provide money for transport for an officer to come and arrest the person who defiled my child because there was no transport at the station. When I told them that I didn't have money, they assured me that they will call me back once transport is available. I waited for the Police to call me for almost one week. When I went to complain after one week, they told me that they were still waiting for transport. In spite of reporting the case to the Police immediately, my daughter was defiled... the perpetrator was arrested after three weeks. This is what we go through some parents just give up and decide to settle the case outside court.

Responses from parents

Some parents reported that the delay in cases taking longer to go to court is another factor contributing to child abuse in many communities.

One parent said that:

The cases were taking too long to be taken to court." During COVID, there were few officers at the station, and this affected the progression of the cases from the police to court. I remember when I went to the police station only to be told that the officer who was handling the case will come to work after three days.... When the case was taken to court, the court only allowed one witness at a time because of COVID-19 guidelines. Up to now, the case is still in the court, and I don't know when they are going to pass judgment. (p18)

Parent (P1) from *Misisi* Compound had this to say:

"I wish there were more child protection services in our neighborhood. When we needed help, it felt like there was nowhere to turn. It's a real gap in our community."

Parent (P2) also reported that:

"Child protection services are so limited here. We were left on our own to deal with the abuse situation. It's frustrating because no child should have to go through this."

Parent (P3):

"In our township, there's just not enough support for families dealing with abuse. We felt isolated and overwhelmed. Something needs to change."

Parent (P4):

"I've heard of other communities having better resources for abused children, but we're stuck in a place with hardly any services. It's heartbreaking".

Theme Three: Geographical Location of the Home

Some parents cited the location of the home to either the market or town predisposed children to child labour. Parents from *Misisi* Compound during the focus group discussions reported that, many children in *Misisi* Compound run away from home because it is easy for them to find piece work and food in town. One parent (P33) narrated that:

My son likes going to town with his friends to do piece work or beg from the streets. Sometimes he could stay there for days without returning home. Sometimes he could return home with bruises on his face. I have tried to talk to him but it is difficult to control him ... even the Police have failed. When he was brought back home by Police officers after being picked from the streets, I sat him down to tell him about the dangers of staying on the streets. As a parent, I have tried...this time I just look at him.

Another parent (P5) reported one emerging trend in child abuse linked to the location of home near town. The parent during the focus group discussion said that:

Most of the young girls you see in town carrying babies and beg from well-wishers are not actually mothers. The babies they carry are given or borrowed from the community so that they can use them to beg or attract sympathy from well-wishers. Most of these girls come from townships near town like here in Misisi compound. They take the babies in the morning and bring them back in the evening. Sometimes they give the mothers to the baby food or share the money.

Another parent (P27) narrated that:

“It's frustrating that our location in Chibolya has limited our access to child protective services. People responsible for providing services are scared to come to Chibolya. I can only say that no child should suffer because of where they live”.

Theme Four: Socio-economic Status of Households

Family or household socio-economic situation during the pandemic was also reported by Service Providers and parents.

Responses from Service Providers

Some Service Providers reported the following:

Socio-economic status of many households pushed many children to child labour-many children were selling vegetables either on the streets or residential areas. (SP12)

Some young girls were engaged in prostitution. (SP17)

Responses from Parents

The parents during the FGDs narrated that coronavirus pandemic negatively affected their livelihood. Some parents reported that their husbands lost employment and those selling various commodities in the markets were no longer doing business. One parent (P11) had this to say:

My daughter was defiled when I went to the market. I am a marketeer, I sell vegetables in the market. I was at the market when I discovered that my daughter was defiled by

our neighbour. I reported the case to the Police and we were referred to University Teaching Hospital for further treatment at one stop center, I had no money for transport. I had to sell some pots to find money for transport.”

Parents reported that during the pandemic some children ran away from home to either the streets or home of safety.

Another parent (**P7**) reported that:

Some children run away from homes because of hunger. ...you know the children, if they see an opportunity where to find food, why should they stay at home? Many children were going to town to do piece work because of hunger.

Another factor contributing to child abuse was young and unsupported parents often with low education. Parents during the focus group (**PFG1**) discussions explained that:

There were so many teenage mothers in our community, most of them have no source of livelihood. This force them to engage themselves in prostitution or substance abuse. Many of them leave their children to be taken care of by neighbours or other family members. Others end up killing their children because they see them as a burden.

One parent (**P35**) narrated that:

Most of the cases of abandoned children and infants who are either dumped or killed are committed by young mothers who have no sources of livelihood.

Another parent (**P22**) added that:

In our community (Misisi Compound) we have so many young mothers who just drink alcohol the whole day. How do you expect them to raise children? Most of the children of these young mothers are just taken care of by neighbours.

P10 had this to say:

Our financial struggles made it even harder to protect our child from abuse. We were constantly worried about housing, let alone putting the food on the table to feed the family. It is difficult to control our children when you have nothing to give them...”

Prolonged physical contact with the perpetrator in the same household also was reported as a risk factor that predisposed children to prolonged abuse.

Responses from the children on the environmental factors to child abuse.

One child (C4) at the facility reported that:

I run away from home because we had no food at home. My mother sent me to town to go and sell water. When I sold the water I used the money to buy food and that is why I was scared to go home without money.

Theme Five: Community Violence

Community violence was reported by children as one of the risk factors contributing to child abuse. Communities that were rated as being violent included *Chibolya Misisi* and *Mtendere* Compounds.

Responses from Parents

Parents reported that it was dangerous to move around during the lockdown especially early in the morning and late in the afternoon. One parent (P35) narrated that:

It was dangerous to move around in our compound especially when going to the market to buy or order vegetables. There were so many junkies (youth gangs) who were attacking the people.

Other parents had this to say:

Growing up in a neighbourhood with a lot of violence, it seemed like abuse was normalized. We need to address community violence to protect our children (P40).

Living in a violent community like Chibolya, it feels like we are all surrounded by danger. It's hard to shield them (children) from abuse when violence is so prevalent (P21).

Responses from the Children on Community Violence

Children's responses provide valuable insights into the complex dynamics of child abuse and its underlying risk factors. Among these risk factors, community violence emerges as a significant and deeply impactful contributor. It is through the experiences and narratives of children that we come to understand the profound influence of community violence on the prevalence and perpetuation of child abuse.

A 17-year old child (C21) who was exposed to multiple abuse narrated that:

We are pleading that the government and those in high officers should reach out to the children in these compounds especially the girls are being abused by their uncles, and brothers are abusing their sisters all in the name of making money. You will find if you can't go to school your father will beat you, you want food there is no food at home, and you are forced to do things that you are not supposed to do at an early age so they should come to our help, especially the girl child. I stay in Chibolya Compound, Police officers fear going there we are pleading to Service Providers to reach out to children in Chibolya because there are so many things happening in this compound. We are scared to do anything, we are scared about our future that even when we grow up our husbands will be abusing us. We need them to help us face our fears.

A 15-year old girl (C22) also had this to say:

I was abused by my (... perpetrator's relationship to the child withheld) who started taking care of me when I lost my parents. My (...) he used to come home drunk all the time. He would fight with my auntie and later came to my bedroom to sleep with me. This continued until I decided to run away to my auntie's place. When I narrated what my uncle did to me, my auntie reported the case to the police.....

The children from the streets also had this to say on community violence:

C11: *"Every night, we're scared of the violence on the streets. But when the police show up, it's not to help us. They just want to send us back home, where it's also dangerous. We need real protection."*

C12: *"Being on the streets is tough, but it's our escape from violence at home. When the police come around, it feels like they're forcing us back into that same nightmare. It's like they don't understand."*

C13: *"We thought the child protection officers were supposed to protect us, but all they do is send us back to the same homes where we are mistreated. It's hard because we want a chance at a better life away from home".*

C14: *"The streets might be scary, but it's better than what we face at home. The police officers don't seem to care about our safety; they just want to remove us. We need someone who understands and helps us find a safe place."*

Theme Six: Socio-economic Status of many Households

Most of the children who ran away from home to the streets was as a results of hunger. When the government removed them from the streets, they were taken to homes of safety where there was inadequate food to feed the swelling number of children take to the shelters.

Responses from the Service Providers

One service provider (**SP 4**) from a named home of safety narrated that:

We had an increase in the number of children who were admitted to our facility during the pandemic. We never anticipated such increase and in order to ration on the food, we started providing only two meals in a day which was lunch and supper.

Responses from the Children

Provision of food for children who were running away from home because of hunger. Most of the children who run away from home reported that, there was no food at home and hunger forced them to go to the streets or the facility where they can find food. One child (**C7**) at the facility reported that:

I run away from home because we had no food at home. My mother sent me to town to go and sell water. When I sold the water I used the money to buy food and that is why I was scared to go home without money. So I decided to go to the street to look for piece work and find money which I used. I spent almost one week on the street that is when one of my friends told us about this facility. We started coming to this facility to eat food and they later allowed us to start staying here.

Children further reported that they lack clothing. One child at the facility (**C10**) reported that:

We need clothing and most of the children in the community they don't have clothing and blankets.

Another child from the household (**C21**) said that:

Some of my friends stopped school because their clothes were tone.

Children from the streets had this to say:

... Most of us have no clothing, sometimes we wear the same clothes for the whole month.

... We cover ourselves with carton boxes at night sometimes it is hot we sleep without covering ourselves...sometimes it is very cold, that is why you see us sitting around the fire in the morning or evening. (C30)

When it is cold at night we take Bostic (a drug which they sniff through the nose) to keep us warm. (C27)

We sleep together holding each other to keep us warm (C26)

I sleep in the Airtel booth when it is very cold (C24) Another child (C42) from the streets narrated that:

I came to the street when I lost my mother. The relatives who were keeping me never accepted me. It was difficult for me to stay at home, sometimes I used to stay the whole day without food, sometimes they used to accuse me that I was stealing money. ... I later on decided to come to the streets. I feel safe here. When asked what he meant he further explained that:

Even if street life is tough, I have stayed on the streets for three years. We live like family, we protect each other, we have never slept without eating food, we share what we have and we also take care of each other. (C42) He (C42) further pointed out that:

This year (2022) one of us- a girl was bashed by a moving vehicle in August and died on the spot. We contacted people to help us mourn our friend. Fountain of Hope and others helped us until we buried her. Sometimes people think that we suffer on the streets, but some of us we are better off on the streets than staying with our relatives.

Another girl (C38) from the street had this to say:

I came to the streets three months ago. It was not my wish to come here but the situation forced me to. I was staying with my sister in ... compound when I lost my mother. My sister used to send me to town to sell water. One day when I returned home after selling the water I found my sister and her husband had shifted to an unknown place. That is how I found myself on the streets.

When asked if she can go to the facility or taken to other relatives she said that:

I am very fine staying on the streets because no one force me to do anything and I have never slept without food. Apart from that, I sell eggs to raise money for my business (C38).

A 15 year old girl (C35) narrated that:

I run away from home because of lack of food and I was given so many house chores. When we were playing with my friend we decided to go to town to look for piece work and that is how I found myself on the streets.

Theme Seven: Child Protection Service needs that were Risk Factors to Child Protection Interventions during the COVID-19 Pandemic

To further determine the risk factors to child protection interventions, the researcher asked the respondents to identify service needs which affected service delivery during the pandemic.

Lack of Child Protection Services during the COVID-19 Pandemic in many communities During the unprecedented times of the COVID-19 pandemic, there were lack of services in many communities and this led to under reporting or cases of child abuse. The issue of underreporting of child abuse has emerged as a significant risk factor exacerbating the already distressing problem of child maltreatment. The Service Providers explained that most of the cases were not reported to relevant authorities due to various factors such as: COVID-19 restrictions, the perpetrators of child abuse mostly were related to the victim and the family opted to resolve the abuse without reporting to relevant authorities.

Responses from the Service Providers indicated that:

Parents and the family were keeping the incident of abuse within the family. (SP51)

Perpetrators of abuse were family members and many opted to resolve it within the family. (SP47)

Parents were unable to report cases of abuse due to COVID-19 restrictions and fear of contracting the virus. (SP54)

There's a culture of silence around child abuse especially child sexual abuse and if the perpetrator is a bread winner. This is very discouraging to us Service Providers. We need more awareness to encourage reporting and protect children. (SP71)

Responses from Parents

Responses from the parents also confirmed under reporting as a risk factor to child abuse. The following were the verbatim from the parents:

"We hesitated to report the abuse for fear of retaliation. Many parents like us are scared to come forward, and that's a serious issue." (P2)

"When I discovered that my daughter was ... abused by a close family member, I didn't know who to turn to and I was afraid of making things worse. (P3) Another parent during the FGD explained that:

Some families stay silent because they worry about the consequences of reporting. We need better education and support for those who want to speak up.

Responses from the Children

Furthermore, this clandestine challenge has been further substantiated by the voices of the children. Their narratives shed light on the distressing experiences that often go unreported, trapped in the shadows of fear, social isolation, and disrupted routines.

C6 had this to say:

I didn't understand what happened, and I was afraid to tell anyone. I thought nobody would believe me because he was my uncle. It took me years to gather the courage to speak up. I was terrified that people would think I was lying or that I had misunderstood what happened. I wish I had known earlier that there were people who would have believed me and helped".

C23 also reported that:

I kept quiet for a long time because I was confused, and I didn't want to get anyone in trouble.

The issue of underreporting of child abuse is a deeply concerning and complex challenge, as confirmed by the experiences and perspectives of Service Providers, parents, and children. The reluctance to disclose abuse due to fear, shame or lack of

awareness underscores the urgent need for society to create a safe and supportive environment where children feel empowered to speak out without hesitation.

Insufficient Safe spaces or homes of safety

Safe spaces or homes of safety: the number of children who needed safe spaces increased. One of the child protection officer had this to say: “The number of the children running from home to our facility doubled. Apart from that, the Government implemented removal of all the children from the streets and took them to homes of safety. Most of the children who were brought to our facility had a history of prolonged exposure to abuse and automatically required safe spaces because they were not willing to be reintegrated back to their families.

One child protection officer (**SP 90**) from non-governmental organisation stated that:

We noticed that most of the homes of safety had limited or no child friendly facilities such as play grounds. I will look at the outbreak of COVID-19 as any emergency which puts children at risk and in need of homes of safety. One of the concerns that I will look out for is, are these safe spaces safe for children during emergency? How are the children being kept in this situation? Are they just being bundled together with adults or we can find a place where children are going to be put. Are there any child friendly services that we can provide in this situation? Do we have play grounds where children are going to play? I say this because we saw children being taken to homes of safety during an emergency with little or no access to play grounds. Whether there is an emergency children need time to place and having homes of safety which has enough spaces where children can play is what we need and needed during the emergency. Otherwise in as much as we want to provide safety to the children by taking them to homes of safety, these homes might be perceived as prisons by the children if they lack such facilities.

Lack of Community sensitisation programmes

The current study established that community sensitisation programmes were some of the services that were not available during the pandemic. Most of the Service Providers reported that it was challenging to conduct sensitisation programmes because of COVID-19 restrictions. One service provider (**SP7**) explained that:

We were all scare to go in the community, we all wanted to limit the number of people one can come in contact with.

The following extracts from Service Providers questionnaire open ended questions highlight these finding:

Lack of sensetisation to both the children and parents

Inadequate Planning and resource allocation towards sensetisation

We need sensetisation programmes because there is inadequate information dissemination

The police and the community should work together in order to strengthen community sensetisation programmes

Responses from parents on lack of sensitisation programmes in many communities posed as one of the risk actors to child abuse. For example one parent (**P4**) from Misisi compound reported that:

It was challenging to fight child abuse in the community even before the pandemic. We need the police and social welfare to come to Misisi compound and educate us about child abuse. We lack knowledge about child abuse. If the officers can come to Misisi compound to talk to parents and the children people will have knowledge about child abuse.

Another parent (**P8**) said that:

There are so many cases of child abuse committed in this compound. Some defilement cases are not even reported to Police because parents can just negotiate with the one who defiled the child to give them money.

Parents explained that, lack of sensitisation on child abuse has contributed to child abuse because some people in the community are not aware of some types of child abuse. Other cases of child abuse occur as a result of ignorance such as child labour. For example, one parent (**SP24**) explained that:

Misisi Compound is near town so some shop owners send children to sell goods for them, some children go to town to look for piece work. That is why you see many children taking drugs or drinking alcohol because it is easy for them to find money. If

the police can start sensitisation programmes about child abuse or protection, many lives of the children will be saved.

Lack of mental health and Psycho-social Support Services

Mental health and Psycho-social support services were unavailable during the pandemic. Responses from Service Providers indicated that, Children who were abused and those in conflict with law needed counselling.

One officer (**SP8**) had this to say:

During this period, abused children needed this service more than ever. Mental health issues associated with COVID-19 movement restrictions predisposed children who were abused by perpetrators within the households to prolonged mental health. The movement restrictions where the child cannot talk to someone at school, church or their peers/friends in the community had an impact on the mental wellbeing of the children. For example, at the beginning of the outbreak, prolonged exposure to abuse, children in safe homes were separated from their families, and visitations by family members were restricted as a measure to reduce contact. This had a negative psychological effect on the children taken to the home of safety. For example, one child protection had this to say: when we retrieve children from risk home environments and take them to homes of safety, visitations by non-offending parents or family members are very important to help the child believe that the family is supporting them.

Another officer (**SP2**) added that:

In most cases after the abuse especially sexual abuse, children feel that it is their fault and no one believes their story. It is through family visitations during the period of separation that children gain the courage to continue disclosing information about the abuse to family members. Therefore, the lack of psychosocial support during this critical period really demanded mental health services.

Another officer (**SP 5**) also explained that:

Some children who were abused especially by family members during the pandemic kept the abuse bottled up inside and this affected disclosure of the abuse when the case was reported to the Police.

One boy child (C1) who experienced physical abuse and was staying at the facility had this to say:

Police officers should visit Chibolya Compound because there are many children who are abused. People fight and beat the children... They should also force bar owners to close the bars at night because this is where most of the fights happen and children go there to watch the fights. There are many bars in the community, sometimes people fight and in the process they injure the children. So we are asking the Police to go to these communities so that people are scared that they will be arrested.

One girl (C13) who experienced sexual abuse had this to say:

We need counselling in the communities for example in Kanyama and Chibolya because in these communities people who provide child protection services are scared to go to these compounds such as Kanyama, Misisi and Chibolya. We are pleading that the government and those in high offices should reach out to the children in these compounds especially the girls are being abused by their uncles, and brothers are abusing their sisters all in the name of making money. You will find if you cannot go to school your father will beat you, you want food there is no food at home, and you are forced to do things that you are not supposed to do at an early age so they should come to our help, especially the girl child. I stay in Chibolya, Compound, Police officers fear going there we are pleading to Service Providers to reach out to children in Chibolya because there are so many things happening in this compound. We are scared to do anything, we are scared about our future that even when we grow up our husbands will be abusing us. We need them to help us face our fears.

Another child (C15) reported that:

There were many cases of child abuse in the communities. Parents are sleeping with their own children, children are beaten and many other types of abuse. We need the government to protect us. If they find that the child is abused by their own parent, the police should question the parents why they are doing that, if they find that the parent is guilty of that offence, that parent should be arrested. Since the child is innocent, the government should take care of that child. By doing that, you are going to help many children.

Delayed Court Services

Fast track court services: respondents both Service Providers and parents reported that one of the challenges faced was delayed court services during the pandemic. In order to adhere to COVID19 guidelines, the courts reduced the number of cases each day.

One police officer (**SP 57**) reported that:

The pandemic affected delivery of child protection services including the judicial services. The delay in cases involving the children affected disclosure and the hope children or their family have that the perpetrator of abuse will be taken away from the community. As a Police officer, I would say justice delayed.

Ineffective National Multi-sectoral Response

Coordination between Service Providers was ineffective during the pandemic. Many Service Providers reported that, the only multi-sectoral response that was effective during the pandemic were the updates from the Ministry of Health updates on COVID-19 health interventions. Some Service Providers reported that they were rarely involved in national activities.

One service provider (**SP 9**) from the NGO's had this to say:

We were working in isolation during the pandemic. This was challenging when it came to distribution of protective materials such as hand sanitisers, buckets, masks because some communities received more services from various organisation than other communities.

Some Service Providers also highlighted the need to involve the media in multi-sectoral committee. One service provider had this to say:

The media is rarely involved at planning or implementation level. Most of the works that we do is not reported to the general public. (SP6)

Another one from NGO's had this to say:

The pandemic opened our eyes... it made us to turn to technology and provide services without having face-to-face contact...this is where we needed those with experience in online training to help other organisations. (SP3)

Empowerment programmes for vulnerable families

During the pandemic, most parents reported that they were facing economic challenges due to loss of employment. They said that most of them who were working as house maids lost their employment which was a source of livelihood.

4.8 Research question number three: How responsive were selected child protection interventions implementation during the COVID-19 pandemic

The third research question sought to investigate the responsiveness of selected child protection programme during COVID-19. This research question had both quantitative and qualitative findings. Moreover, to test To test research hypothesis three which deposits that, there is no significant effect on the responsiveness of selected child protection interventions during the COVID-19 pandemic, one way ANOVA test and a Multiple Linear Regression Analysis were performed to assess the responsiveness of selected interventions.

To answer this research question, the study focused on the number of child protection interventions and variables to measure effectiveness presented in the table below.

<p>Child protection interventions check list</p> <p>Level of Preparedness of child protection Service Providers in response to COVID-19</p> <p>Intervention 1: Protection child risk communication with stakeholders</p> <p>Intervention 2: Protecting children from abuse during the COVID-19 Pandemic</p> <p>Intervention 3: Provision of psycho social support to children and family</p> <p>Intervention 4: Multi -sectoral approach in child protection</p> <p>Intervention 5: Resource allocation for child protection programmes during the pandemic</p> <p>Intervention 6: Adequacy of safe spaces for abused children</p> <p>Intervention 7: Partnership with the parents</p> <p>Intervention 8: media-based interventions</p> <p>Intervention 9: Capacity building programmes for Service Providers</p>
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4.8.1 How would you rate the level of Preparedness of child protection Service Providers in response to COVID-19?

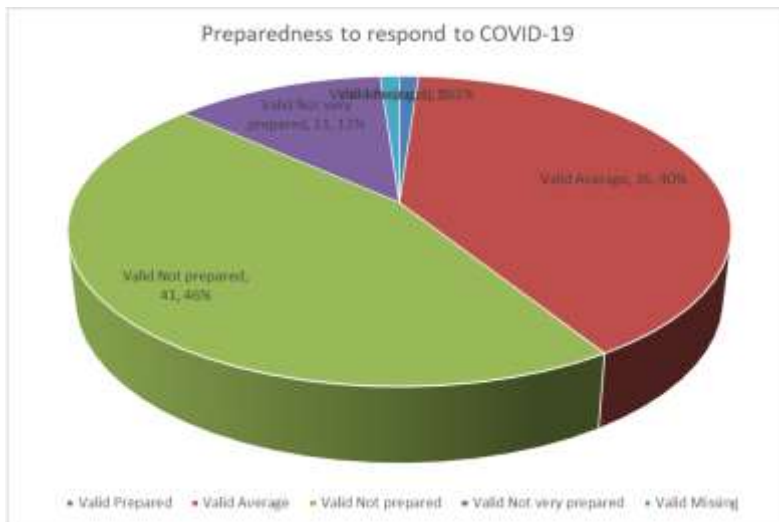


Figure 4.13 shows level of preparedness of child protection Service Providers to respond to COVID-19

Pie Chart above shows responses from the Service Providers on the level of preparedness to respond to COVID-19. Arising from the figure above, it was evident that majority of the Service Providers were not prepared to respond effectively to child safety and protection in the study site during the COVID-19 period. The findings also showed that 12 per cent of the Service Providers were not very prepared while, 40 per cent of them felt were averagely prepared. Out of the total participants only, one per cent believed were prepared or ready to provide necessary interventions during the COVID-19 era. These findings were subjected to one-way ANOVA test to compare the level of preparedness between government and non-governmental organisations who participated in the study. Within the group scores for government ministries it was found that, 67(74%), mean= 4.97, standard deviation=11.677. NGO's 23(26%), mean= 4.13, standard deviation= .757. ANOVA test using alpha .05 indicated $p > .732$, $f(1, 88) = 188$ degree of freedom. The mean preparedness score for government ministries (4.97) is higher than that for NGOs (4.13), suggesting that, on average, government ministry Service Providers perceive themselves to be more prepared to respond to child safety and protection during the COVID-19 period compared to NGO Service Providers. The ANOVA analysis tests whether there is a statistically significant difference in mean preparedness scores between government ministries and NGOs. The p-value obtained is much greater than 0.05 ($p > 0.732$), indicating that there is no statistically significant difference in the mean preparedness scores between

government ministries and NGOs based on the alpha level of 0.05. Based on the ANOVA results, it appears that there is no statistically significant difference in the perceived level of preparedness to respond to child safety and protection during the COVID-19 period between government ministries and NGOs. However, government ministry Service Providers had a slightly higher mean preparedness score compared to NGO Service Providers.

Therefore, there was no significant difference in the level of preparedness among Service Providers both in Government and non-governmental organisations, they were all not significantly prepared to provide adequate child safety and protection during the time of the pandemic. This means that both groups were not adequately prepared to respond to COVID-19 pandemic in the context of Child Safety and protection interventions in the study district.

4.8.2 Child Protection intervention number 1 (INT I): Protection child risk communication with stakeholders

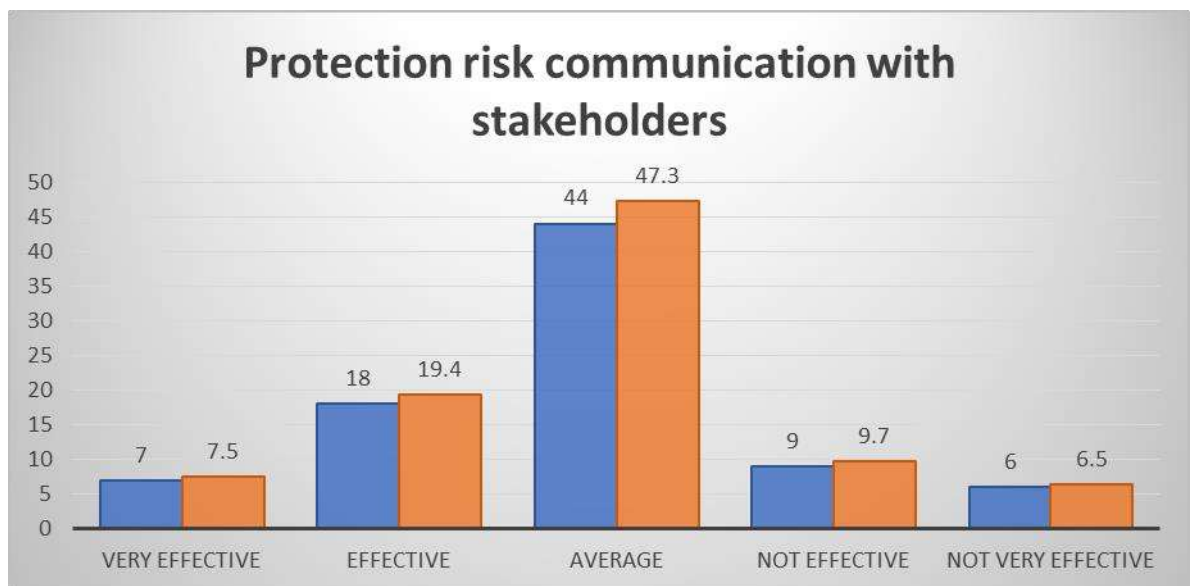


Figure 4.14: Child Protection intervention Number 1: Risk Communication with Stakeholders

Figure above indicate the findings from Service Providers on risk communication with stake- holders. The findings indicated that, 44(47%) said were averagely effective, 18 (19%) said quite effective, 9(10%) felt not effective, 7 (8%) very effective and 6 (7%) not very effectively communicated to the stakeholders. On application of the one-way ANOVA, findings within the group scores for government ministries 67 (74%), mean=

5.73, standard deviation=16.509 while of the NGO's 23 (26%), mean=19.61, standard deviation=37.260. The mean effectiveness score for NGOs (19.61) is higher than that for government ministries (5.73), suggesting that, on average, NGO Service Providers perceive themselves to be more effective in communicating child protection risks to stakeholders compared to their counterparts in government ministries. ANOVA post-hoc Welch findings using alpha .05 indicated $p > .096$, $f_{5.979}$ degree of freedom. This was found to be more than $p_{.096} < 0.05$. The post-hoc Welch test further supports the ANOVA result, indicating a p-value greater than 0.05 ($p > 0.005$), confirming a significant difference between the two groups. Based on the ANOVA and post-hoc Welch test results, it appears that child protection Service Providers from both government ministries and NGOs do not significantly differ in their perception of effectiveness in communicating risks to stakeholders

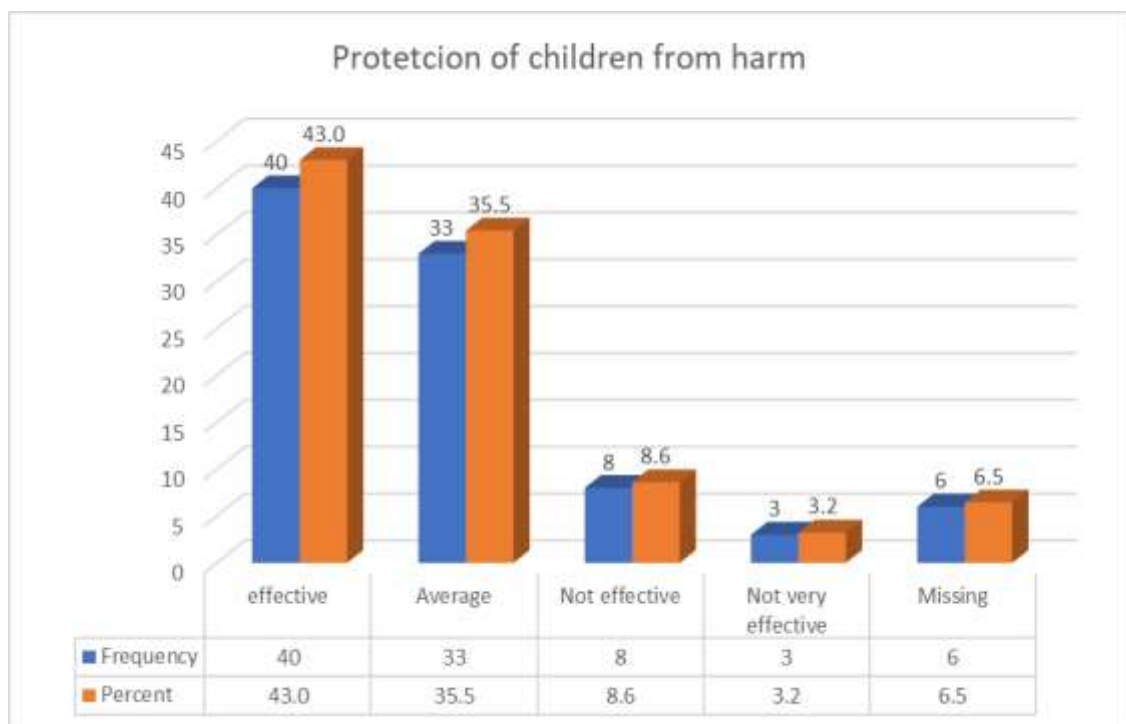


Figure 4.15 Child protection intervention Number 2 (INT II): Protecting children from Harm

Arising from the above figure, indicating the responses from Service Providers on the protection of children from abuse during the pandemic. The findings indicated that 40 (43%) said effective, 33 (36%) said average, 8 (9%) not effective, 3 (3%) note very effective and 6 (6%) were missing responses. It was quite clear from the findings that may majority of the participants 40 (43%) felt that the measures taken to protect

children from child abuse during the pandemic were effective to adequately protect the children.

The ANOVA test results within the group scores for government ministries 67 (74%), mean=

5.67, standard deviation=16.515 while that of the NGO's was 23 (26%), mean=19.13, standard deviation=37.473. The mean effectiveness score for NGOs (19.13) is higher than that for government ministries (5.67), suggesting that, on average, NGO Service Providers perceive the measures taken to protect children from abuse during the pandemic as more effective compared to their counterparts in government ministries. ANOVA test using alpha .05 indicated $p > .108$, $f 5.582$ degree of freedom. This was found to be more than $p.002 > 0.05$, the test was significant, scores differ significantly between groups. The ANOVA test results showed that, there was no significant difference in protecting children from abuse during the COVID-19 among Service Providers. The measures taken were significant to help protect the children according the findings.

Table 15: Responses from Parents on Protection of Children from Abuse

Respondents	Responses of Respondents					Total
	Very Effective	Effective	Average	Not Effective	Not Very Effective	
Parents	1	2	9	32	11	51

The Table 15 above shows responses from the parents on protection of children from abuse during the pandemic. In spite of Service Providers rating this intervention as average, responses from the parents indicated that majority 32=n said that they were not effective, 11=n not very effective, 9=n average, 2=n effective and 1=very effective.

4.8.3 Child protection intervention number 3 (INT III): Provision of psycho-social support to abused children and family

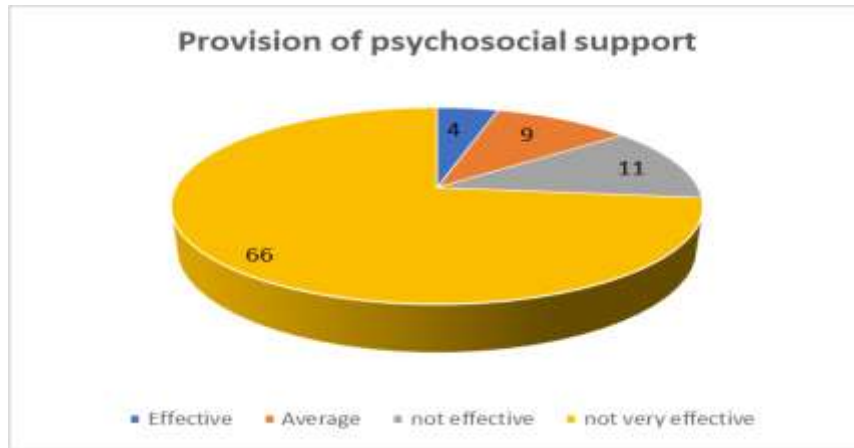


Figure 4.16: provision of psycho-social support

Figure 4.16 above shows, the results of responses from child protection Service Providers regarding the effectiveness of psychosocial support for abused children and families during the pandemic, as shown in Pie Chart 4.8, indicate a significant level of skepticism among the majority of Service Providers. Specifically, 73 per cent (66 of total respondents) rated psychosocial support as “not effective,” suggesting that perceptions of inadequacy or inadequacies in the provision of support services during the challenging circumstances of the pandemic prevail. Furthermore, the relatively low percentages in the “average” (10%) and “effective” (5%) categories suggest that only a minority of Service Providers found psychosocial support to be moderately or very effective. These findings highlight potential gaps or challenges in providing psychosocial support in child protection during the pandemic.

The ANOVA test results within the group scores for government ministries 67=n (74%), mean= 4.84, standard deviation=. NGO’s 23=n (26%), mean=19.13, standard deviation=.373. ANCOVA test using alpha .05 indicated $p < .012$, $f 4.417$ degree of freedom. This was found to be more than $p.012 < 0.05$ and therefore, there was no statistically significant difference among the two groups. The results between groups in the provision of psycho-social support to abused children during the pandemic indicates. The results further suggest that the effectiveness of psycho-social support during the pandemic varied significantly between Service Providers in government ministries and NGOs. The majority of Service Providers perceived psycho-social support to be ineffective, with a notable difference in opinions between the two types of Service Providers. This can be concluded that, some organisations were providing

psycho-social support while others were not during the COVID-19 pandemic. In short, the findings showed that psycho-social support to children under risk during agile circumstances were not quite effective in the study school.

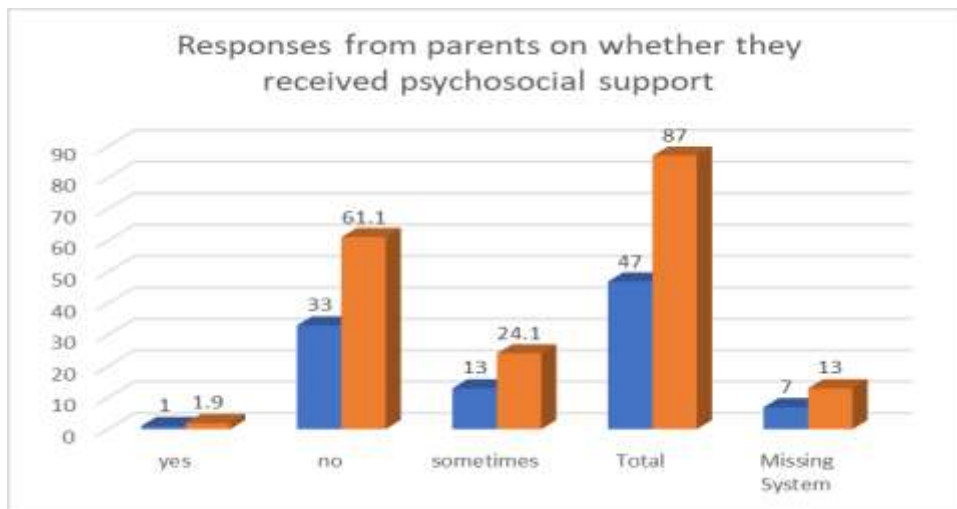


Figure 4.16: Responses from Parents on whether they received Psycho-social Support from Service Providers

The study's findings reveal a troubling deficiency in essential psychosocial support for abused children and their families, as highlighted by parents' responses. A significant majority of parents (61%, representing 33 individuals) reported a lack of psychosocial care, notably counselling, when reporting cases to child protection officers. This absence of support raises concern, especially considering the emotional toll abuse can have on both children and families. The extremely low confirmation of psycho social support by the parents (only one person) underscores an alarming inadequacy in assistance. This gap reflects a potentially deficient system that neglects the holistic well-being of abuse victims and their families. The results underscore the pressing necessity for enhanced and consistent provision of psychosocial support, particularly counselling, to ensure victims and families effectively cope with the traumatic aftermath of abuse. This critical gap necessitates immediate attention and intervention to establish a more comprehensive and compassionate child protection framework.

4.8.4 Child protection intervention number 4 (INT IV): Multi -sectoral approach in child protection service provision during the pandemic

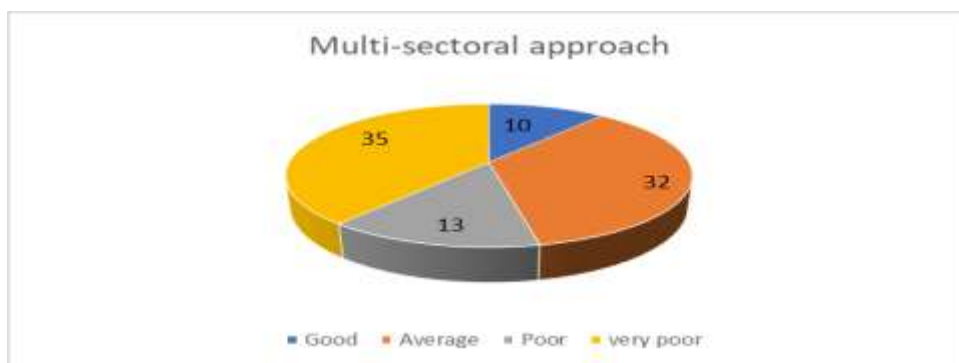


Figure 4.18: Pie Chart Multi-sectoral approach in implementing Child Protection services during the COVID-19 pandemic

Pie Chart above shows results findings on multi-sectoral approach in child protection service provision during the pandemic. The findings indicate that, 36=n (34%) said that multi-sectoral approach in child protection was average, 10=n (11%) indicated effective. Thus, the results findings clearly show that multi-sectoral approach was problematic during the pandemic as majority 35=n (38%) and 13=n (13%) of the Service Providers rated poor and very poor respectively.

The ANOVA test results findings within the group scores for government ministries 67=n (74%), mean=3.57, standard deviation=1.104, NGO's 23=n (26%), mean=4.52, standard deviation= .593. Government ministries had a lower mean score (3.57) compared to NGOs (4.52). This suggests that, on average, NGOs rated the effectiveness of multi-sectoral child protection interventions during the pandemic higher than government ministries did. ANOVA test using alpha .05 indicated $p < .004$, $f 15.569$ degree of freedom. The F-statistic being 15.569 reinforces the idea that there's a significant variation in how these groups perceive the effectiveness of multi-sectoral interventions for child protection during the pandemic. The very low p-value $p.004 > 0.5$. This implies a statistically significant difference in ratings between government ministries and NGOs regarding the effectiveness of the multi-sectoral approach.

Therefore, the findings suggest that the multi-sectoral approach in child protection service provision during the pandemic was generally perceived as average or problematic, with a significant difference in perception between government

ministries and NGOs. NGOs tended to rate the approach as more effective compared to government ministries.

4.8.5 Child protection intervention number 5 (INT V): Resource allocation to child protection



Figure 4.19: Bar Chart showing Responses from Service Providers of Resource Allocation to Child Protection

Bar Chart above majority of the respondents 35=n (38%) indicated that resource allocation towards child protection during the pandemic was adequate 27=n (29%) average, 7=n (8%) inadequate and 2=n (2%) said very inadequate.

The ANOVA test results within the group scores for government ministries 67=n (74%), mean=4.06, standard deviation=1.043 NGO's 23=n (26%), mean= 11.57 standard deviation= 27.609. f 5.040 degree of freedom. The F-statistic being 5.040 indicates that there is less variation in the responses between the two groups concerning resource allocation compared to the variability within the groups. ANOVA test using alpha .05 indicated $p > .206$. This was found out to be less than $p .010 > 0.5$. The p-value being less than the significance level suggests that the observed differences in mean scores related to resource allocation are statistically significant. In other words, there is insufficient evidence to conclude that the means between the groups (government ministries and NGOs) are not significantly different.

The results suggest that while there is a considerable difference in mean scores for resource allocation perceptions between government ministries and NGOs, this difference is not statistically significant at the 0.05 significance level. Therefore, the findings do not provide enough evidence to conclude that there are significant

disparities in how government ministries and NGOs perceive the effectiveness of resource allocation for child protection interventions during the pandemic.

4.8.6: Child Protection Intervention number 6 (INT VI): Adequacy of Safe Spaces for Abused Children

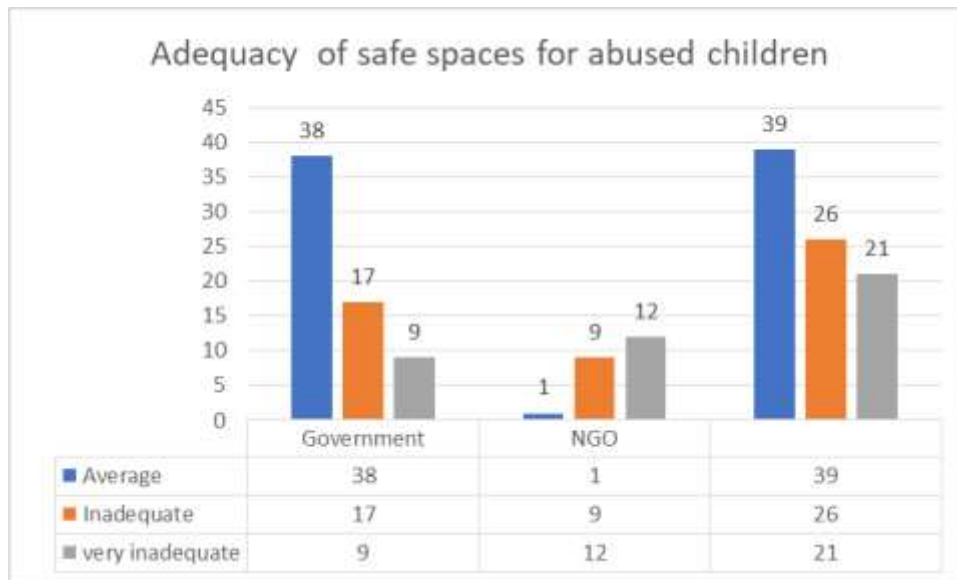


Figure 4.20: Adequacy of Safe Spaces for Abused Children

Figure 4. 20 above shows responses from Service Providers on adequacy of safe spaces for abused children. The results indicates that majority of the respondents 39=n rated average, 26 said inadequate and 21 reported that they were inadequate. Cross tabulation results show that in spite of the majority of the Service Providers reporting that they were average, there was disparity of responses from NGO’s who rated safe spaces as very inadequate.

The ANOVA test statistic (F-value) in this case, $F = 18.793$. The F-value of 18.793 indicates a substantial amount of variation in responses between child protection Service Providers and parents regarding environmental risk factors for abuse during the pandemic. The degrees of freedom for the between-groups (denoted as df_1) is 1, and for the within-groups (denoted as df_2) is 139. The ANOVA test using a significance level (alpha) of 0.05 ($\alpha = 0.05$) indicated a $p\text{-value} = p < .000$. The very low p-value ($p = 0.000$) suggests highly significant differences in responses between Service Providers and parents concerning environmental risk factors for abuse.

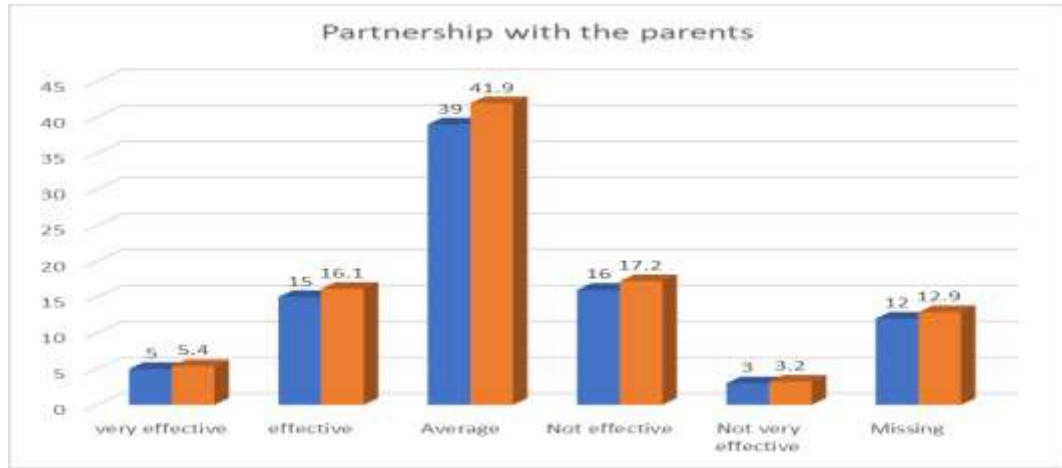


Figure 4.21: Child protection intervention number 7 (INT VII): Partnership with the parents

The Bar Chart 4.21 above shows responses from Service Providers on partnership with the parents. The results indicated that majority of Service Providers said that the partnership with the parents was average 39=n (42%), 16=n (17%) not effective, 15=n (16%) effective, 5=n (5%) very effective, 3=n(3%) not very effective.

The ANOVA test results within the group scores for government ministries 67=n (74%), mean=13.07 standard deviation=.29.585 NGO's 23=n (26%), mean=23.61, standard deviation=15.77. ANCOVA test using alpha .05 indicated $p < .262$, $f 1.777$ degree of freedom. This was found to be less than $.p.262 < 0.5$ and therefore, there was no significance between groups on how they partnered with the parents during the pandemic. This could be that the COVID-19 pandemic affected many organisations operations that also affected the partnership with the parents and consequently the provision of child safety and protection during agile situations.

Table 16: Views from Parents on Partnership with Child Safety and Protection Providers

Results from Parents on Partnership	Responses of Respondents				Total
	Effective	Average	Not Effective	Not Very Effective	
Parents	1	4	33	17	51

Table 4.14 above shows the views or responses of the parents on their perceptions about the effectiveness of partnership in child protection. Majority 33=n said that the partnership is not effective, 17=n said not very effective, 4=n average and only one parent said the partnership is effective. The findings from the parents therefore indicates that the partnership is not effective.

4.8.7 Child protection intervention number 8 (INT VIII): Media based child protection interventions

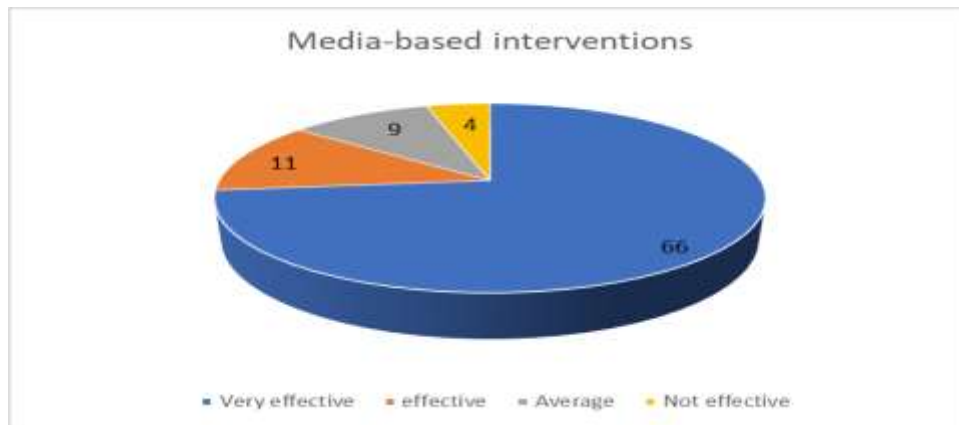


Figure 4.22: Pie Chart showing responses from Service Providers on media based child protection intervention

The results from the pie chart demonstrate the perceptions of child protection Service Providers regarding the effectiveness of media-based interventions in child protection during the pandemic. The majority of respondents, constituting 73 per cent, perceived media-based interventions to be very effective in safeguarding children during these challenging times. Only a small percentage of 5 per cent considered these interventions to be not effective, indicating a generally positive view of using media platforms for child protection efforts.

The subsequent ANOVA test compared the mean scores and standard deviations between two groups: government ministries and NGOs. The mean effectiveness score for government ministries was 1.16, while for NGOs, it was higher at 2.30. This suggests that, on average, NGOs perceived media-based interventions to be more effective in child protection compared to government ministries. The ANOVA post-hoc Welch test further supported these findings, revealing a statistically significant difference in the mean effectiveness scores between the two groups ($p < .000$). The

calculated F-statistic was 23.423 indicating a substantial difference in the perceptions of media-based interventions for child protection between government ministries and NGOs.

The results underscore the effectiveness of media-based interventions in child protection during the pandemic, with a higher perception of effectiveness observed among NGOs compared to government ministries. However, it's important to note that government ministries may have specific procedures and protocols in place when engaging with the media in child protection efforts. These procedures could have influenced their perceived effectiveness in using mediabased interventions. The statistically significant difference emphasises the need for tailored strategies and increased collaboration among stakeholders, considering the unique circumstances and protocols, to optimise the use of media platforms in protecting children during crisis situations.

4.8.8 Child protection intervention number 9: Capacity building programmes to Service Providers

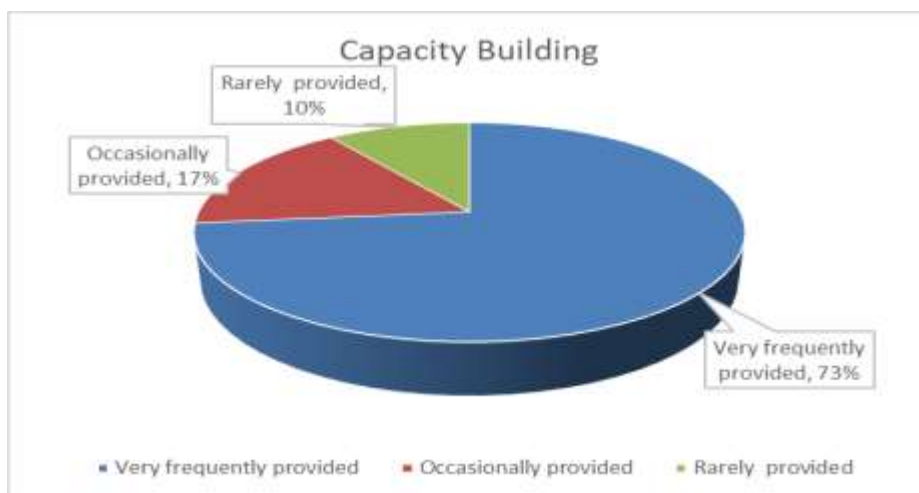


Figure 4.23: Responses from Service Providers on capacity building programmes to Service Providers

PieChart above shows responses from Service Providers on capacity building programmes for Service Providers. Majority of the respondents, 66=n (58%) said capacity building programmes were frequently provided, 15=n (17%) occasionally provided, 9=n (10%) rarely provided and none of the respondents indicated never provided. This clearly show that most of the Service Providers did undergo training during the pandemic.

The ANOVA test results within the group scores for government ministries 67=n (74%), mean=1.16, standard deviation= .373, NGO's 23=n (26%), mean=1.96 standard deviation= .928. ANOVA post-hoc welch test using alpha .05 indicated $p < .0001$ f 24.485 degree of freedom. This was found to be less than $p .001 > 0.05$ and therefore, there was a level of significance between groups on the provision of capacity building programme interventions during the pandemic. The results show that, majority of the Service Providers were trained or received training in various capacity building programmes during the pandemic.

Multiple linear Regreen analysis of the responsiveness of child protection interventions To test research hypothesis three, a Multiple Linear Regression Analysis was performed to assess the responsiveness of selected child protection interventions. The following were nine selected child protection interventions that included, intervention I: (protection child risk communication with stakeholders), Intervention II(protecting children from abuse during the COVID-19 Pandemic), intervention protecting children from harm during the pandemic, intervention

III(provision of psycho social support to abused children and family), Intervention IV (multi sectoral approach in child protection service provision during the pandemic), intervention V (resource allocation to child protection programmes during the pandemic), Intervention VI (Adequacy of safe spaces for children), intervention VII (partnership with parents), VIII (mediabased interventions), and Intervention IX (capacity building training programmes) on child protection during the COVID-19 pandemic in Lusaka district. The results are shown in Table 17.

Table 17: Multiple Regression Analysis between the independent variables Intervention 1: Protection child risk communication with stakeholders(INT I), Intervention 2: Protecting children from abuse during the COVID-19 Pandemic(INT II), Intervention 3: Provision of psycho social support to children and family (INT III), Intervention 4: Multi -sectoral approach in child protection(INT IV) Intervention 5: Resource allocation for child protection programmes during the pandemic(INT V), Intervention 6: Adequacy of safe spaces for abused children (INT IV), Intervention 7: Partnership with the parents(INT VII)Intervention 8: media-based interventions(INT VIII), Intervention 9: Capacity building programmes for Service Providers(INT IX) and the dependent Variable (CP)

Variables	Interventions and CP				Sig.
	Unstandardised Coefficient	Std. t-Statistic Error	Standardised Coefficients		
(Constant)	-2.105	2.326	-.9050		.368
INT I	-.135	.190	-.7070	-.074	.005
INT II	-.008	.006	-1.322	.155	.002
INT III	.838	.325	2.580	.554	.012
INT IV	-.263	.132	-1.988	-.218	.040
INT V	-.017	.010	-1.651	.986	.010
INT VI	.009	.007	1.372	.161	.002
INT VII	-.001	.004	-1.450	.615	.009
INT VIII	1.620	.428	3.787	.829	.000
INT IX	-.010	.007	-1.392	.451	.017

R	.510	R Square	.460
Adjusted R Square	0.673	R Square Change	.260
F-Statistics	3.000	Prob(F-statistic)	0.004
Df1, Df2	9, 77	Std. Error of Estimate	1.18409

(a) Dependent Variable: Child Protection

(b) Predictors: (Constant), INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII and INT IX

Significant at the 0.05 level (2-tailed). *Source:* Fieldwork, 2023

Table 17 Shows the results shows a multiple regression analysis between the independent variables (INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII, and INT IX) and the dependent variable (CP). The overall regression model is statistically significant

$(F(9,77) = 3.000, p - value = 0.004 < 0.05, t = 3.961)$, . Since the p-value is less than 0.05, this indicates that INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII I and INT IX have an effect on CA. This further implies that the interventions employed had an effect on CP during the COVID-19 pandemic in Lusaka District.

Results from Table 17 also indicate that the correlation coefficient value for the independent variables (INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII, and INT IX) and the dependent variable (CP) is .510. The value of R indicates a strong positive correlation between the independent variables i.e., (INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII and INT IX) and the dependent variable (CP). This further implies that when the interventions increased, child protection during the COVID-19 pandemic in Lusaka District also increased.

The results also in Table 17 show that the adjusted R^2 for INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII and INT IX and CP is .673. The value of adjusted R^2 mean that 67.3 per cent of variation in CA is influenced by INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII INT IX included in this regression

model. This further mean that the regression model is statistically significant to predict the effectiveness of INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII, INT IX on CP.

Also, results from Table 17 show that R squared R^2 for INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII INT IX and CP is .460. The value of R^2 mean that 46 per cent of variance in CP is influenced by INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII INT IX included in this regression model. This further mean that the regression model is significant to predict the effectiveness of INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII, INT IX on CP.

The regression results in Table 17 indicate a positive and statistically significant relationship between INT I and CP ($p - value = .005 < 0.05, t = -.707, \beta = .074$). This indicated that when INT I increase, CP also increases. This further implies that when INT I as one of the response interventions increased, CP during the COVID-19 pandemic in Lusaka district also increased. However, the coefficient from the model output tells that a one unit increase in INTI is associated with a .074 unit increase, on average, assuming INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII, INT IX are held constant. This further indicates that an average change in CP is associated with a one unit increase in INT I.

Further, for clarifying the relationship between INT II and CP, results from Table 17 indicate that there is a positive and statistically significant relationship

($p - value = .002 < 0.05, t = -1.322, \beta = .155$). This indicated that when INT II increase, CP also increases. This further implies that when INT II as one of the response interventions increased, CP during the COVID-19 pandemic in Lusaka District also increased. However, the coefficient from the regression model tells that a one unit increase in INT II is associated with a .155 unit increase, on average, assuming INT I, INT III, INT IV, INT V, INT VI, INT VII, INT VIII , INT IX, and INT X are held constant. This further indicates that an average change in CP is associated with a one unit increase in INT II.

To explain the relationship between INT III and CP, results from Table 17 indicate that there is a positive and statistically significant relationship ($p - value = .012 < 0.05, t = 2.580, \beta = .554$).

This indicated that when INT III increase, CP also increases. This further implies that when INT III as one of the response interventions increased, CP during the COVID-19 pandemic in Lusaka district also increased. However, the coefficient from the model output tells that a one unit increase in INT III is associated with a .554 unit increase, on average, assuming INT I, INT II, INT IV, INT V, INT VI, INT VII, INT VIII , INT IX are held constant. This further indicates that an average change in CP is associated with a one unit increase in INT III.

Results in Table 17 also reveal a positive and statistically significant relationship between INT IV and CP ($p - value = .040 < 0.05, t = -1.989, \beta = .218$).

This further indicated that when INT IV increase, CP also increases. This further implies that when INT IV as one of the response interventions increased, CP during the COVID-19 pandemic in Lusaka District also increased. However, the coefficient from the regression model tells that a one unit increase in R is associated with a .218 unit increase, on average, INT I, INT II, INT III, INT VI, INT VII, INT VIII, INT IX are held constant. This further indicates that an average change in CP is associated with a one unit increase in INT IV.

Besides, results from Table 17 indicate that there is a positive and statistically significant relationship between INT V and CP ($p - value = .010 < 0.05, t = -1.651, \beta = .986$).

This indicate that when INT V increase, CP also increases. This further implies that when INT V as one of the response intervention increased, CP during the COVID-19 pandemic in Lusaka District also increased. However, the coefficient from the model output tells that a one unit increase in INT V is associated with a .554 unit increase, on average, assuming INT I, INT II, INT III, INT V, INT VI, INT VII, INT VIII, INT IX and INT X are held constant. This further indicates that an average change in CP is associated with a one unit increase in INT V.

Additionally, results in Table 17 indicate a positive and statistically significant relationship between INT VI and CP ($p - value = .002 < 0.05, t = 1.372, \beta = .161$).

This indicated that when INT VI increase, CP also increases. This further implies that INT VI was an effective intervention to protect children from being abused during the COVID-19 pandemic in Lusaka District also increased. However, the coefficient

from the regression model tells that a one unit increase in INT VI is associated with a .161 unit increase, on average, assuming INT I, INT II, INT III, INT IV, INT V, INT VII, INT VIII, INT IX) are held constant. This further indicates that an average change in CP is associated with a one unit increase in INT VI.

Further, for clarifying the relationship between INT VII and CP, results from Table 17 indicate that there is a positive and statistically significant relationship

$(p - value = .009 < 0.05, t = -.145, \beta = .615)$.

This further indicated that when INT VII increase, CP also increases. This further implies that when INT VII as one of the response interventions increased, CP during the COVID-19 pandemic in Lusaka district also increased. However, the coefficient from the regression model tells that a one unit increase in INT VII is associated with a .615-unit increase, on average, assuming INT I, INT II, INT III, INT IV, INT V, INT VI, INT VIII and INT IX are held constant. This further indicates that an average change in CP is associated with a one unit increase in INT VII.

Results also in Table 17 indicate a positive and statistically significant relationship between INT

VIII and CP $(p - value = .000 < 0.05, t = 3.787, \beta = .829)$.

This indicated that when INT

VIII increase, CP also increase. This further indicate that when INT VII increase, CP also increases. This further implies that when INT VIII as one of the response interventions increased, CP during the COVID-19 pandemic in Lusaka District also increased. However, the coefficient from the model output tells that a one unit increase in INTI is associated with a .829 unit increase, on average, assuming INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, and INT IX are held constant. This further indicates that an average change in CP is associated with a one unit increase in INT VIII.

Finally, the regression results in Table 17 indicate a positive and statistically significant relationship between INT IX and CP $(p - value = .017 < 0.05, t = -1.392, \beta = .451)$.

This indicate that when INT IX increase, CP also increases. This further implied that

when INT IX as one of the response interventions increased, CP during the COVID-19 pandemic in Lusaka District also increased. However, the coefficient from the model output tells that a one unit increase in INT IX is associated with a .451 unit increase, on average, assuming INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII and INT VIII are held constant. This further indicates that an average change in CP is associated with a one unit increase in INT IX.

In summary, the results of the regression model show that the overall model was a positive and statistically significant ($F(9,77) = 3.000$, $p - value = 0.004 < 0.05, t = 3.961, R = .510$) , $Adjusted R^2 = .673, R = .46$). The model explains 67.3% of variance accounted for by the predictor variables (INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII, and INT IX). Results indicate that INT I ($p - value = .005 < 0.05, t = -.707, \beta = .074$), INT II ($p - value = .002 < 0.05, t = -1.322, \beta = .155$), INT III ($p - value = .012 < 0.05, t = 2.580, \beta = .554$), INT IV ($p - value = .040 < 0.05, t = -1.989, \beta = .218$) , INT V ($p - value = .010 < 0.05, t = -1.651, \beta = .986$) , INT VI ($p - value = .002 < 0.05, t = 1.372, \beta = .161$) , INT VII ($p - value = .009 < 0.05, t = -.145, \beta = .615$), INT VIII ($p - value = .000 < 0.05, t = 3.787, \beta = .829$), and INT IX ($p - value = .017 < 0.05, t = -1.392, \beta = .451$) have an effect on CP. In other words, these interventions had an impact on child protection during the COVID-19 pandemic in Lusaka District.

Specifically, the results suggests that intervention I, Intervention II, Intervention III, Intervention IV, Intervention V, Intervention VI, Intervention VI, Intervention VII and Intervention IX had an impact on child protection during the COVID-19 pandemic in Lusaka District. Therefore, the result shows satisfactory goodness of fit between independent variables (Intervention I, Intervention II, Intervention III, Intervention IV, Intervention V, Intervention VI, Intervention VI, Intervention VII and Intervention IX) and the dependent variable (CP) as presented in the multiple regression equation below:

$$Y = a + INT IX_1 + INT IIX_2 + INT IIIX_3 + INT IVX_4 + INT VIX_5 + INT VIIX_6 + INT VIIIX_7 + INT VIII_8 + INT IX_9$$

$$Y = -2.105 + (.074)X_1 + (.155)X_2 + (.554)X_3 + (.218)X_4 + (.986)X_5 + (.161)X_6 + (.615)X_7 + (.829)X_8 + (.451)X_9$$

Specifically, the results suggests that intervention I, Intervention II, Intervention III, Intervention IV, Intervention V, Intervention VI, Intervention VI, Intervention VII and Intervention IX had an impact on child protection during the COVID-19 pandemic in Lusaka district.

Relative contribution of INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII and INT IX on Child Protection

The study also sought to establish relative contribution of INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII, and INT IX on Child Protection. The aim was to establish which among the independent variables i.e., INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII and INT IX contributed to Child Protection the most during COVID-19 pandemic in Lusaka district. To achieve this, standardised coefficients from a multiple regression analysis output were used and the ranking of the standardised coefficients was performed as shown in Table 18 below:

Table 18: Relative contribution of INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII

NT VIII and INT IX on Child Protection

Variables	Interventions and CP					Ranking
	Unstandardised Coefficient	Std. Error	t-Statistic	Standardised Coefficients	Sig.	
(Constant)	-2.105	2.326	-9.050		.368	
INT 5	-.017	.010	-1.651	.986	.010	1
INT 8	1.620	.428	3.787	.829	.000	2
INT 7	-.001	.004	-1.450	.615	.009	3
INT 3	.838	.325	2.580	.554	.012	4
INT 9	-.010	.007	-1.392	.451	.017	5
INT 6	.009	.007	1.372	.161	.002	6
INT 1	-.135	.190	-.7070	-.074	.005	7
INT 2	-.008	.006	-1.322	-.155	.002	8
INT 4	-.263	.132	-1.988	-.218	.040	9
INT10	.738	.415	2.410	.544	.010	10

(a) **Dependent Variable: Child Protection**

(b) **Predictors: (Constant), INT I, INT II, INT III, INT IV, INT V, INT VI, INT VII, INT VIII, INT IX, and INT X**

Significant at the 0.05 level (2-tailed). *Source: Fieldwork, 2023*

Results in Table 18 shows that Intervention V ($\beta = .986$) contributed to Child Protection the most during COVID-19 pandemic in Lusaka district, followed by Intervention VIII ($\beta = .829$),

Intervention VII ($\beta = .615$), Intervention III ($\beta = .554$), Intervention IX ($\beta = .451$), Intervention VI ($\beta = .161$), Intervention I ($\beta = -.074$), Intervention II ($\beta = -1.55$), and

Intervention IV ($\beta = -2.18$). therefore, results of the study indicate that Intervention V was the most effective intervention on Child protection during the COVID-19 pandemic in Lusaka district.

The hypothesis tested for these variables were Null Hypothesis (Ho): There is no significant difference in the perceived responsiveness of selected child protection interventions during the COVID-19 pandemic, and alternative hypothesis (H1): There is a significant difference in the perceived responsiveness of selected child protection interventions during the COVID-19 pandemic. Results from table 18 indicates that intervention V played the most significant role in contributing to child protection during the pandemic, followed by VIII and intervention VII. Consequently the study rejects the null hypothesis suggesting a statistical difference in perceived responsiveness among the selected protection interventions. Specifically, intervention V emerged as the most effective in enhancing child protection during the COVID-19 pandemic in Lusaka District.

Pearson Correlations Matrix of Child Abuse, Risk Factors and Child Protection Interventions

Furthermore, Pearson correlation analysis was employed as a valuable analytical tool in this context, providing a comprehensive overview of the associations between different variables. These variables encompassed both risk factors associated with child abuse and the effectiveness of chosen child protection interventions. The variables included the following: Child Risk Factors (CRF), Parental Risk Factor (PRF), Environmental Risk Factors (ERF), ten selected child protection interventions, Intervention 1: Protection child risk communication with stakeholders (INT I), Intervention 2: Protecting children from abuse during the COVID-19 Pandemic (INT II), Intervention 3: Provision of psycho social support to children and family (INT III), Intervention 4: Multi -sectoral approach in child protection (INT IV), Intervention 5: Resource allocation for child protection programmes during the pandemic (INT V), Intervention 6: Adequacy of safe spaces for abused children (INT VI), Intervention 7: Partnership with the parents (INT VII), Intervention 8: media-based interventions (INT

VIII), Intervention 9: Capacity building programmes for Service Providers (INT IX) and Intervention 10: Community involvement.

Table 19: Pearson Correlations Matrix of Risk Factors and Child Protection interventions

Pearson Correlation Matrix														
		1	2	3	4	5	6	7	8	9	10	12	13	14
1	CA	1.00												
2	CRF	0.04	1.00											
3	PRF	0.11	0.06	1.00										
4	ERF	0.08	-0.01	0.03	1.00									
5	INT I	0.09	0.04	-0.04	0.17	1.00								
6	INT II	-0.21	-0.17	-0.10	-0.04	-0.09	1.00							
7	INT III	.29	.28**	0.11	.23*	-0.04	0.04	1.00						
8	INTIV	-.23	-.21*	-0.06	0.13	-0.08	.25*	-.22*	1.00					
9	INT V	-0.18	-0.16	-0.09	0.06	-0.05	-0.06	-.26*	0.12	1.00				
10	INT VI	-0.16	-0.13	-0.07	-0.07	-0.02	.46**	0.05	.24*	-0.06	1.00			
11	INT VII	0.08	-0.04	0.03	-.33**	-0.19	0.02	-0.05	-0.17	-0.06	-0.11	1.00		
12	INT VIII	-.28	-.26	-0.11	-.23*	0.04	-0.04	-1.00**	.22*	.26*	-0.05	0.05	1.00	
13	INT IX	-.28	-.27*	-0.19	-.26*	0.00	-0.01	-.88**	0.16	.37**	-0.02	0.02	.88**	1.00

*. Correlation is significant at the 0.05 level (2-tailed). Source: Field work 2023

Direction of the Correlation: Positive Correlation (close to +1): As one variable increases, the other tends to increase. Negative Correlation (close to -1): As one variable increases, the other tends to decrease. The closer the correlation coefficient is to +1 or -1, the stronger the relationship: 0.00 to 0.19: Very weak correlation, 0.20 to 0.39: Weak correlation, 0.40 to 0.59: Moderate correlation, 0.60 to 0.79: Strong correlation, 0.80 to 1.00: Very strong correlation. Pearson correlation coefficients between various factors related to child abuse, risk factors, parental factors, environmental factors, interventions, and their effectiveness indicate the following:

1. Child Abuse: This is the main variable of interest. The correlation of 1.00 on the diagonal indicates perfect correlation with itself, which is expected.
2. Child Risk Factors: The correlation coefficient with Child Abuse is 0.04, suggesting a positive correlation.
3. Parental Risk Factors: The coefficient is 0.11, indicating a slightly stronger positive correlation with Child Abuse compared to Child Risk Factors.
4. Environmental Risk Factors: This factor shows a positive correlation of 0.08 with Child Abuse.

Interventions: Several interventions are listed, and their correlations with Child Abuse are provided.

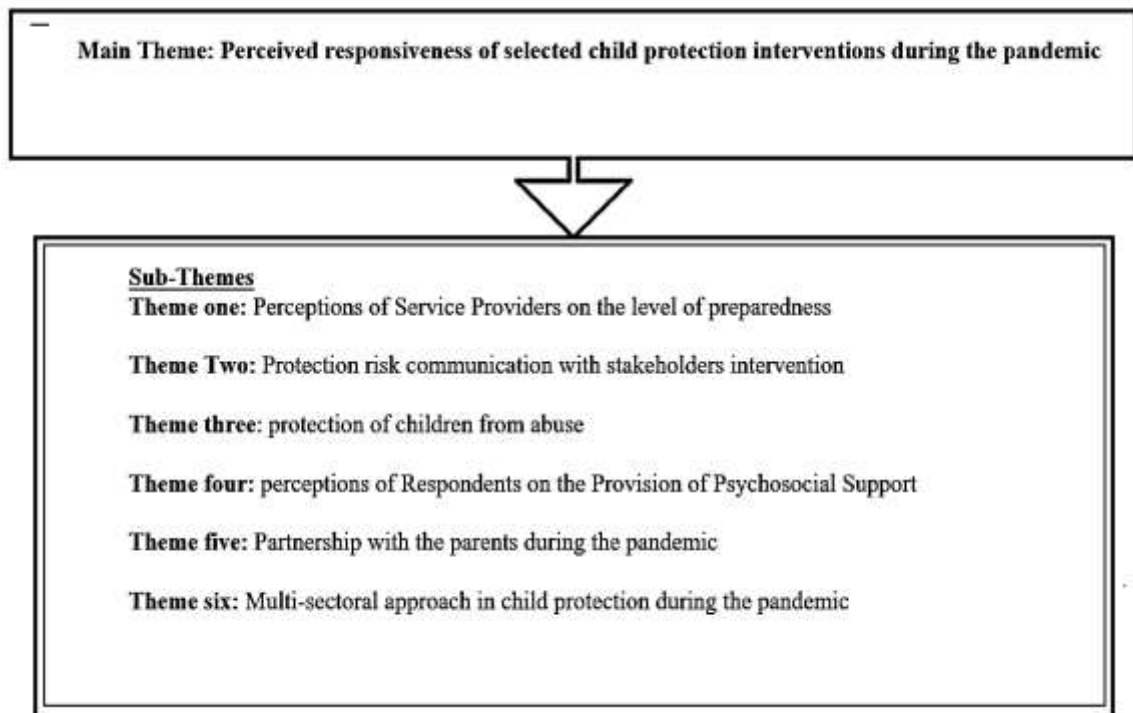
5. Intervention 1: There's a positive correlation (0.09) with Child Abuse.
6. Intervention 2: This intervention shows a negative correlation (-0.21) with Child Abuse, suggesting a potential protective effect.
7. Intervention 3: There's a relatively stronger positive correlation (0.29) with Child Abuse, indicating some effectiveness in addressing abuse.
8. Intervention 4: Negative correlation (-0.23) suggests a potential protective effect.
9. Intervention 5: Negative correlation (-0.18) suggests some effectiveness in reducing abuse.
10. Intervention 6: This intervention has a moderate positive correlation (0.46) with Child Abuse, which is unexpected and might need further investigation.
11. Intervention 7: A weak positive correlation (0.08) with Child Abuse.
12. Intervention 8: Negative correlation (-0.28) suggests effectiveness in reducing abuse.
13. Intervention 9: Negative correlation (-0.28) suggests effectiveness in reducing abuse

In summary, The findings from the Pearson correlation matrix offer valuable insights into the relationships between different factors related to child abuse and the effectiveness of various interventions. Child risk factors and parental risk factors both demonstrate positive correlations with child abuse, though relatively weak (0.04 and 0.11, respectively), indicating that as these factors increase, the likelihood of child abuse also increases. Environmental risk factors similarly show a positive correlation (0.08) with child abuse, suggesting their contribution to a higher incidence of abuse. Notably, Intervention 2 exhibits a negative correlation (-0.21) with child abuse, indicating potential protective effects or efficacy in reducing abuse. Conversely, Intervention 3 displays a relatively strong positive correlation (0.29), possibly due to targeting areas with higher prevalence of abuse. Interventions 4, 5, 8, and 9 show negative correlations, suggesting protective effects or effectiveness in reducing abuse. However, Intervention 6 unexpectedly exhibits a notably high positive correlation (0.46) with child abuse,

warranting further investigation, while Intervention 7 shows a weak positive correlation (0.08), indicating a minor impact compared to other interventions.

Qualitative findings on perceived responsiveness of child protection interventions during the pandemic

Qualitative results are presented in various themes aligned to the main theme.



Perceptions of Service Providers on the level of preparedness

On the same theme, the qualitative findings also showed that the Service Providers who participated in the study felt that they were not adequately prepared to respond to COVID -19 in the context of child safety and protection interventions.

Responses from Service Providers

During the FGD with child protection officers from the Police, one officer said:

The pandemic created sudden changes and many institutions or organisations either in government or NGO were unsure of how to respond to the pandemic.... we concentrated more on health protection...because there was emphasis on public health as compared to other child protection interventions.” (FGD1) I would say we were somewhat prepared to handle child protection service delivery during the pandemic.

Our team had the basic guidelines in place, but the suddenness and scale of the pandemic did catch us off guard, impacting our response efficiency.” (FGD)

“Our level of preparedness was moderate, leaning towards being slightly prepared. We had some contingency plans, but the complexity and uncertainty of the pandemic made it challenging to fully implement our child protection services as intended”. (FGD)

“We were slightly prepared, thanks to the support from international organisations such as UNICEF. They provided us with critical resources, training, and guidelines to ensure our child protection services could continue amidst the pandemic. Their assistance helped us adapt and respond more effectively during these challenging times.” (FGD) One Service Provider (SP 21) said that:

The pandemic changed everything within a shortest period of time. There was a lock down with a space of few weeks when the country recorded the first cases of COVID-19. No one was prepared for this change.

Another child protection officer (SP 9) from non-governmental organisation narrated that: Child protection focus areas remained the same. We changed the strategy on how to implement the programmes. Apart from that, Child protection services preparedness was shifted from providing a safe environment for the children to health. We all focused on implementing Ministry of Health COVID-19 guidelines and protect everyone from contracting the virus. For example, subjecting our clients to COVID-19 test, specific officers were assigned as frontline workers to provide hand sanitisers, masks and other services to our clients. Most of the resources were channelled towards health and the partners including government through the Ministry of Health gave us necessary materials such as hand sanitisers, masks, etc. The shift from physical to virtual affected the operations of the organisation as most of our clients are vulnerable and cannot afford such services, we also partnered with various organisations to sensitise our community on child protection using various media platforms such as television, social media and radio programmes. In spite of all these efforts it was very difficult for us Service Providers to respond effectively to the needs of the children. Just like any other service, everything was crippled.

Another Service Provider (**SP 27**) had this to say:

“When the pandemic broke out, we were all scared of our lives, scared of coming for work and everything was uncertain including service delivery.” Another participant –

Service Provider from one NGO’s (**SP12**) noted that:

“The COVID-19 turned all of us into public health workers... we were all looking up to Ministry of Health to help or guide us on how to prevent infections or implement health interventions.”

In spite of majority of Service Providers from NGO’s acknowledging that they were not adequately prepared, one service provider representing minority of participants from a named NGO reported that, they were prepared to provide necessarily child safety and protection interventions during the pandemic period as noted by one service provide participant (**SP9**):

“When the COVID-19 broke out in china in 2019, our organisation which is an international organisation anticipated its impact on service delivery. Therefore, when we were budgeting for 2020 activities, there was a reasonable amount of money allocated for response to emergency including those affecting children in case we experience a global outbreak of the pandemic. Therefore, I can safely say that even if we were not very prepared, our organisation responded effectively to the outbreak of the COVID-19 in terms of service delivery.” Another Service Provider (**SP 21**) had this to say: *although we continued implementing already existing child protection services, there was a shift of attention from prevention or attending to victims of abuse to adherence to health guidelines. Our organisation distributed masks to vulnerable communities targeting children. COVID-19 awareness campaigns somewhat disregarded children’s rights in light of adhering to health guidelines. In short, we all suddenly became health frontline workers.”*

Qualitative responses from parents on the challenges they faced in accessing child protection services showed that, service delivery was disrupted during the pandemic confirming the fact that qualitative findings on the level of preparedness of Service Providers as well as effectiveness of child protection interventions was low. Lack of support from the Service Providers further complicated the provision of safety and protection of children.

Responses from parents

Parents who participated in the study reported that Service Providers especially the police victim support unit were either overwhelmed with many cases of children at risk or officers were not quite knowledgeable of what needed to be done to be helpful to the children in terms of safety and protection. One parent, **(PT11)** had this to say: *“When my child was sexually abused during the pandemic, I immediately reported the case to the police. I was then referred to the hospital for a medical examination. The medical report confirmed that my daughter was abused, and when I took it to the police station, the officers told me to give them transport money, which I didn’t have at that time. I was told to go home and look for the money for transport. When I went to complain after one week, no one was even paying attention to what I was saying. Our voices were not heard by Service Providers during the pandemic.”*

Another parent reported that the cases of child abuse were taking long during Covid-19 to process, an indication that, the service provider were not quite ready to provide timely interventions as evidenced by a statement for parent **(PT 18)**:

When I reported the case to the Police, there were few officers at the station, and this affected the progression of the cases from the police to court. Sometimes we had to go to the police station only to be told that the officer who was handling the case will come to work after three days. When the case was taken to court, the court only allowed one witness at a time because of COVID-19-. Up to now, the case is still in the courts, and I don’t know when they are going to pass judgment. ”

Another parent **(PT34)** complained that:

“When my daughter was defiled on her way from school during the COVID 19 period, it took nearly four months for the case to be brought to court. I almost gave up when... My main concern was what would happen to my daughter if we lost the case. We surely did not have protection during the pandemic. No real measures, were provided to protect our children”

Lack of transportation was also a challenge. Parents said that the police had no transport to follow up cases in the community. This means that there were no real measures put in place to deal with cases of safety and protection for the children. Participants also reported that it was challenging for parents, those with sexually abused children to take them to the hospital for examination and medical treatment or check-up during the COVID-19. The Service Providers did not quite have direction on how to handle the cases for the children as evidenced by one parent (PT9) who confirmed:

“This is a major problem why most of us parents give up on following up cases reported to police. When I reported the case to the Police, officer told me that they had only one vehicle which was being used for other purposes someone offered his vehicle, unfortunately, there was no fuel. I had to choose between taking my child to the hospital or buy fuel so that the police can go and arrest the perpetrator. It was a tough decision for me, I had hope that the one who did this to my child was going to be arrested. I had to choose whether to buy fuel so that the police can go and arrest the one who did this to my child or use the money for my daughter’s medical treatment... transport was provided and the perpetrator was later arrested after three days.”

Another parent (PT7) confirmed and shared her experiences that:

I am a marketeer, I sell vegetables in the market, when I reported the case to the Police we were referred to University Teaching Hospital for further treatment at one stop center, I had no money for transport ... I had to sell some personal belongings to raise money for transport to get my child examined. Really there was no enough protection for children in my view.”

Qualitative responses from parents on the challenges they faced in accessing child protection services showed that, service delivery was disrupted during the pandemic confirming the fact that qualitative findings on the level of preparedness of Service Providers as well as effectiveness of child protection interventions was low. Lack of support from the Service Providers further complicated the provision of safety and protection of children. Parents who participated in the study reported that Service

Providers especially the police victim support unit were either overwhelmed with many cases of children at risk or officers were not quite knowledgeable of what needed to be done to be helpful to the children in terms of safety and protection. One parent (PT11) had this to say:

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Another parent reported that the cases of child abuse were taking long during Covid-19 to process, an indication that, the service provider were not quite ready to provide timely interventions as evidenced by a statement for parent (PT 18):

...When I reported the case to the Police, there were few officers at the station, and this affected the progression of the cases from the police to court. Sometimes we had to go to the police station only to be told that the officer who was handling the case will come to work after three days. When the case was taken to court, the court only allowed one witness at a time because of COVID-19. Up to now, the case is still in the courts, and I don’t know when they are going to pass judgment. "

Another parent (PT34) complained:

“When my daughter was defiled on her way from school during the COVID-19 period, it took nearly four months for the case to be brought to court. I almost gave up when... My main concern was what would happen to my daughter if we lost the case. We surely did not have protection during the pandemic. No real measures, were provided to protect our children”.

Lack of transportation was also a challenge. Parents said that the police had no transport to follow up cases in the community. This means that there were no real

measures put in place to deal with cases of safety and protection for the children. Participants also reported that it was challenging for parents, those with sexually abused children to take them to the hospital for examination and medical treatment or check-up during the COVID-19. The Service Providers did not quite have direction on how to handle the cases for the children as evidenced by one parent (PT9) who confirmed:

“This is a major problem why most of us parents give up on following up cases reported to police. When I reported the case to the Police, officer told me that they had only one vehicle which was being used for other purposes someone offered his vehicle, unfortunately, there was no fuel. I had to choose between taking my child to the hospital or buy fuel so that the police can go and arrest the perpetrator. It was a tough decision for me, I had hope that the one who did this to my child was going to be arrested. I had to choose whether to buy fuel so that the police can go and arrest the one who did this to my child or use the money for my daughter’s medical treatment ... transport was provided and the perpetrator was later arrested after three days

Another parent (PT7) confirmed and shared her experiences that:

“I am a marketeer, I sell vegetables in the market, when I reported the case to the Police we were referred to University Teaching Hospital for further treatment at one stop center, I had no money for transport... I had to sell some personal belongings to raise money for transport to get my child examined. Really there was no enough protection for children in my view.”

The qualitative findings illustrate varying degrees of preparedness and acknowledgment of external support, aligning with the theme of being slightly prepared to respond to child protection service delivery during the pandemic. Furthermore, the findings highlight significant challenges in providing child safety and protection interventions during COVID-19. Service Providers, including child safety and protection officers from both the government and nongovernmental organisations, expressed an inadequate preparedness to address the pandemic's impact on child safety, with a preference for public health measures over child protection interventions. This shift resulted in service disruption and a diminished emphasis on

children's rights and safety. In cases of child abuse, parents reported a similar lack of support and responsiveness from Service Providers. Delays in processing cases and obtaining medical examinations were observed, which were attributed to a lack of resources and poor coordination among Service Providers. The lack of transportation for case follow-up and the difficulty

Theme Two: Protection risk communication with stakeholders

This was confirmed during the interviews and focus group discussion with supervisors from NGO's and Zambia Child Protection officers respectively. The Police CPU officers reported that UNCEF and other stakeholders engaged government ministries involved in primary child safety and protection to ensure that children at risk heightened by the pandemic were known and protected through works of government ministries and non-governmental organisations in the study areas. This was evidenced by one supervisor (SP 38) from the NGO's involved in provision of child protection who explained that:

We were although not quite effective occasionally involved in national child safety and protection stakeholders' committee during the pandemic. In most cases we just receiving donations such as masks, hand sanitisers... which we later distributed to people including children at risk help contain the spread of COVID-19."

Another police officer (SP 51) noted that:

The abrupt shift in public health priorities resulted in a temporary diversion of resources and attention away from child protection interventions.

Additionally other Police officers (SP 67) also added that:

Due to COVID-19 restrictions, there were limitations in manpower and logistical resources, which impacted the timely response to cases and followup procedures.

SP 63 also had this to say:

I would say that our child protection interventions during COVID-19 were somewhat average. While we continued addressing cases and providing support, there were clear limitations in terms of resources and personnel due to the pandemic. Some cases took

longer to process, and we had to adapt our procedures. Our focus was understandably on public health, which impacted the attention we could give to child safety concerns **SP 64** added that:

In my view, the effectiveness of child safety and protection interventions during COVID-19 was moderate. We faced constraints in terms of manpower and logistical support. Although we managed to handle cases, there were delays and challenges in follow-up. The shift towards health-related measures was necessary, but it did affect the level of attention we could provide to child protection issues Officer **SP 68**:

The interventions aimed at child safety and protection were, I would say, average during the COVID-19 period. We maintained our services, but there were challenges... Limited mobility and reduced staffing impacted our response times. While we managed to address cases, the overall effectiveness might have been compromised to some extent due to the circumstances However, some Non-governmental organisation officials emphasised proactive measures taken by their agencies. These officers emphasised the continuation of existing child protection services as well as the adaptation of strategies to ensure the safety of children in the midst of the pandemic. For example, one official from YWCA (**SP40**) had this to say: *Considering the circumstances, I would rate the effectiveness of child safety and protection interventions as average during COVID-19. Our efforts to address cases and support children continued, but we were also stretched thin. Adhering to health guidelines sometimes took precedence, affecting the usual efficiency of our interventions. It was a challenging balance to strike. We all became public health workers taking into account health interventions and at the same time providing child protection services.*

Some Service Providers both from government and NGO's reported successful efforts in raising community awareness about child protection and safety measures related to COVID-19. While there were challenges, it is clear that government officials attempted to balance health concerns with child safety needs. Nonetheless, the overall sentiment suggests that better coordination, preparedness, and resource allocation are required to ensure more effective child safety and protection interventions in similar crisis situations.

The findings of the current study on Child Protection intervention number one regarding effectiveness of Child Safety and Protections Interventions Provided during COVID-19 provided insightful findings regarding the effectiveness of child safety and protection interventions during the COVID-19 period. It was evident that the pandemic had a significant impact on the delivery of these interventions, with several challenges arising. The abrupt shift in priorities towards public health understandably diverted resources and attention away from child protection efforts, affecting the response and follow-up procedures for cases. The limitations in manpower and logistical resources due to COVID-19 restrictions further hindered the timely and efficient execution of child safety measures. Many officers acknowledged that the overall effectiveness of their interventions was compromised to varying extents, with some describing their efforts as average or moderate, and cases often taking longer to process. However, some NGO officials emphasised their proactive approach, continuing existing child protection services and adapting strategies to ensure children's safety amidst the pandemic. Despite these challenges, there was recognition of the importance of balancing health concerns with child protection needs, which led to a multifaceted role for many stakeholders, resembling public health workers while providing child protection services.

Theme Three: Protection of Children from Abuse

Responses from Service Providers

Arising from qualitative findings, one social welfare officer (SP2) reported that: *We had to initiate an emergency response to ensure the protection of children from harm during the pandemic. For instance, there was a swift action to remove children from the streets and place them in homes of safety. This emergency measure was essential to mitigate the risks these children faced and provide them with a safer environment amidst the challenging circumstances posed by the pandemic. Even though we were unable to remove all the children from the streets because they were running away, we managed to protect majority of the children from harm.*

SP4 also added that:

In response to the urgent need for child protection during the pandemic, we implemented emergency measures to ensure their safety. This included immediate

interventions such as relocating vulnerable children to safe shelters... we recorded an increase in the number of children who were taken to safety homes

One of the Police child protection officers (**SP50**) also confirmed what the social welfare officers reported on protecting children from harm during the pandemic.

As child protection officers, we recognised the heightened risks faced by children on the streets due to the pandemic. When the first lockdown was effected in March 2020, we swiftly executed emergency plan to remove all the children from the streets with the help of various key stakeholders. Our team collaborated with local partners to establish temporary care arrangements, ensuring that children's safety and well-being remained our top priority. We identified Fountain Hope as the safety alternative safe space for all the children who were removed from the streets in Lusaka.

Another officer (**SP 48**) added that:

While we certainly faced challenges in our emergency response efforts to protect children, I am proud to affirm that our actions were yielded positive outcomes. ...our success lies in our ability to secure alternative shelters for a number of children who were at high risk of abuse. This accomplishment shows our dedication to ensuring the safety and well-being of these vulnerable children.

Quantitative analysis of intervention number 2 reveals that a substantial majority of participants perceived child protection measures during the pandemic as effective (43%), with uniform perceptions across government ministries and NGOs, highlighting the efficacy of these measures regardless of the service provider type. Qualitative findings echo this success, with social welfare and police officers emphasizing the urgency and effectiveness of emergency responses such as swift relocations to safe spaces for vulnerable children. Collaborative efforts and secure alternatives like Fountain Hope further underscore the positive impact. The alignment of qualitative and quantitative data reaffirms the overall success of these interventions in safeguarding children from abuse during the COVID-19 pandemic, despite differing viewpoints from parents.

Theme Four: perceptions of respondents on the provision of psycho-social support Responses from Service Providers

Qualitative responses from the open ended questions confirmed that many Service Providers were not providing psychosocial support such as counselling during the pandemic. The Service Providers reported that:

“Unfortunately, due to resource constraints during the pandemic, we were unable to provide adequate psychosocial support to the children and families in our care.”

“The demand for psychosocial support increased drastically during the pandemic, but our services were stretched thin, and many children were left without the support they needed.”

“Our organisation struggled to maintain consistent psychosocial support services for children due to limitations in funding and staff capacity during the pandemic.”

“The overwhelming caseloads made it challenging to extend the necessary psychosocial support to all the children and families seeking assistance.”

Although majority of the Service Providers and parents indicated that psychosocial counselling was not provided during the pandemic, some Service Providers confirmed that they were providing psychosocial support. They had this to say:

“Our NGO (YWCA) made it a priority to provide continuous psychosocial support to children and families throughout the pandemic. We continued offering counselling and support sessions to those in need.”

“Despite the challenges posed by the pandemic, our organisation was the home of safety to many children from home and the streets. We ramped up efforts to deliver psychosocial support, ensuring children had a channel for assistance and guidance.”

Responses from the Parents

The parents also confirmed that they never received psychosocial support during the pandemic.

Some parents had this to say:

“We were desperately seeking psychosocial support for our child during the pandemic, but unfortunately, it was very limited or unavailable in our area.” (P12)

“As parents, we felt a lack of accessible psychosocial support options for our children, and it was distressing to see them struggle without the needed assistance from an independent person. These children in most cases can only listen to someone they know that he or she is a child protection officer.” (P20)

“The closure of support centers such as YWCA made it difficult for us to access psychosocial assistance for our child during the pandemic, leaving them feeling isolated and anxious. After the abuse. For example, my child was abused by a family member a person close to me and the child. It was difficult for her to accept what happened. I wanted her to talk to someone independent like the counsellor who can keep everything discussed without telling the whole community.” (P14)

“There was a clear gap in the availability of counselling support for children, and as parents, we felt helpless in providing the necessary help and guidance to give hope to our children.” (P7)

Responses from the Children

Children from the streets shared their experiences on the need for psychosocial support. The following were the verbatim from the children:

"I wish there was someone to talk to and help me understand my feelings. I had no choice but to come back to the streets" (C18)

"I felt like nobody cared about how I was feeling. Having someone to support me would have made a big difference." (C15)

They further shared their experience that were linked to the need to psychosocial support.

"Most people pass by us like we're invisible or something dirty on the ground. I wish someone would stop and talk to us, treat us like we're human too. We have feelings and dreams." (C23)

"People judge us without even knowing us. They think we're all criminals or troublemakers. It hurts because they don't see the good in us. We just want a chance to show that we can be better and have a future." (C19)

"People give us those judgmental looks, like we're not worth their time. I wish they could understand that circumstances brought us here, and we're struggling. We just need someone to talk to, to listen to us and give us a chance" (P23)

"Thank you for talking to us. Many people are scared of us, they treat us like we're not even human. It means a lot that you're here, ...are and not just what we look like. We appreciate your understanding." (P17)

In summary, the key findings of the current study on psychosocial support reveals a widespread perception of low effectiveness in psycho-social support for children during the pandemic, evident from Service Providers' ratings. Most respondents found this support lacking effectiveness, with some considering it average or effective to a lesser extent. Statistical tests unveiled notable differences in psycho-social support provision between government ministries and NGOs, indicating diverse strategies within these groups during the pandemic. This emphasises the need to improve coordination and provision of psycho-social support, given the emotional toll of abuse on children and families. Parents' feedback echoed a troubling absence of psychosocial care, especially counselling, when reporting abuse cases to child protection officers. This deficiency raises concerns for victims' and families' well-being, underscoring the urgent requirement for immediate action to establish a more comprehensive child protection framework that addresses this critical gap.

Theme Five: Partnership with the parents during the pandemic

Qualitative data obtained from both Service Providers and parents revealed mixed perceptions, offering an insightful exploration of their respective perspectives on collaboration during the pandemic. These narratives present a diverse range of viewpoints, revealing a spectrum of experiences and attitudes. Some respondents expressed successful collaboration with parents, highlighting effective partnerships and seamless engagement. However, contrasting these positive accounts, others conveyed challenges and complexities, shedding light on the difficulties encountered while working together. The interplay of these varied perceptions enriches our understanding of the dynamics between Service Providers and parents during this critical period, illustrating the nuanced nature of their collaborative efforts.

Responses from Service Providers One service (SP62) echoed that:

“Collaborating with parents was crucial, especially during the pandemic, to ensure we collectively worked towards preventing the spread of the virus. We worked together in communities and provided guidance to parents on safety measures, reinforcing a joint responsibility in safeguarding their children”. Another service provider (SP91) added that:

“Our concerted efforts with parents were amplified during the pandemic, focusing on educating them about the risks of the virus and the need for their presence during court sessions. Together, we navigated the challenges, ensuring parents were informed and participated responsibly in safeguarding their children's well-being through legal proceedings.” Other Service Providers further narrated that:

“Parental engagement in psychosocial support activities faced obstacles as parents were dealing with their own problems, making it hard to foster partnership.”(SP10)

“Collaborating with parents during the pandemic was challenging as many faced economic and emotional stress, impacting our efforts to establish a strong partnership for effective child protection strategies.”(SP8)

“During the pandemic, we actively engaged with parents to emphasise the importance of their involvement in court sessions. We worked together to ensure parents understood the necessity of attending court hearings, facilitating smoother legal processes for the benefit of the children involved”

(SP22)

“There were difficulties in partnering with parents due to a lack of consistent communication and varying levels of engagement. The pandemic added strain, making it tough to maintain a fruitful partnership.”(SP67)

“The partnership with parents became strained during the pandemic, with divergent expectations and challenges in aligning our efforts to ensure the best interests of the children, causing some friction and delay in decisionmaking.”(SP61)

“Despite our efforts to engage parents in the child protection process during the pandemic, there were instances where differing priorities and limited involvement hindered the establishment of a strong partnership.”(SP70)

Response from Parents

Most of the parents during the focus group discussion had this to say:

“The communication from child protection officers was limited, and it difficult to see them. We were all scared of contracting the virus.” (FGD2)

“We were willing to work with child protection officers, but during the pandemic, there was a lack of outreach activities.”(FGD2)

“...it was very difficult to work with Service Providers during the whole process of reporting the cases to the Police up to the courts of Law.”(FGD2)

Other parents confirmed during the interview indicated that some organisations partnered with the parents during the re-integration of the children. One parent (P2) from Misisi compound reported that:

Fountain of Hope engaged the parents during the integration of all the children removed from the streets. One parent reported that: I was encouraged to join the support group at Fountain of hope for all the parents who had their children at the center... this support group has really helped me and other parents to form a Chilimba group (Village banking) that has helped us to raise capital for business and help our children to pay school fees.

Another parent (P8) confirmed that:

We learn so many things at Fountain of Hope... for example how to raise capital, how to keep money and how to do more than one business to help us continue selling various commodities.

The key findings of the study indicate that partnership between Service Providers and parents in child protection during the pandemic varied. A majority of Service Providers viewed the partnership as average, with some considering it effective or very effective, while others found it not very effective. The statistical tests did not show a significant

difference in how government ministries and NGOs partnered with parents during the pandemic, possibly due to the pandemic's impact on organisational operations. Parents' responses, however, overwhelmingly indicated that they perceived the partnership as ineffective. Qualitative data from parents revealed instances of successful partnerships, such as Fountain of Hope engaging parents during children's reintegration, resulting in support groups that helped parents raise capital and improve their financial situation. However, some parents found working with Service Providers challenging, particularly in the process of reporting cases to the police and navigating the legal system.

Theme Six: Multi-sectoral approach in child protection during the pandemic

Qualitative findings revealed that while a few respondents acknowledged the benefits of the multi-sectoral approach, a significant majority expressed concerns about its limited effectiveness and inadequate collaboration during the pandemic. The testimonials from NGOs underscore the sense of isolation they experienced, and the statements from homes of safety shed light on their specialized role within the broader framework. One government child protection (**SP 73**) reported that:

The multi-sectoral approach played a crucial role in our coordinated efforts. We collaborated with various departments seamlessly, enabling us to provide holistic support to vulnerable children during the pandemic." - Government Officer

Another one **SP51** had this to say:

I believe the multi-sectoral approach was good and effective, especially in terms of resource sharing and information exchange. It allowed us to pull each other's strengths and respond effectively to the challenges faced by children and families.

One police officer (**SP 53**) reported that:

We should work together and speak one voice. I mean Service Providers and the media because sometimes they make the work of the police very difficult. There is need to regulate the media in the way the journalists report cases they make the work of police a bit difficult as they give out information to the public before the police do the investigations.

Some respondents from the NGOs reported that they were working in isolation with limited engagements from other stakeholders during the pandemic. One officer (**SP21**) had this to say: *In most cases, we were left to work in isolation. While we did receive health equipment to address COVID-19, the lack of coordination and joint planning hindered our ability to address the broader child protection needs arising from the pandemic. Most of the international organisations such partnered with government ministries leaving local NGO's to fend for themselves in the midst of the pandemic.*

Another NGO Representative **SP 14** shared that:

Our experience highlighted a gap in collaboration. While health equipment was provided, our work was predominantly independent. The multi-sectoral approach remained more of a concept than a practical reality in our efforts to protect and support children.

Child protection officers from Homes of Safety also highlighted limited multi-sectoral involvement.

SP 80 revealed that:

Our role within the multi-sectoral approach seemed restricted to providing safe spaces for children at high risk of abuse. While this was essential, we felt our broader expertise and insights could have been better utilized to create a comprehensive protective environment.

Another respondent (**SP11**) from homes of safety had this to say regarding multi-sectoral approach:

Our engagement was primarily triggered by the urgent need to ensure safety for high-risk children. The multi-sectoral approach, however, didn't fully pull our capabilities beyond this providing safe spaces for the children, which could have yielded a more impactful response for children's overall well-being...."In the midst of the pandemic, we encountered a unique challenge at our homes of safety. There were instances when our facilities reached full capacity, and it became our responsibility to ensure that every child had a safe space to sleep and enough food for everyone. The dynamics shifted, and the pandemic truly brought about new and unprecedented experiences for us in the realm of child protection.

Theme Seven: Resource Allocation

Resource allocation towards child protection intervention programmes during the pandemic. One child protection supervisor from the Police (**SP 68**) said that:

...We were caught unaware when it came to resource mobilisation. As a government department, most of the activities are supported by stakeholders. The burden of many organisations to fight the spread of COVID-19 shifted allocation of resources from prevention or protection to health activities. We were front line workers in the fight against the pandemic.

Another service provider (**SP33**) had this to say:

We suspended already existing child protection programmes to fight the pandemic. For example, the investigations of reported cases of abuse such as defilement were suspended because of the lock down and movement restrictions. This delayed the fight for justice of abused children especially defiled children where we need to swiftly respond to such cases within a shortest period of time.

Another service provider from the NGO (**SP 36**) reported that:

It was difficult to maintain the approved budget towards child protection. Other activities such as sensitisation and awareness in communities were suspended and the money was deviated towards the fight against COVID-19 such as buying hand sanitisers, masks and hand basin.

Theme Eight: Capacity building

The service provider on capacity building had this to say during the focus group discussion.

During the pandemic, we participated in capacity building programmes. However, it seemed like a significant portion of the training was focused on COVID-19 prevention measures rather than enhancing our skills in child protection safety, which was equally important. (FGD1)

The capacity building programmes we attended during the pandemic did touch upon child protection safety, but the emphasis was predominantly on measures to prevent

the spread of COVID-19. While important, we wished for a more balanced focus on enhancing our child protection capabilities. (FGD1)

The training programmes aimed at enhancing our capacity during the pandemic were informative. However, we felt that a deeper dive into child protection safety strategies could have been beneficial. It's vital to strike a balance between COVID-19 precautions and child protection measures. (FGD1)

The capacity building initiatives we engaged in during the pandemic were helpful in updating our knowledge, especially regarding COVID-19 safety. However, we also realised that there was a gap in tailored training specifically addressing the unique challenges of child protection that emerged during the pandemic. (FGD1)

Another service provider from one NGO had this to say:

Our NGO was not actively involved in capacity building programmes during the pandemic. Due to resource constraints and other operational challenges, we were unable to conduct dedicated capacity building initiatives during that time. Our focus was primarily on maintaining existing support services for children and families in need.

Furthermore, child protection Service Providers encountered formidable obstacles in participating effectively in online capacity building programmes during the pandemic. Multiple challenges arose, significantly hindering their ability to engage in these vital training opportunities. A considerable number of providers lacked sufficient knowledge and skills to navigate and utilize technology effectively, making it difficult to access and benefit from online training sessions. Moreover, the prevalence of load shedding and poor internet connectivity in various regions added to their difficulties, disrupting consistent access to the virtual training platforms. The financial burden of purchasing data bundles and the unavailability of electronic devices like laptops further compounded their challenges, limiting their ability to engage in online capacity building initiatives essential for their professional growth and the enhancement of child protection services. These barriers shed light on the pressing need for more accessible and inclusive approaches to capacity building, especially in a technologically-driven environment.

4.9 Research question 4: What are the perceptions of stakeholders in child protection on the re-integration of the children?

4.9.1 Quantitative Findings

Quantitative results on the perceptions of child protection Service Providers on the re-integration of the children into their family. One way ANOVA test and multiple regression was used to test hypothesis number four which reposit that : There is no significant difference in perceptions of child re-integration among child protection Service Providers and parents.

Question: Is re-integration done in the best interest of the child?

Table 20: Responses from Service Providers and Parents on their perception on whether reintegrating the child back in the family is done in the best interest of the child

Category of respondents	R response					Total
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
Service Providers	67	21	1			89
Parents		2	3	1	39	45
Total	67	23	3	1	39	133

Table 11: The results indicated that 67=n Service Providers strongly supported that re-integration is done in the best interest of the child, 23=n (21 Service Providers, and 2 parents) said agreed, 3=n parents were not sure, one parent said disagree and 39 parents strongly disagreed that reintegration is not done in the best interest of the child. The results indicate disparity in the perceptions between Service Providers and parents on re-integration. Majority of the Service Providers strongly agreed that re-integration is done in the best interest of the child while majority of the parents 39 said that the programme is not done in the best interest of the child.

The results of the one-way ANOVA comparing the responses of Service Providers and parents regarding the perceived benefits of reintegrating a child into the family show a significant difference in opinion between the two groups ($F(1, 106) = 10.749, p < ., 000$). The extensive F statistics and significant p-value underline the statistical significance of these differences. These findings highlight the importance of

examining and addressing the underlying factors that contribute to differences in perceptions between Service Providers and parents and suggest potential areas for targeted interventions and improved communication strategies related to child re-integration.

4.9.1 Responsiveness of re-integration to the specific needs of the child

As a service provider, rate responsiveness of re-integration programme to the specific needs of the child. Tick where appropriate.

Table 21: Responses on responsiveness of re-integration to the specific needs of the child

Responsiveness of re-integration to Children needs	Responses							One way ANOVA test
	Very Responsive	Responsive	Average	Not sure	Not Responsive	Not very Responsive	Total	
Ensure that home assessment is done before re-integration	61=n (65%)	12=n (13%)	4=n (4%)	9=n (10%)			86	F=26.595 P<.001 (significant)
Ensure that children are prepared to be reunited with the family before re-integration	5=n (5%)	53=n (56%)	18=n (19%)	1=n (1%)	1=n (1%)		78	df=26.960 p<.033 (significant)
Ensure that children have adequate shelter or a home after re-integration	5=n (5%)	51=n (54%)	15=n (16%)	2=n (2%)	3=n (3%)	1 (1%)	77	df: 28.861 p<.001 (significant)
Have sufficient food after re-integration	19=n (20%)	38=n (40%)	15=n (16%)	1=n (1%)	5=n (5%)	4=n (4%)	82	df: 28.056 p<.003 (significant)
Ensure that children are Safe from harm	16=n (17%)	41=n (44%)	14=n (15%)	5=n (5%)	3=n (3%)		79	df: 24.854 p<.001 (significant)
Ensure that children are embraced by the family after re-integration	10=n (10%)	20=n (21%)	42=n (45%)	7=n (7%)	2=n (2%)	1=n (1%)	82	df: 2269 p<.002 (significant)
Follow-up after re-integration	5=n (5%)	26=n (27%)	31=n (33%)	15=n (16%)	7=n (7%)		84	df: 23.291 p<.033 (significant)
Ensure the child attend school after	8=n (9%)	19=n (20%)	40=n (43%)	5=n (5%)	1=n (1%)		73	df: 33.160 p>.343 (not significant)
Provide skills training for children who cannot go back to school	5=n (5%)	17=n (18%)	14=n (15%)	21=n (22%)	17=n (18%)	3=n (3%)	77	df: 24.672 p<.001 (significant)
Empowerment of vulnerable families after re-integration	6=n (6%)	40=n (43%)	13=n (13%)	6=n (6%)	15=n (16%)	1=n (1%)	81	df: 29.394 p>.260 (not significant)

The first column of Table represents the ten re-integration child's needs issues. The second column represents responses to the rating scale on the perception of Service Providers about the re-integration child's needs. The last and third column represents ANOVA one-way test using alpha .05. In the summary table above, ANOVA one - way Welch post hoc degree of freedom value and significance are indicated. The computed ANOVA one-way test indicated a significant difference in the perceptions of Service Providers on responsiveness of re-integration programme to the following child's needs:

- (i) Ensure that children are prepared to be reunited with the family before re-integration;
- (ii) Ensure that home assessment is done before re-integration;
- (iii) Ensure that children have adequate shelter or a home after re-integration;
- (iv) Have sufficient food after re-integration;
- (v) Ensure that the child is Safe from harm after re-integration;
- (vi) Ensure that children are positively embraced by the family after re-integration;
- (vii) (vii) Follow-up after re-integration; and
- (viii) Provide skills training for children who cannot go back to school.

The significance established for perception of Service Providers on the responsiveness of reintegration programme to the needs of the child implies that both Service Providers in

Government and NGO's held a significantly different perceptions when comparing responses to different child's needs.

The findings also revealed that out of the ten child's needs used by the current study, the ANOVA one-way test established that two were not significant. These were: Ensure the child attend school after and Empowerment of vulnerable families after re-integration. There was no significant difference on the perceptions of all the Service Providers on the responsiveness of reintegration programme to ensuring that children attend school and empowering of vulnerable families after re-integration.

To establish which child's needs respondents rated with the most responsive, or the least responsive rate responses were established. On ensure that children are prepared to be reunited with the family before re-integration, the results revealed that, majority (67%) of the Service Providers indicated that the programme is very responsive. The children are prepared before reintegration that they will be reunited with their families. To ensure that home assessment is done before re-integration, the results revealed that majority ((53%)) of the Service Providers rated responsive. On ensuring that children have adequate shelter or a home after re-integration, the results revealed that majority (35%) average, ensuring that children have sufficient food after reintegration, majority (34%)) average, ensuring that the child is Safe from harm after reintegration, majority (44%)) said that the programme is responsive, ensuring that children are embraced by the family after re-integration, majority (45%) rate average, follow-up after reintegration, majority (33%) rated average and on ensuring that children attend school after reintegration, majority (43%) rated average. As regards to provision skills training for children who cannot go back to school, majority (22%) rated average and on empowerment of vulnerable families, majority (43%) rated responsive to the child's needs.

To test hypothesis four, the participants responded to a five points Likert Scale rated as: 1= Very Responsive (VR), 2= Responsive (R), 3= Average, 4= Not Sure (NS), 5= Not Responsive (NR), and 6 = Not Very Responsive (NVR). However, an interval deviation scale ranging from one 1 to 5.0 was devised to establish if the perception is positive or negative. 1 to 1.8= Strong Positive Perception (SPP), 1.9 to 2.6= Positive Perception (PP), 2.7 to 3.4= Neither Positive nor Negative

(NPN), 3.5 to 4.2= Negative Perception (NP), and 4.3 to 5.0= Strong Negative Perception Positive (SNP) were calculated. The perceptions of child re-integration among child protection Service Providers, and parents following the COVID-19 pandemic in Lusaka District were based on the 10 items or statements as indicated in Table 14 below:

Table 22: Perceptions of child re-integration among child protection Service Providers, and parents following the COVID-19 pandemic

<i>S/N</i>	<i>Statement</i>	<i>VR (%)</i>	<i>R (%)</i>	<i>NS (%)</i>	<i>NR</i>	<i>NVR (%)</i>	<i>Mean</i>	<i>St.D</i>
1	Ensure that children are prepared to be reunited with the family before re-integration	0.0	14.8	42.6	35.2	5.6	4.49	.688
2	Ensure that home assessment is done before re-integration	0.0	14.8	38.9	42.8	3.7	4.52	.652
3	Ensure that children have adequate shelter or a home after reintegration	0.0	24.1	13.0	16.7	46.3	4.02	1.341
4	Have sufficient food after reintegration	0.0	9.1	35.9	21.7	33.3	4.21	.861
5	Safe from harm	0.0	15.0	38.9	25.9	20.2	4.47	.929
6	Ensure that children are positively embraced by the family after reintegration	7.4	13.0	35.2	25.9	18.5	3.72	1.306
7	Follow-up after re-integration	0.0	16.7	20.4	55.2	7.4	4.50	.744
8	Ensure the child attend school after	0.0	16.7	38.9	37.0	7.4	4.55	.717
9	Provide skills training for children who cannot go back to school	0.0	22.3	0.0	66.7	3.7	4.64	.987

Source: Field work, 2023

Results of the study in Table 22 shows that about (15%) of the respondents indicated that child protection Service Providers ensure that children are prepared to be reunited with the family before re-integration as compared to 49 per cent of the respondents who disagreed that child protection Service Providers and parents ensure that children are prepared to be reunited with the family before re-integration. Only 36 per cent of the respondents were not sure. Therefore, results of the study reveal that child protection Service Providers and parents do not ensure that children are prepared to be reunited with the family before re-integration. This further implies that respondents have a strong negative perception towards the preparation and reuniting of the children with the family before re-integration by child protection Service Providers and parents

($4.49 \pm .688$). Also, about 15 per cent of the respondents indicated that home assessment is done before reintegration as compared to 46 per cent of the respondents who disagreed that child protection Service Providers and parents ensure that home assessment is done before re-integration. Only 39 per cent of the respondents were not sure. Therefore, results of the study reveal that child protection Service Providers and parents do not ensure that home assessment is done before reintegration. This further implies that respondents have a strong negative perception towards ensuring that home assessment is done before re-integration by child protection Service Providers and parents ($4.52 \pm .652$).

Besides, a large portion (63%) of the respondents disagreed that child protection Service Providers and parents ensure that children have adequate shelter or a home after re-integration as compared to 24 per cent of the respondents who indicated that child protection Service Providers and parents ensure that children have adequate shelter or a home after re-integration. Only 13 per cent of the respondents were not sure. Therefore, results of the study reveal that that child protection Service Providers and parents ensure that children have adequate shelter or a home after re-integration. This further implies that respondents have negative perception that child protection Service Providers and parents provide adequate shelter or a home after re-integration (4.02 ± 1.341).

Furthermore, about 9 per cent of the respondents indicated that child protection Service Providers and parents ensure that children have sufficient food after re-integration as compared to 55 per cent of the respondents who disagreed that child protection Service Providers and parents ensure that children have sufficient food after re-integration. Only 36 per cent of the respondents were not sure. Therefore, results of the study reveal that child protection Service Providers and parents do not ensure that children have sufficient food after re-integration. This further implies that respondents have a negative perception towards providing sufficient food by the child protection Service Providers and parents ($4.21 \pm .861$).

Additionally, about 15 per cent of the respondents indicated that child protection Service Providers and parents ensure that children are safe from harm after re-integration as compared to 46% of the respondents who disagreed that child protection

Service Providers and parents ensure that children are safe from harm after re-integration. Only 39 per cent of the respondents were not sure. Therefore, results of the study reveal that child protection Service Providers and parents do not ensure that children are safe from harm after re-integration. This further implies that respondents have a negative perception towards protecting children from harm after reintegration by the child protection Service Providers and parents ($4.47 \pm .929$).

Also, about 20 per cent of the respondents indicated that child protection Service Providers and parents ensure that children are positively embraced by the family after re-integration as compared to 45 per cent of the respondents who disagreed that child protection Service Providers and ensure that children are positively embraced by the family after re-integration. Only 35 per cent of the respondents were not sure. Therefore, results of the study reveal that child protection Service Providers and parents do not ensure that children are positively embraced by the family after re-integration. This further implies that respondents have a strong negative perception towards ensuring that children are positively embraced by the family after re-integration by child protection Service Providers and parents (3.72 ± 1.306).

Besides, a large portion (63%) of the respondents disagreed that child protection Service Providers and parents do follow-ups after re-integration as compared to 17 per cent of the respondents who indicated that child protection Service Providers and parents do follow-ups after re-integration. Only 20 per cent of the respondents were not sure. Therefore, results of the study reveal that that child protection Service Providers and parents do follow-up after reintegration. This further implies that respondents have negative perception towards follow-ups after re-integration by child protection Service Providers and parents ($4.50 \pm .744$). Results in Table 14 shows that 17 per cent of the respondents indicated that child protection Service Providers and parents ensure that the child attend school after re-integration as compared to 44 per cent of the respondents who disagreed that child protection Service Providers and ensure that the child attend school after re-integration. Only 39 per cent of the respondents were not sure. Therefore, results of the study reveal that child protection Service Providers and parents do not ensure that the child attend school after re-integration. This further implies that respondents have a strong negative perception

towards ensuring children attending school after re-integration by child protection Service Providers and parents (4.55±.717).

Results in Table 14 shows that 22 per cent of the respondents indicated that child protection Service Providers and parents ensure that they provide skills training for children who cannot go back to school as compared to 70 per cent of the respondents who disagreed that child protection Service Providers and parents ensure that they provide skills training for children who cannot go back to school. Only 8 per cent of the respondents were not sure. Therefore, results of the study reveal that child protection Service Providers and parents do not ensure that they provide skills training for children who cannot go back to school. This further implies that respondents have a strong negative perception towards providing skills training for children who cannot go back to school by child protection Service Providers and parents (4.64±.987).

Arguably, majority 66per cent of the respondents indicated that child protection Service Providers and parents empower vulnerable families after re-integration as compared to 34 per cent of the respondents who disagreed that child protection Service Providers and parents empower vulnerable families after re-integration. Therefore, results of the study reveal that child protection Service Providers and parents do not empower vulnerable families after re-integration. This further implies that respondents have a positive perception towards empowering vulnerable families after re-integration by child protection Service Providers and parents (2.64±.6764).

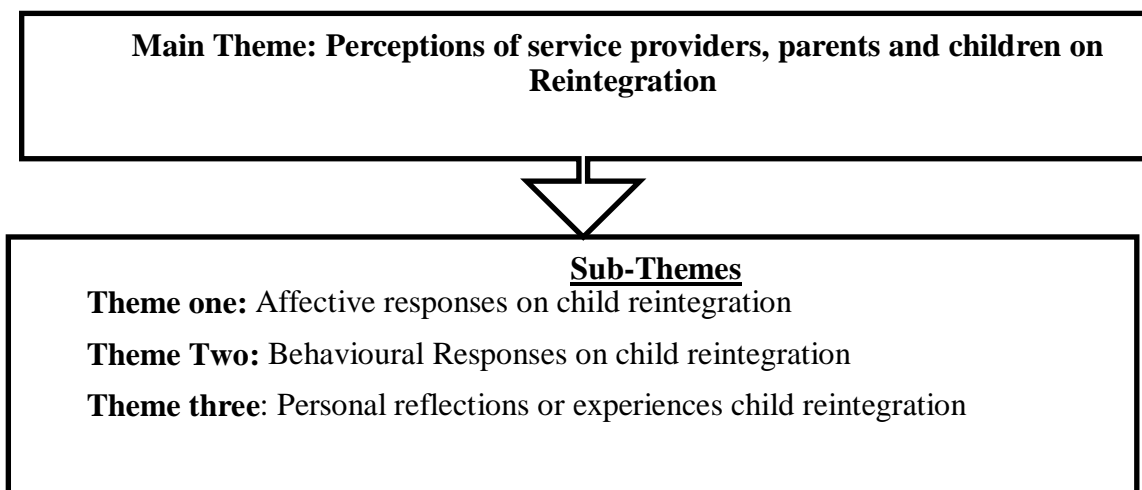
Thus, the overall mean for respondents' perceptions of child re-integration among child protection Service Providers, and parents following the COVID-19 pandemic in Lusaka district is 4.18 which fall within the mean scale 3.5 to 4.2= Negative Perception. Therefore, it could be deduced that respondents have a negative perception towards child re-integration. Based on the results provided, the hypothesis that was rejected is the Null Hypothesis (H0), which stated: There is no significant difference in perceptions of child re-integration among child protection service providers and parents following the COVID-19 pandemic in Lusaka district. results section indicates a significant difference in the perceptions of service providers regarding the responsiveness of re-integration programs to the needs of children. Therefore, the rejection of the null hypothesis suggests that there is indeed a significant difference in

perceptions between child protection service providers and parents in Lusaka district regarding child re-integration.

4.9.2 Qualitative findings on child re-integration

The child re-integration process following interventions by child protection officers is a complex and emotionally charged experience for all parties involved child protection officers, parents, and the children themselves. The qualitative findings of the current study aims to explored perceptions of key stakeholder of the re-integration journey. The sub-themes three major themes on re-integration that included affective responses, behavioural and personal response reflection the respondents

The figure 4.26 below shows qualitative main theme and sub-themes on perceptions of Service Providers, parents and children on re-integration.



Theme one: Affective Responses on child Reintegration

Affective responses refer to the range of emotional reactions and feelings experienced by individuals in response to specific situations or stimuli. This research seeks to unravel the nuanced and varied emotional landscapes of child protection officers, parents, and children during the re-integration process, providing valuable insights into their perspectives and contributing to a deeper understanding of the human aspect of child protection efforts.

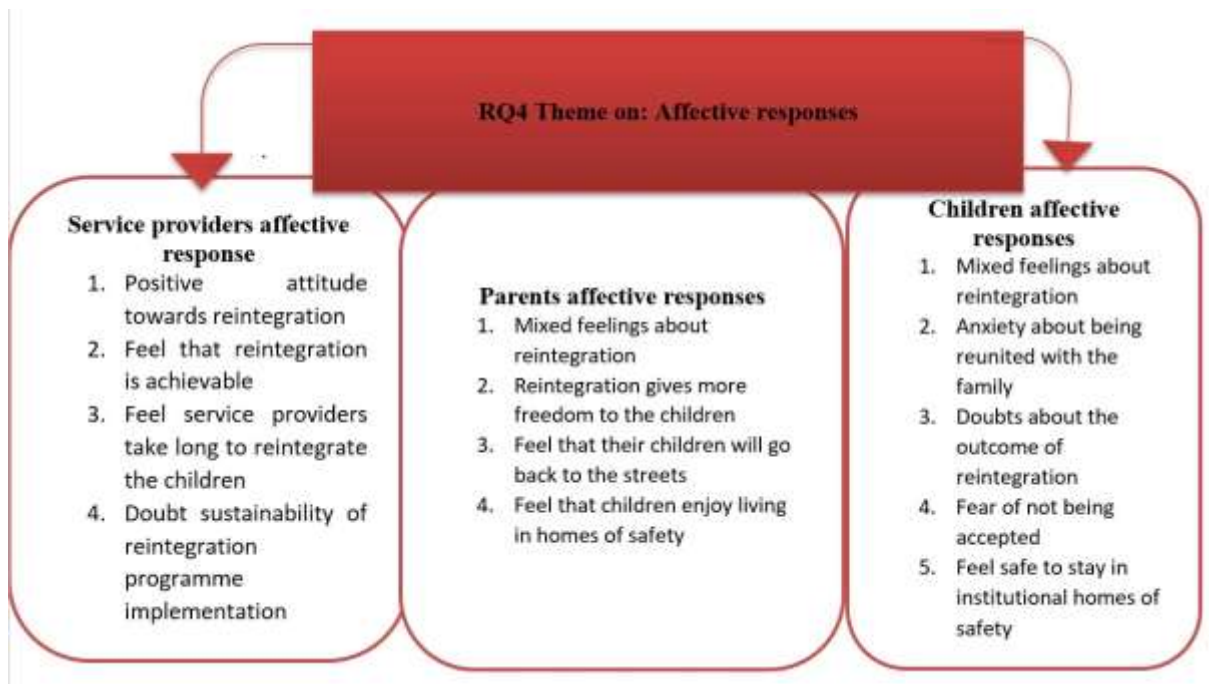


Figure 4.26 above shows affective responses of Service Providers, parents and children towards re-integration. Results indicated that Service Providers had positive attitude towards reintegration. They also felt that re-integration is achievable. In spite of Service Providers having positive attitude towards re-integration, some doubted the sustainability of re-integration programme implementation. The following are verbatim from focus group discussion with CPU officers and interviews from supervisors.

As CPU officer, I have positive perceptions about re-integration of children because I feel that children can grow well in a family set-up. As you may be aware, re-integration focuses on reuniting the child back into the family and this can help them to build strong bond with the family, develop a sense of belonging and care. (SP81)

Another Service Provider said this:

The goal of the government and the stakeholders is to ensure that children grow up in a family and not in the facility. There are times when we want to reintegrate the child back to their family in the community, but some children resist going back home. In some cases even after helping the family by putting them on social cash transfer or give them farming inputs, children still resist to go back home. (SP80)

Another officer (SP83) narrated that:

Re-integration involves all stake holders, nevertheless in most cases, you find that only police officers and social workers are actively involved because of financial constraints. There are times when we reintegrate the children especially children from the streets, after a week, the same children come back to the streets. In this case it means we will be reintegrating the same children over and over again.

Another Service Provider (**SP 91**) said that:

Although we ensure continuous efforts to reintegrate children back to their families every year, the number of the children living in institutional homes and on the streets has been increasing since the outbreak of COVID-19 and this poses a challenge on sustainability of the programme as well as budget or resource allocation in order to provide basic needs for the children living in facilities.

One service provider **SP 1** further said that:

In situations where re-integration of the children is successful, it helps the children to establish a sense of belonging and identity. The child should know his/her family, unlike growing up in an institution without any connection with the family.”

Another Service Provider (**SP8**) had this to say:

I have seen some children who were reunited with their families after staying in homes of safety and they are happy. If they are not exposed to street life, children accept going back to their families. Some children are accepted to be reintegrated into society. Our goal is to have children who belong to the family. It is not in our culture as Africans to let children grow up in institutions. As Service Providers, it is our wish that we reunite the children with their families after establishing that the home environment is safe for the child.

Another service provider (**SP4**) had this to say:

Every child in our community should belong to a family. It is the parents' responsibility to take care of their children. However, in situations where the home environment is not safe for the children, we can delay the process of reintegration. I feel all children should belong to the family. They must feel loved by their family in life.

Another (SP 5) had this to say:

Yes, we all know that the homes of safety have a safe environment. However, these are temporally l homes or alternative care where abused children can stay during the process of recovery. When you look at these homes, it is difficult for the child to experience a full 'normal' life experience. Children in homes of safety, for example, rarely do house chores; they just wake up, wash their faces, eat breakfast, wait for lunch and supper, and sometimes play games during their free time. How do you expect the child to develop life skills? Apart from that, we have very few safe homes with limited capacity, which means they cannot accommodate children for a long time.

Service Providers also felt that the community was not proactive in supporting the re-integration of the children. One service provider (**SP9**) emphasised that:

I feel that our communities are not proactive when it comes to providing a safe environment for reintegrated children. When we reintegrate the children, sometimes the family and community are not welcoming, and this makes the process very challenging.

Another service provider (**SP3**) explained that:

Poverty is one of the biggest problems affecting the sustainability of reintegration of children back into their families. Many children are unable to stay with their families after re-integration because of poverty and poor general living conditions. These children have no choice but to either go back to the facility or run to the streets.

On sustainability of re-integration programme, qualitative data revealed that, re-integration is coupled with many financial constrained hindering the effective implementation of the programme. One officer (**SP 6**) narrated that:

Although re-integration is conducted every year, the resources allocated to the programme are insufficient to conduct various services after reintegrating the children. For example, we rarely make follow-ups to check on the children.

Parents had mixed feelings about re-integration. Others reported that children should be reintegrated to their families so that they can grow up knowing the family. On the other hand, some parents reported that if the parents are unable to take care of the children due to poverty, the government should help them to take care of them.

Moreover, some parents felt that reintegration gives more freedom to the children, children enjoy living in homes of safety and some children will go back to the streets even if their parents provide for them all their needs.

The parents during focus group discussion in *Misisi* Compound had this to say: *The social welfare is not doing much to help the children or families. When my child ran away from home to the streets, I reported the case of the missing child at Kanyama Police station... after two weeks, he was brought home by the Police officers and social welfare... I explained to them about the situation at home and they promised that the child will be taken care of once reintegrated.... In spite of talking to him about the dangers of staying on the streets, my son ran away. (P4)*

Parents feel that their children will go back to the street even after re-integration.

They narrated that:

Our children are not like the way we used to grow up listening to our parents. They listen to their friends more than they can listen to me as a mother. When they know that they can survive staying on the streets with their friends, it is difficult to control them. They can bring them home, after two to three days, they go back to the streets. (P7)

Parents also feel that children enjoy living in homes of safety. One parent reported that:

It is difficult to convince the children to stay at home once they have tasted life at the facility. For example, at the facility they eat three meals a day while at home we can only manage to have one meal. How do you expect the child to stay at home? We want the government to help us with capital to start business. This can help us to provide for the family... if I am empowered I can't fail to provide for the family or send my son to school. (P5)

The children had mixed feelings mainly negative feelings towards re-integration. Some children who were in homes of safety and those on the streets were anxious or had doubts about their life after re-integration. Some children shared their fear of not being accepted by the family after reintegration. Children who were exposed to life on the streets narrated that they were stigmatised or discriminated against by their family or the community.

People perceive us as street children due to who we are or what we have been involved in. (C3)

They reported that their families never accepted or welcomed them back. The children had this to say:

When I was taken back home by the police from social welfare, my auntie never accepted me. She was telling me that running away from home was a mistake because it brought shame to the family. She told me that there were many children who were abused and stayed with their families. (C14)

C 26 had this to say:

I was scared and not happy to go home. I felt safe and happy at the facility, we were provided with everything, we had food and time to play. I when they told me that they were taking me home, I was not happy.

C28 also added that:

I felt isolated after I went home. No one was talking to me the way they used to before I was taken to the home of safety. They told me that it was not necessary to disclose everything to them. (the police).

Another child (**C19**) had this to say:

When I went home, my sister told me not to do any house chores. I was just sleeping. She kindly told me that you could go back to the street.

Another child from the street narrated that:

I was staying with my elder sister after my mother died in 2019. At first, she was caring, but later on, she started sending me to go and sell water in town. One day, I lost the money and decided to go to the street. When the police removed us from the streets, we were taken to Chikumbi. I stayed there for some time, and then we were told that all of us should be taken back home. The next day, we were asked to show the officers where we live, and I took them to my sister's house. After two days, I was taken to my sister's home and they promised me to help me start business. At first, she was talking to me, but this really changed the way we used to relate to each other. One day I went

to my friend's house to visit, and when I returned home, I found that my sister had shifted to another place. That is why I decided to go back to the street. (C24)

According to the majority of children on the streets, returning to their families did not solve anything because, their parents or guardians were unable to take care of them. One child from the streets narrated that:

My mother lost employment as a maid, my father just drinks alcohol and the reason why I ran away from home is to look for piece work in town. I managed to find money on the streets through piece work such as drawing water for restraint owners who gave me the money and food every time I help them. It is through this works that I am doing in town that I can manage to help my mother. Sometimes after one week I go home to see my mother and buy food for the family, but I cannot stay home because my parents cannot manage to take care of us. We are eight in the family and I am the oldest. When the Police removed us from the streets and took us to Chikumbi home, I was happy that I had a home. However, we just stayed there for few days and they decided to take us home. Although they promised to give us the money for business because I refused to go back to school, up to now almost 2 years we are still waiting for that money. As a result, I decided to come back to the streets. There is nothing at home, no food and no space to sleep. I find food on the streets and sometimes we go to fountain of Hope to eat. (C22)

When the researcher asked him if he can accept to go to the shelter, he refused saying that he is now used living on the streets. He narrated that:

Here on the streets, we have never slept without eating, street life is good, we help one another and you are free to move around. (C22) Another girl child (C30) on the streets narrated that:

I was reintegrated back to my family where I was living with my grandmother. I ran away from home because my grandmother is unable to take care of us. After re-integration, they gave me an option to go back to school but I decided to go home to be with my grandmother. The social welfare promised to help my grandmother and to

give me money to start a business after reintegration. I wanted to start selling kapenta (small fish) because it is a fast growing business here at Soweto market. Two months after re-integration, I was only given Five hundred kwacha only. I started selling boiled eggs on the streets, unfortunately, the business lasted only for two months. That is how I started ding piece work to earn a living.

When the researcher asked her if she can accept to go back to school, she narrated that: *I have a child who is being kept by Social welfare, my focus now is to do business but it is difficult to start a business the better I continue with the business. (C30)*

Children especially those on the streets reported discrimination, mistreatment and neglect when they returned to their families, one child said that:

I ran away from home when I lost the money after selling the water which my mother gave me to come and sell on the streets. After I lost the money I was scared to go home. Whilst on the streets, the Police came to pick us up and later took me back home. My mother was warned by the officers that she should take responsibility of taking care of us. When the Police left, I was questioned by my mother and she told me that I embarrassed her in front of people that she was not responsible. From that time, my mother treated me like I was not her child. (C18)

Another child on the streets who run away from home after his parents neglected and failed to provide for them said that:

I was taken back home in Chibolya. My parents were questioned by the Police why they were allowing children to stay on the streets. Immediately when they left, everyone at home stopped talking to me. My father warned me to stay at home because if I go back to the streets, Police will arrest him. I tried to stay at home but it was difficult for me. I came back to the streets, here we eat, I have friends and we enjoy life on the streets. (C20)

Some children expressed happiness after re-integration as it helped them to be reunited with their families: One child who was a victim of sexual abuse and was reintegrated back to the family expressed happiness. Her mother had this to say:

My daughter was taken to the other home where they keep children because I was not around when the abuse happened. I went to the ...(outside Lusaka) to visit my mother for one month and the children remained with the father (husband) and other family members at home. It was during the period of my one month absence when the ... to my husband who is also a (relationship withheld to uphold the principle of confidentiality-family member aged 20 years) to my daughter started defiling her. The neighbours noticed my daughter's behaviour and that is how they started asking her if someone was abusing her. When she disclosed the abuse to them, the case was reported to the police and that is how they decided to take her to that place where they keep girls. When I came back from the village upon knowing about what happened to my daughter, I asked the Police if it was possible for me to take my daughter. They gave me a week and cautioned me never to leave the children alone at home. (P42)

RQ4 Theme 2: Behavioural responses on re-integration

Figure 4.26: Parents and Children's behavioural Response toward re-integration

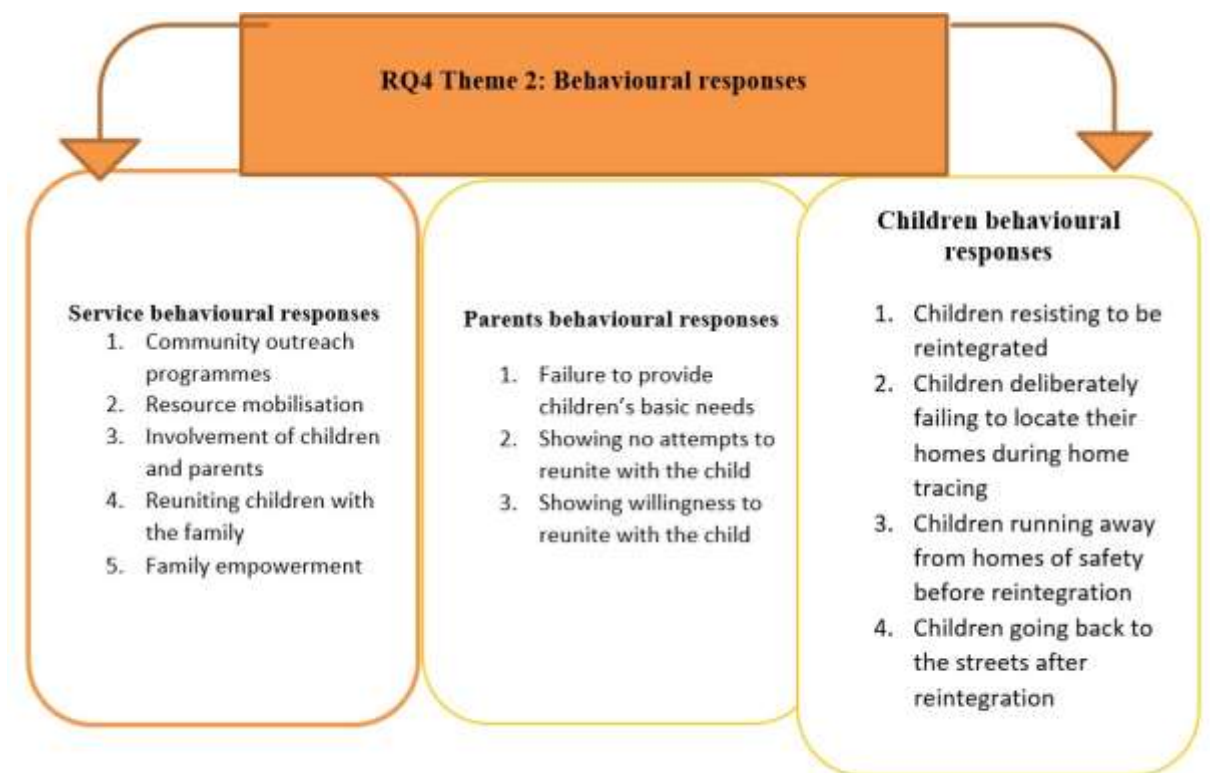


Figure 4.26 above shows Service Providers, parents and children behavioural responses towards re-integration.

The current study as regards to the implementation of re-integration, the Service Providers from

Police child protection unit explained that, re-integration is mainly done once in a year for children who are in alternative care. For the children in temporal homes or homes of safety after the abuse, those removed from the streets, lost and found children, these are reintegrated depending on the circumstances of the case.

The Service Providers explained that they implement re-integration programme in order to reunite the children back to their families. They indicated that, re-integration in order to effectively implement re-integration programmes, they need resources to carry out activities such as: transport, food, health needs, clothes and many others to name just a few. Apart from that, they indicated that home assessment takes long in order to ensure that the home is safe for the child to be reunited with the family. If the family is living under extreme poverty, social welfare officers recommend the family for either social cash transfer or give them farming inputs. One service provider from the child protection unit (**SP72**) said that:

When reintegrating children, we conduct what is known as a home assessment, that include: finding out if the child is coming from a dysfunctional family environment, household poverty levels, alcohol problems in the home, or poor living conditions. If we find out that the home is not safe for the children, we ask the child if they are willing to be reunited with the family. After considering the best interests of the child, we recommend the family for empowerment and delay the process of re-integration.

Regarding the parents behaviour towards re-integration it was found that children were running away from homes because of parents' failure to provide for the children's needs- child neglect. Some parents also showed no attempts to reunite with their children during re-integration while others were happy to be reunited. Contributing on this, one service provider (**SP17**) said that: *When we are reintegrating the children, some parents are not willing to take care of their children. In such situation, we don't force them, we take the interest of the child... we allow the child to stay at the facility.*

The current study also found that some children were resisting to be integrated and chose to stay at the facility. One child at the facility (C7) narrated that:

I came from ... province to Lusaka in order for me to find something to do in life. I stayed on the streets for one month and then the police removed us from the streets. We were many others were re-integrated but I refused because I want to be educated. I was taken home but after they saw the situation at home, I was allowed to come back with them here in Lusaka. They took me back to school and I am in grade nine this year.

Furthermore, some children run away from homes of safety when they are about to be reintegrated. Confirming this one service provider (SP10) from a named home of safety reported that:

We prepare the children for re-integration because this is just a temporary shelter for the children. In spite of preparing the children for re-integration, some children run away from the facility before re-integration.

Another behavioural response to re-integration established by the current study was that,

Children deliberately fail to locate their homes during home tracing. This was confirmed by one CPU officer (SP68) that:

During re-integration children lie to us that they are from a named township, when we go for home tracing, children pretend that they have forgotten the house location. This affects the re-integration process... we allow the child to stay at the facility until he/she is ready to be reintegrated.

RQ4 Theme 3: Personal reflections of respondents on re-integration

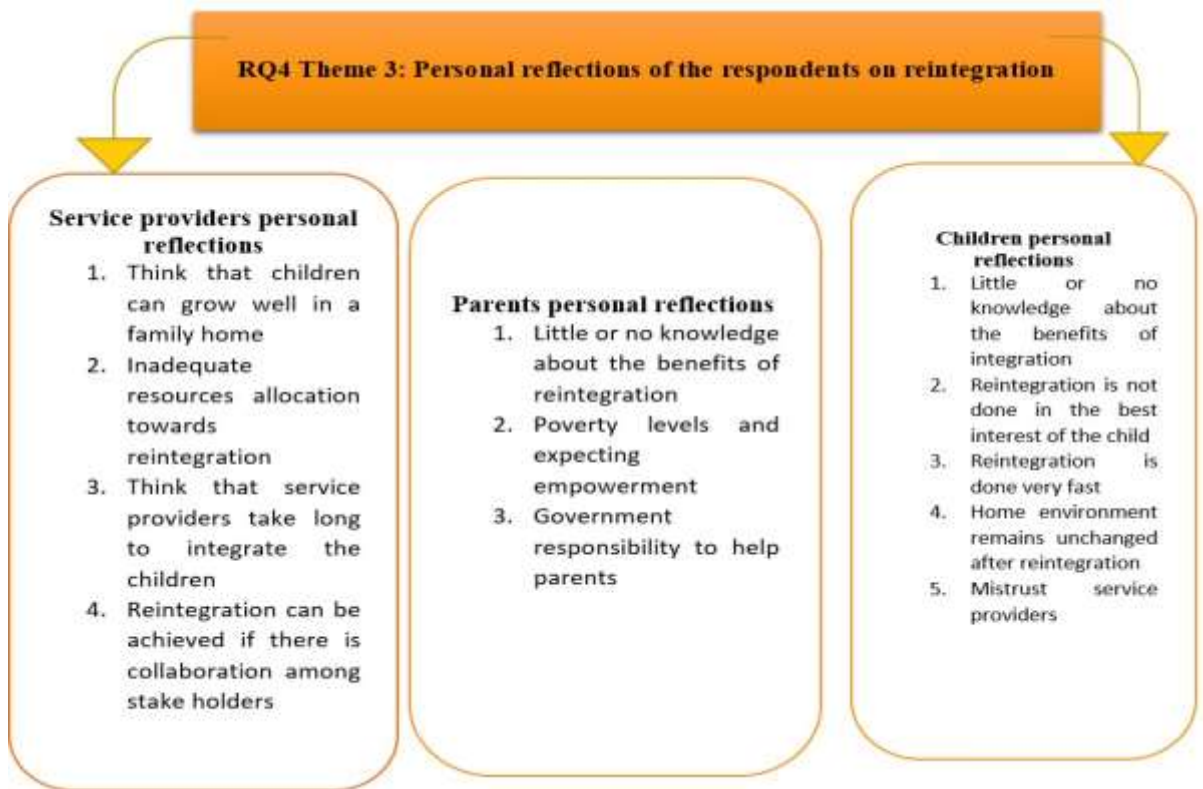


Figure 4.28: Personal Reflections of the Respondents

Service Providers think that inadequate resources allocation towards re-integration affected the effective implementation of the programme. They also reported that sometimes they took long to re-integrate the children. In support of this one service provider (SP78) from the police child protection unit said that:

... Although re-integration is included in the activity budget, the major programme is only done once or twice in a year. Sometimes depending on the situation, we reintegrate the children back into the community depending on the situation. Children retrieved from abusive home environment and if they go to school are taken back home after home assessment so that the child is not disturbed. I think re-integration should be a continuous process especially when we have so many children living in institutional home.

Another officer (SP 89) added that:

The time taken to integrate the children I feel is too long and this makes the children losing contact with the family members. When re-integrating the children, we work

as a team by involving all the stakeholders such as the police, social workers from the Ministry and sometimes the NGOs if the child was referred to the facility by the same NGO providing various services.

Another service provider (**SP19**) said that:

“The desire of Service Providers is to make re-integration sustainable, however, insufficient resources affects the sustainability of re-integration programmes. Sometimes we keep the children in the facility for too long and the children become used staying in the institutional homes. Therefore, it becomes difficult to take them back to their families.”

Parents reported that they had little or no knowledge about the benefits of re-integration. During the FGDs, one parent (**P41**) had this to say:

What I know is that the children are brought back home when the Police find them on the streets... after they are brought home it is the responsibility of the parents to make sure that children don't run away from home. Another parent (P43) had this to say:

We need more information about re-integration, where to go and what to do when our children run away from home after re-integration.

Poverty levels and expecting empowerment.

The following were the experiences of the parents on poverty and empowerment: *It is very painful to see our children running away from home. I have four children and two of them like staying on the streets because that is where they find food to eat... if the government can help me to take the children to school or give me empowerment I can manage to take care of my children.* (**P32**) Another (P34) had this to say:

I am a widow and I take care of three grandchildren who are orphans. My grandson was introduced to street life by his friends ...when he was reintegrated by the social welfare after he went missing for almost three weeks, I was promised that they (social welfare) will include me on social cash transfer up to now we are still waiting.

Parents explained that they were unable to provide for their families and therefore government should help them with capital or take care of the children at social welfare.

One parent (P45) reported that:

We are unable to take care of our families si boza (I am not lying) look at where we are staying-in a one room house with all the six children. We are appealing to the government to help us.

Personal reflections and experiences of the children on re-integration Children from the streets shared the following experiences:

Child Protective Services is the last place I can ask for help. They just come to chase us from the streets and promise to help us. After being taken home forget about the help the promise you. (C24)

It is better to ask help from the people on the streets than deal with them (child protection officers). (C22)

I don't trust the social welfare there is nothing to discuss with them they only want to remove us from the street. (C27)

The way the Police officers warned my parents after being taken home, I was scared to return home when they (child protection officers) left. (C20) When we were removed from the streets we were taken to Fountain of Hope and the government promised to help us ... after being taken home, that was the end of the story (C26)

When I was taken home my mother and my father separated, I went to social welfare to ask for help up to now I am still on the waiting list (C24)

4.10 Chapter Summary

Chapter Four was guided by back ground information of the respondents, four research questions that included both quantitative and qualitative findings. The findings on child protection risks and interventions during the COVID-19 era revealed that although child protection services had played an important role in supporting children and families during the pandemic, the level of preparedness of Service Providers to respond to an emergency was inadequate as the majority 48 per cent of the Service Providers responded that their institutions or organisations were not prepared to respond to COVID-19. ANOVA test to compare the level of preparedness between government and non-governmental organisations who participated in the study using alpha .05 indicated $p > .732$, $f(1,88) = 188$ degree of freedom This was found to be greater

than 0.05 alpha showing that the test scores did not differ significantly between groups. The study also showed that the age of the child was rated (46.1%) as one of the most child risk factors for child abuse, followed by community substance abuse (45%) on environmental factors and parental absence (40%) on parental risk factors contributing to child abuse. Furthermore, child neglect was the highest during COVID-19 accounting for 45 per cent and 43 per cent in 2020 and 2021 respectively followed by child sexual abuse 32 per cent and 30 per cent. Results on re-integration revealed that, the process has a cyclic lens where when the children are integrated, they were likely to go back to the streets and later to the home of safety. Although Service Providers reported that re-integration is responsive to the needs of the children, there was a significant difference in the way parents and children perceived re-integration. Most of the parents reported that re-integration programme is not sustainable because the home environment remains unchanged after re-integration. Children Therefore, children are likely to go back to the streets after re-integration. The next chapter will discuss the findings of the current study.

CHAPTER FIVE: DISCUSSION

5.1 overview

The study sought to research on Child Protection Services in the COVID-19 era by assessing the risks and child protection interventions in agile circumstances in Lusaka district in Zambia. Chapter Five discusses the results of the current study under the following subheadings derived from the research objectives derived from Chapter One: To explore the effectiveness of child protection interventions during the COVID-19; to analyse emerging trends in occurrence of child abuse before and during COVID-19; to examine risk factors in the occurrence of child abuse during COVID-19 and, to determine perceptions of child protection Service Providers, children and parents on Child Re-Integration Process. The study comprised three categories of respondents namely: child protection Service Providers (from two government Ministries and four NGO's), parents and children. The discussion of the major results of the study is done in relation to available local and international literature. The last sub-heading of this chapter subheading discusses the researcher's child protection framework.

5.2 Research objective One: To analyse emerging trends in the occurrence of child abuse before and during COVID-19

In order to come up with the trends in the occurrence of child abuse, the current study analysed all the reported cases of child abuse reported to the Police Victim Support Unit from 2017 to 2021. The quantitative analysis revealed a fluctuating pattern, indicating a 3.2 per cent reduction from 2017 to 2018, followed by a concerning 22.2 per cent increase from 2018 to 2019. The advent of the pandemic in 2020 marked a 6 per cent decrease in reported cases, followed by another 6 per cent reduction in 2021. The paired samples t-test underscored a significant shift, with a decline in reported child abuse cases during the COVID-19 period, as indicated by the t value of -7.315 and a p-value of 0.006. The obtained results, with a p-value of 0.00 from the test, reject the null hypothesis and signify a substantial alteration in the frequency of reported child abuse cases between the periods before and during the COVID-19 pandemic. The findings strongly indicate a significant decrease in reported instances of child abuse, highlighting the discernible impact of the pandemic on the prevalence of such incidents. This noteworthy reduction is likely influenced by diverse factors stemming from the distinctive circumstances and challenges posed by the pandemic,

thereby shaping the dynamics of child abuse reporting during this specific timeframe. The reduction in the number of reported cases of child abuse from 2020 to 2021 could be attributed to various reasons attributed to by Save the children (2021); UNICEF (2020) such as: the lifting of the lockdown restrictions and child protection services providers responded effectively during the new normal or under -reporting of cases of child abuse or other factors affected reporting of child abuse.

Literature reviewed on the trends in the occurrence of child abuse during the pandemic showed that, although there was a decrease in the reported cases of child abuse, research by Sege and Stephens (2022); Metcalf et al. (2022) suggest that the COVID-19 pandemic was related to a likely increase in the occurrence or seriousness of child maltreatment, as reflected in cases. The decrease in the number of reported cases of child abuse during the pandemic is attributed to the following factors: under reporting of cases, unavailable child protection services and remote child protection, movement restrictions, school closures as the school personnel are a common reporting source of child abuse (Metcalf et al., 2022). Furthermore, Amick et al. (2022) reported that, studies of national emergency department (ED) data demonstrate a decrease in visits coded for physical abuse during the pandemic period. Brown et al. (2020) study on the Impact of the COVID-19 Pandemic on Child Protection System Referrals and Responses in Colorado, USA revealed that While the coronavirus disease 2019 (COVID-19) amplified risk factors known to increase children's vulnerability to abuse and neglect, emerging evidence suggests that child maltreatment reporting and responding in the United States have decreased following COVID-19 social distancing protocols. When compared to the previous year, the results showed an overall decrease in referrals and responses during COVID-19. Case characteristics such as reporter and maltreatment type influenced declines. Therefore, it can remain that this situation was not just experienced in Zambia but also in other countries. Some countries and Service Providers recorded a decrease in the occurrence of child abuse.

Despite reports by researchers like Metcalf et al. (2022), Brown et al. (2022), and Amick et al. (2022) indicating a decline in child abuse incidents, emerging evidence suggests that COVID-19 lockdowns resulted in a significant surge in abuse cases. The findings from the recent study on reported child abuse cases in 2020 and 2021

demonstrate a consistent slight decrease of 6 per cent during the peak of the pandemic. However, when compared to the 5 per cent rise in cases in 2019 prior to the outbreak of the pandemic, this difference substantiates the possibility of an increase in child abuse incidents. The disparities in the reporting and occurrence of child abuse clearly show that the decrease may indicate that abuse was missed during remote child protection as highlighted by UCDAVIS Health (2022); Park and Walsh (2022) the evidence from various countries indicate increased cases of child abuse during the pandemic. For example, Muzungu 2020 study in Uganda reported 15.65 per cent increase in the average number of calls per day to the child helpline, in the Netherlands, Loiseu et al. (2021) reported 32 per cent increase rate in harsh parenting behaviours, in France, Carch et al. (2021) also reported 80 per cent increase in national helpline calls. Thus, the increase in statistics as reported by some researchers such as Sidpra et al. (2021); Carch (2021) and Loisev et al. (2021) confirms the occurrence and possible increase in child abuse. The reported decrease could be attributed to various factors linked to the impact of COVID-19. Furthermore, because of the lock down and restricted movements, children were confined to their homes and there is a possibility that most of the perpetrators of child abuse during the pandemic were family members or persons related to the child.

The observations on the fluctuation of reported child abuse cases during the COVID-19 pandemic can be elucidated through the lens of the ecological model, which recognizes the multilevel influences on individuals and communities. The decrease in reported cases, as noted similarly by Whaling et al. (2020), could be viewed through the microsystem, encompassing immediate environments like family and school. The restrictions and lockdowns during the pandemic might have hindered reporting mechanisms within these immediate settings, potentially leading to underreporting. On the other hand, the reported increase in cases during the pandemic, as indicated by Muzungu (2020) and Walsh (2022), could be understood from a macro-system perspective, considering the broader socio-cultural and economic factors impacting reporting behaviours at a societal level. Economic stress, heightened anxiety and disrupted social support systems during the pandemic may have contributed to the increased reporting of child abuse cases. These variations in reporting align with the ecological model's premise that individual experiences and behaviours are influenced

by the interplay of various environmental factors at different levels, highlighting the need for a comprehensive understanding of child protection dynamics during crisis situations like the COVID-19 pandemic

Besides, the afore mentioned findings of the current study on the emerging trends in the occurrence of child abuse, one of the most striking findings of the current study was the proportion of girls reported to have experienced to abuse as compared to boys. Among all reports of abuse, from 2017 to 2021. The results of the current study revealed that, in 2017, only 20 per cent of boys were reported of being abused as compared to 80 per cent, in 2018, 23 per cent boys and 77 per cent girls, in 2019, 19 per cent boys and 81 per cent girls, in 2020, 29 per cent boys and 71 per cent girls while in 2021 the proportion maintained the status quo of 20 per cent boys and 80 per cent girls. The findings of the current study agree with what Waestcott (1984) cited in Lalor (2004) found out in one of the earliest studies on child sexual abuse conducted in South Africa. The findings revealed that majority of the victims were female (80%) and that in over half of the cases the perpetrator was a relative, a neighbour or a friend of the family. In Zambia, according to UNICEF (2001), it is alleged that, majority of children who are sexually abused are females or girls. The evidence suggests that female children are more at risk of sexual abuse, with 72 per cent of female children experiencing this form of abuse compared with 28 per cent of males. In spite of this study having been conducted in 2001, the status still remains the same.

The findings on gender disparity on the occurrence of child abuse shows the consistent gender disparity in the occurrence of child abuse clearly confirming that girls are more vulnerable to abuse as compared to boys. Given these differences, it is important to ask: what is driving the gender variation in rates of the occurrence of child abuse and how can this inform prevention efforts? The ecological model that guided this study can explain the occurrence of child abuse and the unequal gender distribution of exposure. The model proposes that individual factors such as gender, age, and physical development, as well as family, community, and societal factors, all operate and interact to increase or decrease the likelihood of child maltreatment (Laaksonen et al., 2011; Austin, Lesak & Shanahan, 2020).

Based on the findings of the current study, the gender disparity can also be attributed to existing gender inequalities in society. Apart from that some forms of child abuse such as Child sexual abuse are as a result of societal and cultural practices that gives power to men and boys to commit the offense without feeling as perpetrators. In South Africa, a 2009 survey by the country's Medical Research Council found out that one in four men admitted to raping someone and 62 per cent of the boys aged over 11 years old responded that forcing someone to have sex was not an act of violence (Laccino, 2014). There is no doubt that gender inequity may lead to increased child abuse because limited opportunities among women may increase their stress and frustration with caring for children, making them more likely to abuse them, and disempowered women may be less able to protect their children from abuse (Fiala & Lafree, 1988; Gatner, 1990) Therefore, efforts to prevent child abuse and neglect might benefit from reducing gender inequity.

On the types of child abuse, the current study found child neglect was significantly higher than other forms of abuse, followed by child sexual abuse. Child physical abuse, child emotional abuse occurrence still remained constant in the last few years. The least reported form of child abuse was child trafficking. From the findings, it can be contended that, most of the children experienced neglect and child sexual abuse during the pandemic. The high levels of child neglect in Zambia aligns with what United Nations (2019) also confirms that 60 million children and infants have been abandoned by their families and are living on their own or in orphanages around the world. In Africa, APEVAC) report released in (July, 2021) reveals that Africa has the highest rates of child neglect in the world, with 41.8 per cent of girls and 39.1 per cent of boys being neglected by their care givers. With no doubt, poverty levels as precipitating factors and the occurrence of COVID-19 triggered socio-economic impact on many families led to the heightened risk of child abuse in Zambia.

Moreover, the persistently high number of reported cases of child neglect in Zambia for years, independent of the COVID-19 pandemic, highlights a worrying link between child abuse and poverty. While the pandemic increased the risk of child abuse due to increased stressors, economic difficulties and movement restrictions, it is striking that patterns in the occurrence of child neglect and child abuse have remained largely

unchanged. The prevalence of child neglect even during the pandemic can be attributed to the ongoing economic challenges faced by families in Zambia, underscoring that poverty remains a leading cause of child abuse. The prevalence of child abuses and neglect is consistent with existing research indicating the impact of economic adversity on family stress and coping mechanisms. High levels of poverty are often associated with increased stress, limited access to resources, and reduced ability of parents to provide a nurturing environment (McLeigh et al., 2018; Maguire-Jack & Font, 2017; Bywaters et al., 2016)

The findings on reported cases of child sexual abuse to VSU also show differences in gender. By comparison, only 10 per cent in 2021 of reports about boys were related to sexual abuse. The findings clearly indicate that, the majority of the victims of sexual abuse were girls. Followed by physical abuse and neglect (both 18%; n=1,043 for physical abuse and n=1,057 for neglect). Among boys reported to have experienced abuse, the largest proportion were reported for abuse (39%; n=975), followed by physical abuse (32%, n=807). The persistent occurrence of child sexual abuse despite movement restrictions highlights a worrying aspect reported in various CSA studies by Katz and Field¹ (2022); Scurich (2023), confirming that perpetrators of child sexual abuse are often people known to the child. This suggests that the home environment, normally considered a place of safety, can paradoxically become a breeding ground for abuse. The critical analysis highlights the complexity of child sexual abuse in intimate settings, even in times of heightened vulnerability such as the COVID-19 pandemic.

In spite of the results reporting that many girls are exposed to child abuse as compared to boys, the extent these observed differences are related to actual variations in patterns of risk exposure by sex should be investigated as suggested by Mraovich and Wilson (1999) as this could be due to underreporting about violence among males, especially when it comes to certain forms of sexual abuse. These results are similar to what Sserwanja, Kawuki and Kim (2021) reported in Uganda that, the majority of the reported cases involved child neglect, physical and sexual abuse. The lockdown resulted in an increase in child neglect in several parts of the country, with many

children neglected by their parents and denied basic necessities such as food, medical care, and shelter.

The results on child neglect being the highest form of child abuse can be attributed to the impact of COVID-19 on the economic and emotional stress of the parents and caregivers. This was confirmed by literature as one of the most prevalent type of abuse as reported by Mraovich and Wilson (1999) study as the most common form of primary substantiated abuse recorded for this population of children under the age of 7 years. United Nations (2019) also confirms sixty million children and infants have been abandoned by their families and are living on their own or in orphanages around the world. In Africa, APEVAC) report released in (July, 2021) reveals that Africa has the highest rates of child neglect in the world , with 41.8 per cent of girls and 39.1 per cent of boys being neglected by their care givers. With no doubt, the occurrence of COVID-19 and its socio-economic impact on many families led to the heightened risk of child abuse in Zambia.

Although there are various risk factors contributing to the occurrence of child neglect, emotional distress of the parents is attributed to. United Nations (2020) report that 'the COVID-19 reveals specific major factors during the pandemic such as school closures, movement restrictions, loss of income, isolation, overcrowding in one household and stay-at-home measures affected the frequency and intensity of risk factors for child abuse. There is no doubt significant life stressors are also associated with higher risk for parent mental health challenges, family crisis or stress, including domestic violence and other marital conflicts, or single parenting and poverty (Maybery, Ling, Szakacs & Reupert, 2014; Karbasi et al., 2022).

Another form of child abuse that the current study found out was child labour. Although this form of abuse was not reported to the Police or nay relevant authorities, it was confirmed by all respondents in the study. It was found that children were sent to sell various merchandise on the streets or door to door. Some parents reported that this was done in order to cushion the harsh economic conditions many households were facing during the pandemic. Child labour was also linked to exposing children to street life and which later led to children staying on the streets. Some children were not

forced into child labour, on the contrary, hunger and lack of essential commodities in the households forced them to work in restraints and hair saloons by helping to draw water so that they can have some money to buy food. The results on child labour were similar with the situation in Uganda as reported by Sserwanja, Kawuki and Kim (2021) As a result of many parents losing their jobs and being unable to feed their families, children are increasingly being forced into dangerous and exploitative.

Furthermore, given the ecological model underlying this study, the effects of the pandemic on the chronosystem were particularly influential. The disruption caused by the pandemic as reported by UNICEF (2020); Karbasi et al. (2022) at the chronosystem level, with lockdowns, economic uncertainty and widespread fear, has also reverberated at other ecological levels. The ecological model provides a comprehensive framework for understanding the multifaceted impact of the COVID-19 pandemic on child abuse dynamics across various ecological levels. Beginning with the microsystem, which encompasses the immediate environments where individuals interact daily, such as families and schools, the pandemic-induced disruptions were profound. The current study established that Families faced heightened economic strain due to pandemic induced restrictions that reduced that reduced the purchasing power of many households, amidst lockdowns and school closures. Social distancing measures limited access to support networks, exacerbating feelings of isolation and compounding existing stressors within households. Children, confined to home environments for extended periods, as confirmed by UNICEF (2020) may have experienced increased exposure to familial tensions and interpersonal conflicts, further heightening their vulnerability to abuse.

Moving to the mesosystem level, which encompasses the interactions between various microsystems, the pandemic strained community resources and support services vital for child protection. Social service agencies, already operating with limited resources, faced unprecedented demand, leading to service disruptions and delays in intervention responses (Bakrania et al 2020). The closure of schools, often a primary reporting source for child abuse cases, severed crucial links between children and mandated reporters, resulting in underreporting and delayed identification of abuse incidents. Additionally,

the strain on community mental health services and domestic violence shelters further limited avenues for support and assistance for families experiencing crisis situations.

At the exosystem level, the current study established disruptions in services due to broader societal factors such as public health policies and economic structures played a pivotal role in shaping the accessibility of essential services and protections for children. Government responses to the pandemic, including lockdown measures and economic relief efforts, had far-reaching implications for family well-being and child protection. This was similar with what Academy of Science of South Africa. (2021) report that during the COVID-19 crisis in Zambia, a significant proportion of respondents faced challenges in accessing essential medical care, with 42% experiencing difficulties in accessing healthcare visits and 52% encountering obstacles in obtaining necessary medicines.

Disparities in access to healthcare, social services, and economic support disproportionately affected marginalized communities, exacerbating existing vulnerabilities and widening social inequalities. Moreover, disruptions in legal and judicial systems hindered the adjudication of child abuse cases and delayed the provision of justice for victims.

Based on the first research objective on the trends in the occurrence of child abuse, the study not only contributes to understanding child abuse trends during the pandemic, but also highlights the need for a holistic approach to child protection. The gender disparities and prevalence of child neglect highlight ongoing challenges that require interventions at societal, cultural and political levels to create safer environments for children. The ecological model remains a valuable guide for understanding the complex web of factors that influence child abuse and provides insights for future research and targeted interventions.

5.3 Research Objective Two: To examine perceived risk factors in the occurrence of child abuse during COVID-19

The findings of the current study rated children in homes of safety to be at low risk of being abused (2%), 43 per cent of the children at home and 55 per cent children on the streets. This implies that children on the streets are at high risk of being abused as compared to their counter parts in homes of safety. Apart from that the results from

the current study indicated that the home was not considered as a safe environment for the children.

The results of the regression model show that the overall model was significant ($F(3,81)=2.749, p\text{-value}=.038<0.05, t=3.961$, Adjusted $R^2=.596, R=.362$). The model explains 59.6 % of variance accounted for by the predictor variables (CRF, PRF, and ERF). Results indicate that CRF ($\beta=.654, p\text{-value}<.012, t=2.581$), PRF ($\beta=.601, p\text{-value}=.005<0.05, t=.949$), and ERF ($\beta=.575, p\text{-value}=.001<0.05, t=.507$) have an effect on CA. Specifically, the results suggests that there is a strong positive correlation between the independent variables (CRF, PRF and ERF) and the dependent variable (CA). In other words, CRF, PRF, and ERF have an effect on CA.

On child risk factors to child abuse, the findings of the current study places the age of the child as the most risk factor (40.2%) contributing to the occurrence of child abuse, followed by gender of the child (32.6%), physical or developmental disability (20.7%) and lack of attachment between the parents/care giver and the child (3.3%). Furthermore, responses from parents were similar to Service Providers and they also rated the age of the child as the most risk factor (53%), gender of the child (11%). The findings were similar to what other researchers have reported on the characteristics of the child as risk factors to abuse (Conroy, et al., 2009; Widom et al., 2001; Schumache et al., 2001; Whitake et al. 2008; Hibbard and Desch, 2007, Skuse et al., 1995).

On the parental risk factors, findings from Service Providers rated parental absence (37%) as the highest risk factors, followed by domestic violence (23%) and parental substance abuse 19 per cent said that parental substance absence predisposes children to child abuse, followed by 21=n (23%) indicated domestic violence, and the least was step parent. The results from the parents rated parental substance abuse as the most risk factor (42%), followed by young and supported parents with low education (27%), parental absence (16%), (7%) said step parent and only (5%) said domestic violence.

Findings on the environmental risk factors to abuse as reported by Service Providers revealed that, that community substance abuse was the highest risk factor representing 45.7 per cent, followed by neighbourhood socio economic conditions 30.4 per cent, movement restrictions during COVID-19 13 per cent, community violence 4.3 per

cent, and geographical location 3.3 per cent. on the other hand, parents rated community substance abuse as the most environmental risk factor contributing to the occurrence of child abuse, followed by movement restrictions during COVID-19 rated 18 per cent, neighbourhood social economic conditions-poverty 16 per cent, community violence 13 per cent and geographical location 9 per cent.

Findings of the current study found the following service needs that were highlighted by respondents as risks to child protection interventions during emergency. These included: insufficient Safe spaces or homes of safety for vulnerable children, lack of community sensitisation programmes, provision of food and clothing, lack of mental health and psychosocial support services, fast track Court services. This was similar to what Sserwanja et al. (2021) reported in Uganda that COVID-19's psychosocial effects had severely disrupted children's living conditions, limiting their access to basic needs such as food. Furthermore, there was a lack of social support, putting children at a higher risk of various forms of child abuse.

Arising from the findings on the risk factors to child abuse and protection, the interplay between individual, relationship, community, and societal factors as highlighted in the ecological model can help to understand the range of factors that put children at risk for violence or prevent them from experiencing abuse. The ecological model is heavily influenced by Bronfenbrenner's (1979) model of human development ecology, which proposes that violence is the result of a complex interplay of individual, relationship, social, cultural, and environmental factors, and that in order to understand and treat an individual, these factors must be considered in terms of their existence at each level, as well as their interaction across each level. The findings of the current study established that the characteristics of the child such as age and the gender were identified as the most child risk factors. Girls were at risk of being abused as compared to the boys. Apart from that, Service Providers and parents all rated the age of the child 40 per cent and 52 per cent respectively as the most risk factor to child abuse. The age of the child as the most risk factor was also confirmed by McKillop et al. (2015) study which revealed that, victim ages ranged from middle childhood to adolescence, with a mean age of 10.45 years old (SD = 3.35, range = 1-15) at the time of the first abuse incident. They further reported that, the risk of sexual abuse increased with age: 11 per

cent were under the age of 5 years, 42 per cent were aged from 6 to 11 years, and 47 per cent were over the age of 12.

Apart from individual characteristics, microsystem of the ecological model includes the individual's immediate surroundings as well as the people with whom the individual interacts, such as family members, school, and peers. The findings of the current study revealed that movement restrictions during the pandemic on one disrupted the relationships between the family and the school because especially during the school closure. This development had a great impact on the wellbeing of the child as the ecological model emphasises the need for these relationships for the development of the child. The effects of COVID-19 on child's immediate environment and the wellbeing of the child included reduced quality of life, emotional issues, social withdrawal, and anxiety and depression symptoms (Gassman-Pines et al., 2020; Patrick et al., 2020; Prime et al., 2020).

The current study further found ecological factors associated with risk in the immediate environment of the ecological model. The findings revealed that there were families at risk of exposing their children to abuse such as child labour. Some of the children who were engaged in child labour to sell various merchandises were sent by their parents or care givers to supplement the family income. Moreover, the systems that do not directly affect the child, but still influence the child's life were also revealed by the current study. For example, community violence was found to be one of the most ecological risk factors that contributed to the occurrence of child abuse. Some of the communities identified during the interviews with parents and children were Chibolya and Misisi townships.

5.4 Research Objective Three: to explore the responsiveness of selected child protection interventions during the COVID-19 pandemic

Guided by this research objective, the researcher sought to examine the level of preparedness of Service Providers to respond to COVID-19. Furthermore, the researcher used ten child protection interventions which included: Protection child risk communication with stakeholders, Protecting children from harm during the COVID-19 pandemic, Provision of psycho social support to children and family ,

Responsiveness of child protection services to the needs of the child, Partnership with the parents, Community involvement in child protection programme implementation during the pandemic, Multi-sectoral approach in child protection service provision during the pandemic, Capacity building programmes for Service Providers , Media-based child protection interventions and Resource allocation for child protection programmes during the pandemic.

On the level of preparedness of Service Providers to respond to the COVID-19, it emerged from this study that, majority (48%) of the Service Providers responded that their institutions or organisations were not prepared, 12 per cent said they were not very prepared, 40 per cent said average while only one per cent said they were prepared. Although Service Providers viewed the pandemic as an emergency, the outbreak of COVID-19 was never anticipated. Dzigbede, Gehl and Willoughby (2020) confirms that the COVID-19 pandemic had put government emergency preparedness efforts at all levels to the test. Service Providers had no choice but to respond to changes brought about by the pandemic regardless of their not being prepared. The revelations that most of the Service Providers were not prepared to respond to COVID-19 support literature by Katz et al. (2020) and UNICEF (2020) who reports that along with deficits in children's wellbeing, the COVID-19 pandemic doubly marginalised children through exclusion in policy and practice as well as posed challenges for child protective services around the world. These factors included a lack of government preparation for such a significant crisis, with efforts focused on pandemic containment, structural inequalities and unequal access to resources, and the closure of critical services. Furthermore, the findings on the level of preparedness was also confirmed by Punaks and Lama (2021). Who conducted a study in Nepal and the findings of the study were similar to the current study. They reported that while the onset of the COVID-19 emergency in Nepal was a gradual process that evolved over several months, Nepal was paradoxically much worse prepared. Toros (2021) study conducted in Estonia also indicated a general lack of systemic action to respond to referrals or conduct assessments to evaluate care contexts during the state of emergency. Other researchers from around the world reported that the pandemic had changed child welfare practices by limiting protective social support and decreasing early

intervention and child protection work (Toros & Falch-Eriksen, 2022; Alston et al., 2021; Marmor, Cohen & Katz., 2021; Manickam, Slingsby, 2020).

The global lack of preparedness for COVID-19 manifested itself in a lack of resources and limited government support, difficulties coping with the pandemic's uncertainty, instability of governments' plans, and prioritising other issues for interventions and dealing with other crises (Agrawal & Kelley, 2020; Haffejee & Levine, 2020; Punaks, M. & Lama, 2021). In spite of many Service Providers reporting that they were inadequately prepared, some sections of Service Providers reported that they were prepared. These were international organisations who had foreseen the spread of the pandemic when it was first reported in China. These organisations anticipated the spread of COVID-19 and had an emergency fund to respond to the pandemic.

These organisations included the Save the Children and Child Fund.

Additionally, the conceptual framework of the current study emphasises a comprehensive approach to child protection emergencies and advocates preparation, response and recovery as three critical transitions. The identified lack of preparedness among Service Providers highlights the need for a well-coordinated and proactive policy framework for dealing with emergencies, following the recommendations of Wulczyn et al. (2010) and Masson (2007). This gap in preparedness requires a critical review and possible improvement of existing social protection policies to ensure that they enable Service Providers to respond effectively to crises affecting the well-being of children. The analysis suggests that a lack of preparation has the potential to significantly impact the response and adaptation or recovery in the delivery of child protection services in emergencies. A key aspect of policy improvement is therefore to strengthen collaboration and communication channels between relevant stakeholders to promote a more resilient and responsive system.

Furthermore, quantitative results of the regression model of the overall responsiveness of interventions indicate a positive and statistically significant overall model ($F(9,77)=3.000$, $pvalue=0.004<0.05$, $t=3.961$, $R=.510$), with an Adjusted R^2 of .673 and $R=.46$. This implies that 67.3% of the variance in the dependent variable, accounted for by the predictor variables (INT I, INT II, INT III, INT IV, INT V, INT

VI, INT VII, INT VIII, and INT IX INT X), is explained by the model. Rejecting the null hypothesis, these findings signify that the responsiveness of selected child protection interventions during the COVID-19 pandemic has a substantial and varied impact. The results suggest that the effectiveness of these interventions in addressing and mitigating child abuse is not uniform, demonstrating significant variability across the different intervention components.

The findings on the child protection child risk communication with stakeholders, results of the current study revealed that majority (47%) of the Service Providers rated this intervention performance as Average, (19%) said Effective, (10%) rated it as Not Effective, (8%) rated it Effective and (7%) Not Very Effective. It is clear that the communication with other stake holders was perceived as average that implies that, Service Providers rated this intervention as average. There was weak coordination among the stake holders in terms of communication about the child protection risks.

Results on intervention of protecting children from harm during the COVID-19 pandemic indicated that majority (43%) said this intervention was effective while 36 per cent said average. On the other hand, results from the parents on this intervention revealed that majority 32=n of the parents said that they were not effective, 11=n not very effective. Arising from the findings on this intervention, in spite of most of the Service Providers rating this service as effective, the recipients who were the parents reported that protection of children from harm was not effective.

Provision of psycho social support to children and family results revealed that, all categories of Service Providers majority of them (79=n, 89%) rated psycho-social support as not effective. This was also confirmed by the parents on whether or not their children received psychosocial support. All the parents who participated in the study reported that their children did not received any psychosocial support from the Service Providers. This was similar to Toros (2021) findings who reported that although children registered in CPS reported struggling with their emotional well-being, not all of them received the necessary support or assistance from CPS.

Results on the Partnership with the parents, the results indicated that partnership was not very effective. Majority of Service Providers said that the partnership with the parents was average 39=n (42%), 16=n (17%) not effective. On the other hand, responses from the parents indicated that, majority 33=n said that the partnership is not effective, 17=n said not very effective. The results from the parents therefore indicates that the partnership is not effective. Therefore, the current study confirmed that the partnership between parents and Service Providers was very weak or not effective at all. Some parents reported that they were not involved in the process and that it was very difficult for them even to access the services during the pandemic. This had a likelihood of affecting effective implementation of child protection services at household level especially when dealing parents or families with abused children. Service discontinuation heightened existing difficulties for both parents and children. Parents reported a regression in daily functioning, which they attributed to a lack of supportive services during lockdown and additional stress caused by increased workload at home and problems (Toros & Falch-Eriksen, 2022).

The qualitative findings on parental partnership revealed that a lack of trust between Service Providers and parents hampered the partnership. For example, the Police Department reported that service delivery was disrupted during the pandemic, and officers were overburdened with work. Parents, on the other hand, saw the service delivery process during the pandemic as a lack of commitment on the part of Service Providers to treat cases seriously. As a result, some parents dropped their cases. These findings were similar to what Toros and Falch-Eriksen (2022) study on the voices of parents in child protective services in Estonia which revealed that lack of trust in Child Protective Services was identified as a barrier to requesting assistance in times of crisis as well as the attitudes and approaches to collaboration of child protective workers were identified as the primary reasons for non-functional collaboration.

Community involvement in child protection programme implementation during the pandemic: findings from Service Providers on community involvement in child protection during the pandemic. Results indicated that majority 38=n (41%) said average, 29=n (30%) effective Multi -sectoral approach in child protection service provision during the pandemic, both quantitative and qualitative findings revealed that

multi-sectoral approach to child protection was coupled with various challenges. Quantitative findings clearly show that multi-sectoral approach was problematic during the pandemic as majority 35=n (38%) and 13=n (13%) of the Service Providers rated poor and very poor respectively. on the other hand, qualitative results solidified quantitative results. While a few respondents acknowledged the benefits of the multi-sectoral approach, a significant majority expressed concerns about its limited effectiveness and inadequate collaboration during the pandemic. The results of the current study on multi-sectoral approach in child protection were similar to what Green, Rockhill, and Burris (2008) study found. Their study also revealed that service providers across systems faced ongoing challenges in partnership such as misunderstanding between systems, time pressures and confidentiality concerns. Hoog et al. (2013) study on Challenges in managing a multi-sectoral health promotion programme”, Leadership in Health Service revealed similar results that there was no shared mental model of the situation in the multi-sectoral programme. Inter- and intra-group communication, as well as long- and short-term strategic planning, were all areas that could be improved. While the programme's change agents appear to agree on issues and challenges, closer examination reveals variation in key characteristics as well as perspectives on solutions.

5.5 Research objective 4: To determine perceptions of child protection Service

Providers, children and parents on Child Re-Integration

Results of the current study reveals that majority of the Service Providers (33%) rated average, 11 per cent said re-integration is very responsive t of the children, 28 per cent said it is responsive, 21 per cent not responsive and 7 per cent said not very responsive to the needs of the children. This clearly indicate that 33 per cent majority of the Service Providers rated reintegration programme as average. The average perception score for child re-integration among child protection service providers and parents in Lusaka district following the COVID-19 pandemic is 4.18. This score falls within the range of 3.5 to 4.2 on the mean scale, categorizing it as a Negative Perception. Consequently, it can be inferred that respondents hold a negative view regarding child re-integration among child protection service providers and parents in the aftermath of the COVID-19 pandemic in Lusaka district.

Qualitative results revealed that Service Providers had positive attitude towards re-integration. They also felt that re-integration is achievable. In spite of Service Providers having positive attitude towards re-integration, some doubted the sustainability of re-integration programme implementation. They indicated that re-integration of the children is only done once or twice in a year and this affected sustainability of the re-integration programme. Literature on the period of re-integration reveals that, re-integration is a long process that should be coupled with various interventions programmes involving the children, family and community. The period of integration and the long term interventions can prevent the child from going back to the streets or run away from home (Asquith & Turnner, 2008).

The results further revealed that, the Service Providers supported the concept of reintegrating the children into their family because they believe that children can grow well. This principle is supported from the literature as the rationale behind sending survivors home or reintegrating them as highlighted by Mbakogu (2015) is built around the mystical concept of home as a place of safety and familiar space for children. However, home is the incomplete story of what it represents for returnee trafficked persons. Home could be the site of expectations, uncertainties, violence, re-victimization, re-trafficking, stigma and troubling memories of leaving and returning. Frimpong-Manso, Agbadi and Deliege (2022) study on Factors associated with the family re-integration stability for children with a residential care experience in Ghana highlight that, the majority of the children (73%) in the study preferred to stay with their relatives. The child's age, length of time in residential care, and having a case file were all factors in the children's desire to remain with their family.

On the other hand, parents had mixed feelings about re-integration, they also reported that reintegration gives more freedom to the children and that, children enjoyed living in institutional homes. Furthermore, some parents felt that it is difficult to keep the child at home when they know that the government can take care of them. Apart from that other parents felt that children shouldn't be forced to be reintegrated back into the family when they know that their parents cannot provide for them. Therefore, the government should help the parents to take care of the children.

The results from the children revealed that, children had mixed feelings about re-integration. They had doubts about the outcome of their livelihood after re-integration, Service Providers reported that some children resist re-integration, some were anxious about being reintegrated or reunited with the family, fear of being accepted or face discrimination. The results of the current study further revealed that most of the children felt safe to stay in institutional homes of safety.

Although re-integration is achieved once the child is reintegrated or reunited with the family, the current study established that the programme is coupled with many challenges. Furthermore, the current study found that re-integration had a cyclic lens where some children have been reintegrated more than once. This is as a result of children being reintegrated back to the same home environment without any empowerment or psychosocial support. Both children and parents confirmed the lack of empowerment of the children and their families. Although some families reported that they were waiting to be included on social cash transfer, majority of the complained lack of empowerment to support them. In spite of the current study revealing that lack of empowerment after re-integration is required, Service Providers should be conscious of what Feeny (2005) advised that empowerment of reintegrated child should not create dual economy in which reintegrated children fair better than their neighbours creating discord within the community.

Some parents reported that, it was difficult to prevent their children from running away from home to the streets when there is hunger at home. This has affected effective implementation of re-integration programme. Crombach et al. (2014) also had similar views on reintegrating children in the same home environment. They contends that, most of the children left their families because of severe poverty, hunger which made it almost impossible to raise a child and led to severe maltreatment in the family. Therefore, returning or reuniting them with the family is not a guarantee that children can never run away. This is similar to what the results of the current study which revealed that, after being reintegrated some children opted to run to the streets because they felt that homes of safety or residential care homes cannot take them back after re-integration. Others returned to the homes of safety where they feel they are better off there than with the family.

Additionally, it was established that some families were resisting re-integration because they felt that they were not prepared and that children were not willing to be reintegrated. This was similar to what various studies have revealed about the challenges affecting the implementation of the re-integration programme. In Nepal, Khatiwada et al. (2022) reports that, re-integration is difficult without acceptance and support from survivors' families and communities, readiness to reintegrate from survivors, and agreement from survivors' safe homes. Family fragmentation, socioeconomic status, family resistance, the survivor-perpetrator relationship, survivors' interests, fears, and the possibility of repeated incidents, harmful social norms and cultural practices, community intervention, and negative perceptions were discovered to influence the unsuccessful re-integration of survivors. Mbakogu and Odiyi (2021) study also adds that, reintegration processes for trafficked children focus on the child alone, not the family or community. They further concluded that, re-integration efforts are difficult to apply because they adopt foreign interventions to address local problems. The alternatives offered to poor parents after integrating the child were unhelpful.

Additionally, the current study found that Service Providers rarely follow up on monitoring children's adjustment after re-integration. This was confirmed by the parents and the cyclic lens of re-integration of re-integration. Research on re-integration recommends that re-integration should continue even after reuniting the child with the family. Service Providers should continue conducting follow-ups including the provision of psychosocial support or providing after services to support physical and mental well-being of the child and the family (Feeny, 2005; HERN 2005; Wedge, 2013).

5.6 Chapter summary

Chapter Five discussed the findings of the study in relation to Child Risks and Protection interventions during the COVID-19 in Lusaka district in Zambia. The discussion of the findings was guided by the research objectives in which literature was reviewed in Chapter Two and was integrated in the dissertation along with the ecological theory that guided the study. The findings established that, the level of

preparedness of child protection Service Providers to respond to an emergency was inadequate. Majority of the organisations involved were not prepared on how to respond to an emergency. The findings were similar to those from studies conducted in other countries which confirmed the inadequacy or lack of preparedness by Service Providers on how to respond to an emergency. Furthermore, on the various interventions, it was reported that psycho-social support services were rarely provided due to a weak partnership with the parents of the abused children and the Service Providers because of movement restrictions, poor multisectoral approach in service provision and community involvement. The results confirmed that it was challenging to provide child protection services during the COVID-19 pandemic. One sticking out finding was the provision of capacity building programmes to Service Providers. The current study found out that because COVID-19 forced Service Providers to protect children remotely, many organisations offered capacity building programmes to prepare officers on how to respond to the COVID-19 emergency. On the trends in child abuse, the study found out that there was a decrease on the reported cases of child abuse during the peak of the COVID-19 pandemic and this was similar to what other researchers' findings reported in other countries. Furthermore, the age of the child and gender of the child were found to be the most risk factors of the child's characteristics to abuse. Chapter Five also highlighted perceptions of Service Providers, parents and children on re-integration. It was revealed that both parents and children had mixed feelings about re-integration, they all want the government to empower them in order to improve their socio-economic status. On the other hand, Service Providers believed that children can grow well in the family. The last part of the Chapter highlighted the multi-sectoral child protection service model or framework as a response to emergency. The next Chapter provides a conclusion and recommendations for policy formulation or adjustments.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

Chapter Six Presents the conclusion of the whole study. It will also bring out a number of recommendations drawn from the findings and areas for future research to be considered.

6.1 Conclusion

The current study sought to assess Child Protection Services in the COVID-19 era and focused on the risks and child protection interventions in agile circumstances in Lusaka district in Zambia. The researcher was prompted to conduct the study because COVID-19 created a novel emergency situation that heightened vulnerability of children to abuse and little is known on the risks and the extent to which child protection interventions responded in agile circumstances.

Chapter one

Chapter one delved into the foundational details pertinent to this study. A recurring theme highlighted in this chapter is the persistent global, African and regional issue of child abuse, despite the presence of comprehensive international and domestic legal frameworks for child protection. Millions of children continue to suffer abuse annually. This chapter also examined the problem statement, research objectives and questions, delimitations, limitations, as well as the operational definitions.

Chapter two

Chapter Two extensively reviewed relevant literature concerning child protection, focusing on key themes such as the concept of child protection, child abuse, theoretical frameworks, trends, risk factors, intervention effectiveness, psychosocial support, and child reintegration. This systematic approach facilitated a nuanced understanding of the complex issues involved. The analysis revealed the multifaceted nature of child protection, identifying various factors contributing to child abuse and affecting the effectiveness of protective measures. Additionally, the chapter identified gaps in existing child protection systems and literature, emphasizing the need for the current

study to address these deficiencies and contribute to the field's advancement in understanding child protection dynamics.

Chapter Three

Chapter Three outlined the methodology employed in the study, utilising pragmatism as the research philosophy, mixed methodology, and a sequential exploratory research design were used, to explore child protection risks and interventions during the COVID-19 era. For quantitative approach, Probability sampling was used and stratified random sampling was employed to select the respondents. Non-probability sampling technique was also used for qualitative approach, including purposive and snowball sampling, were utilized to select participants deemed reliable for the study. Data collection instruments included questionnaires, interviews, and focus group discussions was used as one of qualitative datacollection mechanic. Quantitative data was analyzed using SPSS, while qualitative data was thematically analysed. Ethical considerations were strictly adhered to throughout the study, particularly given its involvement with children.

Chapter four:

Chapter four was was guided by the following research objectives:

1. To analyse emerging trends in the occurrence of child abuse;
2. To examine perceived child abuse risk factors arising from child protection during COVID19 in Lusaka district;
3. To evaluate the responsiveness of selected child protection interventions during the COVID-19 pandemic;
4. To evaluate perceptions of child protection Service Providers; children and parents on Child Re-Integration; and,

Research Question one: To analyse emerging trends in the occurrence of child abuse;

Furthermore, the Ecological model of child development by Urie Bronfenbrenner was used as a theoretical framework to guide the study. A mixed-methods design consisting of quantitative and qualitative approaches was adopted for the study and data were collected through questionnaires, semi-structured interviews and FGD. The participants in the study comprised 92 child protection Service Providers, 54 parents

or care givers and 30 children. Qualitative data was analysed using thematic analysis. Information was categorised into relevant themes to identify common responses, patterns and inter-relationships. The quantitative data were analysed using the Statistical Package for Social Sciences (SPSS) to generate frequencies, percentages and one-way ANOVA test was used to determine the level significance.

The findings revealed that, out of the reported abuse cases, the prevailing category was still child neglect cases, marking the highest number of reported child abuse incidents followed by child sexual abuse, third was child physical followed by child emotional abuse and the least reported cases were human trafficking in 2021. Furthermore, there was a statistically significant difference in the number of reported child abuse cases between the periods before and during COVID-19. The t-value was -7.315 for 1 degrees of freedom and the p-value was .006. This pvalue is less than the level of significance $p < 0.05$ $p < 0.05$. This means that there were more child abuse cases in the year between 2017 and 2019 as compared to the year 2020 and 2021. The results show that, there was a decrease in the number of reported cases of abuse by 6 per cent during the pandemic. An examination of the gender distribution highlights that girls still continued to exhibit a higher vulnerability to abuse compared to boys.

Research objective no. 2: To examine perceived child abuse risk factors arising from child protection during COVID19 in Lusaka district

The study showed that the age of the child was rated (46.1%) as one of the most perceived child risk factors for child abuse followed by community substance abuse (45%) on environmental factors and parental absence (40%) on parental risk factors contributing to child abuse. While the coronavirus disease 2019 (COVID-19) amplified risk factors known to increase children's vulnerability to abuse and neglect, emerging evidence of the current study revealed that child abuse reporting decreased following the peak of COVID-19 in 2021 as compared to the previous years. Multiple regression results on child risk factors revealed that, A of the Child ($\beta = .610$) contributed to Child Abuse the most during COVID-19 pandemic in Lusaka District, followed by Gender of the Child ($\beta = .461$), Parental Absence ($\beta = .388$), and Lack of Attachment between Parent and the Child ($\beta = .242$). Therefore, results of the study indicate that age of the child contributed to Child Abuse the most during COVID-19

pandemic in Lusaka District. The study also sought to establish relative contribution of Parental Risk Factors (PRF) such as Parental substance abuse (PSA), Parental absence (PA), Parental unrealistic expectations of the

child (PUEC), Parental mental health status (PMHS), Step parent (SP), and Young and unsupported parents often with low education (YUPLE) on Child Abuse (CA). The aim was to establish which among the independent variable i.e., Parental substance abuse (PSA), Parental absence (PA), Parental unrealistic expectations of the child (PUEC), Parental mental health status (PMHS), Step parent (SP), and Young and unsupported parents often with low education (YUPLE) influenced Child Abuse the most during the COVID-19 pandemic in Lusaka District. To achieve this, standardised coefficients from a multiple regression analysis output were used and the ranking of the standardised coefficients was performed. The results show that PSA ($\beta = .614$) contributed to Child Abuse the most during COVID-19 pandemic in Lusaka District, followed by SP ($\beta = .612$), PA ($\beta = .557$), PUEX ($\beta = .492$), YUPLE ($\beta = .358$), and PMHS ($\beta = .314$). Therefore, results of the study indicate that Parental substance abuse contributed to Child Abuse the most during COVID-19 pandemic in Lusaka district. To establish the influence of Environmental Risk Factors (ERF) such as Community substance abuse (CSA), Movement restrictions during COVID-19 (MR), Geographical location (GL), Community Violence (CV), and Neighborhood socio-economic poverty (NSEP) on Child Abuse (CA) during the COVID-19 pandemic in Lusaka district. Correlation results shows that MR ($\beta = .796$) contributed to Child Abuse the most during COVID-19 pandemic in Lusaka district, followed by CV ($\beta = .531$), CSA ($\beta = .503$), GL ($\beta = .461$), and NSEP ($\beta = .303$). Therefore, results of the study indicate that movement restrictions contributed to Child Abuse the most during COVID-19 pandemic in Lusaka district.

Research objective no. 3: To evaluate the responsiveness of selected child protection interventions during the COVID-19 pandemic

In light of the findings regarding child protection services and the response to emergencies such as the COVID-19 pandemic in Zambia, it is crucial to acknowledge the significant role played by both non-governmental organizations (NGOs) and government ministries in the provision of child protection services. Despite the challenges posed by the crisis, all NGOs demonstrated unwavering commitment by

remaining operational, dedicated to safeguarding the welfare of children and families in need throughout the pandemic. However, the study's findings underscore notable gaps in the preparedness of both governmental and non-governmental service providers to effectively address emergencies. While child protection services played a vital role during the pandemic, the majority of service providers expressed concerns regarding their institutions' readiness to respond adequately. Furthermore, the study identified key risk factors contributing to child abuse, particularly during the COVID-19 pandemic in the Lusaka District, with age and parental substance abuse emerging as significant factors. These findings emphasize the urgent need for targeted interventions and collaborative efforts between government ministries and NGOs to strengthen the legal and policy framework, enhance the capacity of service providers, and improve preparedness for emergencies. By prioritizing collaboration, training, and support for service providers, and implementing tailored interventions, Zambia can effectively mitigate the impact of crises on vulnerable children and families, ensuring their safety and well-being during challenging time

Research Question no. Four: To evaluate perceptions of child protection Service Providers; children and parents on Child Re-Integration; and,

Results on re-integration revealed that, the process has a cyclic lens where when the children are integrated, they were likely to go back to the streets and later to the home of safety. Although Service Providers reported that re-integration is responsive to the needs of the children, there was a significant difference in the way parents and children perceived re-integration. Most of the parents reported that the programme is coupled with various challenges affective effective delivery and implementation of the programme. Apart from that, the current study found that the home environment of many children remained unchanged after re-integration. Therefore, some children went back to the streets after re-integration creating a cyclic lens.

Chapter Five presented the study's findings regarding child risks and protection interventions during the COVID-19 pandemic in Lusaka district, Zambia. The discussion of these findings was guided by the research objectives and integrated with insights from Chapter Two's literature review and the ecological theory that informed the study. The findings revealed inadequate preparedness among child protection

service providers to respond to emergencies, consistent with similar studies conducted in other countries. Psycho-social support services were seldom provided due to limited partnership with parents and movement restrictions, highlighting the challenges in service provision during the pandemic. Capacity building programs emerged as a notable intervention, with many organizations offering training to prepare officers for remote child protection during COVID-19. The study also noted a decrease in reported cases of child abuse during the peak of the pandemic, with age and gender identified as significant risk factors. Perceptions on reintegration varied among service providers, parents, and children, with calls for government empowerment to improve socio-economic status. The chapter concluded by discussing the multi-sectoral child protection service model as an emergency response. The subsequent chapter offers conclusions and recommendations for policy formulation or adjustments.

Research question no. five: To design framework for Child Protection applicable during agile circumstances.

The framework of the current study emphasises a multi-sectoral approach to child protection during emergencies, spanning planning, response, and adaptation phases. Key elements include coordination, resource mobilization, risk analysis, safe spaces, monitoring, psychosocial support, community engagement, child participation, and family reunification. Continuous assessment and adaptation are essential for effective safeguarding of children in crises.

6.2 Recommendations

a) Institutional Recommendations

1. **Strengthen Multi-Sectoral Coordination:** Improve coordination among relevant sectors and agencies involved in child protection programs during emergencies, ensuring a cohesive and collaborative response. Government ministries, such as the Ministry of Community Development and Social Services, should take the lead in coordinating these efforts.
2. **Enhance Mental Health Services:** Service providers and school counselors should prioritize the provision of psychosocial support, including counseling, to address the psychological well-being of abused children and prevent long-term mental health issues. NGOs and government health agencies should

collaborate to ensure comprehensive mental health support for affected children.

3. **Foster Community-Based Interventions:** Strengthen community involvement and partnerships with parents by implementing effective community-based interventions, engaging families, schools, and community leaders to prevent and respond to child protection risks. Local NGOs and community-based organizations can play a key role in implementing these initiatives.

b) Operational Recommendations

1. **Expand Access to Child Protection Services:** Increase the number of child protection service providers, particularly in remote areas, and leverage technology to provide virtual counseling and remote monitoring services. Establish mobile child protection services to reach children and families in underserved areas. The Ministry of Community Development and Social Services should oversee the expansion of these services.
2. **Online Training for Service Providers:** Develop and implement online training programs for child protection service providers to improve their knowledge and skills effectively and cost-effectively. This initiative can be led by government agencies in collaboration with NGOs and training institutions.
3. **Intensive Psychosocial Support:** Conduct research and provide intensive psychosocial support to address the mental health impacts of the pandemic on children, including PTSD, depression, and suicidal ideation. NGOs specializing in mental health and child welfare can lead these efforts in partnership with government health agencies.
4. **Utilise Technology in Service Delivery:** Strengthen programmes to incorporate technology into child protection services, such as online reporting, virtual counseling and remote monitoring, and evaluate the effectiveness of technology-based interventions. The Ministry of Information and Communication Technology can collaborate with relevant stakeholders to implement and oversee these initiatives.
5. **Zambia Police and Department of Gender:** To Establish rapid response units and online reporting systems for prompt intervention

c) Policy Recommendations

1. **Strengthen Collaboration with Stakeholders:** Enhance collaboration with key stakeholders, including government agencies, civil society organizations, and

community groups, through regular meetings, consultations, and formal partnerships to improve child protection service delivery and interventions. The Ministry of Community Development and Social Services should spearhead these collaborative efforts.

2. **Educational Campaigns on Children's Rights:** Implement targeted educational campaigns and outreach programs to increase awareness and understanding of children's rights and legal frameworks among parents and communities. The Ministry of Education, in collaboration with NGOs and child rights advocates, can lead these advocacy and awareness initiatives.
3. **Enhance Social Protection Measures:** The Ministry of Community Development and Social Services should expand and improve social protection measures to reach vulnerable households, ensuring food security, access to healthcare, and financial support. These efforts should be integrated into broader social welfare policies and programs.
4. **Community Engagement and Awareness:** Enhance community engagement and awareness campaigns focusing on child protection issues, encouraging the reporting of child abuse cases, and promoting community involvement in child protection initiatives. Local government authorities, community leaders, and NGOs should collaborate to implement these campaigns at the grassroots level.

Research question no. five: To design framework for Child Protection applicable during agile circumstances.

The framework of the current study emphasises a multi-sectoral approach to child protection during emergencies, spanning planning, response, and adaptation phases. Key elements include coordination, resource mobilization, risk analysis, safe spaces, monitoring, psychosocial support, community engagement, child participation, and family reunification. Continuous assessment and adaptation are essential for effective safeguarding of children in crises.

5. The current study proposed child protection framework

To facilitate the provision of child protection interventions during emergency, a multi-sectoral child protection intervention model is proposed. This model is anchored on the transitional theory postulated by Schlossberg who briefly describe transitions in an

integrated way. As the proponent of this model understands it, we are all involved in a transition at any point in time, whether we are moving in, moving through, or moving out of a situation (Schlossberg, 2011; Schlossberg, Waters, Goodman, 1995). This theory is incorporated in the current study because of its focus on changes brought about transitions in life or situations. Schlossberg (2011) defined a transition as any event, or non-event that results in changed relationships, routines, assumptions and roles.

Transitions due to emergency disrupt established routines, roles, and relationships, and prompt the need to reconstruct these changes in order to deal with the situation (Anderson, Goodman & Schlossberg, 2012). It is undeniable that COVID-19 had created a complex blend of transitions that disrupted child protection services, making it difficult for social workers to conduct inperson visits and assessments as well as affected the ability of child protection agencies to respond to reports of child abuse and neglect in a timely and effective manner. (World Health Organisation, 2021). This had a significant impact on children that hypothetically distressing their wellbeing. For example, in the context of COVID-19 pandemic children and young people had experienced unexpected transitions such as extended time to stay at home limiting their time to be in school or engage in outdoor play with their peers, school closure and changes in family circumstances.

The inescapable changes brought about by the outbreak of the pandemic changed child protection service delivery. This demanded a set of interventions to lead to specific response in the quest to provide a protective environment for all the children during any emergency.

The proposed model or framework of the current study identified a multi-sectoral approach as a filling-in piece and puts the child at the centre stage of child protection interventions during emergency transition. UNICEF (2019) explains that a multi-sectoral child protection is an approach that involves collaboration between various sectors, including health, education, social welfare, justice and law enforcement, to protect children from abuse, neglect, exploitation, and violence. The current study framework therefore, recognises that child protection is not solely the responsibility of

one sector, but requires a coordinated and integrated effort to address the complex and interrelated factors that contribute to child vulnerability.

The framework views child protection during emergencies as a critical issue that requires a specific framework to ensure the safety and well-being of children affected by disasters, conflicts, and other emergencies. The multi-sectoral approach to child protection during emergencies is a comprehensive strategy that involves various stakeholders, including government agencies, non-governmental organisations (NGOs), and community members, working together to safeguard the well-being of children in crisis situations. This approach spans three distinct stages: multi-sectoral planning and preparedness, response, and adaptation and recovery. Let's break down each of these stages:

1. Multi-sectoral Planning and Preparedness:

Planning: This stage involves the development of strategies and policies for child protection in emergency situations. It requires the collaboration of government agencies, NGOs and community organisations to identify potential risks to children and establish procedures for responding to these risks. Key components of planning include setting up decentralised coordination mechanisms, costs, defining roles and responsibilities, and establishing communication channels.

Preparedness: Preparedness activities are aimed at ensuring that all necessary resources and capacities are in place before an emergency occurs. This includes training personnel, creating contingency plans, stockpiling essential supplies, and conducting awareness campaigns within communities. A critical aspect of preparedness is the identification of vulnerable children and their specific needs.

2. Response: Multi-Sectoral Risk Assessment and Interventions

During an emergency, a rapid and comprehensive assessment of the risks faced by children and potential risks to Service Providers during emergency are crucial. This assessment involves various sectors such as health, education, social welfare and protection working together to identify immediate threats or risks to children's safety, health, and well-being.

Interventions: Based on the assessment, a multi-sectoral response plan is developed to address the identified risks and meet the specific needs of children. This may involve providing food, shelter, medical care, psychosocial support, education and protection services. Collaborative efforts ensure that children receive a holistic response that covers their diverse needs.

3. Adaptation, Resilience and Rehabilitation (AR²)

This stage should focus on provision of Primary, Secondary and Tertiary Protection Services: Child protection services are categorised into three levels:

Primary Protection: These are preventative measures aimed at reducing the risk of harm to children. This can include community awareness programs, family support services and strengthening child protection systems.

Secondary Protection: This level involves immediate support and intervention for children who have experienced harm or are at high risk. It includes services such as counselling, legal support, provision of food, clothes and safe spaces for children.

Tertiary Protection: Tertiary services are for children who have suffered severe harm and require specialized care and rehabilitation. This may include therapeutic interventions, long-term support and re-integration into families and communities.

Involvement of Various Stakeholders: Throughout the adaptation and recovery phase, collaboration between government agencies, NGOs and community organisations remains critical. These stakeholders work together to ensure that children continue to receive the necessary services and support as they rebuild their lives after the emergency

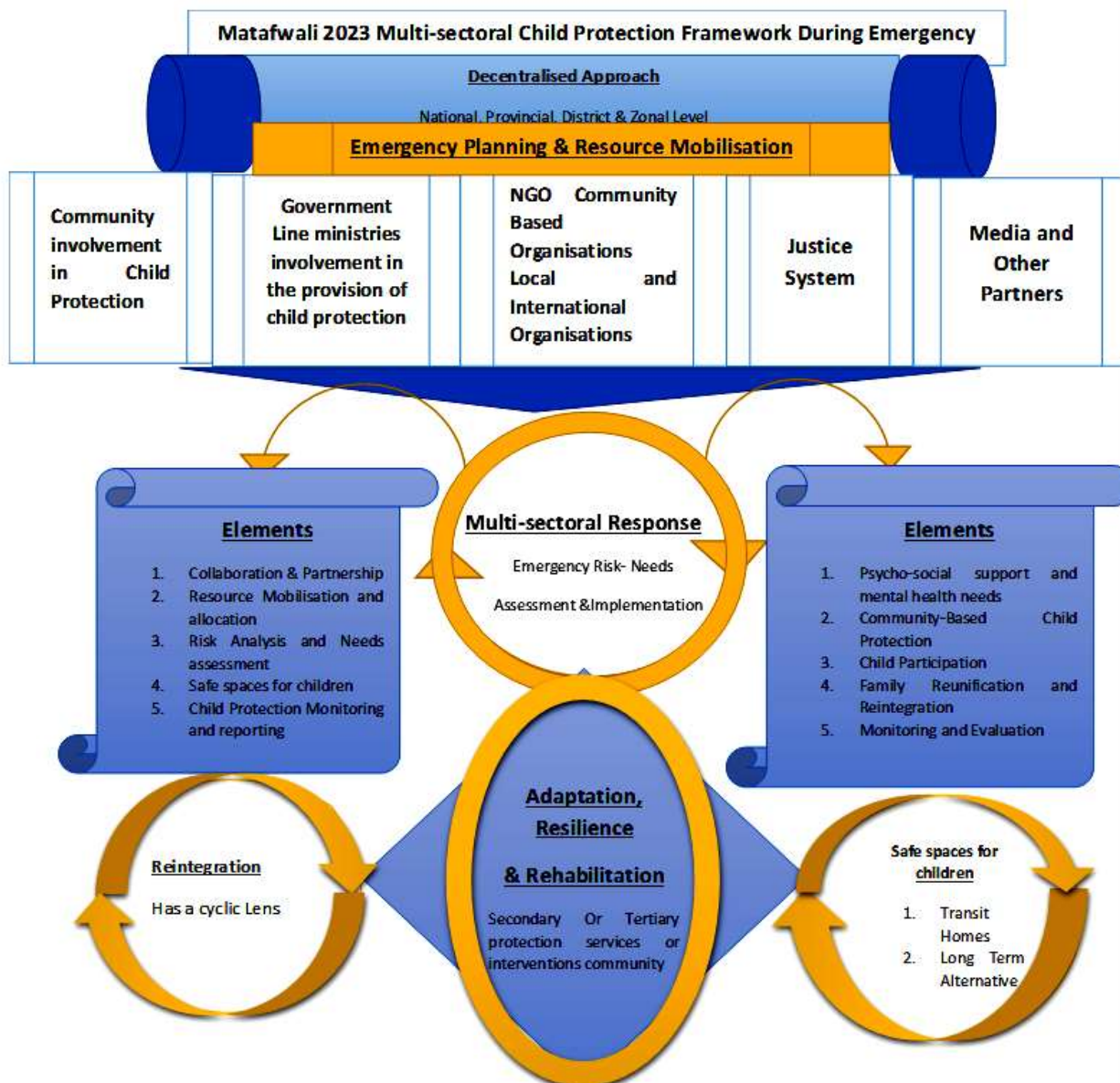


Figure 6.1: The current study proposed Matafwali 2023 Multi-sectoral child protection Emergency framework

Practical elements of the current multi-sectoral child protection model during emergency

1. Coordination and Partnership

During an emergency, various organisations, including government agencies, NGOs and community-based groups, must collaborate to provide a coordinated response. Regular meetings, information sharing, and clear roles and responsibilities among partners are essential. The coordination should adapt as the situation evolves and children's needs change. Collaboration and partnerships should also include other

stakeholders not directly linked to child protection but can provide assistance in form of social responsibility to meet the needs of the children during emergency

2. Resource Mobilisation

Adequate funding and resources must be secured to support child protection efforts. This includes financial resources, trained staff, and supplies necessary for child protection interventions. Resource mobilisation should be an ongoing process to sustain services.

3. Risk Analysis and Needs Assessment

Conducting thorough risk assessments and needs assessments is crucial to understanding the specific challenges children face during an emergency. This analysis helps identify vulnerabilities and informs the design of child protection programmes. Regular updates of assessments are vital as situations change over time.

4. Safe Spaces for Children

Establishing safe spaces where children can receive protection, care, and psychosocial support is a fundamental element. These spaces provide a secure environment where children can play, learn, and recover. Safe spaces need to be adapted to meet evolving needs, ensuring that they remain safe and supportive. The safe spaces should provide both short and long term care for the children at risk of abuse.

5. Child Protection Monitoring and Reporting

Continuous monitoring of child protection activities is essential to ensure the well-being of children. Encourage reporting mechanisms that allow children and communities to report concerns about child protection. This can be achieved through community engagement and sensitisation programmes. Regular reporting and analysis of data help adjust interventions based on emerging trends and challenges.

6. Psychosocial Support and Mental health Needs

Children affected by emergencies often experience trauma and require psychosocial support. Meeting basic needs, such as food shelter, and medical care, is critical to their well-being. Interventions should adapt to changing psychosocial needs as children recover and cope with ongoing stressors.

7. Community-Based Child Protection

Engage and empower local communities in child protection efforts including parental partnerships and involvement. Strengthen partnership with parents, community based organisations, faith based organisations and local civic leaders. Community members can play a significant role in identifying and responding to child protection issues. Encourage community ownership and sustainability of child protection initiatives.

8. Child Participation

Involve children in decisions that affect them and their communities. Create opportunities for children to express their views and participate in activities that promote their wellbeing. Ensure that child participation is ongoing and evolves as children's capacities and needs change.

9. Family Reunification or Re-integration

Reuniting children with their families or reintegrating them into supportive environments is a cyclical process. This should be anchored on the principle that the home is the best place where the child should be brought up and keeping the child in an alternative care for a long time should be the last option. Family tracing and reunification efforts should continue as long as necessary. Re-integration programmes should adapt to evolving family and community dynamics. Where necessary, families and children should be empowered or receive social protection assistance.

10. Monitoring and Evaluation

Regularly assess the effectiveness of child protection programmes and interventions. Use feedback and data to adjust strategies and improve outcomes. Ensure that the monitoring and evaluation process is dynamic and responsive to changing circumstances.

The current study model reaffirms that decentralised multi-sectoral child protection in emergencies as an ongoing, adaptive process that requires a commitment to the wellbeing of children and the flexibility to adjust interventions as situations evolve. This cyclical lens emphasises the need for continuous assessment and adaptation to effectively safeguard children during crises.

Suggestions for Future Research

Future research on child protection risks and interventions in Zambia is crucial for promoting child rights and protecting children from harm. The following are the proposed future research:

1. A Qualitative study on the impact of poverty on child protection risks and interventions in Zambia. Poverty is a significant risk factor for child abuse and neglect, and a study in Zambia could explore the relationship between poverty and child protection, and identify strategies to mitigate the impact of poverty on child protection.
2. A study on the role of technology in child protection during the COVID-19 pandemic in Zambia. The COVID-19 pandemic has disrupted child protection services globally, and Zambia is no exception. A study could explore the role of technology, such as virtual meetings and online reporting systems, in facilitating child protection services during the pandemic.
3. Academic outcomes of Abused children
4. Phenomenological studies on child abuse

Justification

The suggested future research on child protection risks and interventions in Zambia is important because it will contribute to the understanding of the challenges facing child protection in the country and provide evidence-based recommendations for improvement. Zambia is a low-income country with limited resources, and child protection services face significant challenges in addressing the needs of vulnerable children.

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APPENDICES

Appendix 1: Questionnaire for child protection service providers



ID CODE _____

**THE UNIVERSITY OF ZAMBIA
DIRECTORATE OF RESEARCH AND GRADUATE STUDIES**

TITLE OF RESEARCH: Exploring Child Risks and Protection Interventions during the COVID-19 in Lusaka District Zambia

CHILD PROTECTION SERVICE PROVIDER QUESTIONNAIRE

Title of the research: Child Protection Services in the COVID-19 Era: An assessment of the risks and Implications of Interventions in Agile Circumstances in Lusaka

INSTRUCTIONS TO RESPONDENTS

Please, tick in the space provided [✓] for your appropriate response for each question and write brief responses in the blank spaces provided. Please do not write your name. Your participation in the study will be highly appreciated.

1. Ministry/Institution.....
2. Department.....
3. Gender Female Male
4. Position:
5. Work experience in child protection
 - i. Less than one year
 - ii. One year-two years
 - iii. Three to four years
 - iv. Five years and above

6. What are your education qualifications?
- i. Certificate ii. Diploma iii. Bachelors' degree
- iv. Post- graduate degree

7. Do you have any qualification in child protection?

- i. Yes ii. No

8. Do you provide child protection services in your Ministry or Organisation?

- i. Yes ii. No

iii. sometimes

Objective 1: To examine the efficiency of child protection interventions during the COVID19?

9. During the COVID-19 pandemic, did your Ministry or organisation provide specific child protection services to respond to the crisis?

- i. Yes ii. No

iii. Not sure

10. If the answer to the above question is yes, mention your organisation's target group of children during the pandemic

- I. Children at home
- II. Children in institutional homes
- III. Children on the streets
- IV. Children in conflict with the law
- V. All the Children

11. How would you rate your ministry/institution responded to child protection interventions in terms of preparedness during COVID-19?

- I. Very prepared
- II. Prepared
- III. Average
- IV. Not prepared
- V. Not very prepared

12. As a service provider, how effective are child protection programme implementation performance to respond to service needs during the COVID-19?

- I. Very effective
- II. Effective
- III. Average
- IV. Not effective
- V. Not very effective

13. Rate the following indicators of child protection interventions during the COVID-19 pandemic. (Rate items by ticking () in the appropriate box

14. As a service provider, write brief notes on the above child protection interventions.

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Objective 2: To examine emerging trends in Child Protection interventions during COVID-19

Child Protection Intervention Indicator	Response					
	Very	Effective	Average	Not Effective	Not very	
Intervention No. 1: Protection child risk communication with stakeholders	Effective					Effective
Intervention No. 2: Protecting children from abuse during the COVID-19 Pandemic	Very Effective	Effective		Average	Not effective	Not very Effective
Intervention No. 3: Provision of psycho social support to children and family	Very Effective	Effective		Average	Not Effective	Not very Effective
Intervention No. 4: Partnership with the parents	Very Effective	Effective		Average	Not Effective	Not very Effective
Intervention No. 5: Community involvement in child protection programme	Very Effective	Effective		Average	Not Effective	Not very Effective
Intervention No. 6: Multi - sectoral working in child protection service provision during	Very Effective	Effective		Average	Not Effective	Not very Effective
Intervention No. 7: Resource allocation for child	Very Adequate	Adequate		Average	Not Adequate	Not Very Adequate
Intervention No. 8: Capacity building programmes for Service Providers	Very Frequently Provided	Occasionally Provided		Not Sure	Rarely Provided	Not Provided
Intervention No. 9: media-based child protection interventions	Very Effective	Effective		Average	Not Effective	Not Very Effective
Intervention No. 10: Responsiveness of child protection services to the needs of the child	Very Responsive	Responsive		Average	Not Responsive	Not Very Responsive

15. As a service provider, are there any significant trends (new developments) or changes which have emerged in child abuse and protection during the COVID-19 era?

Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
5	4	3	2	1

16. If you agree to the above question what trends/changes and emerging issues did you notice during the COVID-19 in relation to child protection?

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17. How did these trends or changes affect the delivery of child protection services?

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Objective 3: To examine Risk factors child abuse Arising from Child Protection interventions during COVID-19?

18. What were the risk factors contributing to child protection interventions?

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19. What child, parental and environmental risk factors contributing to the occurrence of child abuse during COVID-19?

Child Risk Factors	Tick Only One
Age of the Child	
Gender of the Child	
Physical Appearance or Disability	
Lack of attachment between the Parent and the Child	

Parental Risk Factors	Tick Only One
Parental substance abuse	

Parental absence	
Parental unrealistic expectations of the child	
Parental mental health status	
Step parent	
Young and unsupported parents often with low education	

Environmental risk factors	Tick only one risk factor
Community substance abuse	
Movement restrictions during COVID-19	
Geographical location	
Community Violence	
Neighbourhood socio-economic poverty	

20. As a service provider, what risk factors in relation to child protection arose during the pandemic?

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21. Describe child protection interventions which were provided and led to risk factors site above during COVID-19 era?

.....

Objective 4: To determine the perceptions of Service Providers, parents and children on Child Re-Integration

22. As a service provider, do you think re-integration is done in the best interest of the child?

Strongly agree	Agree	Not sure	Disagree	Strongly Disagree

23. As a service provider, rate the responsiveness of re-integration programme to the specific needs of the child. Tick where appropriate

Responsiveness of reintegration to Children needs	Tick where appropriate					
	Very	Responsive	Average	Not sure	Not responsive	Not very responsive
Ensure that children are prepared to be reunited with the family before reintegration						
Ensure that home assessment is done before re-integration						
Ensure that children have adequate shelter or a home after re-integration						
Have sufficient food after re-integration						
Safe from harm						
Ensure that children are positively embraced by the family after re-integration						
Follow-up after re-integration						
Ensure the child attend school after						
Provide skills training for children who cannot go back to school						
Empowerment of vulnerable families after re-integration						

24. How do you rate the sustainability of the re-integration programme of children at risk?

Tick where appropriate				
Very sustai nable	Sustai nable	Sustai nable	Sustai nable	Sustai nable

25. What are your views on re-integration of children into family-based care after the abuse?

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26. As Service Providers, what would you suggest to be done to improve child protection during a pandemic in future

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THE END

THANK YOU FOR YOUR PARTICIPATION

Appendix 2: qualitative interview guide for child protection service providers



ID

CODE _____

**THE UNIVERSITY OF ZAMBIA
DIRECTORATE OF RESEARCH AND GRADUATE STUDIES**

TITLE OF RESEARCH: Exploring Child Risks and Protection Interventions during the COVID-19 in Lusaka District Zambia

CHILD PROTECTION SERVICE PROVIDER QUESTIONNAIRE

Qualitative Interview Guide

1. From your perspective, what emerging trends have you observed in the occurrence of child abuse during the COVID-19 pandemic in Lusaka district?
2. Can you identify any child risk factors that have arisen specifically due to child protection interventions implemented during the pandemic?
3. How would you evaluate the responsiveness of selected child protection interventions during the COVID-19 pandemic? Are there notable successes or challenges?
4. What insights can you share about the perceptions of child re-integration among child protection service providers, and how have these perceptions evolved during the pandemic?

Appendix 3: Parent or Caregiver's Interview Guide



ID CODE: _____

**THE UNIVERSITY OF ZAMBIA
DIRECTORATE OF RESEARCH AND GRADUATE STUDIES**

TITLE OF RESEARCH: Exploring child Risks and Protection Interventions during the COVID-19 in Lusaka District Zambia
Qualitative interview guide

How do you perceive the overall safety and well-being of your child during the COVID-19 pandemic compared to before?

1. What challenges or risk factors do you think have arisen for your child as a result of child protection measures implemented during COVID-19?
2. How satisfied are you with the child protection interventions and support provided during the pandemic? Can you provide examples of what worked well or what could be improved?
3. In your opinion, how has the pandemic influenced your child's re-integration into the community, school, or social activities?

Mixed Method Interview guide

INSTRUCTIONS TO RESPONDENTS

Please, tick in the space provided [✓] for your appropriate response for each question and write brief responses in the blank spaces provided.

1. Township.....
.

2. Gender Female male

3. Relationship to the child

i. Mother ii. Father iii. Auntie/uncle iv. Sibling

v. Grandparent

4. What is your education qualifications

- v. Never been to school vi. Primary vii. Secondary
 viii. Tertiary education

Objective 1: To examine the efficiency of child protection interventions during the COVID-19?

5. How would you rate child protection Service Providers to response to child protection interventions in terms of preparedness during COVID-19?

- VI. Very Prepared
 VII. Prepared
 VIII. Average
 IX. Not Prepared
 X. Not Very Prepared

6. As a parent how effective are child protection programme implementation performance to respond to service needs during the COVID-19?

- VI. Very effective
 VII. Effective
 VIII. Average
 IX. Not Effective
 X. Not Very Effective

7. Rate the following indicators of child protection interventions during the COVID-19 pandemic. (Rate items by ticking () in the appropriate box

Child Protection Intervention Indicator	Response				
	Very Effective	Effective	Average	Not Effective	Not Very Effective
Intervention: Service Providers protection of children from abuse during the COVID-19 Pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervention: Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Providers Provision of psycho social support to children and family	Effective			Effective	Effective
Intervention: Service Providers Partnership with the parents in child protection	Very Effective	Effective	Average	Not Effective	Not Very Effective
Intervention: Service Providers Community involvement in child protection programme	Very Effective	Effective	Average	Not Effective	Not Very Effective
Intervention: media-based child protection interventions during the pandemic	Very Effective	Effective	Average	Not Effective	Not Very Effective
Intervention: Responsiveness of child protection services to the needs of the child	Very Responsive	Responsive	Average	Not Responsive	Not Very Responsive

8. What are your views about child protection interventions during the pandemic as regards to partnership with parents, community involvement, responsiveness of child protection to the needs of the children, provision of psychosocial support to abused Children

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Objective 2: To examine emerging trends in Child Protection interventions during COVID-19

9. As a parent, are there any significant trends (new developments) or changes which have emerged in child abuse and protection during the COVID-19 era?

Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
5	4	3	2	1

10. If you agree to the above question what trends or changes and emerging issues did you notice during the COVID-19 in relation to child protection?

.....

.....

.....

11. How did these trends/changes affect service delivery or access to child protection services?

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Objective 3: To examine Risk factors child abuse Arising from Child Protection interventions during COVID-19?

12. What were the risk factors contributing to child protection interventions?

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13. Rate cases of child abuse that are common or high in your community?

Type of Abuse	Tick Where Appropriate				
	Very High	High	Moderate	Low	Very Low
Sexual Abuse					
Child Marriage					
Child Labour					
Physical Abuse					
Child Neglect					
Psychological Abuse					
Economic Abuse					
Any other not Mentioned					

14. As a parent which children do you think were vulnerable to abuse during the pandemic?

Category of Children	Tick Where Appropriate				
	Very High (5)	High (4)	Neutral (3)	Low (2)	Very Low (1)
Children at Home					
Children in Institutional Homes					
Children on the Streets					
Juvenile Offenders					
Others					

19. What were the risk factors contributing to child protection interventions?

.....

20. What child, parental and environmental risk factors contributing to the occurrence of child abuse during COVID-19?

Child Risk Factors	Tick Only One
Age of the child	
Gender of the child	
Physical appearance/disability	
Lack of attachment between the parent and the child	

Parental Risk Factors	Tick Only One
Parental substance abuse	
Parental absence	
Parental unrealistic expectations of the child	
Parental mental health status	
Step parent	
Young and unsupported parents often with low education	

Environmental Risk Factors	Tick Only One Risk Factor
Community substance abuse	
Movement restrictions during COVID-19	
Geographical location	
Community Violence	
Neighbourhood socio-economic poverty	

21. As a parent, what risk factors in relation to child protection arose during the pandemic?

.....

22. Describe child protection interventions which were provided and led to risk factors site above during COVID-19 era?

.....

Objective 4: To determine the perceptions of Service Providers, parents and children on Child Re-Integration

23. As a parent, do you think re-integration of children is done in the best interest of the child?

Strongly agree	Agree	Not sure	Disagree	Strongly Disagree

24. As a parent, rate the responsiveness of re-integration programme to the specific needs of the child. (Tick where appropriate)

Responsiveness of Re-Integration to Children Needs	Tick Where appropriate					
	Very Responsive	Responsive	Average	Not Sure	Not Responsive	Not Very Responsive
Ensure that children are prepared to be reunited with the family before re-integration						
Ensure that home assessment is done before re-integration						

Ensure that children have adequate shelter or a home after re-integration						
Have sufficient food after re-integration						
Safe from harm						
Ensure that children are positively embraced by the family after reintegration						
Follow-up after re-integration						
Ensure the child attend school after						
Provide skills training for children who cannot go back to school						
Empowerment of vulnerable families after re-integration						

25. How do you rate the sustainability of the re-integration programme of children at risk?

Tick Where appropriate				
Very Sustainable	Sustainable	Sustainable	Sustainable	Sustainable

26. What are your views on re-integration of children into family-based care after the abuse?

.....
.....
.....

27. As a parent share your experiences on re-integration of children into family-based care after the abuse?

.....
.....

28. As a parent, what would you suggest to be done to improve child protection during a an emergency in future

.....
.....
.....

THE END

THANK YOU FOR YOUR PARTICIPATION

Appendix 4: Children Semi-Structured Interview Guide



ID

CODE _____

THE UNIVERSITY OF ZAMBIA

DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

TITLE OF RESEARCH: Child Protection Services in the Covid-19 Era: An assessment of the risks and child protection Interventions in Agile Circumstances in Lusaka

Children Semi-structured interview guide

1. Location/Township.....
.....

2. Gender Boy [] girl []

3. Age range

i. 8-12 years ii. 13-15 years iii. 16-18 years

15. Do you go to school?

i. Yes ii. No

16. If the answer to the above question is yes state the level of schooling

i. Primary ii. Secondary iii. Drop out

4. Do you know the meaning of child abuse?

i. Yes ii. No iii. Not sure

5. If the answer to the question above is yes, explain

.....
.....
.....

6. Is child abuse a problem in your community?

i. Yes ii. No

iii. Not sure

7. Where does child abuse occur Most?

i. School ii. Home iii. Community iv. Any other

8. What was the gender of the abuser?

i. Female ii. male

9. Who was the abuser?

1. Biological parent	Tick
2. Stepparent	
3. Sibling	
4. Caregiver	
5. Relative/family member	
6. Family friend	
7. Peers/friends	
8. Stranger	
9. Teacher	
10. any other	

10. What type of abuse did you experience?

Type of abuse	Tick
I. Sexual abuse	
II. Child marriage	
III. Child labour	
IV. Physical abuse	
V. Child neglect	
VI. Psychological abuse	
VII. Economic abuse	
VIII. Any other not mentioned	

Qualitative questions

Objective 1: To examine emerging trends in Child Protection interventions during the COVID-19 Pandemic

- 11. How did COVID-19 affect your protection as a child?
- 12. During COVI-19, explain how certain things in your community
- 13. Can you share your experiences or observations regarding any changes or trends in how children are treated or protected during the COVID-19 pandemic?

Objective 2: 2. To examine perceived child abuse risk factors arising from child protection during COVID-19 in Lusaka district

- 14. As a child, what puts you at risk of being abused?
- 15. What do you think are the most risk factors to abuse at home?
- 16. What do you think are the most risk factors to abuse in your community?

6. Objective3: To explore the responsiveness of selected child protection interventions during the COVID-19 pandemic

17. Do you know child protection services?

- i. Yes
- ii. No

18. If the answer to the above question is yes As a child, tell me how accessible are child protection services in your community

.....
.....
.....

19. Tell me are child protection services responsive to your needs as a child or provides you with what you need as a child?

.....
.....
.....

20. Can you share your experiences or observations regarding any changes or trends in how children are treated or protected during the COVID-19 pandemic?

.....

.....
.....

Objective 4: Child Re-Integration Process

21. As a child, do you think re-integration is done in the best interest of the child?

22. Tell me about what happened to you when you were reunited with the family

23. What do you want the government to do in order to protect the children?

.....
.....

24. What do think the parents/family should do to protect the children?

.....
.....

25. What do you think the community should do to protect the children?

.....
.....
.....

THE END

Appendix 5: Ethical clearance



THE UNIVERSITY OF ZAMBIA DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

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APPROVAL OF STUDY

IORG No. 0005376
HSSREC IRB No. 00006464

3rd November, 2022

REF NO. HSSREC:-2022-OCT.007

Ms. Marien Matafwali,
The University of Zambia
School of Education,
P.O. Box 32379,
LUSAKA.

Dear Ms. Matafwali,

RE: "CHILD PROTECTION SERVICES IN THE COVID- 19 ERA: AN ASSESSMENT OF THE RISKS AND IMPLICATIONS OF INTERVENTIONS IN AGILE CIRCUMSTANCES IN LUSAKA"

Reference is made to your submission of the protocol captioned above. The HSSREC resolved to approve this study and your participation as Principal Investigator for a period of one year.

REVIEW TYPE	ORDINARY REVIEW	APPROVAL NO. HSSREC:-2022-OCT.007
Approval and Expiry Date	Approval Date: 3 rd November, 2022	Expiry Date: 2 nd November, 2023
Protocol Version and Date	Version - Nil.	2 nd November, 2023
Information Sheet, Consent Forms and Dates	<input type="checkbox"/> English.	To be provided
Consent form ID and Date	Version - Nil	To be provided
Recruitment Materials	Nil	Nil
Other Study Documents	Questionnaire.	
Number of Participants Approved for Study		

Towards Improving Service and Excellence in High Education Beyond Fifty Years

Appendix 6: Article publication



ABOUT THE AUTHORS

Marien Matafwali: Research PhD Candidate Scholar, University of Zambia, Zambia, *Joseph Mandyata* Research Supervisor, Dr., University of Zambia, Zambia, and *Francis Simui* Research Supervisor, Professor, University of Zambia, Zambia

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SHADOWS OF THE GLOBAL PANDEMIC: A STUDY OF PERCEIVED CHILD RISK FACTORS PREDISPOSING CHILD ABUSE DURING THE COVID-19 IN LUSAKA, ZAMBIA

*Marien Matafwali*¹, *Joseph Mandyata*², *Francis Simui*³

Abstract

The study sought to examine the perceived risk factors contributing to child abuse during the COVID-19 pandemic in Zambia. A mixed-method approach supported by a concurrent triangulation research design was used in the study. The sample was 107; involving 92 service providers and 15 parents/caregivers. The participants were selected using expert and homogeneous purposive sampling approaches. A questionnaire involving closed and open-ended questions was employed in the

collection of data. In quantitative analysis, the study used Statistical Package for Social Sciences (SPSS) to arrive at primary descriptive statistics and inferential test results. Qualitative data was analysed using a thematic approach. Documentary data analysis was used to arrive at secondary data to supplement primary data. The study revealed that despite a decrease in reported child abuse cases during the pandemic, various risk factors persisted such as: age of the child, gender of the child, lack of parent-child attachment, physical or developmental disabilities, gender disparities, and increasing child vulnerability. It was evident from the study that, pandemic-related child protection services needed targeted strategies that addressed individual, familial, and societal factors, with a focus on prevention, intervention, and support measures to safeguard children. The study, therefore, emphasizes the need for comprehensive child protection interventions, including the creation of safe spaces, community awareness programmes, food security, mental health support, and fast-track court services.

Keywords: child abuse; risk factors; COVID-19 pandemic; child protection; child safety

Article visualizations:

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Issue: <https://oapub.org/edu/index.php/ejes/issue/view/333>

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