



Sema

NATIONAL CHILD HELPLINE ANNUAL REPORT

**January – December
2020**





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Summary

2020 saw an increase of counsellors working at the National Child Helpline's mainland call centre which increased the child helpline's capacity to handle calls. There was therefore an increase of cases handled by the helpline by over 250% compared to 2019. The helpline received over 1.2 million calls and over 300k calls were handled by counsellors at the helpline and over 880k calls listened to the Interactive Voice Response (IVR) messages.

Data indicate a correlation between location of callers and location of children who needed helpline's interventions. There are also more male callers and male clients than female callers and clients. **Despite a higher number of boys requiring the helpline's service, in VANE (Violence, Abuse, Neglect & Exploitation) cases, the number of girls affected was almost twice as high as boys. Although most clients were aged 0-5, (26%), a large number of youth also contacted the National Child Helpline (21%).**

Calls from families with both parents present, fell under the Nutrition and Advice & Counselling categories. VANE was only the fourth highest reason for calling. On the other hand, VANE ranked as the second highest reason for calling for single-parent households, followed by concerns of Child Maintenance & Custody.

All 26 regions received calls though regions in South Eastern Tanzania had a significantly lower number of calls. In most regions, the leading reason for calling was information seeking except Dar es Salaam and Pwani regions both of which had a higher number of VANE cases than any other call.

Lessons learnt include the importance of awareness creation both on the helpline service as well as on parenting and child protection and the importance of partnerships including on human resources at the helpline.

It should be noted that there may be slight variations with data shared in previous reports as counsellors have followed up on and updated their cases since the last reporting period.

PART I: INFORMATION ON CALLS.

1. Total Calls at the CHL

From January – December 2020 the National Child Helpline received a total of 1,208,727 calls out of which: 896,587 were responsive calls, 838,446 were callers who listened to IVRs; 7,369 total number of cases referred for services; and 312,140 were non-responsive calls. The responsive calls that were directly responded to by both human counsellors and the AI also known as the IVR account for only 74% of the calls received. Yet breaking that further down you will find that only 1% of all call were directly handled by counsellors. This means that all only 1% of calls were referred to a government department nearest to the caller via formal referral process, for services.

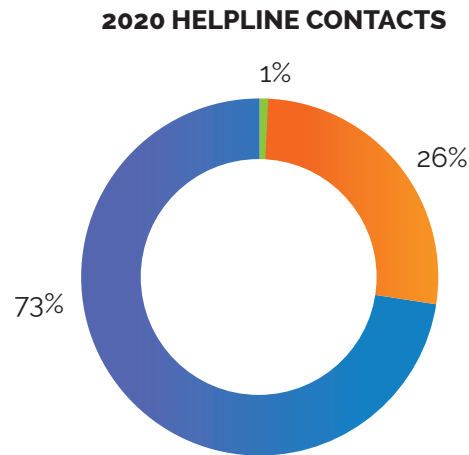


Fig 1: Helpline Contacts

2. Responsive & Non-Responsive Calls Handled at the Call Centre

Collectively, counsellors handled about 26,625 calls per month (614 responsive calls & 26,011 non-responsive calls) and 887 calls per day (slightly over 34 responsive calls and 853 non-responsive calls). The call centre has 31 counsellors which means that the yearly average of calls handled by each counsellor was 10,307 calls (238 responsive calls and 10,069 non-responsive calls). This means that on average, each counsellor handled about 28 calls a day. In addition to calls handled by counsellors, about 2,291 callers listened to IVRs daily.

Out of the 312,140 non-responsive calls, 6,070 were calls with feedback on different cases. 15,081 of these were callers who tried reporting cases but they had insufficient information for counsellors to open cases. Callers with insufficient information were requested to call back once they had more information. 3,036 calls were transferred between counsellors at the call centre either because repeat-callers specifically requested counsellors who were already handling their case or because certain counsellors had particular expertise such as nutrition and mental health.

PART II: INFORMATION ON CALLERS & CLIENTS (RESPONSIVE CALLS).

This section provides background information on reporters (callers) and helpline clients (usually children or young people) in need of the helpline's services. This helps us understand where most calls came from, who contacted the helpline most as well as the location, ages, gender, and household situation of the children we served.

1. Location of Callers

Most calls came from; Kagera (569), Rukwa (544), Dar es Salaam (468) and Dodoma (443). Regions with the fewest calls are Mtwara (89), Lindi (100), Pwani (103) and Katavi (104).

There was a great correlation between caller and client location indicating that most callers called about children that are near them daily; it was either parents calling with concerns related to their own children, concerned neighbours calling about children in their neighbourhoods or children calling to report cases themselves or on behalf of siblings/peers. Most clients were therefore in; Kagera (568), Rukwa (545), Dar es Salaam (455) and Dodoma (448). Regions with the fewest clients are Mtwara (88), Lindi (101), Pwani (101) and Katavi (104).

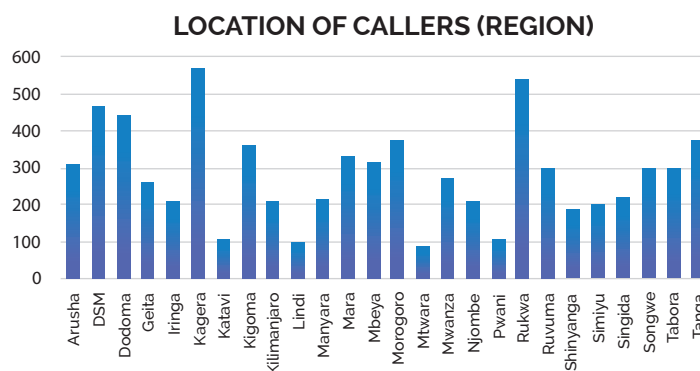


Fig 2: Location of Callers

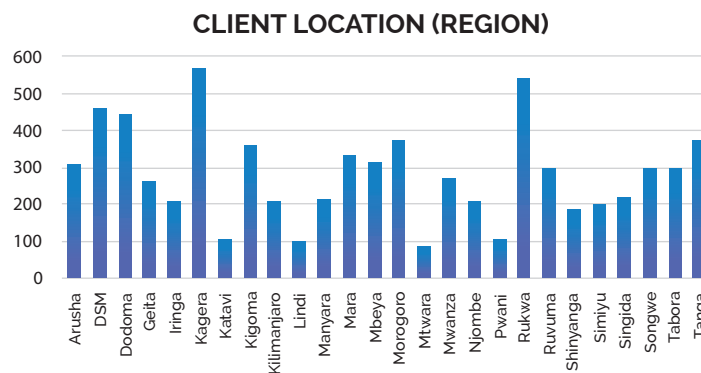


Fig 3: Client Location

As seen in Fig 4, most of the calls attended by the helpline were received in the second half of 2020 (Q3 & Q4). Between July and December, the National Child Helpline received a total of 5,347 responsive calls as follows; July had 339 calls, August had 932 calls, September had 943 calls, October had 1,522 calls, November had 820 calls and December had 791 calls. This increase in calls from 2,022 cases received in the first half of the year is attributed mainly to an increase in the number of counsellors at the child helpline in the second half of the year.

August saw an increase of 593 calls from 339 calls received in July after 12 counsellors joined the team supported by BRAC Maendeleo Tanzania. BMT also increased awareness via SMS sent to parents in their Play Labs, as well as through radio programmes, school and community outreach. In October, there was an increase of 579 calls from the previous month. A large number of those calls were the result of TAMISEMI creating awareness on 116 via SMS as well as media awareness done during the Day of the Girl Child.

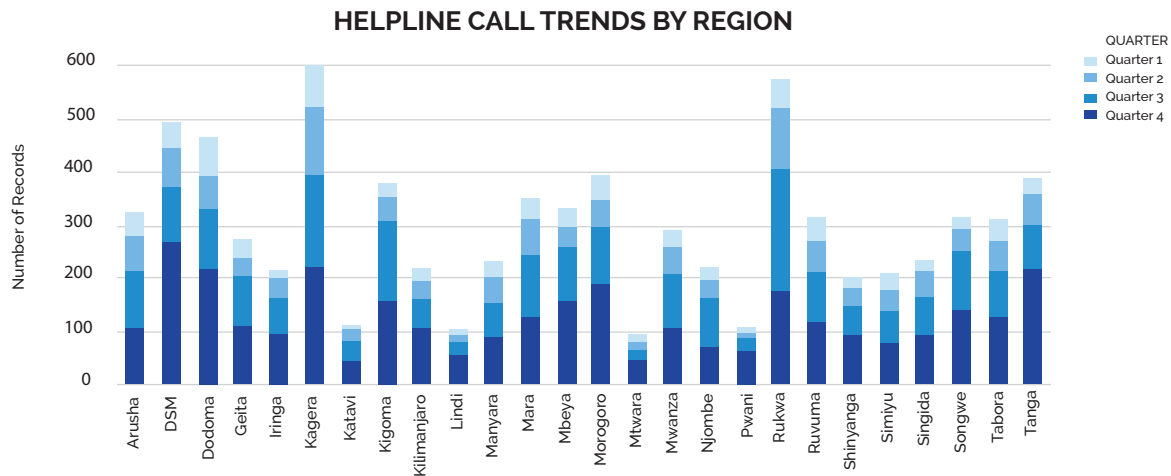


Fig 4: Helpline Call Trends by Region

2. Gender of Callers and Clients

58% of the callers contacting the CHL were male compared to only 39% of female callers who contacted the helpline. Similarly, most clients were boys (53%) as compared to girls (43%).

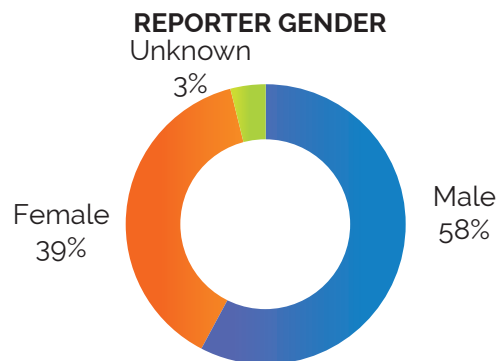


Fig 5: Reporter Gender

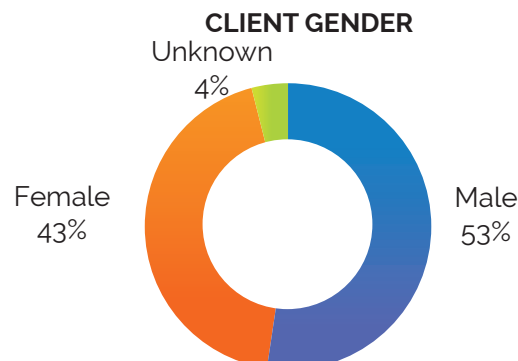


Fig 6: Client Gender

3. Age of clients

A majority of the clients were aged 0-5 (1,882). These calls were mainly made on nutrition particularly breast feeding, feeding & food preparation as well as balanced diet (1,034 cases). Most VANE cases were reported for children aged 11-15 (389 cases). A further breakdown of cases for each age category is found in the following section.

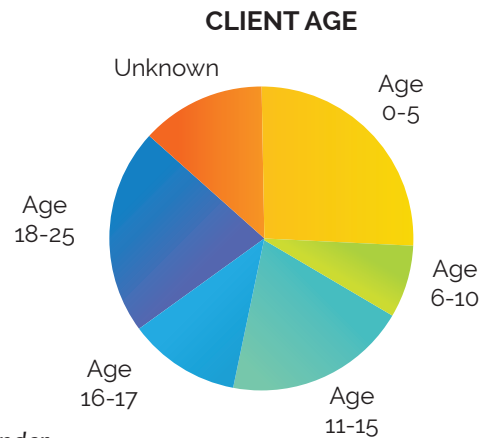


Fig 6: Client Gender

4. Household Type

Most clients come from homes with both parents present accounting for approximately 53.5% of all calls received at the helpline. 17.5% live with single parents, 10.3% live with their grandparents or a guardian and 1.3% live in child headed households.

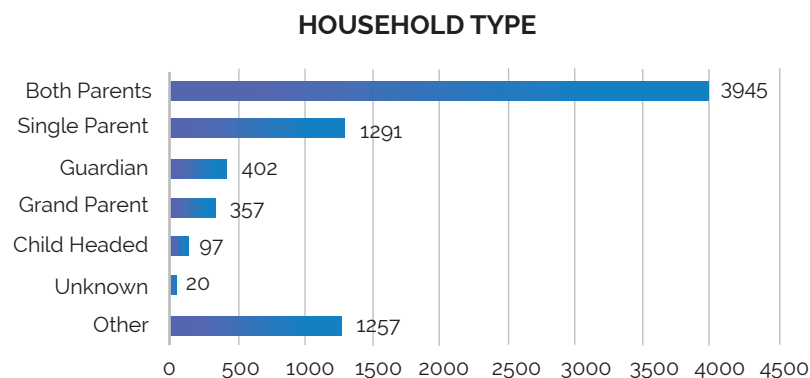


Fig 7: Household Type

For all household types, the largest number of calls were those seeking information including on issues of child abuse, children's rights, and the helpline service. For households with both parents, calls on Information were followed by calls about Nutrition (1100 calls); Advice & Counselling (611 calls); and VANE & OCSEA (357 calls). Households with single parents had a high number of calls on VANE & OCSEA (347 calls), and Child Maintenance & Custody (290 calls). After Information, child-headed households mainly called on issues of Advice & Counselling (17 calls) and VANE (15 calls).

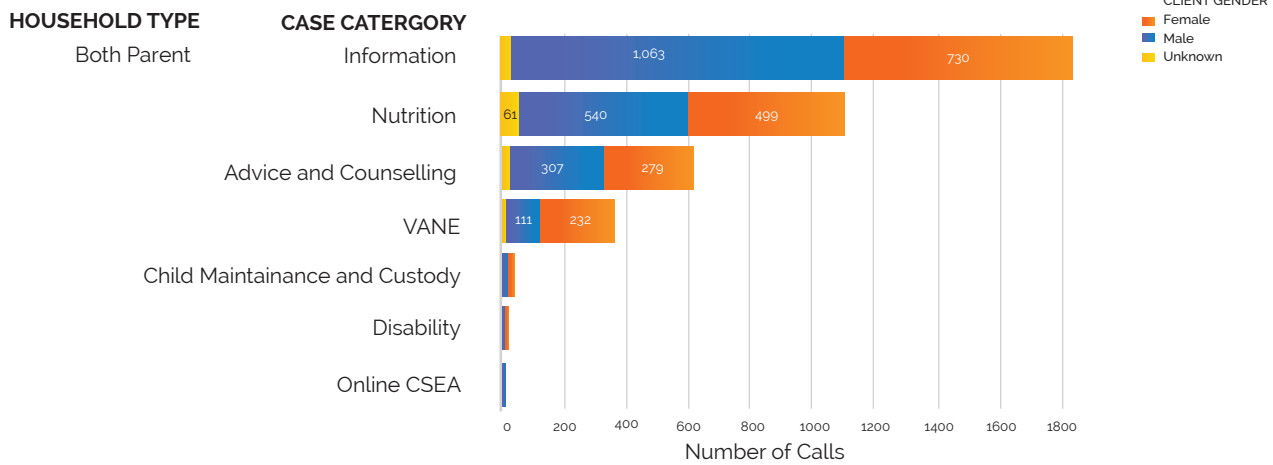


Fig 9: Types of Calls Received for Households with Both Parents

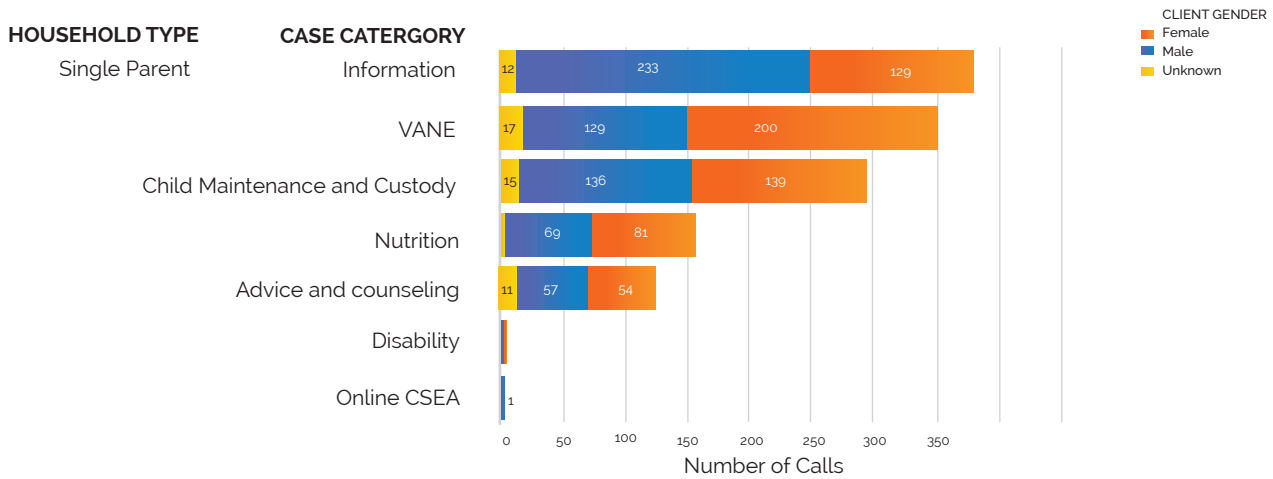


Fig 10: Types of Calls Received for Households with Single Parents

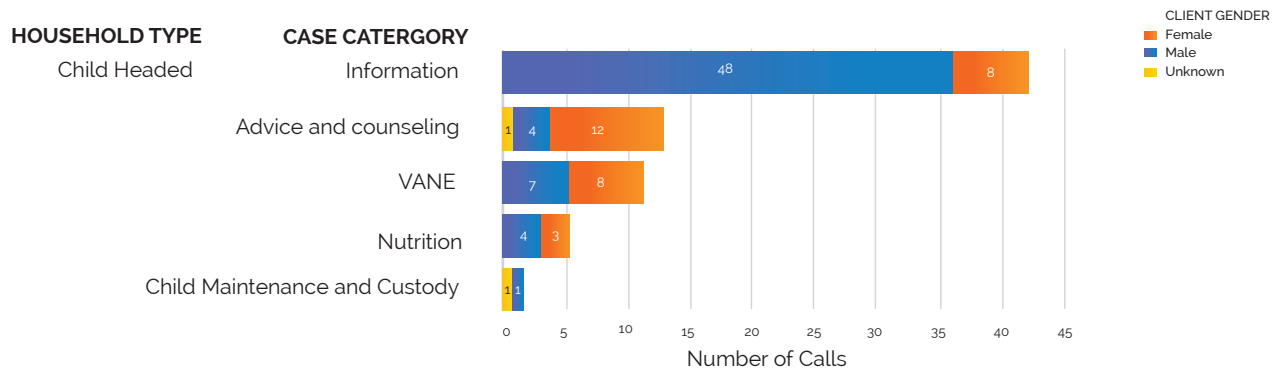


Fig 11: Types of Calls Received for Child-Headed Households

PART III: CASE CATEGORIES.

Most callers to the helpline sought information including information on the services offered by the helpline, information on child rights and information on child abuse (3,416 calls). This was followed by callers with questions on Nutrition; particularly on breastfeeding, feeding and food preparation as well as a balanced diet for both young children (ages 0-5 mainly) and for expectant mothers (1500 calls). There were 1023 VANE cases (including two cases of OCSEA).

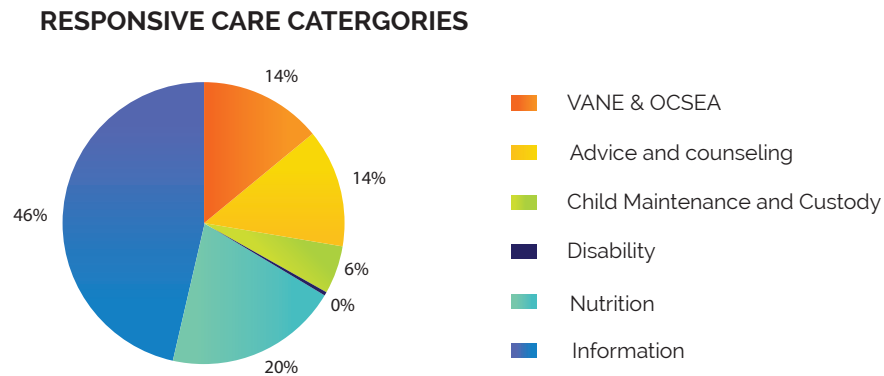


Fig 12: Responsive Cases

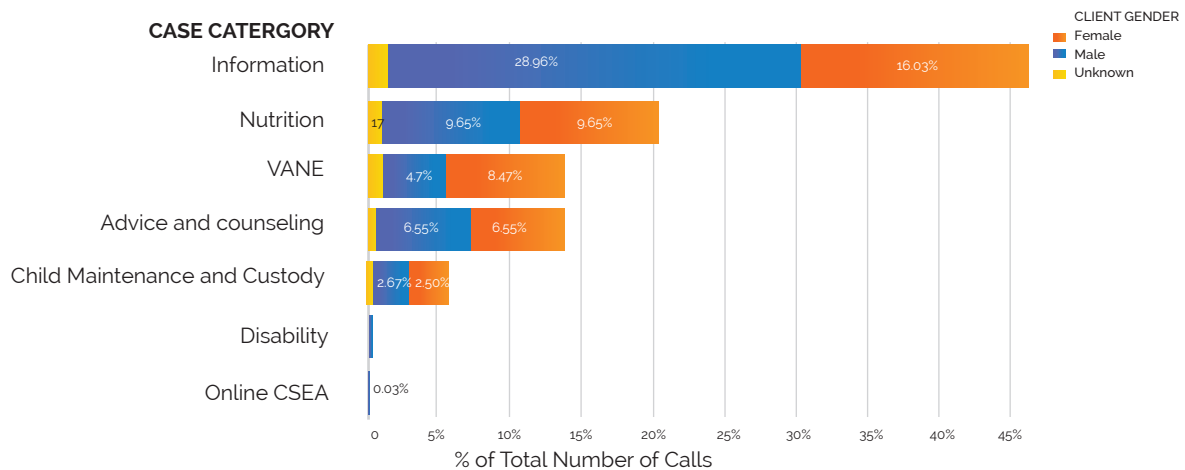


Fig 13: Type of Case by Client Gender

As seen in Figure 12, in most categories, there was almost an equal distribution of calls by client gender except for Information where more clients were male and VANE where cases concerned girls almost twice as many times than they did boys.

Information seeking was the leading reason for calls made across all regions except Dar es salaam and Pwani regions where the leading reason was callers reporting VANE cases (about 35% of all calls made from Dar es Salaam and 42% of all calls made from Pwani).

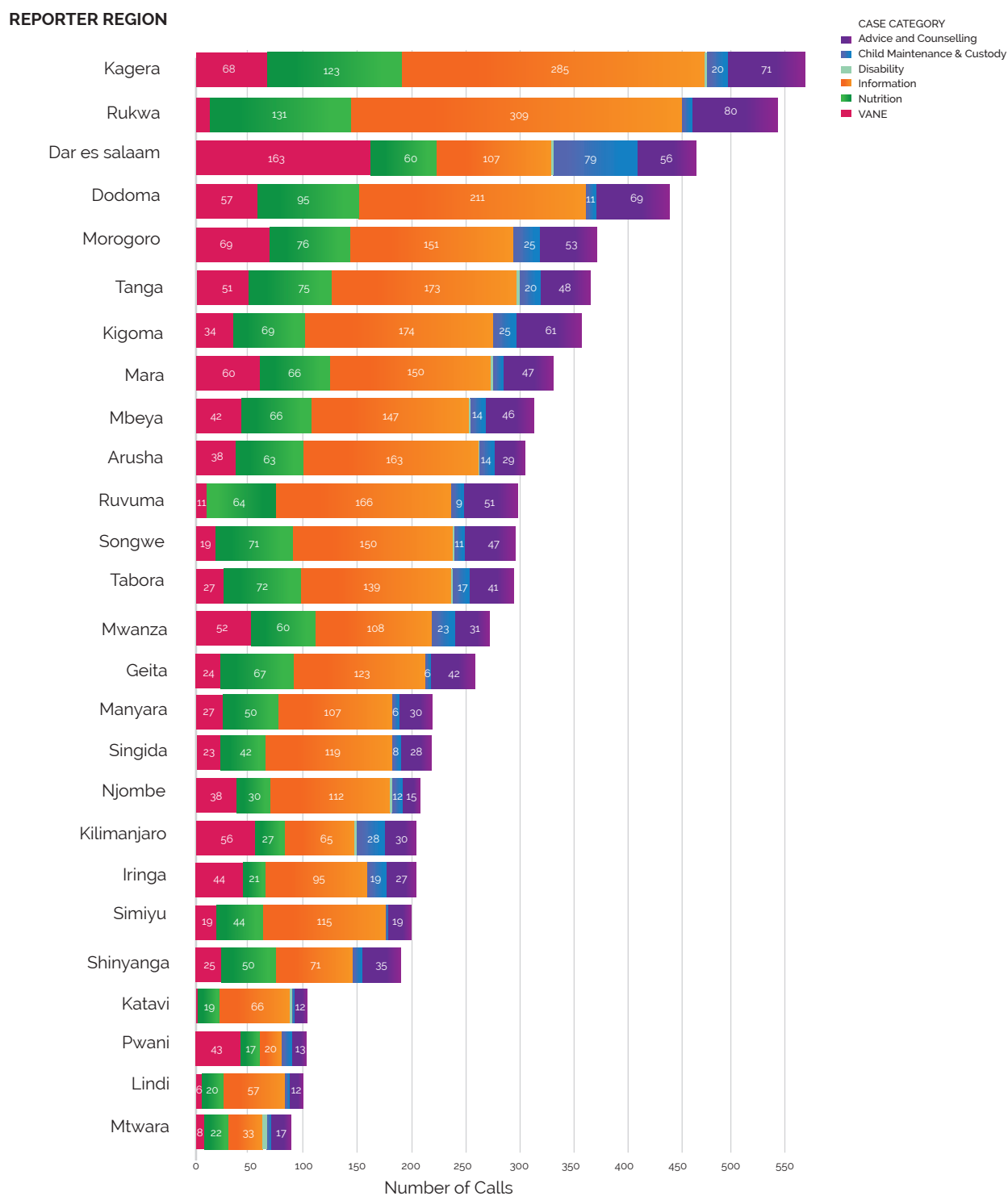


Fig 14: Type of Cases Received per Region

Category: VANE & OCSEA

The leading type of violence reported in 2020 was physical abuse, followed by neglect and sexual abuse. Although the helpline received more calls concerning boys overall, more VANE cases were received concerning girls (61%) than boys (34%) while about 5% of VANE cases concerned children whose gender was not identified.

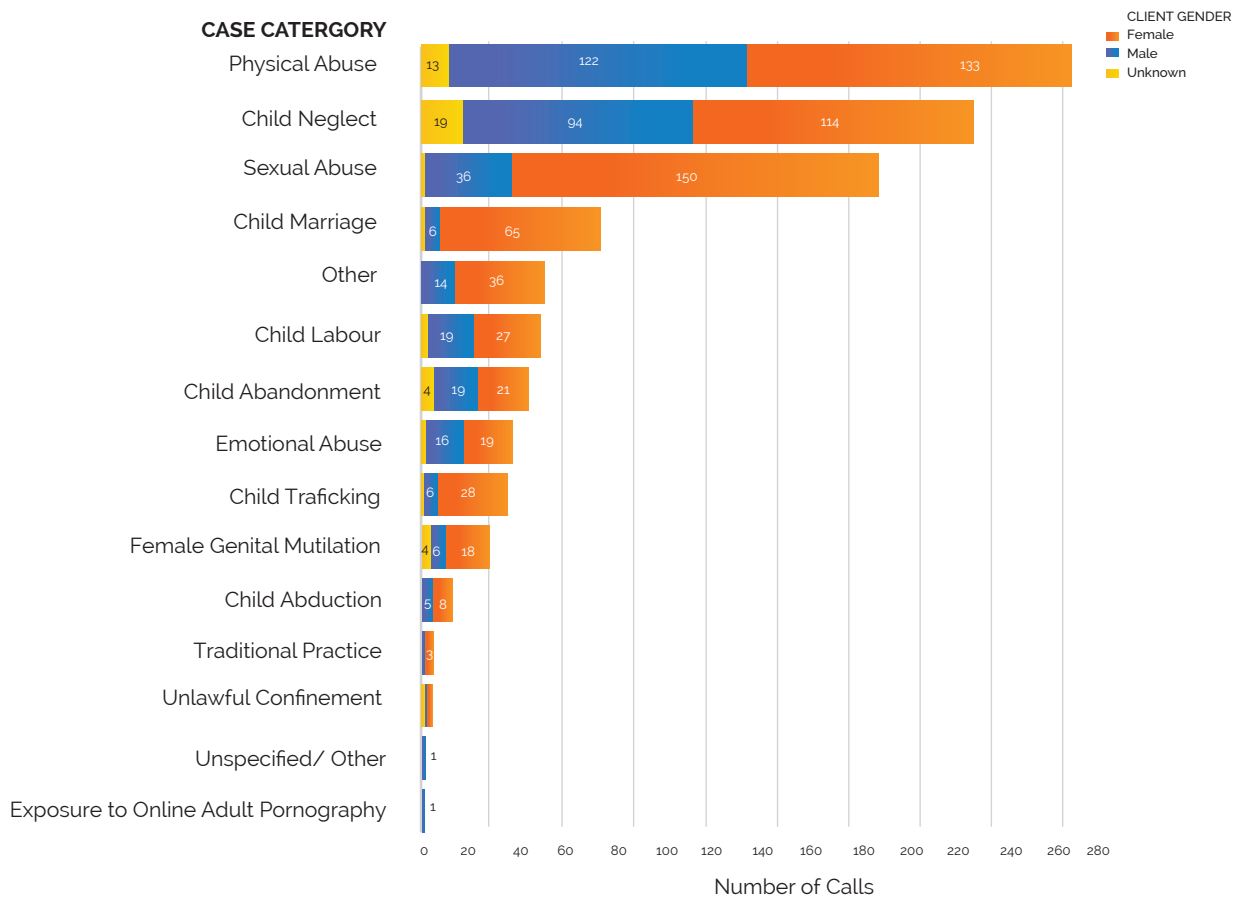


Fig 15: VANE Cases by Client Gender

Physical abuse reported included things such as; severe beating burning, and injuries resulting from physical abuse. From cases reported to the child helpline, girls were disproportionately affected by sexual abuse (79.8%) as compared to boys (19.1%). Children were sexually abused by their fathers/step-fathers, religious leader and by neighbours. It is also worth noting that although Female Genital Cutting is a type of violence that is done to girls, about 21% of all callers on FGC were boys who had concerns about FGC in their communities.

The age-group most affected by VANE was children aged 11-15 with 38.02% of all VANE cases reported falling within this age group. VANE was also the leading reason for contacts made for children aged 6-10 accounting for 35.8% of all calls made for this age group.

Case Study: Sexual Abuse

On 17th September 2020, the National Child Helpline received a call from a good Samaritan reporting about the sexual abuse of young girl named Jane (not her real name). He called 116 because when he called the village chair person, he had not taken any action and the police station was far from the place where the abuse happened. The caller needed help so that he could assist Jane. The CHL-counselor asked how the child was doing and he responded that she had been taken to a hospital and the man who had abused her had been captured and locked up in a room as they waited for the police.

The counsellor advised the good Samaritan to contact and collaborate with the Social Welfare Officer who would be able to take charge of the situation and help the girl. The counselor provided him with the SWOs telephone number and told him to share feedback on the case progress. A few days later, the counselor contacted the Good Samaritan. He explained that they had worked together with the police and the SWO and they were awaiting trial the following week.

The following week, the counselor contacted the SWO and learnt that the perpetrator had been sentenced to jail. The SWO was now working with the child and providing psychosocial support to help her recover. She thanked the helpline for the support.

Category: Nutrition

In this category, most calls were about feeding & food preparation, breastfeeding and questions around a balanced diet. Callers sought information on how to prepare food for children under 5 and how often to feed children. Callers also asked about what food is needed for children aged 1-3 and pregnant women. They were advised on the 5 important food groups as well as the number of meal and snack times that are recommended. Parents (mainly fathers) called asking how to feed children under 6 months and if they could stop breastfeeding or introduce complementary foods.

68.9% of all the nutrition cases received concerned children aged 0-5. This includes calls made by parents seeking nutrition advice for expectant mothers and their unborn babies.

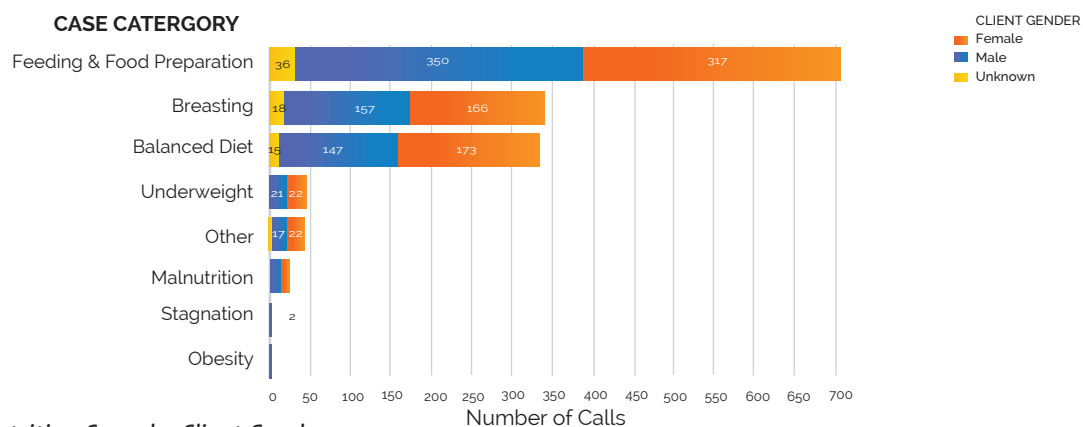


Fig 16: Nutrition Cases by Client Gender

Case Study: Feeding & Food Preparation

On 7th Oct 2020, a mother was in need of counselling concerning her daughter aged 1-year and 6-months who for the past month had been refusing to eat her meals well and she cried a lot. The mother had already taken her daughter to the hospital for a checkup. The baby was found to be healthy but she was given Vitamin B complex to help increase her appetite. As she spoke with the mother, the counsellor realised that they were using different cooking oil to prepare meals after moving to a new region.

The counsellor explained that some of reasons for her daughter's loss of appetite may be the change of cooking oil as well as the new environment. Therefore, she was advised to use the previous cooking oil and continue feeding her daughter proper meals to ensure her child ate well. If the problem persisted then they would have to visit the hospital again for proper checkup. On 22nd Oct 2020, the mother called with feedback to appreciate the counselling provided because her daughter now eats her meals without refusing and sleeps well after she did everything the counsellor told her.

Category: Information

Calls seeking information account for 46% of all responsive calls made to the helpline. Information seeking was the leading reason for calls for all age groups except for children aged 0-5, who's cases were mostly nutrition concerns and children aged 6-10, where the largest number of calls were VANE cases.

Callers in this category sought information on the rights and responsibilities of children, parenting, why child abuse and child pregnancies are high, and questions around different types of abuse including specific questions about FGM and child marriage, laws and systems protecting children as well as laws around inheritance. There were also inquiries about ECE, school dropouts, how to do well in school, and what to do when teachers abuse children's rights. Calls seeking information on the helpline service itself account for 19.3% of these calls.

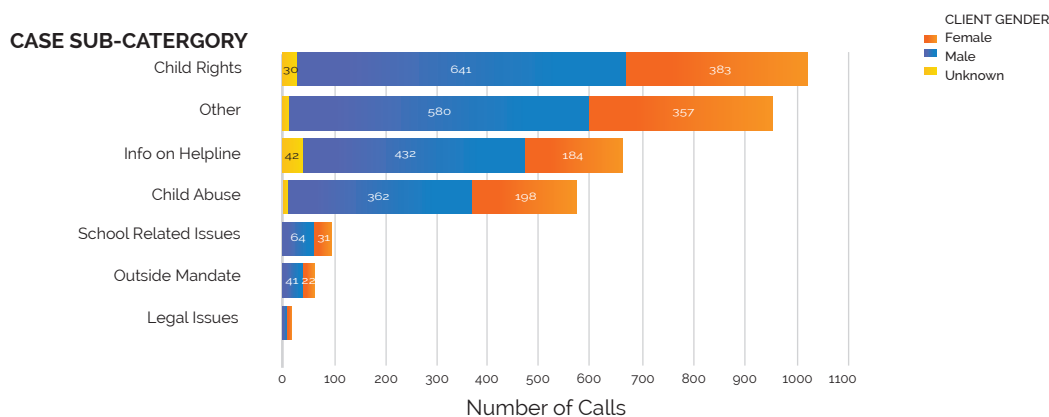


Fig 17: Information Cases by Client Gender

Case Study: School Related Issues/Education

On 13th October, the child helpline received call from a client who had learnt about the helpline from a flyer he got from the LGA offices. The caller wanted to know the specific age for a child to begin going to school. A child helpline counselor explained that at 3 years old, a child is ready for nursery school because at this age, it is a good chance for them to bond and interact with others as they perform simple tasks and learn differences things through play with their friends.

The counsellor further explained the importance of learning through play at this age and that a nursery school often provided a good environment to stimulate such learning. The client was happy to understand this and thanked the counselor for the information.

Category: Disability

These calls included concerns on hearing, visual and physical impairment. There were also concerns on mentally impaired children. In most instances, callers needed medical assistance and wanted to know how to better care for their children. There was also a case where a child was being mistreated and locked up due to her mental illness. 36.8% of disability calls concerned girls while 47.4% of disability cases concerned boys. Most disability cases were reported for children aged 0-5 (7 cases). This was followed by 4 cases each for children aged 6-10 and those aged 11-15.

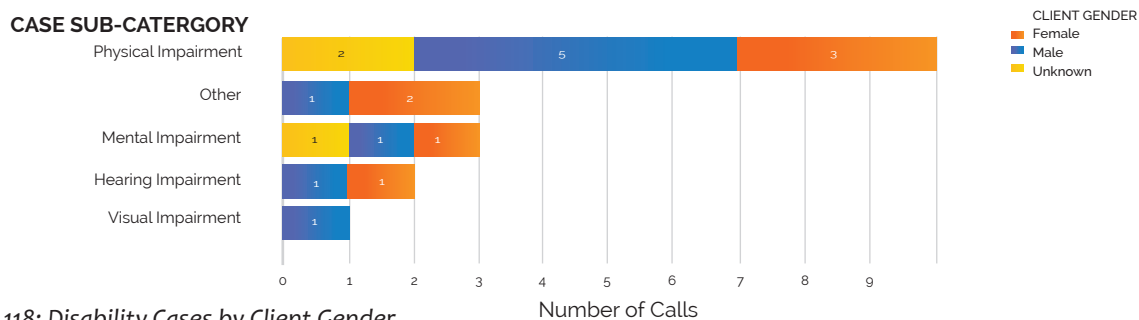


Fig 118: Disability Cases by Client Gender

Case Study: Multiple Disabilities

On 12th March 2020, a father called the helpline with concerns about his 3-year-old child named Agnes (not her real name) who had multiple disabilities since birth. He had tried to take her to the hospital for treatment but the doctor's report confirmed that the child had severe physical disabilities and they were unable to do anything about it.

The national child helpline counselor referred the case to the CCBRT Hospital for more treatment. The father contacted CCBRT for advice on what to do in order to help his daughter. He was advised to travel to in Dar es Salaam, because the services are provided within Dar es Salaam at a fairly affordable cost. The father agreed to go to Dar es Salaam with his daughter to begin treatment for her.

Category: Child Maintenance & Custody

About 5% of all the calls received in 2020 were on issues of child maintenance and custody. 7 out of 10 of all calls received under this category sought help in getting maintenance for the basic needs of children mainly from fathers that refused or neglected to provide child-support. 16.2% were calls on custody disputes between parents and inquiries about how to care for children left in one's care. 6.5% were inquiries about children without a care giver. There were also calls about separation of parents and how to coparent or reconcile.

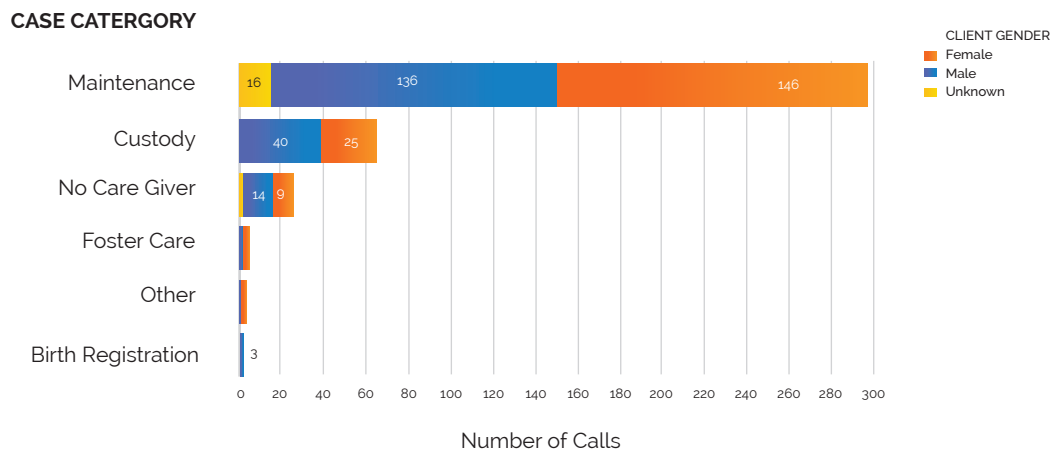


Fig 19: Child Maintenance & Custody Cases by Client Gender

Case Study: Maintenance

On 05th May 2020, a mother called the helpline to report her husband who had refused to provide maintenance for their 2-year-old son named Ethan (not his real name). "I tried to call him where he lives but refuses to take my calls. I have briefed most of his relatives about the situation and they advised me to call Baba Ethan's manager at work but the manager was so rude and disappointing. He insulted and verbally abused me which made me cry today. It was one of my friends who advised me to call this 116 for help," explained mama Ethan.

The National Child Helpline counsellor listened attentively and consoled Ethan's Mother. She was advised to be patient with the situation until the helpline found a service provider who would help her in her case. On 08th May 2020, the case was referred to the social welfare officer who also acknowledged working on it. On 12th May 2020, the National Child Helpline counsellor made a follow up with the SWO who said that Ethan's father had agreed to send maintenance to Ethan's Mother and on the very same day he had provided an amount of Tzs. 50,000/=. On 15th May 2020, Mama Ethan called the Helpline in order to thanking and appreciate the work that was being done for families. She explained that Ethan's father had sent money Via M-Pesa for Ethan's care and all was well.

Category: Awareness & Counselling

Physical health accounted for 54.1% of these calls with callers having concerns like illnesses & symptoms including; rashes, headaches, stomachaches, diarrhoea, coughing, vomiting, fevers & physical injuries. Sexual & Reproductive Health calls accounted for 12.6% of the calls in this category with a higher number of girls calling. Callers sought advice on menstruation, effects of masturbation, male circumcision, STIs/STDs, family planning & contraception, as well as pregnancy complications.

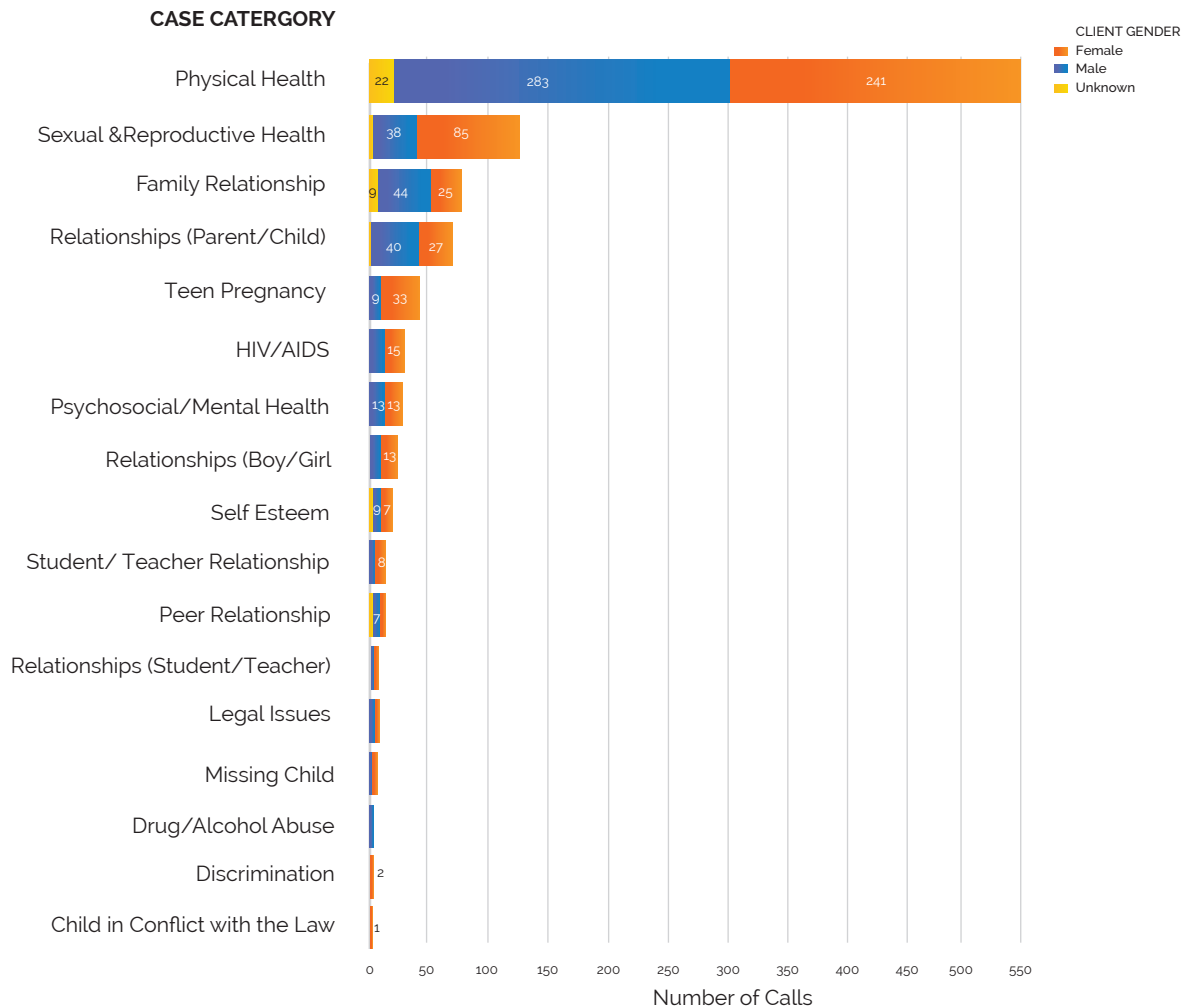


Fig 20: Awareness & Counselling Cases by Client Gender

Other callers under this category included parents seeking advice on how to handle misbehavior including truancy; callers also sought information on how to prevent HIV/AIDS, how to prevent mother-child transmission, and how to live with HIV/AIDS. Children and young people also sought advice on how to avoid sexual relationships at a young age and asked for advice on how to be more confident in and out of school.

Case Study: HIV/AIDS

On 04th Nov 2020, a father called the helpline seeking advice on his 14-year-old daughter who had been living with HIV/AIDS for one year now. She had completed her primary school in 2019 and hadn't succeeded to continue with secondary school education. After that, she had given up and didn't want to use ARVs which had led her health to weaken. He wanted to know what he could do to help her.

The counsellor first advised the father that acquiring HIV/AIDS is not the end of life and his daughter needed to understand that she can use ARV medication to reduce the virus rate of reproducing and immunity decline and she could live a relatively normal life if she would take care of herself. After a long conversation, the counsellor signposted the father to take his daughter to a hospital so that she could receive medication and counselling in order to improve her health status because people who live with HIV/AIDS use ARVs and life goes on. After a few days, the counsellor spoke with the father to know if he and his daughter had gone to the hospital. He said that his daughter was now doing better compared to before after he had taken her to see a therapist and she had been given medication.

Services Offered

Most callers were provided with awareness and information by counselors (55.6%). 925 (12.6%) cases received at the helpline were referred to child protection service providers while 326 cases (4.4%) were signposted. The 925 referred cases fall under the following categories: 653 were VANE cases; 230 were Child Maintenance & Custody; 27 were Advice & Counselling; 6 Disability; and 9 Information. Of the 326 cases that were signposted: 468 were VANE cases; 21 Child Maintenance & Custody; 204 were Advice & Counselling; 3 were Disability cases; 17 were Information; and 13 were Nutrition cases.

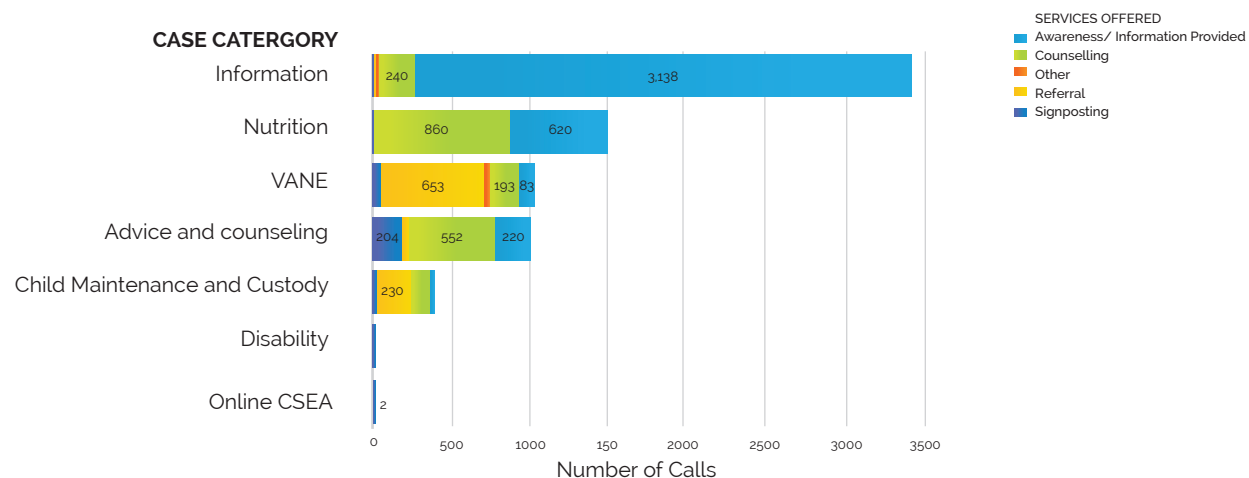


Fig 21: Services Offered to Helpline Clients

Out of the 925 referred cases, 87.2% were referred to social welfare officers; 3.2% were referred to Police Gender & Children's Desks; 9% were referred to Local Government Authorities 9% and only 0.5% were referred to other service providers including Education Officers, Community Development Officers, police stations without Gender & Children's Desks and the National COVID-19 hotline (199). In some cases, several service providers teamed up to help the children' however only the initial service provider to whom the cases were referred are represented in this data.

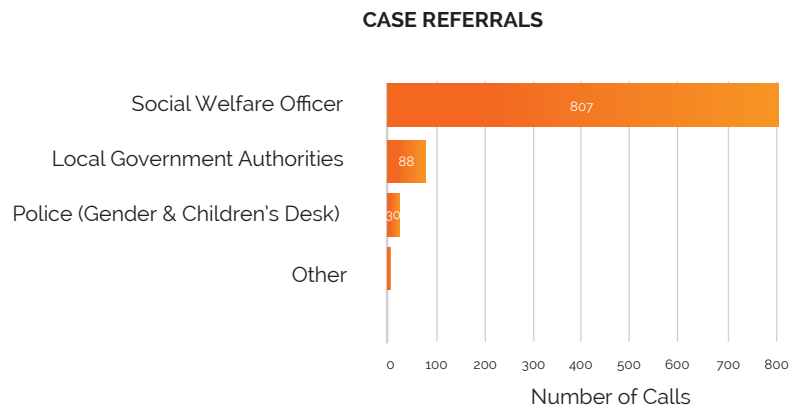


Fig 22: Case Referrals

PART IV: LESSONS & RECOMMENDATIONS

2020 data from the National Child Helpline provides us with several lessons:

1. An increase in human resources at the call centres can help increase the number of calls and cases that the helpline handles. An increase of counsellors in August helped more than double the call centre's capacity to handle both responsive and non-responsive calls. Having more counsellors at the call centre per shift also allows more time for them to follow up on cases as they take turns handling calls.
2. A combination of awareness raising efforts using different channels is key to increasing the number of calls received at the call centre. TAMISEMI's mass SMS awareness increased calls to the National Child Helpline but so did community, school and media outreaches done with support from partners like BRAC, UNFPA, Feed the Children, UNICEF and Care International. In addition to outreach activities targeting children and media awareness, there is a need for increased parenting sessions and outreach sessions targeting teachers as well.
3. Partnership in raising awareness and providing helpline services is key to increasing the number of calls received at the call centre. 2020 saw an increase in partnerships for awareness, outreach and even in serving clients at the helpline. Furthermore, a good working rapport and quick response from child protection service providers is key to providing holistic and quality services at the helpline.
4. Callers with 'Insufficient Info' are very high and this signifies a need for community members to know what critical information they need to have at hand so that Child Helpline Counsellors can help. This may also be a sign that counsellors need further training and supervision so that they know how to ask/prod callers for the right information.
5. Information seeking is still the leading cause of contact with over 45% of all responsive calls falling under this category. A majority of the callers in this category want to better understand child rights, how the helpline works to protect and help children as well a child abuse including signs of an abused child and where they can report if they know a child who is being abused. This shows there is still a need for more awareness so that callers can slowly move from being by-standers to active champions for children's rights.
6. Sexual abuse as reported at the helpline disproportionately affecting girls and abuse in general still remains a concern in the community. More needs to be done to protect children and sensitise communities against child abuse.





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