

Child Protection Learning Brief #4

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for every child



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CONTINUITY THROUGH CHANGE: Adapting programmes and services to ensure the protection of children during COVID-19

I. Introduction

Efforts to curb the spread of coronavirus disease 2019 (COVID-19) have contributed to a global child protection crisis by making it more difficult to provide children with the services and supports that they need to stay safe. Lockdowns

may force children and women to stay at home with an abuser or remain in a violent situation.¹ Children may have limited contact with friends, teachers or community members to whom they would normally turn for help; moreover, the constant presence of others, including abusers, can make it more difficult to report and seek help.² Restrictions on movement also make it challenging for social service workers to follow up with children in their care or to identify new sources of risk. As a result, many children at risk may stay out of sight.



“Throughout the pandemic, UNICEF has continuously adapted its programmes, services and strategies to protect children from imminent risks while addressing changing needs.”

The Child Protection Learning Briefs aim to extract, synthesise and analyse learning on child protection risks and programme adaptation in the COVID-19 pandemic, contributing to improving policy, advocacy and programme results during infectious disease outbreaks.

This learning brief examines how UNICEF has supported the continuity of efforts in child protection and in protecting women and girls at risk of gender-based violence (GBV) by adapting services and programmes during COVID-19. The brief is intended to assist UNICEF country offices and practitioners as they respond to the impact of infectious disease pandemics on the protection and well-being of children and families.

The COVID-19 pandemic has required UNICEF and its partners to find new and flexible ways to respond to child protection risks, including GBV against women and girls,³ and to promote the principle of the best interests of the child. UNICEF's approach has been informed by the UNICEF Child Protection Programming Framework.⁴ This framework offers guidance for preventing, mitigating and responding to the protection risks caused by the pandemic and lockdowns, while leveraging opportunities to strengthen the protective environment.



Since the beginning of the pandemic, UNICEF has been a knowledge leader, contributing to and disseminating technical notes, guidance and guidelines to help practitioners adapt interventions and programmes to ensure continuity of child protection and gender-based violence services in the context of the pandemic.⁵ Some of these include:

- [Technical Note: Protection of Children During the Coronavirus Pandemic \(V.2\)](#)⁶
- [Adaptation of Child Protection Case Management to the COVID-19 Pandemic](#)⁷
- [Social Service Workforce Safety and Wellbeing During the COVID-19 Response: Recommended actions](#)⁸
- [Gender-Based Violence Case Management and the COVID-19 Pandemic](#)⁹
- [COVID-19 Guidance on Remote GBV Services Focusing on Phone-based Case Management and Hotlines](#)¹⁰
- [CPIMS+ and the COVID-19 Pandemic](#)¹¹

The pandemic has necessitated the appropriate adaptation of programmes to respond to risks and concerns that have emerged or have been made worse.¹² These adaptations and innovations in child protection have taken various forms.

This learning brief elaborates key actions that UNICEF and its partners have taken to adapt services and innovate approaches to respond to child protection concerns during COVID-19.

II. Emerging challenges to reaching children at risk and providing protection services during COVID-19

COVID-19 has intensified the protection risks to many children and women in numerous ways: through illness or death, family separation and the loss of livelihoods, and by placing children and women at higher risk for violence, exploitation and abuse, including through increased time online.

The pandemic has also made it more difficult to reach children facing child protection concerns. During lockdowns, it is not always possible for social service workers to reach children who have experienced, or who are experiencing, violence and abuse at home in the same ways that they were able to before the pandemic. Some social services organizations have been temporarily closed, become inaccessible, or have been repurposed to respond to the pandemic.¹³

“Child protection systems were already struggling to prevent and respond to violence against children, and now a global pandemic has both made the problem worse and tied the hands of those meant to protect those at risk.”

– UNICEF Executive Director Henrietta Fore¹⁴



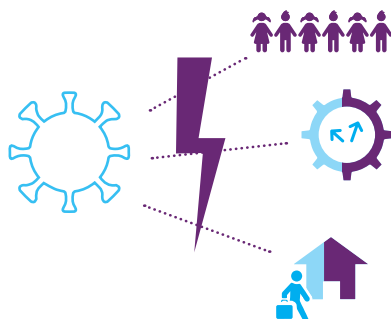
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The need to rapidly adapt social services amid the evolving pandemic situation, combined with physical distancing mandates, has made collaborations between different governments and child protection and social welfare actors more challenging. Governments are not always adaptable or financed sufficiently to make these types of adaptations easily accessible quickly enough to be effective.

The following figures illustrate the effect that COVID-19 disruptions have had on violence prevention and response services.



An August 2020 survey of 104 UNICEF country offices found:



- 1.8 billion children are impacted by the disruption of violence prevention and response services by COVID-19
- 52% of the countries reported a disruption of case management services or referral pathways to prevent and respond to violence against children
- 53% of these countries reported a disruption of household visits to children and women at risk of abuse¹⁵

How COVID-19 impacts the social service workforce¹⁶

The dynamics of COVID-19 have presented unique and often personal challenges to social service workers. Many workers have been tasked to continue their work with children and families in their professional capacity, while also grappling with the toll the pandemic is having on their own lives and families. They may worry about how to keep their own families safe, have concerns over school closures, or wonder whether the information they have about the virus is accurate. If their job requires them to do in-person follow-up or home visits, they may also experience stigma and discrimination

from those around them who fear they are spreading the virus.¹⁷ They are also not always entitled to the same level of access to personal protective equipment or vaccinations as health workers.

The COVID-19 crisis may also increase their workloads, especially where staff absences have escalated because of illness or fatigue. Many settings have experienced a spike in urgent child protection incidents that must be attended to through in-person services. Without adequate knowledge, protection or other incentives (e.g.,



health insurance, overtime), social service workers may be unable or reluctant to perform the tasks required of them. Without appropriate support or supervision, the emotional burden exacted by the threat of the virus and the demands of the work will have negative effects on their mental health and well-being, contributing to burn-out and ineffectiveness.

[For more information see: [Social Service Workforce Safety and Wellbeing during the COVID-19 Response: Recommended actions](#)]

Particularly in the earliest phases of the pandemic, the sudden shift from face-to-face to remote work without adequate planning or resources sometimes hampered the quality of services. In addition, remote adaptations during the pandemic mean that some social service workers may have little choice but to bring sensitive information and files into their own homes, posing a risk to privacy and potentially placing survivors in danger.¹⁸

While technological advances have introduced new possibilities for working remotely during the pandemic, insufficient access to technology, poor internet connectivity, or unfamiliarity with digital tools impedes the effectiveness of social service workers and can reinforce a digital divide. It is also difficult for a social service worker to determine whether a client can speak freely over the phone or text messaging platform.¹⁹

Finally, while the need for child protection and GBV services during the pandemic is exceptionally high, financing by governments and donors has not kept pace with the urgency of the situation. A recent

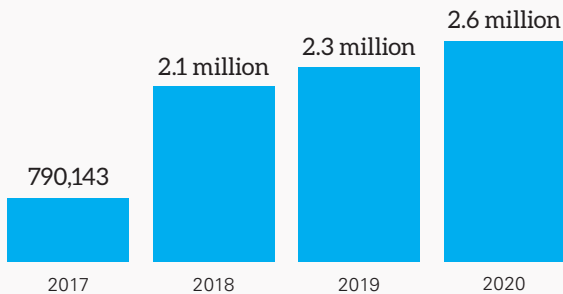
study found that out of 19 countries with humanitarian response plans (HRPs), 12 received less than 20 per cent of the funding they requested.²⁰ Within these HRPs, child protection funding accounted for 2 per cent of the overall requested funding, but only 0.8 per cent of the funds received. While these data draw from a small subset of countries and are not necessarily indicative of the global situation, what is clear is that the lack of child protection financing during a pandemic has real-world consequences for child protection services, which ultimately constrain the ability of programmes to protect children.²¹

Providing support and assistance for children and women who are at risk of violence, exploitation and abuse is critical during COVID-19. Pandemic and disease mitigation strategies have often made service provision extremely difficult – but not impossible. The next section looks at how UNICEF and its partners have adapted services and innovated approaches to respond to child protection and GBV concerns during the pandemic.

UNICEF-supported efforts to reach children and families during COVID-19

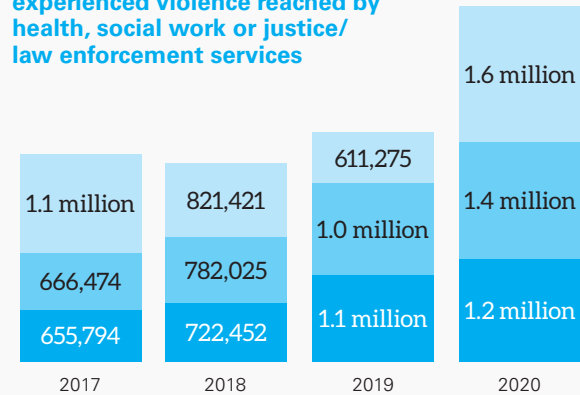
Figure 1: In 2020, over 2.6 million parents and caregivers were reached with parenting programmes to prevent violence. An estimated 4.2 million girls and boys who had experienced violence were reached by health, social work or justice and law enforcement services.

Parents and caregivers reached with parenting programmes



Mothers, fathers and caregivers reached through parenting programmes

Girls and boys who have experienced violence reached by health, social work or justice/ law enforcement services

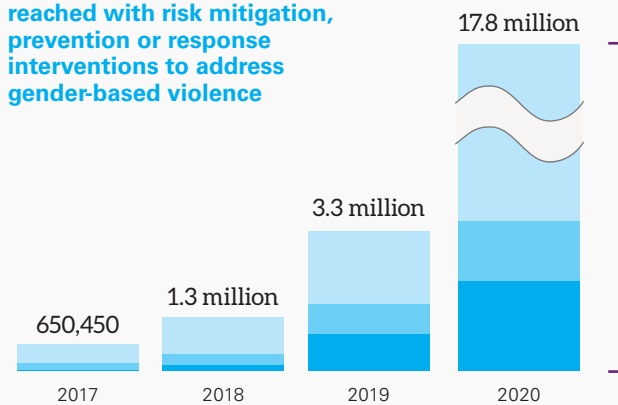


Girls Boys Sex-disaggregated data not available

Source: UNICEF (2021).²²

Figure 2: In 2020, almost 17.8 million women, girls and boys received gender-based violence risk mitigation, prevention or response interventions in 84 countries. This was significantly higher than the 2019 result of 3.3 million in 46 countries.

Women, girls and boys reached with risk mitigation, prevention or response interventions to address gender-based violence



Women and girls Boys Sex-disaggregated data not available

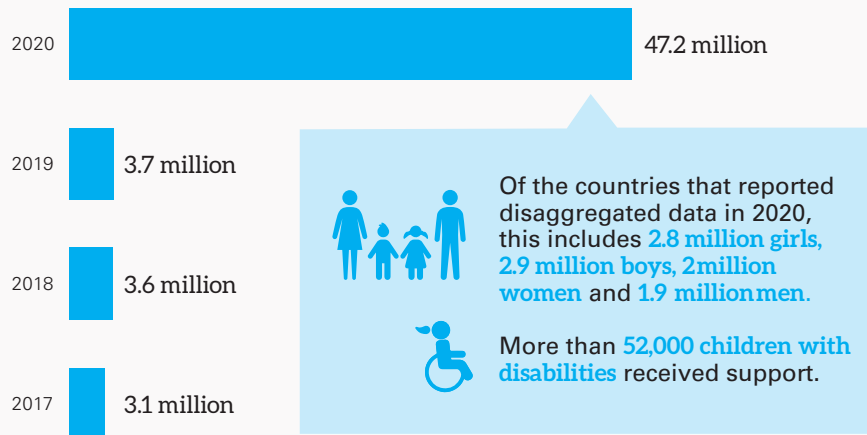
Of the countries that reported data disaggregated by age in 2020, of the people reached:

- 47% were under 18 years of age.
- 53% were 18 years of age and above.

Source: UNICEF (2021).²³

Figure 3: In 2020, 47.2 million children, adolescents, parents and caregivers accessed mental health and psychosocial support (MHPSS), including through targeted community-awareness campaigns on MHPSS, an exponential rate of growth compared to previous years.

Children, adolescents, parents and caregivers in humanitarian situations provided with community-based mental health and psychosocial support



UNICEF has been at the forefront of ensuring the continuity of MHPSS services during the COVID-19 pandemic. UNICEF supported Governments and practitioners on innovative and adaptive methods to deliver MHPSS activities amid the evolving contexts.

Source: UNICEF (2021).²⁴



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III. Adaptation and innovation of child protection programmes, services and strategies during COVID-19:

This section details four actions that UNICEF has advocated for, promoted and supported to adapt and continue services to ensure the protection of children and promote their best interests during COVID-19. This draws on the work of 122 UNICEF country offices that conducted frequent monitoring of child protection results in 2020. The four actions are: (1) strengthening the capacity and effectiveness of social service workers; (2) using digital tools and technology to facilitate case management; (3) adapting programming through remote support; and (4) adapting services to respond to risks for groups adversely impacted by the pandemic.

1. Strengthening the capacity and effectiveness of social service workers during the pandemic

Early in the pandemic, two things became clear: first, that social service workers would continue to have a key role to play in child protection, especially during lockdowns; and second, that they were not always well positioned to do their jobs effectively

in the new operating environment.²⁵ In response, UNICEF and its partners have developed guidance for adapting to the pandemic environment. The most notable is the technical note, Social Service Workforce Safety and Wellbeing During the COVID-19 Response: Recommended actions,²⁶ which elaborates the role of the social service workforce during COVID-19. The section below considers adaptations aimed at increasing the capacity and effectiveness of the social service workforce across four areas: the importance of designating their work as essential during the pandemic; equipping them with the resources they need; adequately staffing positions; and providing the workforce with sufficient training, resources and support.



How the social service workforce supports child protection services

According to the Global Social Service Workforce Alliance, “The social service workforce is an inclusive concept referring to a broad range of governmental and nongovernmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being.”²⁷

UNICEF and its partners consider the social service workforce to be “the backbone of a country’s child protection system and essential to ensuring children’s rights can be upheld and protected.”²⁸ They recognize that a “well-supported, appropriately equipped, empowered, and protected social service workforce” is vital to address the child protection risks stemming from COVID-19.²⁹ Case management is among the many

essential roles that social service workers perform, but it is not the only thing they do. In addition to case management, social service workers provide protective services (e.g., counselling, helplines, shelters). They may also focus on advocacy, promote desired behaviours, develop awareness-raising campaigns and work with community leaders. These functions in turn help to strengthen the ability of communities to protect children.

Designating the social service workforce as essential

Members of the social service workforce carry out critical, life-saving services. UNICEF has been advocating to define child protection case workers among essential services during crises.³⁰ This designation would then allow case workers to follow up on children in high-risk situations, even in contexts when the government has imposed movement restrictions.

There are many country examples that show how classifying the social service workforce as essential has enabled children in high-risk situations to be reached during the pandemic. In Sri Lanka, UNICEF worked with the Government to classify social workers as essential staff. Because of this designation, social workers received special passes so that they could visit vulnerable families when a curfew was in place. Similarly, in Zimbabwe UNICEF successfully advocated for the Government to ensure social workers were issued permits to continue providing services for survivors of GBV;³¹ while in Nigeria, UNICEF worked with the State Commission of Women's Affairs to provide authorizations for child protection actors to continue moving in communities despite a nationwide lockdown.



“Why is it that we think a social worker is less important than a doctor or a nurse?”

– Minister of Women, Children and Youth for Ethiopia, Filsan Abdullahi Ahmed, after visiting a quarantine centre hosting returnee migrant girls

Working with national social worker associations was one strategy that some countries used to lobby their governments to allow social service workers to continue their work. When Uganda's child helpline closed at the beginning of the lockdown, UNICEF worked with the association and partners to advocate for the helpline to reopen and be recognized as an essential service.³²

Designating social service workers as ‘essential’ can link them to other material or financial benefits. In China, UNICEF helped advocate for social workers to be classified as essential, a move that allowed the social service workforce not only to continue to do their jobs during movement restrictions but also to receive personal protective equipment (PPE).³³ In the Philippines, being deemed ‘essential’ means that the Government provides hazard pay to government workers, including social service workers, each day that they are required to physically report for work during the COVID-19 lockdown.³⁴ Similarly, in Uganda, social service workers who were deployed to COVID-19 quarantine centres received an additional allowance.³⁵

Equipping social service workers with the resources and materials they need to do their jobs safely

Within the context of an infectious disease pandemic, the recommended actions endorsed by UNICEF make it clear that the social service workforce needs specific resources and materials to do its job.³⁶ This includes PPE, such as masks, but it also can mean airtime, computers, tools for remote contact, and other equipment or resources.

Across regions and countries, UNICEF has worked with local partners to provide social service workers with PPE such as masks, hand sanitizers and eye protectors so that they can continue to do their face-to-face work safely. This enables them to continue supporting vulnerable children – even in difficult conditions, such as children in street situations, in slums, in residential institutions or in other hard-to-reach areas.

UNICEF is working with local partners to make this happen in many countries, including Bangladesh, Bhutan, China, the Lao People's Democratic Republic, Mozambique, the Sudan and Ukraine, to name a few.³⁷ In the Democratic Republic of the Congo, UNICEF partnered with local organizations and women's groups to support the local production of 2 million ‘community-reusable masks’ that were given to community health workers, schoolteachers and children.³⁸

In Côte d'Ivoire, UNICEF is working with the Government to expand a programme that transfers funds via mobile money to social service workers across the country to do, among other things, home visits to victims of violence and abuse.³⁹

“With these supplies, the social welfare workforce will feel safe to conduct home visits, identify vulnerable children, victims and provide them with essential child protection services.”

– Vice Minister of Labor and Social Welfare, Lao People's Democratic Republic⁴⁰

Adequately staffing the social service workforce for the COVID-19 context

Given the surge in child protection risks connected with COVID-19, many contexts require more social service workers. Some countries have found it necessary to either hire and train new staff or to reclassify some social workers as 'emergency responders'. These actions have been important to keep numbers and case ratios reasonable.

- To respond to a shortfall in social service workers in Somalia, UNICEF worked with the Government and six universities to quickly deploy 235 student social workers. The country office saw this as a critical innovation, because it allowed UNICEF and its partners to respond to child protection risks and GBV during the country's lockdown period.⁴¹
- In Ethiopia, UNICEF collaborated with the Government to support the recruitment, training and deployment of social service workers to facilitate the reuniting of more than 500 child migrants with their families who had been sent home during lockdowns.⁴²
- Between February and April 2020, Bangladesh experienced a fourfold increase in calls to its Child Helpline. In addition to working with the Government to hire more social workers

to keep up with the surge in calls, UNICEF also supported on-the-job training and online mentoring to increase the capacity of the social service workforce for in-person and remote support.⁴³ In addition, 500 social workers were recruited or reclassified to do emergency case management and follow-up.⁴⁴

- In Cambodia, UNICEF worked with the Government to recruit and deploy 20 new social work graduates to work in provinces that did not previously have social service workers. The Government aims for the new recruits to carry out a range of case management actions, including prevention, response, community outreach and support for children undergoing reintegration from residential institutions as a result of COVID-19.⁴⁵

Another approach to quickly increase capacity has been to tap into the pool of social service workers who are available and ready to respond. In South Africa, social work advocates launched a database for unemployed and newly graduated social service workers so that they could be quickly mobilized to help fill critical roles during the pandemic.⁴⁶ In Uganda, a social work association mobilized the social service workforce by compiling a list of social service workers who are ready and able to work.⁴⁷



At least 30,700 social services workers were trained to deliver essential services during COVID-19 across 23 countries.

Providing training and supervision on tools and protocols, and support for adaptations

The social service workforce also requires COVID-19-specific training on infection prevention and control, and how to adapt to working remotely.⁴⁸



Even the most seasoned social service worker needs an orientation to new strategies for child protection during a pandemic, such as using new technologies and understanding new risk-mitigation strategies.

Training also needs to be adapted as national and local-level policies change, and as more is learned about the virus and effective infection prevention strategies.



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UNICEF has supported its government partners to develop case management guidelines and provide training on service delivery and case management during the pandemic. According to the UNICEF COVID-19 Situation Reports, in 2020 over 30,000 social service workers across

23 countries were trained to deliver essential services during COVID-19. Many of these training activities were conducted remotely. Remote training was often necessary due to lockdowns, but it also helped to maximize coverage and equip a larger number of social service workers, who could then respond to the urgency of the moment. The following examples highlight different formats and approaches that adaptation can take.

- **The Tanzania Country Office** used a distance learning innovation to train front-line workers to respond to the COVID-19 pandemic. It combined a digital platform called the Internet of Good Things (IoGT) with an internet-based system supported by SMS and WhatsApp, called RapidPro, to deliver training to 200 front-line workers across the country – without any data charges. The prototype has since been adopted by other UNICEF offices, including UNICEF Pacific and UNICEF Mexico.⁴⁹
- **In Ethiopia**, UNICEF partnered with a company, VIAMO, to deliver remote training in case management to 975 social workers using SMS and mobile phones.⁵⁰
- **In the Syrian Arab Republic**, UNICEF collaborated with the World Health Organization and the Government to deliver virtual training to 175 social service workers on how to prioritize high-risk cases that need in-person follow-up and also how to carry out remote case management during the pandemic.
- **In Myanmar**, UNICEF conducted remote training with the Government, local organizations and health personnel on how to respond to child protection cases in quarantine facilities across the country. UNICEF Myanmar and its partners worked to ensure continuity of care for children in quarantine and isolation, with a focus on case management. Their guidance

notes contributed to existing government guidelines by providing technical direction and practical tips for front-line health-care professionals and child protection practitioners.⁵¹

Particularly during a pandemic, it is critical to provide regular supervision and mentorship to the social service workforce so that service provision continues in a safe and effective manner. To ensure the effectiveness of new hires and to prevent burn-out, countries such as Armenia, Ethiopia and Georgia⁵² paired senior staff with newer hires. More experienced social service workers provided guidance and day-to-day support to junior social service workers on the ground (with necessary protections to ensure social distancing) so that they learned how to perform essential child protection and case management functions. Senior staff can also support their well-being through mental health and psychosocial support. In the Islamic Republic of Iran, an association of social service workers launched a project focused on social work supervision. The programme enlisted the support of 60 university professors and managers at different social service organizations in the country. This cohort has provided supervision and support to social service workers who are responding to the crisis and in need of consultation and professional supervision.⁵³

2. Using digital tools and technology to facilitate child protection and gender-based violence case management

Digital information management is a tool that some country offices are increasingly using to facilitate the continuation of services and case management during COVID-19.

In particular, UNICEF has invested in digital information management system tools called Primero/CPIMS+⁵⁴ and Primero/GBVIMS+.⁵⁵ These inter-agency tools support integrated case management by allowing different actors to interact through a common digital platform. The tools are designed to keep data confidential, to align with sector and programme procedures and standards, and to improve processes for assessments and referrals. They can be used on- or offline and in settings with low or infrequent internet connectivity. The software uses standard case management forms that were developed and endorsed by the Alliance for Child Protection in Humanitarian Action's Case Management Task Force.⁵⁶

There are currently 44 live instances of Primero being used by governments, NGOs and United Nations agencies

in 37 countries and territories, including Bangladesh, Brazil, Burkina Faso, Cambodia, the Central African Republic, Colombia, the Democratic Republic of the

Congo, Gaza, Ghana, Guatemala, India, Indonesia, Iraq, Jordan, Kenya, Kyrgyzstan, Lebanon, Libya, Mali, Myanmar, north-eastern Syrian Arab Republic, the Niger, Nigeria, the Philippines, Sierra Leone, Somaliland, Somalia, South Sudan, the Sudan, Tajikistan, Turkey cross-border, Uganda, the United Republic of Tanzania, Uzbekistan and Yemen.





“[Given the] various restrictions taken in the fight against COVID-19 [that] prohibit meetings, the caseworker can ... share key information directly online with the experts to gather opinions and propose the closure of the case ... [This] was traditionally submitted to the case worker’s supervisor, [but] can now be done online. In summary, CPIMS+ allows remote management of certain aspects of case management.”

– National CPIMS System Administrator, Terre des Hommes, Burkina Faso

Some child protection actors who use Primero/CPIMS+ have reported that the tool has added value for facilitating information management during the pandemic, noting that it helps keep workers and households safe by minimizing in-person contact in the supervision process.

The tool allows supervisors to review existing case files, provide remote supervision, and assign priority cases that need either in-person or remote follow-up. Supervisor sign-off on cases can be done online with follow-up support by phone. The tool can also reduce the need to share physical information (e.g., paperwork).

For child protection actors who were already using Primero before the pandemic, some have observed that it has allowed them to make a fairly smooth transition to remote support. Because it is digital, the tool allows social service workers to quickly shift their information management and supervision processes online to facilitate remote work without the need to take home paper files, thus improving security and confidentiality, while reducing the need to share physical information such as paperwork.

Digital tools such as Primero have allowed the transition to remote work to happen swiftly. Since the start of the pandemic, UNICEF has trained five new countries on Primero/GBVIMS+. All training material was adapted so that it could be delivered remotely. In addition, UNICEF developed a GBVIMS+ e-learning tool to facilitate additional remote training and roll-out in the future.⁵⁷

At the country level, in early 2020, UNICEF Cambodia and its partners successfully launched CPIMS+/Primero nationally.⁵⁸ The transition to a digital platform helped Cambodia’s

Ministry of Social Welfare transition to provide remote support and case management during the pandemic while government offices were closed.⁵⁹ In Bangladesh, UNICEF and its partners were able to quickly ramp up their remote information management system to continue and scale up case management through Primero/GBVIMS+, extending access to 117 new users.

Some countries have taken to using other digital information management system options to continue reaching children during COVID-19. For example, in the Philippines UNICEF has been working with the Department of Health and the Child Protection Network Foundation to facilitate case management follow-up via telemedicine services connected to Women and Children Protection Units. The programme aims to make the follow-up of high-risk cases easier and safer for children and their families. As part of this effort, social service workers and violence against children and violence against women (VAC/VAW) desk officers at the Barangay/ community level will be trained on how to support children during the telemedicine consultations and throughout the case management process. High-risk children will also be given smartphones or tablets with credit to ensure that they can contact their case manager when needed.

“With the help of CPIMS+, cases are done easily by observing the one-meter [physical distancing] policy as directed by the Government during case follow-ups through the use of tablets and laptops.”

– Deputy Data Management Officer/
CPIMS+ System Administrator,
Lutheran World Federation, Kenya

3. Adapting programming through remote support

The way programming is adapted requires careful consideration of the context. Despite the risks associated with the virus, it is often in a child's best interest to meet face-to-face with a member of the social service workforce. However, movement restrictions sometimes mean that service providers have little option but to adapt their programming and deliver services remotely.

UNICEF has supported many countries to introduce, expand or enhance the capacity of national helplines to facilitate service delivery through remote support.

- **In Yemen**, UNICEF and its partners used mobile phones to ensure service continuity for the most vulnerable children. Helplines and digital platforms helped UNICEF overcome access challenges, including in hard-to-reach areas where there was restricted access.⁶⁰
- **In Egypt**, counsellors and social workers with Child Helpline and other NGOs received training in remote case management and psychological first aid. These measures have helped maintain child protection services at a basic level, while in-person services are followed up by implementing partners.⁶¹

Hotlines have also been used to offer crisis support and information to any person who calls. Phone-based options also allow social service workers to come into contact with at-risk children so that they can be referred to social service workers for follow-up support.

- **In Mauritania**, a Child Helpline supported by UNICEF has responded to 866 calls about rape, domestic violence, GBV and harassment since it was launched early in the pandemic. UNICEF partners have been able to provide in-person follow-up as needed. Between May and December 2020, UNICEF partners identified and supported 1,202 victims of physical and sexual violence, 90 child marriage victims, and 295 children involved in child labour.⁶²
- **In the State of Palestine**, UNICEF partners operated a hotline that reached 1,722 adults and 1,291 children in 2020, including 45 children who had attempted suicide.⁶³
- **In Bangladesh**, UNICEF has supported the country's Child Helpline, which has functioned as a case management conduit, connecting clients to other services, food distributions and follow-up support.⁶⁴ UNICEF added eight call centre agents to address the 40 per cent increase in calls during the pandemic.⁶⁵

Remote support has some clear advantages during an infectious disease outbreak. Particularly during strict lockdowns, remote communication efforts can provide 'maximum coverage with minimum presence' and thereby protect children, families and social service workers from infection. However, remote support must not be taken as a complete or permanent substitute for in-person work.

At the same time, there are some cases where hotlines and remote support may be ineffective or even a dangerous option for a victim of violence. For example, girls are unlikely to have the same access to and control of technology as boys do, thus limiting their ability to disclose GBV and receive information or remote support and assistance from a caseworker.⁶⁶ To address this challenge, UNICEF has helped to introduce different innovative solutions to reach children at risk. Solutions have included developing a text-based hotline that girls (and women) can use to communicate concerns in Argentina and Chile; GBV messaging in cookbooks and sanitary napkin packaging within the Latin America and Caribbean Region; and codewords that survivors of violence in France and Spain can use in pharmacies if they feel unsafe disclosing their abusive relationship openly.⁶⁷

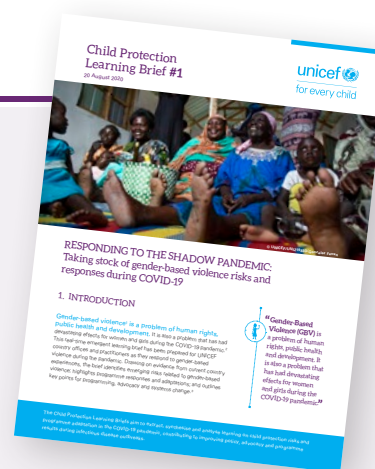


When it comes to adaptation of services, how do child protection and gender-based violence services relate to one another?

Addressing child protection risks goes hand-in-hand with addressing gender-based violence (GBV). When it comes to service adaptation, it is important to draw some important distinctions between the two. Cases involving GBV take a survivor-centred approach in which women and girls are the decision makers on when and where to seek help. GBV case management prioritizes safety planning to ensure

survivors are not at risk of further harm. Child protection and GBV actors work together to provide services, apply their expertise, and coordinate across sectors. In the context of the COVID-19 pandemic, reaching GBV survivors has proven even more challenging due to lockdown orders and restricted movement, necessitating creative approaches and adaptations to service survivor-centred service provision.⁶⁸

The first learning brief of this series, '[Responding to the Shadow Pandemic: Taking stock of gender-based violence risks and responses during COVID-19](#)', provides an in-depth look at GBV services innovations and adaptations.⁶⁹



4. Adapting services to respond to risks for groups adversely impacted by the pandemic

In the face of lockdowns and other containment measures, UNICEF and its partners have had to adapt their strategies for identifying and responding to children at risk, particularly in adverse contexts. Responses must consider new and emerging risks to children who have been directly and indirectly impacted by the pandemic and public health containment measures. This section provides examples of how UNICEF has adapted its approach to respond to the situation of children living in alternative care, children on the move, and children in humanitarian settings.

Children in alternative care

Children who have been separated or isolated from their families or caregivers face exceptional protection risks. Many children living in alternative care are in a state of flux. Some care arrangements

have temporarily or permanently closed. Early in the pandemic, there were reports of children in institutions being sent home without any real preparation, support or plan to safely transition to community-based care.⁷⁰ Since the beginning of the pandemic, UNICEF has been working to support practitioners and governments in response to the situation facing children at risk of separation or in alternative care. In addition to contributing to a [global guidance note](#) on children and alternative care,⁷¹ UNICEF has been working with its partners, particularly governments, to operationalize this guidance and adapt programmes.

- **In Cambodia**, UNICEF supported the Government to revise guidance and training on how to provide services and carry out case management in alternative care.⁷² To improve the continuity of services during the country's lockdown, the Government developed instructions and guidelines specifically for working with children across residential- and community-based facilities. It also developed instructions on the roles and responsibilities of

local government, including how to make referrals for the alternative care placement of unaccompanied and separated children during COVID-19.

- **In India**, UNICEF supported state governments to prepare guidelines and directives on the care of children in institutions and family-based alternative care. UNICEF's partnership with the judiciary resulted in a directive for children in institutions and those in detention to be sent back to their families after due process.⁷³
- **In Colombia**, UNICEF built off an existing government initiative to expand a network of foster families for children separated from their families and from families who cannot care for them during the pandemic. The programme matches a child with a family on a temporary basis. The foster family receives financial benefits, support and follow-up from the Government.⁷⁴

Children on the move

The situation facing children on the move has required a particularly specialized and adapted pandemic response.⁷⁵ Across the globe, migrant children have been forced to return to their home countries, asylum processes have been suspended, and reports of stigma and discrimination related to COVID-19 have increased.⁷⁶ UNICEF's responses have often entailed close cooperation with governments to make systemic adaptations so that children can be supported.

- **In Nigeria**, one of the challenges facing the protection of children is the country's Almajiri system, whereby households in poor rural areas send their children, often primary school-aged boys, to distant locations for religious education, which often includes exploitative forms of work. When the lockdown began, many of these children were suddenly returned to their home regions without much planning. UNICEF responded by working with the national and local governments to coordinate a reintegration process and do follow-up. It developed

guidelines to help support state governments to apply minimum basic health and child protection standards throughout the process.

- **In Ethiopia**, UNICEF worked with the Government to support reuniting of families of child migrants who had been sent back to the country.⁷⁷ At the time of reuniting, children's cases were handed over to the social workers of the respective local areas for follow-up services. This was facilitated through a collaboration between the Ministry of Women, Children and Youth and their regional bureau. As part of this process, UNICEF supported the revision of risk assessment tools so that child protection workers could better respond to the situation facing unaccompanied migrant children who were sent back to the country as a result of COVID-19 restrictions. Social workers were trained remotely by a team of specialists from UNICEF and the Government.⁷⁸ Through this work, UNICEF helped build the capacity of the social service workforce by advocating for workers capable of working across both humanitarian and development contexts.⁷⁹
- **In Bangladesh**, UNICEF collaborated with Community-Based Child Protection Committees (CBCPCs) to provide information and raise awareness in camps where Rohingya refugees live so that they could respond to protection concerns through case management. In 2020, the 408 CBCPCs in camps and host communities provided referrals for 1,266 children, including 949 Rohingya.⁸⁰

Humanitarian settings

Responding to high-risk cases in humanitarian settings has been particularly important even as the ability to do in-person work is more constrained due to a confluence of conflict and COVID-19 restrictions. In these settings, UNICEF has adapted its work to identify and follow up with children at risk with in-person and remote forms of support.



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- The child protection system in the **Syrian Arab Republic** has been stretched by years of armed conflict. COVID-19 has made protecting children even more difficult via lockdowns and curfews that have constrained in-person follow-up services. UNICEF is working with its partners to develop a risk-prioritization strategy that combines both in-person and virtual forms of service provision and case management as a way to prioritize those cases that require in-person follow-up.⁸¹ UNICEF introduced modalities for remote case management that are focused on reaching unaccompanied children, children affected by violence, and cases of GBV, sexual exploitation and abuse. Between October and November 2020, a combination of online- and community-based psychosocial support sessions reached over 9,000 internally displaced children and children from host communities.⁸²
- **In Libya**, protracted conflict and instability have meant that children and adolescents continue to face an increased risk of violence, abuse and exploitation, with limited access to support. When possible, social service workers have followed up with children at risk through home visits. UNICEF also worked with governments and other partners to hold virtual training sessions for social service workers and caregivers so that they can provide follow-up with other existing cases through online modalities and phone calls.

IV. Lessons learned

Risks to children's protection during COVID-19 drew attention to the importance of the continuity of services and the role of the social service workforce in keeping children and women safe.

UNICEF has maintained its focus on providing guidance for adapting child protection⁸³ and GBV services⁸⁴ while working with governments and other partners to operationalize and contextualize such guidance to uphold children's rights and promote their best interests. While there is no one-size-fits-all approach to reaching and protecting children, this learning brief has highlighted some of the adaptations and innovative approaches that UNICEF and its partners have taken to respond to child protection risks during the pandemic.

The following lessons learned reflect on how the response to protecting children might be strengthened, both in the immediate pandemic context and over the longer term.

➤ **Services to protect children must be child-centred, accounting for different risk and protective factors in their environment.**

UNICEF and its partners are adapting global guidance to local contexts by accounting for factors such as public health considerations, the capacity for remote service delivery, and existing government policies and legal frameworks. The realities of COVID-19 may mean that remote work is necessary in some cases. This learning brief provides examples of how social service workers have used remote strategies while still making provisions to reach those at highest risk through face-to-face contact.

➤ **Innovation and adaptation can take many forms.** In some situations, innovation and adaptation can mean using new digital platforms and tools that can be used to reach children or manage information. In other cases, innovation

and adaptation can mean working with governments and other partners to figure out how best to look after children in alternative care during a pandemic, re-envisioning the role of the social service workforce, or working with agencies across different sectors such as health and education to identify child protection risks and respond accordingly.

➤ **Remote modalities for child protection services, particularly training, can have an immense reach.**

Online training, largely developed during the pandemic, was born out of urgency as countries sought to immediately respond to the child protection fallout from the pandemic. The shift to remote training was not always straightforward, but its utility has since proven clear, and its potential to do even more is promising. In the context of the pandemic, remote modalities enabled social service workers, who may otherwise have been excluded, to benefit from various learning initiatives at reduced cost.

➤ **The social service workforce must be considered essential.**

UNICEF and its partners, including governments, now consider the social service workforce as essential – not only as a component of the COVID-19 response during lockdowns, but also as a government service that must not be interrupted and that needs to be scaled up and sustained.

➤ **To perform their jobs safely and effectively, the social service workforce needs adequate resources, training and authorization.**

Designating child protection social service workers as essential also means providing them with effective protection; offering sufficient training on infection prevention and control measures and guidelines; advocating for workers to have freedom of movement to do home visits

during lockdowns and quarantines; and incentivizing them through fair wages, including hazard pay, health care, and adequate support and supervision.

- ▶ **Pandemic-related disruptions to child protection services can create windows of opportunity for systemic change and systems-strengthening.** Even during a pandemic, short-term needs can be linked to longer-term systems-strengthening efforts. Opportunities for systemic change can include: working alongside governments to use the closures of care institutions as an opportunity to shift to family-based care; investing in child protection and GBV digital information management and/or improving the effectiveness of hotlines and helplines that reach children and women; advocating for funds that can be used to professionalize the social service workforce over the longer term; and finding opportunities to bridge the divide between humanitarian protection mechanisms and national child protection systems.
- ▶ **Effective child protection services can only happen through improved financing.** The increased visibility of child protection risks during the pandemic has introduced unique opportunities for dialogue, action and investment. Many governments now view the social service workforce, and the life-saving services they provide, as an indispensable component of their overall COVID-19 response. But an effective and adaptive response can only be sustained with improved and stable financing to strengthen services. Increased financing is required from governments and other actors, in both humanitarian and non-humanitarian settings. UNICEF can also do more to designate adequate and proportional funds for child protection in response plans and calls for action.

V. Conclusion

This learning brief has shown that one of the best ways to respond to protection-related risks during a pandemic is to adapt services according to the situation at hand so that support can continue to reach children and families. UNICEF must continue adapting child protection services and programmes to respond to the most urgent child protection and GBV concerns – existing risks as well as those that emerge during the pandemic. It must work with governments and across sectors to develop and improve child protection systems, GBV prevention and response services, risk mitigation strategies, and the social service workforce. UNICEF has a unique opportunity to improve the effectiveness of its work, while working with partners to build longer-term resilience and capacity of systems.



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