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A Gendered Analysis of Child Protection Systems Responses IN COVID-19 PROGRAMMING IN SOUTH ASIA

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**A Gendered
Analysis of
Child Protection
Systems Responses**
IN COVID-19
PROGRAMMING
IN SOUTH ASIA

Foreword

The global crisis brought on by COVID-19 has had a devastating impact on children in South Asia.

The pandemic has not only impacted children's health and education: it has increased their risk of exposure to violence, child marriage, child labour, and unsafe migration, while also compromising their mental health and wellbeing. This heightened vulnerability to protection risks has been aggravated by the containment measures to prevent the spread of COVID-19, which compromised access to child protection services. As the resulting global economic crisis evolves, the risks to children will continue to increase.

It is in this uncertain, rapidly evolving context that child protection systems in South Asia adapted and adopted interventions to ensure the delivery of services that protect children's rights. Based on document review, in-depth interviews and analysis of data, the *Gendered Analysis of Child Protection Systems Responses in COVID-19 Programming in South Asia* seeks to understand the changes which took place in child protection systems across South Asia during COVID-19, as well as document the promising practices, programmatic innovations, challenges and lessons learnt from UNICEF's programming with partners in one of the most difficult of times we have known.

I am confident that this report will inform our child protection work in South Asia and beyond, equipping us to be better prepared for future pandemics and, most importantly, to improve child protection interventions to meet the protection needs of every girl and every boy in the region.

George Laryea-Adjei
UNICEF Regional Director for South Asia

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Executive Summary

Case studies and analytical findings highlight the common factors of complex adaptive child protection systems across the South Asia region in which three key themes are commonly found: multi-level strategies, strong partnerships and building on existing initiatives and systems.

South Asia is comprised of eight countries that are vastly different geographically, culturally and administratively and include Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. These countries are home to one quarter of the world's population and some of the world's largest slum areas (UNICEF, n.d.). South Asia is also a region with considerable migration, persistent high poverty rates and/or unequal economic growth, as well as pre-existing humanitarian crises and low-resourced child protection systems. These factors contribute to the impact of the COVID-19 pandemic in the region which continues to spread across South Asian countries.

There is little systematic documentation of how child protection responds during pandemics, including identifying those critical areas for child protection interventions. Moreover, an understanding of the gender and gender-based violence (GBV) dimensions of child protection programming is lacking. This gap in the evidence base has created a need for documentation of real-time programmatic responses and innovations and of how existing programmes have adapted in order to respond.

The purpose of this report is to capture and document good practice and learning during these unprecedented times in order to:

- Better prepare for future pandemics,
- Map the child protection systems changes, and
- Inform learning to enhance current interventions for child protection responses and prevention of violence against children (VAC) across the South Asia region.

Methodology. The consultation process used to generate findings for this analytical report consisted of document review and in-depth interviews to document and analyse child protection systems change, promising practices, programmatic innovations, challenges and lessons learned across the eight countries in the South Asia region in response to UNICEF's programming during COVID-19. This was analysed through a gender lens with a special focus on GBV.

The case studies were developed together with UNICEF country offices through a series of interviews around 12 specific interventions with each of the eight country offices and a total of 16 respondents. The case studies (presented in Appendix B) follow a similar format and include information on the context, details of promising practice/critical points of change,

lessons learned for child protection systems and around partnerships and key considerations and questions for implementation and future adaptation. Three of the case studies were deep-dives into gender and GBV. Vignettes are presented in text boxes throughout this report and are short (1 paragraph) reflections on learnings.

One caveat to note is that the report only captures learnings from the first eight months of the pandemic (March – November 2020). At the time of publishing, the pandemic continues to spread globally with a trajectory that is unclear.

Findings. This analytical exercise has found that key elements of complex adaptive systems – which are systems with robust and adaptive structures within a changing environment and that provide opportunities for learning – are present within the child protection system responses to COVID-19 in the South Asia region. These include system-level and not just worker-level adaptations; built in reflectivity and feedback loops, encouraging practice-based learning; and understanding the complexity and non-linearity of child protection systems responses.

Similarly, there were three common factors across all case study examples that contributed to the success of the interventions and were highlighted as lessons learned: multi-level strategies, strong partnerships and building on existing initiatives and systems. Importantly, none of the interventions were newly designed after COVID-19; rather they all built on existing work that helped to deepen existing efforts.

An additional eight key themes were identified in successful programme implementation that deepen these three core areas. These include the importance of:

- Investing in the social services workforce infrastructure and adopting a systems approach,
- Identifying qualified personnel as essential workers,
- Training on mental health and psychosocial support (MHPSS) and other specialised topics,
- Strengthening existing partnerships and developing new collaborations,
- Delineating clear roles and responsibilities,
- Advocacy and social mobilisation efforts,
- Assessment and monitoring mechanisms including real-time data systems, and
- Recognising and prioritising previously neglected areas and needs.

The sustainability of positive changes post pandemic are also explored. Four key areas are highlighted for further learning and attention:

1

THE LINKS BETWEEN VIOLENCE AGAINST WOMEN (VAW) AND VIOLENCE AGAINST CHILDREN (VAC) DURING THE PANDEMIC

Several data sources point to the increased intersectionality between VAW and VAC resulting from increased stressors, decreased access to services and limited mobility and social support for survivors. The intersectionality of these types of violence should be further explored expanding beyond violence in the home to violence and increased risks that are shared in other spaces (e.g. the community, online etc.) to fully understand where joint interventions would be useful and where child-focused interventions are more appropriate.

2

THE NEED FOR BETTER DATA ON PREVALENCE AND INCIDENCE OF VAC

Real-time surveillance data is needed for accurate planning and much of the current information is anecdotal with very little real time data on increases in VAC by both incidence and type. Furthermore, the pandemic itself may impact on existing monitoring data. For example, helpline calls in many countries were lower in the first phases of the pandemic because women and children may have felt unsafe or unable to make calls from their home, resulting in lower reporting levels which did not accurately reflect the situation (UNICEF 2020i). It is also likely that girls and women did not have access to the required technology or were prevented from making use of the technology due to structural and social constraints. More emphasis should be given to mapping data needs in emergency preparedness phases and developing robust data management information systems to allow for continual and up-to-date numbers of both cases and children at risk for various types of violence disaggregated by age, sex and at meaningful sub-national levels.

3

DIFFERENTIAL IMPACTS OF COVID-19 ACROSS THE AGE AND GENDER CONTINUUM

We are still learning about the impact of the pandemic on both existing age and gender inequalities across countries. Evidence suggests that COVID-19 exacerbates existing inequalities but more research is needed on how men, women, boys and girls are affected by and respond differently to the pandemic. We know there are differences in for example sources of income which will be impacted differently by lockdowns and economic downturns. There are also differences in boys' and girls' access to technology, potentially impacting on access to resources. Finally, the impact on mental health from these multiple forms of shocks will be complex and require further investigation. More research is needed as well on the impact over the course of childhood.

4

A SHIFT IN SOCIAL NORMS DUE TO THE PANDEMIC

Important norms appear to be changing globally including:

- reduced stigma and increased normality of talking about mental health issues and trauma,
- the normalcy of virtual and hybrid environments,
- an increase in discussions and potential norm shift around the importance and possibility of family-based care in most instances,
- the increase in diversion and alternatives to child detention,
- increase in parent-child communication particularly as a result of home schooling in many country contexts, and
- norms that reinforce gender stereotypes.

What is not known is how entrenched these potential norm shifts are or whether they will revert once the crisis is over. More research is needed on these potentially global norm shifts and how they contextualise in different countries.

1

Background

One peculiarity of the COVID-19 pandemic is that the virus affects mainly the health of adults. The focus on adults makes it harder to recognise the indirect impacts on children's wellbeing, putting children at higher risk of becoming the secondary victims of the COVID-19 pandemic. In addition, the current pandemic is not a static situation, instead it is constantly evolving; therefore, strategies to protect children and young people require continuous adaptation.

CHILD PROTECTION, GENDER AND EMERGENCIES

Disruptive events, such as disasters, conflicts or health crises create and exacerbate conditions where violence against children (VAC) and other children's rights violations are more likely to happen (Bakrania et al., 2020; Padilla & Bernheim, 2020). Emergencies increase risk factors for violence by exacerbating gender inequalities, increasing stressors for parents and caregivers, and creating risky environments for children (Rubinstein & Stark, 2016).

The impact of the COVID-19 pandemic stretches far beyond the health risks on populations and the burden it places on the health system. Evidence from previous pandemics and epidemics, for instance, shows that measures to prevent the infection could also have devastating effects on children's development, mental health, safety and wellbeing (Bakrania et al., 2020). Recent reports confirm that it is a public health crisis with unprecedented and disproportionate challenges to wellbeing, protection and socio-economic systems that also increases risk factors for other issues such as GBV and child marriage.

COVID-19 shares similarities to previous pandemics and epidemics:

- A recent review on the impacts of previous pandemics and epidemics on child protection found that there is an increased risk of children becoming orphans by losing one or both parents. This situation increases other risk factors such as stigmatisation or further isolation of children from their networks or basic access to services (Bakrania et al., 2020).
- The social stigma of infected children or of those living with infected individuals is common during pandemics and epidemics. It undermines children's social cohesion and can increase risk factors for other protection issues (Bakrania et al., 2020). The novel nature of COVID-19 and therefore the insufficient knowledge about how the virus is transmitted and treated may have heightened the social stigma (UNICEF et al., 2020). Interventions to address norms around the social stigma of having or being in contact with someone who has COVID-19 may help to eliminate the risk factors that this social stigma creates for children.

- Socio-economic crises are exacerbated by pandemics and epidemics, increasing existing vulnerabilities, including poverty and food insecurity, gender inequalities and other risk factors such as GBV in the home which escalates the likelihood of VAC (Bakrania et al., 2020). While it is recognised that all health crises lead to economic impacts, the COVID-19 pandemic is creating unprecedented economic hardships for families worldwide, because of partial or complete lockdowns and other measures to slow the spread of the virus. Research carried out in emergency settings indicate that economic shocks could lead to families involving their children in harmful situations, like forced displacement (Kjelland & Kebede, 2020; Palmquist & Gribble, 2018), child labour (Guarcello et al., 2008; Guarcello et al., 2009; Krishna et al., 2018) and child marriage (Alston et al., 2014). School closures have one of the most disruptive impacts on children's lives with consequences that could lead to negative educational outcomes (Hoffman & Miller, 2020). The crisis could lead to high levels of school dropouts due to the challenges many children face in accessing remote platforms, potentially resulting in increased rates of child marriage and child labour. According to UNICEF (2020a), almost 147 million children in South Asia cannot be reached by digital broadcast or remote learning. Given the patriarchal contexts of South Asian countries, the access that girls have to digital platforms and remote learning opportunities, is even more limited than boys.
- Besides the educational challenges, there are significant impacts on children's individual and social wellbeing and their mental health, that increase the risk for children of experiencing violence at home, child labour and child marriage among other types of risky situations (Birch et al., 2020; Hoffman & Miller, 2020; UNESCO, 2020). The United Nations Population Fund (UNFPA) estimates that over the next decade there could be an additional 13 million child marriages taking place because of the indirect effects of COVID-19 (UNFPA, 2020).
- Infectious disease outbreaks intensify the likelihood of children experiencing violence (Bakrania et al., 2020). Quarantines and lockdown measures, combined with exposure to environments with high levels of stress due to the socioeconomic crisis, exacerbate the risk of violence against children (Padilla & Bernheim, 2020; Cuevas-Parra & Stephano, 2020).
- Widespread disruption to services means children may not receive the response services they need when they do experience violence. A recent survey conducted by UNICEF found that most participating countries (104 out of 136) reported disruptions to services related to child protection systems due to the COVID-19 pandemic (UNICEF, 2020b). There is evidence that during pandemics, reliable and safe reporting of violence is often constrained by multiple factors, such as restriction on movement, fear of contracting the virus, and inaccessibility of basic justice and medical services during disease outbreaks (Bakrania et al., 2020).
- The COVID-19 pandemic has exacerbated key risk factors for Violence Against Women and Girls (VAWG), such as food shortages, unemployment, economic insecurity, school closures, and massive migration flows. There has been an alarming increase in multiple forms of violence against women and girls, including physical, psychological, sexual and economic forms of domestic violence fuelled by household, economic and food insecurity and confined living conditions due to lockdown and social isolation measures. There are also reports of increased sexual abuse and harassment, both online and offline, and in some settings, an increase in child marriage (UN Women, 2020).
- Violence against children has intergenerational impacts. Studies show that experiencing trauma and family violence as children, can translate into a higher risk of intimate partner violence among adults when they have families of their own (Hillis, Mercy & Saul, 2016). Many children are reaching out to toll-free helplines for them, to seek support and counselling, and to report issues they are facing, including experiences of violence. Through helplines they are connected to a professional network, ranging from psycho-social support to legal aid and police interventions. There are also many children who experience violence but are not able to reach out and seek assistance.

MAP OF SOUTH ASIA



Country Office

Regional Office: Kathmandu, Nepal

The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

THE COVID-19 CONTEXT IN SOUTH ASIA

UNICEF engaged with 16,527 young people consisting of 31% girls, 67% boys and 2% others in all eight countries in South Asia about their feelings on COVID-19 using the U-Report text message platform (UNICEF, 2020c). The findings from this self-report platform highlighted that the COVID-19 pandemic has been experienced differently by girls and boys with adolescent girls and young women reporting that they had less access to internet than boys and young men. Girls also felt more restricted to their homes (13%) than boys (5%) and adolescent boys felt more economic stress (44%) than girls (36%) which may be due to their gendered expectations of providing for their family and for girls contributing to housework (UNICEF, 2020c). One in five young people who participated (21%) reported the need to focus on psycho-social care and access to professional mental health care for young people (UNICEF, 2020c).

Violence at home was highlighted by both girls (13%) and boys (13%) and violence in the community was highlighted more by boys (8%) than girls (6%). In terms of difficulties faced across countries, access to medical care, water and sanitation were some of the key issues highlighted by young people (UNICEF, 2020c). It is important to note that, girls and women with disabilities often face even more challenges in accessing basic services during humanitarian crises.

Each of the eight countries in the South Asia region have experienced their own COVID-19 response trajectory, ranging from the identification of the first cases of the virus to government responses in lockdown and mitigation measures. A brief summary of country-by-country responses to provide the context for the region is provided below. More details on the timeline of COVID-19 responses for each country are provided in Appendix A.

AFGHANISTAN

The country reported its first confirmed case on 24 February 2020. Days after the confirmation, the Government of Afghanistan banned gathering in public spaces and closed all schools (Rajiv, 2020). In late March, Provinces of Kabul and Herat implemented the first lockdown and limited non-essential travel. Many parts of the country began to relax the lockdown during Ramadan in April, although the Government imposed a nationwide lockdown through May 24 (Rajiv, 2020). On 14 March, as a measure to curb the spread of COVID-19, all schools and educational institutions in Afghanistan were closed (HRW, 2020a). More than 9.5 million children in public schools and 500,000 children enrolled in community-based education classes, in addition to the 3.7 million out-of-school children in Afghanistan, were out of school for nearly seven months (HRW, 2020a). On 22 August, government schools across the country reopened for grades 12-7. Private schools were permitted to re-open for grades 12-1 (HRW, 2020a).

Although the Government has introduced measures and policies to combat the virus with its weak healthcare system, the destruction of infrastructure by armed groups causing shortage of electricity in some provinces have majorly affected healthcare services (Ibrahimi & Safi, 2020). Three million people have been displaced internally due to the aggravating conflict and violence in the country. Afghans have been reported to re-migrate in search of peace and stability (IOM, 2020b).

BANGLADESH

Bangladesh's first three cases of COVID-19 were confirmed in March 2020. The country went into lockdown from 23 March to 30 May (Paul, 2020) and the Government banned all international travel and all modes of transport, closed schools and prohibited public gatherings. Bangladesh faced a major crisis due to a testing kit shortage; an insufficient number of testing kits received from China could not support the needs of the entire country (Anwar, Nasrullah, & Hosen, 2020). All schools and educational institutions were closed on 17 March and this was extended

several times, most recently until 19 December as a response to the second wave of infections (Al Jazeera, 2020).

Many workers have migrated back home due to the crisis. This has placed Bangladesh in serious jeopardy as the majority of workers are from poor rural families and have no means to support themselves amidst the increasing health crisis (Ramachandran, 2020). In response to this issue, the Government issued an \$8.5 billion stimulus package, which was higher than India or China towards employment retention in the lower income category (Kamal, 2020).

BHUTAN

The first case of COVID-19 was confirmed on 6 March 2020 when an American man and his partner who travelled from India to Bhutan tested positive. People who had come in contact with them were quarantined immediately (LeVine et al., 2020). The Royal Government of Bhutan shut down all international borders on 23 March in order to contain the spread of the virus. The initial strategy of the Government involved mass testing and localised containment. After a case that tested negative turned positive, the country went into nationwide phase-wise lockdown (LeVine et al., 2020). All schools and colleges across the country were closed on 18 March after the detection of the first COVID-19 positive case in Bhutan. On 1 July the Government had opened schooling for students of classes X and XII (Xinhuanet, 2020). Schooling for X and XII grade students were closed for the second time along with the nationwide lockdown that was enforced on 11 August (Xinhuanet, 2020). Schools were then reopened on 14 September and campuses for IX and XI grades were reopened from 21 September 2020 (Xinhuanet, 2020)

In a similar way, a gradual release of phase-wise lockdown began with only private vehicle movement permitted. Although Bhutan had no experience in dealing with a virus outbreak, the Government performed a simulation test at Paro Airport to train staff around disaster preparedness in November 2019, well ahead of the outbreak in the country. This response has benefitted Bhutan and attracted global attention as the country currently stands at 377 cases and no fatalities (Drexler, 2021). The biggest

challenge Bhutan is facing is the socio-economic impact due to the affected tourism industry. In response to the unemployment of families impacted by this, His Majesty's loan interest waivers combined with other Government interventions reduced the economic difficulties for families dependent on tourism (UNDP, 2020c). Members of parliament also gave up one month's salary to support the stability of their country's economy (UNDP, 2020b).

INDIA

India entered full lockdown at the end of March 2020. Two months later, the country began entering 'unlock 1.0' which meant that only containment zones within the country would be on full lockdown until 30 June and the rest of the country would slowly start to resume services. During this time, a rising number of COVID-19 cases and deaths were recorded in India. Since mid-July, India has recorded rates in the top three countries globally (Johns Hopkins CRC, 2020a). The Government of India closed all schools, colleges and universities on 16 March (Times of India, 2020) and after 15 October reopened schools in phases. However, the actual timing and manner of reopening are decided by individual states with Jammu and Kashmir, Haryana, Mizoram, Rajasthan and Assam keeping schools closed until December 2020 or early January 2021 (Chopra, 2021; India.com, 2020).

Lockdown has involved a countrywide effort to enhance support for the hospital system and prepare labs with testing kits. However, lockdowns have caused an increase in the domestic migration of labourers due to unemployment (Infante, 2020). To combat this, the Government set up relief camps with food and shelter within days with massive administrative support across states by establishing 27,000 camps and shelters (Embassy of India Bahrain, 2020). The Government invested \$22 billion to fight the pandemic through campaigns, support to vulnerable communities, medical operations and food supplies delivered across the entire nation (Embassy of India Bahrain, 2020).

MALDIVES

Maldives confirmed its first COVID-19 positive case on 7 March 2020, originating in a tourist resort. Community transmission was reported in the country on 15 April in the capital Malé and the Greater Malé region was reported to have sporadic outbreaks, which led to it becoming the epicentre for the virus. The mortality rate from COVID-19 in the country has been as low as 0.43% (UNDP, 2020d). Even before the outbreak reached the country, the Government of Maldives implemented restrictions on travellers from China. After the widespread outbreak of the virus across the country, the Government cancelled on-arrival visas for all foreigners and closed the borders (UNDP, 2020d).

Schools were closed on 12 March to contain the spread of COVID-19 in Maldives, teaching for all grades across the country resumed on 1 July except in the capital area. Schools located in Malé only commenced teaching for grades nine to 12, while online lessons were provided for students of lower grades. In response to a second surge of COVID-19 cases, the Ministry of Education once again closed all schools in the Malé region on 4 August for a two-week period. The closure was extended by another two months following the expiry of the initial period with schools reopening across the country on 4 October (Mohamed, 2020; South Asia Monitor, 2020).

One of the biggest challenges faced by the country was the containment of migrant workers from Bangladesh who make up 25% of the population and who live in close quarters. Chaos arose due to migrant workers not receiving wages or legally obligated health insurance. In response to this issue, the Government set up testing clinics in the capital exclusively for migrant workers to get tested without having to show documentation (HRW, 2020c). Simultaneously, the Government eased border restrictions on 15 July with resorts resuming their operations to help stabilise the country's economy (UNDP, 2020d). To stabilise the economy and reduce the dependency on the declining tourism industry, the Government has released land for agriculture purposes to its citizens with hopes to become self-sufficient (Sultana, 2020).

NEPAL

Nepal reported its first case of COVID-19 on 23 January 2020. Points of entry at the Nepal-China border and Nepal-India border were strengthened with health desks in response to the pandemic. Limitations on traffic movement on both sides of the borders, as well as suspension of international flights and a nationwide lockdown from 23 March, were implemented by the Government of Nepal (IMF, 2020). On 19 March, Nepal officially closed all educational institutions to help contain the spread of COVID-19 and the nationwide lockdown followed four days later (Radhakrishnan-Nair et al., 2020). In mid-November, the Government cabinet endorsed 'School Operation Framework-2020, in the context of COVID-19' (The Himalaya Times, 2020). The framework gives authority to all 753 local governments to allow schools under their jurisdiction to reopen or shut as per the COVID-19 situation and the capacity of schools in their areas.

In addition, the Government designed a 'Health Sector Emergency Response' plan to strengthen and prepare healthcare systems in the country. The Government also received funding from USAID with \$28.3 million to distribute ventilators, service plans and technical assistance throughout the country (US Embassy, 2020). Although measures have been put in place, cases were increasing at an alarming rate with an inadequate number of intensive care units in place.

PAKISTAN

After confirming positive cases of COVID-19 in Karachi in March 2020, the country saw an increase in the number of cases especially in the Punjab and Sindh provinces. The Government of Pakistan eased the lockdown restrictions on 9 May to stabilise its economy and support vulnerable families affected by the pandemic. Migrants have been particularly hard hit through the economic slowdown and a transport ban affecting millions of families has led to a movement of migrants away from cities in search of employment (Khan, 2020).

Pakistan was among the first countries in the world to institute widespread school closures as a result of COVID-19 (Geven & Hasan, 2020). Schools in Sindh were closed starting from 27 February and school closures in the rest of the country started from the weekend of 14 March. Schools began a staggered re-opening starting with classes 9–12 on 15 September, classes 6–8 on 23 September and nursery to class 5 on 30 September (Geven & Hasan, 2020).

To mitigate the immediate socio-economic impact of COVID-19, the Federal Government announced a fiscal stimulus package of PKR 1.2 trillion (Geven & Hasan, 2020). Among several measures, two social protection measures taken in response to COVID-19 in Pakistan are of particular importance: Ehsaas Emergency Cash (EEC) and SBP Rozgar Scheme (Markhof, 2020). Helplines were launched in seven local languages for addressing queries (Waris et al., 2020). An allocation of \$60 million from the Relief Fund to the Global Response Plan for the pandemic was made (Waris et al., 2020). Challenges in poverty levels, healthcare institutions and social protection have been exacerbated by the pandemic. In spite of the challenges, Pakistan is experimenting with various innovative measures to tackle the effects of the pandemic on its people, including: using technology to provide telemedicine, MHPSS counselling on line and digital technology to support home schooling, ensuring food security by safeguarding agriculture production, with a focus on small holder farmers; preventing the disruption of food chains by providing \$1.68 billion to the agriculture industry; building isolation wards across the country; and allocating \$600 million to small and medium sized enterprises (SMEs) (Shaikh, 2020).

SRI LANKA

Sri Lanka's first confirmed case of COVID-19 was detected on 27 January 2020. To curb the spread of the virus, the Government of Sri Lanka imposed strict lockdowns throughout the island on 16 March. Awareness campaigns to prevent and reduce risks were implemented (World Bank, 2020). The Government also studied social-behavioural models used in China to handle the spread of the virus. In addition to this, hospitals were modified to treat suspected and confirmed cases in the country (Amaratunga, 2020).

Sri Lanka closed all schools on 13 March; they were then scheduled to reopen in July through a phased approach but were closed down thereafter during the week of 13-17 July. Schools were reopened on 10 August but closed shortly after and reopened on 15 September in phases (Menon, 2020). Schools were closed again as a precautionary measure in October and on 23 November at the beginning of the third term, grades 6 to 13 were reopened across the island excluding those in the Western Province and the isolated areas to begin the third term.

Sri Lanka is a popular tourist destination and the 2019 Easter bombing along with the pandemic have massively affected its industry and workers and led to an increase in poverty rates (World Bank, 2020). The pandemic also caused the postponement of elections, which were subsequently held in August 2020 and closing of the Colombo Stock Exchange (Amaratunga, 2020). The Government launched its Samurdhi (or Prosperity) Programme in 1995 with the goal of reducing poverty in Sri Lanka (Centre for Public Impact, 2017). To support vulnerable households, Samurdhi beneficiaries and Samurdhi cardholders were offered an interest free advance of LKR 10,000 through all Samurdhi Banks (Faculty of Humanities and Social Sciences, 2020). The Government has also set up hygiene and cleanliness measures and restricted movement to reduce the spread of the virus (KPMG, 2020).

CAPTURING LEARNING ON CHILD PROTECTION SYSTEMS AND GENDER-RESPONSIVE PROGRAMMING DURING COVID-19

THE METHODOLOGY

The consultation process used to generate findings for this analytical report consisted of an approach using a combination of document review and in-depth interviews to document and analyse child protection systems change, promising practices, programmatic innovations, challenges and lessons learned across the eight countries in the South Asia region in response to UNICEF's programming during COVID-19.

REVIEW OF MATERIALS AND DATA EXTRACTION

PHASE 1

The first step was to review current materials related to child protection during COVID-19 by collating and examining materials from a range of resources. These include existing documents such as situation reports (SitRep) and indicators, UNICEF's Results Assessment Modules (RAM) indicators, the ROSA Child Protection response paper, socio-economic surveys, e-discussions, online/digital platforms, guidance documents, protection tools and project documents. These documents facilitated a better understanding of the data and evidence from the field in relation to child protection response to COVID-19. Key thematic areas from the document analysis were identified including the UNICEF ROSA child protection areas and the key elements to be captured through in-depth interviews (child protection systems change, promising practices, programmatic innovations, challenges and lessons learned).

PHASE 2

MAPPING OF POTENTIAL CASE STUDIES AND VIGNETTES FROM DESK REVIEW

The approach included writing 12 two-page case studies and a series of shorter vignettes to help illustrate learning across the region. A proposal for the selection of the 12 case studies was initially developed and included the following criteria: 1) At least one case study from each country, and 2) at least two of the four key areas are present in each case study (e.g. promising programmatic responses, points of critical change, challenges/failures/lessons learnt and cross-sectoral partnerships). It was also envisioned that there would be at least one case study from each of the eight child protection thematic areas (VAC, GBV, MHPSS, unaccompanied/separated children, alternative care, juvenile justice,

child labour, child marriage and legal documentation/ registration). However, upon review with the country offices, specific thematic approaches emerged that represented case studies where the most impact could be identified. This means that there are some thematic areas that are not covered in the case studies, most notably child labour and child marriage. These themes are however explored through several vignettes in this report.

Once the initial mapping of the documentary evidence was completed, potential case studies and vignettes that met the inclusion criteria were further explored with the UNICEF ROSA and UNICEF Country Offices in the region in order to determine in-depth interview and case study topics.

After the cycle of review, data extraction, talking to key stakeholders and drafting case studies and vignettes, there were continual feedback loops with key stakeholders, particularly the UNICEF ROSA team and UNICEF country offices. This feedback loop was important for further learning and monitoring changes to existing case studies and to receive and incorporate real-time learning into this documentation process.

The data extraction excel file, interview notes and short vignettes were synthesised into this analytical report on the regional child protection response to COVID-19, including processes, strategies, implementation, good practices, challenges and lessons learnt, to prepare for future emergencies.

CONDUCTING IN-DEPTH INTERVIEWS AND DRAFTING CASE STUDIES

PHASE 3

The case studies were developed with UNICEF country offices through a series of interviews around 12 specific interventions with each of the eight country offices and a total of 16 respondents.

The case studies (presented in Appendix B) follow a similar format and include the following information on the context, details of promising practice/ critical point of change, lessons learned for child protection systems and around partnerships and key considerations and questions for implementation and future adaptation. Unlike case studies, vignettes are short (max 1 paragraph) reflections on learning. These are presented in text boxes throughout this report.

In addition to these child protection case studies, the Gender team at UNICEF ROSA was also undertaking a similar activity and these two processes shared information and learning with each other including harmonising discussions with the country offices.

PHASE 4

ANALYSING AND SYNTHESISING ANALYTICAL REPORT CONTENT

A gender analysis was also undertaken for this report. This systematic analytical process is used to identify, understand, and describe gender differences and the relevance of gender roles and power dynamics specifically in the COVID-19 context as it relates to child protection systems. As part of the gender analysis, questions were asked from each in-depth interviewer and extracted where possible from the documentary review. The analytical findings were reviewed by both child protection and gender colleagues from UNICEF.

2

Child protection systems, gender and the pandemic

UNICEF adopts a systems focused approach to child protection which means that instead of treating each child safety concern in isolation, a holistic view of children and child protection is taken (Wulczyn et al., 2010). COVID-19 has highlighted that these systems need to be *adaptive*.

ADAPTIVE SYSTEMS

Byrne (1998) provides a definition of a complex adaptive system as being 'the domain between linearly determined order and indeterminate chaos' (1998: 1), which seems an apt definition for the complexities that have arisen due to COVID-19 for child protection programming. Complex adaptive systems provide 'multiple and creative pathways for action,' making them robust and adaptive structures within a changing environment, provided the structure and capacity for learning is allowed to happen (Begun, Zimmerman & Dooley, 2003). Wulczyn and colleagues (2010) highlight how the environment – including emergencies such as the COVID-19 pandemic – can affect both positive and negative change within the system. Taking a systems approach can engender a problem-solving attitude (Stevens & Cox, 2008).

Concepts from Complex Adaptive Systems (CAS) framework can be useful in terms of child protection systems learning from the COVID-19 context:

- **The difference between worker-level vs system-level adaptation:** Worker-level adaptation can happen along a continuum that

starts with learning (the simplest form) and continues to adaptation and advancement (Carmichael & Hadzikadic, 2019). In contrast to worker-level adaptation, system-level adaptation is when a group of workers change in a correlated way, reacting holistically to the environment. What is interesting from the perspective of complex adaptive systems is that system-level adaptation can happen in the absence of every individual worker adapting, e.g. actors within the system collectively reacting intelligently to the environment, with complex dynamics and versatility, even though they are comprised of individual actors. What allows this to happen is the encouragement of what is called 'emergent behaviour' (Carmichael & Hadzikadic, 2019). This could be also called 'practice-based evidence' or 'grassroots' learning. This is important because it highlights that while guidance documents are important, learning from practice may be equally important for developing systems learning. Due to the timeframe of COVID-19, we are seeing this element of systems level adaptation more frequently than usual within child protection.

- **The importance of feedback loops for learning:** An essential element of complex adaptive systems is feedback loops. Quite simply these are elements learned at a specific time from child protection responses/actions that are then used as inputs into planning future actions. This is why case studies and taking time to reflect on practice is so important, especially during COVID-19. These feedback loops can also be reciprocal among many actors.
- **Systems and outcomes are non-linear:** The concept of non-linearity has been a frequently discussed element of complex adaptive systems in terms of child protection systems (Stevens & Cox, 2008; Munro, 2005; Wulczyn et al., 2010). This concept was covered extensively by Munro in her review of learning from child deaths in the UK (2005). Non-linearity highlights that we can never eliminate all child protection risks and that if systems expect linearity (e.g., if social workers follow guidance and always do X when Y happens), this can be damaging for the system. Instead, the concept of non-linearity highlights that child protection systems are complex and therefore professional judgment in child protection is necessary.
- **Small changes can make a big difference:** When we hear the word 'systems change' or 'systems strengthening' it can feel overwhelming but what this framework also highlights are that small changes can have a big impact. This is also showcased in the learning from the country case studies presented in [Appendix B](#).

In addition, very practical key insights to systems strengthening for the region come from the UNICEF 2018 research report *State of the Social Service Workforce in South Asia*. This study found three key areas around workforce strengthening that are even more pertinent during COVID-19: 1) Planning the workforce through needs assessments and funding, 2) Developing the workforce through capacity building improvements, and 3) Empowering the workforce to realise the significance of their role and more widely improving public understanding of the importance of this workforce.

The current analysis of COVID-19 programming has highlighted how these three areas continue to emerge as key issues during a crisis. For example, several countries in the region were confronted by a shortage of workforce resources to meet the rise in demand for child protection responses which has prompted crisis specific needs assessment planning. Secondly, new skills such as MHPSS including psychological first aid as well as enhanced skills for responding to GBV were identified as a result of COVID-19. Thirdly, the perceptions around the role of the social service workforce have been more visible to the public during COVID-19 which, with engaged advocacy, may lead to longer-term changes in public perceptions about the need for and importance of the social service workforce.

Also in 2018, a review of child protection in Bhutan, Maldives, Nepal and Pakistan identified barriers and facilitators of systems strengthening as well as a summary of systems change in each of these four countries (UNICEF, 2018).

ROSA FRAMEWORK

A considerable amount of planning and real-time documentation is already happening in the eight countries in South Asia which has led to the development of an outcomes framework for examining child protection during the COVID-19 crisis (see Figure 1). Based on current programmatic knowledge and as evidenced through UNICEF staff interviews, the specific changes to outcomes for children during the time of COVID-19 include (but are not limited to):

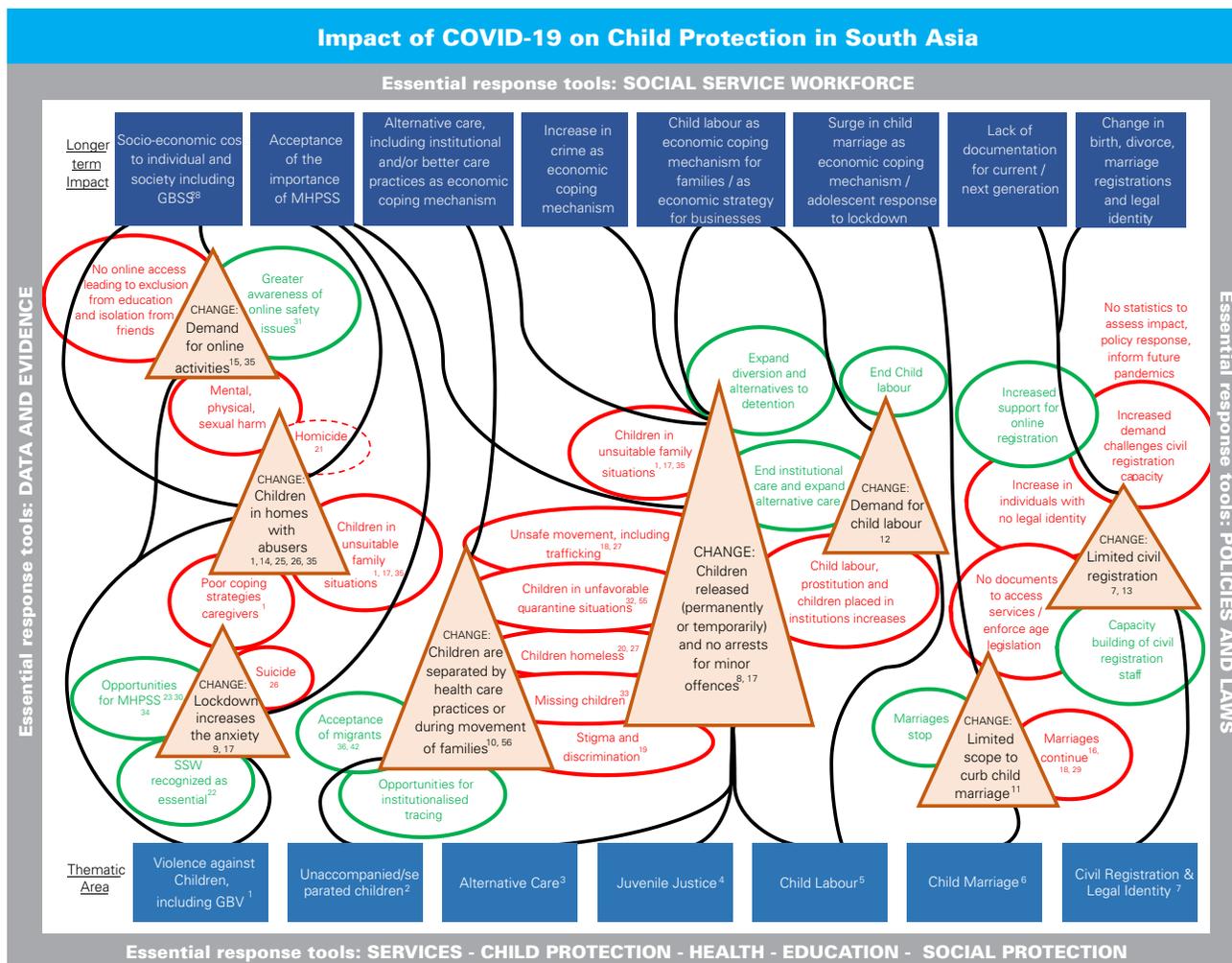
- Increased anxiety due to control measures, school closures and the socio-economic impact as well as the health risks posed by the virus,
- Increased online activities,
- Children spending more time in homes with abusers,
- Unintentional separation risks due to health care practices and movement of families,
- Children released from detention, decrease in arrests,
- Childcare institutions closing and/or children returning home to their families,
- Limited scope to curb child marriage,
- Increased demand for child labour,
- Registration of vital events limited or ceased.

These have positive and negative impacts on VAC including GBV, unaccompanied and separated children, alternative care, juvenile justice, child labour, child marriage and legal identity (e.g. the key thematic areas of UNICEF programming recognising that not all countries in the region will have equal programming in these areas). In addition, there have been disruptions to formal protection services, lack of access to community resources and ensuing impact on help-seeking behaviours across all countries in the region.

As has been found with the Complex Adaptive Systems Framework, ROSA Outcomes Framework has identified both positive and negative outcomes,

for example, some new opportunities to reform alternative care and juvenile justice systems and to increase the recognition of the social service workforce. COVID-19 outcomes can also be negative with the increase of violence, suicide, discrimination and unsafe movement. These changes and their impact also adjust over the time of the pandemic from containment to mitigation and slowly opening up re-opening the economy (see Figure 1). In addition, the key role of MHPSS interventions is also captured as they intersect with child protection programming. One caveat to note is that this report only captures the learning from the first eight months of the pandemic (March – November 2020) and a lot is still unclear about the pandemic trajectory.

FIGURE 1
ROSA COVID-19 OUTCOMES FRAMEWORK



GBSS = Gender Biased Sex Selection. The footnotes (1-56) referred to in this figure are given on pages 88-90.

Figure 1 starts with the UNICEF thematic areas across the bottom. Each thematic area links to key changes in child protection (the triangles) surrounded by both positive and negative potential outcomes (red is negative, green is positive). This highlights the complexity of the current child protection environment indicative of a complex system with the goal to make the system adaptive so that more of the positive outcomes are a result of the changes caused by COVID-19.

Each of these areas is highlighted in this report but a key recommendation is to further explore how this framework, and the outcomes within it, manifest differently for boys and girls of different ages. New findings from data included in this analytical report highlight several key areas for potential inclusion in any iteration of the ROSA framework:

- **Economic stress related to youth unemployment:** U-Report findings show that youth unemployment is a major concern for boys and places increased stress on them and potentially increased vulnerability as many provide and/or contribute to family livelihoods (UNICEF, 2020c).
- **Lockdown increases not just anxiety but also loneliness:** U-Report findings highlighted that one of the main mental health concerns of young people in the region were feelings of loneliness (UNICEF, 2020c).
- **In addition to increased violence in the home, young people also report being concerned about violence in the community:** While both boys and girls reported that the biggest problem in their living environment was violence in the home, 8% of boys and 6% of girls surveyed through U-Report in the region also highlighted that a major concern was violence in the community (UNICEF, 2020c).
- **Changing social norms:** The case studies and analysis of findings in this report highlight some key norms that are shifting, this could be seen as the dynamic underlying framework/structure on which the ROSA framework sits. One of these norms is also highlighted by U-Report findings and that is the increased gender stereotypes that girls particularly experience including increased household work burden and more restricted mobility (UNICEF, 2020c).

COVID-19 MITIGATION MEASURES AND CHILD PROTECTION SYSTEMS

Throughout the COVID-19 pandemic, governments have taken individualised but common mitigation measures to curb the spread of the virus including shutting down services, enforcing lockdowns for all or some segments of the population and closing schools. These mitigation efforts had immediate child protection consequences including:

- The displacement of children from institutions and detention centres, while generally considered a positive move, meant that immediate provisions needed to be put in place to ensure safe environments for these children. Lockdown meant that many of the services that engaged with vulnerable children and families no longer had access to these children.
- The lockdown impacted on the socio-economic livelihoods of families, which often meant mass migration from cities to rural areas or across borders, increases in the need for children to work and the risk factors surrounding this and marrying off children to ensure economic stability in uncertain times. This has increased the need for social services, child and social protection measures.
- Lockdown measures also meant that children already in vulnerable situations, such as those living with domestic abuse or experiencing abuse in the home were now in these situations with little access to support or outside help.
- Stressors caused by the pandemic created conditions that could impact parenting and children's relationships with other caregivers and family members. This has increased the demand for social services such as helplines and also highlighted the need for measures including parenting and caregiver support, to prevent VAC.
- Closures of schools meant that children were physically separated from their peers and support networks and uncertainty around school re-opening and other factors exacerbated by the pandemic also impacted on children's mental health and wellbeing.

These and other impacts from the early stages of the pandemic had to be dealt with quickly by child protection systems. Learning during this time was rapid and in real-time.

Some key lessons identified by the desk review and stakeholder interviews around key actions during the initial stage of the pandemic include:

In **INDIA**, the CHILDLINE 1098 service has extensive coverage (570+ districts out of 750 districts in country) but was not able to operate their drop-in or face-to-face services after lockdown. UNICEF worked with CHILDLINE to fill out the administrative legal paperwork to get the 'essential worker' designation for CHILDLINE workers as frontline responders. This had to be done through each state.

- Ensuring access and proper designation of frontline child protection workers including social workers and child helpline staff often involved cumbersome bureaucratic processes but this was essential to ensure continuation of services to children and families (see the vignette above).
- Frontline service providers often struggled in the early days of the pandemic to have access to Personal Protective Equipment (PPE). Projects that overcame these challenges often worked in collaboration with other initiatives or with the health sector.
- Getting accurate numbers of children in institutions or that were migrating as a result of COVID-19 was often difficult given the paucity and/or patchiness of basic monitoring data across communities and countries. This made it difficult to obtain disaggregated data on the children reached through targeted interventions.
- Protection services needed to work with the Government very early on to define critical services, policies and protocols for social workers and other frontline service providers. Lessons highlighted by the case studies in [Appendix B](#) talk about clearly defining roles among responders as being crucial for coordinating the early work.

LEARNING THROUGHOUT THE PANDEMIC: RE-OPENINGS AND CLOSURES

As the pandemic progressed, other lessons emerged including preparing for the 'new normal' or prolonged nature of the pandemic. It became apparent within the first several months that there was uncertainty about if and when the pandemic would end, meaning that the stopgap measures often instituted within the first few months, would need to be formalised and new systems, protocols and procedures developed.

In **BANGLADESH**, there were twice as many children, most of them boys, in detention than the juvenile detention centres were built to hold. It was extremely difficult for children and staff at the juvenile detention centres to practice physical distancing or to self-isolate to minimise the risk of COVID-19 infection. Closure of the court during the lockdowns exacerbated the concerns. UNICEF advocated with the Supreme Court and line ministries for release of children from detention, resulting in the establishment of virtual Children's Courts to issue bail for children who can return to families. UNICEF has also provided logistical support for the operation of the virtual Children's Courts and to the Department of Social Services (DSS), including deployment of additional social workers, to boost follow up and support to the released children and their families.

Mental health and psychosocial wellbeing increasingly emerged as a key area that had been previously neglected in most countries. Professionals and services across the board, from police to social workers to teachers, were now being tasked with responding not only to protection and other concerns but to mental health and psychosocial issues among children and families. UNICEF has been at the forefront of innovative solutions to providing mental health and psychosocial support as evidenced in the case studies in [Appendix B](#) ranging from a school-based approach with school counsellors in Bhutan to establishing a comprehensive virtual psychosocial support system in Sri Lanka.

In **PAKISTAN**, a mental health and psychosocial support programme for adolescents and young people (ages 14-29) was developed with support from UNICEF. This programme took an explorative approach running sessions with children and young people using open-ended questions, showing empathy, and providing non-judgemental support. To address social stigma about the need for psychological support, the programme included a social media campaign that aimed to spread awareness of psychological and emotional wellbeing by providing live sessions and live programmes on radio shows. The programme also trained education ambassadors on mental wellbeing through Zoom trainings that they could then cascade in their communities.

Another key learning element highlighted throughout the pandemic was to use opportunities to further child protection programming. This could take place through partnerships in non-traditional areas such as the police being catalysts for the focus on mental health in Nepal, to harnessing public outrage over the handling of sexual assault cases to further campaign work around ending GBV in the Maldives, to working with railway police in India around keeping migrating children safe.

In **NEPAL**, during March 2020 the Government issued a notice for no arrests for misdemeanours and this was an opportunity for UNICEF to promote diversion programming. The Office of the Attorney General instructed police to release any children in police custody and to carry out investigations without taking children into custody. The Attorney General also encouraged police to government attorneys to use diversion proceedings.

The ongoing pandemic has also highlighted the need for virtual communication and awareness raising among key communities around both the pandemic and the responses and support services available. Systems have quickly adapted to these virtual and hybrid ways of working including providing virtual psychosocial support and case management and reaching out to communities through information, education and communication (IEC) materials and social media channels. Those programmes that have successfully managed this transition to hybrid environments have done so because they actively incorporated social mobilisation. This has been achieved through Facebook and other social media platforms and advocacy using IEC materials. Building and testing new online and hybrid structures for engaging in child protection programming ranging from online case management to virtual psychosocial support for students and families has also played an important role.

In **AFGHANISTAN**, children on the move, especially unaccompanied and separated children (UASC) and those internally displaced were amongst the most vulnerable groups during the COVID-19 pandemic. During the pandemic, UNICEF and partners assessed the modalities through which they were providing services and constant changes were made to improve the quality-of-service provision. Due to social distancing, community mobilisers started visiting families door-to-door to share COVID-19 and child protection messages. This however meant that a limited number of community members were reached, so UNICEF and partners experimented with using other channels to disseminate information such as TV, radio, banners, flyers and messages broadcast on TV screens at the borders and Child Helpline (in Herat Province) to ensure the maximum number of most-at-risk children and their families/community members were reached.

3

Innovations and lessons learned

The support provided by UNICEF and other partner organisations to South Asian governments has been critical in contributing to the adaptation of prevention and response services within the child protection system.

WHAT INNOVATIVE APPROACHES HAVE IN COMMON

The COVID-19 pandemic has led to several challenges to child protection systems worldwide. In the Socio-economic Impact Survey of COVID-19 Response, conducted by UNICEF, of the 136 participating countries, 104 countries have experienced disruptions in services related to VAC, including GBV (UNICEF, 2020b). South Asia, alongside Eastern Europe and Central Asia have the highest proportion of countries, all eight in the region, that reported disruptions in the services (UNICEF, 2020b). Seven main disruptions to child protection services were reported including:

- Mobility and transport restrictions of service users caused by lockdowns (reported by five countries: Bhutan, India, Maldives, Nepal, and Sri Lanka),
- Mobility and transport restrictions of service providers caused by lockdown (including mobile services, private sector, etc.) (reported by four countries: Bhutan, Bangladesh, Nepal and Pakistan),
- Interruption of community engagement activities (reported by four countries: Afghanistan, Bhutan, Maldives and Sri Lanka),

- Reduction in demand due to fear of infection (reported by three countries: Afghanistan, Bangladesh and Nepal),
- Personnel gaps such as inadequate child protection workers and support staff due to sickness, mobility, restriction, fear and absenteeism (reported by three countries: Bangladesh, India and Maldives).
- Closure of services/facilities or postponement of services (reported by three countries: India, Pakistan and Sri Lanka), and
- Lack of income to pay fees (reported by two countries: Afghanistan and Pakistan) (UNICEF, 2020b).

Despite challenges, countries in South Asia made important efforts to adapt and to ensure the continuity of child protection responses. For instance, the effective response of the judicial system in India; the functioning of the child helplines in Bangladesh, India and Sri Lanka; the social service workforce strengthening in Bangladesh; the psychological support programmes in Bhutan, Pakistan and Sri Lanka; and responses to gender-based violence in Bhutan and the Maldives among other examples (see [Appendix B](#) for case studies).

Before the pandemic the services and strategies of the child protection system had a key role, however during COVID-19 this role became much more critical. Such is the case that the child protection services in South Asia were frontline services due to the impacts and high level of vulnerability of children and their families. The social services workforce in Bangladesh, for instance as well as the counselling services and child helplines, fulfilled a key role. Beyond their usual functions, those services provided appropriate information to contribute to curb the spread of the disease. Services also supported children with many other challenges caused by the pandemic, such as providing psychological support for increasing distress and providing information around governmental strategies to support the livelihood of families.

Not surprisingly, the pandemic also caused an overload of work on the already overburdened child protection systems in countries across the region. One example is around providing mental health and psychosocial support services (MHPSS) during the pandemic. The UNICEF Child Protection Learning Series highlighted that the South Asia region was the only region globally where all UNICEF country offices were working on MHPSS in response to COVID-19 (UNICEF, 2020b). This learning paper found that UNICEF country offices, including those in South Asia, utilised five main strategies for delivering MHPSS programming:

- Taking stock of MHPSS needs and available resources including drawing on and adapting UNICEF operational guidelines, carrying out rapid assessments and adapting and distributing global resources and tools to meet local needs.
- Raising awareness and sharing information about mental health including community messaging to reach children and caregivers (see example in [Appendix B12](#) for a case study from Sri Lanka on the development of a virtual psychosocial support system), employing digital strategies to share information, and using helplines to support adolescents and caregivers and provide messaging (see example in [Appendix B3 for a case study](#) on the Bangladesh and India child helplines).
- Delivering MHPSS across sectors including preparing teachers and schools to respond to MHPSS needs when schools reopen (see example in [Appendix B5](#) for a case study on

provision of MHPSS programming with teachers, guidance counsellors, parents and pupils in schools in Bhutan), adjusting curriculum to respond to MHPSS needs in schools, integrating MHPSS programmes across sectors to overcome logistical challenges and resource constraints (see example in [Appendix B9](#) for a case study on programming that leverages data and partnerships in Nepal), and coordinating MHPSS with the health sector.

- Adapting MHPSS programmes to deliver services including MHPSS services to children on the move (see example in [Appendix B1](#) for a case study from Afghanistan on programming to support children on the move), adapting to emerging mental health needs through digital solutions, developing capacity and strengthening evidence of child helplines through the pandemic.
- Building capacity of the workforce across sectors in MHPSS including using COVID-19 as an opportunity to highlight the importance of MHPSS for government-led initiatives (see example in [Appendix B11](#) for MHPSS responses in Pakistan), responding to and formally adopting MHPSS programming to address the mental health needs of frontline workers, and building capacity of the child protection workforce in MHPSS to better support children and caregivers (see example in [Appendix B2](#) for a case study on social service workforce strengthening in Bangladesh).

Some common elements of innovative solutions seen in the case studies and desk review material include:

- **Multilevel strategies:** Recognising the multitude of risk factors and complexity of violence, most case studies highlighted involve multilevel strategies which address different levels of interventions reflecting the socio-ecological framework –ranging from the individual, to those at the interpersonal level, to the community, institutional and/or structural levels.
- **Strong partnerships:** In addition to displaying multi-level strategies, the initiatives also had strong partnerships between government, United Nations institutions and other national and international partner organisations. Many of these partnerships were developed before the pandemic, an important factor that allowed UNICEF to leverage its existing network to quickly mobilise and strengthen existing partnerships.

In the **MALDIVES**, UNICEF has supported the national Campaign “Breaking the Silence about Sexual Violence”. The campaign aims to have a meaningful impact on the issue of violence against girls and women. To do this, the strategy includes actions at a societal level, at an institutional level and at school levels. It also planned to work with various actors, such as religious leaders, as well as civil society.

- **Building on existing systems:**

A common feature of the innovative solutions is that all strategies were operating at some level prior to the pandemic outbreak. The functionality or form may have differed after the pandemic but in most instances the core elements of the systems strengthening initiatives were already operating. Given that they were functioning before the pandemic, the services also had methodological, and/or legal guidelines to conduct their operation. Governments across the region, with the support of UNICEF, had been continuously working to enhance the services and strategies of the child protection system providing an important bedrock from which to extend and adapt for the COVID-19 pandemic.

SUCCESSFUL PROGRAMMATIC IMPLEMENTATION AND LESSONS LEARNED

The COVID-19 crisis has heightened existing vulnerabilities and has also revealed gaps in the child protection system across the eight countries in South Asia. However, it has also created opportunities to enhance the functioning of certain elements in the system. As mentioned previously, all the initiatives had been working in some form previously and they managed to adapt to the particular characteristics of the COVID-19 context. Some adaptations included an increase in personnel (e.g. the strengthening of the social service workforce in Bangladesh); and the development of specialised training for staff particularly focussed on attending to children during the crisis (e.g. the counselling service in Bhutan and the child helpline services in India). Others included new working strategies, like in the Maldives and

Pakistan that incorporated online counselling services. Others even made important structural changes in procedures, like the judicial system in India.

This section highlights some of the key lessons learned across the case study interviews and as identified in the desk review. In summary, these key lessons learned highlight how successful systems adaptations have taken into account the importance of:

- Investing in the social services workforce infrastructure and adopting a systems approach that is vital to ensuring a holistic child protection response during COVID-19;
- Having qualified personnel identified as essential workers to ensure continuous access and support to services for vulnerable populations;
- Training on MHPSS and other specialised topics that became essential for addressing mental health during COVID-19;
- Strengthening existing partnerships and developing new collaborations essential for responding to the dynamic nature of keeping children safe during the pandemic;
- Delineating clear roles and responsibilities to prevent duplication and to ensure coordination during rapid and ongoing responses to children, caregivers and families during the pandemic;
- Advocacy and social mobilisation efforts, vital to reach both the larger community but also specific children, parents, caregivers and frontline responders with important messages during COVID-19;
- Assessment and monitoring mechanisms including real-time data systems that have proven vital for ensuring data driven policy and practice decisions to keep children safe; and
- Recognising and prioritising previously neglected areas and needs that become essential to responding to the situation of children during COVID-19.

Each of these areas is further detailed below.

Investing in the social services workforce infrastructure and adopting a systems approach

This has been a key lesson learned for improving the child protection system response across the countries in the region. This includes, not only increasing the workforce but also ensuring regular training for the personnel. Child protection services have experienced increased demand throughout the

pandemic; therefore, government actions to respond to this need have been crucial. Some countries in South Asia, with the support of international and national stakeholders, were able to act rapidly in order to reinforce their services during COVID-19. In Bangladesh, for instance, there was a significant increase in personnel working on child helplines and in social services - 127 new social workers were recruited, bringing the total number of child protection social workers in the country to 250. UNICEF has been actively supporting governments contributing to adaptation of services. For example, the Ministry of Education in Bhutan, with the support of UNICEF has trained 147 school guidance counsellors (80 male and 76 female) from all 20 districts on how to provide psychosocial support remotely to children, parents and caregivers and also face-to-face psychosocial support to children once schools reopened.

Qualified personnel identified as essential workers

The pandemic reaffirmed the importance of having qualified personnel to ensure effective and timely responses to children and access to services by being classified as essential workers. In many countries, this highlighted how child protection social workers and child helpline staff were engaged in violence response that is key to them being classified as essential workers. The official recognition of the social service workforce as essential workers is important because it included, but was not limited to, factors such as allowing them access to PPE and to move around during the lockdowns.

As mentioned above, a common aspect among successful child protection initiatives was that they had trained personnel prior to the pandemic. Therefore, staff were well informed and had skills that contributed to them being better prepared to respond and adapt their work to the needs of the ongoing pandemic. It is important to note as well that in most instances efforts have been made to increase the workforce in addition to providing further training. An example of how previous capacity building activities contributed to effective responses during the pandemic was the case of CHILDLINE in India. Months before the pandemic outbreak, extreme riots took place in Delhi and CHILDLINE offered psychosocial support and mental health counselling to children. Having staff already trained in these areas and working in crisis settings prepared them for the COVID-19 pandemic.

In the **MALDIVES**, UNICEF, in collaboration with the Maldivian Red Crescent (MRC) an independent, voluntary, humanitarian organisation, and the Ministry of Education, partnered to provide teacher training on psychological first aid in preparing for school re-opening. By 22 June 2020, a total of 961 teachers from 75 schools had been trained. The target was to equip teachers with skills and knowledge to provide immediate psychosocial support to students, with a system where students can be referred to more specialised services if necessary.

Training on mental health and psychosocial support and other specialised topics

While prior capabilities of staff were crucial, given the novel nature of COVID-19 it was also necessary to conduct training on specialised topics, particularly to provide psychosocial support to children and their families. In addition to the need to support children's mental health, the pandemic also generated new challenges for the child protection system, demonstrating again the need for frequent training. The pandemic helped identify existing gaps regarding service capacities, not only in the governmental services but also in other parts of the protection system, like non-governmental institutions. In the case of Bhutan, for example, the pandemic contributed to identifying a gap in skills to respond to addressing GBV.

Strengthening existing partnerships and developing new collaborations

Several case studies have highlighted the importance of multi-sectoral partnerships including within UNICEF across sections. For example, in Nepal the links between health and child protection in terms of understanding both the clinical and social aspects of MHPSS have been crucial for implementing a comprehensive approach during COVID-19. Innovative partnerships have also emerged as a result of the COVID-19 pandemic. From strengthening existing partnerships by working with the judiciary in India to developing new collaborations such as working with the police around mental health data in Nepal, the importance of engaging a range of partners has been a key lesson learned.

In **BHUTAN**, volunteers and civil society organisations have traditionally played a key role in GBV response. As part of continued programming during COVID-19, Bhutan rolled out national Standard Operating Procedures (SOPs) for GBV responses including training both frontline providers but also volunteers from civil society organisations on the procedures. In addition, reflecting good practice from the SOPs, the civil society organisation roles and responsibilities in GBV response were delineated and included in the SOPs.

Partnerships with women's organisations and civil society organisations can create avenues to reach the most marginalised and isolated populations. Case studies have found that in the COVID-19 context, when uncertainty and distrust is prevalent, civil society organisations including women's organisations and networks had established trust with communities. At the same time, by engaging with women's organisations, as well as with girl-led and girl-centred organisations, programming contributed to acknowledging the agency of women and girls and the contribution they make to their communities.

Clear roles and responsibilities

Due to the crisis caused by the pandemic, it was crucial for services to have clear criteria and guidelines for their functioning, and that personnel in charge have full knowledge of them. A relevant example of this is the set of actions carried out in India to protect children after the order of provisional release of children in childcare institutions (CCIs) and their return to families. In partnership with UNICEF, the Supreme Court developed a set of guidelines and the court issued an order on the care of children within one week of lockdown. This included guidelines for all stakeholders who worked with children and included information on the release process. The guidelines also included follow-up procedure, the Supreme Court issued a second follow-up order to all states on the status of children. UNICEF worked closely with 17 of the 35 states to support surveillance data collection efforts and advocacy during this procedure.

Importance of advocacy and social mobilisation efforts

Advocacy and social mobilisation were crucial not only for ensuring the effective adaptation of services during the pandemic, but also to guarantee, important -and needed- changes for the future. The innovative initiatives highlighted in the case studies provided examples of advocacy and social mobilisation at different levels. For instance, in Sri Lanka, social mobilisation work was done via Facebook and other platforms to introduce the concept of virtual psychosocial support.

Assessment and monitoring mechanisms including real-time data systems

The assessment and monitoring mechanisms including real-time data systems were key to ensuring effective responses in the time of COVID-19. Despite the relative short time since the pandemic began, some initiatives deployed coordination and oversight mechanisms to guarantee the effectiveness of their actions. In some cases, these mechanisms existed previously, such as in the case of the SOPs for GBV in Bhutan, and MHPSS for adolescents and young people in Pakistan. The Pakistani service, for example, uses a monitoring tool to follow up on any changes and improvements in the children who received counselling.

In other cases, it was necessary to design and develop monitoring mechanisms, for example in India, where for the first time states are now collecting real-time data on child protection issues including

In **BANGLADESH**, UNICEF has supported safe and confidential data collection during remote service delivery via the web application Primero Plus (Primero/GBVIMS+) - the Gender-Based Violence Information Management System. Primero/GBVIMS+ allows frontline staff to safely and securely collect, store, manage and share data for case management and incident reporting of GBV. Bangladesh is currently one of three countries globally (in addition to Libya and Nigeria) using the Primero/GBVIMS+ and its introduction is being planned in other countries (UNICEF 2020g).

children's release from institutions. New data systems are also being developed in Nepal, where for the first time all helplines across the country are planning to harmonise data collected so that it is comparable across different helplines.

Recognising and prioritising previously neglected areas and needs

The pandemic has helped to highlight and prioritise previously neglected areas and needs. An example of this is the recognition of psychosocial support as a vital aspect of the child protection system. Amongst other challenges, the pandemic affected the mental health and wellbeing of children, demanding an urgent need to provide support services. However, the provision of these services has always presented challenges for various reasons such as the stigma around discussing mental health issues and the lack of prioritisation of those services by policymakers and practitioners among others.

In addition, in some places like Afghanistan, there is still social stigma attached to those who need to receive MHPSS support, which makes it difficult for children to access services. Furthermore, decision-makers usually overlooked or did not prioritise this need before the pandemic. However, the crisis created conditions that required mechanisms to provide psychosocial support to children and their families. In Bhutan for instance, before the pandemic, the Ministry of Education provided counselling in schools. As a response to the pandemic, the Ministry launched online counselling on a social media webpage; children's responses were overwhelming. Many children contacted the service to share their anxieties or because they were not able to cope with online learning as part of their education. This situation led to important

In **PAKISTAN**, stigma prevention messages were disseminated through Government and UNICEF platforms, for the first time during the early stage of the pandemic, generating unprecedented interest. At a national level, stigma prevention posts on UNICEF social media (Facebook and twitter) reached 2,063,024 people with over 58,000 engagements from April 20-1 May 2020.

changes in the services. Psychosocial support was introduced in order to respond to children's needs.

This section has summarised some of the challenges and opportunities that the child protection system has faced during COVID-19 and that led to important lessons learned and adaptations, not only in addressing the ongoing crisis but also in strengthening systems for the future.

THE IMPORTANCE OF CROSS-SECTORAL PARTNERSHIPS

VAC and GBV can be dynamic and complex and responding to it requires multi-sectoral and multi-stakeholder strategies. As the COVID-19 crisis has demonstrated, establishing strong relationships and coordination among government departments, non-governmental institutions, UN agencies and communities helps to strengthen child protection systems. This is vital in providing a more holistic and effective response. The support provided by UNICEF and other partner organisations to South Asian governments has been critical in contributing to the adaptation of prevention and response services within the child protection system.

The case studies highlight that working jointly contributes to leveraging resources not only to support more personnel but also to increase the capacity and reach of support services. In many cases, strong partnerships between governments and national and international institutions supported the increase of personnel in the services provided by the government.

Reinforcing the workforce, not only implies increasing the number of personnel, but also strengthening their capacities and skills. In this matter, a key lesson is to set up alliances with expert institutions to provide training in specific and specialised themes. For example, UNICEF India, in partnership with the National Institute of Mental Health and Neurosciences (NIMHANS), supported the training of 882 CHILDLINE staff and 350 child protection staff in Odisha on the basics of MHPSS and first aid.

Opportunities for UN agencies to work collaboratively have also been highlighted during the pandemic. For example, UNICEF, UNWOMEN and UNFPA have been able to work together effectively to promote child

wellbeing and protection for boys and girls as well as GBV prevention, risk mitigation and response.

Working in partnerships also contributes to building up important visibility for a variety of child protection issues at national as well as sub-national levels. In this sense, the establishment of alliances can contribute to raising awareness about the need to continue strengthening the system. Establishing alliances helps to guarantee a greater scope of interventions and opportunities to leverage resources to strengthen services. This joint work also means problems can be addressed with joint solutions resulting in enhanced services. In this sense, UNICEF's ability to establish synergies among various stakeholders and promote collaborative efforts has played an important role. Connecting government with other institutions to receive various forms of support and to work together has greatly contributed to strengthening protection systems in multiple countries in the region. For example, in Afghanistan, UNICEF has played a key coordinating role in addressing the increase of children moving between Afghanistan and Iran during COVID-19. In addition to working collaboratively with both national governments, UNICEF has played a key role in the Case Management Taskforce (CMTF) and the child protection cluster to create synergies across local, national and international stakeholders. For example, UNICEF in partnership with IOM, IRC and other members of the CMTF has developed SOPs for case management. The child protection cluster organised by UNICEF and Save the Children coordinated participation and system strengthening activities of the Ministry of Labour and Social Affairs of Afghanistan.

CRITICAL REFLECTION ON THE SUSTAINABILITY OF POSITIVE CHILD PROTECTION CHANGES

It is important to analyse strategically how to guarantee the sustainability of the adaptations that strengthened systems during the COVID-19 pandemic so that positive outcomes and adaptations can be continued after the pandemic.

Continuing to promote resources to guarantee an adequate number of trained and qualified personnel is key. It is necessary to provide resources to keep the additional workforce recruited to respond to the pandemic. The COVID-19 pandemic highlighted how

assessment of required staff numbers must be made according to required staff strength for effective delivery of services. This assessment process should be carried forward during non-crisis times. It also becomes crucial to keep these budget lines within child protection responses after the pandemic.

It is also necessary to establish a critical reflection of the process of responding to a pandemic, and assessing training needs for child protection responders. This will help identify gaps and plan future training and preparedness exercises. In the case of child help lines in India and Bangladesh, for example, while staff had received comprehensive training on counselling and social skills, they also identified the need for more modules on knowledge around risks and protective factors of VAC. In addition, the future training programmes should include a reflection of the lessons learnt on the operation of services during a pandemic crisis – thereby encouraging 'feedback loops' of complex adaptive systems.

In **SRI LANKA**, the lack of reliable and adequate data for policy decision-making was one major challenge both government and non-government decision-makers faced during the onset of the COVID-19 crisis. Therefore, UNICEF offered technical assistance to relevant government ministries and departments to design and implement sectoral needs assessments during the initial five months of the pandemic. Together with the National Child Protection Authority (NCPA), UNICEF and members of the Child Protection Working Group completed an assessment of child protection issues, with the participation of 3,995 parents and 3,975 children island-wide. The results of the assessment fed into the Child Protection Response Plan for COVID-19. Survey findings covered five key areas including: i) knowledge on COVID-19, ii) children separated from parents and caregivers, iii) access to and affordability of basic services, iv) prevalence of violence, and v) psychosocial stress and support services.

It is also crucial that advances made in child protection system strengthening developed as a result of COVID-19, including monitoring and real-time learning, are maintained and enhanced post-COVID-19. Several country offices have invested alongside government in developing guidance, conducting training and providing supervision of social workers and other frontline staff. It is important that these resources and skills are kept active even when the pandemic subsides. For example, in the case of the judicial system in India, there is a need to institutionalise the process of alternative care and detention decisions that took place during COVID-19. A real shift towards both family-based alternative care and greater use of alternatives to detention for children in conflict with the law, in a country where the institutionalisation inertia is strong, also needs to be promoted.

Another interesting adaptation of child protection system was the inclusion of virtual and hybrid strategies, which may contribute to the future functioning of services. Due to containment measures to reduce the spread of the virus, many remote services were implemented. Some institutions adapted their ongoing strategies to

In Cox's Bazar, **BANGLADESH**, a central MHPSS working group was started in 2017. This sub-working group of the health sector has close ties to other sectors, mainly protection, and is attended by mid-level and senior staff involved in policy and programming across government, UNICEF and other UN agencies and non-government organisations (Elshazly et al., 2019). During COVID-19, the group developed audio-recorded awareness-raising material for children. By mid-June 2020, the initiative had reached approximately 67,000 people across the camp.

provide support to children through online or over-the-phone platforms. The high demand by children and young people using these services highlights the need to maintain such strategies in order to have a greater scope of services. Furthermore, given the ongoing nature of COVID-19, it is also necessary to retain these strategies and provide accessible online support to children to deal with the challenges caused by the pandemic. While technology-assisted child protection interventions are an important positive development arising from the COVID-19 pandemic, it is important to also understand the gender and socio-economic implications of access to technology and ensure continued work on addressing these inequalities.

The challenges caused by the COVID-19 pandemic have highlighted the need to provide mental health and psychosocial support to children and young people. It is necessary to ensure these services within the child protection system continue post pandemic. Promoting the psychosocial wellbeing and mental health of children contributes not only to developing the socio-emotional capacities of children but these life skills have also been identified as one of the key strategies of the INSPIRE framework, the evidence of 'what works' to prevent VAC globally (WHO, 2016). Promotion of life skills includes programming focused on gender-equitable norms, attitude and positive behaviours, and empowerment programmes among others. Providing psychosocial support is crucial, since it is estimated that the global pandemic will have long-term consequences, which may continue to be a threat to the wellbeing of children.

It is also important to roll out strategies to guarantee the wellbeing of personnel in charge of the services. The increase in demand for services during the crisis can cause staff fatigue in the longer-term. For this reason, increasing the workforce and guaranteeing training are key aspects. It is also necessary to attend to and promote their wellbeing, by providing worker welfare programmes that address vicarious trauma and burnout such as programmes promoting psychological first aid. This will also contribute to better responses to children.

4

Conclusion

This report contributes to reflective learning in the region and there is still more to learn. Concluding remarks highlight some of the gaps in the field and areas for further prioritisation.

This report has highlighted commonalities between case studies and key lessons learned. There are several areas that deserve further attention:

- **The links between violence against women (VAW) and violence against children (VAC) during the pandemic.** Several data sources point to the increased intersectionality between VAW and VAC resulting from increased stressors, decreased access to services and limited mobility and social supports for survivors. The intersectionality of these types of violence should be further explored expanding beyond violence in the home to violence and increased risks that are shared in other spaces (e.g. the community, online, etc.) to fully understand where joint interventions would be useful and where child-focused interventions are more appropriate.
- **The need for improved and disaggregated data on prevalence and incidence of VAC.** Real-time surveillance data is needed for accurate planning and much of the current information is anecdotal with very little real time data on increases in VAC by both incidence and type. Furthermore, the pandemic itself

may impact in a variety of ways on existing monitoring data. For example, helpline calls in many countries were lower in the first phases of the pandemic because women and children may have felt unsafe or unable to make calls from their home, resulting in lower reporting levels which did not accurately reflect the situation (UNICEF, 2020i). More emphasis should be given to data mapping needs in emergency preparedness phases. Developing robust data management information systems to allow for ongoing and up-to-date numbers of both cases and children at risk for various types of violence disaggregated by age, sex and at meaningful sub-national levels also needs to be prioritised.

- **A shift in social norms due to the pandemic.** Important norms appear to be changing globally including: 1) reduced stigma and increased normalcy of talking about mental health issues and trauma, 2) the normalcy of virtual and hybrid environments, 3) an increase in discussions and potential norm shift around the importance and possibility of family-based care in most instances, 4) the increase in diversion and alternatives to child detention, 5) increase in parent-child communication particularly as

a result of home schooling in many country contexts, and 6) norms that reinforce gender stereotypes. What is not known is how entrenched these potential norms shifts are or whether they will revert once the crisis is over. More research is needed on these potentially global norm shifts and how they contextualise in different countries.

- **Differential impacts of COVID-19 across the age and gender continuum.** We are still learning about the impacts of the pandemic on both existing age and gender inequalities across countries. Evidence suggests that COVID-19 exacerbates existing inequalities but more research is needed on how men and women and

boys and girls are affected by and responding differently to the pandemic. We know there are differences in, for example, sources of income which will be impacted differently by lockdowns and economic downturns. There are also differences in boys and girl's access to technology potentially impacting access to resources. More research is needed as well on the impact over the course of childhood.

We are still in the early stages of learning from this global crisis but it is important to take a step back and take stock of the work done to date. Only through this reflective learning can we better sustain the momentum of adaptive systems strengthening for child protection in the region.



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APPENDICES

Appendix A

TIMELINE OF COVID-19 MITIGATION MEASURES IN SOUTH ASIA

TABLE 1: KEY COVID-19 GOVERNMENT ACTIONS AND RELATED DATES

	March '20	April '20	May '20	June '20	July '20	Aug '20	Sept '20	Oct '20	Nov '20
Afghanistan	<p>14 March: Government closed all schools. Restriction of movement was imposed until situation improves (UNDP, 2020).</p>	<p>2 April: World Bank fast-tracked \$100 million emergency grant to help Afghanistan. With this, the country was able to reinforce health care services, isolate patients and improve testing capabilities (World Bank, 2020).</p>	<p>Afghanistan received a second grant of \$160 million from the World Bank to expedite the recovery, maintain the continuity of infrastructure, basic amenities and telecommunications (World Bank, 2020). Lockdown implemented across the country until 24 May 2020 (Global Protection Cluster, 2020).</p> <p>14 May: Testing capacity increased to 1100 tests per day (TOLO News, 2020).</p>	<p>7 June: Government enforced new mandatory rules of wearing face masks in public, maintaining 2-meter social distance and prohibition of gatherings of more than 10 people (Crisis24, 2020)</p>	<p>3 July: Lockdown extended for 3 more months (International SOS, 2020).</p>	<p>22 August: Government implemented a reopening strategy and allowed schools to reopen and resume education with necessary health measures (TOLO News, 2020).</p>	<p>19 Sept: Minister of Public Health acquired financial resources to manage a second wave.</p> <p>1 Sept: Lifting of international travel restrictions and reopening trade borders (World Aware, 2020).</p>	<p>14 October: Government continues to fight the pandemic by increasing testing facilities (WHO, 2020).</p>	<p>Delivering supplies to under-resourced health centres in a transparent manner, so that life-saving support can be delivered to those most in need (Relief Web, 2020)</p>
Bangladesh	<p>23 March: 10 day nationwide lockdown after 33 confirmed cases (Daily Star, 2020).</p>	<p>9 April: 'Complete lockdown' implemented in places of major Rohingya refugee camps. Cash assistance of \$91 million for informal sector workers, health workers, and bankers (KPMG, 2020).</p>	<p>Banks instructed not to charge any fees or changes against late payment until 31 May.</p> <p>27 May: Fully relaxed lockdown to resume daily livelihood activities (TVS News, 2020).</p>	<p>20 June: Local district hospitals to open high intensive care and dependency units with UNHCR support (UNHCR, 2020).</p> <p>16 June: Few international airlines resumed from Dhaka (Dhaka Tribune, 2020).</p>	<p>18 July: Civil aviation authority issued that any citizen requiring to travel internationally should obtain a "COVID-19 Test Certificate" (WHO, 2020).</p>	<p>4 August: Prohibition of outdoor movement from 10PM-5AM</p> <p>27 August: Schools to remain closed announced (Daily Star, 2020).</p>	<p>13 September: Restrictions on travel seating removed.</p> <p>30 September: Oxygen generator plant inaugurated in Ramu's Isolation and Treatment Centre (ITC) (Relief Web, 2020)</p>	<p>Handwashing campaign remains to be the key measures to fight against the virus.</p>	<p>Educational institutes to remain closed in fear of second wave (Business Standard, 2020).</p>

TABLE 1: KEY COVID-19 GOVERNMENT ACTIONS AND RELATED DATES

	March '20	April '20	May '20	June '20	July '20	Aug '20	Sept '20	Oct '20	Nov '20
Bhutan	<p>9 March: Royal Government of Bhutan established the National COVID-19 Response fund (Yangchen, 2020)</p> <p>16 March: Mandatory quarantining on returning from abroad after first case was confirmed on March 6 (Hashmat, 2020)</p> <p>24 March: Borders closed</p>	<p>His Majesty's loan interest waivers combined with other government interventions reduced the economic difficulties of families dependent on tourism (UNDP, 2020)</p> <p>16 April: Tax filing deferred until 30 June 2020 (KPMG, 2020)</p> <p>17 April: World bank approved \$5 million grant to enhance Bhutan's ability to contain COVID (World Bank, 2020)</p>	<p>4 May: Government acquired \$20 million loan from ADB bank in an effort to restore economy and preserve public health (ADB, 2020)</p> <p>25 May: Bhutan government used half of the \$400,00 grant from South Korea to procure more testing kits (Hashmat, 2020)</p>	<p>Business income tax and corporate income tax deferred for the year of 2019 until 30 June</p> <p>24 June: UNDP Bhutan and Gross National Happiness Commission signed "Support to Commercial farming in Paro District" response project to support impacted tourism groups who lost their jobs (NSB & UNDP, 2020)</p>	<p>8 July: Continuation of international flight ban (World Aware, 2020).</p> <p>21 July: Government uses ADB \$2 million grant from Bhutan Asia Pacific Disaster Response Fund (APDRF) to help support the emergency response to the pandemic by procuring more testing kits, protective equipment, laboratory and medical goods (Relief Web, 2020)</p>	<p>11 August: Nationwide lockdown (Garda, 2020).</p>	<p>22 Sept: Requested and received PPE from Australian Government (Australian High Commission, 2020)</p>	<p>19 October: Resumed flights from and to India and Thailand</p>	<p>17 November: 377 confirmed cases and no deaths (WHO, 2020)</p>
India	<p>11 March: All visas suspended</p> <p>19 March: Incoming flights suspended</p> <p>25 March: Nationwide lockdown for 21 days to break community transmission</p>	<p>1 April: Government ordered monitoring of fake news across print and electronic mediums</p> <p>5 April: Lighting of Lamp at 5PM to applaud all front-line workers and symbolise the triumph of light over darkness (The Hindu, 2020)</p> <p>8 April: Mandatory wearing of masks in public places</p> <p>13 April: Ground level multi-sectoral teams for intervention</p> <p>17 April: Dedicated 24x7 Whatsapp number for communication (N.R., 2020)</p>	<p>4 May: Strict nationwide lockdown for 15 days</p> <p>14 May: Mild reopening of 'green' zones and extended lockdown for 'red' and 'orange' zones (Subrami and Roman, 2020)</p>	<p>1 June: 'Unlock 1.0' strategy involving phased reopening in certain parts of the country.</p> <p>Late June: Increased testing 5371 per million, though it remained low in relation to most comparator countries (Ghosh, 2020).</p>	<p>Unlock 3.0 with plans to open schools.</p> <p>22 July: Human trial initiation of COVAXIN by ICMR (India Today, 2020).</p>	<p>Ban on public gatherings across various states until 31 August (Indian Express, 2020)</p>	<p>2 September: Public preventive measure notice issued to follow social distancing in education related activities, along with prohibition of movement for high risk individuals such as older, pregnant and underlying medical condition employees (Ministry of Health and Family Welfare, 2020)</p>	<p>Unlock 5.0 for the month of October.</p> <p>Strict lockdown continues in containment zones</p> <p>15 October: Opening of public spaces such as theatres permitted with 50% capacity (Ministry of Home Affairs, 2020).</p>	<p>Unlock 6.0 for the month of November. No new guidelines issued.</p> <p>Opening of activities outside containment zones to stabilize the economy and livelihood of people. Schools opened partially in certain states (Indian Express, 2020).</p>

TABLE 1: KEY COVID-19 GOVERNMENT ACTIONS AND RELATED DATES

	March '20	April '20	May '20	June '20	July '20	Aug '20	Sept '20	Oct '20	Nov '20
Maldives	<p>4 March: Joint drill conducted by Ministry of health and NDA to prepare for the outbreak.</p> <p>12 March: Public health emergency declared for 30 days.</p> <p>27 March: Travel ban and temporary suspension of on-arrival visa (Sultana, 2020).</p>	<p>2 April: \$7.3 Million grant received from World Bank to help the country protect, detect and respond to the pandemic (World Bank, 2020).</p> <p>14 April: Postponed local council elections</p> <p>40% reduction in electricity bills and 30% reduction in water bills.</p> <p>15 April: Suspension of domestic travel flights (World Aware, 2020)</p>	<p>4 May: Ease of entry restrictions into the country for diplomats and resort owners.</p> <p>31 May: Government offices reopen with limited hours for essential work (UNDP, 2020)</p>	<p>15 June: Nationwide restrictions on travel lifted.</p> <p>20 June: Reopening of borders to improve economy (UNDP, 2020)</p> <p>25 June: \$25 million concessional loan and a \$25 million grant acquired by Government to respond to COVID-19 (ADB, 2020).</p>	<p>5 July: Government offices and schools reopen (UNDP, 2020).</p> <p>14 July: Government issued a notice stating that the protests and marches by migrant workers can be held only with written approval from police beforehand (HRW, 2020)</p> <p>15 July: Borders fully reopened to stabilize economy</p>	<p>4 August: Reimposition of domestic controls (World Aware, 2020)</p>	<p>1 September: Continued imposition of movement restrictions for locals and tourists unless granted permission by the ministry (World Aware, 2020).</p> <p>30 September: Maldives government received \$250 million from India to tackle the pandemic (The Hindu, 2020)</p>	<p>5 October: Vehicular restrictions lifted (GardaWorld, 2020)</p> <p>22 October: Night curfew reduced by an hour</p>	<p>7 November: Schools reopened, workplaces reopened and night curfew shortened even further to curb the spread of the virus. Public gathering of upto 15 people permitted (GardaWorld, 2020).</p>
Nepal	<p>23 March: Nationwide lockdown. The government set up helplines to communicate and address queries about the pandemic (WION News, 2020).</p> <p>Suspension of all international flights (United Nations, 2020)</p>	<p>6 April: Extension of control measures in domestic and international movement continue. Ban on public gatherings and closure of educational institutions. Suspension of on-arrival visa (World Aware, 2020)</p> <p>12 April: All non-urgent surgeries and medical appointments halted to prioritise control of COVID-19 spread (Nepal Daily, 2020)</p>	<p>6 May: Flight ban extended. Residents mandated to stay at home and maintain social distancing.</p> <p>Government initiated the 'Health sector emergency response plan' to tackle the spread of virus in health systems, public health and social measures, curative care interventions and oversight activities (Government of Nepal, 2020)</p>	<p>26 June: Lab test services expanded to 23 institutes across country.</p> <p>28 June: Removal of quarantining facilities in schools to avoid psychological effects on children (Nepal Response Situation Report, 2020)</p> <p>29 June: Farmers requested to focus on production and growth of agricultural products to maintain balance.</p>	<p>21 July: Partial ease in movement restrictions due to decline in cases.</p> <p>30 July: Restaurants allowed to reopen</p>	<p>30 August: Extension of suspension in long-route transportation, schools and domestic flights until 16 September 2020.</p>	<p>4 September: Government of Nepal signed a financing agreement with World Bank for \$10.85 million to maintain education and continued learning for children (Nepal Response Situation Report, 2020)</p>	<p>2 October: Free of cost COVID PCR test in recognition of citizens right to primary healthcare (Nepal Response Situation Report, 2020)</p> <p>Australia and Nepal's 'Partnership to Recovery' strategy remains consistent in contributing to Nepal's health and economic recovery (Australian Government, 2020)</p>	<p>13 November: 100 state-of-the-art ventilators distributed in Nepal by United States as part of their long ongoing partnership (US Embassy, 2020)</p>

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	March '20	April '20	May '20	June '20	July '20	Aug '20	Sept '20	Oct '20	Nov '20
Pakistan	<p>Nationwide lockdown implemented late March</p> <p>21 March: Suspension of all international flights (Relief Web, 2020)</p> <p>30 March: GoP approved the fiscal stimulus package of Rs. 1.2 trillion and Supplementary Grant of Rs. 100 billion for the “Residual/ Emergency Relief Fund” to tackle the pandemic (KPMG, 2020)</p>	<p>\$200 million received from World Bank to respond to COVID-19 in the country (Munir, 2020)</p> <p>27 April: The Government of Pakistan launched its preparedness and response plan requiring US\$ 595 million to strengthen Pakistan’s capacity in emergency prevention, preparedness, response and relief and build health systems to mitigate the recovery from COVID-19 (WHO, 2020).</p>	<p>Government has eased lockdown restrictions despite an increase in cases.</p>	<p>No change in measures</p>	<p>July 16: Punjab government has extended lockdown in the province. Educational institutions, marriage halls, restaurants and cinema halls remain closed (Pakistan Situation Report, 2020)</p>	<p>Pakistan participated in the Global Humanitarian Response Plan 2020 with a total funding requirement of \$126.82million and aims to assist 1.3m people in need, with 5.46 million being most in need of protection intervention (Relief Web, 2020)</p>	<p>15 September: All educational institutes reopened</p>	<p>21 October: New lockdown initiated as mortality rate increased to 140% (The Week, 2020).</p>	<p>10 November: Strict localised lockdown implemented in parts of Pakistan due to a rise in cases. Movement restrictions have been implemented along with suspension of public gatherings. All markets and malls closed.</p>
Sri Lanka	<p>7 March: New screening measures implemented with heightened monitoring at airports and seaports. 14-day compulsory quarantining for travellers who visited Italy, South Korea or Iran (Garda World, 2020)</p> <p>16 March: Strict nationwide lockdown</p> <p>23 March: 45 quarantine centres built by Sri Lankan Army to tackle the pandemic (Hiru News, 2020)</p>	<p>7 April: Continued suspension of nonessential activities. Visas and incoming international flights & ships suspended (World Aware, 2020).</p> <p>24 April: Isolation of Navy camps to contain the spread of virus among sailors after a positive case was confirmed (Farzan, 2020)</p> <p>President contributed Rs. 100 Million from President Fund and delayed water bill payment permitted.</p>	<p>26 May: Nationwide night curfew continues to be implemented</p>	<p>28 June: Government lifts the imposed curfew after no new case arises (Deccan Herald, 2020).</p> <p>29 June: Circular issued to request all education staff to return to school (The Hindu, 2020)</p>	<p>July 7: Schools slowly reopened for different grades every few weeks (The Hindu, 2020)</p> <p>July 12: Closing of all schools for a week due to Kandakadu Corona outbreak (UCA News, 2020)</p>	<p>August 14: Schools reopen with social distancing measures to be followed. Relaxed nationwide restrictions.</p> <p>Large gatherings banned</p>	<p>11 September: \$56 million from the World Bank used to support agricultural sector, transport, education and public services (World Bank, 2020).</p>	<p>1 October: Debt moratorium introduced for self employed businesses and foreign currency businesses negatively affected by the pandemic (KPMG, 2020).</p> <p>15 October: Extension of curfew zones</p> <p>Govt. of Sri Lanka allocated Rs. 400 million to distribute Rs. 5000 to families affected by the second wave (KPMG, 2020)</p>	<p>9 November: Extended curfew imposed in Western Province (Garda World, 2020).</p>

Appendix B

CASE STUDIES

Protecting children on the move

MULTISECTORAL COORDINATION IN AFGHANISTAN DURING COVID-19

COUNTRY/COUNTRIES:

Afghanistan and Iran

PARTNERS:

Ministry of Labour and Social Affairs of Afghanistan, National Child Protection Action Network [CPAN], Save the Children, IOM, IRC, local NGO consortium, War Child UK, Afghan Humanitarian Fund, UNICEF partner organisations (Case Management Task Force, Child Protection Cluster) and UNICEF

THEMATIC AREAS:

Children on the move

COVERAGE OF SYSTEMS CHANGE:

Afghanistan-Iran border and other border sites in the country

KEY RESULTS:

In collaboration with the Ministry of Labour and Social Affairs of Afghanistan and project partners, UNICEF undertook activities to address the increase of children on the move between Afghanistan and Iran during COVID-19. This has resulted in:

- 1) UNICEF scaling up its work from 15 to 19 provinces and two border points on the south and west borders of Afghanistan;
- 2) An increase in the number of children reached by various services supported by UNICEF due to the onset of COVID-19. For example, there has been an increase of 114.8% in the number of children provided with psychosocial support from the first year (17,992) to the second year of the programme (38,649), and an increase in the number of partners implementing interventions to support children on the move from the first year of the programme to the second year.

COVID-19 CONTEXT

COVID-19 is currently impacting countries around the world. Those with existing humanitarian needs driven by armed conflict, natural disasters and poverty, such as Afghanistan, often feel the impact of such crises more severely, given their fragile context. One of the most significant child protection issues in Afghanistan is the number of children on the move as a result of mass displacement, including unaccompanied children. Due to decades of conflict, millions of Afghans have fled their homes to neighbouring Pakistan and Iran. However, in recent years Afghanistan has also become a country of forced returns. In 2017, 150,000 people returned to Afghanistan from Pakistan, and 400,000 from Iran; many were unaccompanied children. COVID-19 has exacerbated this situation with more children returning to Afghanistan due to fear of economic hardships and deportations.

Iran was a COVID-19 hotspot in the early stages of the pandemic. This meant that the western Afghan region that borders Iran became a sensitive area and children who returned faced stigma and logistical challenges in accessing transport to their respective provinces in Afghanistan. Furthermore, due to quarantine restrictions and social distancing guidance, more space had to be allocated in temporary shelters.

Other impacts of the COVID-19 pandemic included a lack of means for families to adopt COVID-19 preventive measures upon the return of their children. This situation was worsened by inflation due to increased food costs for families. Additionally, access to safe transport was substantially reduced, which limited children's opportunities to reunite with their families in Afghanistan or to return to Iran if needed. These challenges put children at higher risk of not being able to attend school or falling into child labour.

Even before the pandemic, UNICEF worked on migration and children on the move issues across the country and particularly on the Iran-Afghanistan border. UNICEF is present in over 60 districts of 17 provinces, with two border points in the south and west borders with Iran, and some in the east where children arrive from Pakistan. This case study focuses on interventions provided to children on the move between Iran and Afghanistan as a result of COVID-19.

DETAILS OF PROMISING PRACTICE/ CRITICAL POINT OF CHANGE

As a response to the increase in child returnees due to the pandemic, the Ministry of Labour and Social Affairs (MoLSA) undertook an innovative project, with assistance from UNICEF as well as seven national and international NGOs, in all regions of Afghanistan. This partnership project aimed to respond swiftly to the needs of children on the move during COVID-19. The humanitarian coordination team developed a global plan for coordinating the humanitarian response, and the

Child Protection Cluster organised by UNICEF and Save the Children coordinated the participation and system strengthening activities of MoLSA.

These participation and system strengthening activities include the following: 1) family tracing, 2) coordinated case management with psychosocial support, 3) support at transit centres before family reunification including transport, 4) social protection including cash transfer and livelihood initiatives to address the causes of children on the move, 5) engaging with communities, including adolescents, around these activities, and 6) comprehensive training of social workers and other frontline responders. Each of these activities is detailed below.

Mechanisms were set in place to record the background of children who were identified as being on the move, including their province and family details. These children then receive case management, psychosocial support, and extracurricular activities at transit centres. UNICEF in partnership with IOM, IRC and other members of the Case Management Task Force (CMTF) developed Standard Operating Procedures (SOPs) for case management. While these procedures respond to the specific needs of children on the move during COVID-19, they also include strategies to respond to pre-existing vulnerabilities of children in the region.

Family tracing and reunification is then carried out. Following case management and family tracing, children are then transported to their home provinces, or anywhere else in the country where they may need to be taken.

UNICEF is collaborating closely with MoLSA to implement these measures and is also conducting location-specific training and follow-up with children for up to six months. As part of this process, UNICEF has been building the capacity of social workers in collaboration with the National Child Protection Action Network (CPAN) in Afghanistan, a government-led network of governmental and non-government organisations. This has had important impacts for children, as CPAN members have followed up with children on the move as well as other children in need.

Efforts are being made to ensure this work is coordinated within other initiatives to address children on the move and COVID-19 specific child protection measures. For example, this project also forms part

of a collaboration with the Government of Iran, with colleagues identifying Afghan and Turkish children to provide protection and case management.

Under UNICEF's lead, the Child Protection Cluster mobilised more than USD 3 million for children during COVID-19 including children on the move. This was done through the Afghan Humanitarian Fund (AHF) allocation under UN OCHA to cover the increased need for temporary shelter and COVID-19 prevention measures. In addition, the child protection section in UNICEF has developed messages on COVID-19 prevention and child protection issues that may be exacerbated during COVID-19 and incorporated these within the Communication for Development (C4D) programmes. UNICEF's work on children on the move is coordinated with the initiatives led by MoLSA.

Finally, social protection measures are recognised as vital in ensuring the welfare of children on the move. UNICEF is currently finalising SOPs for social protection for children on the move in partnership with members of the Children on the Move Working Group under the Child Protection Sub Cluster. As part of the reintegration package, UNICEF, in collaboration with implementing partners provides a cash transfer or livelihood activities/small business start-up support, such as income generation/vocational training for children and families.

LESSONS LEARNED FOR CHILD PROTECTION SYSTEMS

- **Integrating the programming for children on the move project within the existing child protection infrastructure, including CPAN, was critical in Afghanistan**, as this ensured follow-up with children on their return. It also helped ensure that reintegration was done in a timely manner and children were being reunited in communities they already knew.
- **Addressing root causes leading to protection vulnerabilities of children on the move was an essential component of**

this project in promoting prevention as part of the reintegration package. The impacts of the intervention are still being felt and further monitoring and evaluation should continue to be conducted. The cash transfer and livelihood activities, in particular, were aimed at preventing children from being on the move again, thus ensuring that progress made in the pandemic is not reversed immediately due to other causes such as poverty.

- **Community engagement was vital in creating awareness**, not only about COVID-19 but also about the adverse effects of children migrating and prevention of stigma and discrimination. Involving adolescents as active agents of change is also an important factor in building community engagement.
- **Developing the capacity of professionals in contact with children guaranteed the effectiveness of the project.** Training social workers and border police on support strategies, case management, and child-friendly policing to not only support children on the move but also other children in need, including children affected by armed conflict is an important intervention that will support all aspects of systems strengthening.

LESSONS LEARNED FOR PARTNERSHIPS: COOPERATION, COORDINATION AND COLLABORATION

- **Coordination efforts at several levels was crucial to the success of the children on the move project.** There was coordination with national and international NGOs, with different sectors within UNICEF including C4D, WASH, Education and Health. In addition, coordination is in place with other UN agencies including UNHCR, and IOM and at the cross-border level with Iran. Critically, these efforts integrate often disparate elements of protection embedded in different systems, such as humanitarian and development systems, to work together as one system.

KEY CONSIDERATIONS AND QUESTIONS FOR IMPLEMENTATION AND FUTURE ADAPTATION

- Since COVID-19 is an evolving situation, the number of children on the move could continue increasing due to increased deportations from neighbouring countries and also voluntary migration. Restricted access to health services due to stigma and

discrimination related to COVID-19 further exacerbates the situation of these children. There is limited data that highlights that COVID-19 is the sole reason for children to leave the country any more than the pre-existing reasons of poverty, lack of opportunities and insecurity. For this reason, **it is necessary to ensure the sustainability of monitoring mechanisms of child returnees.**

- To continue strengthening and improving services for children on the move, **it is necessary to enhance evidence generation and information management systems such as CPIMS+ for real-time learning and sharing information across borders.**

KEY CONTACTS AND FURTHER RESOURCES:

For more information visit:

UNICEF Afghanistan Country Office website at <https://www.unicef.org/afghanistan/>

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Protecting children and families

SOCIAL SERVICES WORKFORCE STRENGTHENING DURING COVID-19 IN BANGLADESH

COUNTRY/COUNTRIES:

Bangladesh

PARTNERS:

Ministry of Social Welfare (MoSW) and UNICEF

THEMATIC AREAS:

Social Service Workforce

COVERAGE OF SYSTEMS CHANGE:

Nationwide

KEY RESULTS:

During the COVID-19 pandemic, a systematic programme of activities in collaboration with the Ministry of Social Welfare on social service workforce strengthening resulted in:

- 1) The social service workforce focused on child protection services being doubled nationally with an associated increase in access to services by vulnerable children (from 123 child protection specific social workers to 250 child protection social workers in the country as of October 2020); and
- 2) Efforts being made to recruit more social workers at the union level (e.g. the lowest tier of government administration) which would mean formal recognition of child protection as a core component of a social workers' job as formalised through a revised job description and job role functions.

COVID-19 CONTEXT

The COVID-19 pandemic placed significant pressure on Bangladesh's social and health systems. Concerned that the pandemic

would impact negatively on the health system, the Government of Bangladesh took significant measures to control the spread of COVID-19. These measures included closing all schools and educational institutions, which resulted in over 42 million children without access to education, including children who were already out of school (UNICEF Bangladesh, 2020a).

These containment measures also meant that vulnerable children became more vulnerable. Before the pandemic, according to the 2019 Multiple Indicator Cluster Survey (MICS), an estimated 45 million children in Bangladesh were experiencing violence (Bangladesh Bureau of Statistics & UNICEF Bangladesh, 2019). Violence has now increased by 31 per cent due to the pandemic, according to a study by the Manusher Jonno Foundation (2020). UNICEF-supported case management and follow-up activities reached 212,627 children between March and June 2020. Meanwhile, UNICEF helped

provide psychosocial support for 53,367 children (20,160 girls, 260 children with disabilities), and 14,916 parents (6,332 female) and the Child Helpline reached 59,819 children during the reporting period (UNICEF Bangladesh, 2020b). With continued lockdown and school closures, there is a need for more case management services to reach concerned vulnerable families. This growing wave of violence is also increasing the demand for social workers to provide services despite the risk of COVID-19 (UNICEF Bangladesh, 2020b).

This case study focuses on UNICEF's response to this demand and interventions taken to strengthen the social service workforce in Bangladesh during COVID-19.

DETAILS OF PROMISING PRACTICE/ CRITICAL POINT OF CHANGE

In addition to severe stress on the health system, the COVID-19 pandemic created severe pressure on an already overburdened social service system, which further worsened the vulnerabilities of children, urban poor, migrants, displaced people and refugees.

UNICEF Bangladesh carried out an innovative systemic response grounded in enhancing the capabilities of the social services workforce in Bangladesh. Additional social workers were recruited to respond to the increased violence and need for psychosocial support for children and women amid the social and economic challenges caused by the COVID-19 pandemic. Social workers are trained to play a key role in providing social services including: case management, follow up, creating circles of care for children by educating parents and caregivers on good parenting, community mobilisation, and disseminating life-saving information to communities during the health emergency.

Recognising this, UNICEF negotiated successfully with the Government to classify social workers as emergency workers. In response, the Government also agreed to recruit 500 new social workers for children with recognised roles and responsibilities for

child protection work, including 250 social workers who have already been deployed. Throughout 2021, the Government will recruit the remaining social workers. This would mean formal recognition of child protection as a core component of a social worker's job that is now a requirement within the job description. The requirements for a qualified social worker now include tertiary education whereas previously social workers had only higher secondary school qualifications and no academic qualifications of social work.¹ These new social workers were also given training in online psychosocial support and child protection social work case management. To enable the social workers to carry out critical frontline work, they were also equipped with Personal Protective Equipment (PPE) and credentials to confirm their status as emergency workers when they were engaged in emergency response and conducted outreach services to families at home.

The social service workforce in Bangladesh is organised by the Department of Social Service (DSS) under the Ministry of Social Welfare (MoSW). Currently, there are insufficient numbers of social workers in Bangladesh, with around one social worker per 100,000 children, revealing a huge gap between the supply and demand of key services. Moreover, social workers typically face a high burden of administrative tasks, such as beneficiary selection, follow up with beneficiaries and data collection for cash grants among the elderly population, widows, persons with disabilities and freedom fighters. Through sustained UNICEF advocacy and the introduction of the Children's Act 2013, the role of social workers in carrying out child protection community work was formalised in legislation, along with the importance of case management and having adequate referral mechanisms.

As the COVID-19 pandemic took hold in Bangladesh, UNICEF supported the MoSW and the DSS to develop urgently needed capacity among the social service workforce. The existing social service workforce was affected by low formal educational qualifications. This was addressed through a 6-month capacity development Basic Social Service Training (BSST), followed by a Professional Social Service Training (PSST) and mentoring organised by the National Social

¹ While they require tertiary qualifications, it does not need to be in social work.

Service Academy under the DSS. A total of 270 Social Service Officers of the DSS attended the training which consisted of a basic and professional social service course and practicum/field level activities. These trainings reached 250 social workers and covered psychosocial support, parenting tips, social work case management and diversion mechanisms (such as coordinating with police officers and probation officers to arrange alternative solutions for children in conflict with the law, apart from detention), referral pathways and the safety and wellbeing of social workers. UNICEF also helped orient social workers with the Children's Act 2013. Social workers were also mentored by UNICEF Child Protection Officers at the Field Offices in collaboration with sub-national level offices of the DSS and assisted to help strengthen the skills and knowledge gained.

During the pandemic, UNICEF provided digital infrastructure including computers and internet services, held monthly calls with child protection social workers and coordinated at the divisional level with DSS to continue supervision of the social workers to ensure efficient performance during the lockdown. This support has been critical in social workers providing psychosocial support and linking families to food and non-food distribution and other services during the pandemic.

It is important to note that social work activities did not stop during the COVID-19 pandemic. For example, when the lockdown began, there was no safe place for street children, especially in urban areas. They were completely left out of existing services. In Dhaka, a hub for social services was opened with an assigned guard for night-time security so that children could access essential services. Social workers were assigned to work with children in these service hubs and they helped arrange services to children living on the street. This included the provision of food, sanitation, information about COVID-19, mental health and psychosocial support, initial case management, and information collection, in order to arrange reintegration. The social workers continued existing casework and maintained close communication with the local government, including linking cash support and other relief measures to children facing urgent needs.

Monthly orientations on specific issues such as how to remain safe during community visits, communicate with parents and children about COVID-19 safety

and prevention measures, etc. were developed in collaboration with the DSS. The training was also provided on continuing existing casework, linking children in need to services, and responding to helpline calls. Monthly case conferences were held between the social workers and Social Service Officers of DSS to discuss critical cases. The most critical cases are presented to the Child Welfare Board which is a multisectoral committee headed by the Chief Executive Officer at subdistrict level to ensure that appropriate services are provided to the child.

The impact of this initiative has been encouraging. Social workers have linked vulnerable children to cash grants and other programmes which have aided in preventing vulnerabilities. During the lockdown, calls to child helplines increased four times; predominantly, boys were calling the helplines. Social workers reached out to children in need, while also trying to engage with communities and reach more girls as their access to helplines and the internet could be more limited than boys.

Social workers also engaged with NGOs supporting child protection and visited families to access a greater proportion of the community. Disseminating resources among communities has reduced common vulnerabilities and an increased number of children are now supported by case management.

LESSONS LEARNED FOR CHILD PROTECTION SYSTEMS

- **Investing in the social service workforce is important to improve the child protection system response.** Considering the extent of vulnerable children in Bangladesh, the value of social workers in helping ensure children's welfare across several domains is clear from the initiative undertaken by MoSW with support from UNICEF. Such an investment in social service human resources has benefits well beyond the pandemic and can help transform the outcomes for children in the long-term.

LESSONS LEARNED FOR PARTNERSHIPS: COOPERATION, COORDINATION AND COLLABORATION

- **UNICEF's advocacy and sustained engagement with the DSS in training the social service workforce** was important in the recruitment of more social workers. While there has been an increase in the number of social workers recruited, the proportion of social workers to children in need in Bangladesh remains very low.
- **The virtual infrastructure to reach out to communities and capacity development of social workers at the community level is not sufficient** and needs to be strengthened. This will also require further capacity building of social workers and the provision of technical support to them.

KEY CONSIDERATIONS AND QUESTIONS FOR IMPLEMENTATION AND FUTURE ADAPTATION

- **Advocacy efforts need to be continued and strengthened in the future to ensure the recruitment of more child protection social workers** who can assist with the demand for case management. One suggestion is to recruit para social workers who could be trained, to take on some of the duties of social workers.

KEY CONTACTS AND FURTHER RESOURCES:

For more information visit:
UNICEF Bangladesh Country Office website at
<https://www.unicef.org/bangladesh/en>

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SUGGESTED CITATION:

Fry, D. & L. Neelakantan (2021). 'Appendix B2. Protecting Children and Families: Social Service Workforce Strengthening during COVID-19 in Bangladesh'. In Fry, D., Padilla, K., Neelakantan, L., & Ivatury, S., *A gendered analysis of child protection (CP) systems responses in COVID-19 programming in South Asia*, UNICEF, Kathmandu, 2021.

The importance of child helplines during the time of COVID-19

THE CASE OF BANGLADESH AND INDIA

COUNTRY/COUNTRIES:

Bangladesh and India

PARTNERS:

Ministry of Social Welfare in Bangladesh, Ministry of Women and Child Development in India and UNICEF

THEMATIC AREAS:

Violence against children, child helplines

COVERAGE OF SYSTEMS CHANGE:

Nationwide

KEY RESULTS:

During the COVID-19 crisis, child helplines in India and Bangladesh played a key role in the safe reporting of cases of violence, as well as in assisting children and their families with rehabilitation support, psychosocial support and referral services needed. According to UNICEF reports:

- 1) In Bangladesh there was a four-fold increase in calls to the 1098 helpline (98,000 calls) between April and June 2020, more than the average number received in an entire year; and
- 2) In India, the CHILDLINE 1098 received over 3.9 million calls from March to June 2020. In the immediate two weeks after lockdown was declared at the end of March, CHILDLINE received 50% more calls than average in a two-week time period. As lockdown restrictions became increasingly stringent, the overall number of calls reduced. However the intervention calls of CHILDLINE increased by 21% between April to June compared to the volume of calls in the same period in 2019.

These calls led to interventions to rescue children from situations of violence, abuse or exploitation in both countries. Previous experiences in crisis response, adequate staff training and the establishment of strong partnerships contributed to the successful functioning of the child helplines.

COVID-19 CONTEXT

The COVID-19 pandemic has had devastating impacts worldwide. Besides its immediate consequences on health systems, related effects such as socioeconomic shocks, school closures and disruptions in social networks have created conditions where violence and children's rights violations are more likely to happen. As a result of the increasing risks, protection systems in many countries encountered challenges in reporting cases of violence. There were also documented difficulties for survivors of violence in accessing essential services during the pandemic. This situation was the result of a combination of various lockdown measures to prevent the spread of the virus. In addition some survivors were reluctant to access services for fear of infection.

Bangladesh and India have experienced devastating impacts due to the COVID-19 crisis. Since mid-July 2020, India has been one of the top three countries with the highest number of COVID-19 cases and deaths (Johns Hopkins COVID-19 tracker). In this

challenging context, state-level child helplines in Bangladesh and India have played a crucial role in identifying cases of violence, as well as in providing support for children and their families.

This case study details the response and lessons learned by the Child Helpline 1098 in Bangladesh and CHILDLINE 1098 India. In both cases, UNICEF has been supporting their operations, providing training and strengthening their workforce.

DETAILS OF PROMISING PRACTICE/ CRITICAL POINT OF CHANGE

As part of a comprehensive child protection system, the governments of Bangladesh and India set up child helplines, to strengthen programmes and support children and their families, through a 24-hour toll-free telephone service. In Bangladesh, the programmes served to build the capacity and increase the number of call centre agents. The child helpline database system was updated and community level outreach activities were conducted. The capacity of decentralised level response providers such as social workers, social service officers, police and NGO workers was strengthened. In India these programmes enhanced the capacities of CHILDLINE functions in their outreach services to respond to calls for immediate relief and support for children. They also shone a spotlight on mental health counselling for children, as this was a growing demand during lockdown. Helplines in both Bangladesh and India are also part of the global network *Child Helpline International*.

Before COVID-19, these child helplines received thousands of calls from children and their families, fulfilling an important role not only in providing information but also in the safe reporting and referring of cases to the relevant services. Since the COVID-19 pandemic started both the 1098 helpline in Bangladesh and the CHILDLINE 1098 in India have provided frontline responder services. The broad scope of the child helplines meant they received numerous calls about mental health, as well as detection and prevention of cases of

violence. The child helplines have also been providing information around migration, and other issues raised by the pandemic. As an example, in the first two weeks of lockdown in India, children and their families called the helpline to express their concerns regarding the loss of family income and their inability to provide children's basic needs (data from in-depth interview).

Both helplines registered a considerable number of calls during the pandemic. In Bangladesh there was a four-fold increase of calls to the helpline, resulting in more than 98,000 calls between April and June 2020, more than usually received in an entire year. These calls led to interventions to rescue 459 children from extreme violence, separation, homelessness, child marriage and exploitation (UNICEF, 2020a). The number of calls reporting cases of child marriages have also risen during the pandemic period. In April 2020, the helpline received 450 calls related to cases of child marriages whereas the month before the number was 322 (UNICEF, 2020b). Similarly, the CHILDLINE 1098 in India, for example, received over 3.9 million calls from March to June 2020, of which over 250,000 calls led to interventions to rescue children from situations of violence, abuse or exploitation (UNICEF, 2020c). This line had a 50 per cent increase from their regular call volumes, in just 21 days, from March 20 to April 10, receiving 460,000 calls. Almost 10,000 required CHILDLINE 1098 staff intervention, with 30 per cent of these calls related to child protection issues. Interventions by social workers stopped nearly 898 child marriages during this pandemic.

LESSONS LEARNED FOR CHILD PROTECTION SYSTEMS

- **Having experience of previous crises contributed to being better prepared to build the capacity of the child helplines for responding to the COVID-19 pandemic.** In the case of India, months before the pandemic outbreak, extreme riots took place in Delhi. In this scenario, the CHILDLINE 1098 offered psychosocial support and mental health counselling including psychological first aid to

children and strengthened staff skills that would enable them to respond to the crisis. It also set up the CHILDLINE with additional resources and training prior to the start of COVID-19.

- **Having a strong coordination and communication system with other parts of the protection system facilitated a comprehensive strategy to address violence against children.** For example, in Bangladesh the Child Helpline 1098 works jointly with the Women's Helpline. The CHILDLINE 1098 in India has established a collaborative work relationship with the Railway Childline, a significant hotspot for trafficking movement and child labour. In both cases, the alliances serve to coordinate and refer cases, or to establish contact with other specialised services, where necessary.
- **A crucial aspect of ensuring the good functioning of child help lines is to enhance staff skills on communication, monitoring, coordination mechanisms and counselling aspects.** Previously and since the start of the pandemic, both helpline systems had received regular training and saw an increase in the number of trained child helpline staff. In Bangladesh, for instance, the Department of Social Services, with UNICEF support, recruited 8 new Child Helpline workers and 127 new social workers for the COVID-19 emergency response; nearly double the amount of only 73 social workers pre-COVID-19.

LESSONS LEARNED FOR PARTNERSHIPS: COOPERATION, COORDINATION AND COLLABORATION

- **Establishing robust networks and alliances among governmental and non-governmental institutions and other stakeholders, to strengthen capacities and skills of HELPLINE staff, has enhanced the response and functioning of the**

child helplines. This was the result of efforts by UNICEF in partnership with other organisations. In India, for example UNICEF in partnership with the National Institute of Mental Health and Neuroscience, has supported the training of 882 CHILDLINE functionaries and 350 child protection functionaries in Odisha on the basics of mental health and psychosocial support and first aid. In Bangladesh UNICEF helped to conduct online-workshops around case management training, including translation and circulation of a Social Work Case Management Guide to more than 3,000 government social workers.

KEY CONSIDERATIONS AND QUESTIONS FOR IMPLEMENTATION AND FUTURE ADAPTATION

- **Assessing the training needs of staff in charge of the child helplines would contribute to identifying the gaps and planning future trainings.** One already identified training need is increasing learning around risk and protective factors for violence against children. Modules on knowledge about the risks and protective factors of violence against children are highly recommended.
- **Future planning should ensure a refocus on prevention of violence as well as response and support to migrants.** This planning should also contain the lessons learnt from operating the child helplines during the crisis.

KEY CONTACTS AND FURTHER RESOURCES:

For more information visit:

UNICEF Bangladesh Country Office website at <https://www.unicef.org/bangladesh/en>

UNICEF India Country Office website at <https://www.unicef.org/india/>

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SUGGESTED CITATION:

Fry, D., Padilla, K. & L. Neelakantan (2021). 'Appendix B3. The Role of Child Helplines during COVID-19: The Case of Child Helpline 1098 in Bangladesh and Childline 1098 in India'. In Fry, D., Padilla, K., Neelakantan, L., & Ivatury, S., *A gendered analysis of child protection (CP) systems responses in COVID-19 programming in South Asia*, UNICEF, Kathmandu, 2021.

Adapting standard operating procedures for addressing gender-based violence during COVID-19

THE CASE OF BHUTAN

COUNTRY/COUNTRIES:

Bhutan

PARTNERS:

The National Commission for Women and Children (NCWC) - a government agency responsible for child protection (CP) and gender-based violence (GBV), the Ministry of Health (MoH), the Royal Bhutan Police and UNICEF.

THEMATIC AREAS:

Violence against children (VAC), GBV

COVERAGE OF SYSTEMS CHANGE:

Nationwide

KEY RESULTS:

Before COVID-19, the Government of Bhutan was already addressing GBV. In 2019, the Government began a process to roll out Standard Operating Procedures (SOPs) for prevention and response to GBV, with support from UNICEF, in collaboration with other UN agencies such as UNFPA and UNDP. The results from this effort include:

- 1) National SOPs implemented in 10 of the 20 districts of Bhutan, reaching half of the population in the country;
- 2) Implementation of a comprehensive training programme for service providers and frontline responders including civil society organisations;
- 3) All four municipalities and 20 districts in Bhutan carrying out a mapping exercise on services and referral information, which allowed them to make information available for frontline responders as well as for women and girls who needed confidential information on nationwide services for referrals during COVID-19; and
- 4) SOPs formalising the role of civil society organisations by delineating their roles clearly and coordinating their work with other service providers for safe and effective responses to GBV.

COVID-19 CONTEXT

The impact of COVID-19 goes far beyond the immediate health risks and burden on the health system. Indirect impacts such as loss of livelihoods, school closures and disruptions in social networks, heightened the existing vulnerabilities of children, placing them at greater risk of suffering violence.

Evidence from a nationally representative survey in Bhutan suggests that, before the pandemic, 12.5 per cent of women experienced physical violence from persons other than their intimate partner from the age of 15 (NCWC & UNDP, 2019). Young women also report the highest rates of physical violence by non-partners with about 20 per cent of women aged 15-24 years having experienced this in their lifetime (NCWC & UNDP, 2019). Almost one in ten women also reported being sexually abused as a child (NCWC & UNDP, 2019).

Reports from helplines and media in the country shows that the pandemic is exacerbating this type of violence with an increase in violence against women and girls, as well as violence within the home (UNFPA, 2020). RENEW, a civil society organisation working on gender-based violence (GBV), recorded 407 GBV cases from March-August 2020. This represents an increase of 289 more cases compared with the previous year (2019).

Given this situation, the Government of Bhutan, with support from UNICEF, made adaptations to the ongoing strategies to protect children from GBV in times of COVID-19. This case study focuses on the significant adaptations that allowed the Government of Bhutan to support child survivors of GBV.

DETAILS OF PROMISING PRACTICE/ CRITICAL POINT OF CHANGE

Before the COVID-19 crisis, the Government of Bhutan was already addressing GBV. In 2019 the Government began a process to roll out Standard Operating Procedures (SOPs) with contributions from UNICEF and in collaboration with other UN agencies such as UNFPA and UNDP. As a result of this process, the Government already had in place clear guidance to facilitate a national multisectoral response to address GBV when the pandemic started. A training programme was also designed to inform and train personnel on the roles, responsibilities and guiding principles that coordinate their responses to GBV according to the SOPs. The national SOPs have now been implemented across half the districts of Bhutan. It is expected that by the end of 2020, all 20 districts in the country will be following the national GBV SOPs.

To respond to the emerging needs resulting from the pandemic, the National Commission for Women and Children (NCWC) with the support of UNICEF and other partner organisations, also included a component on addressing GBV during emergencies. This component allowed the NCWC to support child survivors of GBV and to mitigate the increased risk for them specifically during the COVID-19 pandemic.

LESSONS LEARNED FOR CHILD PROTECTION SYSTEMS

- **The SOPs contributed to the ease with which adaptations could be made to respond to the pandemic.** The SOPs helped to standardise procedures and harmonise the responses of existing and new stakeholders. For instance, in response to the pandemic, many volunteers from civil society organisations started case management and the SOPs helped to delineate their roles clearly and coordinate their work with other service providers.
- **The inclusion of comprehensive training programmes on prevention of and response to violence was critical to ensure an effective GBV intervention.** A training package on the SOPs covered preventive measures, case management, and legal aspects, among other areas. This contributed to frontline responders using the GBV SOPs to provide a holistic response and facilitate cases for referral when necessary.
- **Mapping the existing GBV services and making this list publicly available facilitated the referral of GBV cases.** All four municipalities and 20 districts in Bhutan carried out a mapping exercise, which allowed them to make information available for frontline responders as well as for women and girls who needed confidential information on services for referrals.

LESSONS LEARNED FOR PARTNERSHIPS: COOPERATION, COORDINATION AND COLLABORATION

- **Strong coordination among UN agencies, civil society organisations and government offices like the NCWC, contributed to**

enhancing the SOPs. These alliances and partnerships were a crucial aspect of leveraging and strengthening human resources in Bhutan to address GBV.

- **Partnerships with civil society contributed to building the capacity of GBV frontline responders and helped strengthen the workforce.** The existing network of volunteers from civil society, which was formalised through the training programme and associated SOPs, helped to improve the capacity of service providers, the reach of interventions and ensure safe and effective referrals to services.
- **The co-ownership of resources by the Government is important for continuing and enhancing interventions.** During the pandemic, UNICEF and other UN agencies' partnership with the NCWC built capacity not only of the MoH but also of the Police and other ministries. All the guidance, procedures and education materials developed are co-owned by the Government, which allowed them to continue enhancing their interventions.

KEY CONSIDERATIONS AND QUESTIONS FOR IMPLEMENTATION AND FUTURE ADAPTATION

- **The good practices of Bhutan in mainstreaming GBV prior to the pandemic serve as a lesson for how GBV can be incorporated into UNICEF's development programming.**
- **Ensure additional resources are leveraged to guarantee the sustainability of SOPs,** particularly of those adaptations made to address the needs resulting from the pandemic.
- **Continual monitoring and learning are critical for future adaptations of the SOPs, which were developed based on the current dynamic situation introduced by COVID-19.** This will also enhance the validity of the SOPs during future pandemics.

- **Explore institutionalisation of the now formalised community-based volunteer roles.** Given the vital role of the volunteers in addressing GBV during the pandemic, exploring mechanisms to institutionalise their contributions to GBV prevention and response is recommended.
- **Expand the training programme based on the SOPs to also include pre-service and in-service training** of service providers to allow for future adaptations based on lessons learned.

KEY CONTACTS AND FURTHER RESOURCES:

For more information visit:
UNICEF Bhutan Country Office website at
<https://www.unicef.org/bhutan/>

REFERENCES:

National Commission for Women and Children (NCWC) and United Nations Development Programme (UNDP), *National Study on Women's Health and Life Experiences, 2017*, National Commission for Women and Children, Thimphu, 2019.

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SUGGESTED CITATION:

Fry, D. and K. Padilla (2021). 'Appendix B4. Adapting Standard Operating Procedures for Addressing Gender-Based Violence during COVID-19: The Case of Bhutan'. In Fry, D., Padilla, K., Neelakantan, L., & Ivatury, S., *A gendered analysis of child protection (CP) systems responses in COVID-19 programming in South Asia*, UNICEF, Kathmandu, 2021.

Face-to-face and remote psychosocial counselling in schools during COVID-19

THE CASE OF BHUTAN

COUNTRY/COUNTRIES:

Bhutan

PARTNERS:

Ministry of Education (MoE) and UNICEF

THEMATIC AREAS:

Mental Health and Psychosocial Support (MHPSS)

COVERAGE OF SYSTEMS CHANGE:

Nationwide

KEY RESULTS:

Early monitoring of psychosocial distress among students prompted the MoE in collaboration with UNICEF to include MHPSS as a key component in schools and to train all school guidance counsellors in the country to provide both face-to-face and remote MHPSS to children and parents/caregivers. The following results are attributed to these interventions:

- 1) All 156 school guidance counsellors (76 female and 80 male) from all 20 districts in Bhutan were trained as of September 2020 on how to provide psychosocial support remotely to children, parents and caregivers; and
- 2) Information, education and communication materials (IEC) were developed, which enhanced the messaging and reach of MHPSS support.

COVID-19 CONTEXT

In March 2020, the Government of Bhutan closed schools as a measure to stop the spread of COVID-19. The

Ministry of Education (MoE) responded rapidly, and delivered lessons on television, radio and through online platforms. Complementary to the remote-learning platforms, the mass distribution of self-instructional materials have helped many children to continue learning.

While school closure is recognised as a successful preventive strategy for the spread of COVID-19, the MoE and UNICEF warned that it might also have high psychosocial and educational costs. Social isolation, for instance, may lead to reduced peer and support networks for children. In addition, parents could be unprepared for home schooling, and there is an increased risk for children to be exposed to violence and exploitation (UNICEF, 2020a).

As of April 2020, school closures in Bhutan affected 170,263 school-going children (UNICEF, 2020b). Given the possible impacts on children's psychosocial wellbeing, the MoE, with the support of UNICEF, strengthened the provision of Mental and Psychosocial Support (MHPSS) interventions in schools. This case study explores the interventions with school counsellors to provide MHPSS in Bhutan.

DETAILS OF PROMISING PRACTICE/ CRITICAL POINT OF CHANGE

Immediately after the Bhutan Government detected the first case of COVID-19 in March 2020, the MoE activated the Education Emergency Operation Centre. Within this platform, the MoE created a sub-working group on MHPSS for children and young people. UNICEF has been actively working with this sub-working group to enhance support for children, parents and caregivers.

Before the pandemic, Bhutan had a counselling service provided by the MoE within schools. When the pandemic started, school counsellors set up a Facebook page to support children to manage their time during school closure. Many children shared their experiences of anxiety and other emotional issues, as a result of the pandemic. Noticing this increased negative impact on children's psychosocial wellbeing, the MoE with the support of UNICEF, included a provision of MHPSS via existing platforms such as Facebook.

By May 2020, 173 children (76 boys and 97 girls) and 75 adults (36 female and 39 male) had been provided with remote counselling and psychosocial support including innovative approaches such as art therapy. As of September 2020, all 156 school guidance counsellors (76 female and 80 male) from all 20 districts in Bhutan were trained on how to provide psychosocial support remotely to children, parents and caregivers (Global Social Service Workforce Alliance, 2020). When schools started gradually reopening in September 2020, face-to-face psychosocial support was also conducted.

LESSONS LEARNED FOR CHILD PROTECTION SYSTEMS

- **It is necessary to have continuous monitoring during COVID-19 to identify critical and ongoing challenges, in order to propose new solutions to address them.** The evolving nature of the COVID-19 pandemic contributed to changing situations across time that required ongoing adaptations. Early monitoring of the challenges raised by the pandemic was essential to developing interventions that met children's needs during the pandemic.
- The increased number of children who contacted school counsellors to share their emotional challenges during the pandemic, raised awareness about the need for such support. **Adaptations to the approach and methodology of the school counsellor programme were critical for ensuring wider coverage and access to remote mental health and psychosocial support, for students.** Based on the assessment of the initial interventions of school counsellors, the MoE recognised the need to add psychosocial support to existing counselling and educational interventions.
- **Online platforms and disseminating hard copy information, education and communication (IEC) materials played a key role in increasing the reach of MHPSS interventions.** Since schools were closed, the MoE, with the support of UNICEF, established various platforms to provide psychosocial support remotely, improving access particularly during lockdown. In addition, several IEC materials on MHPSS were developed and disseminated widely. The materials reached a great number of people with useful information that they can refer to during any future humanitarian crisis as well.
- **It is necessary to build capacities that can adapt as needed in crisis settings.** The changing nature of COVID-19 led the MoE to understand the need to provide support through online platforms during the lockdown, and to

understand the need to provide safe face-to-face support during the gradual reopening of schools.

- **Effective and comprehensive psychosocial support to children must include support and counselling to parents and caregivers.** Parents are usually unprepared for home schooling. In addition, the secondary effects of the pandemic, such as economic hardship and social isolation, could increase the levels of stress in families, thus increasing the likelihood of children experiencing or witnessing violence at home. For this reason, it is necessary to support parents to manage stress and to provide counselling on positive parenting including positive discipline strategies.
- **Training and developing education and communication materials with clear guidance contribute to the effectiveness of the intervention.** During the pandemic, UNICEF supported the training of school counsellors in all 20 districts in Bhutan. With UNICEF's support, various educational resources were also developed, including a guidance note on the provision of remote psychosocial support, and a training manual on psychosocial support. These materials contributed not only to delivering the training session but also to making resource materials available to the counsellors for their daily activities.

LESSONS LEARNED FOR PARTNERSHIPS: COOPERATION, COORDINATION AND COLLABORATION

- **Having a MHPSS sub-working group, within the Education Emergency Operation Centre, contributed to mobilising resources that ensured the effective provision of psychosocial support in schools.** Specifically, the collaborative work with UNICEF contributed to leveraging resources to train counsellors and set up platforms to deliver MHPSS interventions.

KEY CONSIDERATIONS AND QUESTIONS FOR IMPLEMENTATION AND FUTURE ADAPTATION

- **Ensuring economic and human resources to maintain the adaptations** introduced during the pandemic will be crucial for the continuation of psychosocial support for children and young people in schools and for their parents on positive parenting.

KEY CONTACTS AND FURTHER RESOURCES:

For more information visit:
UNICEF Bhutan Country Office website at
<https://www.unicef.org/bhutan/>

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UNICEF (2020b). UNICEF: Urgent need to secure learning for children across South Asia. <https://www.unicef.org/bhutan/press-releases/unicef-urgent-need-secure-learning-children-across-south-asia>

SUGGESTED CITATION:

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Child protection system strengthening during the time of COVID-19

UNICEF PARTNERSHIP WITH THE JUDICIARY IN INDIA

COUNTRY/COUNTRIES:

India

PARTNERS:

Judiciary in India and UNICEF

THEMATIC AREAS:

Juvenile Justice, Alternative Care

COVERAGE OF SYSTEMS CHANGE:

Nationwide

KEY RESULTS:

The partnership between UNICEF and the Supreme Court of India has led to several results including:

- 1) Changes in the assessment of standards of care in child care institutions, and a move towards family based care;
- 2) Implementation of new administrative data collections systems for monitoring vulnerable children at the state level; and
- 3) A shift towards a judicial system that recognises alternatives to detention such as diversion and bail.

COVID-19 CONTEXT

India entered full lockdown due to the COVID-19 pandemic at the end of March 2020. Two months later, the country began

entering 'unlock 1.0' which meant that only containment zones would be in full lockdown until 30 June 2020 and that the rest of the country would slowly start to resume services.

During this time, a rising number of COVID-19 cases and deaths were recorded in India. Since mid-July 2020, India has recorded one of the three highest caseloads in the world along with USA and Brazil. (Johns Hopkins COVID-19 tracker).

The UNICEF India Country Office has been supporting national efforts on COVID-19 prevention and response through the Joint Response Plan to COVID-19 with multisectoral interventions to minimize the impact on children. UNICEF also works with the Government of India and specifically with the Ministry of Health and Family Welfare,

Ministry of Women and Child Development, Police, and Judiciary, among other institutions. As part of UNICEF India's COVID-19 Response Plan, UNICEF and partners have enabled results across six response pillars including child protection.

DETAILS OF PROMISING PRACTICE/ CRITICAL POINT OF CHANGE

This case study details a groundbreaking child protection systems response through partnerships with the Supreme Court and Judiciary. Interventions were initiated just days after lockdown and have led to the protection and support of vulnerable children throughout the country during the COVID-19 pandemic.

This innovative partnership between the Supreme Court and UNICEF began taking shape in 2014. In many ways, it was prompted by the Supreme Court establishing the Committee on Juvenile Justice as a result of UNICEF's advocacy work. The Chief Justice at the time had worked with UNICEF at state level. Further to this, the inclusion of child protection key stakeholders in a consultative process of review and tracking of implementation of child protection laws, was identified as a particular strength which led a broad and encompassing remit in relation to child protection issues across the country.

The appointment of this committee was partly a response to a previous decade of weak implementation of child protection legislations across the country that saw very little change in child protection systems. UNICEF worked closely with the judiciary juvenile justice team and a countrywide review of legislation implementation was jointly initiated. A series of consultative workshops with civil society, the upper judiciary and lower judiciary were held across India for three years on different aspects of multiple legislations related to child protection. This process was vital for creating visibility of child protection issues and an important high-level push for implementation of legislation.

The COVID-19 pandemic presented an opportunity to continue working with this partnership and examine what role the courts can play for children in need of protection. The Supreme Court and UNICEF worked together to quickly develop a set of guidelines and the court issued an order on the care of children within one week of the lockdown. All stakeholders who work with children including child welfare committees, juvenile justice boards, children's courts, staff working in child care institutions and government were issued guidelines that included information on the provisional release of children in childcare institutions (CCIs) and their return to families. This work benefited from the partnership with civil society organizations (CSOs) across the country in ensuring standards of care and protection were sustained in childcare institutions.

When circumstances allowed, children in CCIs and children in conflict with the law were released across the country with clear guidance for follow-up and support. This guidance also highlighted that many of these children probably did not need to be in institutions in the first instance and gave a strong argument for family-based care. For example, 3,100 children without parental or family care have been provided with appropriate alternative care arrangements such as kinship care and foster care. This has led to over 120,000 children in CCIs from across all states being sent back to their families.

Two months after the initial order, the Supreme Court issued a second follow up order to all states on the status of children who have been sent home since the onset of the pandemic, and on the functioning of the child protection structures. This mandated the collection of state level data and UNICEF began working closely with 17 of the 35 states to support surveillance data collection efforts and advocacy.

This child protection systems response has helped more children to be safely released from institutions and improved new administrative data collection efforts for monitoring. In addition, nearly 367,500 children and caregivers in CCIs and foster care have also received information on prevention and response to COVID-19.

LESSONS LEARNED FOR CHILD PROTECTION SYSTEMS

- **Mobilizing the Government at the Supreme Court level** led to several important reformative measures including a social audit, an assessment of standards of care in CCIs, and a focus on rehabilitation and family-based care. This high-level focus also allowed efforts to be scaled up to reach the entire country and all stakeholders.
- **A key lesson was the importance of involving the Judiciary in a shift from focusing mostly on legislative processes to also engaging in how these can be used for holistic prevention and response to violence against children.** In this way, the Judiciary in partnership with UNICEF has made strong inroads towards a multi-stakeholder approach from a previously very fragmented response system.

LESSONS LEARNED FOR PARTNERSHIPS: COOPERATION, COORDINATION AND COLLABORATION

- **Investment in Judiciary and importance of family care over the past four years and using opportunities that presented themselves effectively to mobilize these relationships has contributed to the systems strengthening impacts seen in this case study.**
- **Continuous follow up and UNICEF's ability to play the facilitator role has been critical.** Promoting collaborative efforts through the forum to find joint solutions to problems and to open up systems that create alternatives to detention for children in conflict with the law has also been important.

- **In addition, using this high-level partnership to promote visibility** for a variety of child protection issues at national and state levels was important for continuing the impacts from the partnership.

KEY CONSIDERATIONS AND QUESTIONS FOR IMPLEMENTATION AND FUTURE ADAPTATION

- **Challenges and questions for future implementation and adaptation include issues around sustainability particularly through institutionalizing the process of alternative care and detention decisions during COVID-19.** There is a real shift towards both family-based alternative care and greater use of alternatives to detention for children in conflict with the law. These changes, in a country where institutional reform has barely occurred, are significant. Part of this includes developing a regular system of knowledge sharing beyond just the face-to-face interactions between UNICEF and Government officials.

KEY CONTACTS AND FURTHER RESOURCES:

For more information visit:
UNICEF India Country Office website at
<https://www.unicef.org/india/>

REFERENCES:

Johns Hopkins COVID-19 Tracker. 'Cumulative Cases by Days Since the 50th Confirmed Case', Johns Hopkins Coronavirus Resource Centre, 2020, <<https://coronavirus.jhu.edu/data/cumulative-cases>>, 15 July 2020.

SUGGESTED CITATION:

Fry, D. (2021). 'Appendix B6. Child Protection System Strengthening during the Time of COVID-19: UNICEF Partnership with the Judiciary in India'. In Fry, D., Padilla, K., Neelakantan, L., & Ivatury, S., *A gendered analysis of child protection (CP) systems responses in COVID-19 programming in South Asia*, UNICEF, Kathmandu, 2021.

Protecting children on the move

UNICEF PARTNERSHIP WITH THE POLICE DURING COVID-19 MIGRATION CRISIS IN INDIA

COUNTRY/COUNTRIES:

India

PARTNERS:

National Police Academy (NPA), Railway Police Force (RPF) and UNICEF

THEMATIC AREAS:

Child Labour, Child Trafficking, Identification/Registration, Children on the Move/Migration

COVERAGE OF SYSTEMS CHANGE:

Nationwide

KEY RESULTS:

UNICEF working in partnership with the police through the NPA and the RPF in India has led to two key results:

- 1) The initial attitudinal shift among RPF towards a child rights and child protection lens specifically in the context of migration crisis, prompted by the training of police first responders during the COVID-19 lockdown in India; and
- 2) Establishment of a pathway to set up a Child Protection Resource Centre with the NPA to standardise knowledge and skills within the Indian Police to manage child protection issues.

COVID-19 CONTEXT

On 22nd March 2020, a 14-hour voluntary public curfew was set nationally in India as a preventive containment measure against the spread of COVID-19. Two days later, a nationwide lockdown for 21 days for the country's 1.3 billion people was introduced. This lockdown was extended twice in May and on 30th May, the country entered 'unlock 1.0' with only containment zones in full lockdown until 30 June and the rest of the country slowly resuming services.

The extended lockdown resulted in a surge of Indian labourers working outside of their home states and outside of India returning to their home villages. The absence of public transport resulted in a large migration of women, children (including many who were unaccompanied) among others, attempting to return to different cities. Migrants walked for days without food or money to try and reach their homes. Children, particularly those unaccompanied, were especially vulnerable to child labour and trafficking.

UNICEF is part of the special groups created under the National Disaster Management Act 2005 and works in source states. This meant the organisation was well placed to immediately support vulnerable populations and support government and civil society organisations to establish camps and provide basic needs such as clean water.

The Railway Police Force (RPF) plays a critical role in protecting children from abuse in or around railway stations, including child trafficking through trains. National RPF data shows that the number of children rescued has been growing every year since 2015 when the Railway Ministry, the Women and Child Development Ministry and the National Commission for the Protection of Child Rights (NCPCR) issued a Standard Operating Procedure (SOP) for the rescue and protection of children in contact with the railways. The scope of their work is expansive and before the pandemic in 2019 the RPF rescued 16,457 children across India. In the COVID-19 protection response, they have been providing medical care and supplying food and drinking water to migrant children.

DETAILS OF PROMISING PRACTICE/ CRITICAL POINT OF CHANGE

Given the role of police as a critical partner in the child protection system, there was a recognition that child protection training for the police needed to be institutionalised at the national level and standardised across states, especially during the COVID-19 pandemic. In early January 2020, UNICEF began discussing a partnership with the National Police Academy (NPA), which provides mandatory training for all police in India. Through this partnership, the police agreed to focus on a dedicated national child protection training within the police academy. As a result of these discussions, UNICEF set up a Child Protection Resource Centre with the NPA to standardise knowledge and skills within the Indian Police to manage child protection issues.

UNICEF also conducted five online trainings on child protection for the RPF for police working in several states covering Bihar, Jharkhand and Uttar Pradesh

among others. RPFs were trained on emerging child protection concerns due to COVID-19, specifically for children connected to train stations or travelling as part of the migration crisis. SOPs for RPF on dealing with children they come in contact with, and coordination with Railway CHILDLINE units for rescue operations was also covered. Skills training on health safeguards, risk communication and stigma and discrimination was also provided. UNICEF brought in other railway workers and Civil Society Organisations (CSOs) working on migration to provide training.

As of July 2020, this initiative helped train 270 RPF personnel including senior commandants, inspectors, and head constables and constables. An additional 30 participants came from local CSOs, CHILDLINE and UNICEF. Senior officers highlighted the need for sensitivity, awareness of laws and using a child rights perspective while dealing with children:



This training has brought about attitudinal change in the mindset of our RPF officials; now we can start looking at children from the perspective of the Juvenile Justice Act, this has helped to establish a connection with children.



DEPUTY SUPERINTENDENT OF POLICE,
SAMASTIPUR DIVISION, BIHAR.

UNICEF has continued to work with the NPA to develop social media posts and information about links to services and reporting channels for violence against children, including helplines. Additionally, from 1st May 2020 onwards, the Indian Railways began operating 'Shramik' (meaning labour force in Hindi) special trains to transport stranded migrants back to their home states, which aligned with UNICEF's timely engagement with the RPF. More than 58 million migrants, including children, travelled to their native towns and villages using this service. In the state of Bihar, 800,000 of the 4 million people who returned to Bihar were under 18 years, with 5 per cent being unaccompanied children.

“We had kept a close watch on Shramik special trains, which brought back children working as child labourers in various parts of the country. Though we had been trying for such a collaboration with RPF for more than a year, COVID-19 challenges and migrants’ mass return gave us a sense of urgency to start the exercise.” said Gargi Saha, Child Protection Officer, UNICEF Bihar.

LESSONS LEARNED FOR CHILD PROTECTION SYSTEMS

- **Partnerships at national level can help to institutionalise child protection responses.**
- **It is important to understand who the first responders might be in a pandemic (such as the RPF) and equip them** with child protection identification, referral and response skills training as early as possible.

LESSONS LEARNED FOR PARTNERSHIPS: COOPERATION, COORDINATION AND COLLABORATION

- **Leveraging existing relationships with the police enabled a timely response in the first stage of COVID-19.** UNICEF was able to move the training very quickly to virtual platforms because of existing discussions with the NPA.
- **There was a need to shift RPF attitudes away from punitive actions to a more child-friendly and rights-based mind set.** The online training provided a mechanism through which to change attitudes and skills needed for child protection.

KEY CONSIDERATIONS AND QUESTIONS FOR IMPLEMENTATION AND FUTURE ADAPTATION

- **Key challenges are sustainability and standardization across states.** Sustainability in terms of the improved RPF approach to child protection continuing after COVID-19 and standardization in terms of institutionalizing child protection training within the NPA and across all police forces within the country, not just the RPF, are issues for consideration.

KEY CONTACTS AND FURTHER RESOURCES:

For more information visit:
UNICEF India Country Office website at
<https://www.unicef.org/india/>

REFERENCES:

Johns Hopkins COVID-19 Tracker. ‘Cumulative Cases by Days Since the 50th Confirmed Case’, Johns Hopkins Coronavirus Resource Centre, 2020, <<https://coronavirus.jhu.edu/data/cumulative-cases>>, 15 July 2020.

SUGGESTED CITATION:

Fry, D. (2021). ‘Appendix B7. Protecting Children-on-the-move: UNICEF Partnership with the Police during the COVID-19 Migration Crisis in India’. In Fry, D., Padilla, K., Neelakantan, L., & Ivatury, S., *A gendered analysis of child protection (CP) systems responses in COVID-19 programming in South Asia*, UNICEF, Kathmandu, 2021.

Breaking the silence around sexual violence

A NATIONAL CAMPAIGN IN THE MALDIVES

COUNTRY/COUNTRIES:

Maldives

PARTNERS:

The Ministry of Gender, Family and Social Services (MoGFSS) and UNICEF

THEMATIC AREAS:

Violence against children (VAC), including gender-based violence (GBV)

COVERAGE OF SYSTEMS CHANGE:

Nationwide

KEY RESULTS:

UNICEF Maldives has been working with the Ministry of Gender, Family and Social Services (MoGFSS) to enhance case management, mental health and psychosocial support (MHPSS) and prevention of violence against children during COVID-19. Key results from this work include:

- 1) Launching the “Breaking the silence” campaign in the Maldives as part of a comprehensive strategy to tackle sexual violence against children, a situation of great concern that increased during the COVID-19 crisis. This campaign has four main areas including: breaking the silence and empowering survivors to report and seek help; increasing primary prevention activities; increasing the capacity of service providers to respond to sexual violence; and ensuring fast track justice for the victims;
- 2) Expanding services through civil society organisations to respond to sexual and gender-based violence; and
- 3) Recruitment and training of a social work supervisor as part of technical assistance to the MoGFSS to address cases of VAC and GBV. Through this additional technical support, UNICEF has assisted the 33 case managers in the capital and 50 staff from the Family and Children Service Centers spread across the 19 atolls to improve response to VAC and provide essential services such as MHPSS.

COVID-19 CONTEXT

The impact of COVID-19 in the Maldives goes far beyond the immediate health risks to the population and effects on the health system; they also include impacts on livelihoods and wellbeing. Prior to COVID-19, a vast section of the country’s economy relied on tourism and related business. The halt of international tourism produced an unprecedented economic shock that has had devastating impacts, including an increase in general insecurity and loss of family incomes. This was felt even more among families residing in rented housing in the capital Malé and has created environments with high levels of stress and heightened existing vulnerabilities such as domestic violence. As a result, risk factors behind children’s experiences of violence and/or witnessing of violence at home have increased.

The Ministry of Gender, Family and Social Services (MoGFSS) reported 1,113 cases of sexual violence against children, of which 73% of victims were girls, in the three years leading up to June 2020. The COVID-19 crisis heightened the risks of violence and between February and July 2020, the MoGFSS registered 755

cases of gender-based violence (GBV), domestic violence and violence against children (VAC), showing a significant increase compared to the previous years. Experiences of violence result in negative mental health outcomes that impact an individual's mental health and wellbeing.

This case study outlines the technical support UNICEF has provided to MoGFSS to enhance response to and prevention of both VAC and GBV.

DETAILS OF PROMISING PRACTICE/ CRITICAL POINT OF CHANGE

While the Government of Maldives in partnership with UNICEF has made remarkable efforts to prevent VAC, sexual violence against girls and women is still a deep concern. The *National Study on Violence against Children in the Maldives* (Engelhardt & Jayasuriya, 2009) showed that 15% of children attending secondary school had experienced sexual abuse at least once in their lifetime.

The COVID-19 pandemic has exposed critical gaps in the social service system. For instance, despite significant progress to enhance national hotlines, the COVID -19 crisis resulted in disruptions, primarily the hotline being flooded with calls about the lockdown.

In follow-up to a comprehensive Gender Programme Review, UNICEF has been supporting the MoGFSS to design and launch the national campaign "Breaking the silence about violence". It aims to: (1) mobilise the entire society for the prevention of sexual violence, protect those who are vulnerable to sexual violence, (2) immediate reporting of suspected sexual violence, and change social norms around victim blaming, (3) increase capacity to provide services to survivors and (4) ensure fast track justice for the victims.

The campaign is ongoing and comprises a multilevel strategy that aims to have a meaningful impact on reducing violence against children and women:

- At a societal level it aims to create a caring community where violence is considered a crime

and the survivors and families are supported rather than shamed;

- At an institutional level, it proposes training of frontline workers so that they are equipped with information on available GBV response services and referral procedures to support GBV survivors.
- At school level, it proposes activities to empower girls and boys to speak out against sexual violence and engage them to be leaders for change;
- The campaign also proposes working with religious leaders to enhance their public engagement and awareness-raising on the seriousness of sexual violence against children and women in Islam;
- With civil society, it plans to initiate CSO-led survivor support services to fill the existing government gaps in service provision.

In addition to launching this suite of preventative interventions, UNICEF has also been contributing to the rollout of interventions to strengthen the capacity of institutions and developing resources to ensure survivor's access to child protection services. Increased attention is also being paid to strengthening mental health support and services.

For example, UNICEF has provided technical assistance to MoGFSS to develop national Standard Operating Procedures (SOPs) for responding to sexual and gender-based violence. In support of the MoGFSS's work to strengthen the social work service, UNICEF has hired a (virtual) trained supervisor to sit within the social work team to provide supervision and build the capacity of key staff.

Through this additional technical support, UNICEF has assisted 33 case managers in Malé, and 50 staff from the Family and Children Service Centers spread across the 19 atolls with additional MHPSS and VAC service response support.

LESSONS LEARNED FOR CHILD PROTECTION SYSTEMS

COVID-19 has brought into focus remaining vulnerabilities and gaps in the child protection system. However, it has also shown opportunities to enhance the system. Key lessons learned include:

- **Social mobilisation which demanded protection for children and support for survivors was important for ensuring political buy-in for systems change.** Before the pandemic, communities were mobilising and questioning the gaps in the system. Community mobilisation resumed with news of increased GBV cases, after the lockdown eased. In response, the President met with institutions and survivors of GBV to analyse the best ways to guarantee protection and access to justice for survivors.
- **Developing SOPs for responding to sexual violence has been essential for aligning and strengthening the role of different actors in responding to GBV.** For example, providing linkages between social workers and teachers, as well as the justice system was important.

LESSONS LEARNED FOR PARTNERSHIPS: COOPERATION, COORDINATION AND COLLABORATION

- **The relationship of trust between government institutions, development partners like UNICEF and other stakeholders, contributed to strengthening partnerships and leveraging joint resources.**
- **UNICEF's ability to establish synergies among various actors and promote collaborative efforts has played an important role.** Consultations supported by UNICEF, with civil society and government partners were organised and as a result, critical inputs, partnership, and commitment to the national campaign was defined from key stakeholders for managing and responding to sexual violence against children and women. Therefore the multi-sectoral prevention and response system will continue to be strengthened.

KEY CONSIDERATIONS AND QUESTIONS FOR IMPLEMENTATION AND FUTURE ADAPTATION

- **Sustained support for the *Breaking the Silence Campaign* will mobilise communities** to prevent GBV and safely refer survivors to services and promote positive mental health.
- The Maldives enacted the Child Rights Protection Act in 2019. **Working towards the full implementation of this law** will contribute significantly to the work to end VAC in the country.
- **Allocation of government resources can increase much needed human resources to improve case management and services for survivors.** Systems strengthening will need to include steps to promote comprehensive strategies to respond to the immediate needs and long-term plans to secure the needed human resources for operationalising an efficient child protection system.
- **More collaborations between child protection and health and the education sectors are needed.** These sectors have demonstrated quick responses during COVID-19 and provide essential components to help enhance multi-sector linkages to the child protection system.
- **Strengthening the capacity of civil society organisations (CSO) to expand services including legal guidance and assistance as well as mental health and psychosocial support.** Due to the dispersed nature of the country, strengthening the capacity of CSOs is essential to expand access to services across the islands.

KEY CONTACTS AND FURTHER RESOURCES:

For more information visit:

UNICEF Maldives Country Office website at

<https://www.unicef.org/maldives/>

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Engelhardt, K & D. Jayasuriya, National Study on Violence against Children in the Maldives, UNICEF, Malé, 2009.

SUGGESTED CITATION:

Fry, D. & K. Padilla (2021). "Appendix B8. Breaking the Silence about Sexual Violence: A National Campaign in the Maldives". In Fry, D., Padilla, K., Neelakantan, L., & Ivatury, S., *A gendered analysis of child protection (CP) systems responses in COVID-19 programming in South Asia*, UNICEF, Kathmandu, 2021.

The inclusion of services for children in the One-Stop Crisis Management Centres (OCMCs) for gender-based violence

THE CASE OF NEPAL

COUNTRY/COUNTRIES:

Nepal

PARTNERS:

The Ministry of Health and UNICEF

THEMATIC AREAS:

Violence against children (VAC), gender-based violence (GBV)

COVERAGE OF SYSTEMS CHANGE:

Nationwide

KEY RESULTS:

As a result of the pandemic, the response to address GBV in Nepal was strengthened by developing strategies to provide support and care to child survivors, including supporting the planning around the launch of the country's first child-dedicated One-Stop Crisis Management Centre (OCMC).

COVID-19 CONTEXT

By November 2020, 76 of Nepal's 77 districts had recorded positive COVID-19 cases. In addition to this, floods and landslides affected many families in 40 districts, exacerbating the conditions where gender-based violence (GBV) is more likely to occur.

Nepal is frequently affected by natural disasters and previous experiences show that GBV usually increases during emergencies. However, unprecedented social and economic challenges brought on by the COVID-19 pandemic have resulted in a disproportionate increase in the risks for women and children to experience violence and other rights violations. GBV was already prevalent in the country before COVID-19, for example, of the total GBV cases reported to the Nepal Police, 62% of survivors were children (Nepal Police data for the timeframe mid-2016 to mid-2020; Women, Children & Senior Citizen Directorate, 2020). The police acknowledge that 98% of cases reported concern girls while attention to male survivors remains an issue of concern.

This case study highlights UNICEF's work with the Government of Nepal and Civil Society Organizations (CSOs) to address GBV in times of COVID-19 in a way that can focus on strengths, systemic gaps and extend beyond the pandemic environment.

DETAILS OF PROMISING PRACTICE/ CRITICAL POINT OF CHANGE

Before the COVID-19 pandemic, prevention and response services for GBV had a robust infrastructure in Nepal. More than 60 one-stop crisis management centres (OCMCs) integrated into hospitals operate across the country. OCMCs provide a comprehensive range of services for survivors of GBV, including health care, psychosocial counselling, coordination with safe homes, legal protection, personal security, rehabilitation and vocational skills training (NHSP, 2018). While children represent on average 40% of survivors accessing OCMC services, the services are still organised and planned with the needs of adult women in mind. A review of OCMC service provision led by the Government has highlighted the care for child survivors as a major challenge.

During the pandemic, growing concern over the increase of GBV risks saw the prioritisation of children and adolescents exposed to GBV, as survivors and also as dependents of survivors and witnesses of GBV, as a crucial area of work. While the Government had already planned the integration of an OCMC in the country's only Children's Hospital, the pandemic context has given a new sense of urgency for this need as well as broadened opportunities for partnerships.

Indeed, the intersection of GBV and child protection is an area in which integrated responses can enhance the quality of services provided to children and their caregivers. For instance, the revision of the national child protection case management guidelines is a critical milestone to ensure the review of care arrangements, as well as a whole family approach to risk assessments which is integrated into the guidelines and GBV service provision for children.

LESSONS LEARNED FOR CHILD PROTECTION SYSTEMS

- **The impact of the pandemic highlighted the importance of including strategies for meeting the needs of child survivors, in addition to the usual comprehensive support available for women survivors.** The strengthening of support and care strategies for children has been one of the most significant challenges and achievements of the Government of Nepal.
- **Building on and adapting an existing model of GBV-OCMCs focused on adults has been a useful foundation for planning child focused services.** The child dedicated GBV-OCMCs will integrate support that enables child survivors to receive all services needed in one place and serve as a pilot to enhance overall response across the country. The experience of the OCMCs will also provide avenues to incorporate the GBV approach into services that respond to violence against children.
- **Strategies to institutionalise coordination among the providers of the OCMC are critical.** For example, the Nepali experience shows that there is a need to institutionalise coordination mechanisms among health workers and social workers to guarantee the effectiveness and sustainability of the response.

LESSONS LEARNED FOR PARTNERSHIPS: COOPERATION, COORDINATION AND COLLABORATION

- **Pre-existing strong partnerships among the Ministry of Health, and other organisations, like UNICEF, contributed to reinforcing mental health and GBV service provision**

through both community-based, remote and institutional approaches. These partnerships have led to a stronger recognition of the mental health impact of GBV and family violence.

- **A key lesson is to institutionalise coordination mechanisms to ensure partnership sustainability.** For instance, most partnerships established as part of the 2015 earthquake response have not survived beyond the emergency phase. Re-establishing coordination mechanisms and partnerships has therefore been a necessary step. Based on this experience, in the current context, stronger attention was paid to supporting government-CSO partnerships in a way that can be sustained beyond the acute response phase.
- **New partnerships have been established this year to support protection monitoring (for example in quarantine sites) by and with women's organisations.** This is an opportunity to better engage women's organisation in monitoring of protection risks as well as strengthen collaboration on GBV prevention and response between child protection and GBV actors. The intersectionality of age and gender remains under-addressed. Beyond partnering on monitoring and GBV response, these new partnerships are a marked evolution in child protection programme implementation which can serve other workstreams including strategic litigation, birth registration, programming addressing socio-economic drivers of protection risks, etc.

KEY CONSIDERATIONS AND QUESTIONS FOR IMPLEMENTATION AND FUTURE ADAPTATION

- **Ensure budgeting and infrastructure to guarantee integration of support for children within the GBV OCMC.**
- **Train personnel providing services in the GBV- OCMC on skills and knowledge to offer child-sensitive services.**
- **Scale up from this first OCMC dedicated to child survivors to include more child-focused care in other centres.** This could serve as a model and a technical reference point for other OCMCs in the country.

KEY CONTACTS AND FURTHER RESOURCES:

For more information visit:

UNICEF Nepal Country Office website at <https://www.unicef.org/nepal/child-protection>

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SUGGESTED CITATION:

Fry, D. & K. Padilla (2021). 'Appendix B9. The Inclusion of Services for Children in the One-Stop Crisis Management Centres (OCMCs) for Gender-Based Violence: The Case of Nepal'. In Fry, D., Padilla, K., Neelakantan, L., & Ivatury, S., *A gendered analysis of child protection (CP) systems responses in COVID-19 programming in South Asia*, UNICEF, Kathmandu, 2021.

Leveraging data and partnerships to increase mental health and psychosocial support responses for children during COVID-19

THE CASE OF NEPAL

COUNTRY/COUNTRIES:

Nepal

PARTNERS:

Ministry of Women, Children and Social Welfare (MoWCWSW), Police, mental health organisation 'TPO', and UNICEF

THEMATIC AREAS:

Mental Health and Psychosocial Support (MHPSS)

COVERAGE OF SYSTEMS CHANGE:

Nationwide

KEY RESULTS:

Increased mental health issues during the COVID-19 pandemic led the Government of Nepal and UNICEF to work together around a multisectoral strategy. This approach brought health, education, child protection and communication sectors together, leveraged non-traditional data sources as catalysts to address the issue and ensured a range of psychosocial approaches and methods which have supported:

- 1) The mental health and psychosocial needs of 7,840 children; and
- 2) The training of 615 teachers and education actors on COVID-19 safety measures for school reopening and teaching techniques, as well as providing psychosocial support to children.

COVID-19 CONTEXT

The COVID-19 pandemic is putting the lives of children and their families at greater risks around the world. While the virus mainly affects the

health of adults, the indirect impacts of the crisis are negatively affecting the mental health of children and their caregivers. The loss of livelihoods, school closures, disruption in social networks, and increased risk of witnessing violence is creating unprecedented and disproportionate challenges to children and young people. This situation is a cause for great concern, particularly in those countries with pre-existing high rates of mental health issues, like Nepal. Though Nepal lacks routine national-level data on suicide other than police data, WHO modelled an age-standardised suicide rate for Nepal in 2012, ranking it 7th in the world at 24.9 per 100,000 population (Marahatta et al., 2017).

COVID-19 spread rapidly across the country and as of November 2020, 76 out of Nepal's 77 districts had recorded positive cases (IFRC, 2020). Moreover, floods and landslides affected families in 40 districts, further exacerbating the risk of distress and mental health issues in children and young people, particularly those who are most in need (IFRC, 2020).

The latest 2019 Multiple Indicator Cluster Survey (MICS) data shows that 10% of children and adolescents in Nepal aged 15-17 years struggle with anxiety as reported by the mother or caregiver in the child functioning module of questions (CBS, 2020). There is however a treatment gap as there is only one child/adolescent specialised mental health facility in the country and it is based in Kathmandu, and other specialised mental health services are typically located in main urban centres. Between mid-March 2020 and September 2020, there were 1,350 suicides in Nepal including 319 children and 876 women. UNICEF suggests this is due to these women and children being “overwhelmed by the emotional and mental toll of months of uncertainty and sometimes combined with experiences of trauma and loss” (UNICEF, 2020). While the suicide rates are usually higher for boys, as a percentage increase over time during the COVID-19 pandemic, there was a larger increase in the number of girls committing suicide.

In response to this situation, the Government of Nepal with the support of UNICEF and implementing partners has strengthened coordination around mental health with attention to linking up community-based institutional service provision mechanisms. With the growing recognition of critical mental health needs, the Government has developed a multi-sectoral strategy bringing together health and other social sectors to address this challenge.

This case study details the main characteristics of this innovative intervention, and provides insights on the lessons learned to continue improving the provision of MHPSS within the child protection system.

DETAILS OF PROMISING PRACTICE/ CRITICAL POINT OF CHANGE

The multisectoral strategy on MHPSS was built into the Government and UNICEF’s work with children during the pandemic. Thus, services within the child protection system established various

approaches and methods to provide mental health services and psychosocial support, particularly psychological first aid.

Some of the highlights of this innovative intervention include the following:

- Providing accessible MHPSS by working with existing helplines and setting up new ones; creating initiatives that use mobile phone technology around MHPSS services by exploring ways to engage the private sector and mobile phone operators to provide platforms to connect youth at risk with psychological first aid and counselling services; and reaching out to children in critical areas such as wards in hospitals and in the community. The helplines have fulfilled a key role, particularly in providing counselling, data collection and generating evidence during the COVID-19 pandemic.
- The regular training of service personnel, particularly counsellors, during COVID-19. These trainings also included community-based psychosocial workers, who play a key role given their close relationships with children and young people.
- Rolling out actions to address stigma around mental health issues - a harmful social norm in the region that limits help-seeking behaviour. For example, spaces were created to discuss mental health at youth clubs and other venues. Communication, protection and health specialists continue to work together on ways to widen social dialogue around MHPSS.
- Expanding and deepening MHPSS services. UNICEF has worked with the one service provider of mental health services based in Kathmandu to help them set up outreach services to other areas, including through capacity building and deployment of technical resources.
- A key component of the strategy that is still being shaped is peer-to-peer support around discussing anxiety and distress to empower youth and enhance help-seeking behaviours. This included an ‘allyship’ strategy, with friends helping to identify cases (their friends who need support) and provide support and referral information.

LESSONS LEARNED FOR CHILD PROTECTION SYSTEMS

- **Having detailed and articulated coordination mechanisms is important for making linkages.** This was particularly relevant for linking up work between child protection and health sectors and highlighting, not only the clinical, but the social interventions included in MHPSS. Hence the need for the two sectors to work together.
- **Advocacy using existing data played a key role in developing and strengthening actions to support children's mental and psychosocial wellbeing.** With the support of UNICEF, existing data on the emotional and mental toll for children caused by the pandemic was analysed. This includes analysis of data from helplines alongside police data. These actions made it possible to address data gaps, as well as support government's actions around MHPSS, particularly at the local level.
- **Including mechanisms for real-time coordination and evaluation of data between partners is important for understanding the linkages between MHPSS and other issues such as violence against children.** For example, the analysis of helpline data revealed the relationship between GBV, violence in families, economic issues and psychosocial distress. All of which were exacerbated by the pandemic. Recognising these relationships allowed: (1) the identification in gaps in interventions to address risk factors that co-occur alongside mental health and psychosocial distress; and (2) the coordination with other actors such as TPO and CWIN who collect data to have a more comprehensive response. Currently, efforts are being undertaken to ensure the multiple helplines in the country are collecting similar data to allow for coordination and comparison between data sources.
- **Given the stigma around mental health, having various mechanisms to support children was key to ensure broader access to interventions.** Having helplines, peer-to-peer support, open-spaces to talk, among others, broadens children's and caregivers' options to access services.

LESSONS LEARNED FOR PARTNERSHIPS: COOPERATION, COORDINATION AND COLLABORATION

- **Non-traditional partnerships were explored to leverage data on MHPSS that allowed never before used data to be analysed to support interventions for MHPSS.** One of the catalysts for raising the issue of mental health was the police, a non-traditional actor in this space. This is because police data was the only data in the country on suicide prior to the pandemic. Using a dataset that is not traditionally used for MHPSS helped to also tell the story of the context of mental health issues among children in the country, beyond suicide and from a prevention standpoint. This different data source was triangulated with others to shed light on the same issue.
- **Coordination mechanisms were created between health, child protection and education sectors, which increased the availability of psychosocial support across interventions with children.** For instance, coordination with the educational sector meant that psychosocial support was highlighted as a key area of intervention in school re-opening plans and strategies. 615 teachers and education actors were trained not only on COVID-19 safety measures for school reopening and teacher techniques, but also on how to provide psychosocial support to children.
- **Having a multisectoral response meant it was possible to reach more children with MHPSS services.** With the support of UNICEF, the Government made strong efforts to encourage all child protection services, not only those related to mental health, to identify cases that require MHPSS and to refer them to specialised services. It is estimated that 27,035 people have been reached with psychosocial support through UNICEF's contribution. Out of the 27,035 people supported, nearly 29% are children under 18 years.

- **Advocacy efforts are important for visibility, policy-influencing and leveraging resources.** For example, the protection and mental health cluster, led respectively by UNICEF and WHO, organised a webinar on World Mental Health Day (10 October 2020) by bringing together diverse stakeholders including government and civil society organisation partners to advocate for increased investment and prioritisation of holistic MHPSS programmes in Nepal. As a result, the Minister for Women, Children and Social Welfare committed to address human resource gaps and announced the endorsement of an Integrated Action Plan on *Psychosocial Counselling for Prevention of Mental Health Problems and Suicide*.

KEY CONSIDERATIONS AND QUESTIONS FOR IMPLEMENTATION AND FUTURE ADAPTATION

- Despite significant efforts to increase children's access to MHPSS, there are still large gaps that need to be addressed. For instance, in addition to the social stigma around mental health, paid health care services are likely to limit children's access to it. **Also, despite the many activities to ensure access, there is still a concern that the most vulnerable children are not being reached by MHPSS services/programmes.**
- **It is necessary to develop measurement mechanisms and strategies to obtain quality and disaggregated data on children's mental health and psychosocial wellbeing.** For example, while there are efforts to coordinate data collected through the various helplines, this data cannot be collectively disaggregated yet, meaning the data landscape is still patchy.

KEY CONTACTS AND FURTHER RESOURCES:

For more information visit:
UNICEF Nepal Country Office website at
<https://www.unicef.org/nepal/>

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Systems strengthening

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT RESPONSES IN PAKISTAN

COUNTRY/COUNTRIES:

Pakistan

PARTNERS:

Social Welfare Department, Department of Health in Khyber Pakhtunkhwa (KP) Province, Government of Balochistan, the district Child Protection Unit in Balochistan and UNICEF

THEMATIC AREAS:

Mental Health and Psychosocial Support (MHPSS)

COVERAGE OF SYSTEMS CHANGE:

Province and district level – this case study focuses on Balochistan Province

KEY RESULTS:

A comprehensive package of MHPSS interventions has been developed and embedded into the child protection case management and referral system in Balochistan Province during COVID-19. The key components of this package are:

- 1) A legal framework that includes children's protection as a right. This contributed to awareness-raising about the importance of providing MHPSS as a key component of child protection;
- 2) Coordination mechanisms, among governmental and non-governmental institutions that strengthen the child protection strategies that provide MHPSS; and
- 3) A supply capacity mapping and assessment exercise for designing a well-resourced response system.

COVID-19 CONTEXT

As of 23 March 2020, 803 cases of COVID-19 were confirmed in Pakistan, and within one week this number increased six-fold. The

Prime Minister of Pakistan addressed the country, and emergency measures were instituted to guide Pakistan's response to the pandemic. A National Coordination Committee on COVID-19, chaired by the Minister of Health, was set up, along with a Technical Task Team, and responses were coordinated at the provincial levels with local governments.

Subsequently, a preparedness and response plan to combat COVID-19 was launched by the Government of Pakistan on 23 April 2020. Widespread public information campaigns were launched, with 61 million people reached through TV and radio, 2.9 million at-risk populations reached through community engagement, and 64,630 religious leaders (including 23,356 through UNICEF) engaged to promote key COVID-19 messages (UNICEF, 2020).

This unprecedented situation demanded urgent system responses necessary to combat the stress on mental health and wellbeing that children and families across Pakistan were experiencing. This case study details initiatives led by UNICEF aimed at improving systems providing mental health and psychosocial support (MHPSS), with a particular focus on the province of Balochistan.

DETAILS OF PROMISING PRACTICE/ CRITICAL POINT OF CHANGE

UNICEF's strategy in promoting MHPSS was driven by two principles that necessitated looking beyond COVID-19: (i) awareness-raising; and (ii) system strengthening. Since 2015, UNICEF has worked with the Department of Health in Khyber Pakhtunkhwa (KP) Province, to develop a MHPSS programme and set up a mental health unit after a school was attacked by insurgents in Peshawar, capital of KP. When the COVID-19 pandemic happened, the opportunity to build the existing programme into a formal system with possible scale-up to other provinces across Pakistan was recognised. Experience gained from working in KP was adopted, as far as possible, to disseminate and scale up MHPSS interventions in other provinces, particularly through a public-private partnership among the Social Welfare Department and health and civil society organisations with the required technical expertise.

Balochistan is the largest province in terms of area but is the least populated in Pakistan. UNICEF's support to Balochistan began back in 2016 through its role in establishing a child protection legislative framework that is aligned with the United Nations Convention on the Rights of the Child (UNCRC). UNICEF has also contributed to developing a child protection case management referral system to respond to all forms of abuse, violence against children (VAC), exploitation and neglect. The Government of Balochistan is steering this system, of which MHPSS is an integral part. Through UNICEF's substantial advocacy efforts and work with the Government, a comprehensive package of child protection interventions was developed. This system

is backed by a legal framework, and comprises of: (i) case management systems; (ii) training of social service workforce, including child protection officers; (iii) a social behavioural change and communication strategy aimed at preventing VAC; and (iv) the placement of child protection officers in the district model Child Protection Unit in Quetta, the capital of Balochistan. Once trained, child protection officers implement the package of interventions. This entire system was established in Balochistan with a view to ensuring that children in need of protection receive a holistic package of the requisite services, wherein MHPSS is a well-integrated component of child protection efforts.

The COVID-19 pandemic in Pakistan affected social welfare service delivery, a concerning trend that has been seen globally. UNICEF engaged in sustained advocacy to open the district Child Protection Unit to once again become functional and deliver the package of interventions developed. UNICEF's Country Office in Pakistan also developed a training package for social workers, including a translated and adapted version of UNICEF's operational guidelines and presentations to reflect contextualised priorities. In the context of Pakistan, this included an overview of MHPSS, role of communities, and importance of tackling stigma and VAC. Trainings on MHPSS were delivered both virtually and in person.

Innovative approaches were used by child protection officers to provide MHPSS to vulnerable children. One example of this was the online approach adopted by the Government of Balochistan with the support of UNICEF. The district Child Protection Unit in Balochistan runs the entire case management process online, this includes assessments, planning with other stakeholders, referrals, and monitoring until case closure. Within this process, the provision of psychosocial support – including online and face-face support through different therapeutic techniques, was built-in as an initial response.

A highlight of the MHPSS intervention in Balochistan is that it is harmonised with UNCRC as well as the UNCRC's recommendations to the Government of Pakistan. This has been a systematic process that has generated interest across other provinces in Pakistan. It is noted however that approaches in various provinces across Pakistan can vary quite significantly due to contextual differences.

LESSONS LEARNED FOR CHILD PROTECTION SYSTEMS

- **The legal framework became a crucial aspect to system strengthening as it creates statutory obligations for governance structures.** It guides, for instance, the case referrals process, establishing the roles of each department and other service providers involved. As children's protection is a right recognised by the Balochistan Child Protection Act of 2016, it makes it easier for the stakeholders to recognise child protection as crucial and to work towards its enforcement. In addition, it contributed to creating awareness-raising about the importance of providing mental health and psychosocial support as a key component of child protection.
- **Strong government leadership in strengthening the child protection system improves the sustainability of the interventions.** For example, child protection officers were hired by the Government itself and were not outsourced to an external organisation. The Government has also committed public funds for the case management system and is in the process of developing a costed action plan for the implementation of the Balochistan Child Protection Act. Moreover, the system, designed with full ownership of the stakeholders, has influenced fundamental design and growth decisions. For example, the decision to train not only child protection officers but all focal points from the relevant line department was done with the broader goal of social service workforce strengthening. The rapid capacity building of the workforce was built to last well beyond the pandemic.
- **Real-time learning is important for system adaptation.** The continuous data and monitoring carried out as the system is being developed, continuous feedback loops and the documentation of this process including reference documents and standard operating procedures ensures learning is being tracked and documented.

LESSONS LEARNED FOR PARTNERSHIPS: COOPERATION, COORDINATION AND COLLABORATION

- **Connecting all the elements that make up the diverse portfolio of child protection response services was crucial in developing the Balochistan model.** This feeds into the key system learning that it is not only the structures that need to be established, but also ensuring that the functions are set up and understood by all stakeholders.
- **Ensuring institutional knowledge can last through transitions is important for sustainability and should be built into programmatic governance structures.** UNICEF supported the establishment of a technical working group that comprised of officials at the secretariat level (the highest administrative level in government departments) at provincial level as well as officials at the managerial and operational levels. This is key to preserving institutional memory as officials at the secretariat level can often be transferred. By involving a wider group of stakeholders, any system learning is preserved for long-term improvement and management.
- **The rolling-out of a supply capacity mapping and assessment exercise was crucial for designing a response system.** UNICEF supported this mapping, including the Social Welfare, Human Rights and Special Education Department, along with all the relevant line departments and civil society organisations. The results of this exercise were then fed back into existing structures, including the Child Protection Commission as the highest policy advisory body, for validation and ownership, thus creating a critical feedback loop.

KEY CONSIDERATIONS AND QUESTIONS FOR IMPLEMENTATION AND FUTURE ADAPTATION

- **While there have been key innovations undertaken during the COVID-19 pandemic, there is a need to explore how technology and virtual modes of delivery can be improved and adapted in the long-term.** Given the role played by technology, it is equally

important to examine how children with limited or no access to technology and virtual platforms can access these systems.

- The lessons learnt from Pakistan's experience in responding to child protection concerns during the pandemic would be valuable in developing more detailed technical guidance that could be used by other countries. **Existing experiences have also shown that current guidance developed rapidly during the pandemic may need to be continually updated as the situation evolves.** This includes how to connect existing child protection systems with protection response needs emerging from the pandemic.

KEY CONTACTS AND FURTHER RESOURCES:

For more information visit: UNICEF Pakistan Country Office website at <https://www.unicef.org/pakistan/>

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Protecting children and families

DEVELOPMENT OF A VIRTUAL PSYCHOSOCIAL SUPPORT SYSTEM IN SRI LANKA

COUNTRY/COUNTRIES:

Sri Lanka

PARTNERS:

The National Child Protection Authority (NCPA), the Department of Probation and Childcare Services (DPCCS), the NGO, Association for Health and Counselling - Shanthiham and UNICEF

THEMATIC AREAS:

Mental Health and Psychosocial Support (MHPSS)

COVERAGE OF SYSTEMS CHANGE:

Nationwide

KEY RESULTS:

Over 5,000 children and families have received virtual and/or telephone based psychosocial support since the onset of the pandemic in Sri Lanka. The virtual psychosocial system has also been embedded in government child protection structures and at community level.

COVID-19 CONTEXT

The first COVID-19 patient in Sri Lanka was detected on 10 March 2020. Within 20 days the Government of Sri Lanka (GoSL) had shut down the country, with significant implications for the economic and social sectors. All schools in Sri Lanka were closed on 13 March and the President of Sri Lanka declared public holidays from 14-19 March. Employees of the public and private sectors were mandated to work from home from 19 March and a nation-wide curfew to prevent mass gatherings was imposed. This was lifted intermittently (except in high risk areas) to enable access to essential food and medicine. Sri Lanka also closed all international airports from 19 March.

The COVID-19 pandemic continues to make children and families in Sri Lanka vulnerable. The National Child Protection Authority (NCPA) hotline reported that between 16 March and 7 April 2020, from a total of 292 child protection complaints received, 121 were child cruelty complaints. As a

proportion of total child protection complaints, child cruelty cases rose from 10 to 40 percent during this same time period (UNICEF 2020).

This case study focuses on a programme of virtual and telephone based psychosocial support provided to children, families, and communities supported by UNICEF during the COVID-19 pandemic. UNICEF supported the NCPA to build long-term capacity to provide virtual psychosocial support to children.

DETAILS OF PROMISING PRACTICE/ CRITICAL POINT OF CHANGE

In the Sri Lankan context, psychosocial support has typically been provided face to face. However pandemic control interventions such as the lockdown and social distancing meant there was a need for a virtual psychosocial system to be established rapidly during the COVID-19 pandemic.

UNICEF Sri Lanka adopted a variety of innovative strategies, in response to the lockdown conditions, to establish a virtual psychosocial and telephone-based support system. This system was designed at national level by the NCPA to be sustainable and to serve the needs of children during the pandemic and beyond. The virtual psychosocial support system was linked with village level social workers for further follow up. Counsellors maintained regular communication with children and ensured relevant psychosocial support continued.

At the same time, a digital case management system facilitated by Zoom calls, was established to cater to the needs of children. Frontline social workers at community level, trained in psychosocial support, used Zoom conferencing to report cases of children who need protection to child protection officers at divisional level. The child protection officers then provided digital case management to these children. In partnership with the Department of Probation and Childcare Services (DPCCS), UNICEF developed and rolled out Standard Operating Procedures for children in institutions and guidelines on digital case management. Since

the start of the pandemic, 600 children have been reached through digital case management.

Mental health and psychosocial support (MHPSS) guidelines were also developed and 268 NCPA Officers, which included 25 district Psychosocial Officers and 243 Divisional Child Protection Officers, were trained on providing remote psychological first aid, psychosocial support and referrals. In addition, UNICEF Sri Lanka provided technical support to the DPCCS to develop long-term resilience building programmes and to roll out this programme via *Children club networks*. Ninety-one childcare institution staff were trained on psychological first aid and self-care.

Despite its achievements, government and UNICEF staff identified several questions that raised concerns around this system:

- How could children be identified and connected to the new virtual psychosocial system?
- How could psychosocial support be provided using telephone or virtual modalities?
- How could communities be made aware of the new virtual psychosocial support system?
- How could children's participation and engagement be ensured in this (virtual) process?
- How could follow-up procedures be implemented to assess ongoing needs of children and families with severe restrictions on movement?

In response to these concerns, firstly social media was harnessed to connect service providers with children and families in need of support. Information disseminated included descriptions of the services and systems available, guidance on how to approach such systems and get basic services.

Secondly, a strategy was formulated at the national level to drive a new virtual psychosocial support system. This strategy was called 'Look, Listen, Link', and it emphasises procedures of observation, assessment, and action to drive quick and effective responses to meet the needs of children. This clear strategy was important in expanding existing services in a six-month time period, such as setting up the telephone-based platform, addressing any problems, rolling out the system, and monitoring uptake remotely. The virtual psychosocial support system was implemented in two versions:

- 1. A version implemented in government structures.** The first version was implemented by the NCPA, led by trained NCPA counsellors and fully integrated within the government structure. This version made use of trained officers, and used a curriculum developed in collaboration with Save the Children, World Vision Lanka and a community development organisation, Leads.
- 2. A version focusing on voluntary action at the community level.** The second version focused on the community level and was led by the NGO Association for Health and Counselling -Shanthiham, making use of local informal networks. The voluntary action at the community level was used to connect with children and create systems whereby both children and families could access support.

In order to undertake the monitoring of the virtual psychosocial support system, the social service workforce was integrated with the existing government response, for smooth and coordinated action. More than 2,500 cases, including 1,600 cases in the North, were managed using the virtual psychosocial support system since the pandemic started. Around 5,110 children have received psychosocial support through both virtual and direct visits of counsellors. Finally, reporting procedures were streamlined and a six-month follow-up system was implemented in September 2020 across different provinces in order to monitor implementation of the virtual psychosocial support system. These efforts led to the building of critical infrastructure needed for the protection of children and families in Sri Lanka.

LESSONS LEARNED FOR CHILD PROTECTION SYSTEMS

- **In order to ensure substantial involvement of children and families, two ingredients are critical: developing trust, and building relationships.** Systemic responses are much more likely to succeed when relationships exist with communities and communities in turn trust

service providers. In this instance, the existence of trust helped harness the potential of social media in helping children access services, which in turn was critical to the robust functioning of the virtual psychosocial support system.

- **Strong advocacy by UNICEF and the NCPA, as well as the declaration of child protection officers as essential workers during the COVID-19 pandemic made it possible to prioritise the virtual system.** Recognising the vulnerability of children and families in the aftermath of lockdown was a critical turning point that provided the impetus for developing this system. It also allowed service providers to follow up with children and monitor the receipt of services.

LESSONS LEARNED FOR PARTNERSHIPS: COOPERATION, COORDINATION AND COLLABORATION

- **Selecting a suitable implementing partner and ensuring adequate coordination between the GoSL and NGOs was a key element of the success of the programme.**
- **It is critical for the government to have ownership of system responses.** In this example, the GoSL was involved from the initial stages in designing and implementing the virtual psychosocial support system that enabled increased efficiency and reach. This involvement also ensured that the virtual psychosocial support system could be fully integrated into national social services at the government level.
- **Social media played a significant role in bridging the gap between the supply and demand of services.** In addition, the investments made by UNICEF and other agencies in community-based psychosocial interventions, contributed significantly in reaching out to families and children during the COVID-19 pandemic.

KEY CONSIDERATIONS AND QUESTIONS FOR IMPLEMENTATION AND FUTURE ADAPTATION

- **A valuable priority is developing procedures for future planning.** This will include, but is not limited to, thinking carefully about the continuation of the emergency responses developed during the COVID-19 pandemic, and budgeting for subsequent system reforms, in an effort to plan for the future.
- **Vital COVID-19 responses can be capitalised on to inform rapid systems development that may otherwise take a much longer period to implement.** Critical system reforms undertaken during the pandemic may thus be studied and enhanced, in order to ensure the protection and welfare of children.
- **Continuation of effective child protection support to children in the aftermath of COVID-19 will be a key challenge.** UNICEF is supporting the DPCCS and NCPA to build their long-term capacity, including developing a Child Protection Communication Plan to build the long-term resilience of children and capacity building for professionals in contact with children.

KEY CONTACTS AND FURTHER RESOURCES:

For more information visit:

UNICEF Sri Lanka Country Office website at <https://www.unicef.org/srilanka/>

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Appendix C

FIGURE 1 REFERENCES

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 - Sri Lanka: Minutes from Country Office Updates and Guidance Meetings, 30 March 2020
 - Nepal: Report from Child Helpline (E-mail communication from NCO 13.05.2020)
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for every child

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