



Reflections and Learning from Child Protection and Gender-Based Violence Preparedness and Response to COVID-19

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for every child

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Foreword

The extraordinary measures implemented by governments around the world to contain the COVID-19 pandemic exposed women and children to increased risks of physical and sexual violence. Multiple, interrelated factors contributed to these increased risks, including: the widespread closure of workplaces, schools, and public places that forced women and children to remain confined in homes; isolation from friends and social support networks; and the challenging economic circumstances resulting from the loss of incomes. Women and girls also faced increased risk of gender-based violence (GBV) due to the confinement measures, and many countries experienced increasing rates of intimate partner violence (IPV), sexual violence and child marriage. Children with pre-existing vulnerabilities – such as children with disabilities, refugee, migrant and displaced children, children in detention and children without parental care – experienced even greater risk of violence and abuse.

Recognising these risks, the United Nations Children's Fund (UNICEF) Eastern and Southern Africa Regional Office (ESARO) and 21 country offices promptly worked with governments to ensure the continuity of child protection and GBV programmes and services during periods of restricted movement, advocating that those services be considered essential. This Guidance Note was developed to guide better programming during the ongoing COVID-19 situations as well as future public health emergencies in the Eastern and Southern Africa Region (ESAR). The note relies on lessons learned from UNICEF's efforts to support countries and their partners to protect children and women from heightened risks of violence during the first 18 months of the COVID-19 pandemic and seeks to inform a strategy for accelerating such efforts based on this learning.

We are optimistic that this guidance draws on various successful and promising interventions implemented to maintain and strengthen child protection services and GBV programmes during the COVID-19

pandemic. It is especially notable that the approaches taken by UNICEF to strengthen child protection systems proved effective, with many countries reporting that strengthened, and shock-responsive child protection systems and fortified social service workforces were able to accommodate the increased and varied needs of children and women affected by COVID-19.

The preventative measures employed by governments to slow the spread of COVID-19 revealed some promising outcomes in terms of child protection and GBV. For example, government responses to COVID-19 prompted the use of alternatives to detention of children in justice systems, revealing that increased access to child-friendly justice services and alternatives to detention are possible when governments are willing. The COVID-19 pandemic also boosted the reintegration of children from institutional care with their families and communities. UNICEF supported the safe return of children to their families and communities, drawing on its long-term experience in supporting family-based alternative care. It is also noteworthy that UNICEF country offices scaled up their interventions to provide mental health and psychosocial support to address increased needs.

We offer our sincere thanks to all the contributors to this report and hope that you will find useful guidance and inspiration from the successful examples across the countries. We look forward to our continued collaboration towards protecting children and women from violence during the pandemic and beyond.

MOHAMED M. MALICK FALL

Regional Director, UNICEF Eastern and Southern Africa

Executive Summary

In Eastern and Southern Africa, COVID-19 has presented dual challenges: a public health emergency resulting from the health consequences of the virus and a socioeconomic crisis caused by the containment measures implemented to prevent the spread of the disease.ⁱ During the early stages of the pandemic, most governments prioritized a public health response, at times without fully considering the impact of containment measures on essential child protection and GBV services. School closures interrupted learning and disrupted the vital protective role that schools play within a community. As family tensions increased due to the loss of incomes and livelihoods, social isolation and confined living conditions, women and children experienced heightened risk of violence. At the same time, women and children experienced decreased access to the social support services they had previously relied on for safety and well-being, including child-friendly spaces and mental health and psychosocial support (MHPSS) services.

Since the outbreak of COVID-19, UNICEF continued its work in Eastern and Southern Africa to guarantee children's and women's rights to protection from all forms of violence, neglect, harmful practices and exploitation. UNICEF ESARO and country offices reoriented and adapted programmes to meet the new challenges confronting girls, boys and women, as well as their families in all 21 countries comprising the region. Recognizing that COVID-19 was likely to be a protracted public health emergency affecting entire nations, UNICEF rapidly mobilized to respond to

the emergent socioeconomic impacts of the pandemic. This required a commitment to guaranteeing the continuity of essential services by providing financial, technical and supply chain distribution support to governments and implementing partners. Working with national counterparts, UNICEF advocated the use of immediate adaptations to limit disruptions to service delivery system and worked to identify innovative approaches to maintain critical service functions.

This guidance note derives from UNICEF's wealth of experiences, documenting and mapping out how child protection systems and GBV interventions have adapted – even transformed – to continue essential service delivery and programme implementation. The learning generated since early 2020 serves not only to guide UNICEF's programme priorities and investments in the future but should also be used in real time. At the time of writing, many countries in Eastern and Southern Africa continued to experience new waves of COVID-19, in addition to existing and emerging conflicts and natural disasters. The conclusions of this review should therefore be used to guide current advocacy and technical programming initiatives.

At its core, UNICEF's approach to adapting operations during the COVID-19 pandemic sought to: continue to implement and assess the quality and effectiveness of programmes remotely, where feasible; secure the official designation of protection services and service providers as essential; provide ongoing professional development for the social service workforce; prioritize risk communication and community engagement; and use technology to enhance programme delivery, humanitarian coordination and accountability to affected populations. While each country and situation required a unique, tailored approach, some of these programme adaptations and innovations are expected to leave a positive, long-term legacy for programming and service interventions. Key strategies ensured continued service delivery are summarized below:



STRATEGY 1

Design a spectrum of adaptive and resilient services and interventions for protecting children and women

- A. Strategize and prepare for adaptations to child and family services' delivery in public health emergencies
- B. Promote integrated, cross-sectoral social service systems to promote well-being and protection
- C. Design service systems capable of reaching rural and remote communities
- D. Promote family-based support and interventions in public health emergencies



STRATEGY 2

Transform the approach to justice for children

- E. Apply and/or extend a moratorium on the detention of children



STRATEGY 3

Enhance interoperability between civil registration and health systems to make civil registration service more shock-responsive



STRATEGY 4

Leverage technology and digital innovation for delivering GBV, child protection and child justice services

- F. Assess new communication tools and adapt service delivery accordingly

- G. Maximize virtual platforms and technologies for capacity building and learning

- H. Enhance communication for information sharing and community engagement



STRATEGY 5

Strengthen the capacity and effectiveness of the social service workforce

- I. Strengthen quality assurance measures for the social service workforce and designate social service workers as essential workers
- J. Decentralize the workforce and reinforce the role of community-based workers



Strategy 6

Build connection between sectors and programmes

- K. Reinforce planning and coordination among health and social welfare sectors
- L. Create convergence between child protection and GBV interventions
- M. Strengthen the links between child protection, GBV and social protection systems

In conclusion, as UNICEF country offices have witnessed thus far, the strength and adaptability of national child protection systems have proved crucial for the mobilization and continuity of social services – and related GBV related services - in this unprecedented public health emergency.



COVID-19 has tested the parameters of the systems and forced governments and civil society partners to innovate, adjusting current system functioning and testing new solutions – all in a constantly evolving environment. While a public health emergency of this magnitude was unfathomable, it nonetheless required UNICEF and its partners to quickly adapt to the new challenges and operating environment.

As this guidance note describes, UNICEF's sustained investment in comprehensive, contextualized systems was critical to ensuring that services continued to reach, albeit imperfectly, the most vulnerable children and women, including migrant, refugee and displaced populations, throughout the pandemic. Despite strict measures to mitigate COVID-19 transmission, social service workforces have gradually been recognized as integral to the response and have begun to bridge intersectoral divides. Although social service delivery intrinsically calls for a direct service intervention model, the pandemic experience has revealed new possibilities for accessing vulnerable or isolated populations, deploying and training workers and coordinating service delivery.

The pandemic has also underscored the importance of collective preparedness and harmonized, intersectoral responses for maximizing human and financial resources during public health emergencies. As UNICEF invests in services across overlapping sectors, its programmatic design should become a model for ensuring that child protection and GBV services are embedded in other national systems as a matter of principle and policy. As country offices have discovered, such integration is best conceptualized in ordinary, non-crisis times and enables national systems to pivot in orchestrated and planned ways during emergencies. As COVID-19 remains widespread across Eastern and Southern Africa, there is still an opportunity to ensure the current response does not reproduce humanitarian and development siloes. Instead, the lessons from this pandemic indicate that UNICEF should continue to advocate with humanitarian and government partners for greater system integration and programme cohesion in response to COVID-19 and in preparation for future public health emergencies.



1.

INTRODUCTION

In 2020, the UN launched the Decade of Action, a global call to accelerate sustainable solutions to some of the world's biggest challenges – inequality, poverty and discrimination – and thereby achieve the Sustainable Development Goals by the deadline set in the 2030 Agenda for Sustainable Development. The pledge to leave no one behind in the 2030 Agenda commits the global community to protecting every child, especially the most vulnerable and those affected by humanitarian crises, from all forms of violence, including violence, neglect, harmful practices and exploitation.

During the same year, the outbreak of COVID-19 and associated government responses contributed to increased poverty and deepened inequalities and social exclusion globally.ⁱⁱ School closures, loss of livelihoods and disruptions to critical services exacerbated child protection and GBV risks, while women and children's mental health suffered due to social isolation and heightened levels of household stress. Throughout the pandemic, children in residential care centres and detention facilities or those separated from their families lacked support and monitoring to ensure their safety and well-being.ⁱⁱⁱ For children with disabilities, children on the move¹ and children living in fragile and conflict-affected environments, COVID-19 has compounded their vulnerabilities.

Across the globe, the pandemic exacerbated the 'shadow pandemic' of GBV perpetrated against women and girls. Due to confinement measures, women and girls have assumed more of the traditional gender roles at home, especially caring for out-of-school children. Women and girls residing in crowded housing and households with heightened levels of stress experienced increased risk of intimate partner violence (IPV), sexual violence and other forms of GBV, child marriage and Female Genital Mutilation (FGM), while simultaneously experiencing decreased access to essential social welfare services.^{iv}

Background, purpose and structure of this guidance

Since the start of the pandemic, UNICEF offices across Eastern and Southern Africa have adapted their programmes to ensure continuity of child protection and GBV services, while simultaneously pivoting to respond to the evolving social and economic impacts of COVID-19 on girls, boys and women.

This guidance note is derived from a literature review of UNICEF's work in the region, interviews with child protection staff and a rapid examination of academic and grey literature on COVID-19 Eastern and Southern Africa. It captures UNICEF's achievements and lessons learned in preventing, mitigating and responding to child protection and GBV during the pandemic.

The guidance note was developed for UNICEF staff and partners in the region, including governments and civil society groups. It offers suggestions for adapting and strengthening UNICEF's programming to protect children and women from all forms of violence as the pandemic continues to unfold and countries in Eastern and Southern Africa experience new waves of COVID-19 infections. The guidance highlights the importance of ensuring the child protection sector is prepared for future public health emergencies, even while actively managing the impact of the current one.

The guidance note is organized in three additional sections, as well as an annex, as summarized below:

- **Part 2: Child protection and GBV in the context of COVID-19:** Provides a brief overview of the heightened risks and vulnerabilities that children and women have experienced across the region since early 2020.
- **Part 3: Lessons learned and strategies for strengthening child protection and GBV responses in public health emergencies:** Presents an overview of how and why UNICEF has adapted and scaled up interventions during the pandemic. A series of lessons learned provides readers with insight into the resiliency and responsiveness to the public health emergency of child protection systems throughout the region, highlighting a range of interconnected factors for UNICEF's consideration in future systems-strengthening endeavours.
- **Part 4: Conclusions:** Summarizes critical considerations for future programming during the COVID-19 pandemic and other public health emergencies.
- **Annex: Reflections and learning from child protection and GBV preparedness and response to COVID-19:** Reviews UNICEF's achievements and lessons learned in preventing, mitigating and responding to child protection and GBV from the onset of the pandemic in early 2020 until mid-2021.

¹ Children on the move refer to children moving for a variety of reasons, voluntarily or involuntarily, within or between countries, with or without their parents or other primary caregivers, and whose movements while it may open up opportunities might also place them at risk (or at an increased risk) of economic or sexual exploitation, abuse, neglect and violence. [IAG CoM Background paper for CoM Side Event Meeting_Geneva copy.pdf \(savethechildren.net\)](#)



2.

CHILD PROTECTION AND GBV IN THE CONTEXT OF COVID-19

In Eastern and Southern Africa, COVID-19 has presented dual challenges: a public health emergency resulting from the health consequences of the virus and a socioeconomic crisis caused by the containment measures implemented to prevent the spread of the disease.⁹ During the early stages of the pandemic, most governments prioritized a public health response, at times without fully considering the impact of containment measures on essential child protection and GBV services.



For every child, protection from violence and exploitation

An estimated **121 million** children in Eastern and Southern Africa live in countries where violence against children prevention and response services were disrupted or curtailed due to COVID-19 response measures.

UNICEF, Protecting Children from Violence in the Time of COVID-19: Disruptions in Prevention and Response Services, 2020.

School closures interrupted learning and disrupted the vital protective role that schools play within a community. As family tensions increased due to the loss of incomes and livelihoods, social isolation and confined living conditions, children and women experienced heightened risk of violence, while concurrently experiencing decreased access to services they had previously relied on for their safety and well-being, including child-friendly spaces and MHPSS services.

The implementation of COVID-19 containment measures and restrictions on movement in early 2020 caused significant disruptions to essential social services throughout Eastern and Southern Africa. Although some countries in the region designated social workers and other social service providers, as well as some core protective services, such as national helplines

and birth registries, as essential, the ability of providers to continue service delivery was limited by several factors, including the closure of government social welfare offices, the limited availability of transportation to communities and the lack of personal protective equipment to protect service providers from infection. In many countries, social workers continued to manage cases and provide services remotely while others used mobile phones and internet technologies to build capacity among local community leaders and volunteers to continue community-level service delivery and ensure critical information and assistance reached vulnerable children and families. Nonetheless, access to the standard spectrum of protective services for children and women was significantly reduced throughout much of the pandemic, even as demand for such services increased.

East African Community partner states recorded a significant increase in reported incidents of GBV during the COVID-19 pandemic, with instances of GBV reported to the police or through special toll-free lines increasing by 48 per cent.

The East African Community “Gender-Based Violence and COVID-19 in the EAC,” <http://www.eac.int/gender/gbv/gbv-and-covid-19>, accessed 15 May 2022.

During the first week of South Africa's Level 5 lockdown – the highest and most restrictive of a five-tier system – in 2020, weekly reports of GBV to the South African Police Services rose 37 per cent from the average weekly cases reported during previous year.

Research by the UN Gender Theme Group led by the UN Women South Africa Multi Country Office, https://africa.unwomen.org/sites/default/files/Field%20Office%20Africa/Attachments/Publications/2021/Policy%20Paper-%20GBV%20in%20Africa%20during%20COVID-19%20pandemic_EN%2018%20Feb_compressed.pdf, accessed 15 May 2022.

From its onset, the pandemic exacerbated the social and financial vulnerability of families and impacted children's physical and psychological wellbeing. This has become most apparent in the Eastern and Southern Africa region in the following ways:

- The lack of routine and structured activities has created negative feelings among children and their families, including isolation and despair. The pandemic has severely affected women children's and parent's **well-being** and **mental health**.
- Containment measures have led to a significant decrease in the **availability of and access to social services**, even as helplines have recorded a substantial increase in requests for assistance from children and women.
- **School closures** have disrupted learning and many children, particularly adolescent girls, may have dropped out of school permanently. Before the closures, schools also often served as a hub for health and nutrition programmes and protection and welfare services for the most deprived children.
- In humanitarian contexts, school closures and economic uncertainty have put exposed to vulnerable women and children to higher **child protection and GBV** risks.
- There have been significant setbacks in progress towards gender equality, disproportionately impacting girls. In addition to school closures, the termination of community engagement and life skills programmes aimed at reducing harmful practices and rising household poverty have disproportionately increased girls' risks of **child marriage, FGM, sexual violence, exploitation and abuse and female genital mutilation**.
- The increased burden on women of providing **care for children and relatives** during the pandemic has diminished their participation in employment, social activities, study and rest. In addition to affecting their income generation capacity, this additional responsibility has negatively affected their mental and physical health.^{vi}
- **Children with disabilities** have faced acute challenges. Their need for care at home places additional stress on parents or caregivers accustomed to support offered through schools and residential facilities. These children are at heightened risk of abuse and neglect.
- Closed borders have prompted family separations, with many **migrant and displaced children** forced to live in cramped conditions, thus increasing their exposure to COVID-19. Misinformation about the spread of COVID-19 has exacerbated xenophobia, discrimination and violence against migrant and displaced children, negatively affecting their livelihoods. COVID-19 containment measures and restrictions on movement also increased risks refoulement and pushbacks of asylum seekers and migrants.
- **Children at risk of separation**, children in alternative care and children who have recently left alternative care experienced increased risk of violence, neglect and homelessness. Maintaining standard gatekeeping, case management and monitoring measures to protect these children was not always possible during the pandemic.
- Depending on the continued trajectory of the COVID-19 pandemic, there is a risk that increasing numbers of children could be **orphaned or lose essential caregivers and kinship networks due to the virus' disproportionate impact on elderly persons**. Deaths of parents or caregivers, especially if they are not recorded, may leave already vulnerable children, including those whose biological parents have migrated, at risk of abuse, neglect and exploitation.
- **Children in detention** are at heightened risk of contracting COVID-19. Many children were rapidly freed from incarceration but may be vulnerable to abuse, neglect or discrimination in their families and communities.
- In some countries, **civil registration services including birth registration** have been significantly disrupted, and the overall number of children without a birth certificate has increased since early 2020. Children without a birth certificate continue to risk exclusion from health, education and social services.



3.

LESSONS LEARNED AND STRATEGIES FOR STRENGTHENING CHILD PROTECTION AND GBV RESPONSES IN PUBLIC HEALTH EMERGENCIES

The COVID-19 pandemic has tested the capacity of child protection systems and GBV programmes in Eastern and Southern Africa to respond to nationwide public health emergencies. Although many countries had actions plans for protecting children and women in emergencies, the pandemic has touched all aspects of life and the most remote locations of every nation. The measures taken to curtail the spread of the virus have often increased vulnerabilities and strained the functioning of protection systems in place.

This section assesses some of the successes and challenges that have been observed across Eastern and Southern Africa. Although rigorous and systematic documentation of the impact of COVID-19 on national child protection systems and GBV programmes remains to be completed, UNICEF has captured a wealth of experiences, documenting and mapping out how child protection systems and GBV interventions have adapted – even transformed – to continue essential service delivery and programme implementation. The lessons learned since early 2020 serve to guide UNICEF's programme priorities and investments in the future, but are also able to inform current priorities and investments. At the time of writing, many countries in Eastern and Southern Africa continued to experience new waves of COVID-19, in addition to existing and/or emerging conflicts and natural disasters. The conclusions of this review should be used to steer current advocacy and technical programming initiatives.



In many ways, the disease is now reaching children and families far beyond those it directly infects. Schools are closing. Parents are struggling to care for their children and make ends meet. The protection risks for children are mounting.

Cornelius Williams,
UNICEF Director of Child Protection

This section of the guidance note looks at how UNICEF regional and country offices, governments, civil society groups and communities have engaged and mobilized to respond to the pandemic and how national child protection systems have evolved as a result. At times, these adaptations have been organic and intuitive; at other times they have been dictated by structured policy change and formal decision-making processes.

Across the region, the spectrum of experiences and learning should be used to guide:

- 1 How UNICEF and its partners prepare for and respond to the ongoing repercussions of the COVID-19 emergency on children and women's protection.
- 2 How UNICEF and its partners prepare child protection systems and GBV programmes for future public health emergencies.
- 3 How UNICEF envisions and advocates for systems development in the region.

The strategies presented here draw on lessons learned and articulated in country office annual reports and UNICEF's *Midterm Review of the UNICEF Strategic Plan, 2018–2021: Lessons Learned*. At the very core of child protection systems are the protective services and programmes that prevent and respond to abuse, neglect, violence and exploitation. Although these interventions have evolved throughout the pandemic, the promising practices analysed here are dynamic and context specific. With each successive wave of COVID-19, the system's capacity to react to a new cycle of risk and vulnerability has been tested. For these reasons, this section focuses on guiding principles rather than proposing a replication of models or adaptations.

UNICEF's response to protect children and women

Since the outbreak of COVID-19, UNICEF continued its work in Eastern and Southern Africa to guarantee children's and women's rights to protection from all forms of abuse, violence, neglect and exploitation. The regional office and country offices reoriented and adapted their programmes to meet the new challenges confronting girls, boys and women, as well as their families, in all 21 countries comprising the region. Recognizing that COVID-19 was likely to be a protracted public health emergency affecting entire nations, UNICEF rapidly mobilized to respond to the emergent socioeconomic impacts of the pandemic. This required a commitment to guaranteeing the continuity of essential services by providing financial, technical and supply chain distribution support to governments and implementing partners. Working with national counterparts, UNICEF advocated the use of immediate adaptations to limit service delivery system disruptions and worked to find innovative approaches to maintain critical service functions.

At the onset of the pandemic, UNICEF prioritized assistance to government and civil society partners to anticipate the impact of COVID-19, recognize emerging risks and pivot the modus operandi of services and programmes. These adaptations were conducted in real time through continuous learning, and partners were able to integrate valuable lessons regarding what was working. In principle, the aim was to identify the new threats to children's and women's well-being and protection and bolster positive protective coping mechanisms, thereby seeking to strengthen individual resilience and family and community support all while concurrently attempting to maintain the delivery of formal protective services.

At its core, UNICEF's approach to adapting operations during the COVID-19 pandemic sought to: continue to implement and assess the quality and effectiveness of programmes remotely where feasible; secure the official designation of protection services and service providers as essential; provide ongoing professional development for the social service workforce; prioritize risk communication and community engagement; and use technology to enhance programme delivery, humanitarian coordination and accountability to affected populations. While each country and situation require a unique, tailored approach, some of these programme adaptations and innovations are expected to leave a positive, long-term legacy for programming and service interventions.





STRATEGY 1: Design a spectrum of adaptive and resilient services and interventions for protecting children and women

The trajectory of the COVID-19 pandemic has been dynamic and unpredictable. Across the Eastern and Southern Africa region, the relative impact on daily lives has not been consistent. As reported by some UNICEF country offices, the disruption to child protection services and GBV programmes was less pronounced in countries already experiencing acute and protracted emergencies. The protection systems in countries such as Somalia and South Sudan were conceptualized within the context of conflict and in the absence of stability, and many programmes have been designed for the most vulnerable populations, including those living in refugees and internally displaced person camps. In other countries, such as Mozambique and Madagascar, where the child protection and social welfare systems are not intrinsically designed to operate in an emergency context, COVID-19 struck in parallel with civil and political unrest, drought and a locust invasion. For other countries, the unpredictable nature of the pandemic – manifested in the imposition of school closures and lockdowns – severely disrupted welfare and protection services in a way not previously experienced.

An important lesson from this public health emergency is that child protection systems need to be as dynamic as the emergency they are counteracting. According to UNICEF country offices, there may be a tendency to envision – and even advocate – distinct systemic entities:

- (i) a child protection system for 'normal' times, and
- (ii) a child protection system that comes into force during emergencies.

However, the pandemic has shown this to be a false dichotomy. UNICEF should be encouraging a single national child protection system that is agile, adaptive, resilient and prepared to respond to a series of different events or situations, including public health emergencies. At the heart of this system is strong leadership, coordination and decision making, with a mandate to put in place system adaptations to ensure that service delivery continues even if the modus operandi changes.

The COVID-19 public health emergency has highlighted several important principles and strategies for designing and structuring welfare and protection services for children and women. Priorities for UNICEF include:

a) Strategize and prepare for adaptations to child and family services in public health emergencies

The pandemic has demonstrated the importance of designing service systems that can adapt to emerging risks and vulnerabilities rather than buckle under the increased demand for services during public health emergencies. UNICEF country offices have consistently concluded that countries that had adopted – and invested in – a systemic approach to service design and delivery before the pandemic were more capable of adapting and scaling up services for children and families as needed during the pandemic.

South Africa, for example, had a long history of social work, a well-established welfare service system and a robust legal and policy framework prior to the pandemic rendering it possible for the country to quickly pivot towards a crisis response after the pandemic was declared, to obtain authorization to adapt service delivery mechanisms and to recalibrate the roles and functions of the social service workforce.

In countries with nascent systems, often characterized by a series of autonomous programme interventions rather than more embedded social services, it was more challenging to adapt and harmonize interventions in a way that met the needs of children and women within the COVID-19 context. Although this is to be expected, some systems' embryonic or fragile nature resulted in the dislocation of service provision and an inability of service providers to reach the most vulnerable populations. In particular, the absence of a solid legal foundation or mandate for service delivery hampered the mobilization of professional social workers from both government and civil society agencies and resulted in a discontinuity of service delivery.

Main Recommendations

- Drawing upon existing country-level documentation and national consultations, UNICEF country offices should take stock of how social welfare and protection services including civil registration service have adapted to the public health emergency. Rather than consider services or thematic programmes in isolation, the review should look at the overall response of the service system. This effort will demonstrate where and why service systems have proven resilient and effective and where and why they have not.
- Based upon this review, UNICEF country offices and government partners should articulate and map out in a concrete plan of action how the spectrum of services will adapt in similar nationwide emergencies. This plan of action should be approved at the highest level so that the adapted service paradigm can be rapidly implemented during future emergencies.

Hotlines and Helplines

Throughout 2020, UNICEF country offices continued their long-standing partnership with child helplines and hotline service providers, supported by Child Helpline International. As the pandemic gathered pace and daily lives became evermore impacted, the number of women and children seeking assistance increased. Throughout the same year, the child helplines in Botswana, Burundi, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Somalia, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe received a collective total of 2,607,648 contacts. Of these contacts, 670,341 were for counselling while 5,518 and 837 contacts were reports or requests for information about child marriage and female genital mutilation, respectively. Contacts were in the form of calls, SMS, online chats, emails or drop-in contacts, or through awareness-raising campaigns.

In **Zimbabwe**, the Musasa Helpline recorded an 89 per cent increase in the number of calls received relating to sexual and GBV during the lockdown period in early 2020. Similarly, **Malawi's** Tithandizane Child Helpline responded to an additional 32 per cent calls during the lockdown, compared with the same period in 2019. Cases of child sexual abuse, sexual violence and neglect reported to Uganda's Child Helpline nearly doubled from May to August 2020. Although there have been challenges in meeting demand and scaling up the number and competencies of professionals, helplines have expanded and adapted to the new reality, proving an essential service for protecting women and children across the region. Helplines served as an immediate barometer of vulnerability and a referral point to welfare and protection services.

b) Promote integrated, cross-sectoral systems of social services for well-being and protection

The social and economic impacts of the COVID-19 pandemic in Eastern and Southern Africa highlighted the importance of ensuring thematic programmes and services are integrated within national child protection systems. Vulnerabilities to and risk of violence, neglect, harmful practices and exploitation are rooted in a complex web of socioeconomic and cultural determinants and drivers; these factors were compounded during the pandemic by the public health measures taken to protect populations from the virus. As such, the pandemic has revealed the inherent shortcomings of thematic programming – and accompanying guidance notes – that tends to silo risk factors and thereby define responses in relative isolation to the broader system functions rather than recognizing the multifaceted and interconnected protection issues that children and women experience. Nonetheless, community workers and volunteers previously trained within these limited, thematic programmes demonstrated their capacity to adapt throughout the pandemic, applying their learned knowledge and skills to respond to the dynamic issues that children and women have faced since the start of COVID-19.

Main Recommendations

- At all times, but especially in public health emergencies, UNICEF sections should map out how their thematic child protection programming can most effectively be integrated within broader, national systems. The pandemic has highlighted, for example, how UNICEF should conceptualize its MHPSS programming within a range of sector plans and designate robust coordination functions within and across broader social service systems.
- Recognizing some of the underlying drivers of violence and abuse perpetrated against children and women during the pandemic, UNICEF country offices should document the effectiveness of the interplay between its social protection and child protection programmes in the COVID-19 response. This review would contribute to a better understanding how these sectors can optimally complement each other in a public health emergency.

Integrating Mental Health and Psychosocial Support Services

The drivers of children's mental health issues during the pandemic were complex and multifaceted, and included social isolation, loneliness, household stress, family violence and loss of households' income or enduring the passing of a parent or family members from COVID-19. For these reasons, it is essential that UNICEF promote the establishment of integrated MHPSS services for children and women within a broad spectrum of social, educational and health-related systems. Defining the coordination responsibilities and mandates for high-quality, sustainable service delivery is essential.

c) Design service systems capable of reaching rural and remote communities

The pandemic exposed the limited geographic coverage of GBV programmes and child protection systems in Eastern and Southern Africa. At the onset of the pandemic, social service workers in the majority of the region's 21 countries were not permitted to travel to remote and rural areas to deliver essential services due to restriction of movement to mitigate viral transmission. At the same time, national child protection systems are rarely designed to operate at the community level and therefore remained insufficiently resourced to provide ongoing support to vulnerable children residing in rural and remote communities.

Despite the design of service systems, regional experiences illustrate the vital roles that communities play in protecting children and women from abuse, neglect, violence and exploitation. During periods of restricted movement, for example, when many rural and remote communities were effectively cut off from or unable to access standard protection services and programmes, local communities often stepped up to fill the gap in service delivery, especially in locations where communities were empowered to continue monitoring of and service delivery to vulnerable children and families.

Main Recommendation

- Country-level stocktaking analyses should incorporate an analysis of the vital role played by communities, including local leaders, community-based organisations and women's networks, during the pandemic. Such analysis should inform broad system reforms and ensure that families and communities are considered central to protection systems. Such analysis should also seek to identify ways to optimize service continuity for remote and rural communities during future public health emergencies by empowering and mandating community-level leaders to protect children and families in times of nationwide crisis.

Community-Based Services



The centralization of resources in **Madagascar's** capital city of Antananarivo and other urban centres caused frustration among rural communities, including several in which UNICEF protection programmes operate. Although the communities in which UNICEF operates were willing and ready to mobilize, the lack of resources available to support local responses resulted in their isolation throughout the pandemic. UNICEF's new country programme will recognize and bolster the role of local communities in the broader, national system. For example, the new country programme will seek to work more systemically with local leaders to promote positive masculinity and reduce the rates of child marriage.



In **Ethiopia**, where UNICEF-supported GBV community centres relied heavily on centralized support and communications, national lockdown measures prompted community-level GBV protection services to cease almost entirely. In the absence of national assistance for GBV community centres, community leaders stepped up and adapted as best as they could, demonstrating their willingness and ability to assume greater leadership roles in the future. Moving forward, UNICEF will seek to reduce the dependency of community-based GBV centres on national assistance, thereby allowing them to operate in a more self-sustaining manner.

d) Promote family-based support and interventions in public health emergencies

Many of the risks and vulnerabilities experienced by children during the COVID-19 pandemic were exacerbated, if not caused, by the fallout of the pandemic on parents, caregivers and extended families, revealing the extent to which the welfare and protection of children is deeply interconnected to the well-being of the broader family unit. Across Eastern and Southern Africa, children live in families affected by lost income and livelihoods, heightened levels of anxiety, tension and violence triggered by confinement measures, and in some cases, ill parents and caregivers who have been unable to care for the children in their household. In some instances, children have even become orphaned.

For the most part, the lives of parents and extended families revolve around the care and protection of the children in their family. The adverse impacts of the pandemic on parents, especially mothers, and extended families challenged their abilities to provide care and protection for their children. Upticks in viral transmission and renewed restrictions and school closures at the time of writing, continued to compound the challenges for families until the end of 2021.

Main Recommendations

- Learning from pandemic experiences, UNICEF should advocate for and support the embedding of family-based services within child protection systems, recognizing how relief and assistance – whether financial, material or psychological – to parents and caregivers can prevent many forms of violence against children, and more generally contribute to a nurturing environment that will support the ongoing physical and mental wellbeing and development of children at all times.
- In planning for future public health emergencies, UNICEF should support government partners to adopt more family-centred, holistic service approaches. This shift demands that social assistance programmes, domestic violence services, case outreach interventions and case management functions are harmonized to ensure a more family-centred lens is applied to emerging vulnerability and risk.

Children as Part of Families



In June 2021, UNICEF **South Africa**'s U-Report poll highlighted the continued impact of COVID-19 on the mental health and well-being of children and young people in the country. More than 55 per cent of young people reported being anxious due to heightened levels of family violence, worsening household poverty, and/or family member illness or death. Of the respondents, 64 per cent had not sought help to address their challenges. The poll highlighted the critical role of family-oriented solutions, which are better able to tailor appropriate welfare responses than traditional child protection services, in addressing the underlying sources of depression and anxiety among young people.



In **Eswatini**, UNICEF recognized the importance of intersectoral collaboration to provide a more comprehensive service response, especially for children orphaned by COVID-19 or those whose families were unable to provide for them for other reasons. As part of this endeavor, UNICEF has proposed a real-time information management system to integrate planning across the child protection, GBV, social protection, mental health and education sectors.



STRATEGY 2: Transform the approach to justice for children

Since the onset of the pandemic, overstretched child justice systems have struggled to adapt to the new operating environment. The pandemic prompted courts to close, judicial hearings to be held intermittently or postponed altogether, and legal aid services to be suspended. The situation adversely affected children in conflict with the law, children who are victims or witnesses of crimes and children subject to civil and family proceedings, with the greatest impact on children in detention, including those awaiting trial and those found guilty of a crime. Children in detention remain at heightened risk of COVID-19. For this reason, UNICEF and partners have advocated for the release of children who could safely return to families or an alternative environment; a moratorium on new admissions to detention facilities; the fast-tracking of children's cases; and increased leniency for children who, due to the economic impact of the pandemic, found themselves on the streets or who were 'rounded up' for breaking COVID-19 movement orders and curfews.

As a result, more than 3,300 children across the region were released from detention. The rapid release of children, however, was not without challenges. UNICEF country offices reported that adolescents often faced stigma and shame upon return to their communities, and that families were not always willing or able to welcome them home.



As a result, more than **3,300** children across the region were released from detention.

e) Apply and/or extend a moratorium on the detention of children

In her March 2020 call to action, former UNICEF Executive Director Henrietta Fore called on governments to:

- Urgently release all children who can safely return to their families or an appropriate alternative environment, including extended families and other family- or community-based care.
- Apply an immediate moratorium on new admissions of children to detention facilities and continued protection of the health and well-being of children who remained in detention.^{vii}

Countries in the Eastern and Southern Africa region have heeded this call to varying degrees.

Although the moratorium may have served as a catalyst for the release of children from detention, insufficient information is available to determine what happened to these children during the period immediately following their release and whether they were able to reintegrate successfully into their families, communities and societies. Without standard gatekeeping measures, children released from detention face several potential protection risks, such as entry into forced child labour, homelessness, exploitation and trafficking. Further, insufficient information exists at present to establish whether certain groups of children were excluded from release, notably children associated with armed forces or groups, stateless children or those lacking citizenship documentation and/or children with mental health issues. Nonetheless, the justice system adaptations seen during the COVID-19 pandemic present an opportunity to reflect on, or perhaps even rethink, the current approach to child justice.



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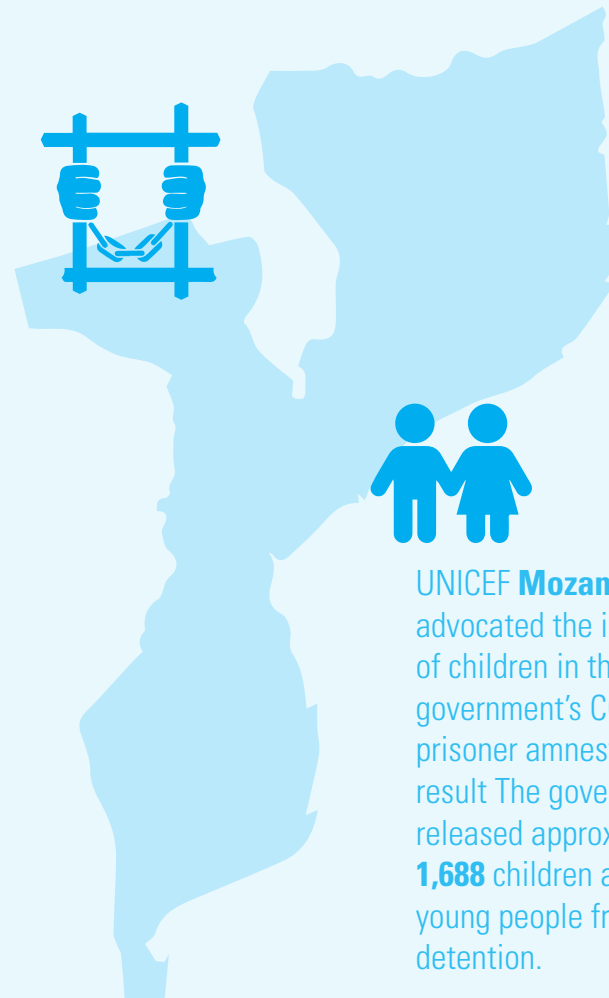
Main Recommendations

- UNICEF should conduct a study on the experiences and outcomes for children who were rapidly released from detention. In this way, future advocacy will be mindful of and tailored to the unintentional consequences of releasing children in both regular times and times of crisis. The pandemic presents an opportunity to assess the effectiveness of post-release support and services.
- Recognizing the number of children incarcerated at the start of the pandemic, increased investment in prevention and diversion is necessary to prevent children from entering the juvenile justice system in the first place. UNICEF should actively promote and harness diversion programs, prioritizing the use of family mediation practices and community resolution and restitution mechanisms, when appropriate, to redirect children from the justice system.
- UNICEF should call for the designation of justice systems and law enforcement services as essential, while recognizing that such functions essential and may require modifications during emergency settings. Governments should ensure a triage system is in place, allowing courts and law enforcement agencies to fast-track the most urgent cases during crises situations. In addition, governments should allow court cases to be conducted virtually or adapted to meet new health regulations, while also guaranteeing equitable access to free, child-friendly legal aid for all children.

Securing the Release of Children from Detention

Early in the pandemic, UNICEF **Mozambique** advocated the inclusion of children in the government's COVID-19 prisoner amnesty, the determination of court hearings as essential services during lockdowns and the prioritization of children's cases. As a result, the government released approximately 1,688 children and young people from detention, including 457 children aged 16–18 years and 1,231 young people aged 18–21, or more than 42 per cent of the estimated 4,000 children and young people in juvenile and adult prisons throughout the country. UNICEF continues to monitor and prevent the incarceration of children, ensure the protection of those children still in detention and call for more releases when appropriate.

The release of children during COVID-19 is a product of the long-standing investment in the justice sector and the well-established relationship between UNICEF and child justice and law enforcement agencies. Similarly, UNICEF Angola advocated the release of approximately 400 children at the height of the pandemic and supported alternative sentencing of adolescents released from jail.



UNICEF **Mozambique** advocated the inclusion of children in the government's COVID-19 prisoner amnesty. As a result, the government released approximately **1,688** children and young people from detention.



STRATEGY 3: Enhance interoperability between civil registration and health systems to make birth registration service more accessible to communities

In the context of Africa, making civil registration and health systems interoperable is one of most critical strategies to bring birth registration service close to the community. Currently the Eastern and Southern Africa region is the worst performing for under five birth registration rate. This approach was proved to be effective to ensure continuity of civil registration services during the COVID-19 pandemic because health services were essential and continued to be available to the population. Rwanda and Tanzania achieved the highest level² of interoperability between systems with delegation of birth registration and certification to the health sector and showed the least disruption of birth registration service. In these countries, birth registration process are fully embedded in pre- and ante-natal health care and birth certification are through a one-stop service modality.

Main Recommendations

- UNICEF should accelerate its advocacy to delegate birth registration and certification services to the health sector. This could be achieved through close collaboration between the health and child protection sections of UNICEF at regional and country office level.

² UNICEF's Strategic Plan Indicator 3.7 Percentage of health facilities with inter-operability between the health system and civil registration system to facilitate birth registration at the service delivery point measures the degree and geographical coverage of interoperable system between civil registration and health. There are six levels interoperability and delegation of 'certificate' to the health sector is highest level of interoperability.

Securing the release of children from detention



In **Rwanda**, where most advanced birth registration system that is fully integrated health system, disruption of civil registration service due to COVID-19 containment measures was limited. The system assigns a unique identification number to each registered child after birth, enabling a direct and real-time linking of births and deaths to the national population registration system and the government's e-service portal. Health facilities are equipped with hardware and internet connectivity, allowing for continuity of services. Rwanda has maintained birth registration very high



The decentralization of mandates and integration of birth registration and certification process within the health system in the **United Republic of Tanzania** enabled the country to continue certifications throughout the pandemic. Registration services are available in district councils, health facilities and ward offices, with more 9,000 registration sites available across 20 of the country's 31 regions. Throughout the pandemic, the government has deemed health care an essential service, enabling a simplified birth registration system to operate in 24 of the 26 regions where it is already functional prior to the pandemic. The system allows children to be issued birth certificates at health facilities in a one-stop setting using their health and vaccination cards as the 'birth notifications.' Even though the pandemic hindered access to services for the first two months, the government was able to achieve its targeted number of registrations and certifications for 2020, issuing birth certificates to a total of 1,158,432 children.



STRATEGY 4: Leverage technology and digital innovation for delivering child protection and child justice services

The pandemic mitigation measures across the Eastern and Southern Africa region demanded that social service providers, among others, to be innovative in applying remote digital technologies. For social workers and front-line personnel delivering protection services to children and women, the transition from face-to-face to virtual interventions proved a challenging and frustrating learning curve. However, this modus operandi has, for now, become the 'new normal,' and service providers continue to explore, test and adopt new technologies so that essential services can continue despite the inherent challenges of a remote interventions. UNICEF has supported the adaptation and roll-out of various technologies throughout the pandemic, including ones that support service delivery, enhance reporting and case management processes, ensure access to information, provide opportunities for capacity-building and engage young people in peer support initiatives. Examples of these include:

- **Primero case management:** UNICEF, in partnership with Microsoft, launched Primero X, a newly designed and highly scalable progressive web application for case management. Primero is currently used in Kenya, Somalia, South Sudan, the United Republic of Tanzania and Uganda.
- **VIAMO mobile surveys:** UNICEF engaged social enterprise VIAMO to provide digital technology services, such as mobile surveys via its interactive voice recorded messaging technology, risk communication and community engagement interventions and remote training of front-line workers in Angola, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda,

South Africa, Uganda and Zimbabwe. UNICEF uses the survey feedback to help governments create more targeted policies and programmes in response to COVID-19.

- **The Internet of Good Things:** The digital platform, Internet of Good Things, available in 12 of the 21 countries in Eastern and Southern Africa, supports the delivery of training materials for front-line workers, job aids for people across the region, as well as information and referrals for adolescents, young people and caregivers.



f) Assess new communication tools and adapt to service delivery

Throughout the pandemic, digital technologies have enabled UNICEF's government and civil society partners to communicate with vulnerable populations, keeping them informed of the COVID-19 situation and mitigation strategies and raising awareness about emerging risks to children and women. New technologies have proven critical to monitoring and sharing information about viral transmission. Digital technologies have contributed to social cohesion, while allowing for physical distancing. In some instances, they have also had an impact on the continuity of essential service provision to children and women in need of protection and to reducing the isolation many have experienced throughout the crisis.

In countries where there has been significant investment, often over many years, in communications hardware, such as computers, data packages and phones, case management processes continued more effectively. In the periods of lockdown and social distancing, case managers were able to guide community volunteers and junior welfare officers in service provision, while also receiving vital information about community well-being and protection.

Digital technologies will not replace face-to-face service provision. However, the reality is that many children, families and communities did not have access to direct services from social workers, among others, before the pandemic. Based on the recent experiences of using virtual working methods, UNICEF should analyse which technologies have worked well and in what circumstances. Doing so will enable a better prepared workforce, capable of adapting activities, and utilizing new technologies, during future public health emergencies.

Main Recommendations

- In the future, UNICEF should utilize more virtual technologies for programming and service delivery that are capable of bridging the digital divide and accessible in low-tech contexts.^{viii} Access to reliable internet and mobile services, which are proliferating in Eastern and Southern Africa, remains unequal, particularly among genders. Women and girls often do not have the same – or safe – access to technology and digital devices, making it more difficult for them to receive the services they need. In particular, UNICEF should consider how programmes, services and information will be shared with remote communities, displaced populations and those who are illiterate.
- UNICEF should analyse the extent to which technologies employed were efficient and effective.

Case management by mobile phone



In **Rwanda**, UNICEF worked with the government to increase mobile phone airtime for 29,674 community-based volunteers, called Inshuti z'umyango (IZU), or friends of the family, to enable continued support to families. Using this low-tech solution, the IZU volunteers were able to monitor more than 3,000 children, including children with disabilities, living in families with a high risk of separation.



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g) Maximize virtual platforms and technologies for capacity-building and learning

The COVID-19 public health emergency forced UNICEF and its partners to reflect on the manner in which operations are conducted. With restrictions on travel and face-to-face meetings, workshops and events, UNICEF has, for the most part, pivoted to virtual operations in Eastern and Southern Africa. There is a strong sense among country offices that there are further opportunities to leverage new technologies and optimize innovative ways of working moving forward.

Despite initial technological challenges, many country offices have adapted to online meetings, workshops and training programmes. For some offices, there have been significant advantages, sometimes considered overdue. Although there has yet to be an official cost-benefit analysis, travel restrictions have prompted a reflection on the value of bringing in international consultants so frequently and the time and expense of hosting partnership events and workshops, often in the capital city. While the value of face-to-face workshops is not in question, there is a palpable sense that the use of digital technologies can, at times, be a sufficient, time and cost saving modus of operandi.

The pandemic has demonstrated that training events, in particular, can be successfully conducted online with the right technical expertise and investment. Throughout the course of the pandemic, UNICEF and partners have conducted virtual trainings across the region for community activists, helpline counsellors, social service workers and youth peer supporters. In the future, UNICEF should assume a balanced approach to online training and events, recognizing the downsides of virtual trainings, including the potential for 'zoom fatigue,' professional isolation and limited opportunities for professional networking, and that some areas do not yet have the technological infrastructure to adequately support an online working model.

Main Recommendation

- UNICEF should analyse the extent to which technologies present an opportunity to be more inclusive and participatory, bringing in the perspectives and opinions of people, such as caregivers, community leaders and service beneficiaries, who have typically had fewer opportunities to contribute to service design, policy and decision-making processes.



VIRTUAL STUDY TOUR

Throughout 2021, UNICEF **ESARO** has managed a digital learning exchange on alternative care. As an innovative substitute to face-to-face study tours, virtual study tours have been conducted on care reform in five countries, including Kenya, Malawi, Rwanda, Uganda and Zambia. Through collective exploration of promising practices, video presentations from government officers and inter-country webinars and expert panels, progress on regional alternative care priorities have continued despite the challenges presented by COVID-19.



h) Enhance communication for information-sharing and community engagement

Throughout the COVID-19 crisis in Eastern and Southern Africa, UNICEF social behavioural change programming has supported partners to scale up risk communication and community engagement (RCCE) interventions to reach affected and at-risk communities with health advice and information to promote preventive behaviours. RCCE interventions are delivered through a range of sources, including community influencers, community leaders, health workers, religious leaders, social media, television and radio, volunteers, women's groups and youth groups. RCCE has served as a critical tool for protecting children and women, including those living with a disability as well as refugees and migrant children.

Mobile phones – and their capacity for interactive voice response surveys – have become essential for conducting needs assessment and collecting data from communities and frontline workers throughout the pandemic.^{ix} UNICEF has used social listening to collect data from social media platforms and forums, utilizing the data to better understand perceptions of the pandemic and the spread of disinformation. Based on social media posts and internet web searches, UNICEF was able to track conversations, de-bunk misinformation or rumours when required and adapt programming to meet the needs of target communities without conducting in-person assessments.

Other examples of technological innovations include:



UNICEF **South Africa** developed four podcasts and five public service announcements on COVID-19 protection, child protection, children's rights, mental health and parenting.



UNICEF **Lesotho** partnered with Radio Lesotho for free air time targeting 1,500 boys and girls aged 6–13 years with COVID-19 prevention, child protection and internet safety messages.



UNICEF **South Sudan** continued to focus on child protection mainstreaming and MHPSS messaging; and supported the translation of a global children's MHPSS storybook *My Hero is You* into Juba Arabic, Bahri, Nuer and Dinka for distribution to primary school students.



UNICEF **Rwanda** adapted multimedia communication materials on COVID-19 to meet the needs of persons with different disabilities.



UNICEF **Kenya** partnered with Safaricom, a mobile telecom operator, to establish a national call centre that provides information on COVID-19. UNICEF Kenya also developed a partnership with Africa's Voices Foundation, a platform using radio and SMS to track trends about social problems arising from the pandemic.

Through their use of social media, young people constantly demonstrate how communication is a positive two-way experience. Not only are children and their families able to receive welfare and protection information, they are also sharing their individual or collective experiences, helping to inform policy makers of their changing needs throughout the pandemic. Doing so fosters ownership of the services and programmes designed to support them. By learning from and working with children, women and other programme beneficiaries, UNICEF will be better positioned to adapt its future approach to the use of technology.

Main Recommendation

- UNICEF should further explore technologies that can be used by children, adolescents, and women in public health emergencies. Platforms should be created that provide health updates and welfare information in a child-friendly way, allow children to express their experiences of the crisis and seek support and guidance from both peer groups and service providers.



STRATEGY 5: Strengthen the capacity and effectiveness of the social service workforce

As COVID-19 prevention measures became widespread in Eastern and Southern Africa, the crucial role of the social service workforce in a public health emergency became ever more apparent. Throughout 2020, the principal reason for the disruption of welfare and protection service delivery for children and women was the inability of social service workers, including para-professionals, to travel to communities and meet service beneficiaries face-to-face. Although critical service delivery functions, including case management, counselling and community awareness-raising, continued to some extent, social service workers were often unable to perform their mandates.

In recent years, UNICEF has vigorously lobbied for the professionalization of social work and significantly invested in bolstering the role and competencies of national social service workforces for child protection. These investments proved decisive in many countries in the region, especially in countries such as South Africa where the formal workforce quickly mobilized its operations to practice. At the same time, social service workforces in many countries lacked resources to adapt effectively to working in a public health emergency.

Promoting the social work profession



Since 2017, UNICEF **Somalia** has supported the country's first-ever faculty of social work in the capital city of Mogadishu. After the onset of the COVID-19 pandemic, UNICEF funded the rapid training and deployment of 235 third-year student social workers for a three-month placement within government, district and civil society / organizations to provide services to vulnerable children and women. Although they have yet to complete their studies, they are the only professional social workers in the country.



i) Strengthen quality assurance systems for the social service workforce and designate social service workers as essential workers

The pandemic has shown how social service workers require professional recognition to guarantee continuity of welfare and protection services in times of national crisis. In South Africa, where two cadre of social service workforce were fully regulated and designated as essential workers in the Disaster Management Act prior to the COVID-19 pandemic, the workforce was able to swiftly mobilize and continue service delivery. In contrast, countries in which 'social work' was not established in the civil administrative system faced significant challenges to the deployment of the social service workforce during the pandemic. Across the region, only three countries – Namibia, South Africa, and Zimbabwe – have established regulatory bodies for the social service workforce. Accordingly, UNICEF should continue to advocate the designation of social service workers as essential workers, similar to health care workers and other professionals. Under national laws, social service workers assume powers and duties to protect vulnerable people; this mandate must apply to public health and other emergencies.

As a result of UNICEF's early advocacy efforts, social service workers in Angola, Botswana, Ethiopia, Malawi, Namibia, Uganda, Zambia and Zimbabwe were designated as essential workers in the first few weeks and months of the pandemic. But authorizing social service workers to continue service delivery is a first step, not a panacea. Despite the designation as essential workers, a new wave of infections in mid-2021 has once more significantly reduced workers' abilities to travel beyond their districts.

Main Recommendations

- UNICEF should increase its investment in support of the professionalization of social service workforces, focusing on strengthening the quality assurance system for the workforce (e.g. the normative framework, supervision, licensing and accreditation, as well as the human resource information management system).
- Designating social service workers as essential workers is imperative. The positive lessons learned from social service workforce adaptation, including powerful human-interest stories, should be collectively recorded and disseminated. Such documentation would support UNICEF country offices to lobby policy makers to enshrine the social service workforce as essential within national regulatory frameworks.
- UNICEF should promote a broad definition of social service worker. Restricting the definition to either qualified social workers or to government officers is unlikely to guarantee the reach of critical welfare and protection services. The role of civil society workers and volunteers has proved vital in delivering services to children and women.
- UNICEF should call for a robust set of health and safety measures for essential social service workers to protect their own mental health and well-being and to ensure they are able to fulfil their duties. Social service workers must be eligible for vaccination, be provided with personal protective equipment and have access to professional supervision, mental health and counselling services.*

j) Decentralize the workforce and reinforce the role of community-based workers

The COVID-19 crisis has underscored the importance of designing national social service workforces that are context specific to the environment in which they will operate and resilient to system shocks. Across Eastern and Southern Africa, qualified social workers have always been supported by a cadre of para-professionals, allied sector personnel, local civil society workers and community volunteers, among others.

UNICEF should continue to invest in the professionalization of the workforce. As the backbone of the workforce, social workers' competencies in risk assessments, case management and client support are critical to coordinating protection responses for children and women; however, the pandemic has highlighted the limitations of centralized structures, which cluster professionals at district-level offices. As the pandemic revealed, a range of other workers, particularly those located at the community level, were necessary to continue service delivery amid inter-district travel bans and other restrictions. For this reason, the COVID-19 pandemic has provided UNICEF an opportunity to advocate systemic reform of the social service workforce, ensuring a cadre of workers is available at all levels of the system, including within local communities.

Recommendation

- UNICEF should support Governments to analyse and document the shifting roles of centralized service providers throughout the pandemic, recognizing the limitations that travel bans and communication issues had on social service workers' abilities to perform their mandates. In the future, UNICEF should advocate shifting more core roles and functions to the community level and define what investment is needed to realign the social service workforce.

Documenting and planning the workforce



UNICEF **Uganda** supported the Ugandan Ministry of Gender, Labour and Social Development to enhance case management capacity in eight districts, providing training to almost 4,000 para-social workers and placing 67 additional social welfare officers at the sub-county level. Decentralizing its workforce proved critical when containment measures were introduced and access to remote and rural communities was reduced.



STRATEGY 6: Build connections between sectors and programmes

The COVID-19 public health emergency in Eastern and Southern Africa has reinforced the importance of conceptualizing programmes and services for children and women that bridge sectoral divides and create systemic convergence. Throughout the pandemic, country offices have worked proactively with partners to maximize resources and increase cooperation among programmes, including those previously siloed in the development, humanitarian and peace and security sectors.

At a global level, UNICEF has responded to the unfolding public health emergency by strengthening its alliances with international organizations such as the World Health Organization, the United Nations High Commissioner for Refugees, the United Nations Entity for Gender Equality and the Empowerment of Women and the International Organization for Migration, as well as several international civil society organizations. At the same time, UNICEF has strengthened its collaboration with regional bodies, such as the East African Community, the Southern African Development Community, the Intergovernmental Authority on Development and members of the Regional Child Protection Network, to advocate a regional response to the pandemic.

At the country level, UNICEF has helped forge working partnerships and strategic cooperation among government ministries and departments, private sector actors, non-governmental organizations and community leaders. Most importantly for child protection, UNICEF has advocated closer integration of social protection programming and gender-based service provision with public health departments. This level of cooperation among sectors was necessary in the early days of the pandemic and continues to be a priority of UNICEF when advocating systematic reforms and enhanced preparedness for future crises.



k) Reinforce planning and coordination among health and social welfare sectors

The link between the epidemiological crisis and its broader social consequences for society, especially for children and women, is apparent. This public health emergency will leave an indelible impression on children's well-being and protection. Yet, the magnitude of the virus' impact on women and children's lives may only be revealed in the coming months and years.

Important lessons and anecdotal conclusions have emerged on how to establish and optimize strategic collaboration in a pandemic.

- 1 First**, child protection and GBV issues should be framed within a whole-of-government approach to emergency preparedness and planning, especially during a public health emergency. As a starting point, policy makers focusing on child protection and GBV should be included on a national health emergency task force, or other body mandated to coordinate the emergency.

In addition, the pandemic revealed the importance of involving relevant policy makers in public health bodies and committees to better synchronize strategic intersectoral planning, including emergency preparedness planning. Doing so, would enable the rapid or pre-authorization of service delivery mechanisms and staff deployments during an emergency. It would also prompt additional consideration of the risks to children and women that various proposed public health measures may have.

- 2 Second**, all public health personnel should receive training, both before and during an emergency, on child protection and GBV. As health workers tend to be more numerous and have a broader geographical reach, including in remote and rural communities, they serve as an invaluable resource for identifying individuals and families at risk and providing essential care to victims of violence. These competencies are critical when social service workers are unable or not authorized to meet vulnerable children and women in person. Finally, health messaging that is aligned with information on violence and exploitation can ensure that a connection is made between the spread of the virus and the magnitude of social problems that render children and women vulnerable to abuse, violence, neglect and exploitation.

Main Recommendations

- UNICEF should formally study the life outcomes of children whose principal caregivers became sick or died due to COVID-19, as well as of those children who were rapidly returned home from residential care homes and detention centres in compliance with virus-related mitigation measures.
- UNICEF should formally document regional best practices between health and child protection sectors during the pandemic and leverage the findings for a more systemic vision of interconnecting these sectors.
- In addition to supporting government planning efforts broadly, UNICEF should advocate the inclusion of specific GBV considerations, as well as GBV risk mitigation measures, in national public health emergency plans.
- UNICEF should also formally integrate GBV prevention, risk mitigation and response into public health emergencies preparedness and response.

I) Create convergence between child protection and GBV interventions

During emergencies, women and girls face multiple and compounding forms of GBV. For example, decades of war in South Sudan have led as much as 65 per cent of women to experience intimate partner violence in their lifetime, while one in three women in South Sudan have experienced non-partner sexual assault.^{xi} In public health emergencies, the vulnerability of girls and women to GBV is further exacerbated by limited access to their regular social networks and sources of social support, sexual health and reproductive services, protection shelters, livelihood programmes and financial safety nets.

The COVID-19 crisis has been, in many respects, similar to the Ebola epidemic.^{xii} Yet, there is a sense that the learning from the Ebola epidemic was not maximized in the COVID-19 response. For the future, it is essential that the learning from both epidemics is used as the foundation for proactive planning and preparation. As has been witnessed across Eastern and Southern Africa throughout the pandemic, girls are disproportionately at risk of not returning to school, child marriage, FGM, teenage pregnancy and sexual violence. At the same time, GBV programmes in both the health and welfare sectors have stalled due to COVID-19 restrictions. This raises the opportunity for designing protection and judicial systems for girls and women that are fit for purpose and agile enough to adapt to all kinds of crises.

Main Recommendations

- UNICEF and other UN agencies that support GBV programmes and services should participate in government social welfare and health committees responsible for emergency public health planning. This requires United Nations agencies to prepare harmonized risk mitigation strategies, guaranteeing that each agency understands how its contributions integrate with the programmes and services of other agencies.
- Encourage key stakeholders to draft standard operating procedures for optimal cooperation and coordination among the police, courts and social welfare agencies during emergency settings. It is critical that cases of IPV and sexual violence perpetrated against girls and women, are fast-tracked and that governments designate gender-based MHPSS as essential services.
- Build on proven approaches, such as UNICEF's Community Cares Programme, a community-based model for preventing and responding to sexual violence against girls and women in conflict-affected settings.^{xiii} This would require an expansion of training for community facilitators to guarantee essential support and case management functions. The pandemic has shown that, in the intensity of a public health emergency, community leadership and volunteers are most likely to respond to GBV, including preventing child marriage, ensuring justice for victims of sexual violence and promoting positive social norms. UNICEF should invest in communication technologies and hardware that permit community facilitators to continue their vital support to women and their families in times of crisis.
- Promote and expand formal training for social service workers as well as other online learning packages for practitioners, such as the GBV Case Management Guidelines and GBV pocket guide, which covers basic concepts related to GBV case management, risk mitigation, prevention and response; sexual exploitation and abuse prevention, as well as the potential use of RCCE messaging; and referral mechanisms and services.^{xiv}

m) Strengthen the links between child protection, GBV and social protection systems

Throughout the pandemic, effective social protection programmes have sought to reduce financial stress and uncertainty arising from the loss of livelihoods, the care of sick relatives and the care of children who returned from residential facilities, among other factors. The socioeconomic shock to parents, families and communities has exacerbated children's and women's vulnerabilities to family separation, violence and exploitation, including child marriage, FGM and child labour, and participation in criminal activity or recruitment into armed forces. The COVID-19 pandemic highlighted the overlapping needs addressed by the social protection, child protection and GBV service sectors, though such service systems often worked in parallel rather than in tandem. In one well-known example, qualified social

workers responsible for managing child protection cases were deployed to administer social assistance initiatives that is not a proper usage of precious human resource.

Main Recommendation

- Based on lessons learned during the pandemic, UNICEF should delineate the adverse impacts of the COVID-19 pandemic on vulnerable or marginalized populations. National preparedness strategies should consider how gender, age, ethnicity, socioeconomic status and migratory or disability status have contributed to vulnerabilities, developing integrated child and social protection plans in preparation for future crises.





4.

CONCLUSION

The COVID-19 pandemic has compounded the shocks and stresses that affect many parts of Eastern and Southern Africa, such as conflict, economic downturns, epidemics, natural disasters and the effects of climate change and price hikes for essential commodities. Further, the pandemic exacerbated pre-existing inequalities, rendering many of the region's children and women at heightened risk of abuse, violence, neglect and exploitation. As Eastern and Southern Africa experiences new waves of the virus, there is uncertainty about the trajectory of the pandemic and the possibility that more families will become multidimensionally poor. However, the impact of the pandemic continues to be felt in all spheres of life, casting a long shadow over the well-being and protection of children in the region.

As observed by UNICEF country offices, the strength and adaptability of national child protection systems have proved crucial for the mobilization and continuity of social services during this unprecedented time. COVID-19 has tested the parameters of the systems and forced governments and partners to innovate, adjusting current system functioning and testing new solutions – all in a constantly evolving environment. While a public health emergency of this magnitude was unfathomable, it nonetheless required UNICEF and its partners to quickly adapt to the new challenges and operating environment.

As this guidance note describes, UNICEF's sustained investment in comprehensive, contextualized systems has been a decisive factor in ensuring that services have reached, albeit imperfectly, the most vulnerable children and women, including those within migrant, refugee and displaced populations. Despite stringent virus mitigation measures, social service workforces have gradually been recognized as integral to the response and have begun to bridge intersectoral divides. Although social

service delivery intrinsically calls for a direct service intervention model, the pandemic experience has revealed new possibilities for accessing vulnerable or isolated populations, deploying and training workers and coordinating service delivery.

At the same time, the pandemic has revealed how national child protection systems risk operating in isolation from other allied sectors. The importance of collective preparedness planning and a harmonized response for maximizing human and financial resources in public health emergencies cannot be overstated. As UNICEF invests in programmes across overlapping sectors, its programmatic design should become a model for ensuring that child protection and GBV services are embedded in other national systems as a matter of principle and policy. As country offices have discovered, such integration is best conceptualized in ordinary, non-crisis times and enables national systems to pivot in orchestrated and planned ways during emergencies. This process should simulate system adaptations to strengthen preparedness, grounded in an understanding of the inevitable consequences on other system components yet able to prioritize expected or emergent vulnerabilities.

As COVID-19 remains widespread across Eastern and Southern Africa, there is still an opportunity to ensure the current response does not reproduce humanitarian and development siloes. Instead, the lessons from this pandemic indicate that UNICEF should continue to advocate with humanitarian and government partners for greater system integration and programme cohesion in response to COVID-19 and in preparation for future public health emergencies.

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