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

UNICEF EASTERN AND SOUTHERN AFRICAN REGIONAL OFFICE

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CONTENTS

1. INTRODUCTION

This annual review is an annex to the Guidance Note - Reflections and learning on child protection and gender-based violence preparedness and response to COVID-19. The review provides and overview of United Nations Children's Fund (UNICEF) achievements and lessons learned in preventing, mitigating and responding to child protection and gender-based violence (GBV) from the onset of the COVID-19 pandemic in early 2020 until mid-2021. The review captures information collected through 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 in Eastern and Southern Africa.

2.

COVID-19 – A GLOBAL PANDEMIC

On 30 January 2020, the World Health Organization declared the COVID-19 outbreak a global health emergency. Six weeks later, COVID-19 was deemed a global pandemic, with cases recorded across all regions of the world.

As public health systems mobilized to respond to the rapid spread of the virus, it became increasingly clear that the pandemic was, in parallel, having unimaginable social and economic consequences. In a rush to prevent the spread of COVID-19, governments implemented stringent public health measures that confined people to their homes, closed schools and businesses and halted travel.

Unlike contained or localized emergencies, the COVID-19 health emergency has been universal: it has affected families and children in every part of the world including the African continent. No village, however remote, has remained untouched by the social and economic ripple effects of the virus.

Children have been disproportionately affected by the global pandemic. Although the majority of children have been spared from the most severe health consequences of COVID-19, girls and boys have faced increased risks of physical, sexual and emotional violence.

The economic shock of the pandemic has left millions of families newly impoverished and unemployed, forcing parents to make desperate decisions to ensure shelter and food for their children. Across Eastern and Southern Africa, there are strong indications that many boys and girls will not return to school but will instead end up in unsafe work, child marriages, female genital mutilation, or migrate in search of better opportunities. Evidence suggests that COVID-19 restrictions across the region have left children feeling isolated from their friends and social networks, uncertain about their futures and living in tense home environments.

The spread of COVID-19 and the ensuing restrictions on daily life have not been uniform across Eastern and Southern Africa. Lockdowns and school closures, for example, have been measures of last resort in some countries, while in others, they were definitive and immediate. A year and a half after the onset of the pandemic, much of the region is experiencing a third or fourth wave, making life unpredictable and further stretching government and household resources.

The economic shock of the pandemic has left millions of families newly impoverished and unemployed, forcing parents to make desperate decisions to ensure shelter and food for their children.

ANGOLA

Angola's Criminal Investigation Service recorded **1,640** cases of sexual violence against women between January and June 2020, representing an increase of **77 per cent** from the same period in 2019.

The impact of COVID-19 on communities and societies has highlighted the inequalities and inequities experienced by specific populations of children in Eastern and Southern Africa. For example:

- **Women and girls:** COVID-19 has exacerbated the 'shadow pandemic' of GBV perpetrated against women and girls. Amid strict 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 households with high levels of stress experienced increased risk of domestic violence and child marriage, while concurrently experiencing decreased access to essential social welfare and protection services.

- **Children living with disabilities:** Government responses to COVID-19 have disproportionately affected children and adolescents with disabilities, many of whom were returned from residential care facilities to their families or other caregivers during the beginning of the pandemic, even when their families were unable to properly care for them. As lockdown restrictions were imposed, social workers struggled to maintain standard gatekeeping practices which are critical to assessing the suitability of caregivers.

- **Migrant and displaced children:** COVID-19 caused some of the most vulnerable children to be separated from their families. As borders closed, migrant parents scrambled to return home or to seek work elsewhere, sometimes leaving children behind. Some children found themselves separated from their caregivers and alone in quarantine or residential care facilities. Displaced and migrant families also faced heightened levels of xenophobia and restricted eligibility for social assistance schemes.

- **Children deprived of parental care:** As the death toll continues to rise as a result of COVID-19, so too do the concerns for children left without one or both parents. The most vulnerable children are often most at risk of losing parental care due to death, severe illness or financial hardship. In turn, this increases their risk of being separated from their families, being placed in unsuitable alternative care and experiencing physical, sexual or psychological violence.

In Eastern and Southern Africa, as in other regions of the world, the pandemic has significantly impacted children's daily lives. For many children, the past twenty four months of the pandemic have disrupted their school and social lives, but they can expect that life will eventually return to relative normality. For many others, COVID-19 has prompted irreversible change and lost opportunities to fulfil their potential and enjoy childhood's freedoms.

Hotlines and Helplines

Official statistics indicate significant increases in the number of women and children experiencing violence who contacted a helpline in 2020. Since the onset of the pandemic, UNICEF has partnered with Child Helpline International to establish and improve the capacity of service providers. As a result, hotlines and helplines have become an essential service in many child protection systems across the Eastern and Southern Africa region. Nonetheless, official statistics likely underestimate the actual number of women and children who want to seek support; many women and children do not have access to telephones or may feel unsafe making calls from home. Still, statistics from across Eastern and Southern Africa generally show an upward trend of seeking support from helplines, especially during the lockdown periods.

In **Zimbabwe**, the Musasa Helpline recorded an 89 per cent increase in calls related to GBV during the lockdown period in early 2020.

Malawi's Child Helpline responded to an additional 32 per cent of calls during its lockdown in 2020, compared to the same period in 2019.

In **South Africa**, 21,827 calls were received between the end of March and early April 2020, representing a 67 per cent from the same period during the previous year.

In **Kenya**, Childline Kenya expanded to reach a total of 15,678 children by the end of 2020. The system was upgraded to allow counsellors to take calls from home.

Throughout the pandemic, UNICEF **Madagascar** has been supporting the toll-free child helpline, Ligne Verte 147. The helpline operates 24 hours per day, even days per week, even during lockdowns.

In **Zambia**, UNICEF supported the national Child Helpline to recruit 17 additional phone counsellors to meet the increased demand for psychosocial support among children, including those in refugee settlements. ChildLine counsellors – supported by UNICEF – are the only direct service provider in Zambia's Mantapala refugee camp.

In **Angola**, UNICEF and Child Helpline International supported the National Children's Institute to launch a national child protection helpline, SOS Criança. Health, justice and social service professionals reached 14,931 child victims of violence from its inception in June 2020 to the end of the year.

UNICEF supported Childline **Botswana** to offer mental health and psychosocial support (MHPSS), counselling and rehabilitation for children and families affected by violence and abuse. With UNICEF support, the organization hired eight social workers, helping to reach more than 1,500 children through the helpline and more than 800 children in quarantine sites.
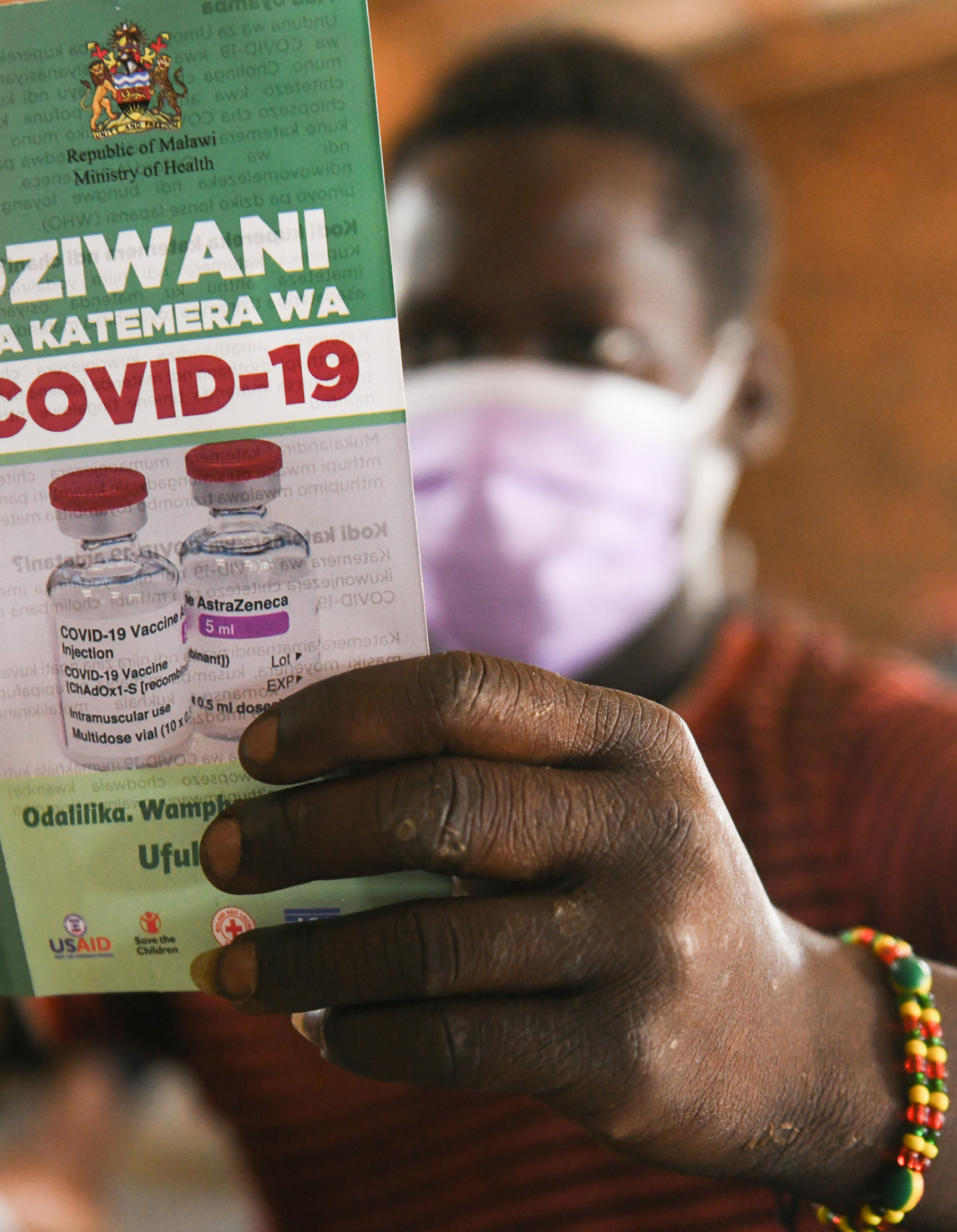
3.

UNICEF'S RESPONSE IN EASTERN AND SOUTHERN AFRICA

In February 2020, as the potential scale and ramifications of the health crisis in Eastern and Southern Africa became evident, UNICEF regional and country offices – along with partners such as the World Health Organization – mobilized to respond to the unprecedented challenge. It was quickly understood that the pandemic could not simply be categorized as a health crisis; rather, it would have far-reaching and potentially harmful consequences on all aspects of life.

As predicted, the measures put in place to slow COVID-19 transmission had an immediate effect on the lives of children. Schools closed across the region, and children were required to stay at home or, at a minimum, adhere to social distance guidelines. For the most vulnerable children, precipitous preventive interventions caused distress and confusion:

- children in residential care centres were abruptly sent home or locked down in care facilities without access to their families;

- children in detention faced heightened risk of infection and were therefore released, often without standard gatekeeping measures;

- migrant children were stranded or left behind;

- children who relied on free school meals went hungry;

- and many children, including survivors of sexual violence, were unable to access face-to-face counselling and other support services.

The UNICEF Eastern and Southern Africa Regional Office (ESARO) immediately shifted to a new modus operandi to support its country-level teams and leverage assistance from partners. UNICEF ESARO disseminated a series of regionally contextualized guidance notes to support COVID-19-related programming for children at risk of harm. In addition, UNICEF ESARO instituted regular group and bilateral calls with country offices to facilitate decision making, share knowledge and provide updates on the evolving situation. Similarly, UNICEF moved to a virtual working modality in many country offices, advocating for the continuation of essential services for women and children and adapting programmes to reflect the new operating landscape. As a result of these actions, UNICEF has witnessed the importance of:

Building robust, shock-absorbent child protection systems: Governments in each of the 21 countries in the Eastern and Southern Africa region used their emergency child protection plans to respond to the heightened risks of violence, abuse, neglect and exploitation resulting from the pandemic. In **Somalia, South Sudan and Zimbabwe**, governments adapted long-standing emergency preparedness coordination mechanisms and multisector plans to protect women and children. In these contexts, notably in refugee camps, COVID-19 compounded and exacerbated the hardships that people were experiencing, but support programmes were already designed to withstand episodic shock. In countries less familiar with implementing emergency child protection measures, mobilization often proved more challenging. In this regard, the pandemic has highlighted the importance of designing national child protection systems capable of absorbing shocks and guaranteeing the delivery of essential services.

Strengthening the links between the health and protection sectors: Across the region, UNICEF actively sought to broaden the dialogue to ensure health measures taken to prevent the spread of the virus were not detrimental to children's welfare and protection. UNICEF Ethiopia's child protection team, for instance, joined forces with the Ethiopian Public Health Institute to develop standard operating procedures for health care workers and social service workers to prevent the separation of children who had returned from abroad from their families or their placement in quarantine and treatment facilities. In **Kenya, Namibia, Rwanda, Somalia, South Africa and Zambia,** UNICEF called on ministries of health to ensure enhanced intersectoral planning and coordination. At the onset of the pandemic, governments anticipated an increase in child hunger and malnutrition. Moreover, UNICEF emphasized the need to anticipate and plan for increased levels of GBV, child abuse and exploitation, teenage pregnancy, child marriage, female genital mutilation and mental health issues. This required more collaborative referral and case management processes between the public health and social welfare sectors.

Promoting the social service workforce: The pandemic has revealed the crucial role of the social service workforce in protecting women and children in times of crisis. In recent years, UNICEF has vigorously lobbied for the professionalization of social work and investment in the social service workforce for child protection. Throughout 2020, local travel restrictions frequently prevented social service workers from having face-to-face contact with children and families at risk of harm. UNICEF country offices supported social welfare ministries across the region to advocate the designation of social service workers as essential workers with authority to continue service delivery. 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 COVID-19, the workforce was able to swiftly mobilize and continue service delivery. In contrast, countries that had not yet established social work in civil administrative systems faced significant challenges to the deployment of social workers during the pandemic. As a result of UNICEF's early advocacy efforts, social workers in **Angola, Botswana, Ethiopia, Malawi, Namibia, Rwanda, Uganda, Zambia and Zimbabwe** were designated as essential workers and, in many of these countries, have, as of mid-2021, been prioritized to receive vaccines through the COVAX initiative.

In 2020, UNICEF and its partners developed the *Global Guidance Note on Social Service Workforce Safety and Well-Being During the COVID-19 Response.*[i] This reference document provides guidance for governments, non-governmental organizations (NGOs) and practitioners on the ways to empower and protect social service workers during the pandemic.

CASE STUDY: **ETHIOPIA**

For UNICEF Ethiopia, strengthening the social service workforce has been the cornerstone of building a robust child protection system. In recent years, UNICEF has supported 71 professional social workers at the federal level, 1,161 community service workers at the kebele — the smallest administrative level — and five regional bureaus. A further 1,161 community service workers have been deployed at the kebele level. In August 2019, UNICEF supported the government to establish a national leadership group, co-chaired by the Ministries of Women, Children and Youth and the Labour and Social Affairs, to lead a mapping and assessment of the numbers and types of social and social welfare workers across the country. The exercise enabled the government to adjust its case management system and ensure continuity of services during the pandemic. Working with a telecommunications network, community service workers also had access to real-time guidance and training from professional social workers to support them to work with vulnerable children and families. Between January and November 2020, a total of 31,182 child victims of violence, abuse, exploitation and other harmful practices received child protection services.

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

H.E. Filsan Abdullahi Ahmed,
Minister of Women, Children and Youth, during a visit to a quarantine centre for migrant returnee girls, April 2020.

Throughout the COVID-19 pandemic, and with support from UNICEF, governments across the Eastern and Southern Africa region have mobilized to provide social service workers with personal protective equipment, such as face masks and hand sanitizer, to protect them from infection and prevent disruption in service provision. Where face-to-face service delivery was not authorized, social service workers in many countries adapted to deliver online or mobile phone case management processes, with remote supervision and mentoring, while concurrently establishing new referral pathways for child and women survivors of violence.

The pandemic has brought social service workers who are often invisible – working 'behind the scenes' – to the forefront and helped [UNICEF] highlight the critical role they play in children's lives. Now is their time to take centre stage in this decade of action and beyond.

Cornelius Williams,
Associate Director and Global Chief of Child Protection for UNICEF Programme Division, 2020

UNICEF's investment in building multifaceted and robust social service workforces across Eastern and Southern Africa

COVID-19 has demonstrated the importance of building social service workforces equipped to deliver services at all levels and in all settings.

For the past four years, UNICEF **Somalia** has supported the country's first faculty of social work at six universities in the capital city of Mogadishu. After the onset of the pandemic, UNICEF funded the rapid training and deployment of 235 third-year student social workers for a three-month placement in government, district and civil society structures to provide services to vulnerable women and children. Although they had yet to complete their studies, the student social workers were the only para-professional social workers in the country in 2020.

UNICEF **Eswatini** supported the Department of Social Welfare to train and place 40 social work interns in quarantine facilities and deploy additional case management officers to support district social welfare offices. UNICEF provided workers with mobile phone data and voice bundles to ensure the continuity of remote services.

As part of its broader social service workforce strengthening initiative with the Department of Social Development, UNICEF **Kenya** organized webinars to train 450 child protection officers across the country on an array of topics, including prevention of sexual exploitation and abuse. In early 2020, UNICEF began supporting 270 child protection volunteers in 13 of the country's 47 counties. The primary role of these volunteers is to identify and refer children experiencing or at risk of violence or abuse in their families and communities. The volunteers have been able to utilize their skills and training to support children suffering psychologically and emotionally during the pandemic.

Recognizing the increased risk of sexual abuse and violence: In 2020, UNICEF bolstered its Prevention of Sexual Exploitation and Abuse (PSEA) programme. Recognizing that women and children, especially girls, are most at risk of sexual violence during emergencies, many country offices continued to develop guidance and capacity-building packages for staff and partners. In **Eswatini**, UNICEF supported PSEA training for 40 members of the Social Protection Humanitarian Cluster and 60 community mentor mothers. UNICEF also continues to work closely with implementing partners to promote compliance with the United Nations Zero-Tolerance Policy on Sexual Exploitation and Abuse. Given the widespread prevalence of sexual violence and GBV in **Madagascar**, UNICEF strengthened its efforts to prevent, mitigate and respond to sexual exploitation and abuse during the pandemic.

PSEA training reached more than 200 UNICEF staff as well as all of UNICEF's NGO partners, reaching a total of 447 people. In addition, UNICEF provided PSEA training for the national disaster management agency and humanitarian country team PSEA task force members, as well as and programme partners. UNICEF Uganda and other United Nations agencies have continued to provide technical and financial support to the National Inter-agency PSEA Network throughout the pandemic. In addition, UNICEF supported the training of all staff on the use of a PSEA notification Alert, while ensure partners were trained in GBV risk mitigation.

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4.

CONTINUITY OF CHILD PROTECTION AND GBV PROGRAMMES AND SERVICES

Since the start of the pandemic, UNICEF's child protection teams have focused on ensuring the continuity of child protection and GBV programmes and services. Through its advocacy efforts and partnerships with governments across the region, UNICEF has sought to capitalize on gains made for children and women, while simultaneously trying to mitigate the new risks that have emerged during the pandemic. In the midst of the pandemic, UNICEF has emphasized the need to find innovative and adapted ways to design and deliver programmes and services to children and families, regardless of how inaccessible their communities might be. In many of UNICEF's priority programme areas, its achievements have been documented, and its successful approaches continue to be refined, even as the pandemic endures across the region.

Alternative Care

Large numbers of girls and boys live in kinship care arrangements or residential homes in Eastern and Southern Africa. Experience from other public health crises reveals the heightened risk to children of becoming separated from their primary caregivers as unemployment rates spike, parents become less able to provide essential commodities and household stress levels and subsequently risks of domestic violence incidents increase. With the COVID-19 crisis, elderly relatives may feel vulnerable to the virus or lack the means to care for children when schools are closed. Travel restrictions may cause children who remain in care centres to be isolated from their families and visitors, and may limit their opportunities to pursue education and leisure activities. Since the start of the pandemic, many children living in kinship care arrangements or residential facilities have been hastily returned home, often without the standard gatekeeping and case management measures. Children and young people who transition out of the care system during this crisis may not be prepared to handle prolonged periods of isolation or to support themselves. Children with disabilities are more likely than their non-disabled peers to be immunocompromised, heightening their risk of contracting and becoming severely ill with COVID-19. Their physical care needs reduce the ability for social distancing, and clusters of infections have been found in children's care homes.

Some successes

Since 2012, the Government of **Rwanda** has partnered with UNICEF to pursue a successful care reform and deinstitutionalization strategy – Tubarerere Mu Muryango or Let's Raise Children in Families. At the onset of the first lockdown, residential care institutions were immediately closed and children, including 289 children with disabilities, were returned home to their families, often without standard case management processes. As part of its larger strategy, UNICEF had trained nearly 30,000 community volunteers – known as Inshuti z'umryango (IZU) or Friends of the Family – who, at the start of the pandemic, were ready to conduct follow-up visits with the families of more than 3,000 children at risk of being abused, abandoned or separated again. UNICEF invested in the work of the IZU by purchasing mobile phone data packages to facilitate case management, and more than 150 families received emergency cash transfers for food and essential items in 2020. In addition, social workers were tasked with conducting retroactive risk assessments for the 289 children with disabilities who had already been returned home.

In the **United Republic of Tanzania**, residential facilities were forced to close their doors to new referrals to protect current residents from the virus. The limited availability of services, coupled with increased violence in homes and school closures, prompted a perceived increase in the number of children and youth who took to living on the streets. In response, UNICEF supported the government-led Fit Family programme, an emergency foster care initiative, to expand to five additional cities and strengthened the capacity of social welfare officers to expand family-based alternative care services for children living and working on the streets.

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In **South Africa**, UNICEF partnered with the Department of Social Development and the South African Red Cross Society to audit child and youth care centres in nine districts and thereby determine how many children, including migrant children, resided in residential and foster care. Building upon research and training conducted by an interagency consortium in 2016, the government guaranteed financial assistance to vulnerable children and families through a child support grant, a household-based cash transfer for children living in poverty and a foster care grant to support children in formal foster care.

These grants have proven essential to support the increased number of children from Malawi, Mozambique and Zimbabwe, among other countries, left behind by caregivers or rendered homeless in South Africa, many of whom were suffering from hunger, anxiety and mental health issues and at risk of violence and exploitation. Although child and youth care centres have remained open, alternative arrangements, including foster care, were needed to quickly accommodate these vulnerable children during the first months of the pandemic.

UNICEF **Kenya** assisted the National Council for Children's Services in developing a national care reform strategy unveiled in early 2021. Following a government directive on COVID-19, tools were developed to track 19,282 children who had returned to their parents or other caregivers at the onset of the pandemic, after previously living in residential care institutions. In addition, UNICEF supported services in children's shelters in **Angola**, reaching 2,170 girls

and boys without parental or family care in the country's capital city of Luanda. In 2020, UNICEF supported the Government of Burundi to draft the National Strategy on Alternative Care for Children, reinforcing family-based care as a first option, and saw an additional 15 foster families join the national roster. In **Mozambique**, UNICEF's pre-pandemic advocacy work on alternative care has yielded positive outcomes: a national registry of alternative care, established in 2019, helps link vulnerable children with foster families and potential adoptive parents. The registry proved especially helpful in 2020 when 1,198 institutionalized children required reintegration.

The impact of lockdown has also affected children in street situations. In **Madagascar,** for example, the government rounded up people in street situations, confining them in government-run shelters. UNICEF supported the relocation of 151 children without parental care from these shelters to NGO-managed centres. Together, these NGO partners facilitated the children's return to school or vocational training, concurrent to commencing family reintegration processes.

At the **regional** level, UNICEF ESARO collaborated with the Changing the Way We Care initiative to establish a regional learning platform for care reform. The platform provides an opportunity for governments, UNICEF and partners in the region to share lessons learned through webinars, document exchange, a help desk and mentoring. The initial phase of the platform involves several virtual study tours, thematic learning groups on foster care and the links between family strengthening and social protection.

Access to Justice

UNICEF has approached the pandemic as an opportunity to further strengthen justice for children programming in the region and use achievements and lessons learned as momentum to initiate systemic reforms.

From the very start of the pandemic, children in detention were recognized as being at significant risk of COVID-19 infection and transmission. Courts closed across the region, which brought to a halt an already-slow judicial process for children accused of wrongdoing and child victims of crimes seeking assistance from police and courts. In an attempt to contain and mitigate the spread of the virus, some governments issued orders to round up children on the streets, deploying additional police officers to enforce regulations.

Considering the risk of infection that children deprived of liberty face, UNICEF and partners advocated the release of children who could safely return to their families or alternative environments; a moratorium on new admissions to detention facilities; and that children's cases – whether as offenders or victims – be fast-tracked. In addition, UNICEF lobbied governments not to arrest or detain children for violating curfew and other COVID-19 restrictions and encouraged greater access to legal aid for children during these extraordinary circumstances. As a result of these efforts across the region, governments have released more than 3,300 children from detention. In addition, UNICEF has advocated with government counterparts to establish remote court sessions and ensure that police officers are equipped with personal protective equipment and trained in respecting children's rights.

At the country level, UNICEF has leveraged long-standing relationships with government leaders across the executive and judicial branches to address the acute needs of children in contact with the law. For example, UNICEF pushed for systemic reform to mitigate the impact of COVID-19 response measures, including advocating the proper implementation of diversion mechanisms and the continuity of court hearings for victims of abuse and violence. The pandemic has provided an unprecedented opportunity to reassess the approach to justice for children and exposed the importance of equitable access to legal, judicial and social services. Further, the crisis has underscored the importance of investing in measures to prevent children from entering the juvenile justice system in the first place, including effective diversion strategies, as well as efforts to reintegrate children in detention into their families and communities. As COVID-19 programme adaptations demonstrate, strengthening access to child-friendly justice services and finding alternatives to detention can be a reality in the vast majority of cases.

UNICEF pushed for systemic reform to mitigate the impact of COVID-19 response measures, including advocating the proper implementation of diversion mechanisms and the continuity of court hearings for victims of abuse and violence.

Some successes

Early in the pandemic, UNICEF **Mozambique** advocated the inclusion of children in the government's COVID-19 prisoner amnesty, the designation of court hearings as essential services during the lockdown and the prioritization of children's cases. As a result, the Government of Mozambique 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, representing approximately 42 per cent of the estimated 4,000 children and young people in juvenile and adult prisons. UNICEF continues to monitor and prevent the incarceration of children, ensure the protection of those children still in detention and advocate for more releases when appropriate. The release of children during the pandemic is a product of the long-standing investment in the justice sector and the well-established relationships between UNICEF and child justice and law enforcement agencies. Similarly, UNICEF Angola was able to advocate for the release of approximately 400 adolescents at the height of the pandemic, while concurrently supporting alternative sentencing of adolescents released from jail.

Over the past decade, UNICEF and the **Malawi** Police Service have established a solid, trusting partnership to prevent and respond to all forms of violence against women and children. As part of these efforts, the Malawi Police Service has established police victim support units and is operating an SMS reporting system, recently migrated to the RapidPro platform. During the COVID-19 response, UNICEF provided financial

and technical assistance to the Malawi Police Service to promote access to child-friendly police services in all 28 districts of the country. With UNICEF support, the police drafted a standard operating procedure for supporting vulnerable groups during the pandemic, established a new police hotline and adapted the One School One Police Officer and the Safe Schools programmes. With schools closed, officers renewed their focus on community protection for women and children at risk of violence. The well-established partnership between UNICEF and the Malawi Police Service has facilitated information-sharing during the pandemic and reinforced trust among the police, communities and young people . Additionally, the investment in the SMS reporting system has enabled the police to track trends in cases of violence and ensure that children in conflict with the law are not remanded to detention during the pandemic.

Similarly in **Uganda**, UNICEF has continued to partner and work closely with the Office of the Director of Public Prosecution and the Ministry of Gender, Labour and Social Development to ensure children's access to justice is not disrupted or delayed because of the pandemic. To allow court proceedings to continue during the pandemic, courts throughout the country have facilitated online child hearings with audio visual links. Doing so has also provided an opportunity to integrate the use of child-friendly procedures to create child- and victim-friendly court environments.

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

Additionally, with UNICEF's support, the Ministry of Gender, Labour and Social Development is operating mobile court sessions in correctional facilities; the initiative has given children in detention more efficient access to justice and legal assistance and has contributed to more cases than anticipated being heard. The mobile court imitative facilitated the representation and resettlement of 390 children – including 367 boys and 23 girls – in 2020.

In **South Sudan**, UNICEF's advocacy and strong relationships with the judiciary and the Ministry of Gender, Child and Social Welfare enabled the creation of a data collection system to count children in detention and track their release. The Government of South Sudan subsequently ordered the release of 148 detained children.

UNICEF **Zimbabwe** assisted the government to strengthen the country's legal framework and institutional capacity to protect children and ensure justice for victims. For example, UNICEF supported the legal drafting of the Cybercrime Bill and the Prohibition of Marriages Bill by engaging members of parliament to ensure their passage. In addition, UNICEF collaborated with the Zimbabwe Republic Police in 2020 to enhance its forensics investigation guidance for responding to violence against children, including online offences, and provided guidance and operational supplies to victim-friendly courts to facilitate the processing of cases.

The mobile court imitative facilitated the representation and resettlement of **390** children – including **367** boys and **23** girls – in 2020.

Gender Based Violence

The COVID-19 pandemic has disproportionately affected girls and women, particularly adolescent girls aged 12–17 years. In **Eswatini,** a rapid socioeconomic assessment of COVID-19 conducted jointly by the Government of Eswatini and the United Nations identified 299 reports of sexual and GBV cases during the country's March and April lockdown period, including 53 cases of rape and 213 cases of domestic violence. In **Namibia**, the government recorded 2,083 GBV cases from March to September 2020, amounting to a 23 per cent increase from the previous year.

Early in the pandemic, as governments-imposed restrictions on daily life, girls and women found themselves confined to their home and at greater risk of emotional, physical and sexual violence. With the closure of workplaces and schools, family life became stressful and relationships tense. The pandemic has deprived many women of economic independence and stability, reinforcing domestic gender roles and exacerbating women's childcare duties. In addition, adolescent girls and women lacked access to family and friendship networks or support services. As a result, the pandemic has caused those most vulnerable to violence in their homes to become more isolated and less able to seek and receive assistance safely.

At the same time, community programmes across the region suspended, safe houses were closed and responses to victims of violence using remote technologies were either inaccessible or overwhelmed by the volume of cases. Many gender-focused programmes and services are based in communities or rely on direct intervention with girls and women. For this reason, it has been especially challenging to make necessary adaptations, particularly in communities with low literacy rates and limited access to internet or phone services.

Despite the challenges across Eastern and Southern Africa, UNICEF devoted efforts to ensuring continuity of gender-focused services for girls and women in the early days of the pandemic. As a result, by August 2020, all country offices had incorporated GBV interventions in response plans, and UNICEF had trained more than 3,000 staff in 13 countries. Additionally, UNICEF launched a GBV and violence against children U-Report poll in four countries, including **Burundi, Malawi, the United Republic of Tanzania and Uganda**, between April and July 2020. With more than 150,000 U-Reporter responses, UNICEF collected information about the dangers and isolation women were experiencing and their limited access to support services. As a result, UNICEF was well-positioned to promote more intensive and targeted programming and better prepared for future health emergencies.

ESWATINI

A rapid socioeconomic assessment of COVID-19 conducted jointly by the Government of Eswatini and the United Nations identified **299** reports of sexual and GBV cases during the country's March and April lockdown period.

NAMIBIA

The government recorded **2,083** GBV cases from March to September 2020, amounting to a **23** per cent increase from the previous year.

Across the region, UNICEF has supported governments to gather information on how the pandemic is affecting women's safety and to modify their service paradigm to better respond to increasing demands. Examples of modifications made during the pandemic include reorienting referral pathways; streamlining case management processes; establishing methods for sharing information about where and how to seek help; elevating the status of social welfare workers; adapting the way social workers deliver services; and ensuring social workers are equipped with personal protection. The disparity in internet connectivity across the region has demanded tailored responses. In **Somalia, South Sudan and Uganda**, for instance, radio messaging was used nationwide. In other countries, safe spaces were able to remain open by adapting to government regulations, providing handwashing stations and adhering to social distancing guidelines. In **Ethiopia**, the economic empowerment programme changed tack and began supporting local efforts to mitigate the spread of COVID-19 through the production of face masks.

In June 2020, a U-Report poll conducted in four countries in Eastern and Southern Africa revealed that more than **70** per cent of respondents believed violence in households would increase during the COVID-19 pandemic due to isolation, stress and anxiety. A chatbot was made available after the poll to provide U-Reporters with information about services for survivors of violence.

BOTSWANA

In Botswana, UNICEF, the United Nations Development Programme and the Botswana Red Cross Society trained staff at **695** local emergency operation centres – comprising a school principal, a social worker, a nurse, counsellors, a tribal chief and a member of civil society, among others – on GBV prevention and response. Through the initiative, the partners indirectly reached **25,084** children and caregivers living in rural areas with messaging on COVID-19 prevention and child well-being, focusing on prevention of sexual exploitation and abuse.

Some successes

The pandemic has exacerbated GBV and other harmful practices in many countries. In **Madagascar,** UNICEF prioritized GBV training among its staff, government social workers, disaster management personnel and life skills facilitators. UNICEF also supported the drafting of an application decree to the new GBV law; the decree will promote the implementation of the prevention and response system and will be reinforced by the appointment of 35 new GBV focal points.

Throughout 2020, the listening and protection services for women and girl victims of violence received significant attention in the **Comoros**. Each of the country's three listening and protection centres received a United Nations volunteer to support activities on the islands. In addition, a lawyer and psychologist were appointed to provide legal and psychological support at the centre in the city of Fomboni, while psychologists began providing listening services at the centres in the capital city of Moroni and the city of Mutsamudu. In support of the centres, UNICEF trained 25 representatives from the listening services and the directorates responsible for child protection on psychosocial care for victims of violence. In addition, two centres welcomed more than 300 students and school staff to an open house held on the 2020 International Day of the Rights of the Child to learn more about their services.

In November 2020, UNICEF **South Sudan** and partners in the Humanitarian Clusters launched a multisectoral safety audit intended to inform the humanitarian programme cycle and efforts to integrate GBV initiatives into the cycle. In addition, UNICEF reached approximately 800,000 people through the Communities Care Programme, a flagship programme to promote gender-equitable social norms and access to services. The massive media and awareness-raising campaign included 29 community discussion forums, radio talk shows, neighbourhood campaigns and school outreach. Approximately 74 per cent of the discussion participants reported that they had positively changed their attitudes towards gender-based violence.

The pandemic has demonstrated the importance of augmenting the capacity of governments and social welfare workers to prevent and respond to GBV during emergencies. The pandemic has also demonstrated the undeniable challenges that thematic programming faces in a universal health crisis such as COVID-19. Equipped with the experiences of the pandemic, UNICEF now has an opportunity to invest in transformative programmes that tackle the core of the issue: structural inequality and inequity.

Harmful Practices

COVID-19 lockdown measures and their disastrous impacts family finances across the region have left many girls vulnerable to child marriage and female genital mutilation. UNICEF knows that access to secondary education significantly benefits girls: it reduces the incidence of teenage pregnancy, delays the age of marriage, prevents GBV and promotes better learning and working opportunities. The pandemic has severely impacted girls' lives, especially as many may never have the chance to return to school or finish their studies.

Across Eastern and Southern Africa, the pandemic has led to the suspension of gender-focused programming and the closure of critical services. Adolescent girls in many countries have been unable to access vital sexual and reproductive health services, participate in community awareness programmes or enjoy peer-to-peer support. According to analysis conducted by UNICEF in 2021, an additional 10 million child marriages may occur globally before the end of the decade as a result of the pandemic, threatening years of progress in reducing the practice.[ii] At the beginning of the pandemic, UNICEF and United Nations Population Fund partners immediately started to document girls' experiences in the expectation that programme disruptions would negatively affect their well-being and protection. The joint publication Child Marriage in COVID-19 Contexts: Disruptions, Alternative Approaches and Building Programme Resilience records how the interruption to the flagship UNFPA–UNICEF Global Programme to End Child Marriage has impacted girls' vulnerability in Ethiopia, Mozambique, Uganda and Zambia.[iii]

Some successes

In **Ethiopia**, rates of child marriage and female genital mutilation have been declining since 2000. Despite the continuing efforts of UNICEF and its partners to maintain momentum on ending child marriage and female genital mutilation, the pandemic has undermined the prospect of meeting Ethiopia's ambitious Sustainable Development Goal targets in this area.

At the start of the pandemic, the Government of Ethiopia banned travel, inhibiting protection programme staff from providing in-person services. Nonetheless, between January and June 2020, awareness-raising activities, community outreach initiatives and educational interventions – all adapted to ensure social distancing – reached 619,136 people, including 348,659 women. The interventions comprised efforts to enhance legal literacy, support community outreach services, conduct home visits, buy radio slots and maintain community committees responsible for preventing child marriage and female genital mutilation. In some instances, UNICEF purchased megaphones to ensure important protective messages reached entire communities without the need for more intimate village meetings. Despite the challenges presented by COVID-19, the protection of adolescent girls from child marriage and female genital mutilation has continued in the targeted regions through coordinated approaches and the active engagement of key bureaus and community structures. As of mid-2021, the government had recorded 2,325 child marriages, while an additional 1,411 arranged child marriages and 37 arranged female genital mutilation cases were cancelled. Additionally, 185,846 women and girls accessed prevention and care services related to child marriage, such as life skills training, health services and legal aid.

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SOMALIA

UNICEF interventions still reached **140,432** community members, including **80,000** women and girls, with messaging about the risks of child marriage in 2020.

In **Somalia**, the COVID-19 lockdowns added to the devastating consequences of a locust invasion and ongoing armed conflict. Millions of people had already been forced to flee their homes in search of food, shelter and safety: 5.9 million people, including 3.9 million children, were in need of humanitarian assistance. The 2020 Somali Demographic Health Survey found a 99 per cent prevalence rate of female genital mutilation and that more than a third of children married before they turned 18. At the same time, parliamentary efforts were under way to lower the legal age of marriage and permit girls to marry once they reach sexual maturity.

The COVID-19 pandemic has led to a reported increase of clients at one-stop centres and civil society agencies supporting female victims of violence, including intimate partner violence. There have been many anecdotal reports of pubescent girls being married off due to school closures and economic necessity, and there is fear that teen pregnancies will rise. Although many community-based programmes were forced to close at the onset of the pandemic, UNICEF interventions still reached 140,432 community members, including 80,000 women and girls, with messaging about the risks of child marriage in 2020. UNICEF Somalia supported radio programmes about female genital mutilation and domestic violence in the cities of Baidoa, Jowhar, Kismayo and Mogadishu, as well as the administrative region of Galguduud, reaching approximately 2.5 million listeners, including those living in internally displaced persons (IDP) camps and host communities.

According to UNICEF, **Malawi** continues to have high rates of child marriage, with approximately 42 per cent of children marrying before the age of 18. In 2020, the Government of Malawi recorded more than 13,000 child marriages and more than 40,000

teenage pregnancies – representing an 11 percent increase from the previous year. This increase has been attributed to school closures and a rise in family poverty, which has been further compounded by a lack of engagement from parents during the challenging pandemic period. At the same time, access to sexual and reproductive health services has been reduced. UNICEF provided smartphones and data packages to continue engagement with traditional and faith leaders – essential partners in the fight to end child marriage. This communication has ensured that vital information and awareness is maintained between central-level decision-makers and community leaders, a model that is likely to remain in place in the future.

In **Uganda,** child marriages persist despite establishing the legal age to marry as 18 years. With the pandemic, social distancing measures and movement restrictions adversely impacted existing support services and community engagement activities. For example, Uganda's child helpline was temporarily suspended, as were mobilization and engagement activities for mens' and boys' groups. In response, UNICEF provided para-social workers and community activists with bicycles, smart phones preloaded with calling credits, fuel and personal protective equipment, enabling them to sustain some community-level engagement activities, such as home visits. This has provided an opportunity for social welfare workers to speak with community members and families about the harmful practice of child marriage and provide much-needed support. UNICEF has also developed integrated mass media campaigns using radio, television, GBV and violence against children U-Reports and various social media platforms to disseminate messages on the prevention of child marriage and the availability of essential services.

Mental Health and Psychosocial Support (MHPSS)

It may be many years before the full scale and impact of COVID-19 on children's mental health and well-being is known. From the early days of the pandemic, however, it was apparent that children, their parents and families experienced psychological distress and emotional turmoil. School closures disrupted daily routines and social distancing rules prevented young people from meeting with friends or participating in group activities. Confinement within the home increased stress levels and tension, and access to essential support services was suspended for many of those most vulnerable to protection risks. At the same time, children witnessed their parents and families struggling with unemployment, childcare, family stresses, violence and, in some cases, illness or bereavement due to COVID-19. As the stringent measures put in place to contain the pandemic continue, the need for mental health services and psychosocial support for children and their caregivers grows greater.

In many countries, the immediate health priority was to procure and distribute masks, hand sanitizers and other personal protective equipment to essential workers. Early in the pandemic, the multiagency mental health and psychosocial support (MHPSS) sub-group of the COVID-19 Regional Technical Working Group on Case Management, Infection Prevention and Control, Continuity of Essential Services and Mental Health and Psychosocial Support came together to share information, develop guidance and seek ways to reduce the impact of the pandemic on child and family well-being. The sub-group led by UNICEF and the World Health Organization recognized early on that the COVID-19 restrictions would potentially have the greatest impact on those with existing mental health issues, women and girls affected by GBV and essential

social service workers working with families in crisis. The MHPSS sub-group issued a guidance document *Basic Psychosocial Skills – a Guide for Service Providers at Points of Entry in Eastern and Southern Africa* to orient service providers about the basic tenets of psychosocial skills to support people at points of entry[1] whilel taking care of their own mental health and wellbeing. Using UNICEF's guidance document COVID-19 *Operational Guidance for Implementation and Adaptation of MHPSS Activities for Children, Adolescents, and Families*, UNICEF country offices in Eastern and Southern Africa have optimized this new opportunity to generate national and regional dialogues about children's mental health and resilience.

Prior to the COVID-19 pandemic, few governments in Eastern and Southern Africa had a MHPSS working group, task force or strategic plan. As a result of UNICEF's advocacy efforts, the majority of countries across the region have established MHPSS working groups, including approximately half of the region's countries which had a dedicated working group focused on children's MHPSS by the end of the first year of the pandemic. At that time in **Ethiopia**, the World Health Organization co-led a MHPSS technical working group situated within the Health Cluster. In **Somalia**, a MHPSS technical working group, co-chaired by the World Health Organization, operates under the Federal Ministry of Health. In **Malawi**, UNICEF supported a MHPSS task force established within the Ministry of Gender, Children, Disability and Social Welfare. In **Mozambique** and **South Sudan**, the Child Protection sub-cluster coordinated psychosocial support initiatives.

Some successes

The MHPSS response in **Zimbabwe** demonstrated how it is possible to capitalize on past responses to health crises, such as repeated cholera outbreaks, and natural disasters, such as Cyclone Idai in 2019. The Government of Zimbabwe's Ministry of Public Service, Labour and Social Welfare chairs the country's Child Protection Working Group – responsible for child protection in emergencies – and established the Mental Health Working Group following Cyclone Idai.

When COVID-19 transmission began in Zimbabwe, the Mental Health Working Group drafted a preparedness and response plan seeking to map out partners with the capacity to provide MHPSS services; train partners on provision of care, including psychosocial support for separated children or children placed in quarantine; provide recreational kits and toys for children in isolation units; and build on previous collaboration between UNICEF and community health workers during a cholera epidemic to disseminate psychosocial support messaging at COVID-19 treatment centres. Throughout 2020, UNICEF continued to support community-based child protection committees, which have an important role in the early identification of children

who require mental health or psychosocial support. UNICEF has also continued investment in child-friendly spaces, which have proven invaluable for case management including MHPSS, family tracing and managing residential care placements when parents and caregivers either pass away or are quarantined.

Several UNICEF country offices, such as those in **Burundi, South Sudan and the United Republic of Tanzania**, had pre-existing Ebola preparedness plans prior to the onset of the COVID-19 pandemic, enabling them to effectively adapt and integrate MHPSS into COVID-19 response plans. As the pandemic began, UNICEF **Tanzania** was already working with the Government of Tanzania Department of Social Welfare to develop a preparation and response plan for Ebola. As such, the country office was able to quickly adapt the Ebola plan to render it relevant to the COVID-19 pandemic. For example, UNICEF integrated tailored training materials and strengthened the capacity of social welfare officers to provide essential services, such as psychosocial support and referrals for child protection services, in areas considered at high risk of viral transmission.

SOMALIA

In an effort to enhance MHPSS for children on the move in Somaliland, 91 front-line social service workers from **Somalia's** Ministry of Employment, Social Affairs and Family and Women's Action for Advocacy and Progress Organization participated in UNICEF's online mental health and psychosocial support training.

TANZANIA

In the **United Republic of Tanzania**, distance learning tools such as UNICEF's Internet of Good Things were utilized to provide remote-based training and up-to-date information to front-line workers. The Internet of Good Things is a mobile-ready digital platform designed to enable people in remote settings to access educational and life-saving information without data charge – a tool that has become more critical in the context of the COVID-19 pandemic. Through the Internet of Good Things, front-line workers are able to access the module-based curriculum, watch educational videos, complete surveys, share information and learning and exchange ideas with their peers. This has been vital for disseminating information, building capacities and providing social welfare workers with the tools and knowledge to conduct mental health counselling to vulnerable groups in isolation centres, institutions, hospitals and communities.

As part of its response in Tanzania, UNICEF supported a review of existing training packages for psychosocial support and psychological first aid in Ebola and COVID-19 emergencies; the activation and preparation of District Women and Children's Protection Committees to coordinate psychosocial support interventions in high-risk areas; and the establishment and training of mental health and psychosocial support teams. In 2020, these services reached 110 out of 184 local government authorities, benefiting 112,969 children – 63,406 girls and 49,563 boys – and 131,610 adults affected by the pandemic. UNICEF supported the provision of psychosocial support services for an additional 14,747 children – 5,416 girls and 9,341 boys – and 15,073 parents and other caregivers in the Nyarugusu refugee camp, located in Tanzania's western province of Kigoma.

During the COVID-19 pandemic, the Government of **South Africa** relied heavily on its experience of the decades-long HIV and AIDS pandemic and galvanized its extensive network of civil society organizations, such as the South Africa Red Cross Society and Child Line South Africa, to provide remote and face-to-face counselling and therapeutic support. In **Namibia**, social welfare officers were deemed essential workers and were included as part of contact tracing teams. MHPSS social welfare officers worked in close collaboration with community health workers to deliver counselling, psychosocial support and information to dispel myths and fears about the virus, and to avoid family separation as per the developed guidance based on child protection laws and regulations.

The UNICEF **Uganda** Crisis Group developed a preparedness and response plan for COVID-19 which included interventions to support positive mental health and psychosocial well-being. As part of the plan, the existing MHPSS subcommittee, led by the Government of Uganda Ministry of Health and established within the Ebola Virus Disease coordination structure, transitioned to a COVID-19 MHPSS

subcommittee. The subcommittee collaborates with the Ministry of Health's overarching COVID-19 coordination structure to provide support to children and families affected by the pandemic. During the height of the pandemic, the subcommittee called for MHPSS to be incorporated into all stages of case management procedures. Teams of trained nurses, psychiatrists and counsellors have been deployed to each of the country's regional referral hospitals to provide mental health and psychosocial support to patients in COVID-19 treatment units and quarantine centres. Along with the strengthened capacity of para-social workers, including village health teams, child protection committees have provided direct support to communities to help them cope with the psychological and emotional fallout of the pandemic. By the end of 2020, mental health and psychosocial services had reached 66,479 children and caregivers in Uganda.

The COVID-19 pandemic brought the issue of child mental health and family well-being to the fore. Psychosocial interventions, such as child-friendly spaces, are typically associated with emergency preparedness and humanitarian response planning. Although such interventions historically have focused on the most vulnerable populations affected by war, disasters and displacement, they are now being prioritized in a range of different contexts. UNICEF's focus on mental health appears to be gaining significant traction among social service providers, public health departments, civil society partners and the donor community. Because of its scale and reach, the pandemic has the potential to psychologically and emotionally affect – and damage – any child or family, not only the most vulnerable. A legacy of the pandemic may be that child mental health and family well-being services become recognized and mainstreamed within national child protection systems and increased investment and ownership by national authorities.

TANZANIA

UNICEF supported the provision of psychosocial support services for an additional **14,747** children and **15,073** parents and other caregivers in the Nyarugusu refugee camp, located in Tanzania's western province of Kigoma.

UGANDA

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Migrant and Displaced Children

COVID-19 has had a disproportionately adverse effect on migrant and displaced children, especially girls. In 2019, the United Nations Development Group for Eastern and Southern Africa estimated that 55 per cent of the approximately 9 million forcibly displaced persons in the region were children. Additionally, an estimated one in three migrants – or 3.8 million people – throughout the region is a child. UNICEF's 2019 Pilot Study: Children on the Move Using the Southern Route in Eastern and Southern Africa provides insight into the disproportionate impact that COVID-19 has had on migrant and displaced children, many of whom already experience significant protection risks.[iv] Many migrant and displaced children, for example, lack access to critical documentation, face heightened risks of separation from family or caregivers, experience language barriers in accessing medical care or social assistance, and/or live in conditions with limited access to sanitation services. Consequently, children on the move have been especially at risk of contracting COVID-19, while the impact of government measures to curb the spread of the virus, including school closures, the suspension of essential services, travel restrictions, and family separation or repatriations, have significantly affected children's safety, security and well-being. Young women and girls on the move are especially at risk of dropping out of school, child marriage and GBV. Only three countries – **Mozambique, South Africa and Zambia** – have included refugees and migrants in all components of their expanded COVID-19 social protection schemes. Nonetheless, refugees and migrants without identification documentation report challenges in accessing this assistance.

Throughout 2020, UNICEF strengthened its working relationships with partner organizations, including regional economic communities and child protection networks, on the issue of migrant and displaced children. At the onset of the pandemic, UNICEF ESARO joined forces with the Regional Child Protection Network in Eastern Africa, the Horn of Africa and the Great Lakes Region to ensure the COVID-19 preparedness and response plans of 12 countries in the region included refugee, internally displaced, migrant and returnee children. In particular, UNICEF called on authorities to prevent harm to and discrimination against refugee, internally displaced and migrant children in the context of COVID-19.

In the first half of 2020, UNICEF distributed **13,000** posters and brochures with COVID-19 prevention messages in the local languages of refugees across the **United Republic Tanzania.**

By July 2020, UNICEF reached **566,329** refugees, migrants, IDPs and returnees in **Ethiopia** and **South Sudan** with messaging on COVID-19 prevention and access to services.

In July 2020, UNICEF reached a total of **59,981** refugees, IDPs, migrants and returnees in **Ethiopia, Kenya and Mozambique** with distance or home-based learning, including online e-learning, radio distance learning and online academic tutorials.

Some successes

UNICEF supported the accompanied and unaccompanied safe return of more than 1,600 migrant children to Ethiopia from Djibouti, Kenya, Somalia and South Africa, as well as the four Gulf Area states of Bahrain, Kuwait, Saudi Arabia and the United Arab Emirates. Many of these children had been forced to remain in quarantine at international airports or were being held in immigration detention facilities at border crossing points. Through its Children on the Move programme, UNICEF supported the Government of **Ethiopia** Ministry of Women, Children and Youth to establish and strengthen the child protection case management system in 46 woredas, third-level administrative divisions in Ethiopia, hosting or affected by IDPs.

UNICEF also facilitated the recruitment and placement of 582 community service workers and social workers in 20 woredas across five of the country's 11 regions; as of June 2020, the five regions had an aggregate population of 3,179 unaccompanied and separated children, including 1,300 girls and 1,879 boys. The caseworkers have been instrumental in facilitating the return of many of these children to their parents and caregivers or protective residential care facilities, conducting vulnerability assessments and continued case management of the reunited families. Additionally, in some cases, the caseworkers have even accompanied vulnerable children back to their communities of origin.

Returning children to **Burundi**, both formally and informally, were especially vulnerable to abuse, exploitation and violence in 2020. Following elections in May 2020, voluntary repatriation of Burundian refugees resumed. UNICEF and the United Nations High Commissioner for Refugees continued to deliver critical protection services to children, adapting to the unfolding COVID-19 situation. A total of 166,638 children received welfare and protection services upon their return. UNICEF **Malawi** supported the development of a minimum package of protection services for returnees from neighbouring countries and collaborated with Protection Cluster partners to deliver repatriation and reunification services at points of entry.

As part of the nationwide efforts to facilitate continuity of child protection services in **Rwanda**, refugees were integrated into the national child protection system. Lockdown measures to curb the transmission of the virus in 2020, however, resulted in the closure of child-friendly spaces, causing major disruptions to children's recreational and educational activities in refugee camps. In response, UNICEF provided camp-based volunteers to strengthen child protection services. Additionally, UNICEF equipped IZU teams with personal protective equipment, enabling them to safely continue child protection services in host communities. In addition, child protection volunteers used loud speakers to disseminate information on COVID-19 prevention measures and the availability of services, and distributed home-based recreational kits, as well as educational materials, to children with disabilities to enable their continued learning.

At the start of the pandemic, **Mozambique** was still recovering from the previous years' cyclone and flooding crises, as well as a surge in political violence that resulted in the internal displacement of more than 500,000 people – approximately 45 per cent of whom were children – in the country's northernmost province of Cabo Delgado. Though COVID-19 travel restrictions impeded social service delivery to the most vulnerable populations in Cabo Delgado, UNICEF was able to support adapted case management processes for 928 children, including 211 unaccompanied children. By the end of 2020, the Government of Mozambique had provided household-based psychosocial support to more than 9,300 children and issued birth certificates to nearly 4,000 IDPs, with the ambitious target of reaching 80,000 people in 2021.

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Children Affected by Armed Forces and Armed Groups

At the start of the pandemic, Secretary-General of the United Nations António Guterres called for a global ceasefire of ongoing conflicts. Nonetheless, conflict and political violence across the African continent increased during the first four months of the pandemic. Indeed, COVID-19 exacerbated many of the underlying drivers of armed conflict by increasing poverty and worsening inequality. At the same time, the pandemic had a significant impact on the United Nations' ability to monitor and respond to grave violations of children's rights. Despite access challenges, UNICEF was able to continue specialized programmes in the conflict-affected countries of Ethiopia, Mozambique, Somalia and South Sudan, providing assistance and protection to children affected by armed forces and armed groups (CAAFAG), including former child soldiers.

SOMALIA

Through a partnership with Waves for Change, UNICEF Somalia has continued to support an innovative therapeutic intervention for former child soldiers: surfing. The idea is to put children – none of whom know how to swim – into physically challenging situations, such as surfing, where they have to rely on their peers to overcome the challenge in a group setting. Waves for Change documents the personal impact on children's self-confidence, self-efficacy and trust. The evidence of personal change helps UNICEF to advocate with security services for the release and rehabilitation of former child soldiers. For these highly traumatized children, surfing has proven to be an amazing intervention, whereby entering the water triggers earlier experiences of, for example, being kidnapped from their home and forced to join the al-Shabab militant group. Working through the challenges of surfing in a supportive environment enables these youth to rewire their brains and reverse some of the effects of past traumas.

Some successes

In 2020, UNICEF **Somalia** documented 2,574 cases of grave child rights violations through its monitoring and reporting mechanism; the figure represented a 9 per cent year-over-year increase since 2019. In response, UNICEF reached nearly 82 percent of the child victims with multisectoral response services. Additionally, UNICEF advocated with the Somali Armed Forces to ensure children captured are released to UNICEF within 72 hours. As of end 2020, UNICEF had received 1,735 children, including 1,565 boys and 170 girls, who were formerly associated with armed forces and groups. At the time of writing, the children were registered in UNICEF-supported reintegration programmes and receiving treatment for the trauma they experienced.

The 2018 signing of a peace agreement by the main parties to the conflict in **South Sudan** contributed to a reduction in hostilities, a decline in the recruitment of children for armed combat and a decrease in the number of reported and verified grave violations against children – from 803 violations in 2018 to 175 in 2020. Despite the peace agreement, intercommunal

fighting and abductions continues, as does the use of children as porters, cooks and cleaners. As of mid-2021, UNICEF remained the sole provider of reintegration services for CAAFAG in South Sudan, though reduced funding due to the diversion of donor funds from CAAFAG programming to domestic COVID-19 efforts and the spread of the virus in South Sudan had constrained programming for the estimated 19,000 child soldiers in the country. In addition, restrictions implemented to slow the spread of COVID-19 limited the number of children released through a United Nations-supported joint verification committee, with only 44 of the targeted 2,100 children released. Of those children who were released, only half have been able to reintegrate into their communities due to the COVID-19 movement restrictions. Despite these challenges, UNICEF continues to arrange the release of women and children from armed forces and groups, conduct case management procedures, track reintegrations, deliver psychosocial services and ensure access to basic essentials.

SOMALIA

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SOUTH SUDAN

The 2018 signing of a peace agreement contributed to a reduction in hostilities, a decline in the recruitment of children for armed combat and a decrease in the number of reported and verified grave violations against children – from **803** violations in 2018 to **175** in 2020.

Civil Registration and Vital Statistics

The pandemic restrictions and lockdowns across Eastern and Southern Africa resulted in fewer infants being born in health facilities or with the assistance of skilled birth attendants. Even for those born in hospitals, preliminary data suggests a decline in registration rates from the onset of the pandemic to mid-2021 resulting largely from the suspension of birth registration services, which were not designated as an essential service, during the pandemic.

Birth registration grants a legal name and nationality to a child and gives rise to a range of other rights. A birth certificate is often required for school enrolment, as well as access to health care, social welfare and protection services. For this reason, a decrease in birth registrations may have long-term consequences for the rights, livelihoods and protection of thousands of children born during the COVID-19 pandemic.

In 2020, countries across the continent reported disruptions to or discontinuation of registration services, affecting almost 75 per cent of civil registration offices. In **Eswatini,** COVID-19 brought all civil registration services to a halt, causing significant backlogs for public sector officers. In **Kenya**, reports indicated that home births often went unregistered for fear of infection at health facilities where registration occurs. After the government suspended birth registration services during the first COVID-19 lockdown in **Namibia**, birth registration rates for children younger than 5 years declined substantially, decreasing from 78 per cent in 2019 to 74 per cent in 2020. Similarly, the already-low registration rates in **Zambia** decreased from 14 per cent in 2019 to only 6 per cent in 2020.

The pandemic has also interrupted UNICEF's programmatic work to build robust civil registration systems. For example, **Ethiopia** suspended its comprehensive assessment for civil registration and vital statistics between March and August 2020. The decision subsequently delayed the development of a national civil registration and vital statistics costed implementation plan for the country. At the same time, ongoing advocacy and systematic monitoring of health institutions increased the proportion of timely registered births, which rose from 25 per cent in December 2019 to 30 per cent in August 2020. In **Madagascar**, the pandemic delayed the piloting of draft tools for the new civil registration system. The UNICEF country office continued to advocate the continuity of civil registration services, prioritizing birth and death registrations. In **Lesotho**, mindful of movement restrictions and adherence to COVID-19 regulations, UNICEF supported the Ministry of Home Affairs to conduct outreach services and perform on-site birth registrations, connecting with 17,538 new born and unregistered children in hard-to-reach areas. UNICEF **Mozambique** successfully advocated for civil registration offices to remain open during the COVID-19 state of emergency, primarily to prevent disruptions to birth and death registrations. UNICEF provided the National Directorate of Registry and Notary with personal protection equipment to ensure that civil registration staff were adequately protected. In Angola, UNICEF promoted innovative online training and guaranteed the payment of nurses responsible for vaccinating children through mobile phone applications.

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Some successes

In **Rwanda**, like many countries throughout the region, civil registration service was disrupted due to COVID-19 containment measures. The impact of these disruptions, however, was limited due to significant efforts made by the government in the two preceding years to begin utilizing digital processes. As part of these efforts, the government began assigning 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. In addition, the government equipped health facilities with hardware and internet connectivity, allowing for continuity of services. The Government of Rwanda also invoked several additional measures during the first year of the pandemic to continue the momentum to improve the birth registration system, such as waiving the fee for late registration; using video tutorials for online training of civil registerers; and conducting mass media campaigns to improve people's knowledge about the new registration processes. As a result, Rwanda has achieved a 90 per cent birth registration rate.

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 20 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.

TANZANIA

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5.

MOVING FORWARD

The story of UNICEF's child protection and GBV responses to the COVID-19 situation in Eastern and Southern Africa illustrates how the organization adapted to an unprecedented and unpredictable environment. Eighteen months after the onset of the pandemic, the health, economic and social ramifications of COVID-19 are still keenly felt across the region.

Despite the challenges of the last eighteen months, UNICEF staff and partners – who have themselves been personally affected by the pandemic – have found new, creative, dynamic and practical ways of protecting women and children from violence, abuse, neglect and exploitation. Not only have these evolving approaches allowed the organization and its partners to continue delivering services and programmes to women and children at risk of harm, but they have created opportunities to challenge deep-rooted assumptions and reimagine child protection practices. Indeed, amid the turmoil of the pandemic, these innovations may eventually prove transformative for preventing and responding to child protection issues and gender-based violence.

In the words of UNICEF Executive Director Henrietta Fore:

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…the challenge of the pandemic is matched with a unique opportunity to take what we have learned and adapt UNICEF for the future and to emerge stronger from the time of COVID for millions and millions of children and young people.

Henrietta Fore,
UNICEF Executive Director at the 2020 Executive Board Session, September 2020

Some conclusions to guide future programming

Develop closer strategic collaboration between the health, social protection and social welfare systems: Paradoxically, COVID-19 has generally had a more profound impact on children's well-being and welfare than on their physical health. Children and their families continue to suffer as a direct result of the COVID-19 restrictions put in place to curb the spread of the virus. The adverse effects of school closures and stay-at-home orders, for example, on social networks and household economies has increased children's vulnerability to several protection risks. Throughout the pandemic, UNICEF has sought to highlight the far-reaching, unintended consequences of COVID-19 health measures in official forums, national media and at community events, while promoting children's mental health, guaranteeing access to reproductive health services for victims of family violence and raising awareness of the virus through children's groups. Countries that had experienced few health emergencies prior to COVID-19 had minimal experience coordinating between the health and welfare systems. In contrast, countries with solid interagency mechanisms for humanitarian action already in place were ready to deal with malnutrition and disease, as well as emergency child protection and GBV measures concurrently.

The pandemic has demonstrated the importance of including social welfare in strategic decision making processes and government budget allocations for health emergencies. Social welfare departments that actively forged partnerships with public health ministries as the pandemic unfolded have succeeded in establishing more integrated working modalities throughout the crisis. This collaborative approach suggests that child protection systems will, in the future, work in closer harmony with the health system, both at the national and local levels, and will be capable of mobilizing in a coordinated and integrated way in times of crisis.

1. **Establish strategies to protect women and children in public health crises:** The pandemic has demonstrated the importance of building robust alliances between sectors and recognizing the multifaceted nature of women's and children's lives. Across the Eastern and Southern Africa region, UNICEF has restated the importance of including child protection, GBV prevention and gender integration into national preparedness and emergency response frameworks, establishing integrated databases for accurate information sharing and advocating that social welfare service providers coordinate closely with health

service providers during public health crises. COVID-19 has shown, for example, the importance of preparing for the rapid return home of children from residential settings or detention facilities, as well as the influx of child migrants or child returnees. As was seen during the first months of the pandemic, preparedness planning by immigration departments tended to concentrate on mitigating viral transmission at border crossings and in quarantine facilities. Learning from this pandemic, future joint planning between immigration and child welfare services should also stipulate how the welfare needs of migrant or returning children will be met, including the need to reunify with caregivers, reintegrate with their communities of origin, access mental health services and receive protection from physical and sexual violence. It is paramount that these plans are actively developed, promoted and accessible to government officials and civil society organizations at the subnational level. Learning from the COVID-19 experience, these plans should define the authority and responsibilities of international and national civil society organizations to deliver essential services in national crises and delineate how the child protection system will shift into emergency mode.

2. **Keep innovating for effective and equitable service delivery:** The past year has shown the potential to modify – or modernize – the way services are delivered. In many countries in Eastern and Southern Africa, the pandemic has shone a light on the perennial challenge of providing protective services to remote communities where professional social workers are not deployed. In Ethiopia, Kenya, Rwanda and South Africa, for example, the systemic investment in training community workers and volunteers has proven critical for identifying women and children at risk of violence, providing family

mediation services and referring cases to district-level authorities. Future social service planning should draw from the experiences of 2020 and reflect on how best to contextualize essential service and programme delivery, including for emergency situations.

3. **Ensure integrated, gender-sensitive services for families:** The pandemic has highlighted the complexities of the family unit. For too long, programming and service design in Eastern and Southern Africa has tended to focus on women or children. The COVID-19 experience has shown that the lives of children, parents and kinship groups are inextricably intertwined. The socioeconomic impact of the pandemic and the virus mitigation measures have resulted in family tension, domestic violence, GBV and mental health struggles – all at a time when social assistance programmes and welfare and protection services have been less accessible. For mothers and daughters, the impact has been especially acute. The pandemic has revealed the critical need to shift programming towards a more holistic, family-oriented approach.

4. **Design multifaceted and professionalized social service workforces:** In recent years, UNICEF has invested in professionalizing social work and, across the region, these workers have risen to the challenges presented by COVID-19. In the future, it will be important to continue to advocate the advancement and recognition of the profession. As made clear by the pandemic, social workers need a pre-existing designation as essential workers during emergency situations and need to be trained to ensure continuity of service delivery at such times. The pandemic crisis has also underscored the importance of building a cadre of social service workers, including community-based volunteers, who live in the communities they serve.

At the start of the pandemic, some UNICEF country offices suspended community programmes, believing that a physical presence was required to raise awareness of child marriage or violence against women and girls. However, across the region, trained community-based workers have assumed leadership roles and, in many instances, been able to continue managing programmes. They have served as a bridge between the children and families at risk and the professional social workers.

5. **Invest in technology to ensure access to services:** As soon as the need became apparent, programme staff and community leaders adapted to using online platforms and mobile phones to ensure continuity of service provision. Working with technology in the future will require further adaptation and evaluation, although case management will ultimately require a degree of personal contact. The pandemic has also highlighted the disparities in access to technology and the digital divide that continues to exist in the region. In some countries, especially in low-resource or refugee contexts, technological solutions may offer only limited support. Still, recent experiences indicate that, in the future, UNICEF should invest in hardware: mobile phones and data packages, laptops, tablets, printers and equipment for helplines. This investment has made a perceived contribution to the continuity of programmes and services for children and families during the pandemic.

6. **Invest in MHPSS:** Throughout the pandemic, UNICEF has accelerated its regional MHPSS programming. Across the Eastern and Southern Africa region, child-friendly spaces have been the mainstay of UNICEF's psychosocial support interventions for vulnerable children. However, country offices quickly recognized that isolation, anxiety and depression were emerging risks for the general child population, largely as a result of being out of school and confined to the home. UNICEF country offices were able to pivot their programme focus and investment towards addressing these profound mental health issues. In doing so, the region now has the opportunity to expand the dialogue about the psychological and emotional well-being of children and their families. Although some of the services were enacted hurriedly, many countries now have more helpline staff receiving calls from distressed children and parents, and there appears to be palpable recognition of the role of professional counsellors and therapists. Indeed, because the pandemic affected all children, UNICEF now has the opportunity to capitalize on these advances by advocating with governments and partners for mainstreaming mental health prevention and response services within child protection systems.

Across the Eastern and Southern Africa region, children, parents, families and communities have demonstrated extraordinary resilience in the face of the COVID-19 pandemic. For much of the world, including this region, the pandemic is far from over. A year and a half on, UNICEF and its partners are still being forced to adapt and innovate, to find new solutions for the protection of women and children and to thrive even in this time of great adversit

ENDNOTES

i. United Nations Children's Fund, et al., Social Service Workforce Safety and Wellbeing During the COVID-19 Response: Recommended Actions, 2020.

ii. United Nations Children's Fund, '10 Million Additional Girls At Risk of Child Marriage Due to COVID-19,' Press release, UNICEF, New York, 8 March 2021, accessed April 2022.

iii. United Nation's Children's Fund and United Nations Population Fund, Child Marriage in COVID-19 Contexts: Disruptions, Alternative Approaches and Building Programme Resilience, 2 December 2020.

iV. United Nation's Children's Fund, An Unsettled Past, an Uncertain Future – Pilot Study: Children on the Move using the Southern Route in Eastern and Southern Africa, UNICEF, Nairobi, December 2020.

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