Child Protection Synthesis Brief

Protecting children during COVID-19: Key learnings and future directions

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Introduction

The coronavirus disease 2019 (COVID-19) pandemic is one of the worst global human development crises in recent memory. In many instances, public health efforts to curb the spread of COVID-19 have had the untoward effect of contributing to a global child protection crisis by making it more difficult to provide children with the services and support that they need to stay safe. Social service workers have often been unable to reach children who have experienced, or who are experiencing, abuse and violence as they were able to before the pandemic.

Within this unprecedented operating environment, UNICEF and its partners have moved to prevent and respond to child protection risks through new and flexible ways of working. They have offered training and support to social service workers, provided resources and technical guidance to governments, and collaborated with partners to ensure that programmes and policies are aligned with children’s best interests.

One way that UNICEF has sought to document and learn from its pandemic response has been by commissioning a series of learning briefs that focus on different child protection issues or strategies. The learning briefs listed in Table 1 were published between August 2020 and August 2021. Their collective goal has been to document and learn from what UNICEF and its partners have done to anticipate risks and improve programmes. They also consider what can be done to strengthen systemic response planning for the next COVID wave, a future infectious disease outbreak, or other emergency.

The purpose of this synthesis is to examine common threads across the learning briefs and to draw out factors that contributed to positive outcomes. While the themes outlined in this synthesis emerged organically, they also loosely align with many of the programming approaches and components located in UNICEF’s COVID-19 Child Protection Programming Framework. In this way, the individual learning briefs, along with this synthesis, are replete with real-life examples that may be useful in informing subsequent revisions of the Framework.

The learning briefs highlight evidence of five key ‘actions’ that UNICEF and its partners have taken to respond and protect children during the COVID-19 pandemic. These actions include: (1) engaging children, families and communities; (2) reaching those on the margins; (3) supporting frontline workers; (4) working within partnerships, across sectors, and through alliances to strengthen systems; and (5) doing things differently—and often digitally.

To be clear, many of these actions are not adaptations or innovations in and of themselves; most are familiar terrain within UNICEF’s broader commitment to uphold children’s rights, gender equality, participation, and the best interests of the child. This synthesis, therefore, draws attention to how the agency and its partners have managed to remain focused on these fundamental actions—even during a global pandemic. The sections below examine these five actions in greater detail. Each section ends with a brief reflection on lessons learned and areas for future programming, research and knowledge management.

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1 Emerging risks and programme responses therefore reflect different phases of the pandemic and the information available at the particular time in which they were written.

2 As we developed this synthesis, we aimed to ensure complementarity (and avoiding contradiction) with UNICEF Innocenti’s forthcoming synthesis, ‘Evidence Matters – now more than ever: Results from a review of UNICEF’s Evidence on COVID-19 and Child Protection.’ Having reviewed an early draft of this output, we note Innocenti’s brief was a systematic review that applied strict inclusion criteria to better understand what the state of UNICEF’s evidence generation was during the UNICEF’s COVID-19 response. By contrast, the present synthesis focuses on practice. It looks at what UNICEF’s response has been, how programmes responded, and what the common threads were across knowledge products when it comes to program adaptations and responses.

Table 1. UNICEF child protection learning briefs reviewed

Knowledge products from the COVID-19/child protection learning brief series

2. Learning Brief #2: Responding to the mental health and psychosocial impact of COVID-19 on children and families (October 2020)
3. Learning Brief #3: Battling the perfect storm: adapting programmes to end child marriage to COVID-19 and beyond (March 2021)
4. Learning Brief #4: Continuity through change: adapting programs and services to ensure the protection of children during COVID-19 (June 2021)

Additional UNICEF knowledge products reviewed

2. It’s time for care: Prioritizing quality care for children - Challenges, opportunities and an agenda for action (December 2020)
5. Unpublished: country-specific child protection case studies from Argentina and Cambodia

Box 1. A note on the methods used to develop the UNICEF COVID-19 learning briefs

The methods used to develop each learning brief generally took a similar approach. Each brief relied principally on UNICEF’s own program documentation. This included materials related to child protection during COVID-19 situation reports (SitReps) and indicators, socioeconomic surveys, guidance documents, protection tools, project documents, annual reports, case studies, and other internal- and public-facing outputs. Most of the briefs were co-produced through collaboration with UNICEF technical leads. The result of these efforts was to take stock of emerging risks and practices during the pandemic. We understand ‘emerging practices’ to mean ‘new and potentially effective methods, approaches or strategies that are supported by anecdotal evidence of positive results.’ Put another way, this synthesis looks at collective learning across knowledge products, highlighting patterns or trends across knowledge products—while stopping short of offering an assessment of their efficacy.

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5 Since the learning briefs were developed primarily by examining programme documentation, a few other caveats apply. In contrast to primary data collection, relying on existing documentation means that the findings from each brief were limited to what was documented; as a result, some regions or countries with more capacity to document their response may be better represented than others. The learning briefs were also produced at different points in time. The GBV learning brief, for example, was published in August 2020, while the children on the move learning brief is set to be finalized by mid-July 2021. All other briefs fall somewhere in between this 11-month time period. As a result, emerging risks and responses may reflect different phases of the pandemic and the information available at the particular time in which they were written.
Action #1: Engaging children, families and communities

UNICEF worked with partners, employing multiple modalities, to consult children on how COVID-19 is impacting them and what can be done to support them and mitigate harm. These modalities included digital or remote communications, such as helplines, youth-led radio broadcasts, U-Reports, SMS, WhatsApp groups, Instagram posts, Facebook and Facebook Live sessions, television, community volunteers, and chatbots. Early on in the pandemic, for instance, UNICEF Thailand conducted an online survey with 6,700 adolescents across the country using Facebook Live. The survey found that 7 in 10 felt the pandemic is negatively affecting their mental health and psychosocial wellbeing. UNICEF and its partners responded to these findings by organizing follow-up information sessions to respond to specific concerns raised by young people.

Engaging children, families and communities helped to empower them. Engagement ensured that programme adaptations responded to children's lived realities and an understanding of their situation, while giving them confidence and opportunities to be part of the solution during a time of crisis. This approach also gave UNICEF and its partners first-hand accounts of how children are being directly impacted by the pandemic, which children are most at-risk, the types of new risk emerging from the pandemic, including mental health risks such as feelings of loneliness and anxiety, and what kind of support children, families, and communities need. For example, the MHPSS learning brief describes the development of the book, My Hero is You. The book is designed to help children cope with COVID-19. It was developed after consultations with 1,700 children, parents, caregivers and teachers in 104 countries. Since its release, My Hero is You has been translated into over 60 languages and has been adapted to be delivered through modalities such as radios, audiobooks, and videos.

While there were many efforts to employ remote modalities to reach children, families and communities, in-person community consultations were often still crucial for effective programme planning. The GBV learning brief highlights how grassroots organizations and networks were identified as critical resources for information sharing in communities. During COVID-related lockdowns, consultations with women and girls helped to guide decisions on how to best adapt service delivery models to the new operating environment, anticipate new risks, and introduce effective forms of in-person and remote programming. In Lebanon, women and girls who had trained as community volunteers offered frontline support to other women and girls in their communities. They shared information on COVID-19 and on gender-based violence and available services and helped connect women and girls to case workers.

💡 Being child-centred is not only an important theme across the learning briefs but also a central component of a right-based approach to child protection. The focus on being child-centred could be made more explicit in future evidence production. Because the learning briefs drew on information that focused on programme outputs (e.g., # of units of service delivered), they had limited access to details about programme activities and how these were experienced by children, families, or communities. Future knowledge products could prioritise this child-centred approach more. Not only would this send a strong signal regarding UNICEF’s commitment to children’s right to participate in matters that affect them, but it would also provide additional insights into child protection risks and responses by looking more closely at specific issues, such as the effects of school closures on children’s protection and wellbeing.

Consultations within communities were often done through self-reports using social media. More can be done to strengthen the feedback loops to ensure children’s participation at all phases of programme

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planning. More innovative methods are needed to ensure the voices of those on the margins are heard, such as those with disabilities, children on the move, street children, indigenous children, those deprived of their liberty and children in low-resource and/or humanitarian settings who do not have access to internet-enabled technology. This could be operationalized by, for example, drawing more regularly on U-Report data or by encouraging UNICEF’s partners to more actively document the experiences of children in their programmes.

Action #2: Reaching those on the margins

Services to protect children must be child-centred, accounting for different risk and protective factors that they face. UNICEF and its partners adapted global guidance to local contexts and children’s environments by accounting for factors such as public health considerations, the capacity for remote service delivery, and existing government policies and legal frameworks. The realities of COVID-19 meant that remote work was necessary in some cases. The learning briefs describe ways in which social service workers used remote strategies while still making provisions to reach those facing the highest risks through face-to-face contact.

Protection risks need to be anticipated from the very beginning of the crisis. This would allow child protection and case management strategies to be adapted to the situation at hand. For example, the children on the move learning brief shows how some programmes adjusted their approach to anticipate a large movement of migrant returnees at borders. They placed additional social service workers at borders and adapted case management tools to the realities of the pandemic to allow for more effective local level follow-up. Similarly, in the case of GBV, UNICEF programmes recognize that women and girls who are under lockdown with abusive partners would lead to a ‘shadow pandemic,’ while the MHPSS brief similarly described the effects the pandemic had on children’s mental health and wellbeing. In these cases, UNICEF and partners worked swiftly to scale up or enhance helplines, hotlines, and other modalities of support.

Responding to protection risks entailed working across sectors. In the case of children on the move, this was particularly important where government pandemic response plans did not include migrant children and families. In Peru, for example, migrant families were excluded from the government’s social protection measures during the pandemic, so UNICEF worked alongside its partners to initiate cash transfers to migrant families to address this gap. The child marriage brief showed how working with education stakeholders to ensure continued access to education was identified as another critical way to keep migrant children and children at risk of early marriage safe. Even remote learning options, if available, could offer a protective function for children on the move by maintaining their connections to social and protective services.

Effective targeting is needed to reach children on the margins—but data disaggregation is often limited. The specific situation facing children on the margins - for example, those without family care, children and families on the move, or children involved in the justice system - is often not reflected or accounted for in programme data, government records, or household surveys. Many countries do not disaggregate their data by legal status or nationality, making it difficult to understand the situation or magnitude of problems facing migrant or displaced children. When it comes to justice, few countries have data related to child victims and witnesses, alleged offenders, and for children being released from migration centres that are disaggregated by sex, age, ethnicity and disability. Learning briefs collectively call for urgent attention to establish more dedicated data collection efforts to gather information on children’s well-being, but such undertakings are rare within the humanitarian sector. Compounding this challenge is information gathering during the pandemic. The child marriage brief notes that two planned studies had to be suspended in Yemen alone due to COVID-19 movement restrictions.
The learning briefs draw collective attention to the challenge of how best to reach and support the most at-risk and vulnerable children and families, especially when they are statistically invisible. The lack of data hinders advocacy and programme effectiveness, as well as funding, because the situation is not fully known. The pandemic itself added to this challenge because monitoring systems are either not in place or have been disrupted. When schools close and lockdowns keep children out of sight, children are even less visible. Movement restrictions and border closures have made it more difficult to conduct assessments and gather evidence on child protection issues at the time when evidence of how to respond is needed most. In some contexts, UNICEF and its partners found innovative ways to overcome these significant obstacles - for example, by providing community social workers in Uganda with bicycles, phones and megaphones so that they could reach girls at risk of early marriage. Moving forward, UNICEF and its partners must develop response plans that proactively consider which children are likely to be most at-risk and strategies for how to reach them and strengthen their community of support.

### Action #3: Supporting frontline workers

Advocating to define child protection caseworkers as essential service workers during the pandemic has been a priority area for UNICEF and many of its partners. Achieving this designation allowed caseworkers to follow up on children in high-risk situations, even in contexts where movement restrictions were in place. The child protection services adaptation learning brief offers many country examples of how UNICEF and its partners improved the ability of the social service workforce to respond to protection risks, even during national lockdowns. Proper government authorization was important because it meant that social service workers could continue to identify and respond to protection risks in person. This was evident in a survey of UNICEF-supported social service workers across the Horn of Africa. In the survey, 100 out of 111 respondents reported that they have been able to continue providing in-person support to children during the pandemic because they were identified as an essential service.

Designating social service workers as ‘essential’ is insufficient by itself; this designation must be linked to other material or financial benefits. The services adaption brief explains that designating child protection social service workers as essential is insufficient if it is not paired with additional support. This includes personal protective equipment; advocating for workers to have freedom of movement to do home visits during lockdowns and quarantines; and incentivizing them through fair wages, including hazard pay, health care, and adequate support and supervision.

During the pandemic, the social service workforce needed specific training on infection prevention and control, and how to adapt to working remotely. Even the most seasoned social service worker needed orientation to new strategies for child protection during a pandemic, such as using new technologies and understanding new risk-mitigation strategies. Training also needs to be adapted as national and local-level policies change, and as more is learned about the virus and effective infection prevention strategies. Across the globe, UNICEF worked with partners to develop case management guidelines and provide training to social service workers on how to deliver services and case management during the pandemic.

To be effective, the social service workforce needs to be adequately staffed. Given the surge in child protection risks connected with COVID-19, many contexts needed more social service workers, in part because movement restrictions disrupted the normal ways of working. As a result, many countries and contexts adapted their services by responding in new ways. UNICEF and its partners must ensure that the social service workforce is adequately staffed and trained to respond to these risks during the pandemic and beyond.

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because many were reassigned to the public health response. Some learning briefs report that it was possible to hire and train new staff or reclassify some social workers as ‘emergency responders’. These actions were important to keep case management ratios reasonable. In the case of migrant returnees to Ethiopia and Afghanistan, for example, additional frontline workers were deployed to the borders to anticipate returnees. In other settings, systems were set up to quickly identify and deploy social service workers who were ready to work. This happened in South Africa and Uganda, where social service organizations compiled registers of unemployed social service workers who could be mobilized to help fill critical roles during the pandemic.

Engaging and empowering the social service workforce was one of the most prominent threads across the learning briefs. The briefs are replete with examples of successful efforts to designate the social service workforce as essential. The shift to essentialize social service workers is much needed and also overdue—not only as a component of the COVID-19 response during lockdowns but also as a government service that must not be interrupted and that needs to be scaled up and sustained for longer term systems strengthening. There is more to learn about the strategies, processes, or techniques that UNICEF and its partners used with governments to receive this essential designation. It would also be instructive to learn about the context and conditions when the social service workforce was not made essential, despite advocacy by UNICEF. This may help UNICEF advocate and understand what conditions for adaptation must be present. The justice brief, for example, notes that children in detention may still be left out of the response if those in charge of their care are not seen as essential services. These types of dynamics could be elaborated through a series of short comparative case studies in coordination with partners.

More documentation is also needed to understand the experiences of social service workers during this crisis. The MHPSS learning brief suggested that COVID-19 has impacted frontline workers in real ways and that staff-care and self-care are crucial components of service provision that must be taken as the new normal for MHPSS programming. While organizations have a duty of care to ensure that their staff members are cared for and safe, the efforts to institutionalize and budget for staff-care and self-care as a component of doing programming must be better understood.

Action #4: Working within partnerships, across sectors, and through alliances to strengthen the systems that protect children

The importance of cross-sectoral partnerships and inter-agency collaboration was a common thread across all learning briefs. The pandemic underscored how essential it is to build on relationships to work alongside government and nongovernmental organizations to strengthen child protection systems. UNICEF took the crisis as a window of opportunity to improve child protection systems through advocacy and cross-sectoral collaboration, and by working in partnership and within alliances to strengthen systems. As a result, UNICEF and its partners were able to collaborate across sectors and agencies to reduce disruptions to continuity of care across health, education, and social protection.

During the pandemic, some of the short-term responses and solutions to emergent child protection risks were linked to longer-term systems strengthening and systems reform efforts. Some examples from the learning briefs include:

- working alongside governments to use the closures of care institutions as an opportunity to shift to family-based care;
- investing in child protection and GBV digital information management;
- improving the effectiveness hotlines and helplines;
- advocating for the professionalization of the social service workforce over the longer term;
- removing children from detention;
• preventing children from entering immigration detention;
• incorporating MHPSS across sectors such as education and health; and
• leveraging other sectors’ interventions to increase the number of girls accessing integrated sexual and reproductive health and rights (SRHR), HIV/AIDS and GBV services and incorporating messaging to end child marriage into other sectors' interventions.

UNICEF’s pre-COVID systems strengthening work and multi-sectoral partnerships enabled adaptive programming and secured swift cooperation and collaboration with partners. For example, the justice brief suggests that when it came to keeping children out of detention, there was already momentum around diversion and alternatives to detention. A key enabler was UNICEF’s long-term investment in strengthening diversion and alternatives to detention as a preventative measure for juvenile offending, even before COVID-19. The justice brief noted that countries that had invested in diversion and alternatives to detention prior to COVID-19 did not have large child populations in detention once the pandemic hit.

The pandemic created new opportunities to address child protection issues, such as mental health and gender-based violence, where there was previously reluctance or resistance. In some contexts, there are taboos around discussing these types of child protection issues. However, their visibility and prominence during the pandemic offered a unique opportunity to sensitize governments and populations. For example, UNICEF and partners took the opportunity to show how mental health and wellbeing is linked to children’s environment. This required a cross-sectoral approach involving child protection, education, social protection, gender and family, and health. Similarly, GBV became an issue of concern at an early stage in the pandemic. This gave UNICEF and its partners the chance to advocate for addressing GBV as part of a longer-term investment in systems strengthening alongside an emergency response, while also raising awareness of gender-based violence as an issue that requires cross-sectoral support and cooperation.

Systems strengthening is core to achieving protection related goals, including the Sustainable Development Goals, a more sustainable peace, and long-term economic development. The pandemic offers UNICEF, child-centred organisations, and governments an opportunity to ‘build back better’. The increased visibility and attention to child protection risks during the pandemic introduced unique opportunities to create a more enabling environment for child protection through dialogue, action and investment. Many governments now view the social service workforce as an indispensable component of their overall COVID-19 response. New attention is now being paid to GBV, MHPSS, and justice, among many other issues of relevance to child protection. One shared concern across many briefs was that even though the social service workforce may have made gains through being considered essential, child protection systems and services have not gained this kind of designation by government and have not been prioritized for funding, especially when compared to investments seen in sectors such as health and education. Some briefs pointed out that child protection remains disproportionately underfunded and that more must be done to advocate for adequate and proportional funds for child protection in response plans and calls for action.

Several briefs highlighted ongoing resistance to systemic change aimed at promoting children’s rights. In particular, the justice and children on the move briefs showed that even though immigration detention may have been avoided, children in immigration detention were not actually released. In short, the pandemic showed what governments can do if immigration detention is not
Innovation and adaptation also took many forms—including remote and in-person, using both high- and low-tech modalities. While innovation and adaptation are popularly associated with technology and digital options, it often entails lower-tech, out-of-the-box thinking, too. Lower-tech examples of innovation include: working with governments and other partners to figure out how best to look after children in alternative care during a pandemic, thinking through strategies to keep children out of detention, re-envisioning the role of the social service workforce, reallocating funding and adapting programming to respond to emergent protection risks, and working with agencies across different sectors such as health and education to identify child protection risks and respond accordingly.

Movement restrictions sometimes meant that service providers had little option but to adapt their programming and deliver services remotely. The services adaptation brief makes clear that it is often in a child’s best interest to meet face-to-face with a member of the social service workforce—and yet, this was not always possible during the pandemic. The brief notes that remote support has some clear advantages during an infectious disease outbreak. Particularly during strict lockdowns, remote communication efforts can provide ‘maximum coverage with minimum presence’ and thereby protect children, families and social service workers from infection. At the same time, remote support must not be taken as a complete or permanent substitute for in-person work. A strong example of this came from digital courts found in the justice brief, which details who digital innovation has helped to expand the application of virtual courts. COVID-19-related lockdowns and requirements for social distancing created an urgent need for new methods of delivery of court services, and virtual juvenile or children’s courts were established in Albania, Bangladesh, India, Kenya and Nigeria.

In the context of a pandemic, investing in child helplines and hotlines can serve as an alternative to face-to-face service delivery and for reporting. Prior to COVID-19, the VAC brief notes that child helplines were important but not necessarily considered as an essential child protection service. However, COVID-19 related lockdowns and requirements for social distancing meant that alternatives to face-to-face service provision became more like an essential service. These investments are enabling the scaling up of the operational capacity of child helplines and expansion of the reach of the services they provide. Child helplines and hotlines can potentially do more, too. One illustrative example from the MHPSS brief found that the global Child Protection Area of Responsibility and EAPRO are collaborating to help streamline the use of data from helplines to improve service provision across the region. This initiative will be aligned to Child Helpline International’s efforts to strengthen data collection systems. The initiative is in its early phases, but the idea will be to better utilize data from child helplines to improve child protection responses and prevention of violence against children and gender-based violence.

Remote modalities can have an immense reach for training and supervision. The scale-up of online training was born out of urgency, as lockdowns constrained movement and exacerbated child protection risks. Online training has the potential to do even more, too. In the context of the pandemic, remote modalities enabled social service workers, who may otherwise have been excluded, to benefit from various learning initiatives at a reduced cost. These efforts enabled many programmes to not only continue their work, but also reach larger audiences, likely in more cost-effective ways.

When it comes to case management, digital forms of services and information management were used to facilitate the continuation of services and case management during COVID-19. The GBV and services adaptations briefs drew particular attention to some child protection actors who use Primero/
CPIMS+ have reported that the tool has added value for facilitating information management during the pandemic, noting that it helps keep workers and households safe by minimizing in-person contact in the supervision process, improved confidentiality and safety. Because it is digital, the tool allows social service workers to quickly shift their information management and supervision processes online to facilitate remote work without the need to take home paper files, thus improving security and confidentiality, while reducing the need to share physical information such as paperwork.

**Digital tools were also used to reach a larger audience for awareness-raising.** In the case of child marriage, for example, UNICEF country offices increased and broadened their use of remote communication modalities to reach adolescents and parents during COVID-19 through both digital and mass media (TV, radio) technologies. They found this could provide an effective alternative to in-person communication and programming, and exponentially extend the messaging reach. They can also be far more cost-effective and provide novel ways to engage adolescents. However, the brief also cautioned that these modalities are most likely to achieve behavior change when combined with a community-engagement component, such as mentoring or home visits.

!” the pandemic highlighted the need to utilise and innovate in the virtual space, as a key tool to raise awareness and deliver and sustain services during periods of lockdown. Systems and services often quickly had to adapt to hybrid of virtual realities, providing MHPSS or case management while developing new communication channels to reach children and families through social media. While containment measures meant that the shift to remote work often happened out of necessity, the high demand for remote services suggests that these strategies can be considered for future expansion.

More attention must also be paid to how digital innovations are experienced by children, families and communities. This includes exploring the quality of these services. It also must include whether and how the digital technologies can exacerbate inequalities by age, gender, literacy, and various socio-economic inequalities. Internet penetration rates are still low in many countries, so relying solely on digital outreach will likely reinforce inequalities. Further attention must also focus on safeguarding and how to protect children from online exploitation and abuse. Another area that was only briefly discussed were issues around privacy and confidentiality around digital case management and the issues of smartphones.

Finally, the VAC learning brief notes that UNICEF has a chance to build off of the early momentum with child helplines and hotlines to provide further clarity and guidance, including quality standards to strengthen and strategies to expand the scope and services offered by child helplines. Similarly, more can be done to advocate for child helplines to be considered an essential component of child protection systems, including for service delivery, case management and data and information management systems. The infusion of these forms of technology could enable UNICEF and governments to receive investments into maintaining and scaling up child helplines for systems strengthening.

Looking ahead: taking stock of learning

This learning brief synthesis is a reminder that we need to continue to reflect on and take stock of the work done and lessons learned during the COVID-19 pandemic.

While there is no one-size-fits-all approach to reaching and protecting children, this synthesis highlights key actions that UNICEF and its partners have taken to keep children safe and respond to child protection risks during the pandemic. By focusing on the fundamentals and creating an enabling
environment, this synthesis has shown that some of the best ways to respond to protection-related risks during a pandemic include adapting programmes and services to the situation at hand so that support continues to reach children and families. This in turn enables young people, families and communities to mitigate risks to children and contribute to the overall pandemic response.

Looking ahead, UNICEF must continue adapting child protection services and programmes to respond to the most urgent child protection concerns – existing risks as well as those that emerge during the pandemic. It must work with governments and across sectors to develop and improve child protection systems, prevention and response services, risk mitigation strategies, and the social service workforce. UNICEF has a unique opportunity to improve the effectiveness of its work, while working with partners to build longer-term resilience and strengthen the capacity of systems so that they are better able to respond to the current crisis, weather the economic storm the pandemic is creating, and be prepared for the next emergency.

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