



@UNICEF/jim Holmes

## Child Protection and COVID-19 Lessons Learned from East Asia and the Pacific

The coronavirus disease (COVID-19) pandemic is of a scale that humanitarian agencies have not dealt with before. The crisis is worldwide, with the outbreak taking an increasing toll, including through lives lost. Many Governments are implementing stringent social constraints to prevent the spread of the virus, but these constraints are also placing a heavy burden on affected populations, especially on the poor and most vulnerable families and children.

The Child Protection Area of Responsibility (AoR) is working with its partners, including UNICEF, and the wider response effort to mitigate the impact of the pandemic on children and caregivers and help ensure the continuity of protection services. With such a fast moving and unique emergency, the CP AoR is supporting coordination and the rapid sharing of lessons learned and good practice. It is vitally important for all CP actors (humanitarian and development) to deepen their understanding of the impact of the pandemic and how both the health emergency and the social constraints aimed to mitigate it, are impacting child protection risks and responses.

For this purpose, on Thursday 2<sup>nd</sup> April, the [Child Protection AoR and UNICEF East Asia and the Pacific Regional Office co-hosted a regional webinar](#), attended by over 250 representatives from NGOs, INGOs, Government agencies, ASEAN Secretariat and the UN.

### The East Asia and Pacific Region

The impact of COVID-19 is wide ranging with over 800,000 cases and over 40,000 deaths across 205 countries as the 1<sup>st</sup> April. All East Asian countries now have reported cases. The region also includes countries that were the earliest impacted by COVID-19; China, South Korea and Japan. Cases are now also growing in Malaysia, Indonesia, Philippines and Thailand with community transmission. However, most Pacific islands do not yet have recorded cases. The World Bank recently projected that due to COVID-19 economic growth will slow to between 2.1 % and minus 0.5% compared to economic growth of 5.8% in 2019.

### Child Protection Risks increased by the COVID-19 Pandemic

**Neglect and lack of parental care** – In the region, children are losing parental care when their caregivers die, are hospitalized, fall ill or are quarantined. Measures put in place to control the disease e.g. school closure, have also left many children without parental care during the day (as their parents are at work). As of 1st April, all schools in the region, except for Kiribati, Nauru and Tuvalu in the Pacific islands, were closed, affecting over 360 million children.

For many families, **household income and livelihoods** are being disrupted, with particular risks for the large numbers of people living at or just above the daily subsistence level and for their food security. **Many children are living in cramped conditions** with large numbers of people subject to movement constraints. This includes those in IDP camps or high-density urban environments, such as slums. **Psychosocial distress** has resulted from the direct impact of COVID-19 on children and their family or fear of the virus and undermined capacity to positively cope with adversity. This has been compounded by

the lack of peer-support, undermined parental support and cessation of social connections for children. Stigmatization and social exclusion due to them or a family member having contracted the disease can further impair the natural capacity of an individual to recover from a distressing situation/event.

Children are at increased risk of exposure to **violence, including sexual violence, physical and emotional abuse, as well as witnessing IPV**. This may result from caregivers, other adult family members and intimate partners becoming increasingly stressed and distressed, a sense of support and belonging to a community being disrupted and the use of dysfunctional coping mechanisms (i.e. alcohol, etc.).

**Constraints to movement** can also impact the functioning and availability of both Government and NGO child protection and GBV support and care systems. Children with disabilities, marginalized children and other vulnerable groups are at higher risk of these secondary impacts of COVID-19.

## The Role of Social Workers and Community Workers

Child protection services are lifesaving. Key lessons learned from the region (primarily from UNICEF China) on the critical role of social workers and community workers for child protection in the COVID-19 response:



Health workers receive medical equipment at the Ministry of Health warehouse in Jakarta on 22 March 2020

- It is important to advocate for the inclusion of social workers and community workers within essential services so that they have continued access to affected populations, both to manage existing cases and to identify and respond to new cases, where containment measures are put in place.
- Protection actors must work with government to define critical services, policies and protocols for social workers and community workers.
- Community workers may be asked to do many extra tasks such as the delivery of food to vulnerable households.
- Community and social workers must be supported to stay safe and deal with the challenges of their work. This includes the provision of psychosocial support to the workers, adequate supervision, and training.

It is important to note that community workers are not only putting themselves at greater risk, but also risk transmitting the virus to the families they are there to support and back to their own family and communities. Suitable and sufficient protective equipment, coupled with training on safety and hygiene, to carry out critical face-to-face visits is therefore vital. It also provides the worker and the families being visited with the psychological feeling of being protected.

## Planning and Programming

### Inter-sector programming and opportunities

It is important to work with and through other sectors in the delivery of child protection services, including with GBV service providers.

In some cases, child protection specialists, case workers and social workers have been embedded in health centres and hospitals. It is important however to recognise and mitigate against the risks that working in health centres can bring and develop very clear guidance and support to workers who take on such roles.

The education sector is a strong partner for protection. Online platforms and teachers provide critical avenues to reach children with child protection and MHPSS messaging.

### Do not delay, start now and plan for future situations

It is important to identify the essential services that must remain functional during a lock down, including life-saving child protection services, and advocate for those to be exempt from containment measures. For other services that can be delivered remotely, work should start immediately on how they can be adapted or expanded to meet new working conditions and arising needs.

As well as focusing on immediate needs and responses, child protection actors should get ready to respond to the medium-term impacts of COVID-19 and the containment measures. Planning now will allow a more rapid and effective response when restrictions are lifted.

## Support to Caregivers and Children through Information Messaging

Recent studies have shown that parents and children are finding online information about the virus extremely useful. This includes advice on how to stay safe and how to cope with the imposition of social constraints and the difficulties of isolation. Then are several important considerations when developing such programming:

- Material should be available in an age appropriate format and in the relevant local languages.
- Internet access can be supported by the distribution of phones or the waiving/reduction of data costs for low income families.
- There is also a lot of disinformation and “fake news” so guidance on how to tell what information valid and guide parents and children is to trusted sources is also important.
- Where internet access is not a viable, other options and mediums such as the radio, use of community based loud-speaker systems or distribution of printed materials can be explored.

