GOAL AREA 3

Every child is protected from violence and exploitation

Global Annual
Results Report 2020

unicef
for every child

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Children at the playground of their school in Toumodi-Sakassou, Côte d'Ivoire. UNICEF has been working with countries like Côte d'Ivoire to support children's safe return to school, as well as supporting the social service workforce to maintain a continuity of protection services despite the disruptions caused by COVID-19.

Expression of thanks: © UNICEF/UN0377835/Panjwani
Children placed in UNICEF-supported family-based alternative care participate in a group psychosocial session being led by UNICEF coordinators in Kantivaas village, Banaskantha, in the state of Gujarat, India.

Expression of thanks

UNICEF's work is funded entirely through the voluntary support of millions of people around the world. UNICEF expresses deep appreciation to all resource partners, including government partners, civil society and the private sector, who contribute to its work supporting countries in all regions to deliver child protection interventions, especially to vulnerable children, their families and communities.

UNICEF would like to extend particular thanks to its partners who provided thematic funding for child protection in 2020, notably the governments of Sweden, Denmark, Spain and France, and all National Committees for UNICEF, particularly the National Committees of Korea, Norway, Sweden, Germany, the United States of America, Finland, Italy, France, Canada and the United Kingdom of Great Britain and Northern Ireland. Thematic funds are critical in allowing for greater flexibility, long-term planning and innovative programming. These funds have contributed significantly to the results described in this report.

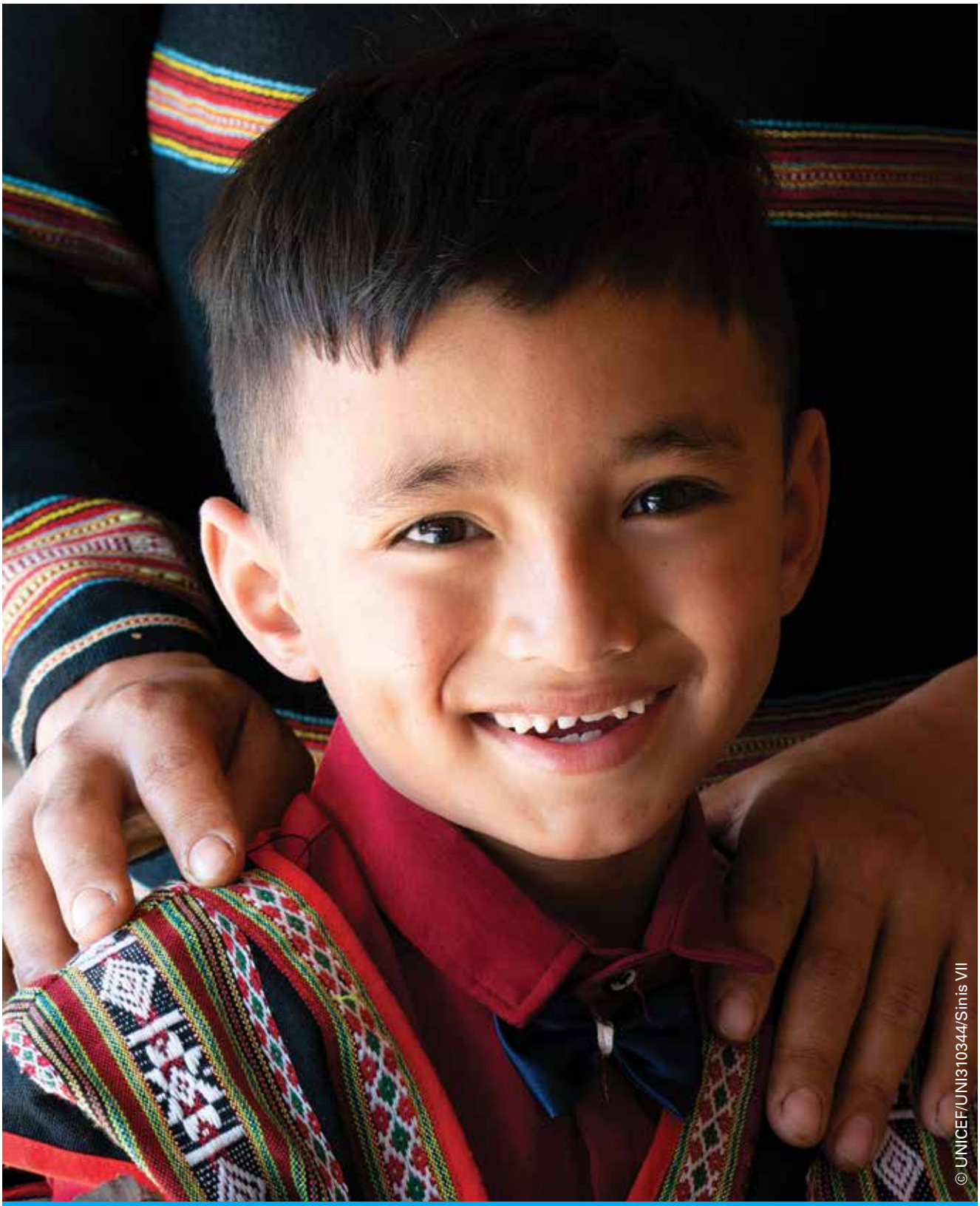
PARTNER TESTIMONIAL

Every child has the right to live free from violence, exploitation and abuse. Yet children worldwide suffer insidious transgressions – physical, social, emotional, sexual – that threaten their lives and development, and undermine and violate their human rights. This is why the protection of children everywhere is a high-profile issue for Sweden's International Development Cooperation Agency (Sida). UNICEF, with its global mandate grounded in the UN Convention on the Rights of the Child, is a trusted partner for Sida to advance its Child Protection priorities across development and humanitarian contexts.

To enable long-term strategic programming and to bridge urgent gaps, Sweden is committed to providing predictable global thematic funding to directly support UNICEF's Child Protection programming under Goal Area 3 of its Strategic Plan. From strengthening national protection systems and institutions to responding swiftly when a crisis arises, UNICEF has an important role to play in preventing violence and exploitation of children and young people. During the year 2020, we saw with increasing clarity how flexible funding made it possible for UNICEF to adapt its programming quickly to deliver results amidst the COVID-19 pandemic while violence prevention and response services were severely disrupted.

As we continue to fully understand the extent of the harm done to children due to their increased exposure to violence during the pandemic, we see critical opportunities for scaling up human rights- and evidence-based, gender-responsive and comprehensive Child Protection programming. Our partnership with UNICEF during the unprecedented year has further bolstered Sida's confidence in UNICEF as an efficient and effective partner and strong advocate for the fulfilment of children's human rights.

– Cecilia Scharp, Assistant Director General, Swedish International Development Cooperation Agency (Sida)



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A young boy and his mother outside their home in Gia Lai, in the Central Highlands region of Viet Nam. They are from the Ba Na ethnic minority, one of 54 ethnic groups in the country. UNICEF Viet Nam supports parenting education as an alternative option to reduce corporal punishment, providing parents and caregivers with resources and support on positive parenting and child wellbeing.

Seventy-four years after UNICEF was established and thirty-one years since the adoption of the Convention on the Rights of the Child, the organization's mission to promote the full attainment of the rights of all children is as urgent as ever.

The UNICEF Strategic Plan, 2018–2021, is anchored in the Convention on the Rights of the Child and charts a course towards attainment of the Sustainable Development Goals and the realization of a future in which every child has a fair chance in life. It sets out measurable results for children, especially the most disadvantaged (including those in humanitarian situations). It also defines the change strategies and enablers that support their achievement.

Working with governments, United Nations partners, the private sector and civil society, and with the full participation of children, UNICEF remains steadfast in its commitment to realize the rights of all children, everywhere, and to achieve the vision of the 2030 Agenda for Sustainable Development: a world in which no child is left behind.

The following report summarizes how UNICEF and its partners contributed to Goal Area 3 in 2020 and reviews the impact of these accomplishments on children and the communities where they live. This is one of seven reports on the results of efforts during 2020, encompassing gender equality and humanitarian action as well as each of the five Strategic Plan Goal Areas – 'Every child survives and thrives', 'Every child learns', 'Every child is protected from violence and exploitation', 'Every child lives in a safe and clean environment', and 'Every child has an equitable chance in life'. It supplements the 2020 Executive Director Annual Report (EDAR), UNICEF's official accountability document for the past year.

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Executive summary

A young girl plays with her new hula hoop at a childcare center in Nairobi, Kenya. UNICEF is working with the Government of Kenya to increase protection for children and adolescents from violence, exploitation and abuse, and promotes family-based alternatives for children in institutional care, including reintegrating them with extended family or with foster families.

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UNICEF's work in child protection (Goal Area 3) aims to ensure that every child – especially the most vulnerable and those in humanitarian situations – is protected from all forms of violence, exploitation, abuse and harmful practices. This commitment is grounded in a rights-based approach anchored in the principles of the Convention on the Rights of the Child, together with other international child rights instruments, and supports the achievement of the Sustainable Development Goals (SDGs). In the past two decades, there have been gains on many fronts. Birth registration levels have risen globally, the prevalence of female genital mutilation (FGM) has dropped by a quarter, child marriage has declined, largely driven by progress in South Asia, and the number of children in child labour has dropped.

Despite these successes, significant acceleration is required to achieve the child protection-related SDGs. Over 1 billion children experience violence every year. The consequences of child protection violations are profound, enduring and often deadly for children. The economic cost of violence against children is estimated to be US$7 trillion per year. Coronavirus disease 2019 (COVID-19) has compounded this challenge, threatening to roll back the progress made.

While the full impact on children's risk of exposure to violence and exploitation is only just emerging, COVID-19 has quickly changed the context for children and further compromised achievement of the SDGs by 2030. Indeed, the United Nations Population Fund (UNFPA) estimates that 2 million additional cases of FGM are likely to occur over the next decade that otherwise would have been averted. UNICEF estimates that up to 10 million more girls will be at risk of becoming child brides, and the world may see an increase in child labour for the first time in 20 years.

What began as a global public health emergency evolved rapidly into a child rights crisis that is unprecedented in both the universality of its scope and the inequality of its impact. Women and children across countries and contexts faced increasing and intensifying threats to their safety and well-being, including abuse, violence, exploitation, neglect and separation from caregivers. This was not only caused by containment measures to control the spread of the virus, but also by the resulting social and economic shocks reverberating across the world. At the peak of the pandemic, around 1.8 billion children lived in the 104 countries where violence prevention and response services were disrupted.

Throughout 2020, UNICEF sought to maintain the continuity of its programmes and operations while pivoting to proactively address the socioeconomic impacts of the COVID-19 pandemic. However, as much as COVID-19 has set back progress in the realization of children's rights, it also provided opportunities to elevate child protection issues, including 'hidden' issues such as mental health, violence against women and girls and supporting children without parental or family care.

UNICEF's leading voice immediately advocated for the social service workforce to be recognized as 'essential workers'. The organization capitalized on a number of innovative programming opportunities to ensure that children could continue to access prevention and response services. This included:

- leveraging digital technology to offer caregiving resources to parents, and to expand the reach of mental health and well-being messages;
- facilitating the link between children and social workers through innovative case management processes;
- expanding the availability of coaching and supervision for caseworkers through improved remote and online solutions;
- adding a teleservices tier, such as helplines, with the potential to expand service provision post-COVID-19;
- engaging communities in new ways of communicating;
- ensuring safety in online learning following widespread school closures.

The degree to which child protection systems were quickly strained worldwide by the impact of COVID-19 also underscored the importance of working to strengthen these systems, including building their resilience to future shocks. The pandemic highlighted the need to further reinforce the links between humanitarian and development programming, in line with national priorities. UNICEF's leadership in the child protection humanitarian space enabled a fast, efficient and resourceful leveraging of existing emergency structures and systems that were applied across development contexts. This contributed to a stronger convergence of critical programming across the nexus. At the same time, opportunities were also identified to prioritize interventions for strengthening national systems in the longer term and building technical capacities across all contexts.

UNICEF also played a leading role in expanding and establishing partnerships and networks to maintain a continuum of prevention and response services, and to ensure coordination at all levels. Such collaborations also led to a revitalization of knowledge management and learning for the sector through delivery of real-time data, research, and technical guidance and support services globally.

Key results in 2020

This report summarizes the annual progress against the third year of Goal Area 3 targets in the UNICEF Strategic Plan, 2018–2021, across its three output (result) areas. Three years into the implementation of the Strategic Plan, Goal Area 3 had progress rates of over 100 per cent for each result area *(see Figure 1).* In 2020, global programme expenses in Goal Area 3 across 154 offices totalled US$712 million, including US$393 million for humanitarian action in 145 offices. This accounts for approximately 12 per cent of total UNICEF expenses for the year. This share of expenses has been largely consistent since 2014.

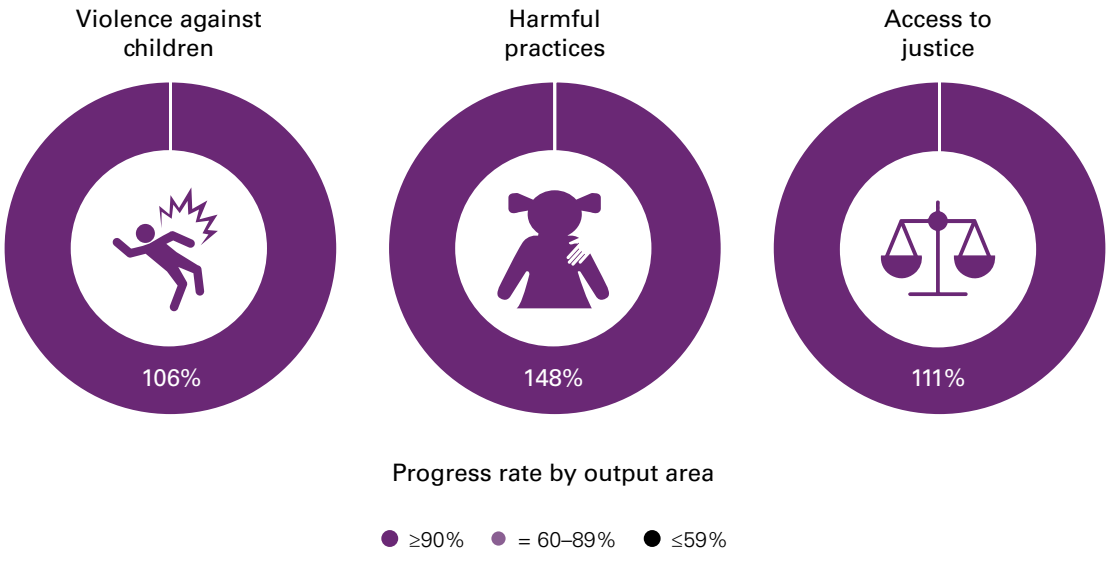
UNICEF-supported interventions reached many more children, young people and families in 2020 compared with 2019, as a result of the scaling up of innovative and digital approaches to maintain service continuity. Across 126 countries, close to 4.2 million children who had experienced violence were reached by UNICEF with direct service support (including health, social work, justice and law enforcement services). This is a 54 per cent increase compared with 2019. UNICEF-supported parenting programmes reached more than 2.6 million parents and caregivers across 87 countries. This is a 14 per cent increase compared with 2019. Further, in an ambitious attempt to share online resources with parents, UNICEF supported the Parenting for Lifelong Health partnership, reaching 134 million families globally in 2020. This includes at least 57.9 million people reached through a UNICEF-supported digital communication initiative.

UNICEF provided protective services to millions of children in 145 countries affected by armed conflict, natural disasters and public health emergencies, including the COVID-19 pandemic. Further, protective services were provided to 1.8 million children on the move in 74 countries. COVID-19 has both exacerbated the mental health burden affecting the world's children, and served to bring much-needed attention to mental health as an essential component of a child's well-being and development.

Around 47.2 million children, adolescents, parents and caregivers benefited from UNICEF-supported community-based mental health and psychosocial support – an exponential growth compared with previous years. This included providing support through safe spaces, peer-to-peer support activities, positive parenting skills activities, focused and non-focused mental health services and targeted community awareness campaigns. Additionally, significant efforts were made to expand the reach of mental health-related mass communications outreach campaigns. Taken together with these mass media campaigns, overall UNICEF-supported interventions reached more than 78 million children, adolescents, parents and caregivers in 117 countries.

COVID-19 quarantine and confinement measures, and the ripple effect of the socioeconomic impact of the pandemic increased the risks of gender-based violence (GBV) and worsen its severity across country contexts, particularly for women and girls already at heightened risk

FIGURE 1: UNICEF Strategic Plan (output level) progress rates for Goal Area 3, 2020



from living in emergency and prolonged crisis contexts. Around 17.8 million women, girls and boys were provided with GBV interventions across 84 countries. That is more than five times the number reached in 2019. COVID-19 has accelerated the scale-up of protection from sexual exploitation and abuse, with 91 countries now having safe and accessible reporting channels, country action plans, training for partners and strengthened referral pathways; 44.3 million children and adults have access to these services. UNICEF and partners provided nearly 137,000 children with family tracing and reunification services and alternative care. This was a 163 per cent increase from 2019 (74 per cent of the target population).

COVID-19 quickly exacerbated key factors that put children at risk of harmful practices such as marrying and FGM. UNICEF and partners focused on adapting and innovating programming to ensure continuity, especially for the most at-risk and vulnerable girls (including girls with disabilities). With movement restrictions and lockdowns, community-based interventions (a critical approach to addressing harmful practices) were significantly impacted. This led UNICEF to new and increased use of communication technology. Such innovations contributed to over 16.4 million people participating in UNICEF-supported education, communication and social mobilization platforms that promoted the elimination of FGM. This was a significant increase compared with those reached in 2019 (8.5 million). Over 6 million adolescent girls (compared with 5.7 million in 2019) were reached with UNICEF-supported child marriage prevention and care interventions across 45 countries.

Protecting children without parental or family care is a critical priority for UNICEF. COVID-19 has increased the risk of children being separated from their families and needing alternative care, both during the peak of the crisis and as a result of the long-term socioeconomic impact of the pandemic on families' capacity to care. Through UNICEF support, there was a 17 per cent growth in the number of countries reporting alternative care policies, in line with the 2009 Guidelines for the Alternative Care of Children (30 in 2019 to 35 in 2020). In addition, over 711,000 children without parental or family care were provided with appropriate alternative care arrangements in 87 countries.

UNICEF continued to harness its leadership role within the United Nations Legal Identity Agenda to strengthen civil registration, vital statistics and identity management, and directly supported 74 countries to improve their birth registration services, as part of overall civil registration and vital statistics improvements. While the number of birth notifications in 2020 increased by 6 per cent across 48 countries, compared with 2019 figures, the impact of service disruptions as a result of COVID-19 was most felt in birth registration and certification rates. The spotlighting of the civil registration system, including birth registration, and recognition by governments of its importance in monitoring the pandemic's impact, provides an opportunity to further leverage government investment and commitment to close the legal identity gap.

The COVID-19 pandemic generated enormous pressure on rule of law systems worldwide and compounded the challenges for children's access to justice. UNICEF led a global call for the immediate and safe release of children from detention. These efforts contributed to the release of over 11,600 children across at least 37 countries. To maintain the continuity of justice services for children, there was an increase in the use of virtual and mobile courts, online training of justice professionals, and remote delivery of post-release support and supervision. This is all providing leverage to advocate for wider system reforms for children. With 34 per cent more countries reporting on access to child-friendly justice in 2020, the number of children in contact with the law who received such services increased from 277,700 in 65 countries in 2019, to 412,900 in 87 countries in 2020. The majority of these (almost 154,000) were attributed to improved reporting in four countries (Colombia, the Democratic Republic of the Congo, India and Morocco).

Challenges

While programming adaptations saw a surge in the use of digital information technologies and social media platforms as important means of engagement, such methods are not without trade-offs. This includes, most critically, accentuating the digital divide both within and between countries and perpetuating existing structural inequities. Similarly, while the use of remote communication modalities increased the programming reach to children, young people, parents and caregivers during COVID-19 and provided an alternative to in-person communication and programming, in many cases this cannot replace face-to-face and community-based engagement. Rather, in some cases, they should be used as a mitigation measure to complement interventions.

The increased use of digital technologies also meant increased risk of children's exposure to harm. While the number of countries committing to support coordinated national responses to address online violence has increased, with 98 countries (+8 in 2020) now part of the WePROTECT Global Alliance, prevention and support services, law enforcement and regulatory responses in many countries lag behind the rapidly evolving threats.

The strain on child protection, justice/law enforcement and civil registration systems was further exacerbated by an increased demand for prevention and response services due to COVID-19. This resulted in the backsliding (or pausing, in some cases) of long-term system development

planning. In many country contexts, investment and human resource capacity were diverted to respond to the immediacy of the crisis. Further, COVID-19 underscored the importance of the costing, affordability and financing agenda, particularly in the context of shrinking fiscal space and economic contractions.

Progress in increasing funding for child protection over the past decade remains limited. While donor spending to end violence against children has increased 66.5 per cent since 2015, it represents less than one per cent of total development assistance (2018, latest data).[1] Similarly, funding for child protection in humanitarian situations remains inadequate to meet the Child Protection Minimum Standards. At the start of the pandemic, child protection and GBV programmes were not considered essential by many governments, and limited earmarked funds were received for these areas of work, making it difficult to support the continuity of these services. Looking forward, it is critical to build on Public Finance for Children (PF4C) evidence to support advocacy efforts to sustain public and private investment in child protection, particularly considering the forthcoming national austerity measures anticipated because of the economic impact of COVID-19.

Children participate in psychosocial activities at UNICEF's children-friendly space at the Karantina public garden in Beirut, Lebanon.

Looking ahead

Prior to the pandemic, UNICEF already had an ambitious agenda for organizational change in support of accelerated action for children, with a focus on prevention, innovation and scale-up. The impact of COVID-19 increases the urgency to speed up action for children. UNICEF will capture the lessons learned from the past year, embrace the opportunities it presented and leverage the programming ingenuity it has inspired as a positive force towards acceleration. These strategic and programmatic shifts are captured in UNICEF's Child Protection Strategy, 2021–2030, which will guide UNICEF's contribution toward realizing the rights of children during the Decade of Action and beyond.

> [T]he 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.
>
> *– UNICEF Executive Director Henrietta Fore*

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Children skip rope at an internally displaced persons (IDP) camp in Ituri Province, Democratic Republic of Congo. UNICEF and partners provide an integrated package of protection support to children living in the IDP camps, including safe access to community spaces for children to socialize, play and learn.

Strategic context

Children peer out from a tent at a recently established informal settlement in the northwest of the Syrian Arab Republic, which continues to receive newly displaced families from southern Idlib and rural Aleppo.

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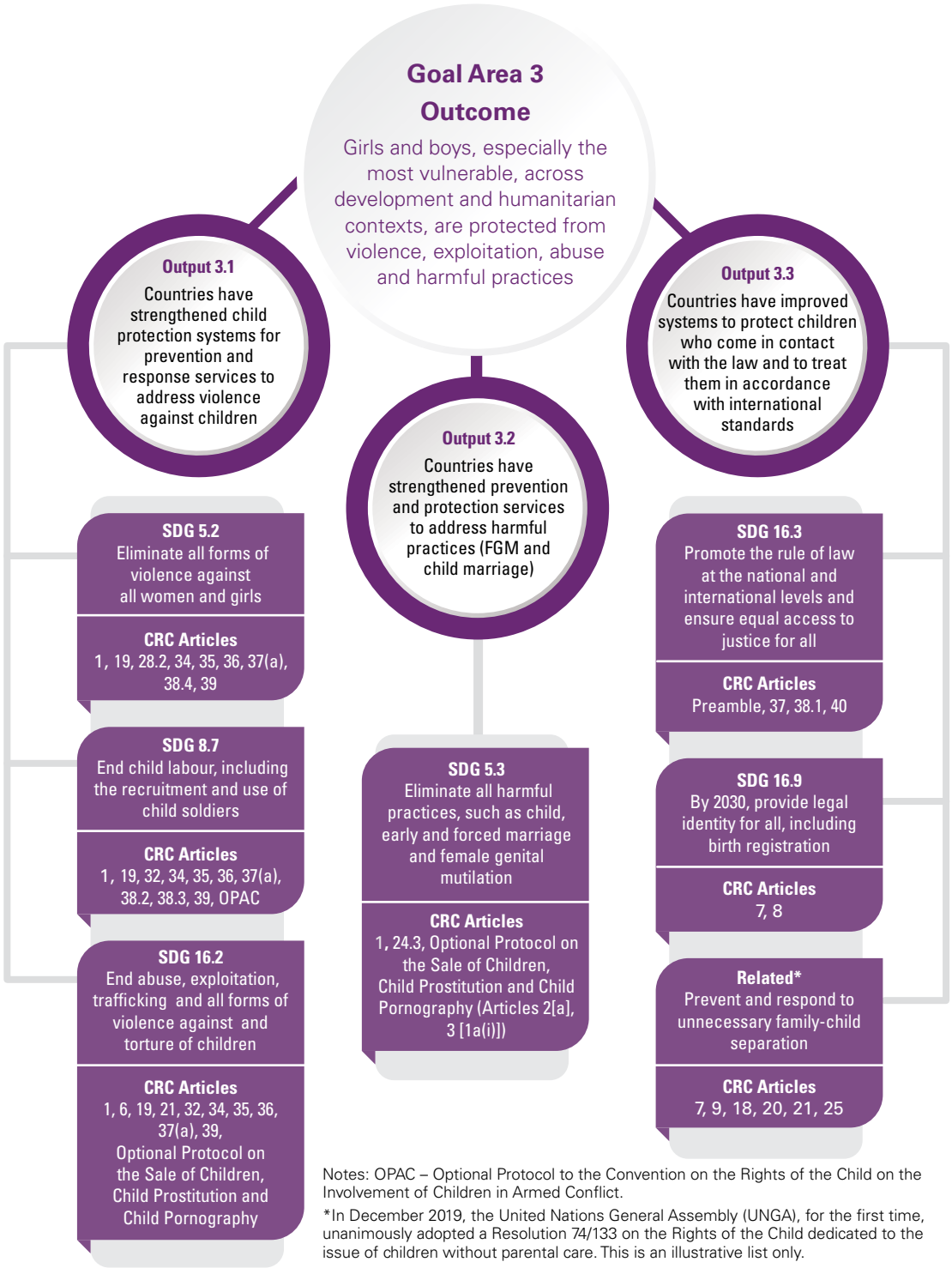
UNICEF Goal Area 3 aims to ensure that every girl and boy is protected from all forms of violence, exploitation, abuse and harmful practices. This includes those who are the most vulnerable, and those affected by humanitarian situations. This commitment is anchored in the principles of the Convention on the Rights of the Child[2] and other international child rights instruments,[3] and supports the achievement of the Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development, particularly SDG 5, SDG 8 and SDG 16 *(see Figure 2)*.

FIGURE 2: Child protection links to the SDGs and the Convention on the Rights of the Child



Notes: OPAC – Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict.

*In December 2019, the United Nations General Assembly (UNGA), for the first time, unanimously adopted a Resolution 74/133 on the Rights of the Child dedicated to the issue of children without parental care. This is an illustrative list only.

The year 2020 was the first of the United Nations Secretary-General's Decade of Action to accelerate towards reaching the SDGs. However, coronavirus disease 2019 (COVID-19) swiftly plunged the world into one of the worst crises of our lifetimes. Although the focus initially was on preventing transmission of the virus, it soon became apparent that the public health emergency was creating an unprecedented global child rights crisis, affecting children in myriad ways. This includes their right to protection from violence, abuse, exploitation and harmful practices.

While the true medium and long-term impacts for children globally are still unknown, emerging evidence points to an increase in the incidence and severity of child protection violations *(see also 'The learning agenda')*. The resulting financial crisis and potential loss of livelihoods will likely drive families to negative coping mechanisms, such as child marriage and child labour, as strategies to counteract the economic shocks.

COVID-19 hit already marginalized and vulnerable groups especially hard, exacerbating pre-existing inequalities. This includes, for example: stateless children and those at risk of statelessness; children without parental or family care and those in residential care; children with disabilities; children in street situations; children deprived of their liberty or those affected by child labour. Further, with 2020 already set to be a year with more people than ever in need of humanitarian assistance, and nearly one fifth of children worldwide living in conflict-affected countries,[4] the impact of COVID-19 was markedly acute, further exacerbating risks and curtailing vital assistance. Border closures, rising xenophobia and exclusion put migrant and refugee children at particular risk *(see 'Global shifts and COVID-19')*.

The effects of the COVID-19 pandemic have been felt unevenly across countries and demographics. At the height of the crisis, 99 per cent of the world's children lived with some form of pandemic-related movement restrictions, 60 per cent lived in countries with full or partial lockdowns and over 1.5 billion children and youth were out of school. Over 1.8 billion children live in the 104 countries in which violence prevention and response services were disrupted by COVID-19. This includes cuts in access to child welfare authorities, social services, birth registration and justice services, case management services or referral pathways, household visits and violence prevention programmes.[5]

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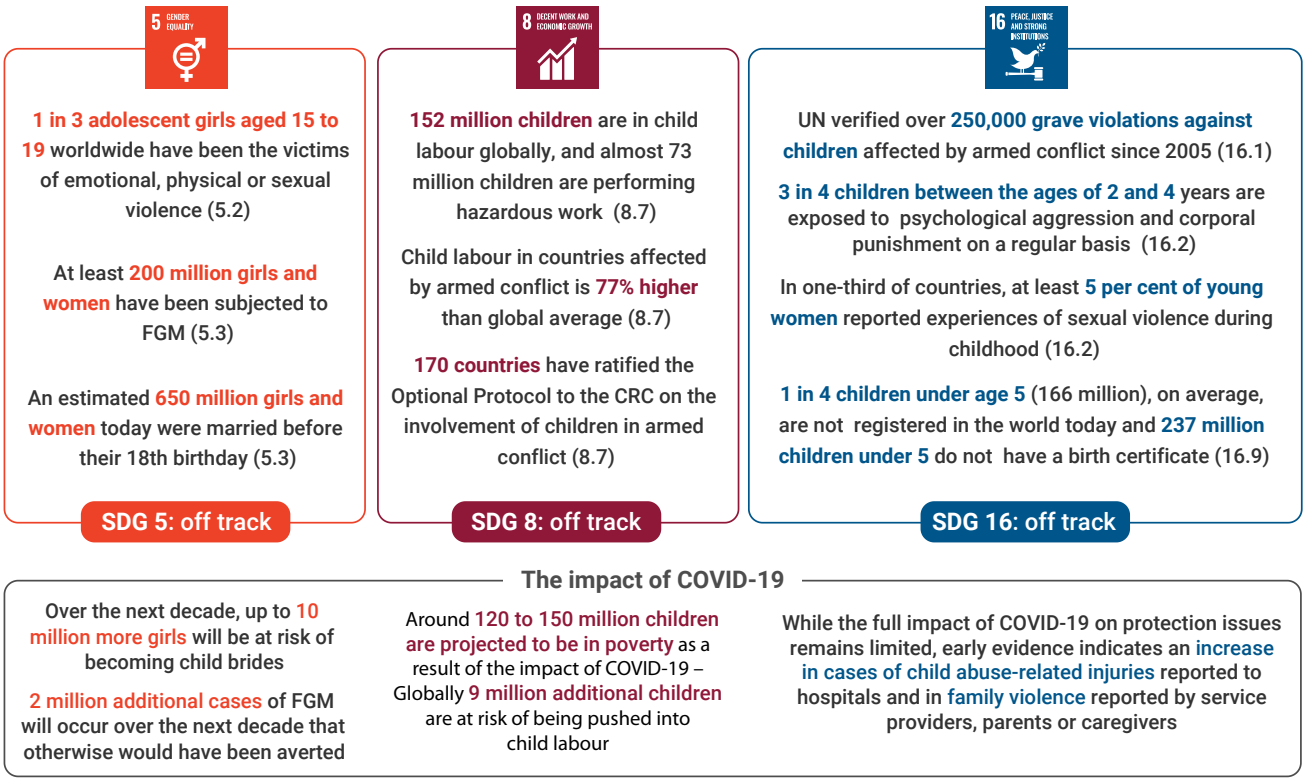
Parents with their daughter watch videos from the Community-Based Inclusive Development (CBID) programme run by UNICEF-supported Los Pipitos, a local partner in Nicaragua. Following the suspension of in-home visits conducted by child protection workers due to COVID-19 lockdowns, CBID has provided remote parenting support for parents of children with disabilities to maintain a continuity of service.

Reaching global commitments in the context of COVID-19

Prior to COVID-19, it was unlikely that the SDGs would be reached. This was particularly the case for protection-related targets, i.e., ending child marriage and FGM (SDG 5.3), ending child labour (SDG 8.7), ending violence against children and providing a legal identity for all (SDG 16.2 and 16.9). The devastating impact of COVID-19 threatens to reverse years of development gains and further inhibit progress towards the SDGs by 2030 *(see Figure 3).*

FIGURE 3: Reaching the SDGs – Goal Area 3 data trends and the impact of COVID-19

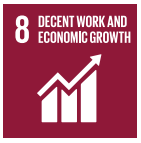


Source: Cappa, C. and Jijon, I. *COVID-19 and violence against children: A review of early studies,* Child Abuse & Neglect 116 (2021); International Labour Office and United Nations Children's Fund, *Child Labour: Global estimates 2020, trends and the road forward,* ILO and UNICEF, New York, 2021; United Nations Children's Fund, *Hidden in plain sight: A statistical analysis of violence against children,* UNICEF, New York, 2014; United Nations Children's Fund, *Child Marriage: Latest trends and future prospects,* UNICEF, New York, 2018; United Nations Children's Fund, global databases, 2021; United Nations Children's Fund, *COVID-19: A threat to progress against child marriage,* UNICEF, New York, 2021; United Nations Children's Fund, *A Familiar Face: Violence in the lives of children and adolescents,* UNICEF, New York, 2017; United Nations Children's Fund; United Nations Children's Fund, *Birth Registration for Every Child by 2030: Are we on track?,* UNICEF, New York, 2019; United Nation's Population Fund, *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage,* UNFPA, 2020; World Health Organization, *Global status report on preventing violence against children,* WHO, Geneva, 2020.

SDG 5: Gender equality

Significant global action is needed to accelerate the end of child marriage and an additional 120 million girls from being married in childhood by 2030. Prior to COVID-19, to meet the SDG target, progress would need to be 17 times faster than the rate observed over the past decade. For FGM, even in countries where the practice has become less common, progress would need to be at least 10 times faster to meet the global target to eliminate the practice by 2030 (SDG 5.3).[6]

The COVID-19 crisis has exacerbated these challenges. Interruptions or delays to programme interventions, coupled with the socioeconomic impact of the pandemic, are expected to increase the vulnerability of women, girls and boys and result in a backsliding of progress. Global estimates suggest 10 million extra child marriages may take place in the years immediately following the pandemic,[7] as family livelihoods evaporate and economic crises ensue, pushing families to identify other forms of income that harm children. Further, UNFPA estimates that the pandemic may result in two million additional cases of FGM that would otherwise have been averted by 2030.[8]



SDG 8.7: Decent work and economic growth

Although the number of children engaged in child labour has declined over the last two decades,[9] the world is not on track to eradicate forced labour and child labour by 2025 (SDG 8.7). Indeed, the socioeconomic fallout of COVID-19 is likely to plunge more children into extreme poverty.[10] In order to meet SDG 8.7, global progress would need to be almost 18 times faster than the rate observed over the past two decades. According to pre-COVID-19 projections based on the pace of change from 2008 to 2016, close to 140 million children will be in child labour in 2025 without accelerated action. The COVID-19 crisis is making these scenarios even more worrisome, with many more children at risk of being pushed into child labour. [11] In addition, children continue to be recruited in the thousands by state and non-state armed actors, and used as soldiers or for other exploitative purposes in armed conflicts around the world. Nearly 75 per cent of conflicts today involve recruitment of children, and well over half of these have included girls. Since the establishment of the Children and Armed Conflict Monitoring and Reporting Mechanism in 2005, more than 75,000 children have been documented as being subject to this worst form of child labour.

SDG 16: Peace, justice and strong institutions

Peace, stability, human rights and effective governance based on the rule of law are central to the realization of child rights and a prerequisite for sustainable development. SDG 16 includes several explicit targets for children (such as 16.2 on violence against children and 16.9 on legal identity for all, including birth registration). There are also many others where child rights are implicit, such as 16.3 on the rule of law and equal access to justice, 16.6 on strong institutions and 16.7 on inclusive societies.

To date, no country is on track to eliminate violent discipline by 2030 (SDG 16.2). Family environments, particularly those marked by limited resources, are bearing the full brunt of measures used to prevent and control COVID-19. Moreover, high-stress home environments are augmenting the likelihood of violence and abuse, especially against women and girls, as well as impacting well-being, family conflicts and civil unrest.[12]

COVID-19 has exacerbated existing psychosocial well-being and mental health problems (SDG 3.4) and created new ones. A 2020 World Health Organization (WHO) survey of 130 countries highlights the devastating impact of the pandemic on access to mental health services.[13] COVID-19 disrupted or halted critical mental health services in countries worldwide, while the demand for mental health support is increasing. Approximately 70 per cent of mental health services were disrupted.[14] This is in a global context where half of all mental health disorders start by age 14 and three quarters of mental health disorders set in by the mid-20s.[15]

Containment restrictions and service disruptions are taking a toll on children's access to justice, including impacting the availability of, and access to, legal aid (SDG 16.3). Children in confined and overcrowded spaces such as detention facilities are at heightened risk of contracting COVID-19. They are also more vulnerable to neglect, abuse and violence, including GBV, especially when staffing levels or care are negatively impacted by the pandemic or containment measures. Over 40 countries have seen drops of 10 per cent or more in civil registration services (including birth registration), which are critical for the protection of all individuals, including children. A legal identity enables their access to essential services such as health care, humanitarian assistance, financial aid and other social services.[16] Data from civil registration services are also vital to inform evidence-based decisions during and following the pandemic (SDG 16.9).

The impact of COVID-19 on existing global shifts in the child protection landscape

Ongoing global shifts in the child protection landscape suggest there is a need for greater long-term investment into strengthening child protection systems. As economic growth stagnates and debt rises (a predicted by-product of the pandemic), there will be a further tightening of an already shrinking fiscal space. COVID-19 has exacerbated protection risks for children.

Poverty, livelihoods and hunger: The impact of COVID-19 is increasing the number of children living in poor households. Early estimates suggested this may be by up to 15 per cent by the end of 2020, with nearly two thirds of these living in sub-Saharan Africa and South Asia.[17] Poverty, food insecurity and loss of livelihoods can amplify the stressors that increase vulnerabilities for children. This includes separation from their families, which can expose them to more harmful situations, such as being recruited into armed groups or forces, child marriage or child labour.

Rapid urbanization: Some 4.4 billion people live in cities around the world. Of these, 1 billion – including an estimated 350 million children – live in slums or informal settlements. Though cities are at the forefront of social service and policy innovation that can benefit children in vulnerable situations, they can also heighten risk factors. COVID-19 has further magnified these risks; an estimated 90 per cent of all reported COVID-19 cases are in urban settings, with people in slums and informal settlements likely to be the most affected.[18]

Conflict and displacement: Forced displacement is now affecting more than one per cent of the global population. That is, 1 in every 97 people. A decreasing proportion of those who flee are able to return home.[19] Of the estimated 46 million people who are internally displaced by conflict and violence, more than 4 in 10 (or 19 million) are children.[20] COVID-19 has multiplied vulnerabilities for children across these contexts and many may lose their access to legal processes that protect them from harm, as well as access to vital protection, education and health services.

Climate change and environmental degradation: These factors exacerbate child protection risks by causing resource scarcity, food insecurity, conflict, natural disasters and increased poverty. This amplifies structural and systemic vulnerabilities for women and children and heightens risk factors such as sexual and physical violence, exploitation and abuse, trafficking, forced labour and child marriage.

Rising xenophobia, racism and discrimination: Anti-immigrant agendas and nationalist movements in some places and COVID 19 mobility restrictions overall threaten to roll back protections and services. This includes those for underserved groups such as migrants, internally displaced persons and minority children. Furthermore, as only three per cent of the world's population are estimated to live in countries with an open civic space,[21] this threatens to further undermine child rights frameworks and quell the meaningful participation and engagement of adolescents and youth.

Digital transformation: Digital connectivity has brought about huge opportunities for children and young people, but it has also brought risks. These include digital surveillance, data misuse, abuse and harassment (such as sexual exploitation and cyberbullying). Responses to COVID-19 have triggered an exponential growth in the use of digital methods to communicate, learn and deliver child protection services. However, it has also created a widening of the digital divide, both within and between countries, perpetuating existing inequities based on age, gender and poverty.

UNICEF's response: Adapting to the challenge

With its dual humanitarian and development child rights mandate, and presence at the country, regional and global levels, UNICEF Child Protection is in a strong position to support partners across the globe to address the scale and complexity of child protection needs. To achieve the transformative vision of the SDGs by 2030, however, most countries' national priorities will need to be realigned to drastically accelerate action and secure the necessary political capital and fiscal space to invest in child protection systems over the long term.[22]

UNICEF already had an ambitious agenda, prior to COVID-19, for organizational change to support accelerated action for children – with a focus on prevention, innovation and scale-up. The impact of COVID-19 increases the urgency to speed up action for children. These strategic and programmatic shifts will be captured in UNICEF's Child Protection Strategy, 2021–2030, which will guide UNICEF's contribution to realizing the rights of children during the Decade of Action and beyond.

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Adolescents in Ahmedabad, India engage in discussions around perceptions and experiences of violence and safety with a focus on gender-based violence.

Results by strategic output

Children at a socio-educational health complex in Abobo, Côte d'Ivoire. UNICEF supports this programme for children in street situations, led by the Programme for the Protection of Adolescents and Vulnerable Children of the Ministry of Family, Women and Children.

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The year 2020 ushered in a time of exceptional uncertainty. The COVID-19 pandemic unleashed a global crisis that has been unprecedented in both the universality of its scope and the inequality of its impacts. Children everywhere have seen their lives upended. But the most harmful effects have not been distributed equally, falling disproportionately on children in the poorest countries and communities and those already disadvantaged by discrimination, social exclusion, fragility, conflict and other crises.

– UNICEF Executive Director Annual Report, 2020

UNICEF prioritizes strengthening child protection systems for prevention and response services, across development and humanitarian contexts. The aim is to ensure a protective environment to safeguard children's well-being and development, prevent violation of children's rights in all forms (prevention systems) and ensure a systematic and comprehensive response is available to address violations (response systems).

This report summarizes annual progress in the third year of targets for Goal Area 3 of the UNICEF Strategic Plan, 2018–2021, across its three output (result) areas *(see Figure 4)*. Results achieved against humanitarian action strategic targets appear in a separate section for clarity. Each result area concludes with the key lessons learned and challenges, with particular emphasis on the impact of COVID-19. The concluding section outlines Goal Area 3 strategic priorities, including the programming shifts identified for 2021 to achieve the targets set out in the UNICEF Strategic Plan, 2018–2021 and the broader targets of protection-related SDGs by 2030.

In 2020, global programme expenses in Goal Area 3 across 154 offices totalled US$712 million, including US$393 million for humanitarian action in 145 offices. This accounts for approximately 12 per cent of total UNICEF expenses for the year. This share of expenses has been largely consistent since 2014 *(see Figure 5)*. In terms of income, partners contributed US$163 million "other resources – regular" for Goal Area 3 in 2020. This is a seven per cent decrease compared with the previous year.

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This young girl lives in the Za'atari refugee camp in Jordan. She attends a UNICEF-supported Makani centre that provides learning support and child protection services. UNICEF and partners provide learning, skills building and protection services to children (56 per cent girls) in 140 Makani centres across the country.

FIGURE 4: UNICEF Goal Area 3 Strategic Framework, 2018–2021

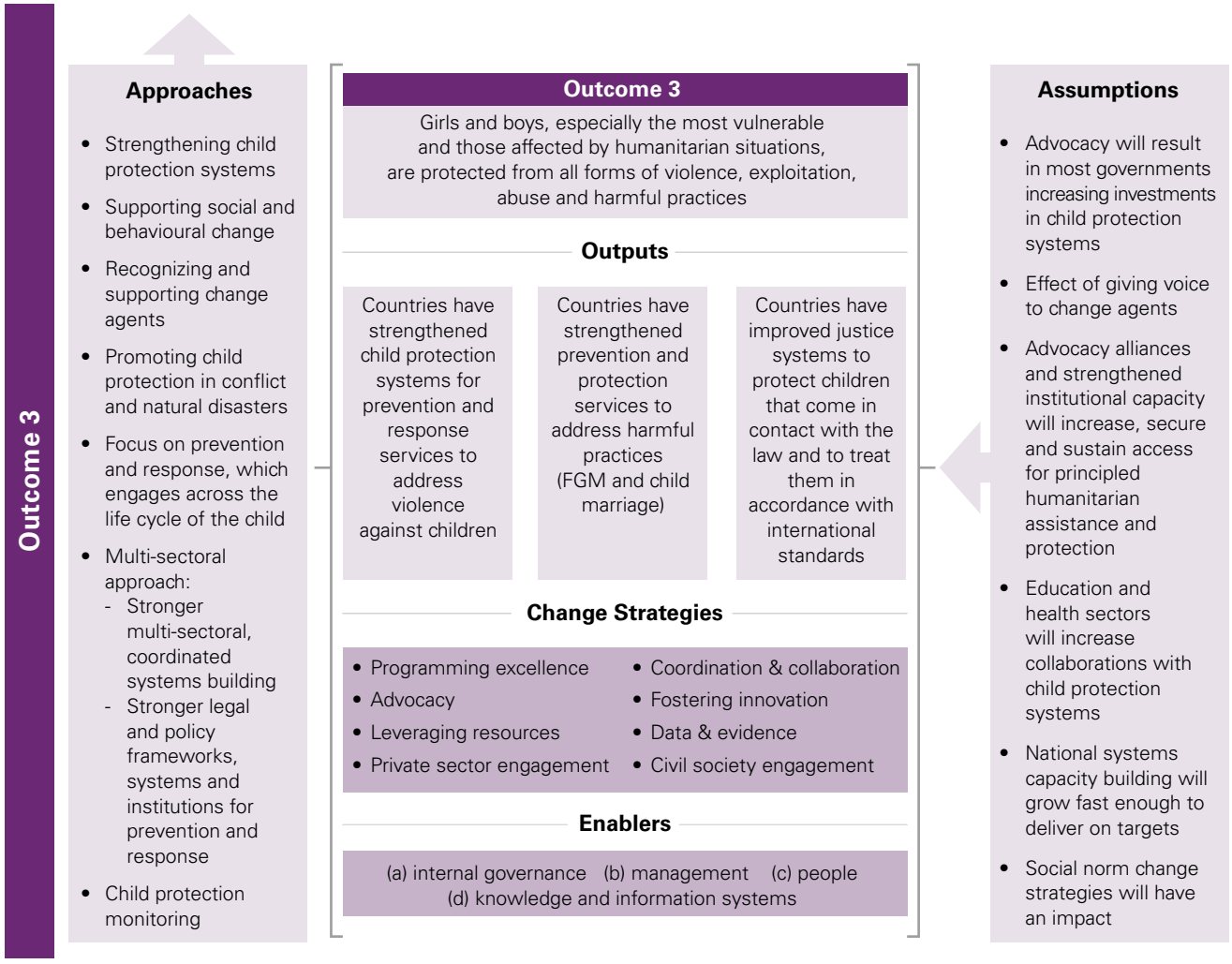
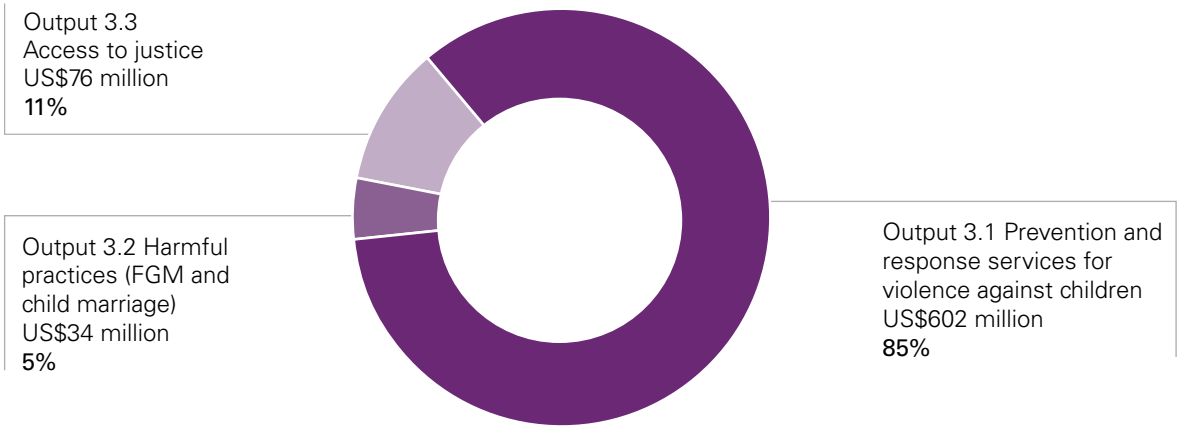


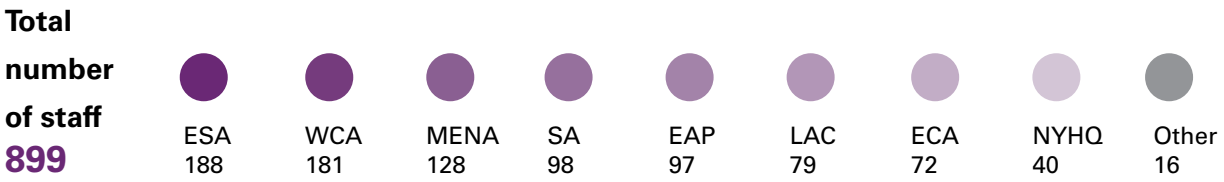
FIGURE 5: UNICEF Goal Area 3 expenses by output area, 2020 (US$ millions)*



*Due to rounding, the totals may differ slightly from the sum of the columns.

In 2020, UNICEF had 899 child protection staff located across 127 countries. This is commensurate with 2019 levels *(see Figure 6)*. Ninety-four per cent are located at country and regional levels. This strong country presence allows UNICEF to foster close relationships with key partners, including relevant government ministries, other United Nations agencies, donors, civil society and, increasingly, the private sector. At the global level, headquarters staff provides technical oversight and advice, drives the development of evidence-based public goods and best practices, and contributes to shaping global child protection normative frameworks, policies and partnerships. Headquarters staff account for six per cent of total staff, which is similar to 2019 levels.

FIGURE 6: Number of child protection staff per location, 2020



Note: EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; NYHQ, UNICEF Headquarters; SA, South Asia; WCA, West and Central Africa.

Highlights of the 2020 results

Throughout 2020, UNICEF sought to maintain the continuity of its programmes and operations, while pivoting to proactively address the socioeconomic impacts of COVID-19, the measures taken to contain the spread of the virus, and support national mitigation planning and response. With its partners, the organization ensured children, adolescents, families and caregivers could access related prevention and responses services, using innovative and digital approaches *(see Figure 7)*. Working in close collaboration with government counterparts, civil society organizations and other partners, UNICEF child protection (Goal Area 3) teams around the world were able to deliver a wide array of results across 154 countries *(see Figure 8)*.

FIGURE 7: Summary of Goal Area 3 strategic output results: Programme reach, 2020

UNICEF and partners **REACHED** an **UNPRECEDENTED NUMBER** of children, young people and families/ caregivers in 2020, particularly with **INNOVATIVE** and **DIGITAL COMMUNICATION** approaches

PREVENTING AND RESPONDING TO VIOLENCE AGAINST CHILDREN

4.2m ▲54%
children who had experienced violence reached with **health, social work and justice/law enforcement services** (126 countries)

2.6m ▲14%
parents and caregivers participated in **parent education programmes** (87 countries)

31k **social service workers trained on specialized knowledge and skills** to deliver essential services during COVID-19 (23 countries)

CHILD PROTECTION IN HUMANITARIAN ACTION

47.2m 11 X more
children, adolescents, parents and caregivers accessed **MHPSS** (117 countries)

1.8m
children on the move received **protective services** (74 countries)

17.8m 5 X more
women, girls and boys provided with **GBV risk mitigation, prevention or response interventions** (84 countries)

74% ▲85k
of target population **UASC reunified or put in appropriate care** – nearly 137,000 UASC reached (75 countries)

65%
of target population **received relevant prevention and survivor assistance interventions** for landmines and ERW – 2.7m children (20 countries)

44.3m
children and adults were reached globally; 91 countries now have **safe and accessible reporting channels, country action plans, training for partners and strengthened referral pathways for SEA**

PREVENTING HARMFUL PRACTICES

433k 3 X more
girls and women received **FGM-related prevention and protection services** (16 countries)

16.4m ▲7.9m
participated in **education, communication and social mobilization platforms** promoting FGM elimination (20 countries)

6m ▲350k **adolescent girls** reached with child marriage-related **prevention and care interventions** (45 countries)

IMPROVING CHILDREN'S ACCESS TO JUSTICE

37 countries
answered an unprecedented global call for the immediate and safe release of children from detention which led to the release of over **11,600 children and young people**

34%
more countries reported results on improving access to justice, resulting in **2 X AS MANY children in contact with the law receiving services** (from 277,700 in 65 countries in 2019 to 412,900 in 87 countries in 2020)

711k
children without parental or family care were provided with **appropriate alternative care arrangements** (87 countries with a COVID-19 response plan)

Birth registrations
of children aged 0–17

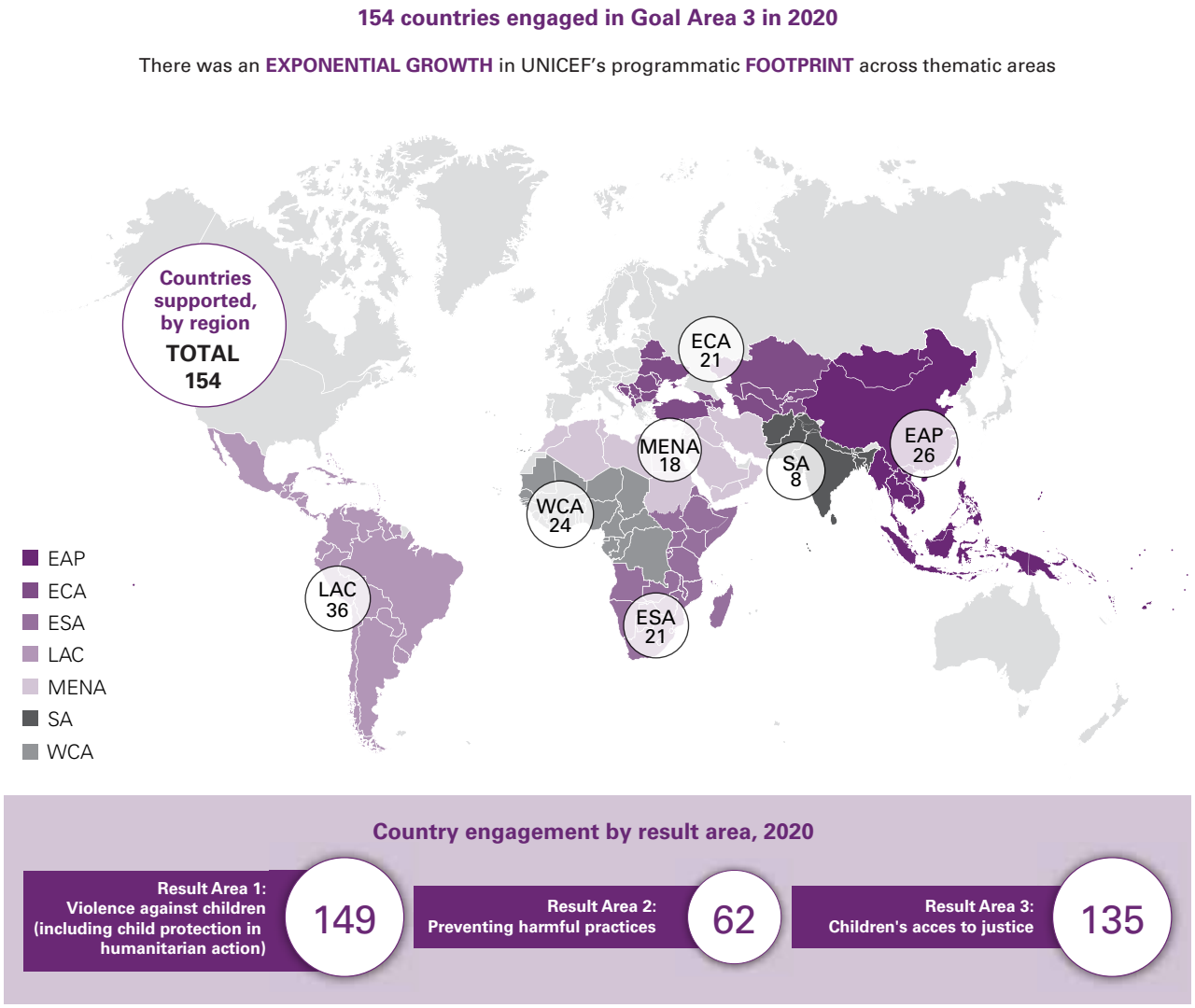
12.5m birth notifications were received in 48 countries

21.2m births were registered in 57 countries

15.1m birth certificates were issued in 51 countries

Notes: Abbreviations: ERW - explosive remnants of war, FGM - female genital mutilation, GBV - gender-based violence, MHPSS - mental health and psychosocial support, SEA, sexual exploitation and abuse, UASC, unaccompanied and separated children, VAC - violence against children. Changes are compared to results achieved in 2019 unless otherwise specified.

FIGURE 8: Summary of Goal Area 3 strategic output results: Country engagement, 2020



Note: EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.

The impact of COVID-19 on child protection systems-strengthening

UNICEF prioritizes strengthening the social service workforce, which is the most important element of every well-functioning child protection system. In addition, coordination and collaboration between sectors (particularly social welfare, justice, education, health and social protection) are emphasized, to strengthen legal and policy frameworks, make high-quality services available for prevention and response, and generate demand from communities. UNICEF promotes systems-strengthening across the humanitarian–development nexus, seeking to support child protection systems that are resilient and can adapt to changing contexts *(see Box 'Strengthening the humanitarian–development nexus in the context of COVID-19').*

UNICEF's approach is underpinned by addressing children's rights and ensuring the inclusion of those who are vulnerable, marginalized and underserved. This is critical to achieving the 'leave no one behind' agenda *(see Boxes 'Children in street situations', 'Children with disabilities' and 'Children and child labour').*

The COVID-19 pandemic has shone a spotlight on the centrality of systems to drive results for children, while also exposing system gaps, particularly those in social service/welfare/justice provision. With many countries facing economic challenges, social sectors are often one of the first to be hit by cuts in spending. This harsh reality has been exacerbated by COVID-19. Countries with already weak or fragile systems face huge strain from overstretched capacity and resources. These challenges are further amplified by the effects of the pandemic, including increased child protection risks such as violence in the home (especially against women and children), child separation from parents and caregivers, child labour and child marriage. The result is greater numbers of children at risk, and in need of protection and response services.

During COVID-19 it is more challenging to identify children at risk. This is because many of the adults who would typically recognize signs of violence, exploitation and abuse (e.g., teachers, extended family, community members and social service workers) are no longer in regular contact with children. Early on, UNICEF undertook a survey of 148 countries to gain a better understanding of the actual status of violence prevention and response services during the pandemic *(see Figure 9).*[23] The findings helped inform the best ways to adapt and innovate programming for all countries. This resulted in many countries identifying ways to reach children, parents and caregivers remotely with continued services. This included using electronic devices and mobile phones to conduct case management and expanding the availability of telephone hotlines, which became a lifeline for many women and children.

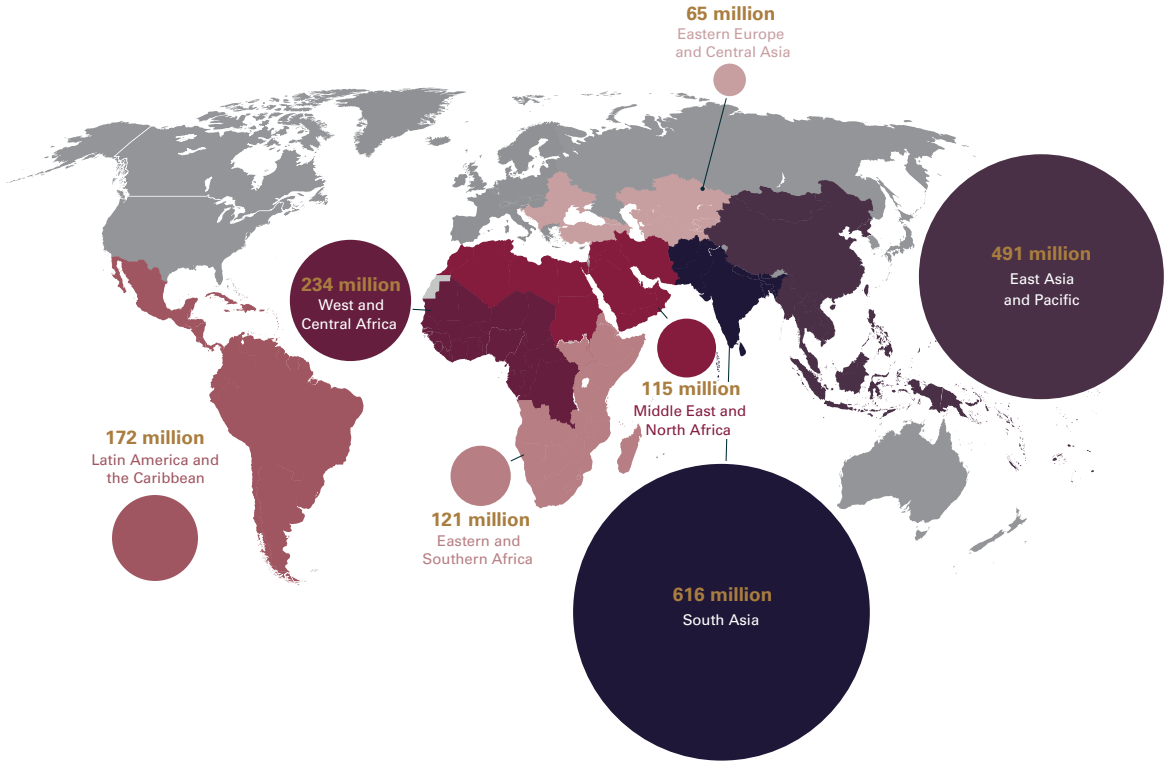
The pandemic impacted the overall pace of systems reform in 2020. Containment measures and other factors impacted consultative processes that are essential to finalize policies and legislation. Resources diverted to support national emergency response planning were squeezed. On the other hand, many countries saw improvement in collaboration and coordination within child protection actors and across the humanitarian–development nexus.

Within this context, UNICEF supported 154 countries to take steps to re-think and adapt programming to support the delivery of child protection prevention and response services to mitigate the impact of the pandemic and protect the most vulnerable children. COVID-19 also provided a unique entry-point to advocate for systems reform moving forward. UNICEF played a leading role in building inter-agency consensus, strengthening partnerships and sectoral collaboration, and operationalizing key strategic response interventions to maintain continuity of care and service delivery, and strengthen key elements of child protection systems *(see Figure 10).*

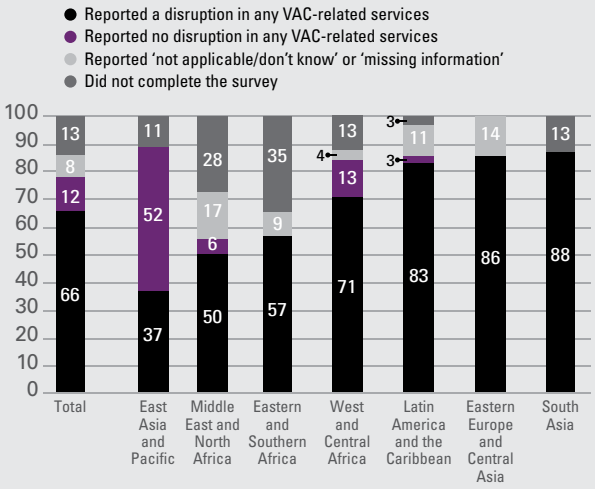
Adi, 7, and her friends participate in a UNICEF-supported child-friendly space in Matailabasa Village, Macuata Province, Fiji. UNICEF is working to support children like Adi in cyclone-affected communities together with the Fiji Ministry of Women, Children and Poverty Alleviation to provide a safe space for children to be children.

FIGURE 9: Service disruptions to violence prevention and response caused by COVID-19, 2020

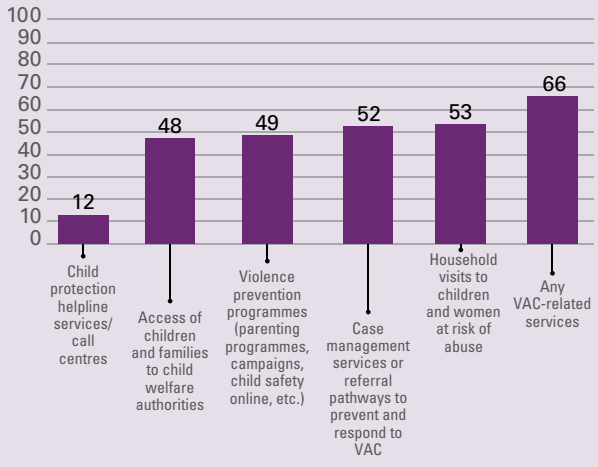
Number of children aged 0 to 17 years living in countries that reported any level of disruption in any services related to violence against children, total and by region



Percentage distribution of countries by whether or not they reported a disruption in any services related to violence against children, total and by region



Percentage of countries that reported any level of disruption in any services related to violence against children, total and by type of service



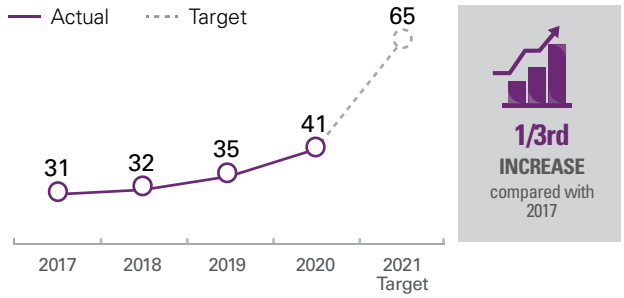
Notes: Data collected between May-August, 2020. Figures have been rounded and may not add up to 100 per cent. The estimate of 66 per cent reflects the 104 countries that reported a disruption in any services related to violence against children out of the 157 countries that received the survey. Additionally, 21 countries did not complete the survey; therefore, the number of countries with a disruption in any VAC-related services could be higher. Nineteen countries reported no disruption in any VAC-related services, while for 13, the responses were 'missing/ not applicable/don't know'. It is important to remember that some countries might have such services, but due to their nascent nature, disruption did not occur. The 'not applicable' category is meant to capture situations where a service was not available in a country prior to the pandemic.

This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country, territory or area or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between Sudan and South Sudan had not yet been determined, and the final status of the Abyei area has not yet been determined. Countries in grey did not receive the survey.

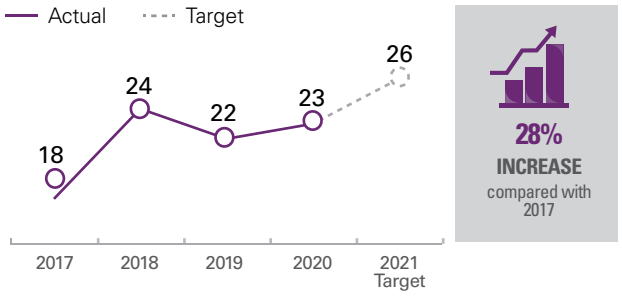
Source: United Nations Children's Fund, '*Protecting Children from Violence in the Time of COVID-19: Disruptions in prevention and response services*', UNICEF, New York, 2020.

FIGURE 10: Progress in strengthening child protection systems, 2017–2020

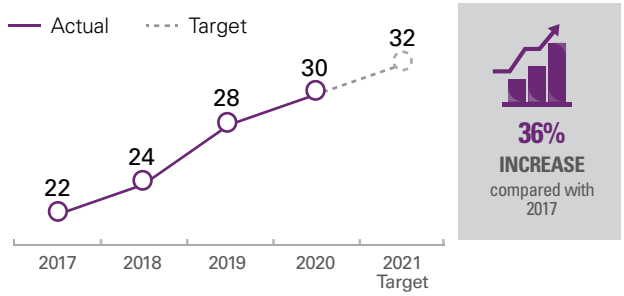
Countries with a quality assurance system in place for social service work



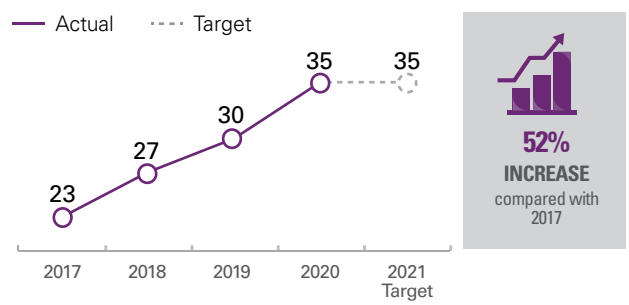
Countries with specialized justice for children systems



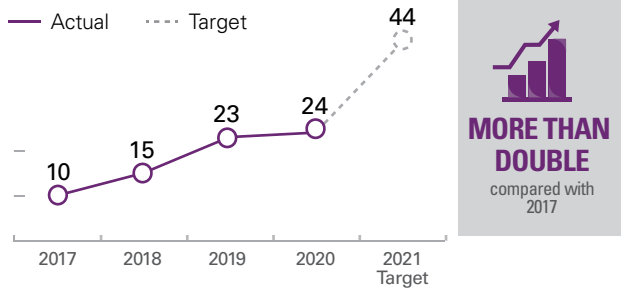
Countries with legislative and policy framework to eliminate the worst forms of child labour



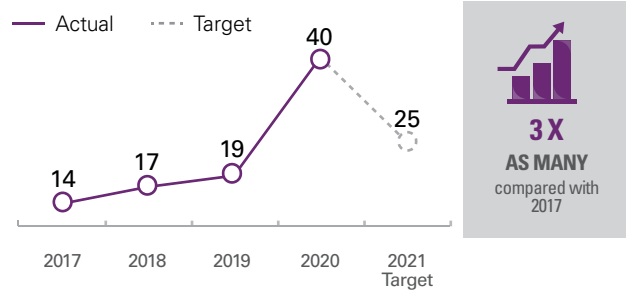
Countries with alternative care policies in line with the 2009 Guidelines for the Alternative Care of Children



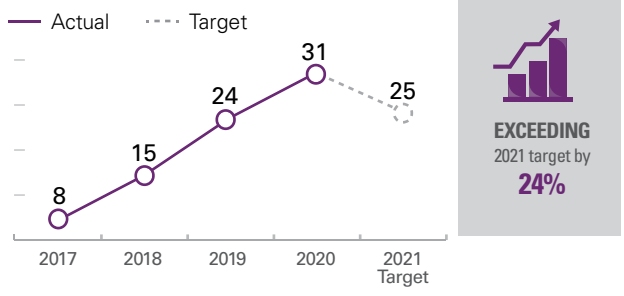
Countries in which an inter-operable information management system



Countries that have in place free and universal birth registration service within the civil registration system



Countries implementing a costed national action plan to end child marriage



The power of partnership in a time of crisis

At all levels, UNICEF played a key role in coordinating COVID-19 response planning, through joint advocacy, provision of technical guidance, thought leadership and support services. This included ensuring the effective use of technology and remote methods to deliver services halted or stalled by access limitations.

In 2020, UNICEF's global partners included key actors in the social service workforce, care reform, justice, legal identity and humanitarian spaces. These include, for example: the Better Care Network, the Global Social Service Workforce Alliance, the International Federation of Social Workers, and the International Association of Youth and Family Judges and Magistrates. UNICEF is co-lead for the Alliance for Child Protection in Humanitarian Action, and has expanded collaboration with Child Helpline International. This proved vital to expanding remote service delivery in the context of COVID-19.

UNICEF was also a driving force in bringing partners together to adapt violence against children programming in the context of COVID-19, notably through the Global Partnership to End Violence against Children (End Violence) and the Safe to Learn coalition. UNICEF also collaborates on high-level advocacy with the Special Representative of the Secretary-General on Violence against Children. UNICEF's role in the WePROTECT Global Alliance was critical to accelerating global coordinated action to address online violence.

UNICEF Child Protection is particularly and demonstrably committed to the Delivering as One approach with United Nations agencies. UNICEF co-leads two of the largest joint programmes with the UNFPA on ending child marriage and eliminating FGM. Indeed, the UNFPA–UNICEF Global Programme to End Child Marriage remains one of the largest United Nations joint programmes dealing with a singular issue. Currently in its second phase, the programme continues to show how joined-up action can provide essential political, policy and programmatic leverage to identify and implement collective solutions to achieve the SDGs (SDG 5.3). Within the context of the Common Chapter, UNICEF, UNFPA and United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) continue to work together on gender equality.

UNICEF continued to lead, with United Nations Development Programme (UNDP) and the United Nations Department of Economic and Social Affairs (UNDESA), the United Nations Legal Identity Agenda (UNLIA). This promotes a 'One United Nations' approach to civil registration, vital statistics and identity management. The World Bank is also an important partner. Regional partners include strong links with the African Union, the Asian Development Bank, and the African Development Bank.

In humanitarian situations, UNICEF works with the International Organization for Migration (IOM), the Office for the Coordination of Humanitarian Affairs (United Nations), United Nations High Commissioner for Refugees (UNHCR), UNFPA, WHO and the United Nations Mine Action Service. UNICEF also leads the Child Protection Area of Responsibility. The UNHCR-UNICEF Blueprint for Joint Action for Refugee Children is also an important framework for collaboration. Lastly, the Special Representatives of the Secretary-General on Children and Armed Conflict, and Sexual Violence in Conflict are important allies.

Strengthening cross-sector collaboration

COVID-19 increased opportunities to reinforce and integrate cross-sector collaboration, strengthening child protection systems. For example, synergy with social protection systems and institutions was critical to ensure that effective child-sensitive, gender-responsive and inclusive social protection coverage was put in place for at-risk children. In South Africa, for example, UNICEF played a vital role in supporting the expansion of the country's social protection programmes: the Cash Care and Protection model. The child support grant now reaches over 65 per cent of children in the country. In Sierra Leone, the government adjusted the national social safety net, along with an emergency cash transfer programme for households of informal workers in urban areas. UNICEF Madagascar is leading coordination efforts to facilitate a cash plus response, with expanded coverage to the children and families most affected by the pandemic. By mid-2020, emergency cash transfers had reached over 240,000 families. Cash plus interventions facilitate access to basic services, including social services, in the poorest households.

Enhanced cross-sector collaborations are also evident in other sectors. In education, ongoing efforts are being made to mitigate the impact of school closures and ensure the safe return of children to school *(see 'Violence in schools: making learning safe for children').* In health, integrated systems to improve violence-related response and prevention services continue to be strengthened, as are systemic linkages to improve birth registration through 'twinning' services within the health system *(see 'Ensuring critical prevention and response services' and 'Accelerating birth registration to close the legal identity gap').*

Strengthening the humanitarian–development nexus in the context of COVID-19

The pandemic highlighted the need to further reinforce the links between humanitarian and development programming, in line with national priorities. Throughout 2020, improved collaboration across humanitarian and development programming was evidenced. This includes, for example, in the areas of access to justice, alternative care, gender-based violence (GBV) support, mental health and psychosocial support (MHPSS), and protection from sexual exploitation and abuse (PSEA). This programming coherence and complementarity underscored the need and the opportunity for collective action to achieve sustainable child protection gains for children.

New and existing networks and partnerships very quickly aligned around common priorities to combat the impact of COVID-19. This facilitated cohesive action across the child protection sector, and increased collaboration with other sectors, from education to social protection. The platforms UNICEF has helped build in recent years (such as the Alliance for Child Protection in Humanitarian Action) proved critical to enable a fast, efficient and resourceful leveraging of existing emergency structures and systems, adapted across countries.

Shared challenges enabled the uptake of evidence-based approaches to addressing the root causes of violence, exploitation and abuse, as well as mitigating the risks that women and children face. In crisis responses, UNICEF is investing in local leadership, the social services workforce and civil society. The exponential growth in the number of countries reporting scaled-up programming in critical areas in 2020 compared with 2019 – an additional 72 countries for MHPSS and an additional 54 countries for GBV – has opened entry-points to further strengthen systems' capacities across humanitarian and development contexts.

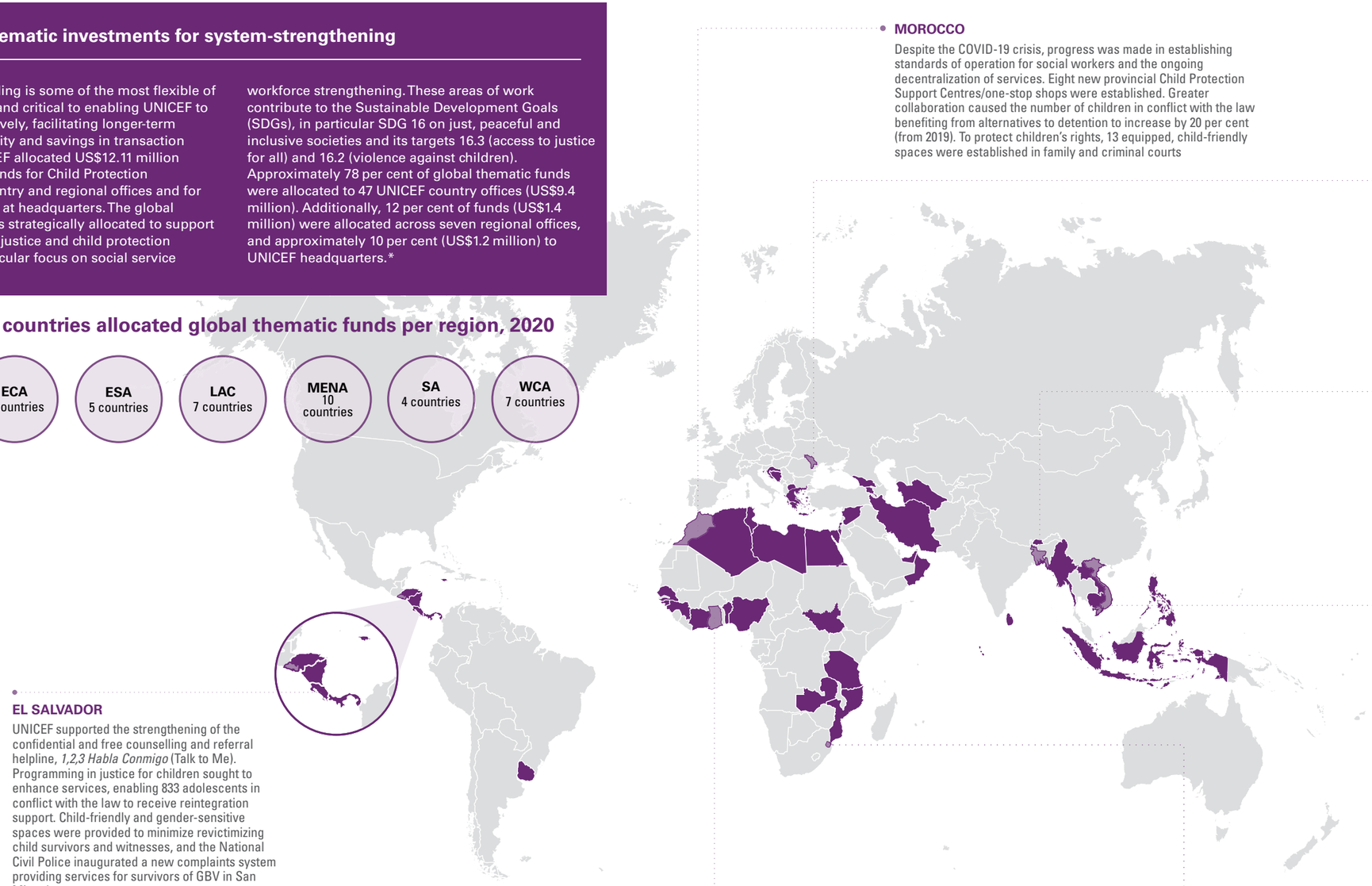
A young refugee child who fled her home after a rise in violence in Nigeria's North-Western Zamfara, Sokoto and Katsina States has been placed with a foster family in a village in Maradi, Niger. Growing violence and insecurity are threatening the care and protection of 2.3 million children in need of protection assistance in 2020, in the Central Sahel region.

The value of thematic investments for system-strengthening

Global thematic funding is some of the most flexible of funding for UNICEF and critical to enabling UNICEF to respond more effectively, facilitating longer-term planning, sustainability and savings in transaction costs. In 2020, UNICEF allocated US$12.11 million of global thematic funds for Child Protection programming to country and regional offices and for global programming at headquarters. The global thematic funding was strategically allocated to support the strengthening of justice and child protection systems, with a particular focus on social service workforce strengthening. These areas of work contribute to the Sustainable Development Goals (SDGs), in particular SDG 16 on just, peaceful and inclusive societies and its targets 16.3 (access to justice for all) and 16.2 (violence against children). Approximately 78 per cent of global thematic funds were allocated to 47 UNICEF country offices (US$9.4 million). Additionally, 12 per cent of funds (US$1.4 million) were allocated across seven regional offices, and approximately 10 per cent (US$1.2 million) to UNICEF headquarters.*

Number of countries allocated global thematic funds per region, 2020

- **EAP** 6 countries
- **ECA** 8 countries
- **ESA** 5 countries
- **LAC** 7 countries
- **MENA** 10 countries
- **SA** 4 countries
- **WCA** 7 countries



MOROCCO

Despite the COVID-19 crisis, progress was made in establishing standards of operation for social workers and the ongoing decentralization of services. Eight new provincial Child Protection Support Centres/one-stop shops were established. Greater collaboration caused the number of children in conflict with the law benefiting from alternatives to detention to increase by 20 per cent (from 2019). To protect children's rights, 13 equipped, child-friendly spaces were established in family and criminal courts

REPUBLIC OF MOLDOVA

UNICEF continued to support child-friendly justice approaches through legal drafting, promoting alternatives to detention, developing an intersectoral mechanism for working with children in conflict with the law, piloting e-learning platforms and building law enforcement and justice sector professionals' capacities to work for and with children. A total of 70 probation counsellors (of 170 nationally) were trained in applying a mandatory probation programme as an alternative to detention.

BANGLADESH

UNICEF advocacy with the Supreme Court Special Committee on Child Rights facilitated the release on bail of 1,000 children. They had been detained in overcrowded centres but were subsequently reunited with their families. To strengthen social services, UNICEF supported the government to recruit an additional 127 social workers, reaching 306,000 vulnerable children. UNICEF facilitated installing 8 additional call centre focal points to address the 40 per cent increase in the national child helpline calls triggered by the pandemic.

VIET NAM

UNICEF's advocacy secured political commitment to address VAC with the passing of a ground-breaking Resolution on Strengthening Measures to Prevent and Respond to VAC. Several decrees and sectoral plans were adopted on social welfare, law enforcement, education and health. National programme plans were developed on social work, child protection, child labour and online protection. Family and juvenile courts were rolled out in 38 cities and provinces, and child-friendly and gender-sensitive investigation and procedures for cases involving sexual violence against children were improved.

EL SALVADOR

UNICEF supported the strengthening of the confidential and free counselling and referral helpline, *1,2,3 Habla Conmigo* (Talk to Me). Programming in justice for children sought to enhance services, enabling 833 adolescents in conflict with the law to receive reintegration support. Child-friendly and gender-sensitive spaces were provided to minimize revictimizing child survivors and witnesses, and the National Civil Police inaugurated a new complaints system providing services for survivors of GBV in San Miguel.

GHANA

Focus was placed on scaling up the capacity of social welfare workers across 60 targeted districts, to deliver high-quality and responsive integrated social services, especially in the context of COVID-19. This included developing intersectoral standard operating procedures (SOPs) and strengthening referral pathways for child protection, social protection and gender-based violence. In 2020, almost 32,500 children were reached with integrated specialized protective services.

ESWATINI

Greater efforts were made to reinforce social workers' capacity to maintain continuity of child protection services. This included training 68 social workers on the ways to support children in the unique circumstances of COVID-19. Three One-Stop Centre (OSC) response services, operating in healthcare facilities, were also established, supporting 158 child survivors of violence with specialised services. Further, UNICEF and local NGO partners reached an additional 736 child survivors of violence with related services. Increased intersectoral collaboration to scale up mental health and psychosocial support included training over 361 rural health motivators.

Notes: * 1% of thematic funds (US$121,088) is taken from programmable balance to support the Evaluation Office prior to allocation for Country Offices, Regional Offices and Headquarters. All figures are rounded.

EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.

The Gulf Area Office covers Kingdom of Bahrain, State of Kuwait, United Arab Emirates and Kingdom of Saudi Arabia.

The learning agenda

UNICEF continued its ongoing commitment to support efforts to strengthen the learning agenda for child protection. This includes efforts to improve the availability and quality of child protection data and evidence to inform policy and programming at country, regional and global levels, and on strengthening data monitoring, particularly in the context of the child protection SDGs. Key priorities include mainstreaming protection-related data on children and adolescents into national systems and plans, developing universal indicators and measurement tools, and supporting national capacities to monitor and use SDG indicators.

Early in the pandemic, the Goal Area 3 network also highlighted the importance of learning lessons from previous infectious disease outbreaks, such as Ebola in West Africa, and proactively gathered timely, impactful – and ethical – situation, research and performance management data throughout 2020 about COVID-19 and its impact on child protection.

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On 8 January, 2020, Venezuelan migrant children draw at the UNICEF child friendly space at Rondon 3 shelter in Boa Vista, Brazil.

Strengthening the availability and quality of data and evidence in the context of SDGs

UNICEF completed its annual process of country consultations (with UNICEF country offices and National Statistical Offices [NSOs]) to update UNICEF global databases on child protection. This includes the eight child protection SDG indicators, for which UNICEF is sole data custodian. UNICEF also supports countries to undertake Multiple Indicator Cluster Surveys (MICSs). Support includes building NSO capacity to strengthen the implementation of the survey's child protection modules. In 2020, twenty MICS with data on child protection were released.

Moreover, a global data collection protocol for children in residential care was launched. This was the first ever set of tools to collect data on many indicators of well-being for children living in residential care, including many SDGs.[24] Additionally, the Lesotho and Namibia country offices supported the completion of national violence against children surveys. Results from Lesotho show that girls and boys experience unacceptably high rates of sexual and physical violence. More than one half of boys and almost one third of girls had experienced physical violence.

To explore progress in implementing activities to achieve the SDGs on ending violence against children, UNICEF – with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Special Representatives of the Secretary-General on violence against children and End Violence – co-sponsored a WHO-led publication, 'Global Status Report on preventing violence against children 2020'.[25] The report's findings were drawn from a survey of over 1,000 decision makers from 155 countries. They provide a critical baseline against which governments can monitor their progress in ending violence against children, through the lens of the seven INSPIRE evidence-based strategies in the Decade of Action to achieve the SDGs.[26] The UNICEF Office of Research – Innocenti together with the Campbell Collaboration, have also created an evidence and gap map in low- and middle-income countries to identify gaps in the evidence base for the effectiveness of interventions to reduce violence against children.[27] It also provides an overview of existing evidence, mapped against the pillars of the INSPIRE framework of seven strategies to end violence against children. Online safety concerns also drove research and guidance from regional and country offices, as in the study, Our Lives Online: Use of social media by children and adolescents in East Asia.[28]

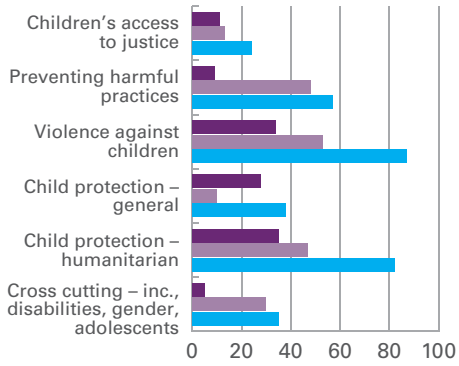
Situation and results monitoring in the context of COVID-19

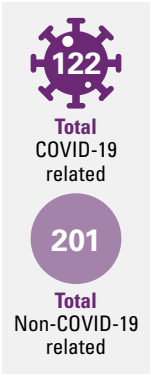
During this unprecedented period, timely, disaggregated, quality baseline and situation data and analysis were needed in the context of COVID-19 to inform advocacy for children, as well as the planning, implementation and monitoring of UNICEF's programmes. UNICEF monitored selected COVID-19 protection-related indicators in over 122 countries. A dashboard to track the situation for children in COVID-19 was developed to provide quarterly updates of recent data collection from across UNICEF country offices.[29] This utilizes the best available sources in each country, including administrative data or representative survey data. For child protection, the dashboard has served as a critical tool to determine the change in coverage of child protection services during COVID-19.

FIGURE 11: Breakdown of knowledge products by thematic area and by type, 2020

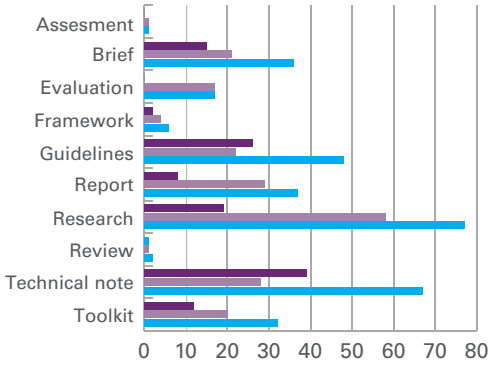
UNICEF, together with partners, produced more than **320 knowledge products** across the spectrum of child protection issues at global, regional and country levels – **a more than 50 per cent increase** compared with 2019**.** Products were produced covering all key thematic areas of child protection and are being used to advocate for improved policy and programming at all levels. Around **60 per cent** of all products were produced at the **headquarters level**, with the remainder tailored to **regional (10 per cent)** and **national contexts (30 per cent)** – more than a third of these products **(38 per cent)** were **COVID-19 related**.

Publications – by thematic area, 2020



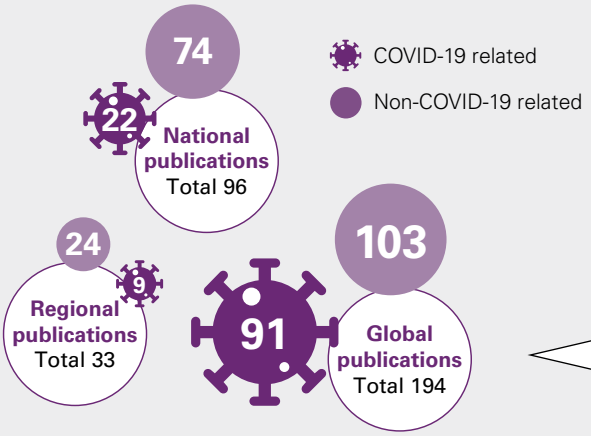


Publications – by type, 2020



COVID-19 related Non-COVID-19 related Total

More than 320 COVID-19 and non-COVID-19 related publications were produced



In 2020, UNICEF Child Protection extended its expertise and leadership beyond planned knowledge products, including programme and policy briefs, evaluations, reports and reviews.

A 'learning agenda' was defined to gather timely, impactful – and ethical – situation, research and performance management data on the impact of COVID-19 on child protection.

UNICEF produced over 67 technical notes, 39 of which were specific to the COVID-19 context, along with 48 sets of guidelines (26 specific to the COVID-19 context), 32 toolkits (12 specific to the COVID-19 context).

Building evidence in the context of COVID-19

To address the limited evidence of pandemics' effect on child protection outcomes, UNICEF Innocenti undertook a rapid research review: *'Impacts of Pandemics and Epidemics on Child Protection: Lessons learned from a rapid review in the context of COVID-19'*.[30] The review identifies lessons to inform global and national responses to COVID-19 and recommends future research priorities. UNICEF Innocenti called attention to the risks presented by the pandemic to violence against women and children and offered an early recap of how governments were responding in *'Five ways governments are responding to violence against women and children during COVID-19'*.[31] This was the most-read blog ever produced by UNICEF Innocenti. It was picked up by the World Economic Forum and included as part of The Davos Agenda 2021. UNICEF also collaborated with academic colleagues and non-governmental organization partners on a series of articles published in the journal *Child Abuse and Neglect*, which examined the effects of the pandemic on exposure to violence using social media data, child helpline usage and violent discipline in the home (June 2020).[32]

Groundbreaking survey data gathered by UNICEF Data and Analytics (D&A) were published in *Protecting Children from Violence in the Time of COVID-19: Disruptions in prevention and response services*.[33] This document also outlines national actions to maintain/restart service continuity. Together with the International Labour Organization (ILO), UNICEF D&A reviewed the evidence on how the pandemic may influence child labour in *COVID-19 and Child Labour: A time of crisis, a time to act*.[34] This evidence revealed that, for the first time in 20 years, there may be an increase in child labour.

UNICEF is emphasizing the need for ethical and safe data collection and evidence generation in *Research on Violence against Children during the COVID-19 Pandemic: Guidance to inform ethical data collection and evidence generation*.[35] This guidance includes a decision tree to guide those considering conducting research and data collection on violence against children during COVID-19. The guidance note builds on two previous think pieces by UNICEF Innocenti, based on interviews with experts on violence-related research: *'Remote data collection on violence against women during COVID-19: A conversation with experts on ethics, measurement & research priorities (Part 1)'*[36] and *'Remote data collection on violence against children during COVID-19: A conversation with experts on research priorities, measurement and ethics (Part 2)'*.[37] Additional, related guidance has been published in *'Exploring Critical Issues in the Ethical Involvement of Children with Disabilities in Evidence Generation and Use'*,[38] *'Digital Contact Tracing and Surveillance During COVID-19: General and child specific ethical issues'*[39] and *'Ethical Considerations for Evidence Generation Involving Children on the COVID-19 Pandemic'*.[40]

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A community promoter, walking to a visit in a rural community in San José de Nazaret, Bolívar state, Venezuela. As part of the COVID-19 response, UNICEF and its partners worked with community leaders and community promoters in vulnerable areas to disseminate information and messages on prevention of violence, psychosocial support for children and caregivers, and prevention of stigmatization and discrimination.

UNICEF is also producing a Child Protection Learning Brief Series synthesizing actions taken and lessons learned across critical areas of the COVID-19 child protection response. Two publications were released in 2020. The first, *'Responding to the Shadow Pandemic: Taking stock of gender-based violence risks and responses during COVID-19'*,[41] draws on evidence from current country experiences and identifies emerging risks and solutions related to GBV, while the second, *'Responding to the Mental Health and Psychosocial Impact of COVID-19 on Children and Families'*[42] aims to support UNICEF country offices and practitioners as they respond to mental health needs during the pandemic.

Conclusions

As resources for all partners became stretched, the need to strike the right balance between gathering data and evidence on the impact of the pandemic and prioritizing programming became apparent. Innovative thinking was needed to fill and gather the data and knowledge gaps caused by disruptions to many child protection services and the suspension of many traditional data collection activities. This led to the development of new tools and guidelines on how to collect and analyse data on child protection. UNICEF and partners increasingly drew on data from social media platforms and helplines, data on service disruptions, and pre-existing data, such as household survey data pre-COVID.

The pandemic also reinforced the need to urgently strengthen data systems on certain child protection topics, including administrative records and surveys, for the establishment of baseline values against which changes can be assessed. Likewise, while it is imperative to understand, quantify, forecast and track the pandemic and its impact on protection-related issues, it is critical that we do not lose sight of ethical considerations. It is important that the privacy and rights of children are preserved, and that responsible data for children are inherently built into the child protection learning agenda.

Output 3.1: Strengthening child protection systems for prevention and response services to reduce violence against children

Arai, 17 years old, is one of the online volunteers for the UNICEF campaign #ПайдасыБарКарантин #КарантинСПользой across Kazakhstan. Since the COVID-19 lockdown, all her school classes have been conducted online. As part of the campaign, Arai participated in weekly training webinars on a variety of topics: safe behaviour during lockdown, online safety, emotional health support, stress resistance, and many other topics. Together with other volunteers, she published posts on her social networks and also created WhatsApp chats, where they discussed topics of the campaign.

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Accelerating national progress to reduce all forms of violence

The full impact of COVID-19 on children's exposure to violence and exploitation is not yet fully understood. But it is clear that containment measures put in place to stem the pandemic, alongside the ensuing socioeconomic challenges, have served to heighten the underlying protection and gender-related vulnerabilities of children, adolescents and women across contexts. This has created a protection crisis on multiple levels. The most harmful effects have not been distributed equally, falling disproportionately on children in the poorest countries and communities and those already disadvantaged by poverty, discrimination, social exclusion, fragility, conflict and other crises.

UNICEF's violence against children programming swiftly pivoted, adapting and innovating to address the devastation caused by COVID-19. Although it impacted countries and demographics unevenly and at different times, one clear and common message was the havoc wrought by the pandemic on violence prevention and response services across the world.

Global advocacy and technical leadership

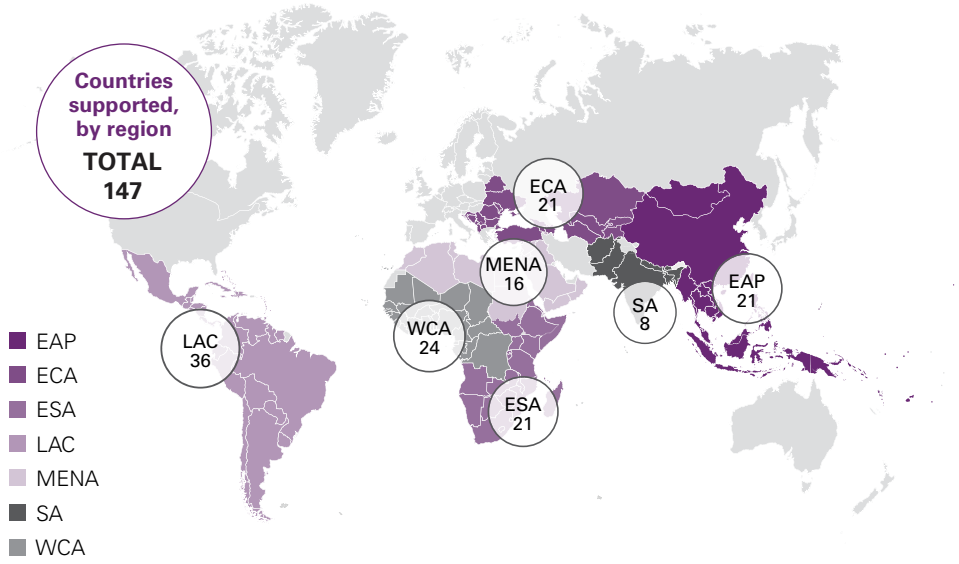
At the onset of the pandemic, UNICEF played a critical role in coalescing inter-agency, multi-partner agendas around key protection concerns. This led to a revitalization of knowledge management and learning for the sector through delivery of real-time data, research, monitoring and the development of products and related services to support countries to navigate the uncertainties brought about by COVID-19. Key products included inter-agency[43] guidance on protecting children from violence, abuse and neglect in the home.[44] Given the dramatic global shift to remote learning, UNICEF played a pivotal role in producing inter-agency recommendations on COVID-19 and its implications for protecting children online.[45] To ensure access to services, especially for women and children, an important partnership was forged with Child Helplines International to support child helplines and the protection of children during the COVID-19 pandemic.[46] UNICEF was central to scaling up the multi-partner Parenting for Lifelong Health COVID-19 initiative to broaden the reach of parenting resources in the light of worldwide lockdowns. UNICEF, as part of its contribution to the Safe to Learn initiative,[47] developed guidance to support countries to prevent and respond to violence against children in all learning environments. This included supporting schools to provide a safe online learning experience and developing recommendations for building back better and ensuring children's safe return to school.

Too many children rely on child protection systems to keep them safe. In times of crisis, governments must have immediate and long-term measures that protect children from violence, including designating and investing in social service workers as essential, strengthening child helplines and making positive parenting resources available.

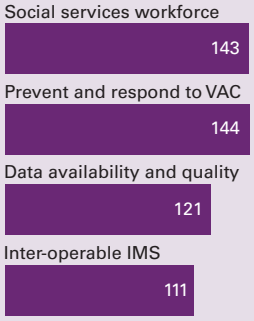
– UNICEF Executive Director Henrietta Fore

Across 126 countries, UNICEF reached 4.2 million girls and boys who had experienced violence. These children were given direct service support (including health, social work, justice and law enforcement services), and they represent more than double those reached in 2019. The most notable country progress on reporting reach numbers was made in Chile, the Democratic Republic of the Congo, India, Somalia, the Sudan, South Sudan and the Bolivarian Republic of Venezuela *(see Figure 12).*

FIGURE 12: Summary of results on violence against children programming, 2020

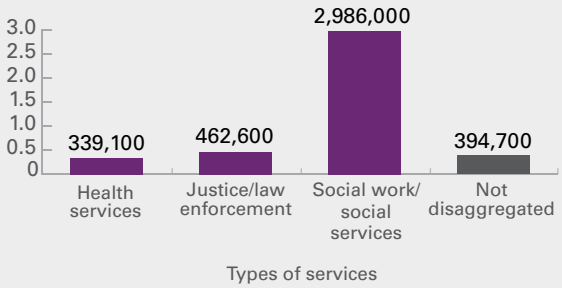


Country engagement by area of work



▲ 54%

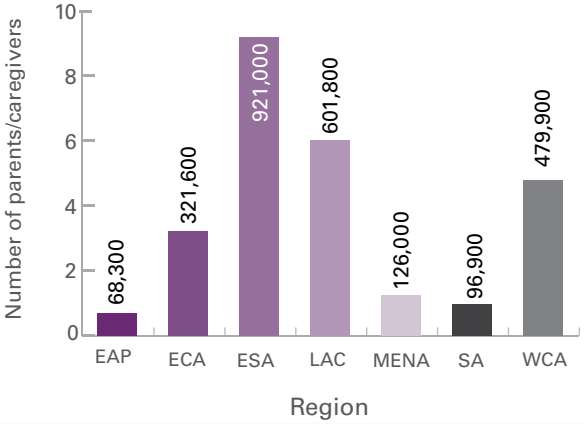
4.2 million
children who had **experienced violence reached by services** in **126 countries**



98 countries
committed to **addressing online child sexual exploitation and abuse** through the **WePROTECT Global Alliance** (+8 countries)

▲ 14%

2.6 million
caregivers reached through **parenting programmes** across **87 countries**



63 countries
have **legislative and policy frameworks** to **prohibit corporal punishment** in all settings*

To amplify parenting messages during COVID-19, UNICEF contributed to the **Parenting for Lifelong Health** communications initiative reaching **134.9m families globally** – of which, **57.9m were reached through UNICEF-supported digital engagement initiatives (March-December 2020)**

Notes: Changes are compared to results achieved in 2019 unless otherwise specified. EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa; IMS, integrated management system; VAC, violence against children. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

* The interpretation of legislative and policy framework in a country may slightly vary between UNICEF and other organizations that may be tracking this.

Ensuring critical prevention and response services

COVID-19 placed monumental strain on national investments to prevent and respond to violence. Over 100 countries – home to 1.8 billion children – saw rapid disruptions in violence prevention and response services.[48] Together with partners, UNICEF shifted its programming approach to adapt to the new operational context, with the aim of maintaining a continuum of integrated prevention and response services.

To be most effective, child protection services need to be integrated with other sectors, particularly health, social protection, education and justice, as well as being aligned to civil registration and vital statistics systems. This was never more apparent than in 2020. To address service disruptions, UNICEF increased action to integrate child protection services within sector mitigation plans, to maximize their availability and reach. Where person-to-person contact was restricted, protocols were adapted to integrate remote service delivery models.

In Senegal, a national protocol was developed to provide health professionals with step-by-step guidance for detecting and providing appropriate health care services, including referrals, to child survivors of violence and abuse, especially sexual violence. Through the use of strengthened real time monitoring, a reduction in the number of cases was noted at the onset of the Covid-19 pandemic, requiring child protection actors to adapt measures to maintain access to services and improve case management and referral processes. As a result of these adaptations, around 6,731 children in need of protection accessed services in 2020, including 5,496 (4,914 boys and 582 girls) survivors of violence. The number of child survivors of violence receiving services increased by 161 per cent, compared to 2019. Among those 5,496 children reached, around 5,150 children (192 survivors of sexual violence) accessed to social work services, 1,085 children (158 survivors of sexual violence) to health services, and 944 children (105 survivors of sexual violence) to justice/law enforcement services.

In Afghanistan, a national multisectoral framework was developed to address violence against women and girls and a national plan for prevention of gender-based violence (GBV) in education was endorsed. Social service standard operating procedures (SOPs) were also adopted and rolled out across 34 provinces, reaching 190 social service workers with case management training. Overall, around 307,100 women and children were provided with essential protection services. In Morocco, a decentralized integrated service delivery model was piloted, establishing eight provincial Child Protection Support Centres, or one-stop centres for identification, referral and case management. Investments were also made to adapt case management services to remote delivery models, while guaranteeing critical in-person services, as needed. In Nicaragua, the national Comprehensive Care Model for child survivors of sexual violence was reinforced, reaching 778 children. A protocol to assist child and adolescent survivors of sexual violence was adopted and three other protocols approved on criminal judicial proceedings, forensic medical examination of survivors of sexual violence and specialized public defenders' judicial actions. Almost 1,300 education and justice officials were trained *(for further examples see also 'Justice for children').*

A protection worker with a child and her caregiver in Bilokurakyno, Eastern Ukraine. Disruptions caused by the COVID-19 response and associated containment measures have led to increased reports of family violence in many countries. UNICEF Ukraine worked with regional and local partners to rapidly assess the situation and provide support to children and families in vulnerable communities, as well as equip front-line responders with protective supplies and technical support.

Spotlight result: Maintaining child protection services in the Plurinational State of Bolivia

Following the declaration of a strict quarantine to combat the spread of COVID-19 in the Plurinational State of Bolivia, UNICEF predicted a 22 per cent decline in the availability of child protection services. UNICEF swiftly sprang into action to support the government – which was hampered by limited resources and capacity, including access to personal protective equipment (PPE) – to maintain service continuity. An immediate first step was to provide PPE supplies to child protection front-line workers (social services, police, prosecutor offices and children's courts) to enable them to work safely while providing ongoing services. Child protection workers were trained to adapt services to be safely provided. In four targeted regions, around 466,500 children had been reached with services by the end of 2020. UNICEF also worked with the national association of psychologists to set up the toll-free 'Safe Family' helpline (April 2020). The helpline received over 24,500 calls over a nine-month span. Of these, 62 per cent were made by women and girls, and 48 per cent were related to incidents of violence. As a result of multi-partner efforts, child protection services were resumed to levels of nearly 80 per cent capacity in targeted municipalities by the end of 2020.

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A mother and her child wait at the Los Pinos health centre, which is providing integrated services to the community in the context of COVID-19, in El Alto, Bolivia, on 26 May 2020. Throughout the country, UNICEF provided personal protective equipment supplies in priority municipalities to maintain services as well as provided training for around 1,500 health professionals nationwide on violence prevention, mental health support and life skills.

Scaling up access to child helplines and hotlines

> Despite containment measures disrupting many routinized referral and reporting mechanisms for survivors of violence, child helplines remained one of the least affected (yet critical) child protection services. They provided an essential lifeline for many women and children during the crisis. UNICEF supported at least 48 countries to extend hotline services in 2020.

UNICEF scaled up investment to strengthen the use of child helplines as a resilient alternative to face-to-face front-line service delivery. Child Helplines International recorded a drastic increase in the number of calls since the beginning of the pandemic. Initially, calls focused on seeking information about COVID-19, but by April to June of 2020, there was a demonstrable shift in the focus of calls to those seeking support and services, including protection services related to violence.

In the Eastern and Southern Africa region, UNICEF and Child Helpline International supported national child helplines to adapt, strengthen and scale up their remote counselling capacities, contributing to more than 2 million children, parents and primary caregivers receiving community-based mental health and psychosocial support services.

Similar progress is noted across other regions. In Colombia, by the end of 2020, there was a 45 per cent increase in the number of helpline calls related to cases of violence against children (compared with 2019). This is a worrying trend given recent estimates suggesting that one in four women, and one in three men, have experienced physical violence during childhood. Against this backdrop, UNICEF has partnered with the government to strengthen the capacity of the '411' child helpline. Through the addition of an extra line and training of new and existing operators (including establishing a team of 10 psychologists), the service supported responses to at least 10,000 cases of violence. In 75 per cent of calls, the caller was seeking psychosocial support for children and families.

> *I want to be there for that one child who thinks no one will believe her.*
>
> – Nokulunga Mnisi, a crisis counsellor at ChildLine South Africa, a non-profit organization that provides a 24-hour toll-free telephone counselling service

Addressing violence against women and girls in the context of COVID-19

An increase in incidents of intimate partner violence was documented in many countries during the 'first wave' of the pandemic.[49] This led to concern about the 'roll back' impact on efforts to advance gender equality and address harmful practices. Within this context, UNICEF had to adapt, re-imagine and scale up GBV programming in countries and across contexts. At the same time, UNICEF continued to balance ongoing programming to ensure continuity of care and protection for women and girls who were, prior to the pandemic, accessing life-saving services, in contexts already besieged by conflict or other emergencies *(see also 'Child protection in humanitarian action').*

> In 2020, more than twice as many countries (107), across humanitarian and development contexts, undertook GBV programming compared with 2019 (53). This exponential growth was precipitated by the COVID-19 crisis.

UNICEF focused on minimizing interruptions and scaling up GBV services through the use of safer remote methods of delivery, including supporting local women's organizations to scale up remote service provision. In Bhutan, for example, more than 600 (40 per cent of whom were female) members of district women and children committees, and front-line workers in all 20 districts and 4 municipalities, were trained in early identification and safe referrals of child protection cases and GBV. Efforts were also made to ensure access to interim care arrangements for women and children escaping domestic violence and in need of emergency removal and shelters.

In Mexico, a UNICEF-brokered partnership between the government and the hospitality sector expanded the capacity of safe shelters for women and their children, with various hotels in 13 cities providing free accommodation. Also, 160 hotel staff and social workers were trained in how to receive survivors of violence and initiate referral to appropriate service providers. UNICEF also supported health services to support survivors of violence, as needed. In the Philippines, teleservices, including hotlines, were

introduced in 30 'violence hot spot' communities in 5 cities. Over 26,000 children, parents and caregivers were reached with specialized child protection and GBV services.

In Côte d'Ivoire, violence against children was elevated as a priority through the launch a year-long national campaign, 'Reimagining Côte d'Ivoire without violence against children' that was supported by the government at the highest level in 2020. In an effort to create national level debate around the issue, a TV series on sexual violence against children was produced. It will be previewed on national television in 2021, and then more broadly through Canal Plus Africa.

Mass media campaigns and community mobilization continue frequently to be used to promote public dialogue on positive parenting and increase service demand. In Argentina, UNICEF supported the production and dissemination of short videos through a social media platform of the National Ministry of Education, reaching 2.4 million families. In the United Republic of Tanzania, UNICEF and government partners initiated a nationwide multimedia programme, 'Journey of Parenting', reaching 2.4 million parents (of an estimated 3.2 million children). The audience survey showed that 67 per cent of parents and caregivers had increased their ability to engage in good parenting practices.

Strengthening parenting and caregiver support

In 2020, families around the world faced unprecedented challenges in caring for their children, caused by lockdowns, school closures and disrupted livelihoods. Around 2.6 million mothers, fathers and caregivers were directly reached through UNICEF-supported parenting programmes across 87 countries. This is a 14 per cent increase in those reached in 2019 *(see Figure 13)*. Countries noting the most significant progress in terms of reach include Benin, the Dominican Republic, Ghana, Malawi, Peru and Tajikistan. In Peru, UNICEF assisted the government to promote positive parenting in the national early childhood development service, reaching 117,109 low-income families with resources and support.

In an ambitious attempt to get parenting resources to all who need them, UNICEF joined the multi-partner Parenting for Lifelong Health COVID-19 Initiative. By leveraging technology for remote delivery, around 134.9 million families were reached with parenting resources translated into over 100 languages. Of this number, a total of 57.9 million people were reached through digital engagement interventions directly through UNICEF country offices during the period March–December 2020.

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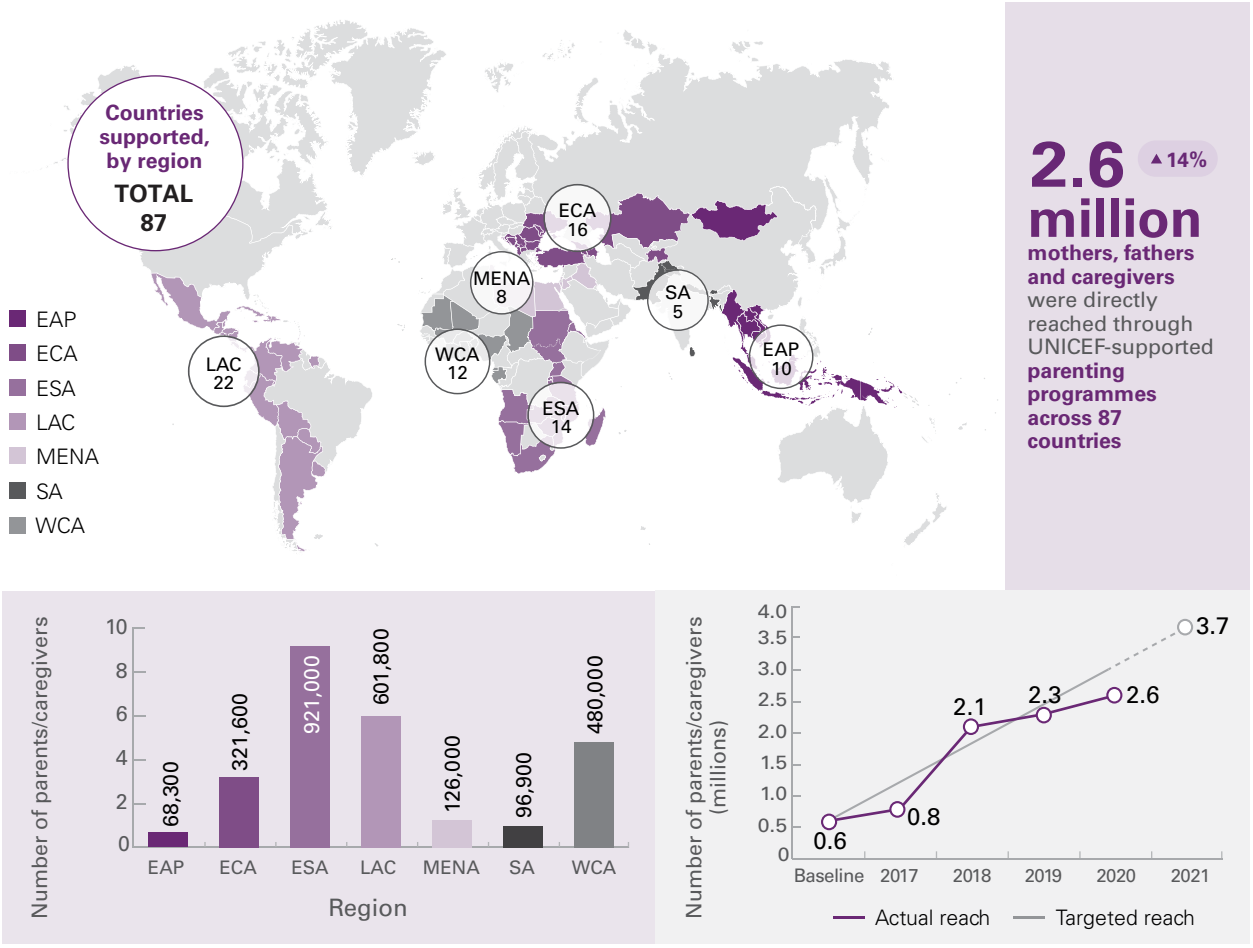
Van Veuy attends a training session on parenting skills in her community in rural Battambang, Cambodia. The group-based parenting support sessions – organized by local non-governmental organization, Improving Cambodia's Society through Skilful Parenting – are part of a national Positive Parenting Programme and supported by UNICEF. They aim to end violence and abuse in the home in their community.

In South Africa, around 332,000 parents received counselling using innovative tools such as WhatsApp and a parenting app. In the Republic of Moldova, UNICEF trained almost 10,500 education staff on positive parenting for early childhood development, enabling them to provide online and individual counselling sessions with parents/caregivers. This benefited over 103,500 young children.

To improve the engagement of men in caregiving, specific strategies are also increasingly being adopted. In Chile, UNICEF supported the National Copper Corporation of Chile to reach 16,000 workers in the male-dominated mining sector by developing seven fact sheets on positive parenting on a mobile phone app, and also contributed to a live Facebook discussion on parenting responsibilities, in which over 6,300 workers participated.

Advances were also made in incorporating parenting support into national policy and programming. In Sao Tome and Principe, UNICEF leveraged the findings of a 2019 evaluation of the Parental Education Programme to forge a new partnership with the World Bank in order to combine parenting interventions with an existing cash transfer programme. As a result, more than 2,500 families received supplementary parenting education support.

FIGURE 13: Summary of results on strengthening parenting and caregiver support, 2020



Notes: Changes are compared to results achieved in 2019 unless otherwise specified. EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

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In Ahmedabad, India, NGO volunteers working in partnership with UNICEF to engage with adolescents to discuss perceptions and experiences of online violence and safety with a focus on discussing gender-based violence.

Protecting children online

In 2020, UNICEF provided specific support to at least 26 countries, to mitigate online risks for children.[50] This included supporting governments to provide resources to parents in guiding safe internet use and providing tips to children and young people to keep them safe online. While digital technology has been essential to many children's learning, socialization and play during the pandemic, it has also put children at heightened risk of online harms. It has also further exposed the structural inequalities of the digital divide for many underserved populations, who have no digital access.

In Cambodia, UNICEF supported the government to integrate messages on child online protection, mental health and psychosocial support, positive parenting and COVID-19 prevention into a national behaviour change communication campaign focused on ending violence against children. The campaign reached approximately 2.8 million children, parents and caregivers. In Malaysia, UNICEF engaged over 490,000 young people in over 30 online sessions covering online protection and mental health. In Namibia, UNICEF developed a training package on parenting in the digital age, reaching an estimated 200,000 people.

UNICEF also supported the integration of online safety in the education sector. In India, around 21.3 million parents and school management committee members received risk reduction messages, psychosocial support and online safety guidelines. UNICEF's engagement with social media companies in the Philippines led to the removal of child sexual abuse content from their platforms.

During the COVID-19 pandemic, and the related school closures, we have seen a rise in violence and hate online – and this includes bullying. Now, as schools begin to re-open, children are expressing their fears about going back to school …. It is our collective responsibility to ensure that schools are safe environments for all children. We need to think and act collectively to stop violence at school and in our societies at large.

– UNESCO Director-General Audrey Azoulay

Strengthening engagement to end online child sexual exploitation and abuse

Across regions, UNICEF continued supporting governments to strengthen the response to online child sexual exploitation using the WePROTECT Global Alliance's (WPGA) Model National Response (MNR).[51] By the end of 2020, ninety-eight governments (up from 90 in 2019) are members of WPGA and have committed to creating and implementing a legal environment to prevent and respond to child sexual abuse.

UNICEF Ghana's advocacy and support contributed to the parliamentary approval of the 2020 Cybersecurity Act. Ghana's Child Protection Digital Forensic Laboratory also became operational, enabling the police to establish electronic evidence for the prosecution of violence against children and women. With UNICEF's support, the Internet Watch Foundation launched a national reporting portal in Ghana and Mongolia to strengthen the reporting of online images and videos of child sexual abuse. UNICEF Kenya focused on supporting the development of a costed, multisectoral National Plan of Action on Online Child Sexual Exploitation.

At a regional level, UNICEF co-organized the Association of Southeast Asian Nations (ASEAN) Regional Conference on Child Online Protection (with the United Nations Office on Drugs and Crime) to accelerate implementation of the 2019 ASEAN Declaration on the protection of children from all forms of online exploitation and abuse.

Violence in schools: Making learning safe for children

In 2020, school closures caused by COVID-19 disrupted the education of around 1.5 billion children. Those with little or no access to the internet or other remote learning modalities were hit the hardest. The closure of schools highlighted the critical role that they play in child protection.

> UNICEF worked in more than 80 countries to mitigate risks and make learning safe for children. This included providing technical support to help countries adapt systems to ensure that children are protected while learning, wherever their education is provided. UNICEF also advocated for child protection to be integrated into 'building back better' education efforts.

UNICEF supports governments to strengthen policy frameworks that integrate violence prevention and response strategies. In Indonesia, UNICEF developed and piloted a costing model that was used to support the national roll-out of peer-to-peer, school-based anti-bullying and positive discipline programmes to 8,000 junior high schools (approximately 33 per cent of all schools). In Ukraine, the success of a child-friendly and safe school model implemented in 50 schools led to it being extended nationwide. UNICEF focused particularly on strengthening the skills of teachers to identify and manage protection risks virtually. In Kazakhstan, over 7,000 school and kindergarten psychologists were trained in giving remote psychological support to families and adolescents.

UNICEF also made efforts to protect children as they accessed remote and online education. In Jordan, an online safeguarding course was developed for all adults working with children in formal and non-formal education. UNICEF also continued to invest in communication strategies to shift social norms and behaviour change. Albania rolled out a Communication for Development (C4D, also referred to as social and behaviour change, SBC) strategy called '#myschool is a safe place'. Almost half a million children could access the online platform, which offered a range of awareness-raising and protective information materials.

The pandemic highlighted the need for increased investment in MHPSS services. UNICEF and the Maldivian Red Crescent trained 6,000 teachers in psychological first aid. In Ecuador, a psychosocial support model was developed to train 6,000 teachers. This was done via an online course on providing remote (telephone) mental health and psychosocial support. Over 17,600 children and adolescents benefited from the service.

Across regions, a major focus was placed on supporting the inclusion of child protection in COVID-19 back to school strategies, education response plans and campaigns. In Myanmar, UNICEF facilitated the training of 700 master MHPSS and child protection trainers to support the national 'Return to School Campaign'. In Togo, a UNICEF-supported community mobilization intervention to address the number of girls not returning to school after lockdown reached almost 8,000 adolescent girls and boys, and 1,750 parents from 146 communities.

UNICEF, as a leading member of the growing Safe to Learn coalition,[52] produced a series of global technical resources to guide policy and programming in the context of COVID-19. These were tailored for regional contexts. UNICEF East Asia and the Pacific Region also published a package of resources to support the integration of child protection and safeguarding in national return to school plans, including tips for teachers and school management, and messages for children and adolescents. The UNICEF Middle East and North Africa Region developed a training package to support teacher's preparedness for student's return to school.

Strengthening violence against children plans and policies

Despite shifting attention to ensuring the delivery of vital services during the COVID-19 crisis, UNICEF also supported at least 35 countries to develop long-term national plans and policies to end violence against children during 2020. For example, national action plans and strategies were launched in Egypt, India, Kenya, North Macedonia, Serbia and the State of Palestine. UNICEF also supported a further nine countries to develop specific violence prevention national action plans and strategies. UNICEF also supported 26 countries to develop or reform broader child protection frameworks that include violence against children.[53] In Fiji and Samoa, UNICEF's support led to the finalization of the National Child Protection Policy, while in Lebanon, UNICEF supported the launch of an eight-year Strategic Plan for Child Protection and GBV.

Strengthening legislation to fully prohibit all forms of violence

In at least 33 countries, UNICEF supported legislative reform for overall child protection.[54] In China, UNICEF's evidence-based advocacy contributed to informing the revision of the newly adopted Law on the Protection of Minors. Several countries prohibited corporal punishment in all settings in 2020, including Japan and Seychelles, increasing the overall number of countries achieving full prohibition from 58 to 63.[55]

UNICEF supported eight countries to strengthen legislation on sexual violence and other forms of GBV against children and women.[56] In Ukraine, a Presidential Order was made to put in place urgent measures to prevent and combat domestic violence and GBV and protect the rights of child survivors and witnesses of violence. Additionally, UNICEF's support in Armenia, the Comoros, the Republic of Moldova, the Philippines and Turkey contributed to improved protections for child survivors of violence in criminal law and procedure. UNICEF also supported efforts to introduce or amend legislation to deal with violence against children in the digital environment, including in Ghana and Thailand.

Advocating for increased budgets and accountability to prevent and respond to violence

UNICEF continued to advocate for adequate public expenditure to strengthen child protection systems and service delivery scale-up. This became critical in the context of COVID-19, as many countries were forced to redirect domestic resources for pandemic response planning. At least 14 UNICEF country offices strengthened related costing and data analysis, alongside advocating and supporting governments to increase public allocations for child protection services.

UNICEF advocacy in Afghanistan contributed to the budget allocation for child protection increasing by 150 per cent in 2021 (compared with 2020). In Thailand, a costing analysis to aid the roll-out of the Child Protection Act is being used to frame advocacy for long-term increases to social welfare resources (human and financial). UNICEF Ghana conducted a child protection budget analysis, which provided a platform to influence the 2020 budget cycle. In Nigeria, UNICEF's sustained advocacy led to the creation of a budget line for child protection in the National Charter of Account (2020). In Indonesia, UNICEF-supported financial benchmarking for child protection was used to advocate for increased financial commitments to scale up the Integrative Social Welfare Services for Children and Families Agency.

Conclusions

The COVID-19 crisis has heightened risk factors associated with violence against children in all its forms. At the same time, it has largely cut off the social support and services that children may rely on when they need help. Intimate partners and family members are the most common perpetrators of child abuse, including sexual abuse, so for many, domestic confinement increases their risk. At the height of the pandemic in 2020, at least 104 UNICEF programme countries reported significant disruptions in the delivery of violence prevention and response services, which resulted at times in leaving children in abusive or harmful family situations without support.[57] Child

helplines remained the most resilient service for children, but they were sometimes overwhelmed by demand, and not always available. School staff are normally the first to identify signs of abuse and neglect and serve as a front line of psychosocial support when children are in distress. The closure of schools resulted in a loss of this support system for many children. While digital access became crucial to maintain children's right to play, learn and socialize during lockdowns and school closures, it also increased their exposure to multiple online risks, such as child sexual abuse (including the production of child sexual abuse materials). Moreover, the increased use of digital engagement further exposed the digital divide both within and across countries.

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A 9-year-old ethnic Kachin girl, is pictured sitting on a handloom at the Maina internally displaced persons camp in Waingmaw, Kachin State, Myanmar. Her mother prefers her daughter to focus on her studies but, as schools are closed due to COVID-19 lockdowns, she now works instead of going to school. UNICEF is working closely with the Government of Myanmar to end child labour. In 2020, the country ratified the International Labour Organization (ILO) Minimum Age Convention in June.

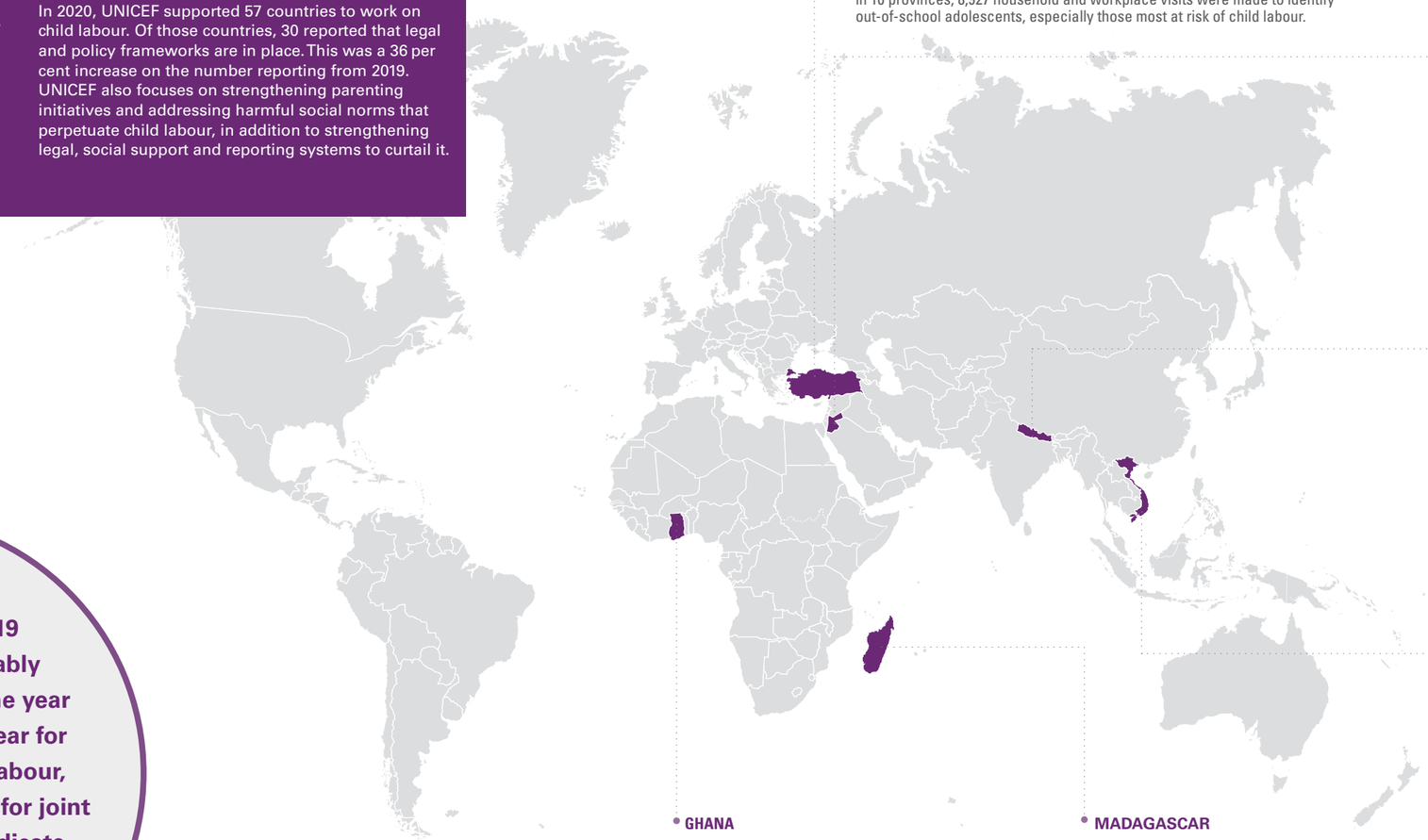
UNICEF and child labour in the context of COVID-19

Target 8.7 of the United Nations Sustainable Development Goals (SDGs) calls for the end of all forms of child labour by 2025. While the number of children engaged in child labour has declined by 94 million since 2000, the socioeconomic fallout of COVID-19 threatens to reverse this trend and plunge as many as 66 million more children into extreme poverty. This is a key driver to increasing child labour. Without significant scale-up of action, the world may see an increase in child labour for the first time in 20 years. This points to the urgent need for collaborative action.

UNICEF works with a range of partners at all levels to eliminate child labour, and recognizes the need to leverage the power of the private sector in eliminating child labour in global supply chains (as also supported through the United Nations Global Compact).

In 2020, UNICEF supported 57 countries to work on child labour. Of those countries, 30 reported that legal and policy frameworks are in place. This was a 36 per cent increase on the number reporting from 2019. UNICEF also focuses on strengthening parenting initiatives and addressing harmful social norms that perpetuate child labour, in addition to strengthening legal, social support and reporting systems to curtail it.

Although the COVID-19 pandemic has considerably worsened the situation, the year 2021 is the International Year for the Elimination of Child Labour, providing a critical platform for joint and decisive action to eradicate forced labour and child labour (SDG 8.7) by 2025.



TURKEY

UNICEF and its private-sector partner TESK (Confederation of Turkish Tradesmen and Craftsmen) organized workshops for small-scale business owners on strengthening pathways between formal technical education and workplace learning for adolescents at risk of child labour in a safe working environment. This included distribution of 3,000 hygiene kits to these groups. Under the Schooling Adolescents through Vocational Education Programme in 10 provinces, 8,927 household and workplace visits were made to identify out-of-school adolescents, especially those most at risk of child labour.

JORDAN

UNICEF supported the government and partners to develop standard operating procedures on child labour to guide a case management approach. This included defining the roles and responsibilities of each agency and guiding ways to address the multiple vulnerabilities of families and outlining the referral process for other services. In 2020, over 5,000 of the most vulnerable children received services.

NEPAL

UNICEF is providing technical support to the government to implement the National Master Plan on Child Labour (2018–2028) and in fulfilling Nepal's commitments as an Alliance 8.7 pathfinder country. Around 3,100 government officials from 14 municipalities received training/orientations on child labour. Behavioural change communication interventions in selected municipalities to curb societal acceptance of child labour were implemented, reaching a population of more than 635,000 people.

VIET NAM

UNICEF provided support to develop a circular on minor labourers to supplement the Labour Code and the development of the national programme on child labour prevention and elimination 2021–2025. In addition, UNICEF and the International Labour Organization (ILO) supported the development of a national road map for achieving SDG target 8.7.

GHANA

UNICEF and ILO engaged closely with the private sector and government to agree on a private–public partnership to address child labour in the cocoa sector. A framework for action has been agreed, along with a costing of the critical action. Together with ILO, UNICEF strengthened the capacity of the Child Labour Unit of the Ministry of Employment and Labour Relations to negotiate and develop a public–private partnership to address the root causes of child labour in the cocoa-growing regions. A draft costed Framework for Actions has been developed and validated.

MADAGASCAR

UNICEF supports an integrated approach to strengthening child protection services. Almost 880 child victims of exploitation (56 per cent girls), including 50 cases of child trafficking and 520 cases of child labour received medical, psychosocial and/or legal assistance through UNICEF-supported services in 2020. Of these, 456 were victims of the worst forms of child labour. Discussions began with the government to address the exploitation of children in artisanal mining of minerals such as mica.

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Trained volunteers conduct house-to-house visits to alert people about the dangers of COVID-19, and offer guidance on child protection in Hamar Jajab district, Mogadishu, Somalia.

Prioritizing social service workforce strengthening

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, Ethiopia

Strengthening the social service workforce is at the heart of UNICEF's system-strengthening approach to protect children from violence, abuse, exploitation and harmful practices. COVID-19 was devastating in its scale and intensity, impacting countries of all income levels, albeit not uniformly. One thing that was universal was the absence of social workers on the ground, as lockdowns and movement restrictions were rapidly put in place. This had an immediate impact on children, their families and communities.

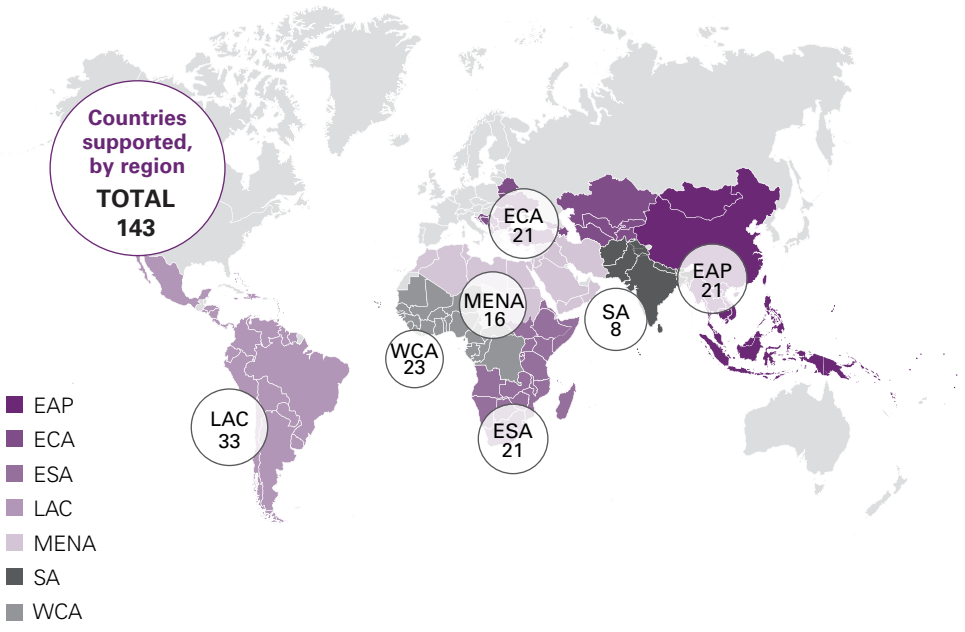
At the peak of the pandemic, more than 51 countries that UNICEF surveyed saw acute disruptions in at least one child protection service. Over 100 countries saw rapid reductions in home visits by social and other related services. Lessons were quickly learned that a well-supported, appropriately equipped, empowered and protected social service workforce was essential to mitigating the damaging immediate and longer-lasting impact of the pandemic.

Initially, child protection services and social service workers' implicit role in delivering these services were not deemed essential by many governments, and they received limited earmarked funds. This made it difficult to support their continuity. UNICEF swiftly advocated for the social service workforce to be supported and recognized as an essential workforce during the COVID-19 response. An accompanying global online campaign quickly generated more than 12 million engagements on social media platforms.

UNICEF and partners' advocacy for the essential role of social service workers and the critical front-line services they provide across all countries contributed, in many cases, to decisions to prioritize social service workers in COVID-19 response plans. By mid-2020, seventy-four of 148 programme countries UNICEF surveyed believed the government had introduced measures for the safety, mental health and psychosocial needs of the social service workforce since the pandemic began. COVID-19 also provided a unique entry-point to advocate for broader child protection systems reform moving forward.

Programmatically, UNICEF supported over 143 countries to strengthen aspects of their social service workforces *(see Figure 14)*. Significant investment was made to address the unique challenges of COVID-19. A key priority focused on supporting partners to put in place mitigation measures to ensure a continuum of social service care. Global partnerships proved critical early on, providing rapid strategic and technical support. This included the global release of 'Guidance to strengthen the supervision of the social service workforce'.[58]

FIGURE 14: Summary of results on social service workforce strengthening, 2020



Country engagement by area of work

Countries in which social service workers received specialized trainings to provide essential protection services in COVID-19 context

23

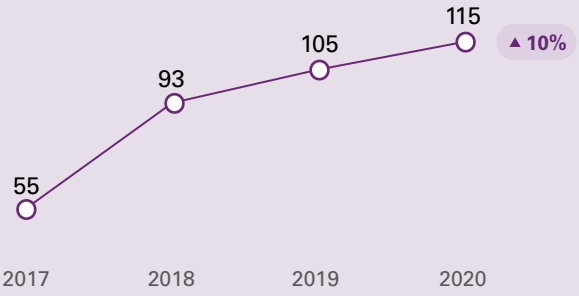
Countries able to identify number of social service workers certified in child protection

71

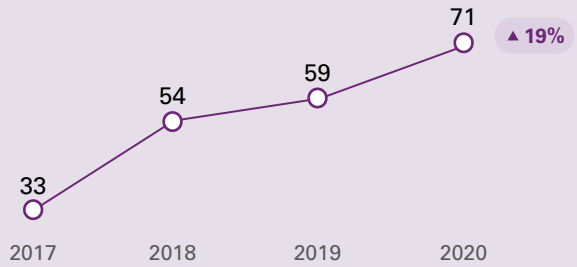
Countries supported to strengthen quality assurance system for social service workforce

143

115 countries (+10 from 2019) are able to provide the number of **social service workers**

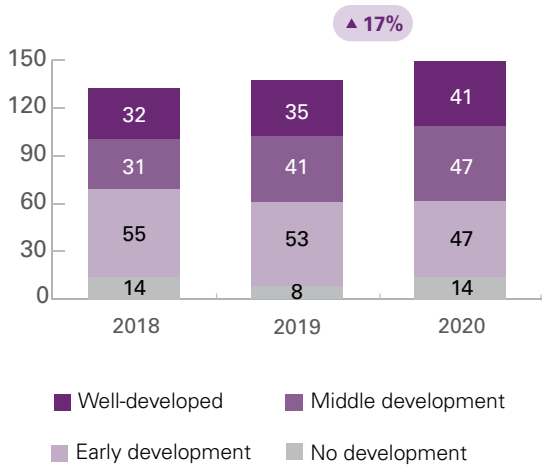


Of these, **71 countries** (+11 from 2019) can assess the number of the **social service workers that are certified to provide child protection services**



At least **30,700 social service workers** trained on specific knowledge and skills to deliver **essential services** during **COVID-19** across 23 countries

41 countries have a well-developed **quality assurance system** for social service work



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UNICEF prioritized efforts to allow social workers to function effectively, despite the operational challenges brought on by containment restrictions. This included supporting the increased deployment and accessibility of social workers and strengthening their skills to operate under complex working conditions. New, 'remote' ways of working were developed, where physical presence was not possible.

In Afghanistan, for example, the newly created Social Work Department recruited an additional 70 social workers to reduce the disparity between provinces. In Bangladesh, UNICEF supported the government to strengthen reporting, referrals and case management by adding an additional 127 social workers, who were able to reach more than 306,000 vulnerable children. Where remote social work was not an option, UNICEF advocated with authorities to provide permits and approve special access for social service workers and counsellors. This included locations that had been cut off by COVID-19 mitigation measures.

Social workers played a critical role in identifying vulnerable households and their needs. They provided adaptive protection services tailored to their local operational circumstances. In Ghana, UNICEF supported the finalization of a social welfare service workforce capacity assessment and plan, and the development of intersectoral standard operating procedures, strengthened referral pathways for child protection, social protection and GBV, alongside new capacity development initiatives for social welfare and community development workers. In 2020, over 32,400 children (including around 3,230 survivors of sexual and GBV) were reached with multisector services (social welfare, law enforcement and health).

In Côte d'Ivoire, evidence was built around social service delivery to identify means for more cost-effective budget and human resource allocation. A mapping of social centres was produced highlighting geographic and demographic coverage of each service point as an essential tool for advocacy with the two line Ministries in charge of social service delivery. A network of frontline social workers was created via WhatsApp for real-time communication. This was particularly useful in response to the COVID-19 emergency as well the electoral crisis. Real-time information and feedback received from the field enabled a more rapid response to allocate adequate funds for social services. Direct transfers were also provided to all social centres to respond to the needs of most vulnerable children including children survivors of sexual violence and physical abuse. As a result, 5,318 children (2,037 boys/ 3,281 girls) were reached for direct assistance through social centres and 157,358 people were reached for preventive activities on violence against children across the country.

In China, UNICEF supported the piloting of a service provision model to children in rural areas in eight counties, benefiting 44,000 vulnerable children. 'Social workstations' were set up in townships or villages to provide a minimum package of services. The government aims to take the scheme to scale by 2025.

> UNICEF support across 23 countries enabled the training of at least 30,700 social service workers on specific knowledge and skills to deliver essential services during COVID-19. Innovative use of online platforms broadened the reach of the number of social service workers trained. Indonesia, the Plurinational State of Bolivia, China and Ukraine reported the highest number of workers trained.

Core social service workforce strengthening strategies include training and supervision of social service workers and minimizing the impact of professional fatigue. In emergencies such as COVID-19, this became even more critical – and more daunting – as the workforce grappled with ways to navigate the fallout of the pandemic. In Armenia, UNICEF and partners introduced a new model of professional support for social workers. This included online group psychosocial support, anti-burn-out sessions and individual supervision for social service workers, accompanied by access to a professional helpline, coaches and mentors. Over 2,000 social workers, teachers and community/youth workers received support. In Jordan, UNICEF helped improve guidelines for case referral and remote case management. Over 5,200 children identified as most at risk (of which 47 per cent were female) were reached.

Conclusions

Efforts to reinforce child protection systems continued throughout 2020. However, many countries had to adapt or reprioritize as part of their COVID-19 response planning. This resulted in many countries stalling or delaying longer-term systems development plans. For the social service workforce, a lack of progress was reported in improving licensing and accreditation systems and robust human resource information management systems. These areas remain the most common challenges, yet are key to

strengthening systems to achieve the SDGs. There also remains an overall lack of data on the types and numbers of currently available social service workers in many countries. In 2020, fewer than 50 per cent of reporting countries provided information on the number of social service workers in the country. This, with the absence of a recommended (and standardized) ratio of workers to populations, limits efforts to advocate for increasing the number of qualified workers.

The pandemic has exacerbated challenges for countries with little investment in child protection systems. Similarly, it has served to further highlight inequities in service provision. Remote (and digital) services do not always reach marginalized and underserved populations. This is particularly so in fragile and conflict-affected states. The predicted economic downturn that is expected as part of the COVID-19 fallout is likely to impact the level of national investments available to scale up child protection services. To prepare for future shocks, integration of the front-line role of social services with emergency preparedness and response planning will ensure systems have the resilience to absorb the socioeconomic shocks of major crises in the future.

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Mobile units supported by UNICEF which reached rural communities in Zimbabwe during COVID-19 incorporated GBV awareness-raising and prevention messaging into their health and hygiene campaign.

On the front line for every child: Voices from the field

Despite disruptions, social workers, counsellors and helpline workers show courage and commitment.

EGYPT

A social worker plays an educational game with a homeless child inside one of the mobile units run by the Egyptian authorities and used as part of the Atfal bala ma'wa (Children without a home) social programme, in Cairo's Abbasia district.

UKRAINE

Social worker Tetyana Stoyanova visits one of her clients in Bilokurakyne, eastern Ukraine. "Sometimes families use COVID-19 to keep us out of their homes," she says. "They say they are afraid to get infected from us." In Ukraine, 42,000 children, including those with disabilities, were sent back home from boarding schools and other childcare institutions as a result of measures to stem the spread of COVID-19.

BANGLADESH

A child protection worker on the phone at a Child Help Line (CHL) center in Agargaon, Dhaka, Bangladesh. The CHL '1098', operates a 24-hour line, linking children with existing social services including safe shelter, case referral and related services. UNICEF added eight call centre agents to address the 40 per cent increase in child helpline calls triggered by the pandemic.

BOLIVARIAN REPUBLIC OF VENEZUELA

A boy washes his hands before going into one of the protection centres supported by UNICEF in Bolívar state. In this learning and protection centre, UNICEF supports multidisciplinary teams (psychologists, teachers, protection counsellors and social workers) to reach the most vulnerable children and adolescents in the Piar municipality. Since the COVID-19 outbreak, UNICEF has supported the continuity of protection services in the country, distributing PPE for protection workers and deploying UNICEF protection specialists to work with partners in the communities.

MALI

Awa Yacoulyé, a nurse and social worker, leads a COVID-19 information session at a temporary shelter for children living on the street in Bamako, Mali. Opened by UNICEF and Samusocial, a social work organization, the centre supports around 600 children living in the street. "There are 13 children here at centre, aged 12 to 15," Yacoulyé says. "But the needs remain huge, and we need to open up more temporary shelters so we can look after [more] children."

ETHIOPIA

Tirusew Getachew, a social worker at a quarantine centre, interviews a young girl who was deported and returned to Ethiopia amid the pandemic. Her work involves identifying and registering unaccompanied children and youth. UNICEF and the IOM are supporting the government to help vulnerable populations. They also supply dignity kits, soap, recreational kits, tents, bedding and other important non-food items.

CAMBODIA

Mai Chor, a social worker with the Ministry of Social Affairs, pays one of his clients a home visit in Battambang, Cambodia. Mai Chor's work involves addressing domestic violence, abuse, school dropouts and crime, mostly for marginalized children and families. In 2020, he started educating communities on how to stem the spread of COVID-19.

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Strengthening information management systems, including Primero

UNICEF continues to invest in strengthening information management systems (IMS) to support child protection actors in both humanitarian and development contexts. In 2020, UNICEF supported 111 countries to strengthen IMS for child protection, with 24 countries reporting an interoperable IMS to support and track case management, and incident and programme monitoring.

COVID-19-related disruption to child protection services further underscored the importance of IMS solutions to facilitate case management and supervision. UNICEF has made it a strategic priority to work with partners to support the scale-up of Primero. Primero is an inter-agency digital public good for case management and incident monitoring for child protection and GBV programmes.[59] Primero allows users – including governments, civil society, international organizations and front-line social service providers – flexibility to adapt their IMS as needs evolve. In 2020, the number of active Primero instances increased by 24 per cent (from 33 in 2019 to 41 in 2020) across 37 countries/territories. The caseload managed by more than 4,100 social service workforce users has increased by more than 22 per cent (from 90,000 cases in 2019 to 110,000 cases in 2020).

Primero was originally developed to support humanitarian response programming, and it is cited in the revised Core Commitments for Children as a 'go-to' data solution for protection-related data. However, UNICEF also supports the mainstreaming of Primero for different types of protection programming across contexts. This includes alternative care, social services workforce strengthening and justice for children. For example, in Guatemala, the quick return of unaccompanied girls and boys in high numbers (4,511) from Mexico (2,559) and the United States of America (1,952) as a consequence of border controls and COVID-19 containment restrictions (including lack of access to asylum protection) provided an entry-point for the Ministry of Social Affairs to expedite the roll-out of the child protection information management system (CPIMS+) Primero.

To strengthen support for deploying or extending Primero within the unique circumstances of the COVID-19 pandemic, UNICEF and partners produced a series of products. This included guidelines for case management, GBV information management system (GBVIMS/GBVIMS+) and the COVID-19 pandemic; guidelines for CPIMS+ and the COVID-19 pandemic; and a technical brief on COVID-19 case management with Primero.

As the COVID-19 situation evolved, challenges were met in implementing the planned roll-outs for 2020. These particularly concerned the training required for Primero's successful launch. This called for a rapid adaptation of approach. In response, UNICEF, as part of the GBVIMS Technical Team, delivered the first ever GBVIMS+/Primero remote training to 40 participants, representing 14 organizations in Bangladesh, Libya and Nigeria. The CPIMS+ module of Primero was also launched successfully in Cambodia using a similar remote model – where more than 115 government social services workers were trained remotely on the use of the system, which went live in the middle of the pandemic. It has strengthened the safety and security of case referrals, benefiting more than 2,400 children in 2020.

Strengthening public-private partnerships: The launch of Primero X

During 2020, UNICEF and Microsoft worked together to enable partners to deploy Primero more quickly across contexts. In November 2020, the new version of Primero, 'Primero X' was launched, which aims to achieve greater scale-up through improvements to its implementation process and provide users options for continuous development. This will allow more social service providers to coordinate critical support to vulnerable children and families, including access to life-saving services, such as family reunification and tracing. In 2020, Primero X was piloted in Ghana, to support the rollout of the Social Welfare Information Management System (SWIMS). UNICEF aims to have Primero X live in 60 countries and territories by 2025.

We firmly believe technology can be a force for good in these challenging times, and our partnership with UNICEF to support vulnerable children and women is even more critical during COVID-19 …. Primero is improving the quality and consistency of care for social workers so they can focus on those who need it most.

– Justin Spelhaug, Microsoft Global Head of Technology for Social Impact

Conclusions

Although integrated data management strategies are becoming more prevalent in the sector, there is still a long way to go for digital IMS to be considered a core component in successful child protection programme design. The COVID-19 pandemic exposed this lack of sectoral investment and preparedness with respect to data systems, as well as a corresponding lack of systematic data protection. The need to scale up services rapidly often results in compromises being made with data management practices. The response to the pandemic has shown that programmes that have integrated data management practices – including harmonized procedures, datasets and information management systems – are more cohesive and resilient to shocks. They are better at ensuring continuity of care, and that confidential data is managed responsibly. Integrated data management strategies that bring together social services actors around common procedures, practices and datasets should become the standard in child protection programming. There is also a need for IMS to be deployed faster, more easily scaled up and to enforce privacy by design.

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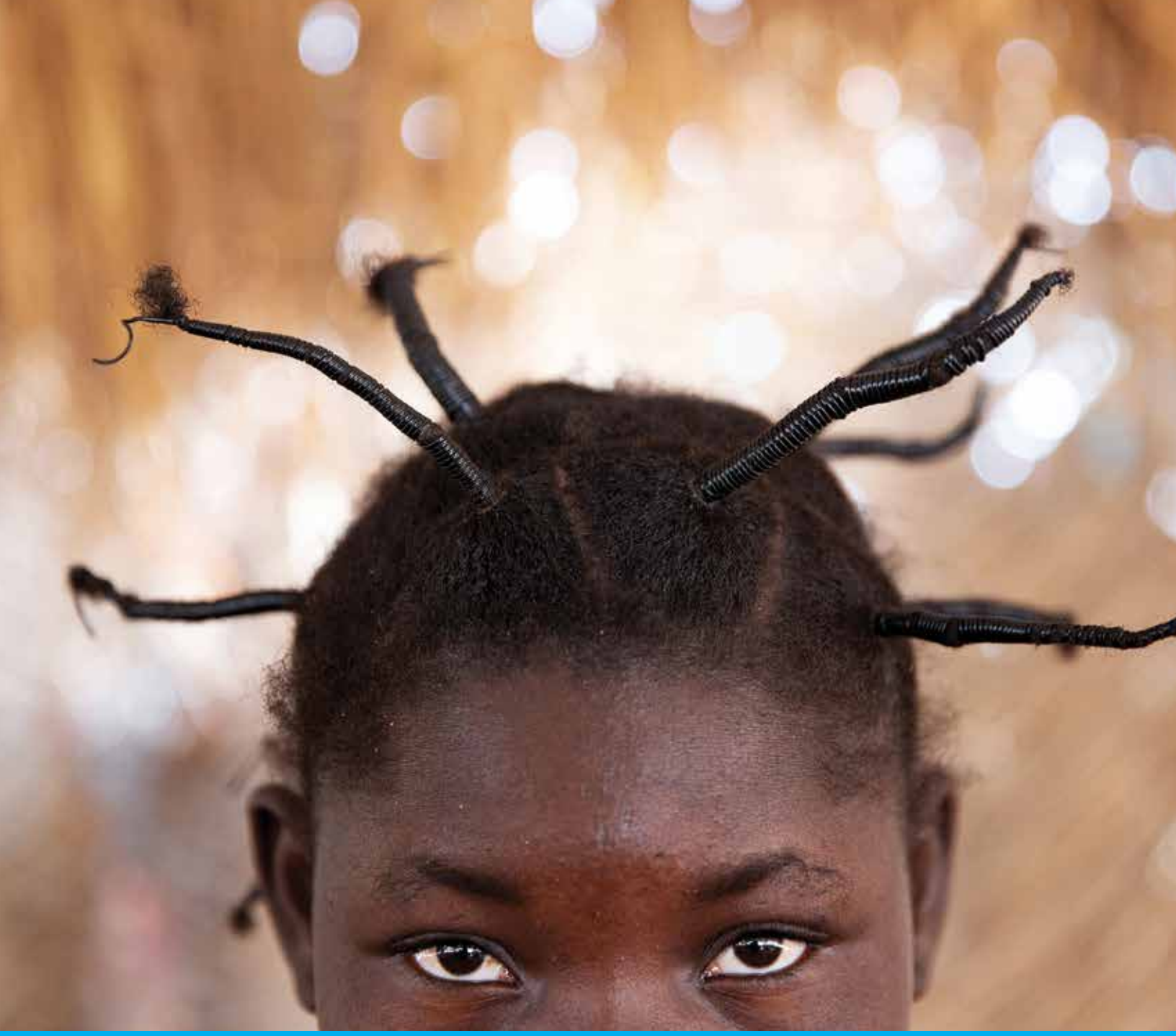
A young boy with the social worker who supported the reunification with his family using the support of Primero which matches unaccompanied children with physical descriptions and other data held in missing children reports.



Child protection in humanitarian action

Rosina (name changed) fled her home following an attack by an armed group that killed her parents. She later joined a rival armed group. After four months of forced labour she escaped and was taken in by a foster mother in the town of Paoua in the Central African Republic. UNICEF's partner, War Child, supports Rosina, providing her with care and counselling, essential supplies and supporting her return to school.

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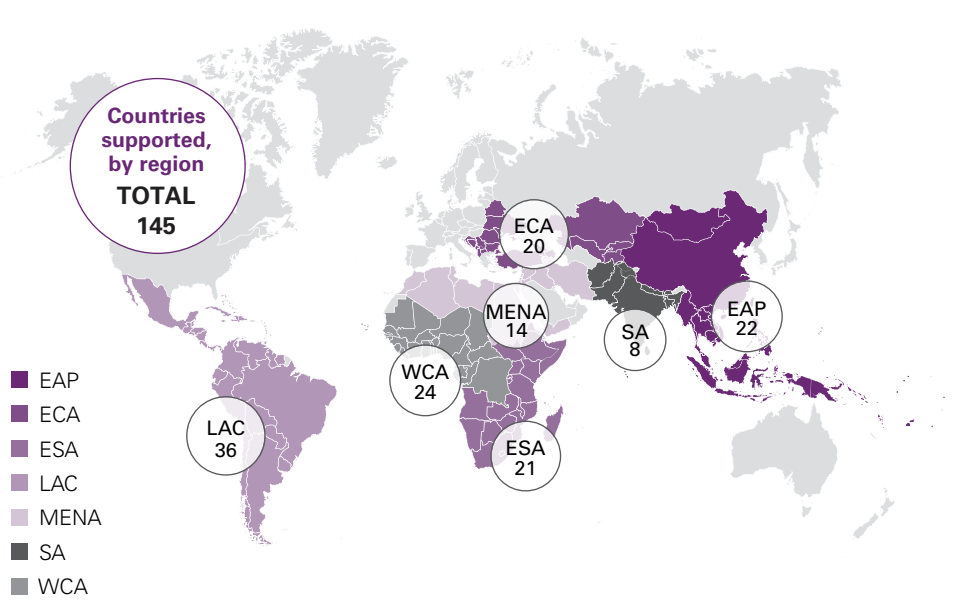
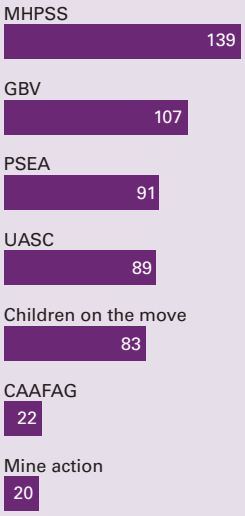
In 2020, UNICEF activated an urgent and massive scale-up on all fronts to address the magnitude of humanitarian need, including protracted conflicts, natural disasters and new emergencies, and the compounding effects of COVID-19.

In 2020, UNICEF's humanitarian child protection activities expanded to 145 countries (increasing from 74 countries in 2019). This increase is due mainly to the number of non-humanitarian countries plunged into a child rights crisis situation as a result of COVID-19.[60] Throughout the year, UNICEF continued to balance programme and operational continuity with the urgent need to adapt and innovate in the face of an ever-evolving global emergency. UNICEF ramped up the delivery of remote support to emergency responses to overcome access limitations and travel restrictions. UNICEF also identified new advocacy and programming opportunities to keep the most vulnerable children safe *(see Figure 15)*.

FIGURE 15: Summary of results on child protection in humanitarian action, 2020



Country engagement by area of work



11 X more

47.2m
children, adolescents, parents and caregivers accessed **MHPSS** in (117 countries)

1.8m
children on the move received **protective services** (74 countries)

65%
of target population **received relevant prevention and survivor assistance interventions** for landmines and ERW – 2.7m (20 countries)

44.3m
children and adults reached globally; 91 countries now have **safe and accessible reporting channels, country action plans, training for partners and strengthened referral pathways for SEA**

5 X more

17.8m
women, girls and boys provided with **risk mitigation, prevention or response interventions to address GBV** (84 countries)

▲85k

74%
of target population **UASC reunified or provided with appropriate care** – nearly 137,000 UASC reached

53%
children who had exited armed forces or groups **received care, services and family and community reintegration** – 12,400 (19 countries)

57%
of countries reporting, or 12 countries out of all countries monitoring and reporting on **grave violations against children, have a functional framework for the protection of children** (21 countries)

Abbreviations: CAAFAG: children associated with armed forces or armed groups, ERW: explosive remnants of war, GBV: gender-based violence, MHPSS: mental health and psychosocial support, PSEA, protection from sexual exploitation and abuse, UASC: unaccompanied and separated children.
Changes are compared to results achieved in 2019 unless otherwise specified.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Changes are compared to results achieved in 2019 unless otherwise specified. EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.

UNICEF sustained support for child protection in emergencies to all seven Level 2 and Level 3 emergencies.[61] This action included responses to four large-scale Level 3 emergencies: the Ebola outbreak in the Democratic Republic of the Congo, protracted emergencies in the Syrian Arab Republic and Yemen, and the global COVID-19 pandemic. UNICEF also responded to three Level 2 emergencies: the complex humanitarian crises in the Bolivarian Republic of Venezuela, the situation in the Central Sahel (Burkina Faso, Mali and the Niger), and internal displacement in the Democratic Republic of the Congo.

> *What started as a public health crisis and then a socioeconomic crisis, has snowballed into a protection crisis. The scale of institutional emergency response that COVID-19 requires has forced us to strengthen the nexus of our work in development and humanitarian situations and to develop innovative approaches, with diverse partners, to maximize our reach to children and their families.*
>
> – Cornelius Williams, Associate Director, UNICEF Child Protection

The role of the Alliance for Child Protection in Humanitarian Action: Technical leadership and strengthening real-time emergent learning

Together with the Alliance for Child Protection in Humanitarian Action (the 'Alliance'),[62] UNICEF mobilized a coordinated inter-agency and multisectoral response across regions and country offices, beginning with a technical note providing concrete steps to strengthen, adapt and extend protection services to children and women in the context of COVID-19. At least a dozen supplementary annexes recommended actions for governments and child protection practitioners regarding specific vulnerable groups and interventions, from violence prevention to weighing the risks of school closures.[63] As part of the Alliance's Children Associated with Armed Forces or Armed Groups (CAAFAG) Task Force, UNICEF also contributed to developing key messages and considerations for CAAFAG programming during the pandemic.

Strengthening mental health and psychosocial support to children and families

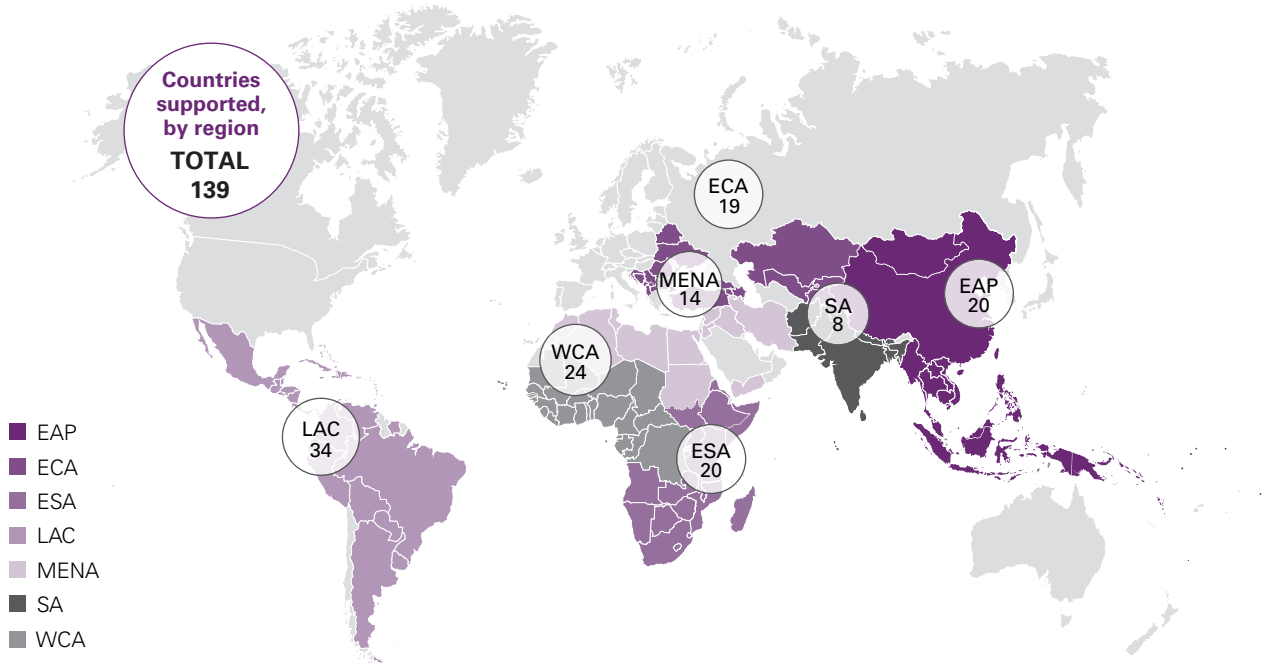
The pandemic unleashed a global mental health emergency. It disrupted or halted critical mental health services in 93 per cent of countries worldwide, putting all children, especially those in countries with ongoing violent conflict or other humanitarian issues, at grave risk.[64] Consequently, attention focused on mental health as an essential component of a child's overall well-being and development. This also served to elevate the importance of mental health in global and national agendas. UNICEF and partners worldwide leveraged World Mental Health Day 2020 to highlight the issue, calling for greater investment in, and greater access to, promoting good mental health and well-being for all children, adolescents, parents and caregivers.

The creation of the WHO-UNICEF Joint Programme on Mental Health and Well-being and Development was a groundbreaking effort to align and coordinate on MHPSS. UNICEF also joined in leading the Ensuring Quality in Psychological Support (EQUIP) project.[65] This ensures quality in workforce development through competency-based standardized assessment of MHPSS workers. Additionally, the Minimum Service Package is a joint project currently in development with UNICEF and WHO, with support from UNHCR. This establishes essential services for implementing MHPSS across sectors in emergencies. Early in the response, UNICEF and partners also released strategies and guidelines to ensure that MHPSS activities continued during the pandemic, including operational guidance to implement and adapt MHPSS activities for children, adolescents, and families' and the Inter-Agency Standing Committee's (IASC) guidance for COVID-19 responders on basic psychosocial skills.[66]

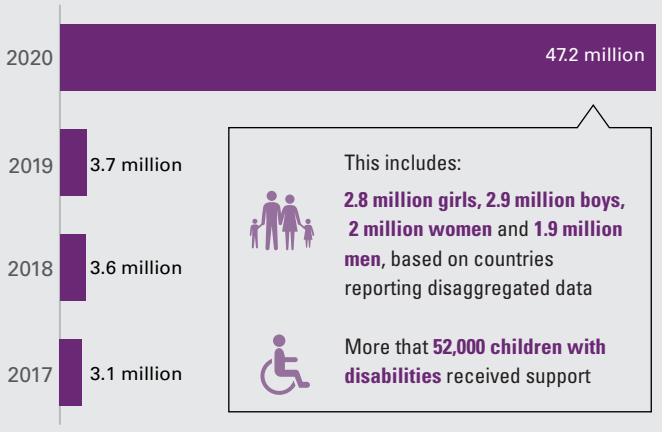
Around 47.2 million children, adolescents, parents and caregivers benefited from community-based mental health and psychosocial support *(see Figure 16)*. This included support through safe spaces, peer-to-peer support activities, positive parenting skills activities, focused and non-focused mental health services and targeted community awareness campaigns. UNICEF also extended its reach with enhanced mental health-related communication engagement, including mass media campaigns in the context of COVID-19. Taken together, these collective interventions reached more than 78 million children, adolescents, parents and caregivers in 117 countries with COVID-19 response plans.

In Yemen, UNICEF provided psychosocial support services to over 434,000 people across 11 governorates, including 283,000 children (of whom 140,585 were girls) and 151,000 adults (of whom 85,402 were women) through a network of fixed and mobile child-friendly spaces that help children cope with the immediate and long-term consequences of exposure to violence. In the Central African Republic, UNICEF continued to respond to the protection needs of children affected by the humanitarian crisis (both in the context of COVID-19 and ongoing conflicts), providing support to children released from armed groups, child survivors of GBV or those separated from their families. A total of 98,497 children and caregivers accessed mental health and psychosocial support in 2020.

FIGURE 16: Summary of results on mental health and psychosocial support, 2020



Children, adolescents, parents and caregivers in humanitarian situations provided with community-based mental health and psychosocial support



UNICEF has been at the forefront of ensuring the continuity of MHPSS services during COVID-19. UNICEF supported governments and practitioners on innovative and adaptive methods to deliver MHPSS activities during the evolving contexts.

Important to note that 2019, 2018, 2017 values do not include parents/caregiver figures (although proportionately the 2020 figure has much less parents/caregivers).

Note: EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

In South Sudan, UNICEF reached 95,487 children (45,755 girls) with dedicated psychosocial support through child-friendly spaces in communities and schools using a community-based approach. This surpassed the target of 80,000. Over 60,000 individuals (15,993 boys; 17,658 girls; 11,162 men; and 15,293 women) were reached with MHPSS awareness-raising activities, including using a children's storybook for 6–11 year olds which addresses COVID-19-related questions and fears *(see Box 'My Hero is You')*. In Cox's Bazar, Bangladesh, UNICEF supported 690,700 children and adolescents with community-based MHPSS, including the development of audio-recorded awareness-raising material.

To broaden the global scope of digital messaging, the Voices of Youth, a UNICEF-led digital community for youth by youth, and the IASC MHPSS Reference Group together released a Mental Health Guide for Young People, with tips on self-care, maintaining relationships, and tackling problems impacting mental health and well-being.[67]

My Hero is You: Helping kids fight COVID-19!

My Hero is You is a collaborative story book to help children understand and come to terms with COVID-19, aimed primarily at children aged 6–11 years old. It is a unique collaboration between United Nations agencies, national and international non-governmental organizations and international agencies providing mental health and psychosocial support in emergency settings.

During the early stages of the project, more than 1,700 children, parents, caregivers and teachers from around the world shared how they were coping during the pandemic. Since its release, *My Hero is You* has been translated into over 125 languages, including braille and sign language, and has taken many forms around the world. It has been delivered through storytelling (including virtual) initiatives, audiobooks, videos, radio and television.

Monitoring grave violations of child rights in situations of armed conflict

As co-chair of the United Nations Country Task Forces on Monitoring and Reporting (CTFMRs), UNICEF supports and engages United Nations partners to monitor and report on the six grave violations of children's rights in situations of armed conflict.[68] In the context of COVID-19, the ability to swiftly verify reported cases depended on mobility in each country and the geographic area affected by the pandemic. The ability to verify reported grave violations is a constant challenge in countries with ongoing conflict, and COVID-19 added a layer of constraint in most situations. However, in line with the Monitoring and Reporting Mechanism (MRM) standards, verification continued. Increased violations were documented in the Central African Republic, Myanmar, the Syrian Arab Republic and the Democratic Republic of the Congo.

> The MRM documented over 26,000 grave violations across 21 countries in 2020. The number of children affected by at least one grave violation totalled 19,000 (of whom, 26 per cent were girls).

UNICEF engages at country level to develop accountability strategies for rights violations, including advocacy, legislative reform and establishment of comprehensive, system-wide and multisector prevention and response measures. In 2020, ninety per cent of the countries included in the Secretary-General's Annual Report on Children and Armed Conflict had an inter-agency protection strategy that included actions to protect children from key grave violations of child rights.

Despite COVID-19-related access limitations, UNICEF supported CTFMRs to engage with armed forces and armed groups to end and prevent violations. In South Sudan, the government signed the first action plan of its kind, which aimed to address all six grave violations. In Myanmar, the Democratic Karen Benevolent Army signed an action plan to end the recruitment and use of children. This was the first action plan involving a non-State armed group in the country.

Implementation of existing action plans also continued. In Afghanistan, UNICEF-supported child protection units prevented 179 boys from enlisting in the Afghan National Police. UNICEF also supported the Ministry of Interior to develop a child protection policy, which included provisions protecting children from recruitment and also from sexual violence. The Syrian Democratic Forces established an age assessment committee and a complaints mechanism. This resulted in releasing 136 children from their ranks and screening out 908 children at the time of recruitment. In Yemen, UNICEF engaged with Houthis/Ansar Allah on adoption of a protocol for the handover of children associated with opposing forces who were captured during military operations.

Children associated with armed forces and armed groups

Children recruited or used by armed forces or groups are often separated from family and survive multiple violations of their rights. The tendency of some states to arrest and detain children based on their association can complicate efforts to provide care for or uphold the rights of children who have exited armed groups or whose family members are alleged to be members of armed groups.

Despite access constraints caused by COVID-19, UNICEF documented around 12,790 children who exited armed forces or armed groups in 16 countries during 2020. Of the 11,002 children for whom sex-disaggregated data is available, 25 per cent are girls.

UNICEF provided a range of care and services to more than 12,360 children in 19 countries. Of the 10,700 children for whom sex-disaggregated data is available, 23 per cent are girls. These children had exited armed forces or armed groups over the course of several years, some of whom were already reunited with their families. Of these, more than 77 per cent were in countries located in Central, East and West Africa. In 2020, UNICEF supported 4,845 children across 17 countries to reintegrate with their families and communities. Of the 4,800 children for whom sex-disaggregated data is available, 19 per cent are girls.

UNICEF supports implementation of standard operating procedures and handover protocols for children who have escaped from armed forces or groups, or who were captured or detained during military operations. UNICEF supports their release, protection and reintegration into their families and communities. The negotiated handover protocol in Yemen enabled the release of 100 children from detention, after which UNICEF supported them with interim alternative care, reunification with their families and other protection services. The pandemic affected the verification and release of children. Several countries reported that infection prevention and control measures hampered access for child protection actors, reducing their capacity to identify and respond to cases. For example, in the Central African Republic, there were pandemic-related access issues, coupled with political instability caused by elections. This meant that UNICEF could only reach 42 per cent of the 3,200 children targeted with reintegration support (20 per cent girls).

UNICEF Nigeria supported the largest number of children in 2020, reaching 2,715 (36 per cent girls) with services. Where access was limited, UNICEF trained community-based institutions to support children, supplementing

support with guidance on how to undertake remote case management. This included developing criteria for case prioritization. In the Democratic Republic of the Congo, UNICEF supported 2,673 children released (17 per cent girls). Individualized reintegration plans were drawn up, which addressed the specific rights of girls (including privacy and community stigma). This enabled 1,976 children (22 per cent girls) to reintegrate with their families and communities.

UNICEF and the United Nations Office of Counter-Terrorism co-led the development of the Global Framework for United Nations Support on Third Country National Returnees from the Syrian Arab Republic and Iraq. This was an innovative joint approach to address the protection needs of thousands of children and caregivers stranded in these two countries and ensure accountability for crimes that adults may have committed while associated with the Islamic State of Iraq and the Levant (Da'esh).

Mine action and explosive weapons

In the context of COVID-19, it proved crucial to adapt and reimagine how mine action programming, in particular Explosive Ordnance Risk Education (EORE), was delivered. This was especially the case in situations where face-to-face direct contact shifted to remote reach. Strategies included the use of mass messaging through traditional and social media, and other forms of digital engagement to compensate the lack of in-person reach. A key constraint encountered was the difficulty in capturing the 'indirect' reach of these newly formulated modalities. This resulted in fewer children reached in 2020, compared with 2019.

> In 2020, UNICEF reached almost 2.7 million children in 20 countries with EORE. This was a significant drop of 38 per cent compared with 2019. This was primarily caused by national COVID-19 regulations preventing face-to-face activities, including in the Syrian Arab Republic and Yemen. Reporting in 18 countries on sex-disaggregated data shows an even (50 per cent) split between the number of girls and boys reached. In addition, over 7,100 children with disabilities were reached across 10 countries.

To overcome the challenge of movement restrictions in Yemen, UNICEF and Yemen Executive Mine Action Centre developed TV and radio flashes on EORE. Almost 266,000 community members (70 per cent children) also received interpersonal EORE through campaigns in schools, child friendly spaces, and across communities in 8 governorates. UNICEF Libya, in coordination with the National Centre for Disease Control and the Libyan Mine Action Centre, installed almost 3,500 posters combining explosive ordnance and COVID-19 safety messages in strategic locations in three cities. In eastern Ukraine, comprehensive mine survivor assistance was provided to 80 children and 41 adult mine survivors. More than 10,000 children and nearly 700 caregivers received EORE information and a further 100,000 benefited from online programming.

Nearly 19,000 professionals, including teachers and social workers, received training to deliver landmines and other explosive weapons risk education in 16 countries. To strengthen EORE services, UNICEF, in partnership with the EORE Advisory Group, released the EORE and COVID-19 Resource Library. Further, the UNICEF-led EORE knowledge exchange platform – a dynamic online forum sharing good practices and technical guidance – grew to 440 members (+76 in 2020) from 61 countries and territories (+2 in 2020).

At the global level, the 23rd meeting of the National Mine Action Directors and United Nations Advisors reviewed challenges and progress and enabled the exchange of best practices. The United Nations Mine Action Service convened and coordinated the meeting with the Inter-Agency Coordination Group on Mine Action (IACG-MA).[69] UNICEF also led the first-ever plenary session on digital EORE, 'Thinking Safety and Acting Safely in the Digital Age'. Further, following a UNICEF-led, two-year review, an updated International Mine Action Standards (IMAS) EORE was endorsed by the IACG-MA. This process represents the most substantial review of the IMAS EORE since 2009.

> Around 733 child survivors and other survivors of landmines and explosive remnants of war from 10 countries received direct survivor assistance, which is almost half the number of those receiving assistance in 2019. The lack of funding for the UNICEF Afghanistan survivor assistance programme in 2020 contributed heavily to the drop in numbers.

Responding to the impact of gender-based violence in emergencies

COVID-19 quarantine and confinement measures and the ripple effect of the socioeconomic impact of the pandemic served to increase the risks of GBV and worsen its severity across county contexts, but particularly for women and girls already at heightened risk living in emergency and prolonged crisis contexts. Recognizing the dangers facing women and girls, UNICEF moved quickly (and early) to develop global guidance, drive interagency coordination, and provide country-level technical support across contexts to address GBV.

UNICEF's focus from the onset of the pandemic was to ensure policy and programming decisions were adapted to mitigate the impact of COVID-19-related policies on violence towards women and girls. Focus was also placed on strengthening delivery systems over the longer term, including ensuring that GBV programming is central to macro-economic recovery planning and investments across sectors.[70]

UNICEF galvanized global resources, technical leadership and coordinated action to reach 17.8 million women, girls and boys with GBV risk mitigation, response and prevention programmes in 84 countries in 2020, compared with 3.3 million reached across 46 countries in 2019. In 2020, almost 3,300 children with disabilities were also reached, across 21 countries *(see Figure 17)*. UNICEF partners with a range of UN agencies, as well as non-governmental organizations, academics and others, to coordinate gender-based violence in emergencies (GBViE) programming.

The GBV Area of Responsibility Helpdesk,[71] which is managed and funded by UNICEF, issued the first available guidance for global practitioners on adapting GBV Case Management. As a member of the GBVIMS steering committee, UNICEF spearheaded additional technical support on case management and the information management system, training 3,000 service providers and providing an accompanying podcast series.

Adapting service delivery models was a critical first step towards ensuring women and girls could access related services, despite COVID-19. To support remote service delivery, UNICEF and partners extended the accessibility of the GBV Pocket Guide; a step-by-step resource for supporting GBV survivors, which was made available in 22 languages (with a smartphone version in 11 languages). From March to December, 2020, more than 210,000 people in 83 countries were trained. UNICEF is also creating plug-ins for bots to ensure safeguarding of survivors of GBV and expanding digital modes of engagement for women and girls to seek advice, communicate and access information. Through extending the use of remote delivery methods, around 22,670 survivors received support in Iraq, 16,398 in South Sudan, and 4,124 in Nigeria. UNICEF is investing in innovative programming, such as developing a number of virtual safe spaces for adolescent girls in Ecuador, Iraq and Lebanon. UNICEF is continuing to develop a way to update referral pathways remotely, including, for example, in Bangladesh and Zimbabwe where an e-referral pathway app is being piloted.

UNICEF continued to lead the global roll-out of the IASC Guidelines for Integrating GBV Interventions in Humanitarian Action. The aim is to make humanitarian programming across all sectors safer and more accessible for women and girls. UNICEF's GBV risk mitigation programming – in water, sanitation and hygiene (WASH), education and other sectors – reached nearly 62,000 people in Bangladesh; 85,650 in the Niger; 75,000 in Ethiopia; 264,400 in the Sudan; and 237,600 in Turkey.

In Somalia, multisectoral safety audits also continued to be implemented for the fourth consecutive year. Over 700 sites were reached, compared with 58 in 2019, within individual sectors, such as WASH in Nigeria and Bangladesh, and Nutrition in South Sudan. UNICEF also finalized new guidance on GBV risk mitigation in humanitarian cash transfer programming. Pilots are underway in Yemen, Sierra Leone and Bangladesh.

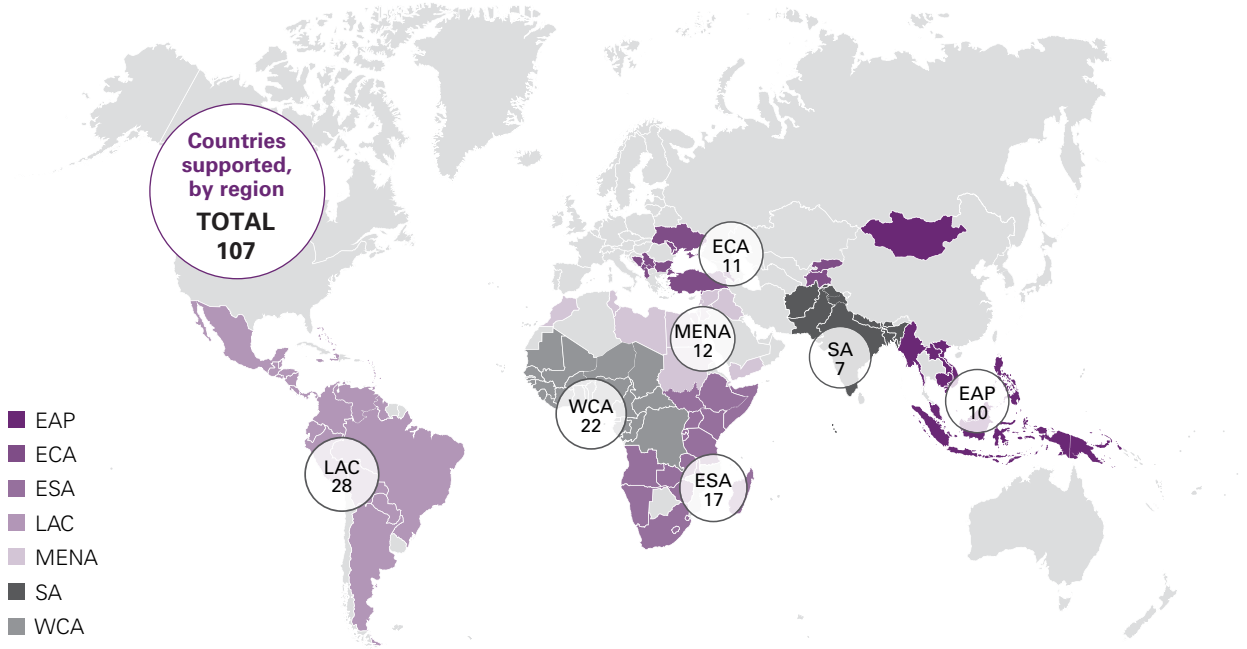
UNICEF/UN040357/AhmedAbdalkarim

On 22 November 2020, UNICEF teams help to spread awareness on gender-based violence among the newly arrived refugee population while adhering to COVID-19 measures. Thousands of refugees who fled ongoing fighting in Tigray, Ethiopia who seek safety in neighbouring eastern Sudan face an uncertain future.

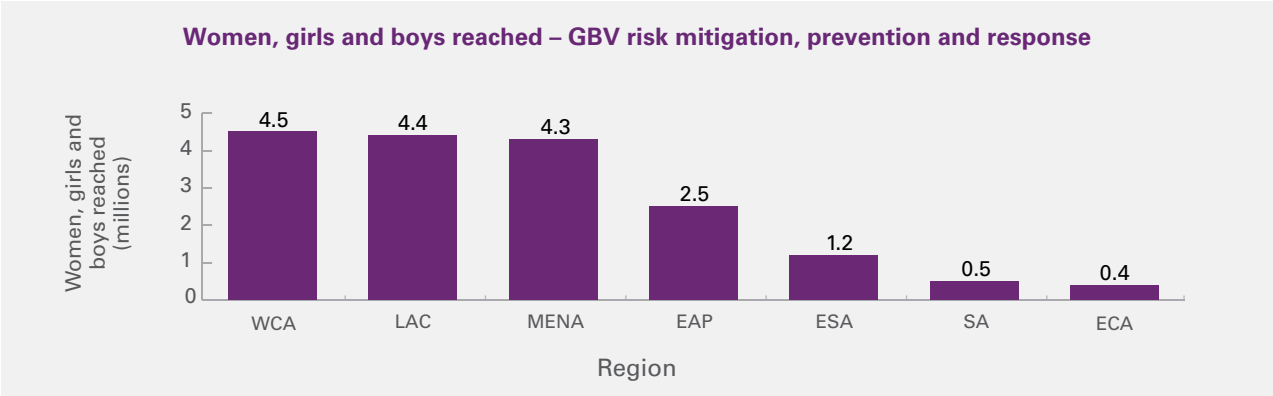
In partnership with Oxfam and CARE International, UNICEF implemented a series of GBV risk-mitigation 'operational partnerships', where the GBV Guidelines were contextualized in four targeted contexts: Bangladesh, the Central African Republic, the Philippines and Uganda. There was a focus on documenting tangible, field-based examples across all phases of the programme cycle.

Additionally, UNICEF partnered with VOICE, an organization working to amplify the voices of women and girls, to launch a new research series titled, 'We Must Do Better'. This aimed to amplify the voices and experiences of 200 organizations; and those of individual women and girls across 41 countries and six regions during the pandemic.

FIGURE 17: Summary of results on gender-based violence in emergencies, 2020



More than **5 TIMES** more women, girls and boys provided with **GBV interventions in emergencies – 17.8m** across 84 countries 2020, 3.3m across 46 countries 2019



Note: Figures are rounded. EAP: East Asia and the Pacific; ECA: Europe and Central Asia; ESA: Eastern and Southern Africa; LAC: Latin America and the Caribbean; MENA: Middle East and North Africa; SA: South Asia; WCA: West and Central Africa.

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Protecting women and children from sexual exploitation and abuse

UNICEF actively supported Humanitarian Coordinators (HC) and country teams (HCT) to accelerate PSEA to affected populations, as part of their core mandate. The pandemic increased the risk factors for SEA by humanitarian workers. Women and children were disproportionately affected. Early on, UNICEF led the development of the IASC PSEA and COVID-19 Interim Guidance Note and related checklist,[72] which guided the integration of PSEA programming from the outset of a global system-wide humanitarian response. This effectively led to the increased engagement on PSEA from HC/HCTs as well as Resident Coordinators and UN Country Teams (UNCT) throughout 2020. An Interim Guidance Note was released, with a related checklist to influence the system-wide humanitarian response.

To effectively support humanitarian coordinators and teams, as co-chair of the IASC Results Group 2 on Accountability and Inclusion, UNICEF established and supported the IASC PSEA Field Support Team. The Field Support Team delivered timely technical support to more than 42 countries in 2020. To further strengthen a global community of practice, UNICEF developed and launched an IASC website and global dashboard on PSEA, making country-level progress and resources publicly available and visible for the first time. The website has supported more than 21,000 practitioners since it was launched in September 2020. On behalf of the IASC, UNICEF carried out global mapping of all countries with a humanitarian response, to assess their progress on PSEA acceleration in three IASC priority areas: safe and accessible reporting channels for SEA; survivor-centred assistance; and enhanced accountability, including investigations.

> Around 44.3 million children and adults now have access to safe and accessible UNICEF-supported sexual exploitation and abuse (SEA) reporting channels. This is a nearly fivefold increase from the 8.9 million children and adults with access in 2019. The scale-up of community-based reporting through UNICEF programmes has contributed to a 131 per cent increase in reports of SEA involving women and children from 2017 to 2020.

In 2020, UNICEF reported significant progress in expanding access to safe and accessible reporting channels, providing quality survivor-centred assistance, and strengthening accountability for survivors. Engagement also includes implementation of country office action plans, PSEA training for partners, and strengthened referral pathways for survivors. Country offices including Burundi, Uganda and South Sudan introduced programming innovations and adaptations by using digital platforms for community outreach in connection with PSEA, to ensure that a safe and confidential reporting channel is accessible to the community during COVID-19.

> UNICEF has accelerated the scale-up of protection from sexual exploitation and abuse (PSEA), with 91 countries now having safe and accessible reporting channels for SEA, country action plans, PSEA training for partners, and strengthened referral pathways for survivors.

UNICEF led the roll-out of the United Nations Victims' Assistance Protocol for HCTs/UNCT, inter-agency PSEA coordinators, networks and focal points for humanitarian agencies. The number of countries in which quality SOPs in line with the protocol are rolled out increased by 50 per cent, from 18 in 2019 to 27 in 2020. UNICEF developed a PSEA Toolkit and training package that has been rolled out in 38 countries to date, and is being used by humanitarian actors across the system to support implementation of the United Nations Protocol on SEA Allegations involving Implementing Partners.

Given the limited availability of legal aid in most contexts, UNICEF worked closely with the United Nations Victims' Rights Advocate and the Office of the United Nations High Commissioner for Human Rights (OHCHR) to address this gap. This included a consultation on strengthening access to legal aid, attended by over 95 participants across the United Nations system. Individual country offices, such as Myanmar, developed guidance on navigating local legal systems as part of an inter-agency approach. UNICEF developed information for PSEA network focal points on the rights of survivors under local law and within court proceedings, to better support survivors who report.

To promote a survivor-centred approach in the Democratic Republic of the Congo, UNICEF worked closely with the United Nations Office of Internal Oversight Services to develop guidelines on support to survivors during investigations. Partners were trained to accompany survivors throughout this process. In Zambia, UNICEF and its inter-agency partners established a fund for civil society organizations to address gaps and expand access to legal aid and other assistance for survivors of SEA

Unaccompanied and separated girls and boys

The COVID-19 pandemic, and the measures and policies put in place to contain the virus heightened the risks of separation, not only in humanitarian situations but also in development contexts. Some of the measures also slowed down family reunification and exacerbated the exposure of unaccompanied and separated girls and boys (UASC) to violence and trafficking. This triggered a significant scale-up in programming in 2020 in response to a much larger caseload of UASC and children without parental or family care.

To strengthen programming in the context of COVID-19, UNICEF (together with the Alliance, the Global Protection Area of Responsibility, and other United Nations agencies and civil society organizations [CSOs]), developed and supported the roll-out of a set of thematic programmatic guidance for child protection and health actors, including on preventing family separation and other child protection considerations during the COVID-19 pandemic.[73]

In 2020, there was a 142 per cent increase in the number of UASC registered for UNICEF support and a 163 per cent increase in UASC who were reached and provided with family tracing, reunification services and alternative care, compared with 2019. UNICEF and partners supported UASC in 89 countries, across humanitarian situations and development contexts impacted by the COVID-19 pandemic, and 74 per cent of children targeted received Family Tracing and Unification (FTR) services and alternative care (nearly 137,000) across 75 countries.

UNICEF strengthened case management through the roll-out of CPIMS+ among child protection practitioners. In Afghanistan, almost 7,750 UASC (predominantly returning from the Islamic Republic of Iran, Pakistan, Turkey, Europe, and Gulf States because of the COVID-19 pandemic) received a comprehensive package of services. UNICEF scaled up its response from 15 to 19 provinces, supporting temporary care in transit centres and FTR services. In the Islamic Republic of Iran, UNICEF, IOM and relevant Afghan authorities signed a cooperation framework on the return and reintegration of UASC. This was instrumental in strengthening coordination processes.

Although family tracing was hampered by insecurity in the southern central part of Somalia, requiring UASC to stay longer in alternative care arrangements, UNICEF supported 11,357 UASC (of whom 39 per cent were girls) with FTR services. UNICEF negotiated with six social work universities in Puntland, Somaliland and Mogadishu to train and deploy a total of 256 student social workers to address the shortage of qualified personnel who provided psychosocial support to UASC during the pandemic.

Conclusions

At the start of the pandemic, many governments did not recognize child protection and GBV programmes as essential. Funding was therefore limited, making it difficult to support service delivery. Advocating for the essential role of front-line responders, building workforce capacity and empowering local actors and affected populations to participate were critical in an emergency response marked by significant access constraints.

The increase in scale and reach of child protection in humanitarian action programming in 2020 reflects how many countries pivoted to crisis response. It also reflects the innovative programmatic adaptation to the access

constraints that minimized the usual ways of working. Using digital platforms and wide-reaching communication channels increased reach to affected communities and service providers. This includes community-wide messaging on mental health and psychosocial support, and digital platforms for case management and feedback mechanisms. Looking forward, as child protection services continue to operate using an individualized approach, as well as communication tools for broader application, a focus on quality and inclusion must be emphasized.

Children participate in recreational activities at the new temporary accommodation facility on the Greek island of Lesvos. The new temporary facility is located a few kilometres away from the Moria Registration and Identification Centre that was destroyed following a series of fires. UNICEF supported the safe transfer of 406 unaccompanied and separated refugee and migrant children from Lesvos Island to the Greek mainland following the fire.

Output 3.2: Strengthening prevention and delivery of protection services to reduce harmful practices (child marriage and female genital mutilation)

A young girl in Bamyan, central Afghanistan. UNICEF Afghanistan uses multisectoral and gender-based approaches to support adolescent girls and boys, focusing on girls' education and prevention of child marriage.

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The COVID-19 pandemic is exacerbating key factors that put children at risk of harmful practices, such as child marriage and female genital mutilation (FGM). It is also making prevention programming much more difficult to implement, hindering progress on the ambitious goal of eliminating all harmful practices by 2030 (SDG 5.3). The health, social, political and economic effects of the pandemic are disproportionately affecting girls and women by exacerbating existing systemic gender inequalities at all levels.[74]

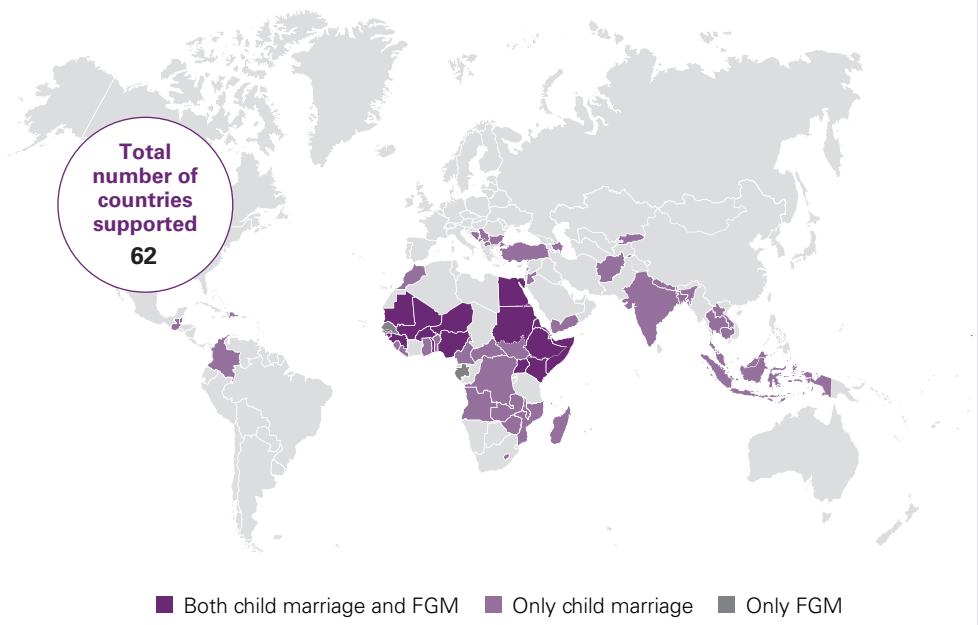
UNICEF estimates that, over the next decade, up to 10 million more girls will be at risk of becoming child brides as a result of the pandemic.[75] There has also been a reversal of gains made over the past 25 years in girls' education, particularly in enrolment and learning outcomes. Schools offer the strongest social networks for adolescent girls. Their risk of experiencing violence and harmful practices increases when they are cut off from these networks.[76]

While evidence from the Ebola epidemic showed a decrease in FGM due to containment measures,[77] the opposite appears to be the case with COVID-19. Evidence is emerging that in some communities, parents are likely to take advantage of school closure and disruption in protection systems to subject girls to FGM as a precursor to marriage. In Kenya, for example, UNICEF analysis of FGM cases in nine counties showed an increase in FGM from 1,074 reported cases between January and November 2019, to 2,380 reported cases during the same period in 2020. UNFPA data estimate that 2 million additional cases of FGM may occur over the next decade, which otherwise would have been averted.[78]

Throughout 2020, UNICEF and partners pivoted support to identify and respond to risk factors and adapt programming to the COVID-19 context. UNICEF embraced a 'learning by doing' approach. This was informed by a wealth of real-time and emergent learning that synthesized lessons. Community-based interventions – a critical approach to address harmful practices – were significantly impacted by movement restriction and lockdowns. In particular, UNICEF and partners focused on adapting programming to ensure intervention continuity, especially for the most at-risk and vulnerable girls, including those with disabilities *(see Figure 18).*

A UNICEF-supported councillor speaks to a survivor of female genital mutilation (FGM) in Hargeisa, Somaliland.

FIGURE 18: Summary of results on strengthening prevention and delivery of services to reduce harmful practices, 2020



Country engagement by area of work

Child marriage: 59

Female genital mutilation: 20

FEMALE GENITAL MUTILATION

▲7.9m people

16.4m **people** participated in **education, communication** and **social mobilization platforms promoting the elmination** of **FGM** (20 countries)

3 X more

433k **girls and women** received **FGM-related prevention and protection services** (16 countries)

69% **of females** — 2021 target 71%

64% **of males** — 2021 target 67%

believe that **FGM** should be **eliminated**

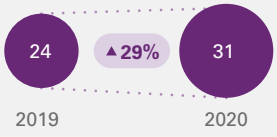
CHILD MARRIAGE

▲350k

6m **adolescent girls** received **prevention and care interventions** to **address child marriage** in 45 countries

+7 countries implementing a **costed action plan** or **strategy** to **end child marriage**

Number of countries with an action plan



Notes: FGM – female genital mutilation. Changes are since 2019 unless otherwise specified. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Spotlight on innovations through the use of digital engagement

To see COVID-19 through the eyes of adolescent girls, UNICEF released a first-of-its-kind video series called 'Coping with COVID-19' on platforms such as YouTube and Facebook. Equipped with only mobile phones, 16 girls from 9 countries filmed their stories of living through COVID-19, documenting how they coped with the fear of child marriage, the struggles of distance learning and the burden of isolation.[79] The series recorded over 6.7 million views across UNICEF's global channels by the end of 2020. It was one of UNICEF's most frequently visited webpages during 2020, and was featured in journals, including *The Lancet*. It also aired on television in countries including the Niger and Madagascar.

Advancing the global and regional agenda in the context of COVID-19

At the global level, UNICEF used its convening authority to ensure that child marriage and FGM stayed on the agenda during the pandemic.

Third Committee of the 75th session of the United Nations General Assembly: UNICEF supported the development of the resolution on Child, Early and Forced Marriage, highlighting the concerning trends emerging in the context of the pandemic, and the calls for accelerated action, which received the support of 114 Member States co-sponsors.

United Nations Human Rights Council 44th session: UNICEF supported the development of a resolution on the elimination of FGM. This reaffirmed the framing of FGM as a violation of international human rights law and as a form of violence against girls and women rooted in discriminatory social norms and gender inequality. The resolution was adopted by 100 co-sponsors, which was an unprecedented number.

African Council of Religious Leaders (ACRL): UNICEF's new partnership with ACRL aims to engage with national religious leaders on the issue of child marriage. UNICEF, in collaboration with Religions for Peace, ACRL and the Joint Learning Initiative for Faith and Local Communities produced new guidance on ways to engage and communicate with religious leaders on violence against children, child marriage and FGM in the time of COVID-19.

European Union-funded Spotlight Initiative Africa Regional Programme: UNICEF launched this programme in partnership with the African Union (AU), the European Union, UNDP, UNFPA and UN Women. It aims to eliminate sexual violence and GBV, including harmful practices, and it will strengthen and complement existing strategies and initiatives. These include the AU Gender Strategy, the Gender Observatory and the AU campaigns to end child marriage and FGM.

Further, the UNFPA–UNICEF Global Programme to End Child Marriage (the largest of its kind) was extended to 2023. It aims to end the practice by 2030.

Strengthening technical guidance and real-time emergent learning in the context of COVID-19

UNICEF played a critical role in supporting real-time emergent learning on how the pandemic is impacting child marriage, and UNICEF and partners' role in identifying and responding to risk factors and adapting programming to COVID-19. UNICEF, UNFPA and partners issued technical guidance in the early phase of the COVID-19 crisis to ensure child marriage and FGM were integral elements of national pandemic response and recovery plans. A guidance note on adopting digital approaches for child marriage and female genital mutilation programming was released.[80] This was complemented by 13 technical notes on other critical areas related to harmful practices. These included gender-transformative approaches,[81] FGM and the humanitarian-development nexus[82] and child marriage programming in humanitarian contexts.[83] UNFPA and UNICEF regional offices in Eastern and Southern Africa, under the Global Programme, jointly prepared a brief on child marriage in COVID-19 contexts. Many countries also invested in data-driven evidence and learning. This includes rapid assessment to generate data on the impact of COVID-19 on vulnerable populations in Ghana (with a focus on GBV and harmful practices), as well as using U-Reporting to assess COVID-19-related vulnerabilities, as in Uganda.

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Hildah, 21 years old, is now back at school, thanks to UNICEF-supported SEEVCA (Service Efficiency and Effectiveness for Vulnerable Children and Adolescents) sites – an initiative that supports vulnerable children and adolescents in the Shibuyunji District, Zambia. She had to stop school following her marriage at the age of 14; Hildah has two children (1 year and 5 years old).

Child marriage

In 2020, UNICEF and partners supported 59 countries across all regions to implement rights-based interventions aimed at ending child marriage, adapting and innovating its approach in the context of COVID-19. This includes supporting the 12 countries that are part of the UNFPA–UNICEF Global Programme to Accelerate Action to End Child Marriage, and 8 countries in the Spotlight Initiative that are impacted by child marriage.[84]

> Over 6 million adolescent girls received prevention and care interventions from UNICEF-supported programming on child marriage across 45 countries in 2020, compared with 5.7 million in 2019. This includes almost 10,000 adolescent girls with disabilities (based on data from 13 countries).[85]

Strengthening life skills and adolescent empowerment

UNICEF promotes gender equality and empowerment for adolescent girls by establishing and supporting safe spaces and clubs in communities and schools. This includes real-time platforms for girls to voice their opinions, and financial and educational support for girls, identified as being at risk and most vulnerable, to enrol and/or remain in formal and non-formal schools.

In Afghanistan, 37 short radio dramas on child marriage and girls' education were broadcast, and around 63,000 adolescent girls received life skills training as part of peer-to-peer education. More than 100,000 community members participated in 'adolescent sub-committees' to discuss child marriage issues. In Eritrea, UNICEF supported 300 adolescent clubs to provide life skills training to nearly 12,000 girls. Approximately 8,400 at-risk girls were provided with adolescent kits during the pandemic. Around 200 community mobilization events were conducted on prevention of harmful practices and violence against children in all 67 sub regions, reaching 49,747 people (40 per cent women), including 7,958 adolescent girls. In India, UNICEF integrated life skills training and social and behavioural change communication materials to online platforms. Around 1.5 million adolescent girls received life skills training. Further, UNICEF engaged over 500,000 youth volunteers and 1.5 million CSO volunteers to engage adolescents and youth on issues related to stigma, discrimination, child marriage, violence and mental health and well-being.

To address harmful practices (including child marriage), around 5.3 million adolescent girls (aged 10–19) across 45 countries actively participated in interventions to strengthen life skills or provide comprehensive sexuality education.

As a preventative measure, UNICEF and partners pivoted programming to increase support to return-to-school initiatives, especially for the most vulnerable girls. In Nepal, UNICEF worked with local governments to provide incentives for poor families and girls to return to school once reopened. In Ghana, bursaries and school items were provided to 1,000 particularly vulnerable girls, to encourage timely re-enrolment and school re-entry.

Adapting social mobilization interventions to influence gender and social norms change

In many countries, COVID-19 prevented social mobilization interventions, including community outreach involving groups of people. As a result, UNICEF and partners shifted their programming approach by adopting new channels of communication to ensure continuity of access to social mobilization activities. This included the heightened use of digital communication campaigns using radio, television and social media platforms.

Approximately 767,000 girls (aged 10–19) were supported by education programmes – including conditional cash transfers, bursaries, stipends, and scholarships – to enrol and/or remain in primary or secondary school. This included costs for or provision of textbooks, uniforms, transport and hidden, voluntary, or school administrative charges.

In Mozambique, UNICEF leveraged social media such as WhatsApp, music platforms and the radio to continue communicating with and engaging adolescents in the context of COVID-19. A youth campaign reached almost 4.2 million young people, and an innovative TikTok mask challenge video received 53,000 views. In Ghana, UNICEF partnered with 38 religious and traditional leaders at national and regional levels to promote child protection and COVID-19 prevention messages via video and audio in English and various local languages. This reached 5.5 million viewers and 10.5 million listeners.

UNICEF found that, in several countries, adapting interventions to digital modes excluded those who are most vulnerable (that is, those without access to radios or digital devices), which reinforced pre-existing inequities. Several countries adapted methods to overcome these challenges. Yemen established delivery points, where girls can visit social workers, benefiting around 3,400 adolescent girls. In Uganda, social workers were equipped with bicycles and megaphones to reach girls in remote rural areas with limited internet.

Improving access to services for adolescent girls

Early evidence in 2020 from Bangladesh, Ghana, Nepal, Uganda and Yemen indicated that service disruptions impacted different regions and demographics differently. To strengthen service continuity and overcome access limitations, UNICEF and partners focused on integrating child marriage into the national COVID-19 response strategies and, where possible, combining services across social protection, health, education and humanitarian interventions and coordination partnerships *(see Figure 19)*.

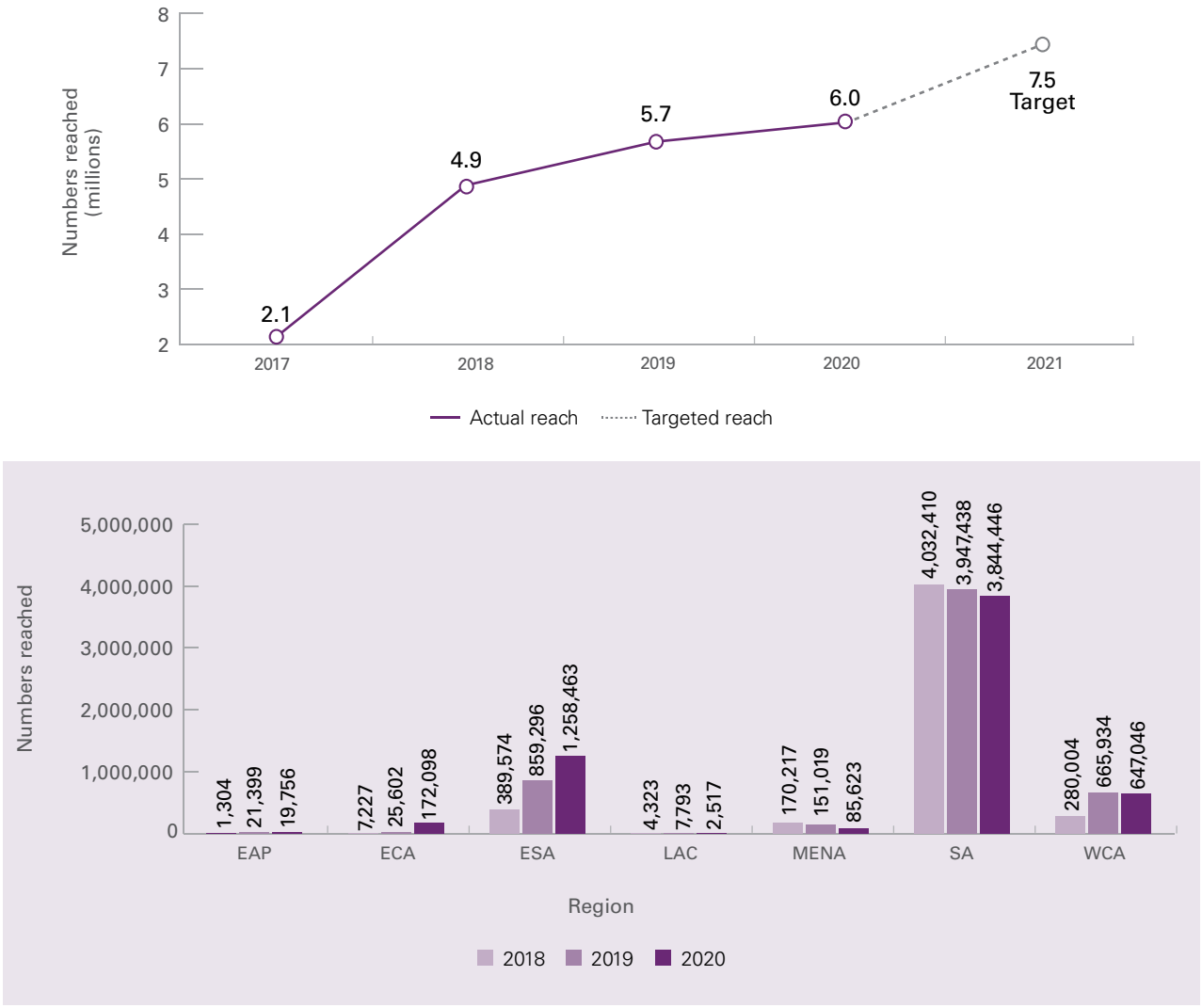
In 12 countries, UNICEF offices and partners supported 3,276 service delivery points (health, including sexual and reproductive health, GBV and child protection).[86] Guidelines, protocols and standards for adolescent-friendly and gender-responsive services were provided for unmarried, married, divorced and widowed adolescent girls and those who are pregnant or already have children.

UNICEF Zambia strengthened the national health management information system with enhanced hardware and software aimed at improving data efficiency. This includes strengthening age-disaggregated family planning data – a critical step given the relationship between adolescent pregnancies and child marriages. Mozambique provided psychosocial support to girls and young women, including training peer mentors as part of the 'Rapariga Biz' COVID-19 response. Around 1,230 girls and young women received psychosocial support through 3,200 phone consultations, and 1,900 mentors were reached with

related messages. UNICEF is also supporting evidence-based advocacy and technical support to adolescent girls in national social protection schemes. For example, in Ethiopia, the Global Programme is developing an advocacy strategy to influence Ethiopia's fifth iteration of the Productive Safety Net Programme, based on a recent publication that explores protective pathways in delaying child marriage for girls.

UNICEF also placed priority on social workforce strengthening, with a focus on continuity of case management and provision of support services for adolescent girls, including strengthening access to helplines and psychosocial support. In Yemen, child marriage services were integrated with those addressing FGM and GBV. Women's shelters, safe spaces, legal services and economic empowerment services were provided. Over 450,000 women, men, girls and boys were sensitized on GBV risks, including child marriage. UNICEF Uganda supported virtual community engagement with para-social workers, using phones to deliver key messages on child marriage to vulnerable and at-risk households.

FIGURE 19: Adolescent girls receiving prevention and care interventions to address child marriage through UNICEF-supported programmes, by region, 2017–2020



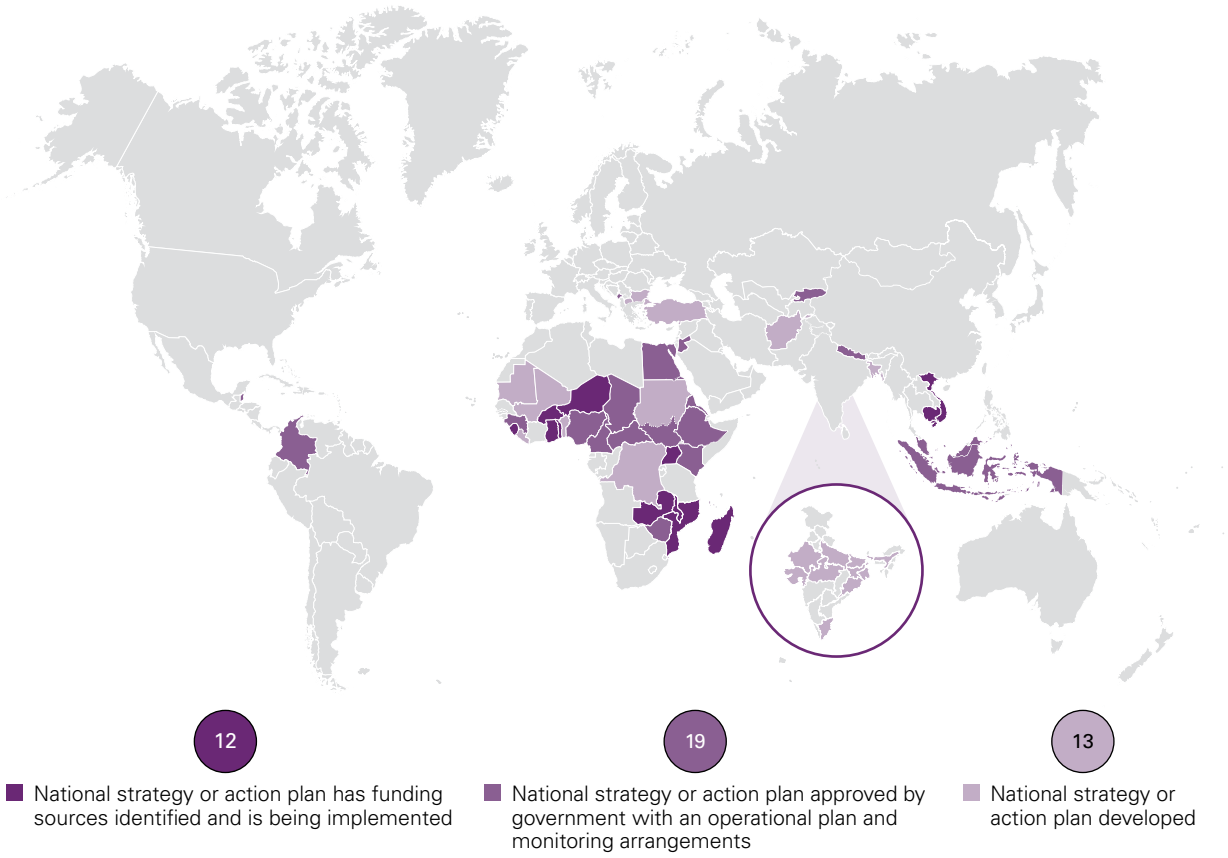
Note: EAP – East Asia and the Pacific; ECA – Europe and Central Asia; ESA – Eastern and Southern Africa; LAC – Latin America and the Caribbean; MENA – Middle East and North Africa; SA – South Asia; WCA – West and Central Africa.

Developing national and subnational action plans and legislation to protect and promote the rights of adolescent girls

UNICEF continued to support countries to develop national strategies and plans of action to protect and promote the rights of adolescent girls and end child marriage. In 2020, seven more countries developed costed national plans of action.[87] This brings the total number of countries with costed national plans of action to 31. Of these, 12 have committed government funds to implementation *(see Figure 20)*.[88]

In India, UNICEF supported five states – through advocacy and data analysis – to develop costed strategic plans of action to address child marriage. In the Dominican Republic, UNICEF supported the passing of a bill establishing 18 years as the minimum age for marriage. In the Gambia, as part of the efforts to align national policies and legislation to international standards, UNICEF supported the review and validation of the Marriage Act. In Afghanistan, the government endorsed the National Girls' Education Strategy, which aimed to reduce barriers to girls' education through positive learning environments and alternative education strategies. UNICEF further supported the drafting of a new Family Law aimed at increasing the age of marriage. This was a major step forward in the implementation of the National Action Plan on Child Marriage.

FIGURE 20: Countries supporting national action plans to end child marriage, 2020



Note: India has 10 states with action plans, but no national action plan.

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An adolescent girl prevented from undergoing female genital mutilation (FGM) shares her experiences through drawings and short stories during a classroom session at Kalas Girls Primary School in Uganda. This is a support centre for adolescent girls. She is one of the girls who were prevented from undergoing FGM in Kenya after they crossed the border. They were intercepted, thanks to the Uganda–Kenya cross-border collaboration forum on FGM.

Female genital mutilation

In 2020, UNICEF supported efforts in 20 countries.[89] This included the 16 participating in the UNFPA–UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change.[90] It also included the five countries impacted by FGM that are part of the Spotlight Initiative.[91] Interventions had to be adjusted due to COVID-19 to ensure programming continuity. Focus was placed on scaling up proven interventions and adapting approaches to community-based interventions promoting the elimination of FGM. Digital information technologies and social media platforms became critical means of communication.

> UNICEF targeted and empowered around 2,156 communities in 14 countries to declare the abandonment of FGM.[92]

Strengthening engagement to transform social norms to end FGM

Physical distancing during the pandemic led to greater reliance on mass media, social media and mobile technology to engage with adolescent girls, their families and communities. Where access to digital resources remained limited, UNICEF launched inventive approaches to continue social and behaviour change activities despite the physical distancing challenge. Communication methods were combined with digital platforms such as Twitter, Facebook and WhatsApp.[93] A rapid assessment by UNICEF in 2020 on digital civic engagement by young people shows that many adolescents embrace the use of digital spaces.[94] Social isolation meant that, in many contexts, digital platforms were the only way for young people to remain civically engaged. UNICEF and partners scaled up the use of digital engagement as a way to seek to mitigate girls' risk of FGM and continue community-based initiatives in the absence of in-person contact *(see Figure 21)*.[95]

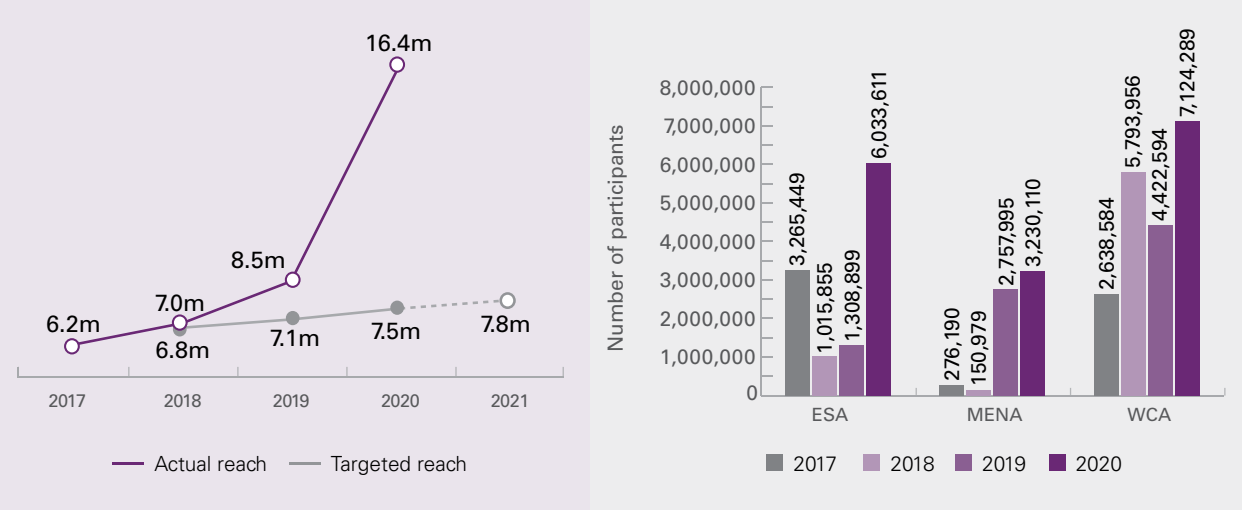
Through the enhanced application of digital engagement, there was an exponential increase in the number of people participating in education, communication discussions and social mobilization platforms to promote the elimination of FGM. This increased from 8.5 million in 2019 to 16.4 million in 2020.

In Nigeria, UNICEF supported young Social Media Advocates (SMAs) to modify their '#endcuttinggirls campaign to incorporate COVID-19 messages. Throughout lockdown, SMAs continued to provide visibility through real-time reporting and interactive platforms, where community members can talk about FGM. SMA Twitter activity reached 2.5 million accounts. UNICEF also strengthened partnerships with radio stations to intensify broadcasts of 'end FGM' campaign jingles, combined with COVID-19 prevention messages. FGM topics were also covered by mainstream media platforms (through live phone-in discussions and news commentaries), and as part of the 2020 International Day of Zero Tolerance call-in sessions. This reached over 5 million listeners across 5 states. UNICEF's collaboration with the Fana Broadcasting Corporation in Ethiopia enabled 4.1 million people (36 per cent female) in six target regions to tune into weekly radio programmes promoting the National Costed Roadmap to End Child Marriage and Female Genital Mutilation (FGM).

Traditional and religious leaders are critical community influencers, who often act as role models. They encourage community members to adopt new norms, including abandoning FGM. In Djibouti, certain communities practicing FGM believe it to be an Islamic practice and refer to it as sunna in Arabic (meaning 'tradition' or 'duty'). UNICEF, in partnership with the Ministry of Muslim Affairs and the National Union of Djiboutian Women, facilitated a network of 60 religious leaders and community management committees to delink the practice from religion. This led to 780 community dialogues reaching 54,467 people, including 20,389 men and boys. In Nigeria, advocacy dialogues and consensus-building meetings were held with multi-faith religious leaders and traditional rulers (and custodians of culture) in over 600 communities.

UNICEF and partners supported around 6,000 religious and traditional leaders to make public statements delinking the practice from religious doctrine (compared with 3,900 leaders in 2019).

FIGURE 21: Number of individuals participating in education, communication and social mobilization platforms to promote the elimination of female genital mutilation, supported by UNICEF, 2017–2020



Notes: ESA – East and Southern Africa; MENA – Middle East and North Africa; WCA – West and Central Africa

Strengthening community surveillance structures: Child protection committees

To eliminate FGM through collective commitment, it is important to stabilize community-driven post-declaration mechanisms that serve as community-level surveillance structures. For example, community-based child protection committees (CPCs) or peer social networks. While formal protection mechanisms during COVID-19 had broken down due to school closures or disruption in child protection services, community-led surveillance proved sustainable and resilient in protecting vulnerable girls, even in the most challenging contexts.

> Systems and strategies for preventing and reporting cases of FGM were developed in 1,950 communities, following public declarations of abandonment of FGM. Around 120,600 girls were prevented from undergoing FGM through community surveillance in 2020.

In Chad, traditional leaders who serve as community 'gatekeepers', worked with local leaders and human rights organizations to support community mobilization to prevent girls undergoing FGM. Around 114,400 people (31 per cent women, 27 per cent children) in 20 communities participated in public declarations of FGM abandonment. In Djibouti, community surveillance and home visits led 12 child protection committees to report that around 764 girls were saved from undergoing FGM in 2020.

Despite innovations, access restrictions did prove challenging in many cases, impacting the reach of services. For example, while the Communities Care Programme in Somalia is a proven initiative that has seen positive changes in social norms behaviour, COVID-19 access limitations resulted in the number of community members reached in 2020 dropping by almost one third, compared with 2019.

Empowering children and youth as change agents

Youth civic engagement interventions supported by UNICEF provide young people with opportunities to acquire new skills and to learn responsibility and accountability, while contributing to the elimination of FGM in their communities and protecting future generations. During the pandemic, UNICEF and partners identified creative solutions for sustaining youth engagement.

In Guinea, for example, the Joint Programme diversified its partnership approach by transforming yellow motorbike taxi drivers into a fleet of 500 t-shirt and baseball cap wearing community workers disseminating messages promoting the elimination of FGM. This youth-led initiative reached approximately 300,000 people in Conakry. In the Sudan, UNICEF re-launched the Saleema Campaign on the 2020 International Day of the Girl Child. This focused on youth involvement, including raising awareness about COVID-19 and FGM. The campaign also trained youth on the use of theatre and rap music to sensitize peers and communities about ending FGM. Over 18,515 girls and 4,899 boys in 292 clubs were empowered to lead and facilitate community dialogue sessions on FGM at school events and in their communities, promoting engagement of children and adolescents.

Part of this transformative approach involves engaging men and boys as change agents, including supporting them in discussions and campaigns around gender, masculinities and FGM that aim to transform social and gender norms and attitudes. UNICEF in Kenya partners with over 24 men's and boys' networks, and with their 38,653 members advocates for the elimination of FGM. In Guinea, to continue UNICEF's strategy (launched in 2018) to engage men and boys in shifting social and gender norms to eliminate FGM and child marriage, 580 men and boys were identified as role models in their communities.

> In around 3,360 communities, almost 90,000 girls benefited from capacity development packages to increase their knowledge about FGM, build their leadership skills and enhance their participation.

Ensuring access to prevention, protection and care services on FGM

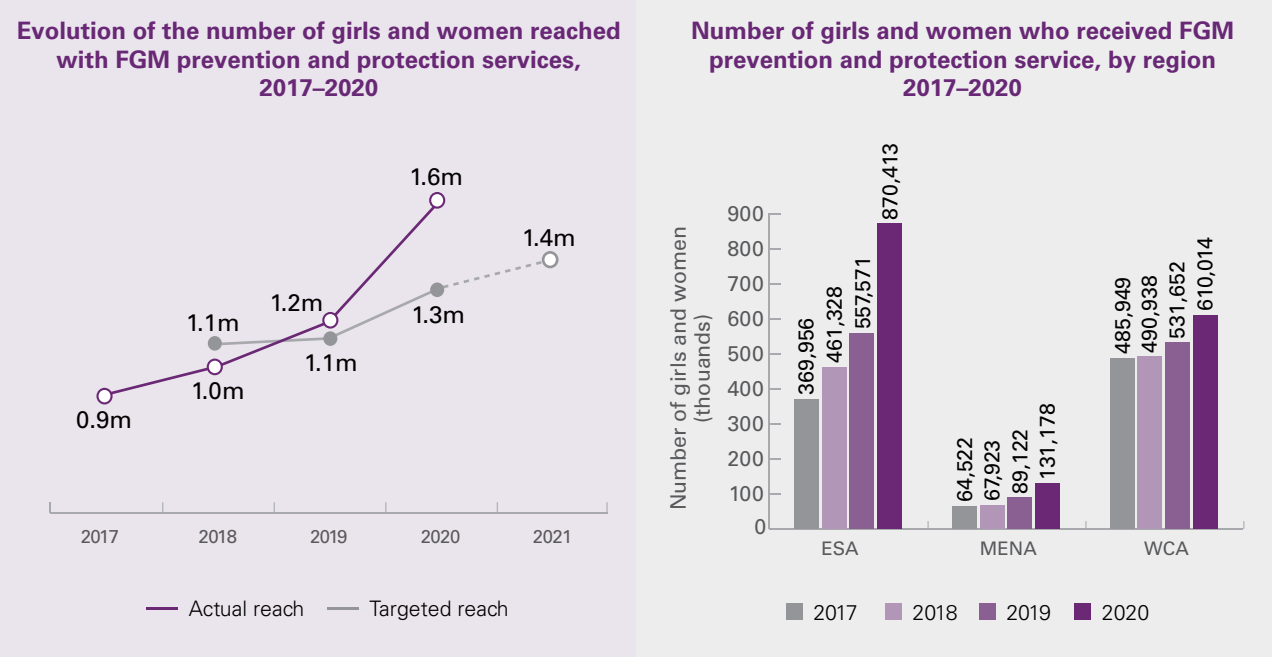
To respond to service disruption, UNICEF and partners strengthened access to helplines and counselling and, where possible, innovated to provide mobile services.

In Kenya, the National GBV Hotline, Healthcare Assistance Kenya (HAK) 1195, and the 116 Child Helpline, reported an upsurge in cases of GBV and FGM. UNICEF and partners provided support to strengthen the capacity of the hotlines. By November 2020, over 5,670 calls related to GBV/FGM were received, and counselling and referral services provided. Improved collaboration between social and justice services in Guinea-Bissau, including linking case management processes, supported almost 28,800 children to receive comprehensive child protection services. This includes those related to FGM and child marriage. UNICEF and partners also supported action to reverse the rising prevalence of medicalized FGM.[96] For example, in Egypt, UNICEF contributed to strengthening institutional capacity and increasing knowledge about the risks involved by targeting 772 policymakers and community leaders and disseminating a Q&A booklet for doctors.

> UNICEF and partners supported interventions that have enabled approximately 433,300 girls and women from 16 countries to receive prevention and protection services on FGM in 2020 *(see Figure 22)*. This included 348,904 girls and women who received FGM-related health services, and 84,356 girls and women who received social and legal services.

FIGURE 22: Number of girls and women reached with prevention and protection services on FGM, 2017–2020

Three times as many **girls and women** received **FGM-related prevention and protection services** – around 433,300 in 16 countries



Notes: ESA – East and Southern Africa; MENA – Middle East and North Africa; WCA – West and Central Africa. Target and result figures are cummulative.

Developing national action plans and strengthening legal and policy frameworks

In several countries, the development of cross-sector COVID-19 humanitarian response plans (HRPs) enabled the integration of FGM prevention and response programming. For example, in Burkina Faso, participation in coordination meetings during the development of the national HRP made it possible to integrate GBV and FGM across social protection, health, education and humanitarian programmes. In Uganda, the Ministry of Health integrated FGM into the national COVID-19 response and supported the implementation of seven district-level health action plans, which included services addressing FGM.

UNICEF and partners also continued to promote national ownership and accountability in the elimination of FGM by supporting governments to develop costed national action plans and evaluate progress in implementation. Despite many countries shifting attention to the COVID-19 crisis, progress was made in shaping national normative frameworks and legislation for FGM elimination. For instance, in the Sudan, legislation criminalizing FGM was formally ratified. This was a major breakthrough for the country, following a 14-year advocacy campaign led by children and women's rights activists, non-governmental organizations (NGOs), donors, women political leaders, together with UNFPA and UNICEF. In Ethiopia, UNICEF developed a 'Gender Equality Strategy: Accelerating Action to End Female Genital Mutilation'. This was the first strategy of its kind in the country.

Strengthening enforcement

In most countries, despite there being legislation prohibiting FGM, enforcement remains weak. A fear of punishment also results in the practice going underground. Community policing in Uganda has proven to be a successful model, encouraging interactive partnerships between law enforcement agencies, their officers, and the people they serve. In 2020, UNICEF supported community policing engagement across the six FGM-practising districts, reaching 280 people. Community policing and surveillance was conducted in 12 targeted FGM hot spots. A cross-agency/community endeavour, this was spearheaded by district police commanders, chief liaison officers, officers in charge of criminal investigations departments, child and family protection units, district community development offices, and police officers in charge of police posts.

Conclusions

In responding to the COVID-19 humanitarian crisis, successful adaptation of services hinged on the resilience of systems and the strength of multisector coordination mechanisms, alongside the capacity of partners. In some countries, where systems proved inadequate in responding to the needs of vulnerable girls, women's groups and community members were at the fore in identifying and supporting vulnerable girls and their families.

Lessons learned in 2020 underscore that the risk of harmful practices increases during humanitarian emergencies, making investments in learning, monitoring and research essential. To reduce the risk of school dropout for girls who are most vulnerable to child marriage, it is important to support education ministries to reduce school closures and encourage children to return. Further, though the use of remote communication modalities broadened and increased the reach to adolescents and parents during COVID-19, these modalities are most likely to achieve behaviour change only when combined with a community-engagement component, such as mentoring or door-to-door home visits. Moving forward, addressing harmful practices needs to be integrated into longer-term humanitarian and preparedness plans and recovery programmes. Moreover, achieving gender equality by 2030, including eliminating harmful practices, requires programming and policy integration across development and humanitarian settings.

Output 3.3: Improving children's access to justice

Sakib, pictured here with his mother, is one of more than 500 children who have been granted bail through the virtual courts, established by the Bangladesh Supreme Court with UNICEF support, over concerns of the risk of COVID-19 spreading rapidly in overcrowded conditions.

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Children's access to justice is central to ensuring protection from violence, abuse, exploitation, neglect and harmful practices. It also ensures that their rights are respected when they come into contact with the law as alleged offenders, survivors of, and witnesses to, violations, or as an interested party in care and custody proceedings. In line with the United Nations Convention on the Rights of the Child and other international human rights norms and standards, children's access to justice is a key to achieving the SDGs.[97] This is particularly the case for SDG 16 on peaceful, just and inclusive societies, and its targets: 16.2 (violence against children), 16.3 (access to justice for all) and 16.9 (legal identity for all).

Access to justice for children

Urim, 15 years old, was arrested for stealing a sweater from a store. His case was diverted from criminal proceedings. UNICEF has played a major role in expanding the use of diversion measures in Kosovo, developing legislation and conducting training and workshops for prosecutors, judges, lawyers, probation officers and other professionals involved in justice for children.

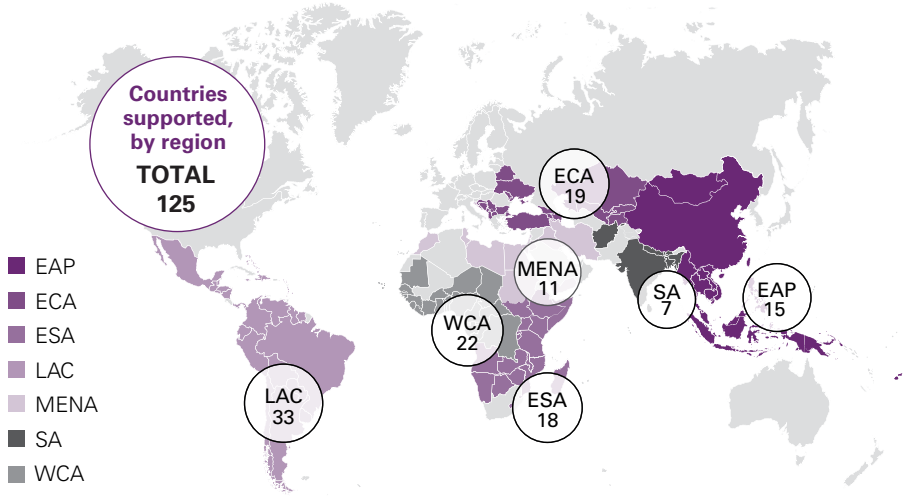
As courts shut down and access to essential justice services, such as legal aid and representation became restricted, children's rights (e.g., freedom of movement, information, and right to privacy) were curtailed. In 2020, UNICEF and partners supported 125 countries to ensure programme continuity and to mitigate the increased risks for children and adolescents in contact with the law. The major focus was on adapting advocacy and programming to address the immediate and longer-term impact of COVID-19 whilst balancing the continuity of longer-term justice reforms *(see Figure 23).*

UNICEF and partners convened a global inter-agency task force, releasing a 'Technical Note on COVID-19 and Children Deprived of their Liberty'.[98] This contains recommendations for the immediate release of children, use of alternative measures to detention, prevention of new entries of children into detention, and protection measures for children who remain in detention during COVID-19. UNICEF also forged a new partnership with the International Association of Youth and Family Judges and Magistrates, undertaking a series of global technical webinars. These reached over 2,500 participants in more than 100 countries worldwide.

In the East Asia and the Pacific region, UNICEF developed a rapid assessment tool for country offices to determine the needs of each detention centre to maximize children's safety. In Europe and Central Asia, a UNICEF survey took stock of national authorities' adjustments to child justice and protection systems and services in the context of the pandemic. Findings are forming the basis of a UNICEF region-wide advocacy agenda for children in detention.

From the start of the pandemic, United Nations agencies came together in countries around the world, as part of a joint approach across the United Nations Development System and advocated successfully for the release of children from detention. UNICEF called for three key actions by governments and other detaining authorities. These efforts contributed to the release of over 11,600 children in at least 37 countries in 2020. This included the Sudan (releasing approximately 85 per cent of children in detention); Albania and Indonesia (each releasing 50 per cent of children in detention); and Mozambique (42 per cent). Such coordinated and rapid activation clearly points to the potential for further significant scale-up in the future.[99]

FIGURE 23: Summary of results on strengthening justice systems for children, 2020

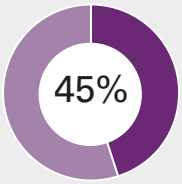


In 2020, **34 per cent more countries** reported on access to child-friendly justice services, resulting in an increased number of children in contact with the law receiving services.

2019
277,700
(65 countries)

2020
412,900
(87 countries)

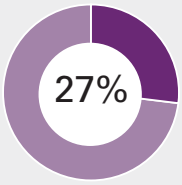
Outcome Indicators



Percentage of girls and boys in contact with justice and administrative bodies who benefited from interventions to improve children's access to justice

Reporting countries: 87

2021 target: 31%

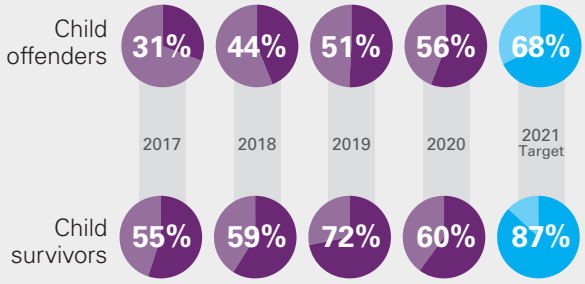


Percentage of girls and boys in conflict with justice and administrative bodies who are subject to a diversion order or alternative measure

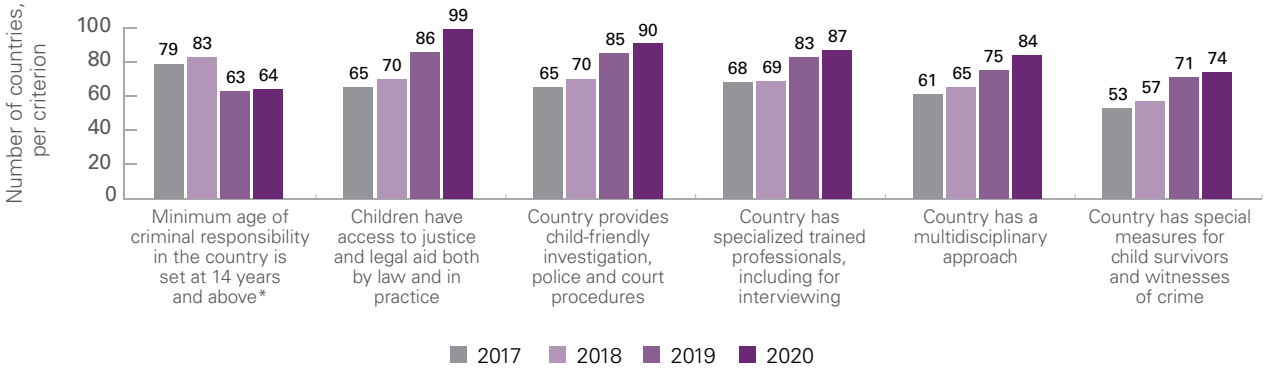
Reporting countries: 54

2021 target: 35%

Percentage of justice professionals certified in and dealing with child offenders and child survivors, 2017–2020



Progress on strengthening children's access to justice, 2017–2020



Notes: * The Committee on the Rights of the Child has updated its guidance on children alleged as, accused of or recognized as having infringed criminal law. Per the "General comment No. 24 (2019) on children's rights in the child justice system", the recommended minimum age of criminal responsibility (MACR) has now been changed to at least 14 years of age from 12 years.

Changes are compared to results achieved in 2019 unless otherwise specified. EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Strengthen the capacity of justice systems to protect children

COVID-19 lockdowns and requirements for social distancing led UNICEF and partners to develop new and innovative ways of delivering and strengthening justice services. In 2020, twenty-three countries reported having a specialized child justice system, in which child-friendly procedures and approaches for dealing with justice for children are available. In Guyana, for example, multiple courts were established, including three sexual offences courts, a children's court and a family court. In Viet Nam, family and juvenile courts have now been expanded to make justice services accessible to more than half the country.

COVID-19 restrictions forced many countries to innovate and make the transition from face-to-face to online training for national justice systems. In the Republic of Moldova, UNICEF partnered with the National Inspectorate of Police and the National Inspectorate of Probation to train 130 police and probation officers (75 per cent females) using three new e-learning courses related to children's access to justice services, including for survivors of violence. In Georgia, UNICEF supported specialized training of 157 professionals (mediators, social workers and psychologists working with children in conflict with the law) on distance service provision.

Post-release programmes (also known as aftercare or re-entry programmes) are established methods to help children reintegrate with their families and communities and avoid reoffending. UNICEF supported several countries to develop such programmes, which proved an important preventative response to COVID-19. In Panama, for example, a UNICEF-supported evaluation of post-release support contributed to the government's development of a three-year road map to improve delivery of pre- and post-release services.

UNICEF works across all regions to improve children's access to justice, by supporting the creation of safe spaces for child survivors of crime and alleged offenders. Child-friendly police stations were established in Botswana, and child-friendly rooms were established in Azerbaijan and El Salvador. Specialized centres were formally set up for child survivors and/or offenders in Cabo Verde and Cuba. Specifically, many countries were supported to develop 'one-stop shops' for child survivors of violence. In Eswatini, UNICEF supported the establishment of three special courts for witnesses, enabling 158 child survivors of violence to receive dedicated services.

Spotlight box: 'Virtual' innovations to deliver court services

Prior to COVID-19, there was limited application of virtual courts, with only juvenile and family courts using elements in cases involving child survivors and witnesses. COVID-19 created an urgent need for new methods of delivery of court services, including the increased use of virtual juvenile or children's courts.

In Bangladesh, UNICEF support contributed to the country's first-ever virtual children's court. The majority of the children held in detention centres in the country are there for alleged minor offences with many in pre-trial detention, and these cases can take months or even years to resolve. The use of virtual courts expedited the processing of cases in 2020, resulting in 1,976 children being released. Most (1,964) were reunified with their families. UNICEF also supported the deployment of additional social workers to strengthen post-release support for these children and their families. This was a key factor in reducing the risk of recidivism. By end of 2020, only two cases of reoffending were reported. A total of 587 children have been supervised by probation officers and provided cash grants to help prevent recidivism and build the resilience of their families.

Similarly, in Kenya, delays in court proceedings led to the introduction of innovative mobile courts to provide 'doorstep access' for child survivors of violence. In Croatia, the COVID-19 situation reignited the opportunity for the Ministry of Justice to more broadly introduce virtual (video) prison visits for children, to better maximize regular contact with parents in detention. This practice was introduced across the prison system and was incorporated into new legislation on prison sentences.

Diversion measures work because they cost less, take less time, involve the parents and re-socialize young people.

– Driton Kadriu, Director of the Gjakova Probation Service, Kosovo

Diversion and alternatives to detention schemes for children in conflict with the law

UNICEF's experience and knowledge acquired over many years in diversion measures and alternatives to detention was a key enabler for supporting the release of children in detention in many countries during the pandemic. The use of diversion and alternatives to detention were a critical component in COVID-19 mitigation programming. According to a UNICEF survey, over half of reporting countries put in place alternatives to detention in response to the pandemic in 2020.[100]

In Kosovo, joint advocacy between the ombudsperson, NGOs and UNICEF successfully resulted in the judiciary halting sentencing of young people related to pre-trial detention or 'education correctional' measures.[101] In the Sudan, the issuing of three directives and guidelines on the release of children (aged 12–18 years) from detention and use of alternative measures to detention resulted in 80 per cent (883 of 1,043) of children in detention being released. To support the release and rehabilitation process for children in the State of Palestine, UNICEF trained 19 justice and social workers in remote case management and tele-counselling and procured 30 electronic devices ('tablets') for child protection committees to facilitate post-release follow up.

Legal empowerment of children

Many countries are increasing investment in the legal empowerment of children. This is a central component of children's access to justice and a vital service provided in parallel with efforts to rehabilitate and reintegrate children released from detention. The pandemic also ushered in opportunities for innovation, with UNICEF supporting countries' movement to online service delivery. Notable examples include the use of mobile legal aid clinics and legal support in Azerbaijan, Ecuador, Maldives and Zimbabwe.

UNICEF supported local partners, including NGOs, bar associations and lawyers in 27 countries to enhance legal aid services. Approximately 18,000 children and young people were reached in 2020. In Myanmar, UNICEF and partners released technical guidance on the pre-trial release of children in conflict with the law, enabling 126 children (26 per cent girls) to receive legal aid services. In the Philippines, a UNICEF social media campaign, '#JusticeTipsforYouth', promoted the rights of adolescents in conflict with the law, including legal empowerment. This reached over 1.1 million people. In Bulgaria, UNICEF supported reforms that will enable unaccompanied and separated children to be represented by specialist child legal aid lawyers.

Advocacy and strengthening legislative and policy frameworks

More than 65 countries reported strengthening legislative and policy frameworks in line with international standards on children's rights and access to justice. UNICEF supported Anguilla and Zambia to successfully raise the minimum age of criminal responsibility to 14 years, in line with international standards. In Chile, following re-energized advocacy efforts by UNICEF and partners, a new justice reform allows women in detention to finish their custodial sentence at home with their young children. In Mexico, UNICEF, UNHCR, IOM and OHCHR, along with NGOs, successfully advocated for reforms to the migration and refugee laws, resulting in the inclusion of the principles of best interests, non-detention, and protection of children and adolescents on the move. A policy to eliminate migration-related detention of children was also achieved in Myanmar.

Conclusions

Actions taken during the pandemic have shown that governments can overcome resistance to release and alternatives to detention when there is clear and compelling justification. Efforts must be redoubled to focus on prevention of offending, as well as to scale up the development of, and support to, post-release support programmes. Technology and other innovations offer opportunities for UNICEF to work differently with justice and welfare partners to provide strengthened, child-friendly justice services, and to reach more children more effectively. However, their benefits must be balanced to overcome the digital divide. Moreover, opportunities must be harnessed to accelerate justice sector reforms for children, particularly in countries where those reforms have stalled and/or where investment and capacity was redirected to address the response to COVID-19.

Expanding programming for children in street situations

The COVID-19 pandemic has worsened the situation for children already in street situations and put new groups of children at risk of being forced into street situations. This is due to income and livelihood sources becoming diminished, access to facilities and services being decreased, and countries imposing strict curfews and restrictions on public gatherings. However, COVID- 19 also provided opportunities to reimagine ways of addressing the rights of children in street situations, as well as laying the foundation to expand multisectoral programming.

To guide UNICEF and partner programming direction, UNICEF developed a technical guidance in 2020, 'Transformative Action to Accelerate Results for Children in Street Situations in the Decade of Action 2020–2030'.[102] This is being used by UNCTs to guide a broader framework for action moving forward. In Nigeria and Indonesia, for example, steps have been initiated towards developing comprehensive joint programmatic responses, under the overall guidance of the UNCTs and the Resident Coordinators.

Selected programme highlights of UNICEF action in 2020 include the following:

Cultivating new partnerships to provide support services to vulnerable groups

In Malaysia, UNICEF partnered with the Sabah Department of Social Welfare to pilot the first young person's activity centre for children in street situations. In Madagascar, UNICEF supported three NGOs to offer an integrated care package, reaching over 150 children in street situations. They were provided with mental health and psychosocial support, schooling, livelihood skills, and care and reintegration services. In Burundi, UNICEF supported justice initiatives, including monitoring visits and legal support provided by the Association of Women Lawyers. This contributed to the release of 35 children from detention, including children in street situations, who were detained due to police roundups related to curfew violations. Programme partners' visits to detention facilities proved critical to promote the rights of the detained children from street situations with relevant authorities.

Opening new programming priorities as part of COVID-19 responses

National efforts to contain the spread of COVID-19 enabled UNICEF and partners to reach certain groups of children that previously were hard to reach with support. In Nigeria, for example, the government issued a ban on children attending the Almajiri (religious boarding school), as a strategy to stem the virus. Many Almajiri children find themselves in street situations. Within a month of the ban, UNICEF advocacy and support contributed to the safe return and reintegration of over 20,000 children from these schools into their communities; trained over 240 social service workers on integrated case management using digital tools; and put in place mechanisms for follow-up reintegration support. Similarly, in the Niger, UNICEF provided guidance to the Regional Directorates (authorities) and local NGOs to strengthen the protection response for vulnerable children, especially in the context of COVID-19. This included for *talibé* children – children who attend religious boarding schools – who were sent back to the Niger from Nigeria following the closure of the schools due to COVID-19. In all, UNICEF and partners were able to reach over 10,250 *talibé* with services and repatriation support. Such interventions have opened up opportunity to work more broadly in the long term to support these children.

Investing in learning to advocate for targeted programming

In Bangladesh, UNICEF conducted a targeted consultation with adolescents and youth to inform the design of specific programming to support vulnerable groups, including children in street situations. In Sierra Leone, UNICEF provided technical support to the Ministry of Gender and Children's Affairs to draft a strategy to address the situation of children living and working on the street. In two states in India (West Bengal and Odisha), UNICEF supported assessments that highlighted multiple concerns faced by children in street situations. These included a lack of access to food, medical and sanitation facilities, open shelters and education, alongside increasing vulnerabilities to violence and exploitation, with some children expressing fear of sexual abuse while on the street.

The Decade of Action towards Agenda 2030 offers an opportunity to make long-term gains for children left behind, including addressing the rights of children in street situations. But to guarantee success, transformative action is required across multiple policy and programming domains, including poverty reduction, social protection, prevention of family separation, protection of children from violence and exploitation, equal access to justice, guaranteeing quality and inclusive education, and making cities safer for children.

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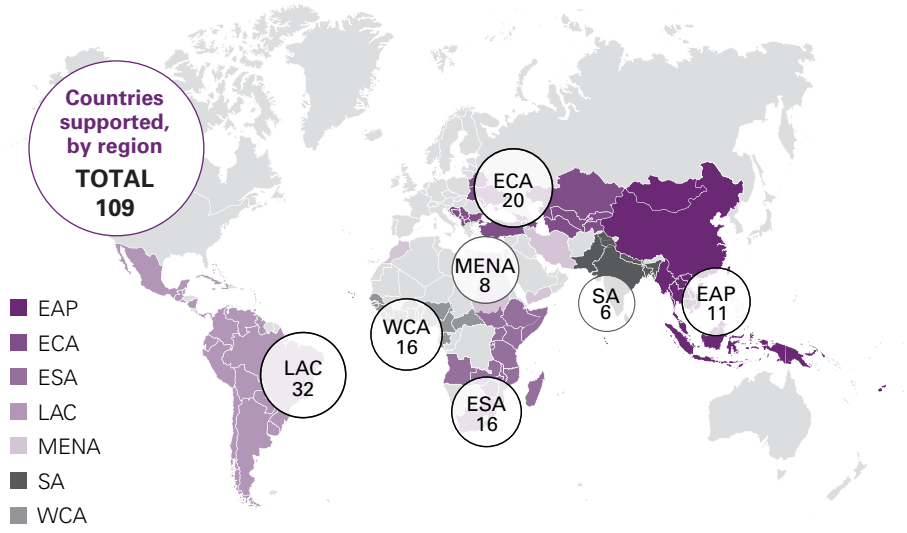
A caregiver hugs a 3-year-old boy in a residential centre in Tirana, Albania. UNICEF in Albania continues to support the government and partners to prevent child separation from the family environment and provide technical support to the government to advance the development and implementation of the national agenda for deinstitutionalization, and further broaden a coalition with national civil society groups and local government.

Children without parental or family care

The adoption of the 2019 United Nations General Assembly Resolution on the Rights of the Child (with a focus on children without parental care) created an unprecedented opportunity to advance the care reform agenda globally. This momentum could not have been more timely. COVID-19 has increased the risk of separation of families and children, of placement of children in alternative care, as well as for children who were already in alternative care; both during the immediacy of the crisis, where containment measures led to the separation of children from families, and because of the long-term socioeconomic impact of the crisis on families' capacity for care.

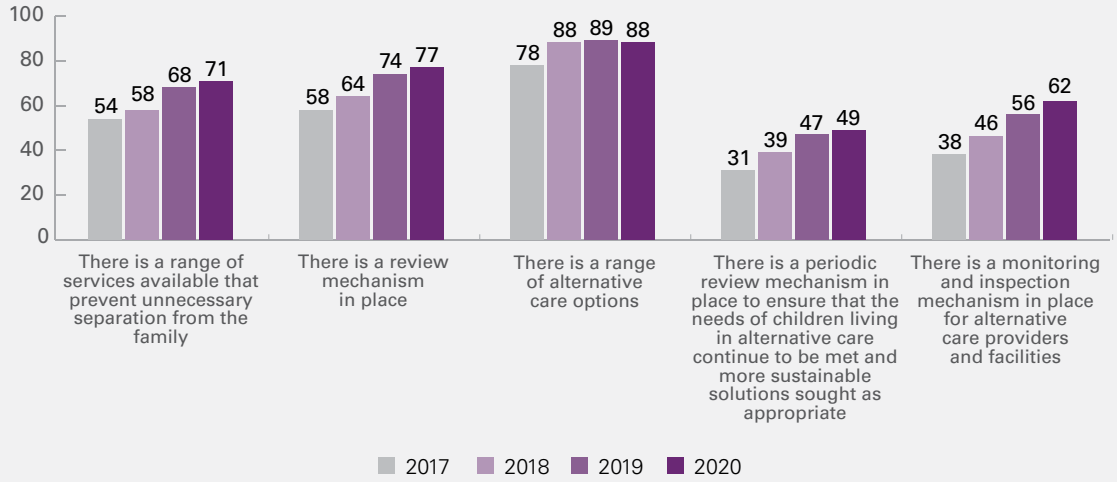
Across 109 countries, UNICEF has supported efforts to mitigate the impact of COVID-19, pre-emptively scaling up and strengthening the capacity of family-based care and social protection systems. These are critical to enhancing family resilience and preventing the unnecessary separation of children from their families and providing alternatives to residential care *(see Figure 24).* Emphasis was placed on supporting governments and partners to adapt protocols and policies to ensure the continuity of services during the pandemic, and to ensure that the heightened needs of children and their caregivers were prioritized in 2020. Programme shifts included: adapting the methods of communications and service delivery; modifying SOPs to address the interim care needs of UASC; adjusting gatekeeping mechanisms to include, for example, remote case management; scaling up support to kinship and foster care arrangements; and minimizing the significant additional risks for children remaining in residential care during the pandemic.

FIGURE 24: Summary of results on supporting children without parental or family care, 2020



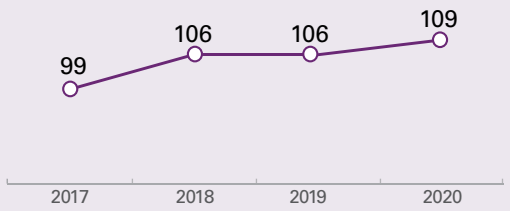
Over **711,000 children** without parental or family care were provided with appropriate **alternative care arrangements** in **87 countries with COVID-19 response plans**. Community-based and residential care providers were provided with protective and other equipment, training and guidance to mitigate and respond to the risk of infection amongst staff and children.

Progress on strengthening alternative care systems for children, 2017–2020



Total reporting countries (2020): 109

Number of countries reporting on the status of alternative care policies, 2017–2020



+5 countries made important gains in instituting comprehensive policies and programmes, in line with the 2009 Guidelines for the Alternative Care of Children

17% **INCREASE** compared with 2019 (from 30 to 35 countries)

Note: EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Despite the challenges caused by COVID-19, five countries made important gains in instituting comprehensive policies and programmes, in line with the 2009 Guidelines for the Alternative Care of Children. This is a 17 per cent increase from the number of countries reporting in 2019 (30 countries). In 2020, twelve countries reported that alternative care of children policies and programmes were specifically adapted in light of COVID-19. These were: Argentina, Cambodia, Croatia, India, Indonesia, Maldives, Panama, Papua New Guinea, Sri Lanka, Thailand, Timor-Leste and Ukraine.

UNICEF and partners issued a series of inter-agency guidance to support immediate and long-term responses. This included a global Technical Note to support child protection practitioners and government officials.[103] UNICEF also supported the Better Care Network to launch a Global Collaborative Platform on Transforming Children's Care, and issued a joint discussion paper highlighting the challenges facing care arrangements in the context of COVID-19.[104] This included a multisectoral road map and five-point agenda to guide care reform.

To address data gaps, which is a key constraint for the sector, UNICEF launched a protocol to improve collection of data on children in residential care. This was made available to childcare practitioners globally. Within regions, UNICEF continues to strengthen real-time emergent learning, both within the context of the COVID-19 response and as part of a broader process to expand the sectoral knowledge base. At country level, key products ranged from an evaluation led by UNICEF Bulgaria to assess the impact of deinstitutionalization, to special care guidance for residential care facilities and guidance for the deinstitutionalization and transitioning to family-based care in Ghana.

Preventing family separation

When vulnerable parents and families do not have the resources to meet their basic needs, the risk of neglect and separation of children from families, including institutionalization, can increase. The COVID-19 pandemic has intensified these difficulties. In 2020, UNICEF's focus on prevention of family separation was critical. Despite the challenges, 71 countries (+3 from 2019) reported having in place a range of services to prevent children from being separated from their families. In 77 countries (+4 from 2019), review mechanisms were in place to ensure that separation only took place in circumstances deemed necessary, and in the child's best interests.

To minimize the impact of separation in Armenia, UNICEF supported a cash plus initiative for 2,932 children with disabilities (33 per cent girls) living in 2,797 families. In Montenegro, the number of children in institutional care has decreased by around 60 per cent over the last 10 years (and by 23 per cent in 2019–2020). To sustain this progress, UNICEF has supported a review of the foster care system and assessed the family support services available; these findings serve as a basis to develop a standardized minimum package of family support services.

Strengthening alternative care options

Throughout 2020, UNICEF supported 109 countries to strengthen alternative care options for children. A high proportion of these were in the East Asia and Pacific region, with particular progress noted in Indonesia. A critical first step for UNICEF was to advocate for the classification of alternative care services as 'essential' within governments' COVID-19 response and management plans *(see Box 'Spotlight result: Alternative care during a full lockdown – Rwanda's experience').*

In a context of paralysed or stretched social services and the need for social isolation measures, UNICEF focused on prioritizing scaled-up support to family-based alternative care options. This includes kinship and foster care and ensuring that the use of residential care was limited as far as possible, especially during the initial emergency phase. In Kenya, UNICEF supported the National Council for Children Services (NCCS) to develop a national care reform strategy. UNICEF and the NCCS developed a tracking tool for residential care institutions. This was used in the early phase of the pandemic to identify and return 19,282 children (out of 45,480 in registered children's institutions) to their parents or other caregivers. In Egypt, UNICEF's advocacy contributed to a Ministerial Decree to establish a case management unit, as part of a long-term strategy to institutionalize a national case management system for alternative care. In Pakistan, UNICEF's technical support contributed to finalizing minimum standards and a policy framework on alternative care, aligned to international standards. In Brazil, UNICEF supported the case management system. This involved using mobile teams in two regions, contributing to the rapid identification of 1,577 UASC. From these, UNICEF supported at least 316 family reunifications.

UNICEF increasingly supports countries to strengthen review mechanisms to monitor care systems. This ensures that the needs of children living in alternative care continue to be met, and sustainable solutions identified. This is critical in the context of COVID-19. In 2020, forty-nine

countries reported the availability of review mechanisms. This was a small but critical increase in the number reporting compared with 2019. In Uruguay, UNICEF and the National Human Rights Institution adjusted procedures to remotely monitor residential care institutions and mental health clinics. Regular phone check-ins to the directors of residential care institutions enabled ongoing monitoring of the implementation of health protocols.

Strengthening the deinstitutionalization process

UNICEF continues to support the process of deinstitutionalization in many countries. In Kazakhstan, UNICEF supported testing of a protocol to collect data on children in residential institutions and childcare indicators. This informed and strengthened government policy and practice towards deinstitutionalization, providing clear and accurate data on children living in institutions. In Rwanda, UNICEF partnered with the government to develop and validate the operational guide on inclusive deinstitutionalization.

In India, the Supreme Court issued orders for the protection of children affected by COVID-19. Around 64 per cent of children in institutions (145,788) were returned to their families, and 9,316 were provided with family-based alternative care. In the state of Assam, UNICEF extended technical support to bridge the knowledge and skill gaps of state child protection workers, developing a state road map on alternative care. As part of the crisis response, local civil society organizations were mobilized to assist district-level child protection mechanisms and childcare institutions to monitor the quality of institutional care and support the process of family-based alternative care placement (foster care) and aftercare services. A total of 309 children living in childcare institutions were placed in different forms of family-based care arrangements, and another 97 children received aftercare support.

Spotlight result: Alternative care during a full lockdown – Rwanda's experience

The Government of Rwanda has implemented a successful care reform strategy since 2012, reintegrating around 3,300 children with their families. However, at the onset of COVID-19, over 4,000 children – the majority of whom had disabilities – remained in residential care institutions. As soon as lockdown restrictions were enforced, UNICEF took steps to ensure the continuity of services to support these children and prevent the separation of children at risk.

At the same time, UNICEF also engaged the government to advocate for the child protection workforce to be considered essential and to secure increased mobile phone airtime. This enabled a network of nearly 30,000 community-based volunteers to continue remote service provision. These community-based volunteers, also known as *Inshuti z'Umuryango* (IZU or 'Friends of the Family' in the local Kinyarwanda language), are para-professionals who are part of the community-based child protection system and work closely with district social workers.

To support the nearly 300 children with disabilities released from institutions, district social workers initiated retroactive remote assessments and case management plans. These children had been rapidly placed back with their families from care facilities in the early days of COVID-19 without an adequate case management protocol. District social workers, supported by IZU, were also given exceptional 'case-by-case' authorization to place 21 children abandoned during lockdown with trained foster care families known as 'Malaika Mulinzi'. In addition, strong collaboration between UNICEF and the government allowed IZU to follow up with over 3,000 children in families where risk of separation was deemed high. Of these, 150 families were supported through emergency cash transfers.

Rosalie sitting with two of her foster children at her home in Ouagadougou, Burkina Faso. The retired woman has taken care of more than 150 vulnerable children during her life. UNICEF supports the training of foster families for children separated from their parents and in need of alternative care.

Conclusions

Despite the expected increase in the number of children needing alternative care or at risk of separation, there remain limited options available for family-based alternative care across many countries. In the context of COVID-19, this was compounded by the closure of institutions early in the pandemic, as a containment measure. This resulted in children returning to families or caregivers with little preparation time. In certain circumstances, the speed of this process resulted in countries having to rapidly re-think or apply flexibility to their case management processes. At times, this impacted on the quality of the service. Similarly, monitoring and supervision of alternative care programmes suffered due to lockdown measures and a lack of access. While prevention continues to be a key programmatic priority, strengthening existing alternative care services to allow caregivers to provide children with appropriate services in a safe manner is vital, especially during a crisis. It was also critical to ensure that adaptive alternative care protocols were developed, including procedures related to exit planning of children from care services.

Mainstreaming a disability-inclusive approach to child protection programming

The COVID-19 pandemic has impacted societies at their very core, threatening to deepen pre-existing inequalities. Persons with disabilities are disproportionately affected by the impacts of COVID-19. UNICEF child protection worked across regions to address the impact of the pandemic, aiming to incorporate disability programming into COVID-19 response planning and broader child protection system strengthening.

In 2020, UNICEF child protection reached more children with disabilities with a range of services. This includes strengthening deinstitutionalization and improving alternative care reforms, with a particular focus across Europe and Central Asia. It also includes integrating a disability-inclusive approach to parenting support (Albania, Armenia, North Macedonia); enhancing children's access to mental health support (Bangladesh, Kosovo and Malaysia); social inclusion campaigns (Belarus and Cambodia); and expanding cash transfers (Angola and Belize).

52k

girls and boys with disabilities were reached with community-based mental health and **psychosocial support** across 55 countries – compared with 28,800 in 27 countries in 2019

24k

girls and boys with diabilities who experienced violence were reached with **VAC services** across 55 countries – compared with 16,000 in 43 countries in 2019

3.3k

women, girls and boys with disabilities were **reached** with **gender-based services** across 21 countries – compared with 900 in 8 countries in 2019

NORTH MACEDONIA

UNICEF supported the development of online individualized support to children with disabilities and their caregivers. More than 3,000 sessions were conducted, supporting 140 children with disabilities, and 210 parents.

MALAYSIA

UNICEF supported a national disability non-governmental organization (NGO) to deliver 4,000 individual and 437 group sessions on mental health and psychosocial support services (MHPSS) to caregivers and children with disabilities. Additionally, information on COVID-19, mental health and well-being of children, including those with disabilities was disseminated via RapidPro, in partnership with Childline Foundation and StudyHub Asia. In all, 23 online sessions were able to engage over 490,000 youth, including responses from almost 19,800 youth with disabilities.

NICARAGUA

UNICEF, in partnership with a local NGO, implemented a community-based skills development programme for 141 families, resulting in 180 children with disabilities (90 per cent of target) receiving protection, care and rehabilitation services.

RWANDA

An operational guide on inclusive deinstitutionalization was developed and used to train 30 district child protection officers. This was adapted to assess the protection needs of around 350 children with disabilities who were sent home from institutional care (due to fear of COVID-19 infection) and assisted with home-based protection services.

BURKINA FASO

UNICEF supported the provision of protection services to almost 217,800 children, including 1,973 children with disabilities, who were affected by the COVID-19 pandemic.

ZIMBABWE

UNICEF supported the National Case Management System for Child Protection and Enhanced Realization for Children with Disabilities expansion to 25 districts, ensuring that 66,000 girls and boys who experienced violence received services. This included 8,000 children with disabilities.

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

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A mother holds the birth certificates, issued at a Primary Health Center in Bauchi, Nigeria, for her twin children. UNICEF supports countries to 'twin' their birth registration services with other sectors' systems, such as health, to facilitate improved access to birth registration services.

Accelerating birth registration to close the legal identity gap

A child not registered at birth is invisible – non-existent in the eyes of the government or the law. Without proof of identity, children are often excluded from education, health care and other vital services, and are more vulnerable to exploitation and abuse.

– UNICEF Executive Director Henrietta Fore

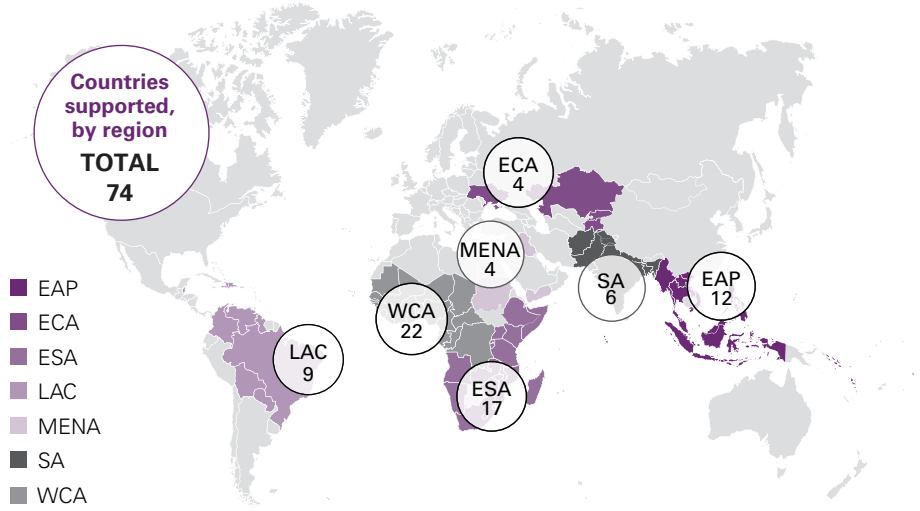
The new realities of COVID-19 threaten to reverse the accumulated gains to date and decelerate progress made towards achievement of SDG 16.9 by 2030. The impact of COVID-19 prevention and containment measures was immediate, severely disrupting the availability of civil registration services, including birth registration. In the immediacy of the crisis, over 40 countries noted drops in related services of 10 per cent or more. In some countries, these gaps were even more pronounced. Afghanistan reported a 38 per cent decline in notification and registration services, and certification services halted completely. In Angola, access to all services fell by almost 70 per cent.

In 2020, UNICEF and partners supported 74 countries to adapt policies, procedures and protocols to address actual (and anticipated) service interruptions, with a priority placed on maintaining service provision (especially for birth registration services) *(see Figure 25).* Improved UNICEF country reporting in the regions of Europe and Central Asia and Latin America and the Caribbean contributed to the sharp rise in countries who reported that free and universal birth registration services within the civil registration system are in place, in accordance with national legal requirements. However, all other regions showed marginal improvement or remained static. In many cases, longer-term strategies to strengthen CRVS services were stalled or postponed due to national efforts being diverted to address the immediacy of the COVID-19 crisis.[105]

Though the number of birth notifications in 2020 increased by 6 per cent across 48 countries, compared with 2019 figures, the impact of service disruptions was most felt in birth registration and certification services *(see Figure 26).* This is a concerning trend and clearly points to the need for a continued push for integrated (and resilient) systems that can seamlessly convert every notification into a registration and every registration into a certification, preferably through a 'one-stop' process. In Ghana, for example, while 80 per cent of the total expected births in 2019 were registered, this figure dropped to 68 per cent in 2020. This was mainly attributable to the limitations placed on birth registration staff conducting regular outreach activities in major urban areas during the pandemic. Notable, however, was progress made in adopting the new Registration of Births and Deaths Act 2020 – a key step towards strengthening the civil registration systems to reach and register all in the country in the long term.

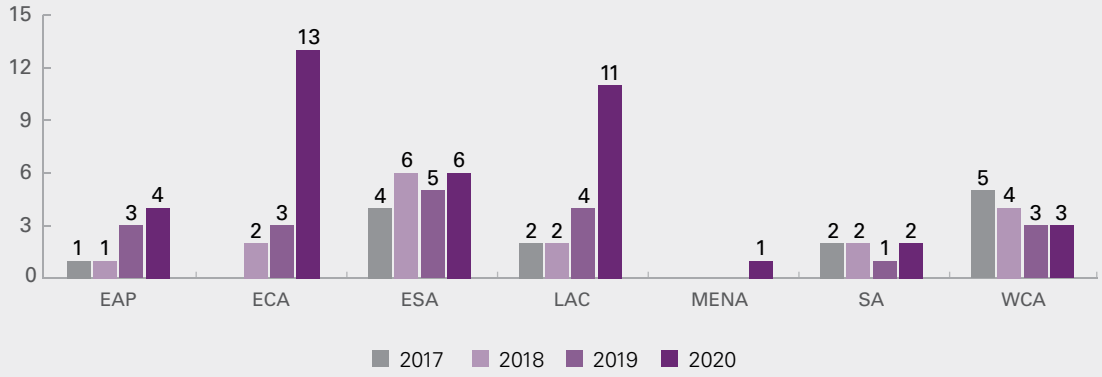
At the global level, UNICEF continued to lead, with UNDP and UNDESA, the United Nations Legal Identity Agenda (UNLIA). This promotes a 'One United Nations' approach to civil registration, vital statistics and identity management. The UNLIA task force issued guidance for United Nations Country teams to accelerate implementation at country level, as well as recommendations to maintain Civil Registration and Vital Statistics systems (CRVS) functioning during the pandemic. Through multi-agency collaboration in support of the UNCTs, UNICEF supported the completion of 10 country assessments to advance the implementation of the UNLIA agenda. UNICEF continues to foster close partnerships at regional level. One such partnership is with the African Union (AU). UNICEF supported the AU's launch of the 'No name campaign: For every child a legal identity, for every child access to justice'. This aimed to catalyse commitments from AU member states towards the universal registration of children at birth, and to highlight the exacerbated risks to unregistered children.

FIGURE 25: Summary of results on strengthening birth registration services, 2020

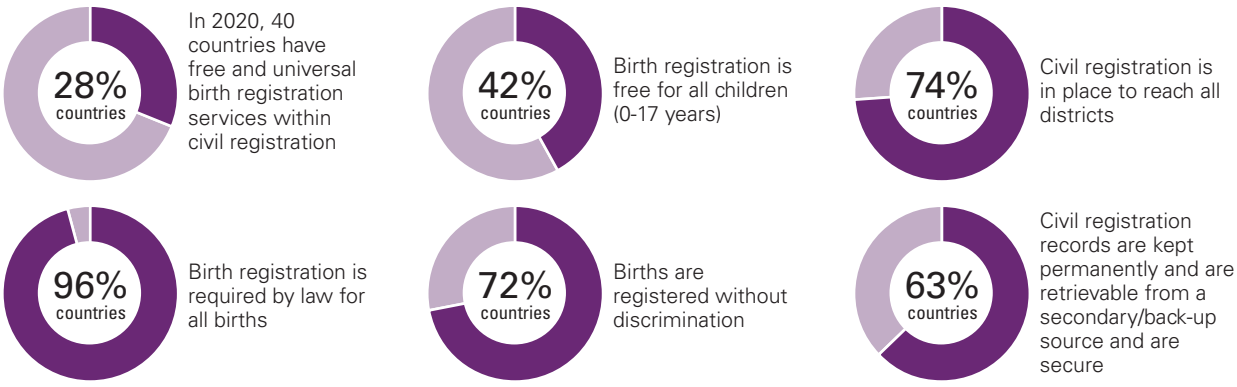


Though the number of **birth notifications** in 2020 **increased by 6 per cent** across **48 countries**, compared with 2019 figures, the impact of **disruptions was most felt in birth registration and certification services**, with drops noted of **2 per cent and 22 per cent** respectively.

Number of countries by region with free and universal birth registration services within civil registration, 2017–2020



Progress on strengthening birth registration and civil registration and vital statistics, 2020



Total reporting countries: 145

Note: EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

FIGURE 26: Number of births notified and registered, and birth certificates received through UNICEF support, 2020

Strengthening legislative and policy frameworks

Of the 147 countries that provided information, 139 responded that birth registration is required by law for all births in their country in 2020. However, multiple legal barriers remain. Strategies to enhance legislative reforms and policy frameworks stalled or were deferred across several countries, as governments' reprioritized investment and capacities to respond to COVID-19.

Conversely, the crisis also exposed systemic weaknesses that had previously received limited political attention. This provided an opportunity for UNICEF and partners to advocate and support expedited actions to strengthen governance issues. In the Democratic Republic of the Congo, for example, technical revisions spurred on by the COVID-19 crisis were adopted into the Family Code. This included provisions to modernize the archiving system and electronic registration. In Haiti, updated legislation 'twinned' birth certificates and national IDs through a single identification number. A Policy Amendment in Namibia enabled all children (including refugee children) to be registered and obtain a birth certificate. UNICEF Guyana supported the proposed amendments to the Registration of Births and Deaths Act, as a 'push' towards universal birth registration. In Pakistan, CRVS regulations and by-laws were drafted to fill gaps in legislation. In Kazakhstan, the Code on Marriage and Family was amended to prevent childhood statelessness, ensuring the eligibility of all children born in the country to register and receive birth certificates, regardless of their parents' legal status.

Strengthening cross-sectoral linkages to improve birth registration

Countries are increasingly 'twinning' their birth registration services with other sectors' systems, such as health, to facilitate improved access to birth registration services. This strategy proved critical during the COVID-19 emergency phase, when disruptions were at their height.

> Among the 74 countries that UNICEF specifically supported to improve birth registration and civil registration/vital statistics in 2020, forty-eight (65 per cent) have a 'twinning system' in place between the civil registration system and another sector's system, such as health, to facilitate its birth registration service.

In Pakistan, UNICEF supports efforts to link administrative data systems by synchronizing multiple related systems. This includes the education management system, the health management system and the local government vital events registration system. In Namibia, the Ministry of Home Affairs twinned the E-birth notification system between the Ministry of Health and the National Population

Registry System. UNICEF redoubled efforts to strengthen equitable access to integrated services for hard-to-reach areas and marginalized groups in Bangladesh through support for a database system that can share data with the Registrar General, and the involvement of front-line and community workers. In addition, UNICEF Zimbabwe is working with the Registrar General's office to decentralize birth registration through targeted mobile registration and one-stop service delivery through the health system.

Scaling up and extending the reach of services, including through innovation

UNICEF prioritizes innovative solutions to scale up birth registration services, including the use of information and communication technologies (ICTs). ICTs play a significant part in civil registration worldwide. With the onset of COVID-19, several programming ingenuities, including scaling up digital solutions, were initiated to overcome barriers.

The Ukrainian Ministry of Digital Transformation launched a mobile application, '*eMalyatko*' as a 'one-stop' service to register children born in hospitals. In Angola, birth registration units were established in the outdoor spaces of 72 hospital maternity wards to ensure continuity of services. In Panama, a digital platform was set up to close the record gap, including an estimated 15,000 children who were left unregistered when services abruptly closed due to the pandemic. UNICEF also targets support to strengthen the equitable reach of services, especially in rural and hard-to-reach locations and for underserved groups. In the United Republic of Tanzania, the one-stop-one-visit system was extended to two additional provinces. This aimed, within the first 2 months of its operation, to provide more than 580,000 children under 5 with birth certificates. The new birth registration system has bridged the rural–urban divide, improving access for the most marginalized communities to register their children. It also addresses the core issues of accessibility and affordability, which have been a major barrier in the birth registration system in the United Republic of Tanzania.

In response to COVID-19 restrictions, countries customized outreach services and enhanced collaboration, including with other development and United Nations agencies. In the Lao People's Democratic Republic, UNICEF supported the provision of mobile birth registration and certification services for 2,435 internally displaced persons living in temporary shelters in Attapeu province. In Belize, UNICEF and UNHCR supported the deployment of a mobile registration campaign. This aimed to reach children born in indigenous, asylum-seeker, refugee and migrant communities. Around 30 communities were reached, registering 201 children.

Reducing the risk of statelessness through birth registration

Since 2017, UNICEF and UNHCR have jointly led the Coalition on Every Child's Right to a Nationality, supporting the development of 23 joint national strategies to address and reduce the risk of childhood statelessness. The operational challenges brought on by COVID-19 created unexpected opportunities for dialogue with national authorities on the inclusion of stateless populations in national COVID-19 responses. Several countries were also able to maintain or extend essential birth and other civil registration services to address statelessness.

The first regional action plan was developed and maps out strategies for Kenya, Uganda and the United Republic of Tanzania. UNICEF Colombia supported a national initiative ('*Primero la Niñez*') to prevent statelessness among children born to Venezuelan migrant parents. Joint efforts (by IOM, UNHCR, UNICEF, the National Registry Office and the Ministry of Health) strengthened the technical capacities of public hospitals in border provinces, which have the highest birth rates of Venezuelan children. This enabled almost 21,500 children to be granted a nationality. A new Nationality Law in the Islamic Republic of Iran serves as a milestone for the protection of the rights of stateless persons, enabling children born to Iranian mothers and non-Iranian fathers to obtain nationality. Subsequently, over 28,000 children filed birth certificate applications.

Engaging communities and increasing demand for birth registration

To address the low demand for birth registration, UNICEF supports interventions to build awareness at community level of how and why birth registration benefits children. Fear of COVID-19 infection led to the introduction of online services and mobile phone-based applications in several countries.

In Nigeria, UNICEF supported the introduction of an automated and digitized CRVS process to reduce face-to-face contact. In Indonesia, UNICEF supported outreach interventions to expand social policy schemes. These were capitalized on to register 35,000 children who were previously unaccounted for. Cameroon utilized the existing child protection network to develop community-led birth registration mechanisms. This was an ideal cost-effective solution to improve geographical coverage. In Angola, UNICEF-supported deployment of mobile brigades for late birth registration benefited 134,442 children. In Sierra Leone, UNICEF worked closely with the National Civil Registration Authority and the Ministry of Health and Sanitation to register 103,313 new-borns at peripheral health units. Increased advocacy, capacity-building, and heightened awareness-raising of birth registration through TV and radio programmes that reached over 15,000 people across all districts, contributed to this result.

Conclusions

In the context of COVID-19, the accessibility and availability of services across countries accentuated structural inequities for vulnerable and marginal groups, and those in rural and difficult-to-reach areas. Reduced uptake of civil registration services, especially birth registration and certification, was further impacted by the lack of adequate safety equipment and hygiene requirements at service points. On the demand side, the systematic recording of births at the point of birth or during routine immunization visits was reduced due to mothers avoiding health-care facilities for fear of infection.

To counter COVID-19-related challenges and address the stalling of registration and certification rates, countries pivoted to strengthen online and mobile-based systems. At times, the speed at which service adjustments were made had the potential to compromise data privacy standards. Adjusted or ad hoc processes put in place to adhere to the COVID-19 realities helped maintain service continuity in many instances (albeit at reduced rates). However, they are no substitute for holistic, systemic and long-term investment in CRVS systems. Civil registration was identified as a key ingredient in the monitoring of COVID-19 mortality. Death registration may have gained greater prominence, but the importance of birth and death registration was recognized overall. This spotlighting of the civil registration system and recognition by governments of its importance in monitoring the impact of public health emergencies provides an opportunity to leverage government investment and commitment.

Children on the move

Children on the move are especially vulnerable and face heightened protection risks, particularly in the context of COVID-19.[106] They may be denied entry at borders, subjected to immigration detention, refused the right to seek asylum, excluded from access to essential services or returned without due process considerations. UNICEF promotes continuity of care for children throughout their migration journey, including in countries of origin, transit, destination and return. A key focus is cross-border child protection case management and collaboration. UNICEF advocates for, and supports, national authorities to mainstream policy and programming for children on the move into national child protection systems and other social services.

UNICEF and partners played a critical role in driving evidence-based learning and technical guidance, including contributing to the 'United Nations Secretary-General's Policy Brief: COVID-19 and people on the move'.[107] This provided recommendations for the inclusion and protection of people on the move during the COVID-19 pandemic. UNICEF also contributed to the United Nations Special Rapporteur on human rights of migrants report on the prohibition of child immigration detention and appropriate care for migrant children and families. To drive a holistic global approach to reintegration assistance for returnee children, UNICEF and the IOM developed a handbook on a child rights approach to the sustainable reintegration of migrant children and families. UNICEF, together with the ILO, IOM and UNHCR, supported a rapid evidence assessment. This was prepared by the Overseas Development Institute and provides insights on positive practices and recommendations to address evidence gaps in protection for children on the move.

To support national authorities to meet their commitments under the Global Compact on Refugees, UNHCR and UNICEF developed the Blueprint for Joint Action ('Blueprint') – a significant breakthrough to deliver a more effective and efficient coordinated response for refugee and returnee children, their families and host communities across the Child Protection, WASH and Education sectors. The Blueprint is improving protection outcomes for women and children in 11 countries (20 per cent of the global refugee caseload) and building evidence for collective action with children, host communities and governments.

> In 2020, UNICEF-supported programmes reached 1.8 million children on the move across 74 countries through interventions such as alternatives to child immigration detention, mental health and psychosocial support and child-friendly legal aid, as well as longer-term support during (re) integration into communities.

COVID-19 caused widespread border closures and forced returns. In response, UNICEF focused on strengthening capacities to ensure there were adequate best interest determination procedures. Where there were access limitations, UNICEF and partners pivoted their approach to provide remote assistance as well as adapted case management and psychosocial support modalities. Support and training, including the provision of PPE, and hygiene and other essential supplies were also prioritized for social service workers to support continued delivery of protection services. UNICEF supported the development of protocols for emergency interventions in response to the migration flows in different settings, including for related services such as access to justice, appropriate quarantine and care modalities for UASC, distance learning and social protection.

In the Dominican Republic, UNICEF, with IOM and UNHCR, disseminated information in Spanish and Creole to mitigate the spread of COVID-19 in six border provinces with large numbers of migrants. In Ecuador, UNHCR, World Food Programme, IOM and UNICEF developed and implemented two rapid joint needs assessments through telephone surveys to establish the impact of COVID-19 on children on the move. In Brazil, programme strategies to reach approximately 261,000 Venezuelan migrants and refugees were upgraded. This included the use of remote technologies for case management, and increased adolescent and community engagement. In Egypt, Ethiopia and Somalia, social service and other front-line workers received PPE to maintain service continuity supporting unaccompanied migrant children, returnees and families. Training and protocols were also adapted to work more effectively within COVID-19 limitations. Cross-border collaboration was also reinforced between UNICEF country offices and neighbouring operations, including in the Horn of Africa, the Middle East and North Africa, West and Central Africa, as well as countries such as Colombia, Brazil, Ecuador and Peru that are involved in the Venezuelan regional migrant response.

Conclusions

Strategic partnerships between national authorities, United Nations agencies, civil society organizations, academia and media were vital in monitoring the situation of children on the move, delivering key protection messages (particularly around asylum access and non-refoulment), responding to migrant children's vulnerabilities, and continuing to advocate for their rights to be considered within national laws, development policy, plans and the allocation of resources. Support for civil society organizations on the ground was crucial to sustain service delivery, including psychosocial support. Sustainable solutions can only be met if children have access to child protection services within a wider referral mechanism that also caters for their survival and development rights (such as education, health care, and social protection). COVID-19 exemplified the need to foster stronger long-term linkages between humanitarian assistance and development approaches. Work with the health sector was also pivotal to ensure that pandemic response measures aligned with the human rights of children in the context of human mobility.

UNICEF promotes an integrated child protection approach through its six-point Agenda for Action to protect all refugee and migrant children in affected countries across the world

ACTION 1 PROTECT UPROOTED CHILDREN FROM EXPLOITATION AND VIOLENCE	In Honduras, UNICEF and partners set up temporary quarantine multi-service safe spaces for around 4,220 returned children, and specialized reintegration services for 288 returned girls and boys. UNICEF, as part of a multi-partner approach in Bosnia and Herzegovina, ensured child protection support such as legal guardianship, case management, MHPSS and protection services for 3,500 children on the move, including 1,900 unaccompanied children who received care in 5 designated zones in temporary reception centres.
ACTION 2 END THE DETENTION OF REFUGEE AND MIGRANT CHILDREN BY CREATING PRACTICAL ALTERNATIVES	UNICEF supported an ambitious care reform framework in Mexico to reinforce non-detention of migrant children and adolescents. This included re-establishing the National Foster Care Programme to cater for the care arrangements of vulnerable children, including those from the migrant population. In Thailand, a manual to implement alternatives to immigration detention for children was developed.
ACTION 3 KEEP FAMILIES TOGETHER AND GIVE CHILDREN LEGAL STATUS	In Myanmar, UNICEF, together with the government and local CSO partners, provided child protection services to 63,450 children affected by migration in three states, providing MHPSS, case management and life skills interventions. Joint advocacy with IOM and UNHCR in Peru resulted in the regularization of the legal status of migrants, potentially benefiting an estimated 700,000 migrants.
ACTION 4 HELP UPROOTED CHILDREN TO STAY IN SCHOOL AND STAY HEALTHY	UNICEF Chad supported the government to finalize and implement the National Guidelines on alternative care of separated/unaccompanied children, focusing on formalizing the foster family approach. To support children on the move at the Dominican–Haitian border, UNICEF trained border officials to prevent child deportation and family separation, and advocate for the continuation of protection services.
ACTION 5 PRESS FOR ACTION ON THE CAUSES THAT UPROOT CHILDREN FROM THEIR HOMES	In Somalia and the Sudan, UNICEF implemented the UPSHIFT programme, reaching nearly 1,500 adolescents and youth with life skills alternatives to irregular and unsafe migration practices. UPSHIFT graduates also applied their skills to respond to COVID-19. This included printing information, education and communication materials, manufacturing and distributing hand-washing soap, face masks and other protective equipment.
ACTION 6 COMBAT XENOPHOBIA AND DISCRIMINATION	In Brazil, a new artificial intelligence-driven platform, based on the Caretas model, used Facebook messenger to communicate with migrants via a chatbox using a fictional character called Fabi Grossi. In 2020, emphasis was placed on mobilizing Brazilian and Venezuelan youth to speak out against xenophobia, engaging around 190,000 people.

High-level priorities

Magfira (left) and Mekiya (right) are best friends. When Magfira knew that Mekiya was about to undergo female genital mutilation, she alerted the authorities and they intervened. Mekiya says her best friend is her rescuer. Pictured in Ebot Trora, Ethiopia.

© UNICEF/UN0410890/Ayene

The year 2021 marks UNICEF's 75th year. Normally, this would be a time to celebrate the successes achieved in advancing children's rights. Instead, it is overshadowed by the devastating impact of COVID-19 that will reverberate for many years. The pandemic will have severe and lasting consequences for children and women, affecting their care, protection and well-being. The launch of the UNICEF Child Protection Strategy 2021–2030 could not be more timely, as it brings with it a new vision to drive forward a strategy to accelerate action in line with the Decade of Action for the SDGs.

Drawing on the lessons learned over the past year, and the strategic shifts shaping the sector, the strategy is as ambitious as it is transformative. The primary focus of UNICEF's strategic approach is to scale up evidence-based prevention methods to the population level. This applies not only to the core child protection sectors of social welfare and justice, but also in education, health, social protection and other sectors with strong and clear accountabilities to deliver child protection outcomes. This includes access to justice, family and parenting support, safe schools and safety online, as well as adoption of transformative norms and values.

Building on the core principle of universal prevention, UNICEF will ensure that no child is left behind. This will involve working alongside a network of existing and new partners to target interventions for children at greatest risk of child protection violations. This includes children in humanitarian/crisis settings, with disabilities, deprived of parental care and experiencing other forms of discrimination and exclusion. Where children experience violations, UNICEF will work with partners to strengthen access to response services to prevent recurrence and provide care, support and justice.

Immediate priorities for 2021 by result area

Strengthening child protection systems for prevention and response services to reduce violence against children

As we enter the Decade of Action, the violence prevention agenda has suffered set-backs due to the impacts of the COVID-19 pandemic. In 2021, UNICEF will prioritize actions to restore and strengthen basic violence prevention and response services and bring urgency to the implementation of national road maps towards SDG 16.2: the elimination of violence against children. These actions will include:

- Providing effective parenting resources and programmes for all who need them in these exceptionally stressful times, including through the delivery of hybrid and digital models that were developed to maximize reach during the pandemic.
- Supporting the implementation of school-based violence prevention and response services (as part of the reopening process), including providing front-line mental health and psychosocial support to students. Social and behavioural change strategies to end violence in schools will be taken to scale.
- Accelerating efforts to end child sexual abuse and exploitation, including in digital environments; through building capacity to design and implement new evidence-based strategies.
- Enhancing the protection of children in digital environments which are an implicit part of their lives to learn, play and socialize, while working with related industries to ensure that platforms and services are safe for children.
- Working with governments to resume implementation of national action plans to end violence against children and accelerate scale-up of evidence-based violence prevention strategies.
- Programmatically, UNICEF will continue to prioritize social service workforce strengthening, with a specific focus on the areas lagging the most in each country. To address key challenges, UNICEF will develop an investment case on the national social service workforce, with technical guidance on suggested minimum ratios of social workers per population. A planned technical note articulating UNICEF's approach to child protection system-strengthening (CPSS) will also provide a critical platform to ensure that UNICEF systematically implements a streamlined CPSS approach across its network of partner countries.
- UNICEF will also work to strengthen IMS solutions through increasing Primero implementations and alignment with Social Service Workforce guidelines, the Alliance for Child Protection in Humanitarian Action standard forms, and other signature initiatives.

Child protection in humanitarian action

For child protection in humanitarian action, 2021 priorities are to invest in the innovations that delivered protection services to an unprecedented number of people in 2020, more than in any previous year. Investment will also be made in the partnerships and workforce that protect children and women, and in the preparedness that builds on learning and evidence. Key actions will include:

- Accelerating evidence-based MHPSS programming, including advocating for greater investment in strengthening the quality and access of services across humanitarian emergencies, for children, adolescents and caregivers.
- Capitalizing on the current momentum to embed GBV risk mitigation across UNICEF programmes, in line with the Core Commitments for Children and strengthen the scale and scope of UNICEF's GBViE innovations portfolio.
- Building on PSEA results in humanitarian settings, UNICEF will work with the United Nations system, IASC, the Organisation for Economic Co-operation and Development and other coalitions to strengthen PSEA in all settings. An emphasis will be placed on improving programme quality, including community-based reporting.
- Strengthening collaborations with NGOs and government partners to support reintegration of children associated with armed forces and armed groups. The aim is to improve programme design and implementation, involving children, and improving sustainability by situating reintegration programming as a strategic intervention across the humanitarian and development nexus through a common results framework.

Strengthening prevention and delivery of protection services to reduce harmful practices (child marriage and female genital mutilation)

UNICEF will work within and beyond the Global and Joint Programmes, which will continue to serve as a blueprint on how to deliver on SDG 5.3. Key actions will include:

- Prioritizing the design of Phase IV of the Joint Programme on FGM. Building on evaluation findings, UNICEF and partners will explore and strengthen ways for the Joint Programme to be gender transformative in its approach to FGM elimination, in addition to sharpening our advocacy approach in the Decade of Action.
- Carrying out any necessary programmatic adjustments needed from countries integrating the approaches advanced through the release of technical notes in 2020. These include strengthening the humanitarian–development nexus; digital engagement for social norms change; and a gender transformative approach to child marriage and FGM elimination.
- Strengthening UNICEF's position as knowledge leader through development of new learning, in addition to coordination of the sector for greater efficiency. This includes a partnership with the Population Council to develop the global FGM research agenda through rigorous consultative review processes to identify evidence gaps and priority areas. In the case of child marriage, focus will be on roll out of the research strategy and enhanced coordination through a partnership with UNFPA and Girls not Brides.
- Documenting key lessons as well as advancing two new concepts/models will also be a priority. These include a focus on innovative financing for achieving SDG target 5.3, and FGM prevention within girls' education.

Improving children's access to justice

The results and challenges of 2020 offer governments a chance to re-think approaches and to build on transformative actions for improving children's access to justice, advancing care reform, strengthening birth registration services as part of overall Civil Registration and Vital Statistics (CRVS) improvement, and supporting the inclusion and protection of children on the move.

Key actions for children's access to justice programming will include:

- Leveraging successes from the response to the COVID-19 pandemic, UNICEF will continue its prioritization and scale-up of diversion, alternatives to detention and restorative justice approaches.
- Supporting the inclusion of access to justice for children programming in countries' disaster preparedness, humanitarian response and socioeconomic response planning.
- Investing in strengthening access to child-friendly legal aid and children's legal rights awareness, with special attention paid to children and young people in justice systems, children with disabilities, indigenous and ethnic minority children, and lesbian, gay, bisexual, transgender and intersex children.
- Fostering new and existing partnerships to advance the reform agenda, UNICEF will strengthen links with humanitarian partners such the Alliance for Child Protection to continue the convergence of justice programming across the humanitarian–development nexus. More broadly, UNICEF will continue to engage with other United Nations agencies through participation in broader United Nations Rule of Law initiatives.

Key actions to support children without parental or family care will include:

- Capitalizing on the programming gains made in 2020, UNICEF will ensure that the 2021 Day of General Discussion of the Committee on the Rights of the Child (with a focus on children without parental or family care and alternative care) provides quality and inclusive opportunities for children and adolescents (especially those with disabilities) to contribute to furthering the care reform agenda.
- Promoting the use of the protocol on enumeration of children in residential care.
- Strengthening family- and child-centred care responses, with a focus on children with disabilities, in policy and programmatic interventions.
- Building new and existing partnerships and forums such as the Better Collaboration Platform, to strengthen advocacy, including increasing investment in families' capacities to care and in recognizing the value of care services.

Key actions to strengthen birth registration and close the identity gap will include:

- Supporting governments to evaluate adaptations made to birth registration services in response to the pandemic and, where relevant, integrate them more broadly as part of overall CRVS improvement.
- Redoubling programming efforts to help countries clear the backlog of work that was stalled, to minimize reversal of the accumulated gains of the past decade.
- Leveraging opportunities, such as the upcoming Ministerial Conferences in Africa and the Asia-Pacific region, to further advocate for the link between CRVS and legal identity, and facilitate renewed commitment to, and support the evolving development of, an agreed set of core standards.
- Amplifying the lessons learned and evidence generated as part of the COVID-19 response to scale up the impact of this work at the global, continental and regional level. This will include through the United Nations Legal Identity Agenda, the Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics, and the recently launched '#NoName Campaign: for Every Child a Legal Identity'.

Key actions to strengthen children on the move programming will include:

- Taking forward the implementation of the UNHCR-UNICEF Blueprint for Joint Action that aims to foster the inclusion of refugee and returnee children, their families and host communities in national systems, including across the child protection, WASH and education sectors.
- Consolidating findings and disseminating learnings on UNICEF children on the move programming in West Africa, the Horn of Africa, Europe, Latin America, Southeast and Central Asia.
- Strengthening cross-border case management and child protection responses, including adequate best interest determination procedures, to strengthen the continuity of care.

Building the learning agenda

UNICEF will continue to support the strengthening of data systems to ensure the availability of timely, disaggregated, and high-quality data on the situation of children. Real-time learning and research to enhance the evidence base to guide technical direction and inform programming will also be strengthened. Key actions will include:

- Advancing the data work that stalled during 2020, due to COVID-19. This will include releasing the statistical classification on violence against children, testing the toolkits on administrative data on violence against children and advancing the work on the draft module on sexual violence in childhood, in support of SDG 16.2.3.
- Releasing a global monitoring mechanism on child marriage that will make relevant data and analyses accessible to promote and galvanize action on ending child marriage at the global and national levels.
- Utilizing the International Year for the Elimination of Child Labour to strengthen research and data on this topic.

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Mahmoud, 7 years old, receives balloons from UNICEF Communication Officer Basel Al-Smadi during a World Children's Day celebration at a UNICEF-supported Makani centre in an informal tented settlement on the outskirts of Amman, Jordan.

Abbreviations and acronyms

CPIMS+	child protection information management system
CRVS	civil registration and vital statistics
CSO	civil society organization
ECM	End(ing) Child Marriage
End Violence	Global Partnership to End Violence Against Children
FGM	female genital mutilation
GBV	gender-based violence
ILO	International Labour Organisation
IOM	International Organization for Migration
MHPSS	mental health and psychosocial support
NGO	non-governmental organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
PSEA	protection from sexual exploitation and abuse
SDG	Sustainable Development Goal
SOP	standard operating procedure
UASC	unaccompanied and separated children
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
UNDESA	United Nations Department of Economic and Social Affairs
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
WHO	World Health Organization

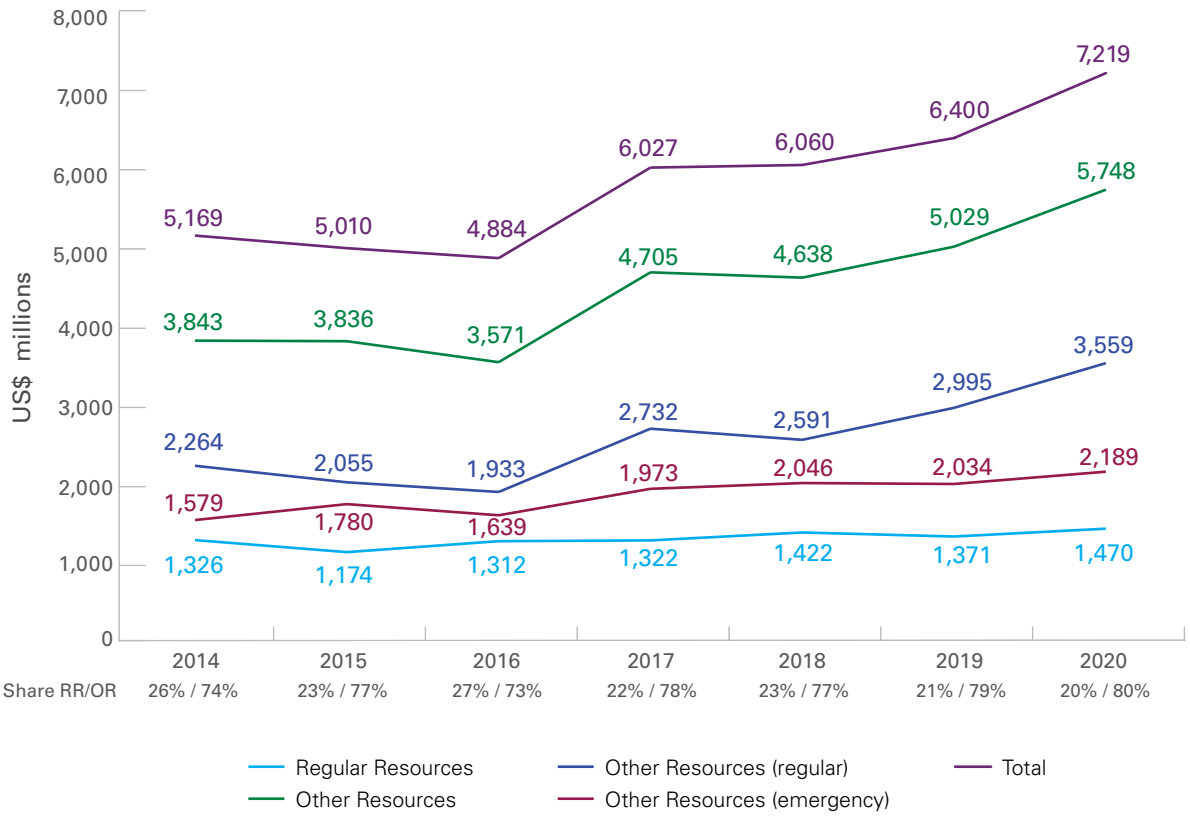
Annex 1: Financial report*

* All funding data as of 6 April 2020, pending audit and certification.

UNICEF income in 2020

In 2020, total income to UNICEF increased by 13 per cent compared with 2019, reaching an all-time high of US$7,219 million. This was largely due to an increase in earmarked funds to specific programmes (other resources) income, which grew by 14 per cent, up from US$5,029 million in 2019 to US$5,748 million in 2020. Although un-earmarked funds (regular resources) income also increased, to US$1,470 million in 2020 compared with US$1,371 million in 2019, it decreased as a proportion of total income to UNICEF to 20 per cent, down from 21 per cent in 2019 *(see Figure A1-1)*.

FIGURE A1-1. Income by funding type, 2014–2020*



* Figures are based on 'income' which here represents contributions received from public sector and revenue from private sector.

'Other resources' contributions increased by 13 per cent compared with 2019, and contributions to UNICEF's thematic funding pools increased by 27 per cent, from US$346 million in 2019 to US$438 million in 2020. Thematic funding also increased as a percentage of all 'other resources', from 7 per cent in 2019 to 8 per cent in 2020. This is 6 per cent below the milestone target set out in the UNICEF Strategic Plan, 2018–2020, of thematic funding representing 14 per cent of all 'other resources' in 2020. The increasing overall amount of thematic funding as well as increasing ratio of thematic funding as a percentage is a result of both an increase in non-humanitarian thematic funding and an increase in humanitarian thematic funding driven by the COVID-19 pandemic. This trend is encouraging, and in line with the Funding Compact commitments.

In the Funding Compact between governments and the United Nations Sustainable Development Group, United Nations Member States have committed to double the share of non-core contributions that are provided through single agency thematic, such as UNICEF's thematic funding pools. In alignment with this commitment, UNICEF aims to double thematic funding as a share of all 'other resources' to 15 per cent by 2021. To reach this goal, UNICEF encourages partners to channel more contributions through these softly earmarked funds.

'Income' is defined as contributions received from governments, inter-organizational arrangements and intergovernmental organizations, and revenue from the private sector.

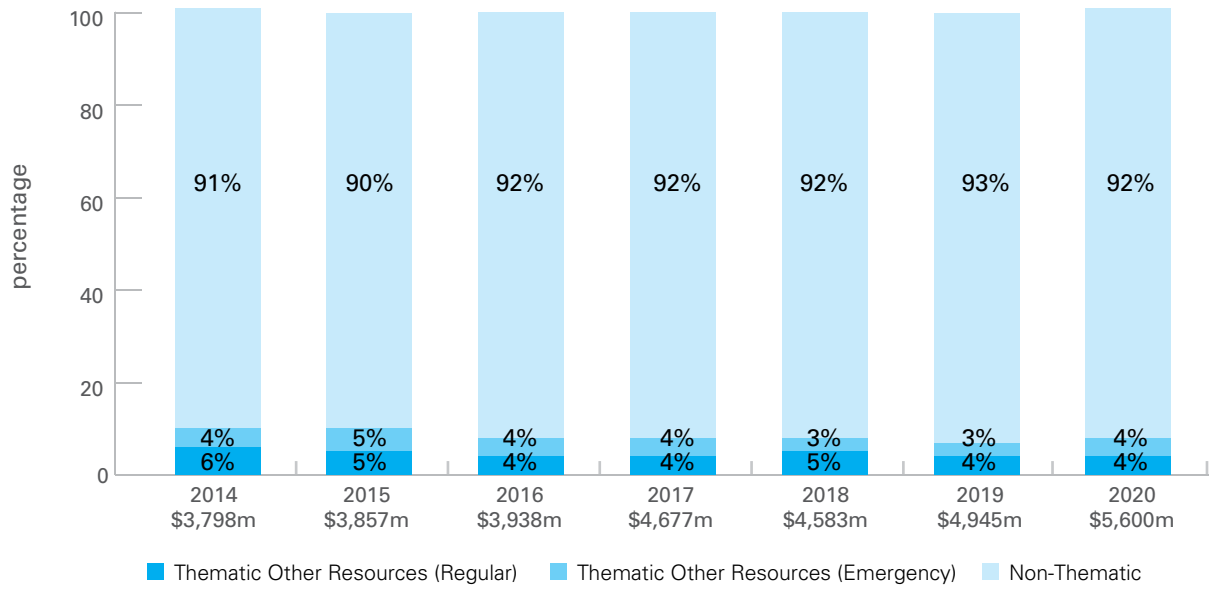
Regular resources (RR): Un-earmarked funds that are foundational to deliver results across the Strategic Plan.

Other resources (OR): Earmarked funds for programmes; supplementary to RR and intended for a specific purpose, such as an emergency response or a specific programme in a country/region.

Other resources – regular (ORR): Funds for specific, non-emergency programme purposes and strategic priorities.

Other resources – emergency (ORE): Earmarked funds for specific humanitarian action and post-crisis recovery activities.

FIGURE A1-2: Other resources contributions 2014–2020: Share of thematic funding*



Note: * 2014–2016 contributions restated to reflect change in accounting policy for comparison with 2017–2020.

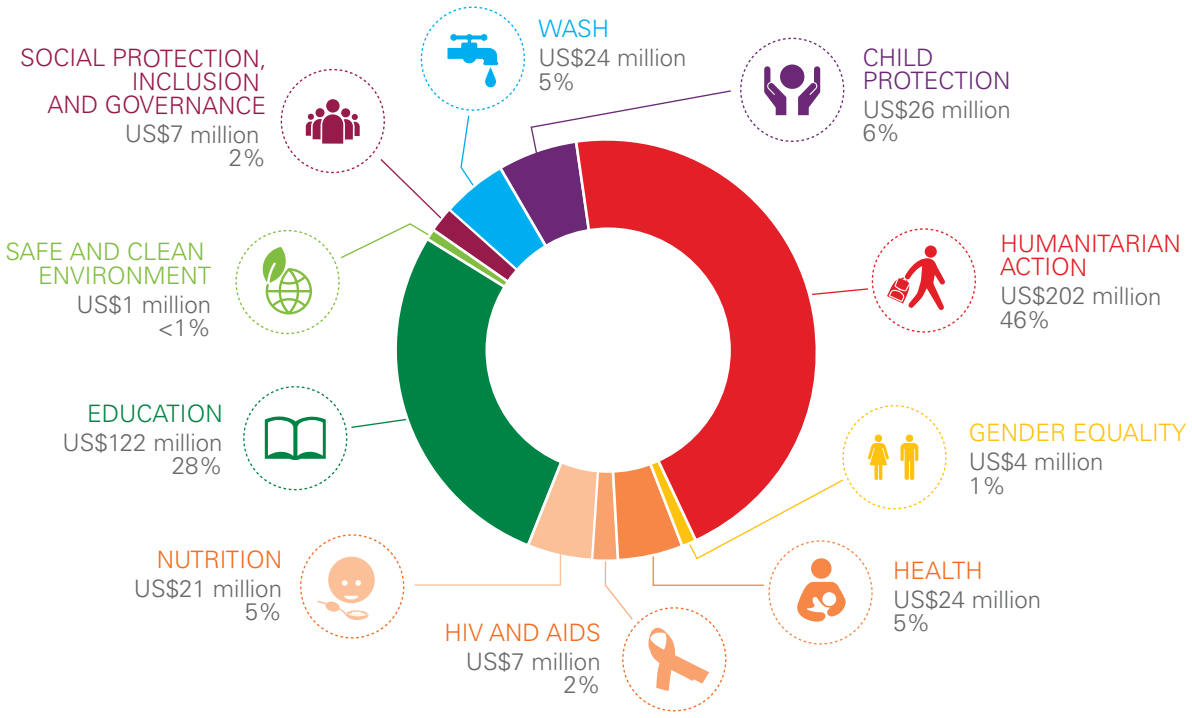
Thematic funding remains a critical source of income for UNICEF programme delivery. Through thematic funding contributions at global, regional and/or country levels, partners support UNICEF-delivered results at the highest programme level in each of those contexts for the greatest impact. This funding acts as an ideal complement to regular resources, as it can be allocated on a needs basis. The flexibility of thematic funding allows UNICEF to respond more effectively. It facilitates longer-term planning, sustainability and savings in transaction costs, leaving more resources for UNICEF programmes.

For partners, contributions to UNICEF's 10 thematic funding pools are in keeping with the principles of good multilateral resource partnerships. Thematic contributions have the greatest potential of 'other resources' to produce high-level results directly aligned to the Strategic Plan, as endorsed by the UNICEF Executive Board, and supported by the aims of the Paris Declaration on Aid Effectiveness. They yield a higher return on investment than more tightly earmarked contributions, as lower management and reporting costs result in a larger percentage of funds going towards programming. They also simplify renewal and allocation procedures and reduce the administrative monitoring burden for partners.

Overall contributions to the 10 thematic funding pools increased from US$346 million in 2019 to US$438 million in 2020. The largest public sector contributors to the thematic funding pools in 2020 were the governments of Norway, Sweden and the Netherlands, while the largest private sector contributions were facilitated by the German Committee for UNICEF, the U.S. Fund for UNICEF, and the United Kingdom Committee for UNICEF.*

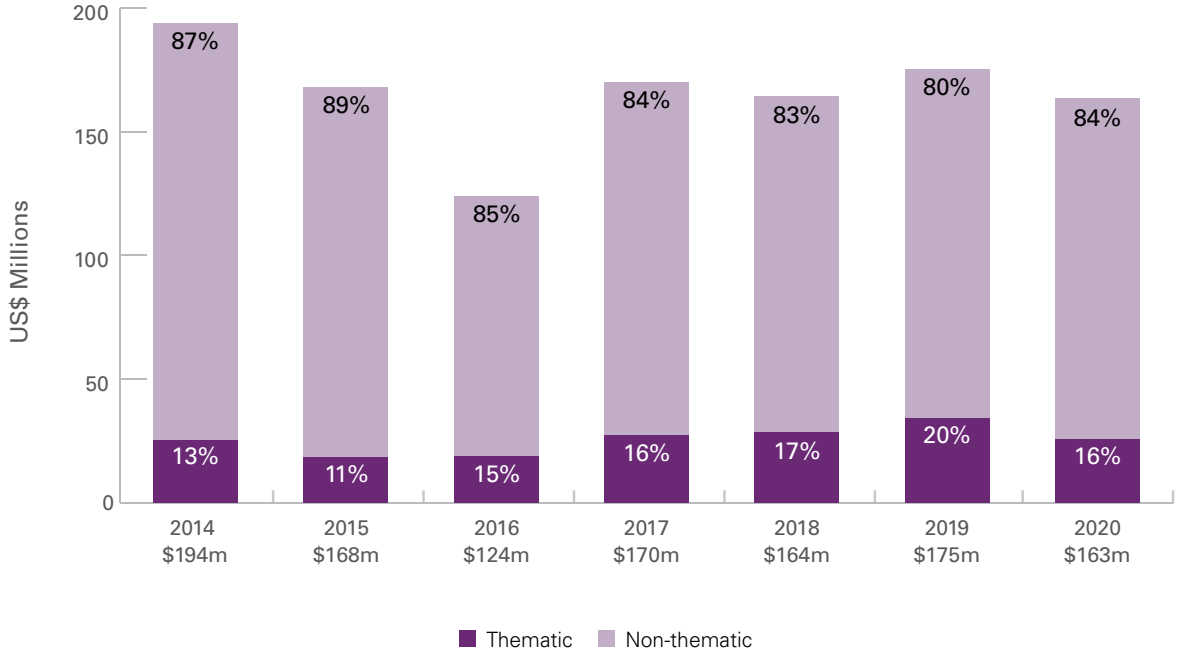
* For more information on thematic funding and how it works, please visit: <www.unicef.org/publicpartnerships/>.

FIGURE A1-3: Thematic contributions by thematic pool, 2020: $US438 million



Goal Area 3 income in 2020

FIGURE A1-4: Goal Area 3 'other resources – regular' contributions, 2014–2020



In 2020, partners contributed US$163 million 'other resources – regular' for Goal Area 3; a 7 per cent decrease compared to the previous year *(see Figure A1-4)*. Public sector partners contributed the largest share of 'other resources – regular' to Goal Area 3, at 84 per cent *(see Figure A1-5)*. The top five resource partners to Goal Area 3 in 2020 were the government of Germany, the European Commission, and the governments of Sweden, the Netherlands and Norway *(see Table A1-1)*. The largest contributions were received from the government of the Netherlands for 'PROSPECTS – responding to forced displacement crisis', from the European Commission for child protection and gender-based violence in Lebanon, and from the Government of Norway for the disability inclusion partnership *(see Table A1-2)*.

FIGURE A1-5: Total Goal Area 3 funds received by type of donor, 2020: US$163 million

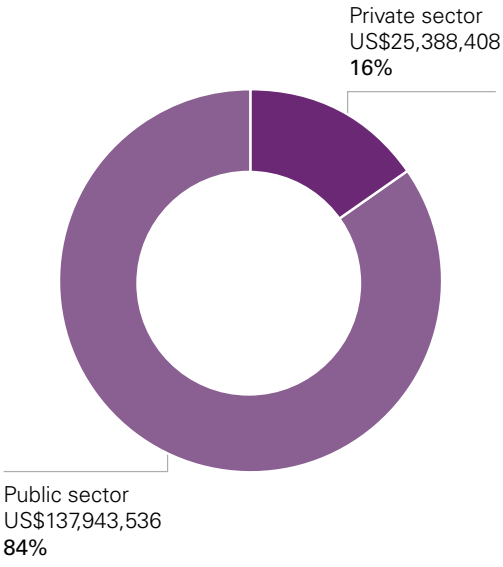


TABLE A1-1: Top 20 resource partners to Goal Area 3 by total contributions, 2020

Rank	Resource partners	Total (US$)
1	Germany*	83,284,348
2	European Commission*	83,088,573
3	Sweden*	33,155,781
4	Netherlands*	32,227,024
5	Norway*	22,722,300
6	United Nations Joint Programme	21,674,173
7	Canada*	18,654,643
8	United Kingdom	14,445,571
9	United States	9,613,197
10	UNFPA-managed United Nations Partnerships and Joint Programmes	7,492,526
11	U.S. Fund for UNICEF	6,205,640
12	UNDP-managed United Nations Partnerships and Joint Programmes*	5,497,871
13	Denmark	4,068,273
14	End Violence Fund	3,019,427
15	French Committee for UNICEF	2,977,656
16	Switzerland	2,357,947
17	Republic of Korea	2,342,908
18	Dutch Committee for UNICEF	2,080,120
19	Spanish Committee for UNICEF	2,064,087
20	Italy	1,992,953

Notes: * Includes cross-sectoral grants SC190500, SC190203, SC200267, SC181062, SC190601 (Education, Child Protection), SC200678 (Health, Child Protection, Social Inclusion), SC190758 (Education, Child Protection, Gender Equality), SC200195, SC200494 (Child Protection, Gender Equality), SC200479, SC181068 (Education, Child Protection, Social Inclusion), SC190011 (Nutrition, Education, Child Protection, WASH, Safe and Clean Environment), SC210010 (Health, Education, Child Protection), SC190013 (Health, Nutrition, Education, Child Protection), SC190741, SC190728, SC181205 (Health, Nutrition, Education, Child Protection, WASH), SC160635 (Education, Child Protection, WASH, Social Inclusion), SC200746 (Health, Education, Child Protection, WASH, Social Inclusion), SC181122, SC190701, SC190712, SC170746 (Education, Child Protection, WASH), SC200642 (Health, Child Protection, WASH), SC200766 (Child Protection, Social Inclusion), SC190746 (Health, Education, Child Protection, WASH, Safe and Clean Environment), SC200401 (Health, Nutrition, Child Protection, WASH, Social Inclusion). UNDP, United Nations Development Programme; UNFPA, United Nations Population Fund.

TABLE A1-2: Top 20 contributions to Goal Area 3, 2020

Rank	Grant Description	Resource Partner	Total (US$)
1	PROSPECTS – Responding to Forced Displacement Crisis*	Netherlands	29,110,909
2	Child Protection and Gender-based Violence, Lebanon	European Commission	19,936,800
3	Disability Inclusion Partnership*	Norway	19,169,401
4	Strengthening Community Resilience in South Sudan Urban Settings*	Germany	18,839,828
5	Global Programme to Accelerate Action to End Child Marriage	United Nations Joint Programme	17,947,147
6	Improving the Well-being of Conflict-affected Children and Families in Sudan's Blue Nile and South Kordofan States*	Germany	11,439,676
7	Global Thematic Funding for Child Protection 2018–2021	Sweden	9,229,349
8	Child Guarantee Scheme – Establishing a European Child Guarantee and Financial Support*	European Commisson	8,392,226
9	Child Protection, Afghanistan	European Commisson	8,241,631
10	Strengthening of Service Provision for Children in Iraq*	Germany	7,962,309
11	COVID-19 Emergency Response Project, Lebanon*	Germany	7,765,830
12	FGM Joint Programme	UNFPA-managed United Nations Partnerships and Joint Programmes	7,492,526
13	Education and Child Protection, Greece*	European Commisson	6,696,759
14	Migration, EAP and ECA	European Commission	6,208,375
15	Building Post-conflict Resilience for Children in Iraq*	Germany	5,889,282
16	UNICEF-WFP Partnership for Resilience and Social Cohesion in the Diffa Region, Niger*	Germany	5,868,545
17	Rebuilding a Resilient Service Delivery System for Children, Iraq*	Germany	5,830,972
18	Protective Learning and Nurturing Environments (PLANE)*	Canada	5,426,518
19	Combatting Female Genital Mutilation Programs 2020	United States	5,000,000
20	Building an Integrated Safety Net System for the Most Vulnerable Women, Ethiopia	Sweden	4,613,047

Notes: * Cross-sectoral grants SC190601, SC200267, SC190500 (Education, Child Protection), SC200678 (Health, Child Protection, Social Inclusion), SC190741, SC190728 (Health, Nutrition, Education, Child Protection, WASH), SC200479 (Education, Child Protection, Social Inclusion), SC160635 (Education, Child Protection, WASH, Social Inclusion), SC200746 (Health, Education, Child Protection, WASH, Social Inclusion), SC181122, SC190712 (Education, Child Protection, WASH), SC200642 (Health, Child Protection, WASH); EAP, East Asia and the Pacific; ECA, Europe and Central Asia; FGM, female genital mutilation; UNFPA, United Nations Population Fund; WFP, World Food Programme.

UNICEF thematic funds maintain a four-year funding period that covers the entire Strategic Plan period, 2018–2021. In the first three years of the Strategic Plan, thematic funding contributions for child protection reached US$88.7 million, with US$25.7 million received in 2020, of which more than 83 per cent came from public sector partners. The government of Sweden was the largest thematic resources partner in 2020, providing 67 per cent of all thematic child protection contributions received *(see Table A1-3)*.

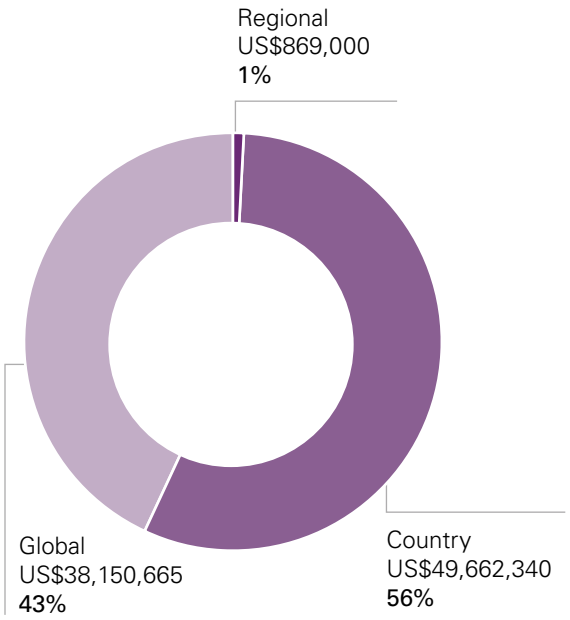
Of all thematic funding contributions for child protection that UNICEF received in 2018 to 2020, forty-three per cent were global-level contributions. These are the most flexible sources of funding to UNICEF after regular resources and can be allocated across regions to individual country programmes, according to priority needs *(see Figure A1-6)*.

TABLE A1-3: Thematic contributions by resource partners to Goal Area 3, 2020

Resource Partner Type	Resource Partner	Total (US$)	Percentage of Total
Governments 83.14%	Sweden	17,281,671	67.28%
	Denmark	3,548,721	13.81%
	Spain	467,836	1.82%
	France	58,754	0.23%
Private sector 16.86%	Korean Committee for UNICEF	1,165,374	4.54%
	Norwegian Committee for UNICEF	752,469	2.93%
	Swedish Committee for UNICEF	475,554	1.85%
	German Committee for UNICEF	337,534	1.31%
	U.S. Fund for UNICEF	289,689	1.13%
	Finnish Committee for UNICEF	283,286	1.10%
	Italian Committee for UNICEF	167,411	0.65%
	French Committee for UNICEF	145,192	0.57%
	Canadian Committee for UNICEF	134,600	0.52%
	United Kingdom Committee for UNICEF	107,289	0.42%
	Andorran Committee for UNICEF	89,606	0.35%
	Belgian Committee for UNICEF	63,373	0.25%
	Spanish Committee for UNICEF	61,531	0.24%
	Danish Committee for UNICEF	54,663	0.21%
	Luxembourg Committee for UNICEF	47,742	0.19%
	Japan Committee for UNICEF	32,785	0.13%
	Slovak Committee for UNICEF	32,220	0.13%
	Hong Kong Committee for UNICEF	31,409	0.12%
	Australian Committee for UNICEF	24,803	0.10%
	Slovenian Committee for UNICEF	20,429	0.08%
	UNICEF Barbados	10,632	0.04%
	UNICEF Bangladesh	3,503	0.01%
Grand total		25,688,076	100%

Grant numbers are provided for IATI compliance: SC1899050001, SC1899050005, SC1899050007, SC1899050010, SC1899050012, SC1899050013, SC1899050014, SC1899050017, SC1899050018, SC1899050022, SC1899050023, SC1899050027, SC1899050028, SC1899050033, SC1899050034, SC1899050036, SC1899050039, SC1899050040, SC1899050042, SC1899050056, SC1899050058, SC1899050060, SC1899050064, SC1899050066, SC1899050068, SC1899050083, SC1899050088, SC1899050091, SC1899050094, SC1899050095, SC1899050096, SC1899050097, SC1899050098, SC1899050099, SC1899050100, SC1899050101, SC1899050102, SC1899050103, SC1899050104, SC1899050105, SC1899050106, SC1899050107, SC1899050108, SC1899050109, SC1899050110

FIGURE A1-6: Goal Area 3 thematic funding contributions at country, regional and global levels, 2018–2020

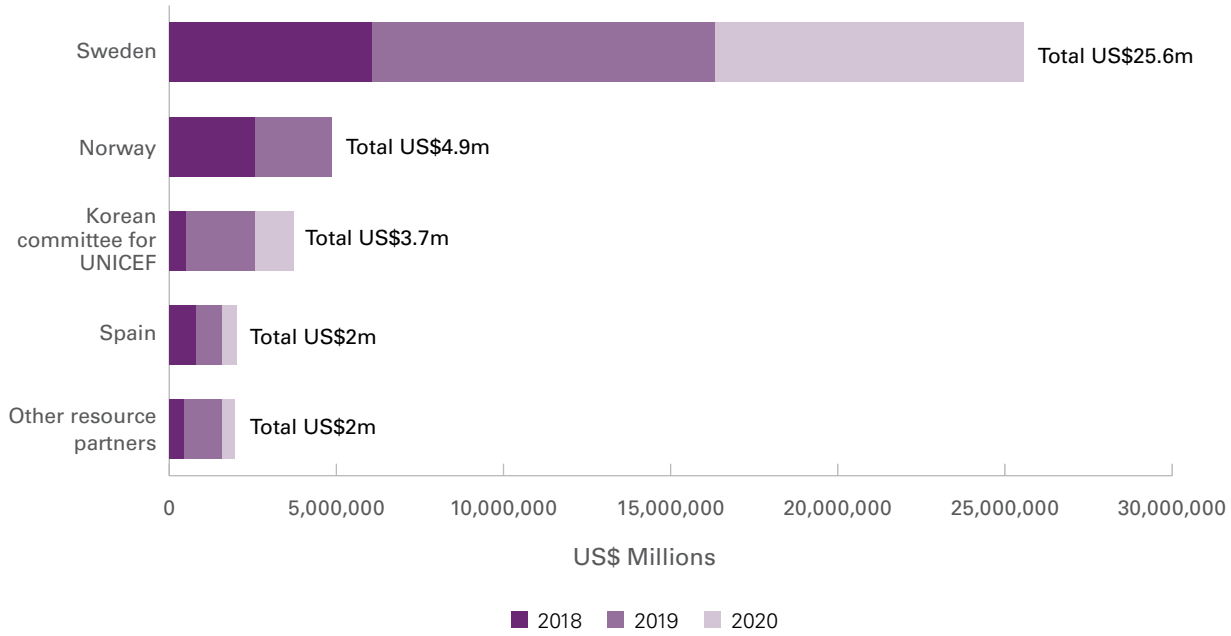


In 2020, twenty-six partners contributed thematic funding for child protection, compared with 31 partners contributing in 2019. Sizeable thematic contributions were received from the government of Sweden for child protection thematic funding including, global, regional and country thematic funding. Liberia and Democratic Republic of Congo received country thematic funding from Sweden in 2020, at the amount of US$1.9 million and US$1.8 million, respectively. The government of Denmark contributed child protection country thematic funding to Iraq and Lebanon (US$1.8 million each).

Under the current UNICEF Strategic Plan, the governments of Sweden, Norway and Spain, and the Korean Committee for UNICEF have contributed 95 per cent of all global child protection thematic funding *(see Figure A1-7)*.

In 2020, UNICEF allocated US$12.11 million of global thematic funds for child protection programming to country and regional offices and at headquarters. The global thematic funding was strategically allocated to support the improvement of justice systems-strengthening and child protection systems-strengthening, with a particular focus on social service workforce strengthening. These areas of work contribute to the Sustainable Development Goals (SDGs), in particular, SDG 16 on just, peaceful and inclusive societies and its targets 16.3 (access to justice for all) and 16.2 (violence against children).

FIGURE A1-7: Spotlight on global thematic funding contributions for child protection, 2018–2020



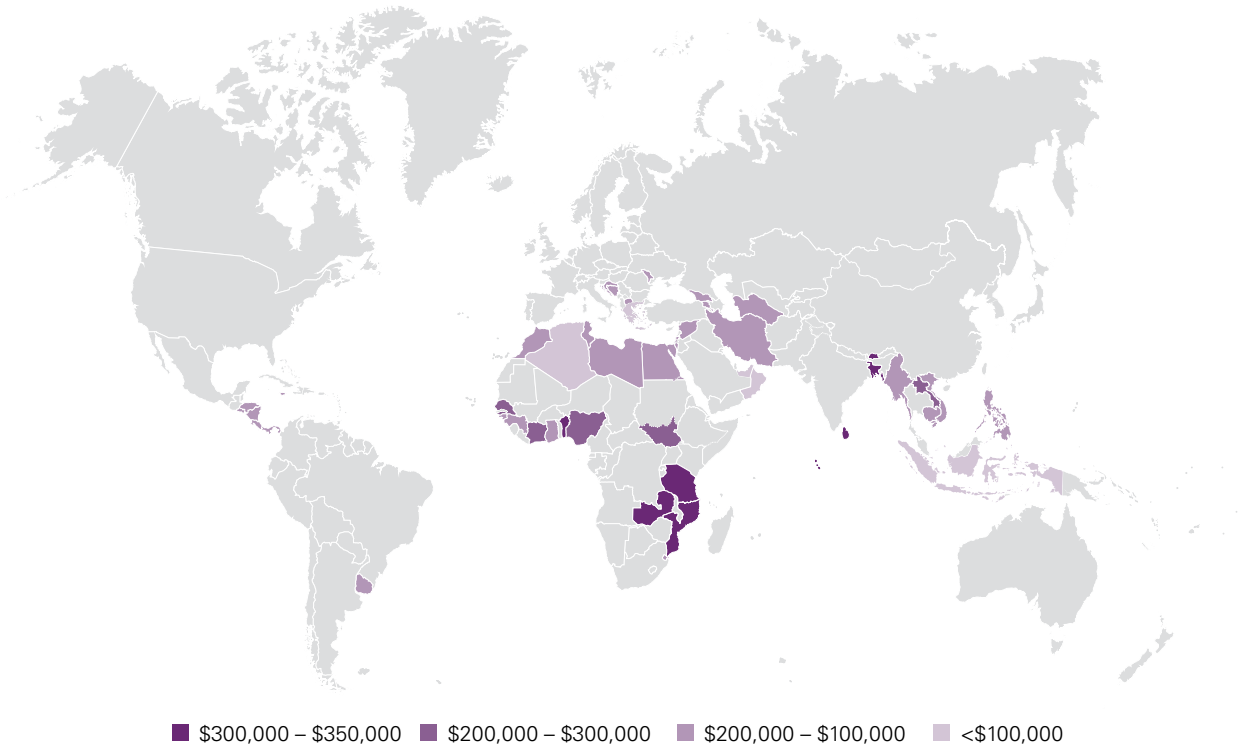
Notes: Due to rounding, the totals may differ slightly from the sum of the columns.

Overall, approximately 78 per cent of global thematic funds were allocated to 47 UNICEF country offices (US$9.4 million). This includes 7 countries in West and Central Africa, making up 18 per cent of total amount of country allocation; 10 countries in the Middle East and North Africa, making up 15 per cent; 5 countries in Eastern and Southern Africa, making up 15 per cent; 4 countries in South Asia, making up 14 per cent; 8 countries in Europe and Central Asia, making up 13 per cent, 6 countries in East Asia and the Pacific making up 13 per cent; and 7 countries in Latin America and the Caribbean making up 12 per cent.

Additionally, 12 per cent of global thematic funds (US$1.4 million) were allocated across 7 regional offices, and approximately 10 per cent (US$1.2 million) to UNICEF headquarters *(for country results using global thematic funds, see 'Result summary' in the body of the report).*[108]

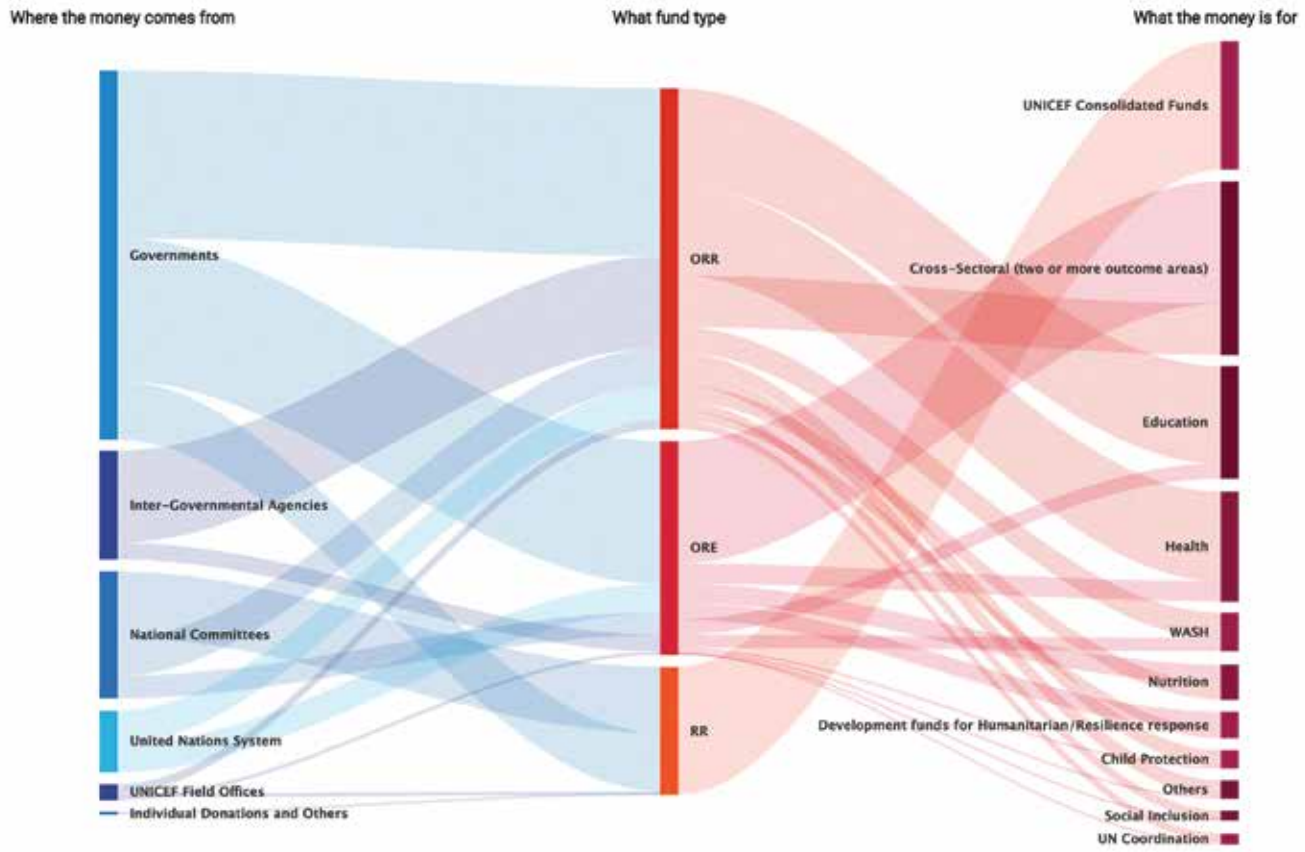
The allocation and expenditure of all thematic funding contributions can be monitored on the UNICEF transparency portal (<https://open.unicef.org>) and the results achieved with the funds, assessed against Executive Board-approved targets and indicators at country, regional and global levels are consolidated and reported across the suite of Global Annual Results Reports. Specific reporting for country and regional thematic funding contributions is provided separately for partners giving at those levels.

FIGURE A1-8: Allocation of Goal Area 3 global thematic funding to country offices, US$9.4 million, 2020



Transparency:

Follow the flow of funds from contribution to programming by visiting <http://open.unicef.org>.



PARTNER TESTIMONIAL

Spain has traditionally considered the defense of children's rights and their global promotion as a guiding principle for the accomplishment of the Sustainable Development Goals. It is our commitment to protect children's rights, to meet their basic needs and to expand opportunities to reach their full potential.

Therefore, the Spanish Cooperation has supported UNICEF`s work, as it is a global leader in promoting and protecting children's rights according to the Convention on the Rights of the Child.

In order to support the achievement of Goal Area 3 ("every child is protected from violence and exploitation") according to UNICEF's Strategic Plan 2018-2021, Spain has financed thematic funds on child protection allowing greater flexibility, long-term and innovative planning to enhance effectiveness, better coordination and significant results.

Spain has supported UNICEF`s work within the area of child protection to foster children's right to live and grow up free from all forms of violence, exploitation and abuse. Spain's commitment to protecting and defending girls from any type of abuse is a cornerstone of our policy.

— Angeles Moreno Bau, Secretary of State for International Cooperation, Spain

Goal Area 3 expenses in 2020

Note: Expenses are higher than the income received because expenses comprise total allotments from regular resources and other resources (including balances carried over from previous years), whereas income reflects only earmarked contributions to child protection in 2020. In 2020, total expenses for UNICEF programmes amounted to US$5.7 billion.

Expenses vs. Expenditures

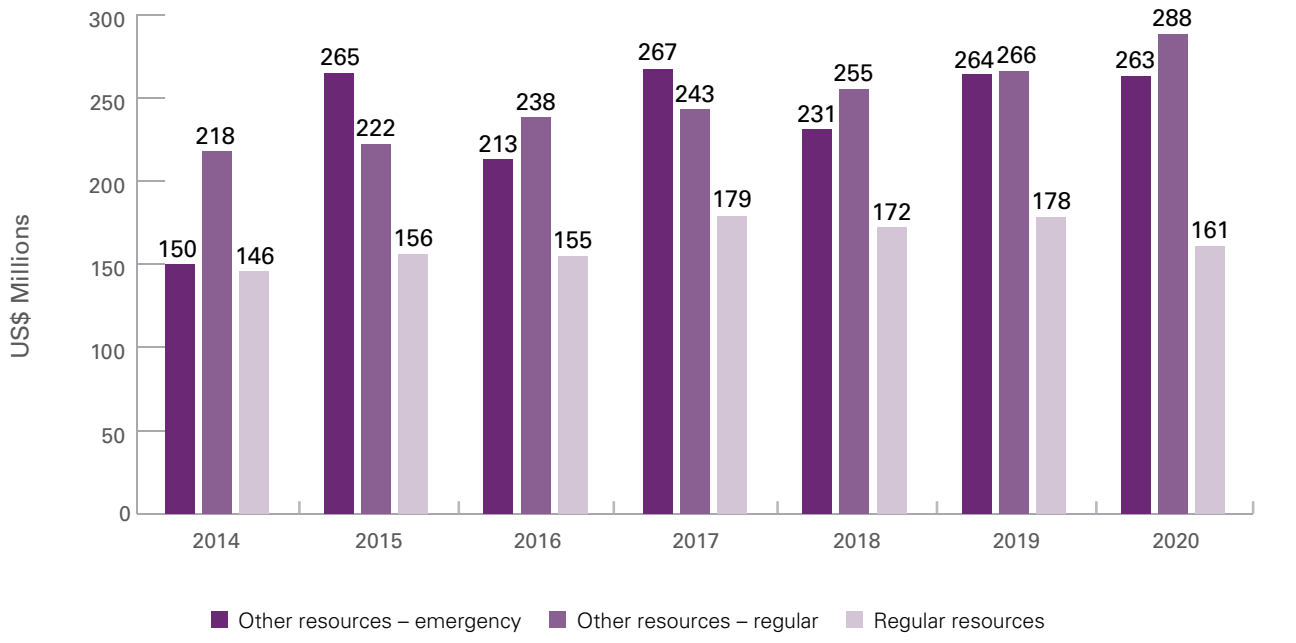
'Expenses' are recorded according to IPSAS standards and are accrual based. These are used for official financial reporting. 'Expenditures' are recorded on a modified cash basis. They are used for budget reporting, since they are aligned with cash disbursements and goods receipts (the way budgets are consumed).

UNICEF expenses for Goal Area 3 in 2020 totalled US$712 million – a less than 1 per cent increase compared with 2019 (US$708 million).

Of the total expenses, 37 per cent (US$263 million) was from other resources – emergency (ORE), 40 per cent (US$288 million) from other resources – regular (ORR) and 23 per cent (US$161 million) from regular resources (RR) funds *(see Figure A1-9).* This trend on proportional expenses between fund type remains consistent; with the exception of the years 2015 and 2017 when the proportional expenses of ORE was highest between each fund type. In terms of absolute amounts, there was a moderate increase in spending of ORR funds (+8 per cent from 2019) and a substantial decrease in spending of RR (–10 per cent from 2019).

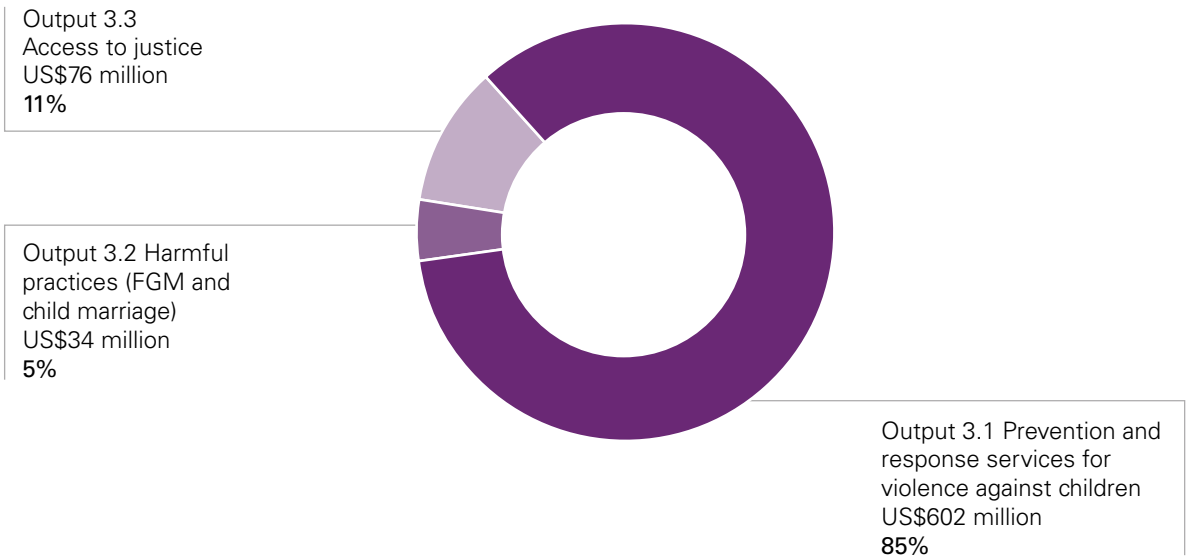
In 2020, US$393 million was spent for humanitarian action in 145 countries, compared with US$375 million in 74 countries in 2019. There has been a 19 per cent increase in humanitarian expense for Goal Area 3 since the beginning of the Strategic Plan. Most notably, the Latin America and the Caribbean (LAC) region has seen 155 per cent increase in those years and an 83 per cent increase between 2019 and 2020.

FIGURE A1-9: Expense trend for Goal Area 3 by year and fund type, 2014–2020 (US$ millions)*



*Due to rounding, the totals may differ slightly from the sum of the columns.

FIGURE A1-10: UNICEF Goal Area 3 expenses by output area, 2020 (US$ millions)*



*Due to rounding, the totals may differ slightly from the sum of the columns.

Given the prioritization of accelerating and scaling up prevention and response programming to reduce violence in all its forms and across development and humanitarian contexts in the Strategic Plan, expenses for Output Area 3.1: Strengthening prevention and response services for violence against children accounted for 85 per cent of 2020 Goal Area 3 global expenses (US$602 million) *(see Figure A1-10; and for results, see 'Output 3.1' and 'Child protection in humanitarian action' in the main body of the report).* Of the total expenses for Output Area 3.1, forty-two per cent (US$254 million) were from ORE, 37 per cent (US$223 million) from ORR, and 21 per cent (US$125 million) from RR funds. In 2020, the proportion of expenses from ORR for Output 3.1 is 9 per cent higher compared with the 2019 breakdown of total expense by fund type, while the proportion drawn from RR funds is nine per cent less than that of 2019.

Within Output Area 3.1, humanitarian expenses accounted for 61 per cent (US$367 million), which is a moderate increase compared with 59 per cent in 2019. It should also be noted that due to the integrated and cross-cutting dimension to humanitarian programming, additional expenses are captured across other fund categories.

Of the total humanitarian expenses for Output Area 3.1 in 2020, sixty-nine per cent was drawn from ORE (US$ 254 million), 22 per cent from ORR (US$ 81 million), and 9 per cent from RR (US$ 31 million). Moreover, even within the 'development' expenses, which amounts to 39 per cent (US$235 million) of the total expenses for Output 3.1, forty-four per cent (US$103 million) were expensed by Humanitarian Action for Children (HAC) countries in 2020. In short, less than US$ 133 million, or a mere 22 per cent of expenses within Output 3.1 were expensed by non-HAC countries in 2020.[109]

Expenditure for programming towards targets in Output 3.2: Strengthening prevention and delivery of protection services to reduce harmful practices (child marriage and FGM) accounted for 5 per cent of total expenses (US$34 million) *(for results see 'Output 3.2' in the main body of the report).* Additional expenses to support programming to reduce harmful practices are also captured across other spending categories (such as violence against children, birth registration/CRVS, gender, health, and education) and cannot be discernibly disaggregated. Recognizing the necessary accountability to specific donors to report on

contributions received, comprehensive financial reporting is also separately provided in specific donor reports, including UNFPA–UNICEF joint programme donor reports.

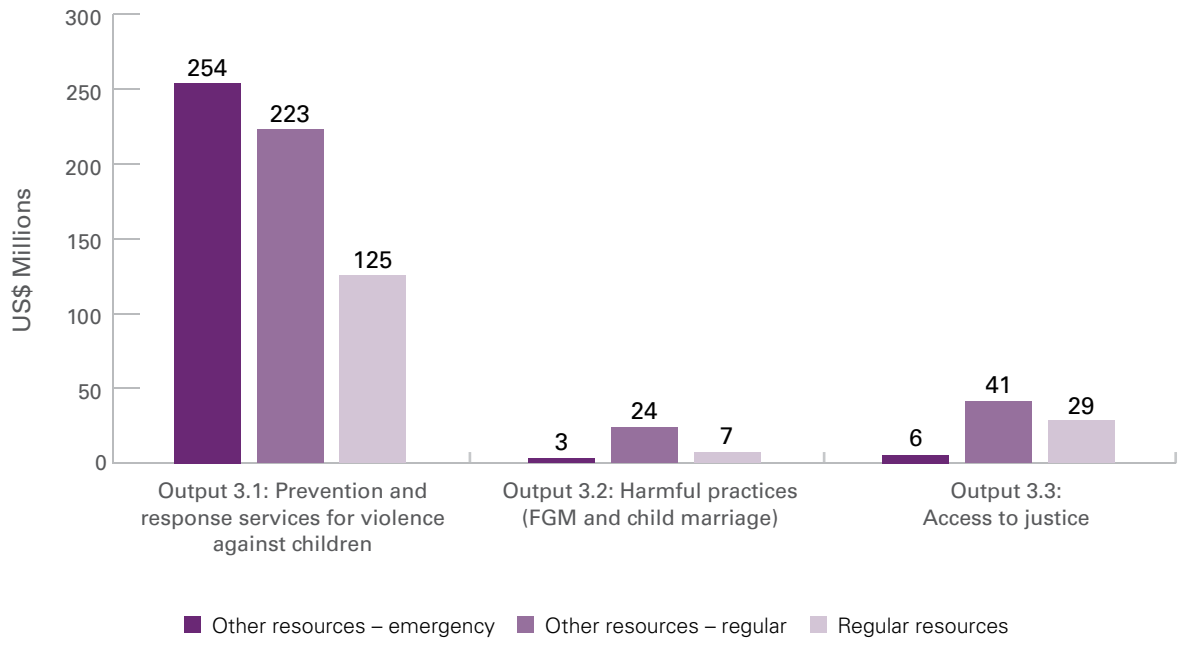
Of the total expenses for Output Area 3.2, some 9 per cent (US$3 million) were from ORE, 70 per cent (US$24 million) from ORR, and 21 per cent (US$7 million) from RR funds. In 2020, the proportion of expenses from ORR was nine per cent higher compared to the 2019 breakdown on ORR, while the proportion drawn from RR funds is 19 per cent less than that of 2019.

Expenses to strengthen justice systems (Output 3.3) amounted to US$76 million (representing 11 per cent of total expense). Within this result area, UNICEF support to strengthen birth registration and CRVS represents the largest share of expenses at US$21 million (28 per cent). Of the total expenses for Output Area 3.3, some 7 per cent (US$6 million) was from ORE, 55 per cent (US$41 million) from ORR, and 38 per cent (US$29 million) from RR funds *(see Figure A1-11)*.

In 2020, the Middle East and North Africa region accounted for 21 per cent of the global Goal Area 3 expenses, a decrease of 9 per cent in the region's share of total expenses compared with 2019. Three countries (Lebanon, Yemen and Iraq [in order]) accounted for the largest expense share in the region. Next is the West and Central Africa region, with 20 per cent of total expenses, a marginal increase from the 19 per cent share of regional expense in 2019. The Democratic Republic of Congo, Nigeria and Burkina Faso reported the greatest expenses in this region. The East and Southern Africa region accounted for the third highest share of expenses, at 18 per cent, down from 21 per cent from the total regional share of expenses in 2019; with Ethiopia, Somalia and South Sudan reporting the greatest expenses.

The Middle East and North Africa (MENA) region had the biggest decrease in regional proportionality out of the total ORE spend for Goal Area 3, followed by the East and Southern Africa region, while other regions increased in regional proportionality. MENA's ORE spend made up 32 per cent of the total ORE spend for Goal Area 3 in 2020, compared with 41 per cent in 2019.

FIGURE A1-11: Expenses for Goal Area 3 by output area and fund type, 2020 (US$ millions)*



*Due to rounding, the totals may differ slightly from the sum of the columns.

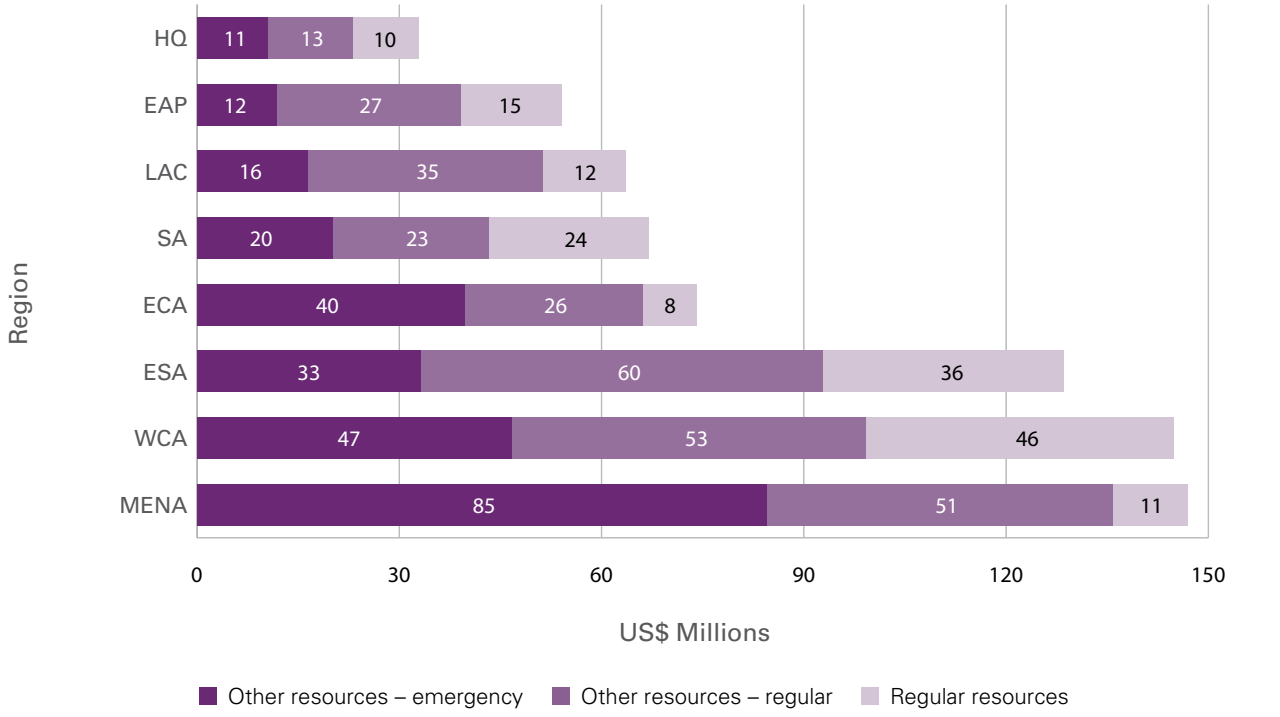
Expenses at headquarters for global and regional initiatives, advocacy, monitoring and strategic support to regions and countries represented five per cent of total expenses for Goal Area 3, a marginal increase from four per cent of total expenses in 2019 *(see Figure A1-12).*

Overall, the top 20 UNICEF Offices accounted for 52 per cent of the total Goal Area 3 expenses for 2020 (US$370 million) *(see Figure A1-13),* with the Democratic Republic of the Congo, Turkey, Bangladesh, Lebanon and Yemen representing the top five countries in order of total Goal Area 3 expenses. Proportional to total Goal Area 3 expenses, Yemen accounted for five per cent in 2019 while in 2020, this figure dropped to three per cent. Expenses in Yemen have dropped substantially, from US$38 million in 2019 to US$24 million in 2020, a 38 per cent decrease in actual amount. Likewise, expenses in South Sudan dropped substantially, from US$24 million in 2019 to US$15 million in 2020, a 38 per cent decrease in actual amount. Expenses in Iraq also dropped substantially, from US$30 million in 2019 to US$22 in 2020, a 26 per cent decrease in actual amount.

The countries with the greatest increase in expenses from 2019 were Sudan, Jordan and Turkey, with 17 per cent, 16 per cent and 15 per cent increase in actual amount, respectively. Just over half (51 per cent – US$188 million) of the total expenses for these 20 countries was ORE, 30 per cent (US$111 million) ORR, and 19 per cent (US$71 million) RR funds.

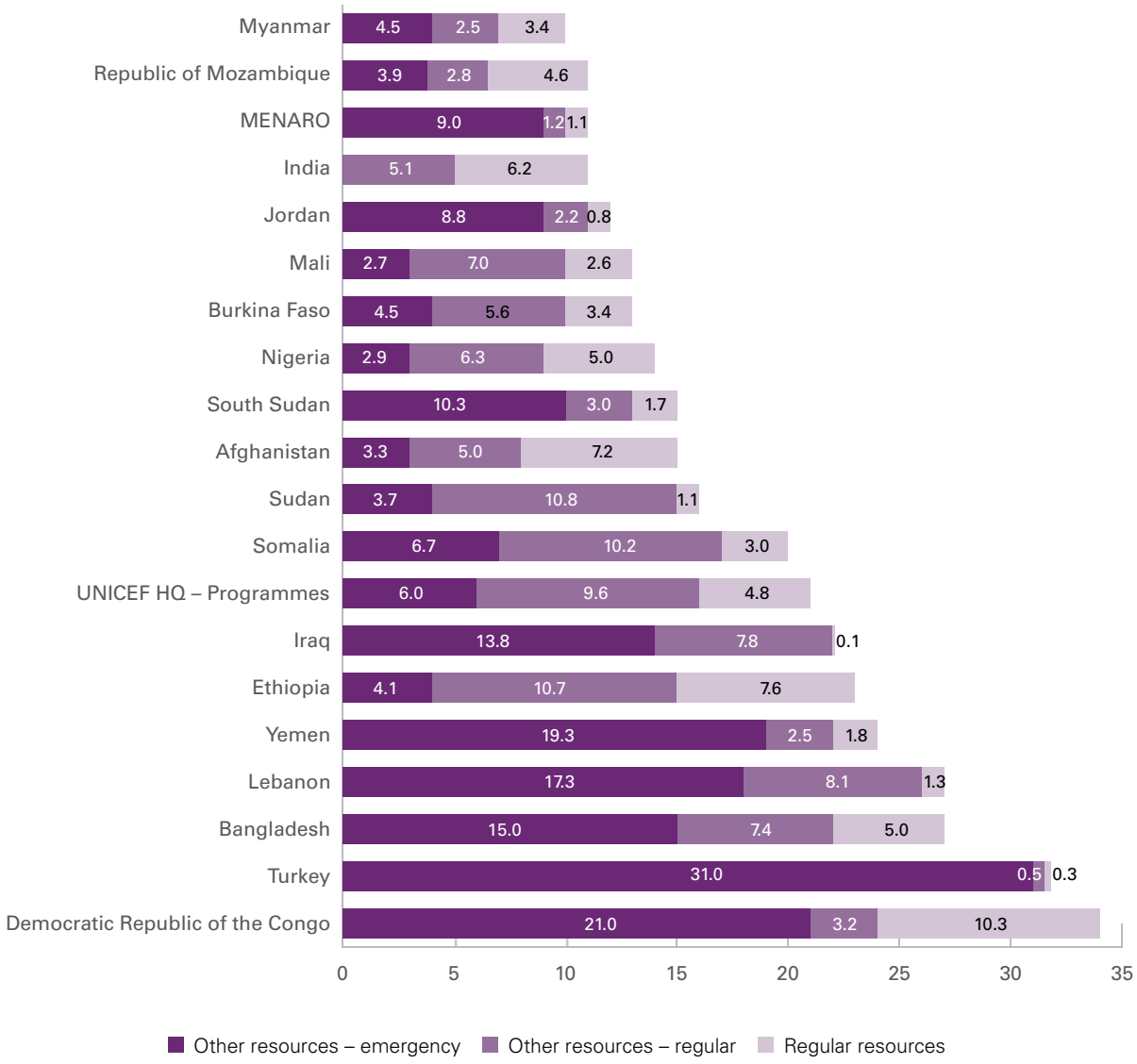
Thematic funds are a critical component of the UNICEF programme portfolio. Thematic expenses accounted for eight per cent of total Goal Area 3 expenses in 2020; a slight increase from seven per cent in 2019. The overall proportion of thematic expenses increased over the reporting period compared to 2019. Total thematic expenses totalled US$57 million in 2020, compared with US$47 million in 2019, with 49 per cent of the thematic expenses drawn from ORE funds and 51 per cent from ORR funds. This is a slight increase in the proportion of ORE expenses within the thematic funds, compared with 2019, in which 41 per cent of the thematic expenses were from ORE and 59 per cent from ORR funds.

FIGURE A1-12: Expense trend for Goal Area 3 by region and fund type, 2014–2020 (US$ millions)*



Notes: EAP, East Asia and the Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; HQ, headquarters; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.
*Due to rounding, the totals may differ slightly from the sum of the columns.

FIGURE A1-13: Expenses for Goal Area 3 by top 20 offices and fund type, 2020 (US$ millions)*



Notes: * Due to rounding, the totals may differ slightly from the sum of the columns. MENARO, Middle East and North Africa Regional Office.

The Middle East and North Africa region accounted for 30 per cent (US$17 million) of total thematic expenses for the year. The West and Central Africa region accounted for the next largest share of 2020 expenses, at 19 per cent, or approximately US$11 million. This is the largest thematic expense increase compared with 2019 figures, increasing from a 13 per cent share of total thematic expenses. Both East and Southern Africa and Europe and Central Asia accounted for an 11 per cent share of thematic expense for 2020, at US$6 million each. In the Middle East and North Africa region and the East and Southern Africa region, the majority of the thematic expenses are comprised of ORE funds (58 per cent and 63 per cent, respectively), while conversely in the West and Central Africa region, expenses were largely drawn from ORR funds – 75 per cent. UNICEF headquarters accounted for 6 per cent (US$4 million) of total thematic expenses for 2020, comprising 47 per cent ORE and 53 per cent ORR funds *(see Table A1-4).*

In 2020, 'transfers and grants to counterparts' accounted for 48 per cent (US$340 million) of UNICEF Goal Area 3 expenses – representing the same percentage share as 2019. Staff and other personnel costs accounted for 25 per cent (US$177 million), a 2 percentage point increase to the expense share in 2019. Expenses related to 'contractual services' represents the third largest cost category accounting for 9 per cent of the total expense share (US$66 million) – a marginal 1 percentage point decrease to the 10 per cent (US$68 million) share of total expenses in 2019. Travel expenses amounted to one per cent of the child protection expenses for 2020 – two percentage points lower than 2019 levels *(see Table A1-5).*

TABLE A1-4: Thematic expenses for Goal Area 3 by region and funding type, 2020 (US$)*

Region	Other resources – emergency	Other resources – regular	Total
MENA	9,804,292	7,004,721	16,809,012
WCA	2,714,589	8,082,840	10,797,429
ESA	4,087,511	2,390,873	6,478,384
ECA	3,382,620	2,737,357	6,119,977
LAC	2,037,221	3,181,909	5,219,130
EAP	2,104,534	1,954,248	4,058,781
HQ	1,720,047	1,952,796	3,672,843
SA	1,705,893	1,859,443	3,565,336
Grand Total	**27,556,705**	**29,164,186**	**56,720,892**

*Due to rounding, the totals may differ slightly from the sum of the columns.

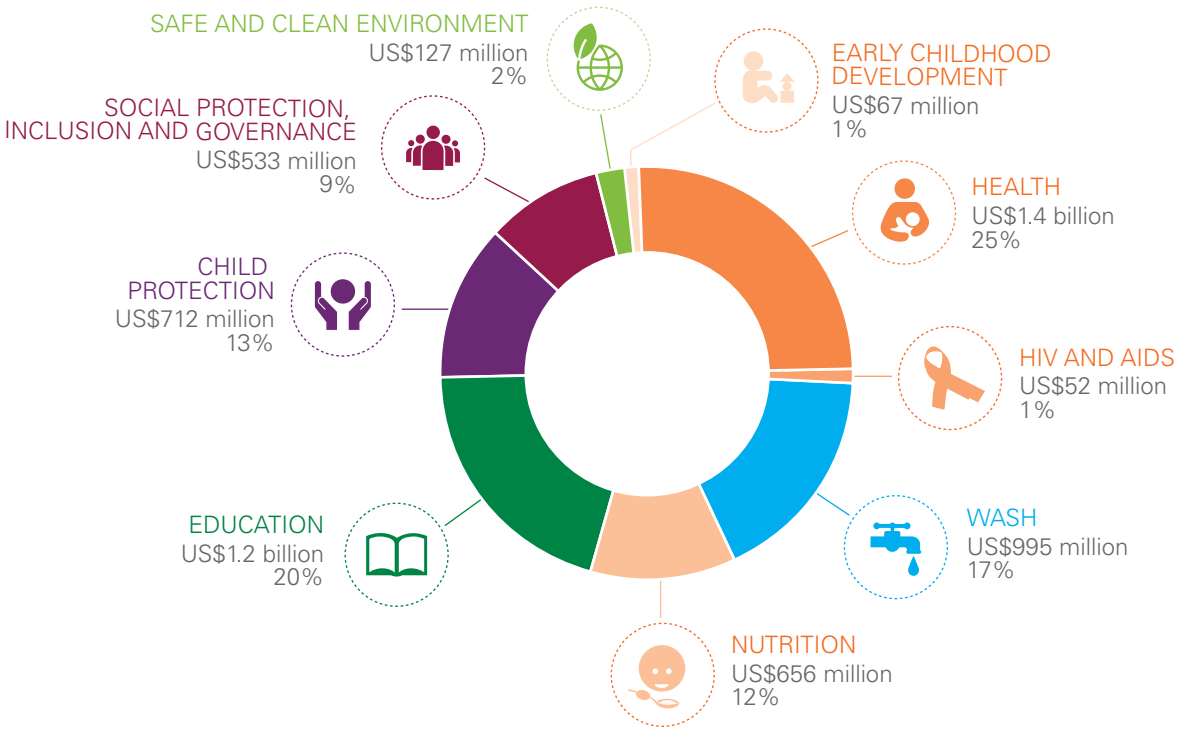
Notes: EAP, East Asia and Pacific; ECA, Europe and Central Asia; ESA, Eastern and Southern Africa; HQ, headquarters; LAC, Latin America and the Caribbean; MENA, Middle East and North Africa; SA, South Asia; WCA, West and Central Africa.

TABLE A1-5: Expense for Goal Area 3 by cost category and fund type, 2020 (US$)*				
Cost category	**Other resources – emergency**	**Other resources – regular**	**Regular resources**	**Total**
Contractual services	16,478,161	33,274,101	16,604,058	66,356,320
Equipment, vehicles and furniture	198,416	247,215	542,326	987,958
General operating and other direct costs	9,172,909	10,348,426	14,362,754	33,884,089
Incremental indirect costs	17,251,502	20,013,053	143	37,264,698
Staff and other personnel costs	39,830,782	67,609,757	69,621,334	177,061,872
Supplies and commodities	22,273,409	12,537,000	5,777,808	40,588,217
Transfers and grants to counterparts	153,518,412	138,560,992	47,968,305	340,047,710
Travel	2,446,159	2,796,800	3,186,327	8,429,287
Miscellaneous	1,525,322	2,612,666	3,274,196	7,412,183
Grand total	**262,695,071**	**288,000,012**	**161,337,251**	**712,032,334**

*Due to rounding, the totals may differ slightly from the sum of the columns.

The 2020 Goal Area 3 expenses represent 12 per cent of the organization's total programme expenses *(see Figure A1-14)*. This ratio has been consistent since 2014.

FIGURE A1-14: Total expenses by strategic outcome area, 2020



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2. The four guiding principles central to the Goal Area 3 mandate include: the best interests of the child; non-discrimination; respect of the views of the child; rights to life, survival and development.

3. In addition to complementary international human rights instruments, which include, inter alia, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD). For more information on the link between international human rights tools and the SDGs, see also <https://sdg.humanrights.dk/>.

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50. The 26 countries are: Albania, Bangladesh, Belarus, Bosnia and Herzegovina, Cambodia, China, Croatia, Ghana, India, Jordan, Kazakhstan, Lesotho, Madagascar, Malaysia, Maldives, Mexico, Namibia, Oman, the State of Palestine, Panama, Philippines, Rwanda, South Africa, Thailand, Tunisia and Zimbabwe.

51. The Model National Response provides a road map covering six focus areas to integrate prevention and response to online child sexual exploitation and abuse within broader interventions combating violence against children. They include: policy/legislation; criminal justice; survivor support; industry and technology; societal engagement; and research. These pillars align with the well-established priorities of UNICEF to address violence against children.

52. Safe to Learn was formed in 2018 through an initial call to action by UNICEF, the United Kingdom Department for International Development (DFID), End Violence, the United Nations Education, Scientific and Cultural Organization (UNESCO) and the United Nations Girls' Education Initiative (UNGEI).<www.end-violence.org/safe-to-learn>, accessed 26 April 2021.

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54. The 33 countries are: Argentina, Bosnia and Herzegovina, Cambodia, Chile, China, Ecuador, Eswatini, Fiji, Georgia, Guinea-Bissau, Guinea, the Islamic Republic of Iran, Iraq, Jordan, Kazakhstan, Kyrgyzstan, Mongolia, Namibia, Nepal, Nigeria, Papua New Guinea, Maldives, Samoa, Senegal, Serbia, Somalia, Sri Lanka, Thailand, Togo, Turkmenistan, Tuvalu, Vanuatu and Zambia.

55. The interpretation of the legislative and policy framework in a country may slightly vary between UNICEF and the other organizations that may be tracking it.

56. The eight countries are: Cabo Verde, China, Cuba, China, El Salvador Equatorial Guinea, Syrian Arab Republic and Ukraine.

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59. The inter-agency partners are the Office of the United Nations High Commissioner for Refugees, the United Nations Population Fund, the International Rescue Committee, Save the Children, the United Nations Department for Peacekeeping Operations, the United Nations Office of the Special Representative of the Secretary-General for Children and Armed Conflict, Terre des Hommes-Lausanne and the International Medical Corps.

60. Non-humanitarian refers to countries not included in UNICEF's Humanitarian Action for Children, the annual funding appeal to provide services and support to children, families and caregivers in conflict and crisis settings around the world.

61. The determination of a Level 3 or Level 2 emergency is made based on scale; urgency; complexity; and capacity of Regional Office (RO) and Country Offices (COs) affected by the crisis and is used to activate emergency procedures for a timely and effective response.

62. The Alliance for Child Protection in Humanitarian Action, co-led by UNICEF, is a global network of 135 operational agencies, academic institutions, policymakers, donors and practitioners.

63. For further information see also the Alliance for Child Protection in Humanitarian Action website at: <www.alliancecpha.org>.

64. United Nations Children's Fund, 'At Least 1 in 7 Children and Young People Has Lived under Stay-at-Home Policies for Most of the Last Year, Putting Mental Health and Well-Being at Risk', UNICEF, New York, 3 March 2021, <www.unicef.org/press-releases/least-1-7-children-and-young-people-has-lived-under-stay-home-policies-most-last>, accessed 26 April 2021.

65. EQUIP is a WHO initiative to develop and disseminate resources for scaling-up the quality delivery of psychological and psychosocial support interventions.

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67. For further information see also the Voices of Youth website at: <www.voicesofyouth.org>.

68. These include: killing and maiming, recruitment and use, abduction and sexual violence, attacks on schools and hospitals, and denial of humanitarian access. UNICEF also engages with parties to conflict to adopt and implement concrete measures to prevent violations and protect children from armed conflict.

69. The Inter-Agency Coordination Group on Mine Action comprises 12 United Nations Departments and Offices of the Secretariat, specialized agencies, funds and programmes. These include the United Nations Mine Action Service of the Department of Peace Operations (UNMAS/DPO), the Office for Disarmament Affairs (ODA), the United Nations Development Programme (UNDP), the United Nations Office for the Coordination of Humanitarian Affairs(OCHA), the Office of the United Nations High Commissioner for Human Rights (OHCHR), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the United Nations Office for Project Services (UNOPS), the Food and Agriculture Organization of the United Nations (FAO), the World Food Programme (WFP) and the World Health Organization (WHO). The United Nations Institute for Disarmament Research (UNIDIR) and the World Bank are observers.

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84. Liberia, Malawi, Mali, Mozambique, the Niger, Nigeria, Uganda and Zimbabwe.

85. Bangladesh, Burkina Faso, Cambodia, Cameroon, Ghana, Guinea, Kenya, Liberia, Mauritania, the Niger, Sierra Leone, the Sudan and Zambia.

86. Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, the Niger, Sierra Leone, Uganda, Yemen and Zambia.

87. Afghanistan, Colombia, Dominican Republic, Guinea, Indonesia, Kenya and Malaysia.

88. Burkina Faso, Cambodia, Ghana, Madagascar, Malawi, Mozambique, the Niger, Sierra Leone, Togo, Uganda, Viet Nam, and Zambia.

89. Burkina Faso, Chad, Djibouti, Egypt, Eritrea, Ethiopia, Gabon, the Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, the Niger, Nigeria, Senegal, Somalia, the Sudan, Togo and Uganda.

90. The Joint Programme is being implemented in Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, the Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, the Sudan and Uganda.

91. Liberia, Mali, the Niger, Nigeria and Uganda.

92. Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Somalia, the Sudan and Uganda.

93. United Nations Children's Fund, *COVID-19: Digital and remote approaches in eliminating female genital mutilation and child marriage,* UNICEF, New York, November 2020. <https://aa9276f9-f487-45a2-a3e7-8f4a61a0745d.usrfiles.com/ugd/aa9276_054b8567c3914ec7bfbaae5ab40d2673.pdf>, accessed 26 April 2021.

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97. Access to justice for children is "the ability to obtain a just and timely remedy for violations of rights as put forth in national and international norms and standards, including the Convention on the Rights of the Child.… The concept of access to justice for children requires the legal empowerment of all children. They should be enabled to access relevant information and to effective remedies to claim their rights". United Nations, 'Access to Justice for Children: Report of the United Nations High Commissioner for Human Rights', (2013), A/HRC/25/35.

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99. Ibid.

100. For latest data see: <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socio-economic-impacts-data-viz/>.

101. All references to Kosovo in this report should be understood to be in the context of United Nations Security Council resolution 1244 (1999).

102. United Nations Children's Fund, 'Transformative Action to Accelerate Results for Children in Street Situations in the Decade of Action [2020–2030]: Technical guidance', June 2020, <www.unicef.org/documents/transformative-action-accelerate-results-children-street-situations-decade-action>, accessed 27 April 2021.

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105. Countries in East and Central Asia (ECA), and Latin America and the Caribbean (LAC) that reported free and universal birth registration in 2020: ECA (Armenia, Azerbaijan, Belarus, Bulgaria, Georgia, Kosovo, Moldova, North Macedonia, Serbia, Turkey and Turkmenistan) and LAC (Argentina, Chile, Cuba, Ecuador, Panama, Suriname, and Trinidad and Tobago).

106. For UNICEF, 'Children on the Move' includes internally displaced persons, refugees/asylum seekers, internal/international migrants and returnees.

107. United Nations Sustainable Development Group, 'Policy Brief: COVID-19 and people on the move', United Nations, New York, June 2020, <https://unsdg.un.org/resources/policy-brief-covid-19-and-people-move>, accessed 26 April 2021.

108. (1) Figures may vary due to rounding; (2) 1 per cent of thematic funds (US$121,088) are taken from programmable balance to support the UNICEF Evaluation Office prior to allocation for country offices, regional offices and Headquarters.

109. Non-humanitarian refers to countries not included in UNICEF's Humanitarian Action for Children, the annual funding appeal to provide services and support to children, families and caregivers in conflict and crisis settings around the world.

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