

Protecting Children During COVID-19 School Closures:

Lessons from the Social Service Workforce in Three Humanitarian Settings

June 2022



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION



**Inter-agency
Network for Education
in Emergencies**



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For readers who would like to cite this document we suggest the following form:
The Alliance for Child Protection in Humanitarian Action (2022). Protecting Children During COVID-19 School Closures: Lessons from the Social Service Workforce in Three Humanitarian Settings. Geneva: The Alliance.



Acknowledgements

This multi-country study was commissioned by the Alliance for Child Protection in Humanitarian Action (The Alliance) in close partnership with the Inter-agency Network for Education in Emergencies (INEE). It is the result of collaboration among many individuals working on issues related to child protection and well-being and education during the COVID-19 pandemic. Porticus, UNICEF Headquarters and the United States Bureau of Population, Refugees, and Migration (PRM) generously funded the study. The research project was led by Proteknôn Foundation for Innovation and Learning in partnership with research teams in each of the three study countries: Fundación CINDE in Colombia, BIFERD in the Democratic Republic of Congo, and Dr Bassel Akar in Lebanon in partnership with community-based and non-governmental organisations. Appreciation is extended to each and all.

This report was written by Tim Williams, Laura Lee, and Kirsten Pontalti with support from Dr Bassel Akar, Jonas Habimana, Maria Camila Ospina Alvarado, Andrés Felipe Ospina Serna, Simón Velásquez Matijasevic and Cristhian Torres Pachón. Nidhi Kapur (Proteknôn) provided project and technical support. We are grateful to our research partners who co-analysed the data and contributed valuable input on the report as it was developed. Finally, we are grateful to our reviewer, Clare Feinstein (Proteknôn), and for the review and support of our global partners Hani Mansourian and Elspeth Chapman (The Alliance); Dean Brooks (INEE) and Rachel McKinney, and Mark Chapple (INEE/The Alliance); and Dieuwerke Luiten (Porticus).

Colombia:

We would like to thank the Fundación CINDE research team for their hard work and perseverance to co-develop and implement the research in Colombia: María Camila Ospina Alvarado, Andrés Felipe Ospina Serna, Simón Velásquez Matijasevic, Cristhian Torres Pachón. We are also grateful to our youth peer researchers, Astrid Zapata and Daniel Contreras, Nathalie Duveiller and her team at the Norwegian Refugee Council (Colombia), and Luz Alcira Granada Contreras (Proteknôn) for their tremendous support implementing the research. We would also like to thank the institutions that provided support for the research: the educational institutions Marcelino Champagnant in Armenia, Hugo Ángel Jaramillo in Pereira, Colegio Diego Uñama Mendoza in Bogotá, the Secretary of Education and its actors in the educational community; the health institutions Fundación Oncólogos de Occidente, EPS Sanitas, Subred Sur de Salud de Bogotá, and their actors; the Caja de Compensación Familiar Comfenalco Quindío and Fundación Corposer in Bogotá; the Departmental Assembly of Quindío and the Mayor's Office of Pereira. All these institutions and actors made the development of the Colombia research project possible.



Democratic Republic of the Congo:

We would like to thank BIFERD, led by Jonas Habimana, for developing and implementing this study in the DRC. Special thanks to national researcher Joël Kiramba and Clarisse Eloïse, who assisted, as well as Esperance Kamandi, Elie Havugimana, Martial Shukuru, Bitariho Watt, and Joseph Kamasa (enumerators). We are also grateful to our youth peer researchers, Sibomana Bizoza Axe and Balume Lukoo. The following organisations contributed in-country through advice and feedback on the research: the Norwegian Refugee Council, AVSI, Save the Children International, Action Aid, UNICEF, War Child Hollande, Village d'Espoir, CAJED, PAF, and World Vision. We are also grateful to the government agencies who supported the research: Social Affairs Ministry (DIVAS), Gender Ministry, and the Ministry of Primary, Secondary, Professional and Technical Education (EPST).

Lebanon:

We are grateful to Dr Bassel Akar, from the Center for Applied Research in Education, Notre Dame University - Louaize, Lebanon, who led the research in Lebanon, and to the following researchers in Lebanon who collaborated on the development and implementation of the study: Jo Kelcey (Lebanese American University, Beirut, Lebanon), Dzaghig koul Sahagian, (Haigazian University, Beirut, Lebanon), Mohamad Albekaai and Aya Zakaria. The research was facilitated by community-based organisations in the country without whom the engaged approach could not have been realised. In Bekaa, we are grateful to Multi-Aid Programs (MAPs), Bekaa, Lebanon participants and staff, in particular Bayan Louis and Hasan Abbas. In Tyre, we were grateful for the partnership with the National Institution of Social Care and Vocational Training (or Beit Atfāl Assumoud), specifically Hanan Marhi, Hisham Almiari and Mohammed Shmaici.

Most of all, we thank all of the children and young people, parents and caregivers, education and protection actors, policy makers, and others who shared their insights and experiences with us so that we can better understand how school closures impacted young people in humanitarian settings and how we can do better.





Acronyms and Abbreviations

CASo	Corps des Assistance Sociaux
CBO	Community-based organisation
CPS	Child Protection System
CPIMS	Child Protection Information Management System
DOPS	Direction d'Orientation Pédagogique et Scolaire
DRC	Democratic Republic of Congo
GSSWA	Global Social Service Workforce Alliance
ICBF	Instituto Colombiano de Bienestar Familiar/Colombian Institute of Family Welfare
IDO	Infectious disease outbreak
INGO	International non-governmental organisation
MEHE	Lebanon's Ministry of Education and Higher Education
MINAS	Ministry of Social Affairs, Humanitarian Actions and National Solidarity
MOSA	Lebanon's Ministry of Social Affairs
NGO	Non-governmental organisation
PPE	Personal protective equipment
SSW	Social service workforce
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency

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EXECUTIVE SUMMARY

■ For much of 2020 and 2021,
■ governments around the world
■ took the unprecedented step of
■ closing all schools as a way to
curb the spread of the COVID-19
virus. But school closures
not only cut off children from
learning; in many cases, school
closures also had the effect of
worsening the protection risks
that children face. They isolated
children from their friends,
teachers, and trusted adults in
their communities. Lockdowns
and restrictions on movement
often meant that children were
trapped at home with an abuser
where they experienced or
witnessed violence.



The social service workforce (SSW) assumed the unenviable task of responding to child protection risks in this unprecedented operating environment. And these dynamics were even more challenging in humanitarian contexts. In such settings, the SSW had to carry out their work within the context of other crises that were unfolding, such as natural disasters, armed conflict, political instability, and extreme poverty. They were hampered by limited funding, chronic understaffing, weak systems, and poor coordination. In some cases, community-based workers or volunteers were the only social services resource available, while systems for referral or follow-up were rare.

To date, little is known about whether or how the SSW was able to respond to child protection risks in humanitarian settings amidst these constraints. The present study aims to address this gap. It draws from qualitative data gathering in three humanitarian contexts—Colombia, the Democratic Republic of Congo (DRC), and Lebanon—to better understand how the SSW sought to reach children, despite working in an extraordinarily difficult conditions.

To undertake the research, in-country research teams drew on a range of qualitative data collection methods with 783 individuals across the three contexts. This included national and sub-national key informant interviews; focus group discussions with parents, teachers, and social service workers; and participatory research with children. The analysis focused on understanding (1) the identification of new cases and follow-up; (2) the adaptation of services; and (3) the risks and challenges to the continuity of care during COVID-19 school closures.



The research findings show innovative ways in which some social service workers identified new child protection risks and sought to follow up during school closures. Often, however, these actions did not happen within the context of a child protection system or another formal response mechanism. There was little evidence of implementation of national response mechanisms on the ground or at sub-national levels. When remote learning was available, teachers in Lebanon, for example, characterised their time with students as more transactional and less relational. What's more, most children in this study had no access to remote learning. Study participants reported limited interface with social service workers, either remote or in-person, during this time period.

The identification of child protection risks during school closures tended to happen informally, through a teacher or another nurturing individual who assumed responsibility to help a child or family. However, teachers and other paraprofessionals often had insufficient knowledge about what to do or how to respond once they identified a risk. Even when helplines existed, children and families did not know the number to call or did not have access to a phone. The utilisation and uptake of existing services were further constrained by a lack of transportation, fear of the virus, or (particularly in the case of refugees) a lack of trust in government services or systems.

Given that each of the study countries encompass a humanitarian setting with ongoing armed conflict and displacement issues, the lack of local engagement with child protection reporting mechanisms is alarming. The rise of armed recruitment of children, child marriage, sexual abuse, and other protection issues during school closures was seen as a concern. Thus, the lack of

available social services during COVID-19 warrants further investigation to understand the constraints in reporting and response mechanisms related to COVID-19 school closures. Systemic change is needed to improve and strengthen the child protection response in humanitarian settings.



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Recommendations

In light of the study findings, the study team offers the following recommendations to address the effects of infectious disease outbreak (IDO) school closures have on the well-being of children in humanitarian settings:

- 1 Decision makers must account for the harmful effects that school closures can have on the well-being of children in these settings.** Decisions regarding whether or not to close schools during IDOs must be informed by the best public health evidence of disease transmission. It must also account for the growing evidence from the COVID-19 pandemic that a decision to close schools will make the lives of children worse and more dangerous, both in terms of their learning as well as their safety and protection.



- 2 To be effective during IDO school closures, social welfare ministries need better coordination with education and health ministries for the purposes of preparedness, continuity of care, and appropriate adaptation of services in the event of school disruptions and other restrictions on movement.** Governments and humanitarian organisations must harmonise their efforts to enhance case management systems, improve the effectiveness and services offered by hotlines and helplines; dedicate resources (e.g., professional development, counselling services) for a stronger SSW over the longer term; and find opportunities to bridge the divide between humanitarian child protection mechanisms and national child protection systems.
- 3 The SSW requires more wholesale integration into education systems, not only schools.** If remote learning does happen, teachers need to know what to do if they see a problem, including guidance and support to identify abuse and neglect as part of a larger revision of contingency planning and training. With proper support and capacity, education systems in humanitarian settings are well positioned to maintain some connection with students, even during school closures.
- 4 Parent-teacher associations and school management committees can help inform a protection focus,** so that communities can better anticipate and respond to emerging risks during school closures. This process can be facilitated by a trained and sufficiently resourced SSW that is attuned to the needs of schools and the surrounding community.
- 5 Remote modalities can only be effective if they align with the lived experiences of children, teachers, families, and the SSW.** Governments and NGOs should consider how technology can be better used to improve the effectiveness of the SSW. This could be done, for example, by considering the utility of modalities such as WhatsApp, information management systems, chatbots, etc. In a best-case scenario, remote learning options could offer a protective function for children by maintaining their connections to educational institutions as well as social and protective services.
- 6 In order to do their jobs safely and effectively, the SSW requires better support, financing, and access.** Designating social service workers as essential can allow them to follow up on children in high-risk situations, even when there are restrictions on movement. The SSW also needs personal protective equipment (PPE), priority access to vaccinations, training and supervision, freedom of movement during lockdowns and school closures to reach children in need, and sufficient compensation.
- 7 Raise awareness of what child protection resources are available to children and families during IDO-related school closures.** Teachers and other concerned citizens should not feel like they have to “go it alone” to respond to child protection risks without knowing how to refer children to support. As part of preparing for future IDOs, governments and NGOs should raise awareness about what services are available, what the helpline phone numbers are, and the eligibility criteria of services (e.g., the ability of refugees to access host country services) to address misinformation and discrimination. ■



1

INTRODUCTION





- **During the COVID-19 pandemic, most governments closed schools and imposed other restrictions on movement. This made it exceedingly difficult for the social service workforce (SSW) to follow up on existing sources of risk or identify new child protection risks.**

To date, little is known about whether or how school closures have impacted the ability of the SSW to respond to child protection risks. This study aims to address this knowledge gap. It draws from qualitative data gathering in three humanitarian contexts—Colombia, the Democratic Republic of Congo, and Lebanon—to better understand how the SSW sought to reach children, despite working in an extraordinarily difficult operating environment.

For much of 2020 and 2021, governments around the world took the unprecedented step of closing all schools as a way to curb the spread of the COVID-19 virus. But these school closures not only cut children off from learning; in many cases, school closures also had the effect of worsening the protection risks facing children.¹ School closures isolated children from their friends, teachers, and trusted adults in their communities. Lockdowns and restrictions on movement often meant that children were trapped at home with an abuser where they experienced or witnessed violence. Some children were victims of neglect, abuse, or exploitation and may have been subjected to child labour or child marriage.²

These restrictions on movement made it challenging for the social service workers to reach children to either follow up on existing cases or identify new sources of risk.³

Box 1: Who is the social service workforce?

The SSW is an inclusive concept of those who assume a focused role in identifying and responding to child protection risks by working in schools and communities.⁴ It can include social workers, child welfare officers, school social workers, school-based counsellors, educators,

and other paraprofessional staff members. The SSW includes government and non-government professionals and paraprofessionals, including community workers, who are carrying out a range of essential promotive, preventive, and responsive roles on behalf of children.⁵

Social service workers can manage child protection cases, provide protective services like counselling, or run hotlines. They may also focus on advocacy, create awareness-raising campaigns, and work with community leaders.⁶



In response to these challenges, UNICEF and many of its partners have advocated to define the SSW as an “essential service.” This kind of designation was important because it meant that social service workers could continue to do their work in person, even in the context of school closures and other restrictions on movement.⁷

There have been adaptations in the ways that the SSW carries out its work too. These adaptations have included approving new case management tools; hiring more social workers; providing personal protective equipment (PPE); shifting to remote case management when necessary; or leaning more heavily on community-based caseworkers, volunteers, teachers, or community-based monitoring systems for situations seen as less urgent.⁸

However, in humanitarian crisis contexts, the SSW operates under even more severe constraints. They carry out their work within the context of many other crises, such as natural disasters, armed conflict, political instability, and extreme poverty. Their response may be hampered by limited funding, chronic understaffing, weak systems, and poor coordination. In these settings, NGOs have often taken the lead in responding to child protection concerns.⁹ In some cases, community-based workers or volunteers may be the only available social services resource available, while systems for referral may not exist.¹⁰

What’s more, social service workers—like teachers and educators—have been impacted by COVID-19 and associated stressors at a personal level. They may worry about how to keep their own families safe, have concerns over whether or not schools should remain closed, or wonder whether or not they will get paid. If their job requires them to do in-person follow-ups, home visits, or work in schools as they re-open, they may also face stigma and discrimination from those around them who fear that they are spreading the virus.¹¹

Even though teachers are not formally part of the SSW, the institutional context of the school is often an important entry point to reach children and respond to risks.¹² Thus, school closures not only cut off children’s access to school but they also foreclose any opportunity for the school to function as a place where children may come into contact with peers, teachers, members of the SSW, or other concerned community members who could potentially offer assistance and support.



The purpose of this study is to better understand how the SSW responded to child protection risks in light of school closures in humanitarian contexts.

It focuses on the lived experiences of children, parents, social service workers, and other key child protection stakeholders with the goal of improving how the SSW attends and responds to children’s well-being and safety during COVID-19 and future infectious disease outbreaks. This qualitative study is one of the first of its kind to prioritise the perspectives of those directly affected by the COVID-19 pandemic, particularly children in humanitarian settings, and to do so across three distinct settings: Colombia, the Democratic Republic of Congo, and Lebanon.



2

METHODOLOGY





2.1 Approach and research question

- **The research was guided by the question: “What is the relationship between school closures and the ability of the SSW to provide case management in humanitarian settings during COVID-19?”**

We should also note at the outset that this research question—and research study—focused on the SSW as part of a broader study that looked at the impact of COVID-19 school closures on child protection and education inequalities. A more detailed elaboration of this broader study, including methods employed, is located in the companion report titled, *“What will happen to our children?”: The Impact of COVID-19 School Closures on Child Protection and Education Inequalities in Three Humanitarian Contexts*. As such, the analysis in this report focuses on distilling data from the broader study to speak specifically to the research question above.

To undertake the research, the global research team worked with national research partners and community-based organisations in the three countries. The national research partners each had experience conducting research with children in their respective country. The national partners, in turn, each trained a team of research assistants, including youth peer researchers. Together they established partnerships with local CBOs, co-developed the research tools, contributed to the analysis and writing of this report, and convened advocacy groups to share findings in each country.



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2.2 Data collection methods

The broader study drew on a range of participatory data collection strategies and methods (Table 1). National partners carried out national and sub-national level key informant interviews with health, education, and child protection representatives who could speak to issues related to the identification of child protection risks and referrals in the context of their work.

Additionally, the study teams carried out focus group discussions with parents, teachers and educators, and social service workers. These data-gathering activities collectively focused on how school closures impacted children's protection and well-being, the identification and follow-up of child protection risks, and the kinds of adaptations that were made to continue reaching children during school closures.



The teams conducted participatory research with children in each context. This consisted of a series of research workshops with primary- and secondary-aged children. This work was done to understand perceived child protection risks and opportunities for support, in light of school closures. Semi-structured interviews were also held with children from each of the workshop groups. This allowed for a more in-depth understanding of children's individual experiences of COVID-19 and related school closures. In Colombia and the DRC, the teams also conducted questionnaires with 50 children, 48 parents, and 28 educators and SSW.

Table 1. Number of study participants by research method and country

METHOD & PARTICIPANT GROUP	COLOMBIA	DRC	LEBANON	TOTAL
Workshops: Primary school children	56	24	107	187
Workshops: Secondary school children	50	23	30	103
Workshops: Out of school children (pre-COVID-19)	9	22	7	38
Focus Group Discussions: Parents	21	24	57	102
Focus Group Discussions: Education stakeholders	27	24	30	81
Focus Group Discussions: SSW - NGO	16	24	16	56
Focus Group Discussions: SSW - Government	20	23	0	43
Questionnaires: Children, parents, education actors, SSW	55	60	N/A	115
National and sub-national key informant interviews	17	16	11	44
Global key informant interviews	N/A	N/A	N/A	14
TOTAL PARTICIPANTS	271	240	258	783

2.3 Research ethics, safeguarding, and COVID-specific considerations¹³

The ethical research protocols were developed and implemented at the global and country levels in alignment with international standards for conducting research during a pandemic and ethical considerations for researching child protection issues with vulnerable children and adults.¹⁴ The global research team and in-country partners obtained research clearance in accordance with local research ethics and permit processes.



Particular consideration was given to COVID-19. Recognising that the pandemic introduced constraints to carrying out safe and inclusive research,¹⁵ the study teams sought ways to best uphold children's right to participation and protection. The study team established safeguarding protocols as well as COVID-19 risk avoidance strategies that reflected the best available knowledge for how to curb transmission of the virus. Some of the steps taken included limiting the number of participants in each group, maintaining social distancing, providing PPE, and offering opportunities for voluntary rapid testing for the research team to reduce risk. In a few cases, interviews or group discussions took place remotely over Zoom or WhatsApp.

The realities of conducting research in contexts of compounding crises is challenging at the best of times. COVID-19 made this even more difficult. But apart from the crisis that the pandemic introduced, all three countries were actively contending with a wide range of additional stressors. In Colombia, the research team navigated a fragile political terrain, ongoing protests, a national strike, and (non-COVID) restrictions on movement. In eastern DRC, there were teacher strikes, a volcanic eruption, armed conflict, and recurrent Ebola outbreaks. Meanwhile, Lebanon has been embattled in political uprisings, teacher strikes, a currency and economic crash, and a port explosion in the country's capital, Beirut. These are the realities that the research teams had to contend with as they conducted their research. This broader context must be considered when interpreting study participants' experiences and views.



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3

STUDY CONTEXTS





3.1 COLOMBIA

3.1.1 Country context

Colombia's history over the last 60 years has been marred by recurrent violence. In this time, many families have been forcibly displaced. Colombia presently has one of the world's largest populations of displaced people. As of 31 March 2022, there were an estimated 8.24 million internally displaced Colombians and 1.84 million Venezuelan migrants and refugees in the country.¹⁶ For these reasons, children—especially those on the Pacific Coast and the border with Venezuela—were particularly vulnerable even before COVID-19. Those at the margins face many disadvantages and limitations. Prior to the pandemic, 11.5% of children did not attend school.¹⁷ Further, an estimated 75% of Venezuelan children were out of school.¹⁸ When COVID-19 struck, only 38% of students in Colombia had access to internet-enabled devices for remote learning.¹⁹

3.1.2 Child protection systems and key institutions

Child protection is guaranteed by families, the state, and civil society through the co-responsibility principle.²⁰ The Colombian Family Welfare Institute (ICBF), the education ministry, the health ministry, and the Police for Children and Adolescents are among the most important institutions that play a part in protecting children and improving their conditions. All departmental governments and mayors' offices are organised around the right to protection of children and youth. For example, in the territories where this research was carried out, there is the District Secretariat of Social Integration (Bogotá) and the Office of Children and Adolescents of the Governors of Risaralda and Quindío. In addition, there are NGOs and international non-governmental organisations (INGOs), foundations, and research centres, many of whom coordinate their efforts through the Alliance for Colombian Children ([Alianza por la Niñez Colombiana](#)) and the [National Alliance to End Violence Against Children](#).

3.1.3 Composition of the social service workforce

Colombia's SSW is divided into governmental and non-governmental spheres. Public institutions align their work according to government and development plans. The ICBF (Instituto Colombiano de Bienestar Familiar/Colombian Institute of Family Welfare) is one of the most prominent institutions. During the time period of this study, they were tasked to lead the development of a national action plan to reduce violence against children. The ICBF is located across 33 regions and 206 municipal centres, with different programmes and services for children and families.²¹ There are also family commissariats, justice authorities who exercise jurisdictional functions with the purpose of protecting children's rights and resolving cases of family violence.²² Additionally, the Personería is a government office tasked with protecting, defending, and promoting human rights. However, interviewees



in the present study characterised the ICBF and Family Commissariats as overwhelmed and ineffective. For example, one school director said that none of the child protection cases that their school had reported over a four year period had been addressed by ICBF. To the contrary, the interviewee said that the Personería asked the school for evidence in a case involving rape, and when the information the school provided did not meet their standard, they opened a disciplinary process in the Attorney General's Office against the director, rather than the accused perpetrator. Private and/or non-profit organisations and institutions also employ social service workers to offer technical and specialised approaches to child and youth protection, often in conjunction with education or through psychosocial programming. Overall, the need for services greatly exceeds availability.

There are also community-based social movement organisations across the country. They are self-managed by collectives and/or social leaders focused on addressing the particular needs and interests of a specific territory or community. Sometimes these groups focus on a particular issue, such as the rights of children who are victims of armed conflict, with the focus on reducing the risk of recruitment by armed groups and enabling children to access education, health, and cultural services. The groups work on the basis of their knowledge and cultural practices and receive little or no state support.

Sub-national sites for research in Colombia



SITE 1:

Location: Cundinamarca: Usme and Soacha

Description: These areas are characterised by poverty, poor access to public services, overcrowding, and gang activity. They are home to many internally displaced people and Venezuelan migrants.

SITE 2:

Location: Coffee Region: Armenia and Pereira

Description: Districts with high levels of poverty, especially in rural areas.

SITE 3:

Location: Norte de Santander (Ocaña)

Description: A Department with high levels of migration, internal displacement, and civil conflict, as well as rural areas.

SITE 4:

Location: Magdalena (Santa Marta)

Description: A Department with high levels of migration, internal displacement, and civil conflict, as well as rural areas.



3.2 DEMOCRATIC REPUBLIC OF THE CONGO

3.2.1 Country context

The DRC is characterised by perpetual political crisis, poverty and malnutrition, protracted conflict, and acute cycles of violence, particularly in the country's North Kivu province where the research took place. In eastern DRC, 122 active non-state armed groups operate, triggering cycles of mass population displacement. Over 2.2 million people in the DRC are displaced.²³ The region continues to experience compounding crises related to armed conflicts with population movements, ongoing Ebola outbreaks, and natural disasters—floods and volcanic eruptions—that affect the population in general, and children and women in particular. The eruption of Mount Nyiragongo in May 2021 displaced over 400,000 people. The existing crises were made worse by the COVID-19 pandemic. The country's government made the unilateral decision to close schools and put into place social distancing measures.

3.2.2 Child protection systems and key institutions

There is little investment in social services in the DRC due to a wide range of economic and environmental crises, along with poor governance. As a result, the state has limited capacity to ensure access to social work services and case management, and children and other vulnerable groups remain at risk.

The Ministry of Social Affairs, Humanitarian Actions and National Solidarity (MINAS) is the government institution responsible for protecting vulnerable groups in the country. MINAS has a National Action Plan that outlines a strategy to protect children through community-based child protection mechanisms. This approach focuses on actions that communities can take to protect vulnerable children. The idea behind this programme is to strengthen the links between services and vulnerable populations through four pillars, including: (1) coordination and partnership with other local and national child protection actors; (2) enhanced support and professional development to social service workers; (3) a referral system for the community and social service workers to use; and (4) community actors who can help lead the identification and reporting of cases of children at risk.²⁴

3.2.3 Composition of the social service workforce

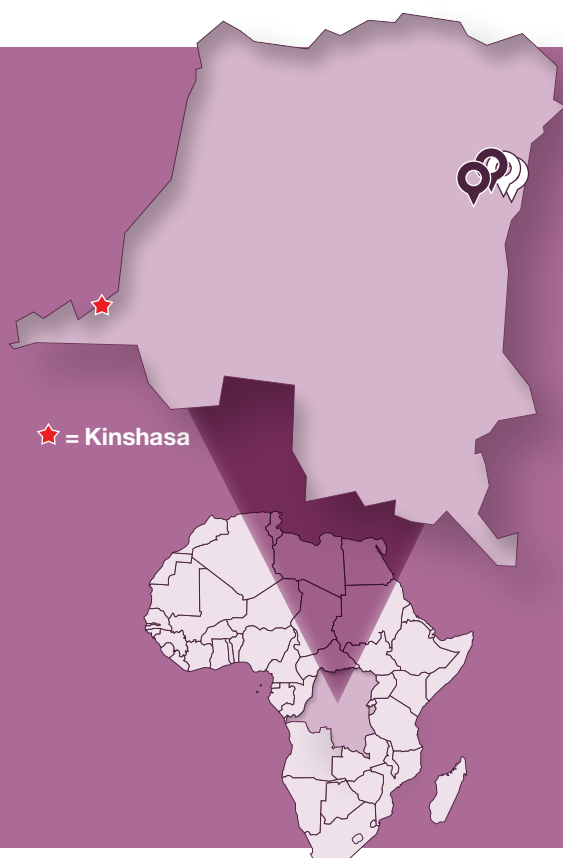
The National Body of Social Assistance (*Corps des Assistance Sociaux*), or "CASo," is the national coordinating body for social workers. It is under the supervision of MINAS. CASo focuses on organising social workers as a profession, ensuring their compliance with ethical standards, upholding legal frameworks, and contributing to national and provincial development. To be admitted to CASo, a social worker needs to have at least the equivalent of a social studies degree, have completed courses in social work, and have good conduct.²⁵



In addition to state-supported social workers, there are also other individuals who comprise the SSW. These include non-state social workers (supported by NGOs/civil society organisations); social educators who work with children in difficult situations; specialised educators who focus on clinical aspects of social work; community facilitators who mobilise individuals and groups on the ground; and para-social workers who help social workers and are often volunteers.

The country's SSW is nevertheless hindered by a wide range of factors. Funding for the national cadre of social workers is low, limiting numbers and retention. Meanwhile, extreme poverty, natural disasters, conflict, and corruption are endemic. As a result, many social services in the country are carried out by NGOs who do not always coordinate well with one another. Social services systems also suffer from other forms of weak capacity; documentation is reportedly poor and is not systematically digitised; there is no interagency database for social workers to draw on; and existing legislation on child protection and anti-discrimination is hard to enforce, due to the issues described as well as weak rule of law.

Sub-national sites for research in the DRC



📍 SITE 1:

Location: Masisi Territory: Mweso and Kitshanga, North Kivu Province

Description: These sites have experienced significant armed conflict and are home to increasing numbers of internally displaced families. Research took place with internally displaced people living in camps, families in host communities, and unaccompanied children.

📍 SITE 2:

Location: Rutshuru Territory: Rutshuru centre and Kiwanja, North Kivu Province

Description: These sites have experienced decades of armed conflict (ongoing) and geo-climatic disasters. Research took place with internally displaced people living in camps, families in host communities, and unaccompanied children.



3.3 LEBANON

3.3.1 Country context

Lebanon's political, socio-economic, and health crises have hit the most vulnerable Lebanese and refugee families the hardest. In 2021, 80% of the country's residents had little to no access to health and education, adequate housing, and electricity.²⁶ The Lebanese revolution in October 2019 brought about an economic collapse. The country's currency lost 90% of its value, which sent the price of food, fuel, and other basic needs soaring. The economic collapse eroded people's ability to access basic goods, including food, water, electricity, medicine, and education. Fuel shortages have caused widespread electricity blackouts.

The outbreak of COVID-19, and the measures imposed to contain its spread, had a pronounced impact on Palestinian and Syrian refugees. Restrictions on movement layered additional hardships onto the harsh economic conditions that these refugees were already facing before the economic crisis. Prolonged and repeated lockdowns as well as hyper-inflation have had an impact, especially on vulnerable communities and individuals employed in the informal sector who depend on daily wages. The compounding crises have put severe strain on the ability of the SSW to keep children safe through, for example, preventing violence against children by linking them with the services that they need.

3.3.2 Child protection systems and key institutions

The Ministry of Social Affairs (MOSA) and Ministry of Education and Higher Education (MEHE) recruit, train, and assign social workers to provide support to children and families. MEHE has a Child Protection Unit where a cohort of teacher-coaches are trained as social workers. Their mandate is to provide support and intervention at school. MOSA has established a Child Protection System (CPS) that serves all children in Lebanon regardless of nationality. The CPS department is led by the Health and Social General Coordinator for Child Protection in Lebanon. The CPS is made up of a team of 72 social workers, all with formal qualifications in social work.

Regarding child protection systems, there is an interagency working group focused on child protection. Within this group, there is a Case Management Task Force that focuses on referring children at risk to MOSA. During COVID-19, working group members sought to share resources. These resources were then compiled and disseminated to other actors in the field who are trying to support children who cannot access online learning, and children made more vulnerable to violence, abuse, exploitation, and neglect.



International agencies such as the Red Cross and UNICEF were among the key players ensuring that decisions related to school closure and reopening considered child protection. There was an operational framework within the MEHE to respond to the crisis. However, some respondents reported that during the crisis, child protection was not prioritised.

3.3.3 Composition of the social service workforce

Within the non-governmental sector, the formal SSW is largely structured under the Social Work Syndicate of Lebanon. This organised and government-decreed union of social workers manages a database of qualified social workers in Lebanon and coordinates with local and international agencies by connecting them with member social workers. All member social workers have qualifications for social work practice from a higher educational institution. There are also informal social workers who work for local and international NGOs. This group can include teachers, volunteers, and mental health counsellors. They are deemed “informal” because they do not have a social work degree, but their roles are oriented towards social work.

Within the MEHE, this process is facilitated by the DOPS²⁷ Child Protection Unit. The DOPS mandate in schools includes population-based efforts to improve the classroom experience for all children. It also handles more acute cases through Individual Education Plans as well as referral services for more complex cases. DOPS has 47 trained counsellors for social work. According to the MEHE, each counsellor visits five schools per semester and can make additional visits to respond to specific child protection cases. As a MOSA official put it in an interview: “If the child is beaten inside the school, MEHE is responsible for this. They do the assessment and take necessary action. If we know about this, we send an email to MEHE about the case so they take action.”

Technically, child protection services are legally available to all children through MOSA. Follow-up and referrals reportedly happen through one of the following mechanisms:

- In schools, by the MEHE through the DOPS Child Protection Unit
- In communities, through MOSA referrals to international agencies (e.g., Save the Children, UNICEF, World Vision), the Social Work Syndicate of Lebanon, and local NGOs (e.g., KEFAH, Abaad)—These organisations provide training and carry out interventions for caregivers and children, including individuals suffering from domestic violence, drugs, alcoholism, and neglect
- The Ministry of Justice for court orders regarding child custody
- The Ministry of Public Health for mental health services
- The Ministry of Interior for safety and security when SSW approach identified high-risk families (e.g., substance abuse in families, child abuse and neglect, etc.)



Despite this well-elaborated process of referrals, study findings show there was much less evidence of the effectiveness on the ground.

Finally, for Palestinian refugees in Lebanon, case management and social work support are mainly channelled through the United Nations Relief and Works Agency (UNRWA). According to a report published by UNRWA, interventions for the most vulnerable Palestinian refugees in Lebanon include the identification and referral of protection cases, the provision of specialised services for victims of gender-based violence and child protection, as well as the provision of mental health and psychosocial support.²⁸ Moreover, UNRWA provides education, health, camp improvement, social services (including cash assistance), and protection amid rising needs of the Palestine refugee population in Lebanon, in the context of the socio-economic and COVID-19 crises. However, the agency is currently facing financial challenges that threaten its capacity to provide and maintain services.

Sub-national sites for research in Lebanon

★ = Beirut

SITE 1:
Locations: Taanayel in the central Bekaa Valley and Aرسال, a town on the Lebanon-Syria border in northern Bekaa
Description: Taanayel is an agricultural landscape for animal and crop farming. Aرسال is home to over 67,000 Syrian refugees who live in informal tented settlements.* Research was carried out with Syrian refugees and low-income Lebanese families.

SITE 2:
Location: Bourj Al Shamali camp, Sur, South Lebanon
Description: Over 20,000 people, mostly Palestinian refugees. Research was carried out with Palestinian refugees and low-income Lebanese families.

* Qatar Charity (2022). "Qatar Charity sends an urgent relief convoy to Aرسال camp." ReliefWeb, OCHA, accessed 18 May 2022.



4

FINDINGS





- This section looks at how the SSW operated across Colombia, the
- Democratic Republic of Congo, and Lebanon during COVID-19
- school closures. Each country sub-section focuses on how social services were experienced and understood from the perspective of those consulted, including educators, social service workers, decision makers, children, and caregivers across the following areas: (1) identification of new cases and follow-up; (2) risk and challenges to the continuity of care during school closures; and (3) adaptation of services in light of COVID-19 related school closures and restrictions on movement.

4.1 COLOMBIA

4.1.1 Identification of new cases and follow-up

Participants in Colombia described how school closures impacted the ability of the SSW to identify new cases and undertake follow-up. Before schools closed due to COVID-19, a teacher could go to the school counsellor, psychologist, or social worker to report a child protection risk. Likewise, a student could go to seek help for a friend or themselves. Schools had links to mental health professionals who, in turn, had connections with parents. This enabled the possibility for social service professionals to intervene at an early stage. In a focus group, an educator explained, “When the child is being abused or his rights are being violated, a teacher can detect it. They can get the attention of a psychologist and make referrals.” If the process warrants it, the school could escalate the case to other institutions, such as the ICBF or police. But both before and during the pandemic, key informants noted that there was no action on cases they reported.

During school closures, however, the range of options for identifying children at risk were constrained. Some educators employed remote modalities. Even if teachers were unavailable in person, their rationale was that they could at least maintain contact with some of their students online. While there is no substitute for in-person work, some participants said that being in contact with children in their places of residence offered a small window into their home environment—something they may not have had access to previously. If a teacher found a student was unresponsive to remote learning, the teacher could discern whether or not follow-up may be needed.



"It was not easy to identify what actually happens, and one does not know the families. But with the pandemic and virtual learning, we got to know the students' homes, how they more or less manage themselves on a daily basis [...] I don't know if it is considered abuse, but we detected situations of grandmothers or mothers who were impatient with the children and pushed them. One day a grandmother grabbed a girl by the hair and just hung onto her while the girl was screaming. Then the grandmother made an excuse, but I didn't really know what had happened. It [the video] is like a care route for school officials, it lets referrals be made to the psychologist and follow-up was done."

One change was that prior to the pandemic, students were more likely to go to the school guidance counsellor for help; during school closures, they were more likely to reach out to their grade director. An educator in Bogotá explained that this burdened teachers further:



"A sad topic is that the issues of sexual abuse, violence, and mistreatment of students deepened, and this affected the teachers. We had to react. For example, in some cases, the students did not look for the school's guidance counsellor, but for the grade director. Then we were also faced with psychological counselling situations."

Another strategy to help identify violations against children was to sensitise children about their rights, and parents about children's rights. The idea was that if children had a better sense of what their rights were, this would empower them to ask for help if they felt their rights were being violated. In a focus group with social service workers, one participant described different child-friendly games and activities that they used to help convey children's rights to them.



"Children may be three, four, or five years old and they should know what their rights are. We invented a strategy called The Rights Train. We made drawings of a train, and in each car they 'put' a right. We matched these with images so that the children knew what to do if someone violated their rights. From this, they can know which parts of the body can be touched, and which cannot be touched by others."

Similarly, a school director explained that they educated parents on children's rights so that they would be less likely to violate them. But sometimes parents were confused.



"There are situations where think that physical punishment is not violating a child's rights. For example, when they hit them, they think they are reprimanding [or educating] them, and not that they are violating their human rights by hurting them."

However, it was not clear how effective this child rights awareness-raising was in practice during COVID-19. A social workers' focus group explained that children needed to be listened to, especially during COVID-19. "They don't have anyone to listen to them," a social worker said, adding that this particularly applies to younger children. They went on to explain that listening to children was important during the pandemic because, "We could see that there was a lot of violence, mistreatment, and loneliness, and that they could not go out to free themselves from home stress."

When it came to follow-up by the SSW, participants identified several ways that this happened during school closures. The most frequently mentioned way was to follow up with children and youth on an ad-hoc basis. Members of the SSW took it upon themselves to innovate and adapt their services to reach children. The pandemic introduced new and emerging risks. Teachers, social service workers, volunteers, and other concerned citizens responded in whatever ways they felt were appropriate to address the risk. As a teacher explained, "We are in charge of referring children [...]. Often parents do not know the referral route, so if the parents have questions or concerns, we refer them to the person or entity in charge. Suddenly they find you are a guiding figure." They added, "While my role is being a teacher, [...] there were also cases where students approached us with concerns, and we always try to attend to these situations." A key informant in the health sector explained how volunteers worked to ensure the needs of a child with a health issue was being met.



Photo: CINDE Colombia 2021



"The truth is that this contact is made on a one-to-one basis, through a volunteer who knew the coordinator. I expressed my interest in the child being in school. It has worked for us. We were able to make some accommodations for him—for example, letting him arrive 20 minutes late to school so that he has time for his mobility challenges. [...] These links have been more on a personal level. The school already knows these conditions and accepts to have this flexibility with the child because of his health condition."

Following up via phone or hotline was another strategy mentioned by respondents. As one key informant in the health sector put it, "The main connection was made by telephone. There were many delays and a lack of knowledge of appointments. But we were the bridge to ensure effective appointments for the child. I manage the foundation's phone. The phone in the pandemic was available 24/7."

Coordinating with other sectors like health and justice was also seen as a key component to the follow-up process. A child protection professional noted that there needs to be strong cross-sectoral collaboration between health, child protection, and the police during school closures.



"The coordination with SURED [Health Southern Sector Secretariat] has been very good. [...] We have also been able to collaborate with ICBF. We worked with them, along with the police station where there is a project called Social Emergency [...] We have also had strong coordination with some foundations and institutions that have allied to generate even digital training processes with families to implement the use of ICT in [their homes]."

4.1.2 Adaptation of services

The adaptation of services happened in several ways. Among them was the shift to digital platforms that coincided with school closures and lockdowns. These platforms included WhatsApp, Zoom, Google Meet, and Facebook. A teacher explained how they made their own Facebook page as a resource for families during the pandemic. They noted that when schools closed, educators and social workers had to think through how best to maintain contact with children. "We were all thinking about the strategies we were going to use," an interviewee from Bogotá explained. "We teachers must fight to improve many things. I made a page on Facebook for the orientation of families and students in case it was not possible for them to enter through other means to benefit from services." Another interviewee from the Coffee Region shared similar remarks:



“By the time schools were closed, we were all thinking about strategies we were going to use. For that, we had some weeks to look for strategies, we knew that social networks, emails, and platforms were very close to the boys/girls, so we strengthened this issue and the digital matters a lot, by making videos, clips and we were sending by WhatsApp groups those things. The teachers sent over these tools to the parents, that was mostly our work. The teachers created WhatsApp groups, and this was the main means by which the tasks were shared with parents; that was the most direct channel, because there was really no other way to get to or go to where they were.”

Some NGOs recognised that not all children had access to the internet, so some organisations worked to address this gap. Some brought devices to children or helped to facilitate internet connectivity. One member of a community-based organisation explained how they worked with a larger NGO to help ensure children could connect for educational and social purposes. They also noted the inclusion of Venezuelans into the programming as well.



“There were many people who could not connect because they did not have devices. The internet was brought to our neighbourhood by groups like World Vision. They supported groups like mine called, Asomujer: Asociación de la mujer por un mejor vivir [Women's Association for a Better Life], which provides social work in conjunction with World Vision. We provided children with internet, printers, and computer services so that the children could present their work at school. [...] [It allowed] children to participate in the workshops and do their schoolwork. [Children] demonstrated that they needed to be with their friends in solidarity. In our neighbourhood, if someone left these activities, we felt their absence. [We and other groups] formed alliances to grow, and to be resilient in solidarity, even with the Venezuelan refugee population. Children want to explore who children from other countries are and what they do. That is good because it avoids xenophobia.”

Most saw the shift to remote modalities during school closures and lockdowns as vital to maintaining continuity of care. At the same time, the reliance on remote connections was not fail-safe. Some children needed in-person follow-up. In a focus group, a social service worker in the Coffee Region explained how they sought to provide both in-person and remote services to children and families:



“During the pandemic, we made interactive games with families who had access to the internet. [...] This helped to prevent abuse, violence, neglect, and so on. It was a very hard time because the child protection cases increased. We also did home visits to identify situations in person. This was because sometimes parents did not pass their phones to their child. Instead, they would just say, ‘The kid is doing well. They’re sleeping,’ or ‘They’re out playing.’ It always seemed strange if they repeated this kind of thing, especially if the child never participated in the workshops. So that is when we made the home visits.”

When parents faced connectivity issues during workshops, some programmes were able to make accommodations to improve participation and uptake. For example, one key informant recounted that their organisation worked to develop virtual workshops for parents. However, only 45 out of 130 were able to connect during the scheduled activity. “[But] when we knew they had WhatsApp, we sent them the activities through the App,” the key informant explained. “We made a video of the activities we carried out and we sent them to those who could not connect.”



Photo: ©UNICEF/UN013369/LeMoyné



Another adaptation that child protection organisations made was to shift their programming efforts to make them more specific to emerging risks and needs.

For instance, some service providers modified their work to anticipate and address rising rates of gender-based violence and incidents of child labour. Similarly, some education programmes paused their usual offering of academic-oriented activities to focus on mental health and socio-emotional learning. A social service worker illustrated this point in relation to a parenting programme:



“During the pandemic, [we delayed] cognitive-focused activities around fine motor skills, socialisation, and learning. Instead, we are orienting parents on routines at home where they can help to strengthen their children’s development. It was evident that the rates of domestic violence increased, too. So, we had to guide families on complaints and activate care routes through phone calls and WhatsApp.”

Adaptations and individual efforts to reach children at risk also happened within the context of broader NGO programming.

For example, one participant worked for an NGO that helped distribute the internet to poor families. In the course of their work, they noticed that some parents were not allowing their children to leave the house:



“Many times parents do not let the children go out, often because of COVID. But then you see them in the corners or in the fields. So then it is not really because of the virus; the kids are in unstructured activities. And, outside of what we offer and manage, one sees them: playing soccer, playing with coins or marbles. And you also see parents drinking beer on the corner, unconcerned about the virus.”

These parents were denying their children's right to education, care, and supervision. As a result of this experience, volunteers in the NGO kept an eye on children in the community and made referrals as necessary.

Social service workers and their affiliates also reported employing a range of strategies to reach children with disabilities.

A couple of social service workers in Bogotá offered the following observations:



“With this population, we did a lot of work with children with special needs, along with their families, because suddenly these children were dispersed with a computer. [...] In the CASD Educational Institution we have a deaf population. The work with them was done in a way so that interpreters could accompany them in classes, the teacher was connected to interpret classes, it was a matter of adaptation, but basically the same service was provided, even though it was hard work.”



"The Colombian Sign Language strategy was implemented to achieve that communication within protection [guidelines]. Because we knew that telling a person that I love them is hugging them and giving them a kiss. But the pandemic also taught us that to love a person is to keep a distance, because if I touch them they may be invading that space. So sign language worked for us, and it has been a strong suit for the kids. Not only does it allow for inclusion, but it also allows the child to know and understand gestures that they can express and that our language does not have to express. You can use a body gesture to say how you feel."

However, key informants also said that the SSW response to children with disabilities, who faced greater health risks during school closures, was particularly impaired due to a lack of resources.

4.1.3 Risks and challenges to continuity of care

There were many different risks to the continuity of care during school closures. Some of these risks had systemic roots. Some expressed concern that government bureaucrats and others who stay in offices do not have a good sense of the child protection risks that children faced during lockdowns. Participants complained that civil servants did little to follow up complaints. Additionally, in the informal settlements where many participants lived and worked, there was little service provision.

Related to systemic investment, the SSW struggled to attend to the surge of child protection risks that they were seeing. There was a significant lack of capacity and resources. Some expressed that it was not always clear whether they should be focusing on the most acute cases or consider the broader population of children who were suffering. Many attributed this lack of direction to a failure of leadership and corruption. An education actor noted that, during school closures:



"There has not been much evidence of [child] protection [...] A robust policy for children has not been in place. [...] One sees that at the institutional level there is disorder, because even at the district level there is discontent between the district level and the national level of government. One sees political interest, rather than a real social offer."

Participants raised concerns about how best to intervene across different issues, particularly when it came to the scale of mental health needs during the pandemic.

The pandemic exposed the limited investments that had been made in school- and community-based mental health services. As a result, children's mental health was not attended to by professionals.

Some noted that it can be much more difficult to reach children in rural areas compared with a city like Bogotá. As one key informant observed: "I think that by law in Bogotá there are supposed to be one counsellor for every 500 students. [...] I would say that the counsellor who has the most students in schools in Soacha has about 5,000 students [...]." This ratio makes it difficult to deliver mental health services in urban areas, but the same participant also noted that counsellors in rural areas face an even greater struggle, because they may have ten sites to attend to. "So you either pay more attention to [acute cases] and take a gamble on mental health, or more serious cases begin to appear, and the suicide rates go up."



Photo: CINDE Colombia 2021



What's more, even before the pandemic, social service workers were understaffed.

When schools were open, some children consulted for the study suggested that they could go see a counsellor at the school if they had a problem. But when schools closed, they were cut off from one of the few resources outside their homes that they could turn to. As a child who discontinued their studies during the pandemic explained, now that schools are closed, "I go to my mother [when I have a problem]. In school we could go to the counsellor, in the pandemic the school did nothing, we did not notice the presence of the institution at any time."

The underinvestment in mental health services posed challenges to follow-up and referral. This was further complicated by the fact that parental understanding and engagement was often weak when it came to supporting the mental health needs of children. As one social service worker put it:



"When I was appointed to this school, I found that this institution serves a population of about 2700-2800 students, and I am the only counsellor and therefore the only one who attended to mental health issues in students. So from the beginning, you can say that the issue of mental health is not a priority. [...] So a counsellor for that many students is bound to perpetuate inequality. Then the pandemic arrives, and the issue of mental health has to be a priority. [A small team of teachers and counsellors] made strategies to investigate, contact students and their parents. But it was difficult because it turns out that parents do not usually pay attention to the mental health of their children. [...] Now, with the detection of a case it was complicated to tell the parent 'take your job seriously and have your child treated, because I could make a referral for the case, I can make a management call,' and so on, but the parents never took [the advice]."

While the pandemic impacted all children to some extent, most we spoke with suggested that those who were on the margins to begin with were disproportionately affected when schools were closed. Participants in this study were particularly concerned that those who were already disenfranchised may not have received population-based interventions. The SSW lacked resources and an understanding of how best to reach children with disabilities, refugee children, or children on the move; how to attend to acute psychosocial conditions; or how to follow up with children to prevent school dropout or child labour. As the following respondents explained in focus group discussions with social service workers:



"The confinement was very hard for children with disabilities. School lessons were virtual. As we progressed, we saw the difficulties, since the parents went to work and left them locked up. So we could only contact them virtually and by telephone."



"Venezuelan families are in a very complex situation. One day they are in Maracaibo; another day they're in Ciudad Bolívar or Santafé. So that makes for a lot of complexity. [When a family relocates], it makes it really difficult to do our work."

When it came to continuity of care during school closures, some noted it was difficult to follow up in person on cases of abuse, particularly when it had to be done remotely.

At the same time, lockdowns meant that professionals could not meet children in schools. Instead, any in-person work was done in a child's home environment where it may be hard to physically separate children from an abusive parent for an assessment to take place. A social service worker put it in the following way:



"[When] we follow up on cases of violation, we realised that the support for cases could not be done directly with the child, but it was time to do it with the family father, either using remote tools or in a few cases, face-to-face, as we had to go to the house. So that closeness with the child was not guaranteed if we could not see them and know that he was not being violated. [And our organisation] was not prepared either, despite the fact that we tried to adapt our approach for follow-up [...] Families, if they do not have timely and tangible support, do not accept these types of social projects, since they do not see as important the identification of emotions and affective bonds, parenting patterns, masculinities, and so on. Then this desertion of household [problems] to the institutional [realm] often deepened these problems."

Participants also noted that the reliance on remote modalities came with some downsides: If children or parents did not have access to a phone, it was difficult to maintain contact with children during school closures. The lack of access to remote modalities and other resources was seen as a key challenge for providing adequate continuity of care during the pandemic when social service providers were expected to lean on phones, social media, and other resources to maintain contact with the population. Even when phones were available, the shift to online modalities of contact did not come easily for some, and social workers indicated that they struggled to follow up with all the children that they needed to.



“[My social work organisation] was caught with its pants down. We work in-person in schools, parks, and neighbourhoods. We had to adapt to technology, but there were young people who did not know how to use some digital tools. We also had to wait for the schools to adapt and improve their conditions to be able to continue the social work [remotely] in schools. Some teachers told us that out of 40 students, only 19 were connected and that it was impossible for them to find the others.”

Similarly, remote applications like WhatsApp allowed remote follow-up to happen, but when electricity, phones, or internet access were unavailable, children were stuck. In other words, an overreliance on technology can deepen risks for those to whom access was not reliable or possible. As a social service worker in a focus group discussion put it:



“WhatsApp is the tool that has been used the most [by the school]. One issue, though, is that teachers can recharge their cell phones and use devices with the internet easily, because it is a privilege in these territories. But for others, the internet was often gone when we wanted to do some activities. [...] Also, using platforms like WhatsApp and some video calls has been difficult for elementary and preschool teachers. We [social workers] haven't known the pre-schoolers for two years, and it is very important, as they are in the early stages of their schooling.”



Photo: CINDE Colombia 2021



4.2 DEMOCRATIC REPUBLIC OF THE CONGO

4.2.1 Identification of new cases and follow-up

When the government introduced restrictions on movement to stop the spread of COVID-19, there were some concerns that the already limited social service work would stop entirely. Remote work was limited by technical capacity and access to internet technology, while in-person work was severely limited by fears of contagion. One report found that UNICEF was among the few organisations that maintained in-person operations during this time.²⁹

When it came to the identification of new cases during COVID-19, one of the key concerns participants raised was the lack of a formal mechanism to connect children with case management services or the SSW. Instead of identifying formal child protection mechanisms, participants reported that informal practices were the way that child protection risks were identified and followed up on. They reported relying on community resources, including child-led actions and other services of this nature. As one parent in Rutshuru explained, “During school closures, parents were not connected with the social service workforce in terms of case management.”

Some members of the SSW did follow up with children and families, but concerns were raised that this took place outside of the child protection system. As an educator in Rutshuru explained:



"During school closures [...] educators did their best to follow up distance learning and by engaging parents and children. Educators identified [protection] cases. They found some children working in a brewery, so these were real cases. However, they weren't able to advocate and report these cases to authorities. Educators condemned government social work services and child protection services because they were not able to enact effective protective mechanisms during school closures."

Many expressed concern that because schools closed and child protection mechanisms were not operational, school dropout and protection risks increased dramatically. Most students were unable to access or keep up with remote learning. Families were desperate for food and income due to economic hardship that was compounded by the pandemic and ongoing crises. Unable to attend school or study, children and young people faced additional protection risks, such as child labour and worst forms of labour, early marriage, mental health challenges, recruitment to armed groups, and physical and sexual abuse and exploitation. Existing community child protection structures at the local level,



such as child-friendly spaces, RECOPE (Community Child Protection Networks/Réseaux Communautaire de protection de l'enfance) and church groups, were not able to meet due to COVID restrictions.

From a group discussion with government social workers:



"During COVID-19, the community child protection mechanisms were not operational, and the reporting and referral of cases was limited. But we also know that COVID-19 has meant that children are going to school without learning anything and it wasn't their fault. School closures meant that some children ended up joining armed groups. Some did early marriage or started taking drugs or drinking alcohol. This period of school closures has created many infrastructural, material, physical, and psychological needs for children as well as for their parents and the community."

Some social service workers also said that their ability to identify and respond to new child protection cases was constrained by a range of other factors. Travel was expensive and unsafe. Some feared becoming infected with COVID-19. Even when a case that required psychosocial support was identified, some doubted whether any mental health and psychosocial support services were available. A social worker in Mweso explained:



"Mobility of social service workers was limited for fear of infection. Case referral was limited. Social workers did not have access to children's listening points for psychosocial support. Travel costs increased dramatically. With the closure of schools, other childcare facilities [also closed]."



Photo: © UNICEF/UN0162330/Tremeau

Formal mechanisms for follow-up were reportedly limited. Contact between a care provider and children happened mostly through remote modalities, including the phone and WhatsApp. One interviewee noted that the community protection network would liaise with social workers to keep in touch. However, this was complicated because these entities had to rely exclusively on their phones for communication due to COVID-19. These networks did not receive any training on how best to operate during the pandemic. As a result, follow-up was relatively rare, and when it did happen, it was remote.



Some respondents mentioned that they or their organisation organised meetings or trained social workers to follow up on individual cases of children. They focused on adhering to norms and standards of child protection in schools. At the same time, interviewees suggested that the education and child protection sectors did not coordinate, that child protection concerns were not yet on the radar of educators. They cited a lack of resources as well as occasional institutional or individual resistance as reasons for this lack of cross-sectoral collaboration. Participants also said that social workers were unable to follow up on children in their homes. They blamed a lack of emergency management training, along with the pandemic, for the inability of programmes and services to adapt and respond.

4.2.2 Adaptation of services

The range of services available to children and families in the study sites during school closures was extremely limited. The government closed schools with little consideration for how closures would impact child protection risks or how the SSW would continue to reach children during this time. There was also a lack of coordination between protection partners to mobilise resources to mount an effective child protection response. While a few schools benefited from remote modalities for learning and resources for COVID prevention, teachers, parents, and communities did not receive any resources for identifying and responding to child protection risks.

Consequently, there were few reports of services being adapted in response to the pandemic, with the exception of shifting some follow-up work to remote modalities like WhatsApp. One key informant pointed to a toll-free number in urban areas that students could call to register complaints. However, there was not an operational system for reviewing and responding to the complaints. Moreover, none of the children and families consulted for this study pointed to this number as a strategy where they could seek help.

Another strategy used at the local level was population-based awareness-raising. This was done to encourage communities to respect the COVID-related restrictions on movement, while also working to involve local protection actors and other local child protection mechanisms in the supervision of children during this time. However, these efforts were primarily focused on health, with a much more limited focus on attending to child protection risks.

4.2.3 Risks and challenges to continuity of care

When it comes to risks and challenges to the continuity of care, respondents expressed grave concerns about the government's lack of preparedness to anticipate and respond to child protection issues that the pandemic exacerbated. "People think about education, but they don't think about protection in the context of a child in the school," a key informant explained. They continued:



“There needed to be a contingency plan [for child protection] and it needed to be national. But psychologists are not referred to schools. There isn’t an action plan to respond to the psychosocial support needs at the local, provincial, and national level as a result of the pandemic.”



Photo: © UNICEF/UN0513053/Dejongh

Similarly, others noted that there was very little by way of follow-up on children during school closures. As a member of a government SSW focus group discussion put it, the government did “not have a strategy to support these children during school closures.” Many schools do not have counsellors or support staff. And even if they did, there was not any assurance that these child protection and safeguarding activities could continue once pandemic-related restrictions prevented freedom of movement.

Complicating these factors, members of the SSW found it difficult to monitor or follow up with cases, given quarantine restrictions and the lockdowns that were

happening, which restricted mobility. “The child protection activities in schools done by NGOs due to the containment or quarantine of certain areas was suspended,” explained a key informant. “This resulted in a significant decrease in monitoring of children or response to the needs of vulnerable children outside of the school environment.”

In addition, the efforts to follow up with children were not systematised. Parents and community members felt they were left to their own devices to respond to the child protection risks that they were aware of. In some cases of abuse, for example, parents reportedly settled a case out of court, while others brushed off the accusations made. One focus group discussion described how civil society can help follow up on a protection case; the community helped to sensitise the victim’s family to accept that their child had been victimized. This process was complicated, however, due to the pandemic-related movement restrictions in the communities. As one participant put it, “The distance approach is not well known by the parents we have worked with.”

■ ■ ■ ■ ■ “PEOPLE THINK ABOUT EDUCATION, BUT THEY DON’T THINK ABOUT PROTECTION IN THE CONTEXT OF A CHILD IN THE SCHOOL.”



4.3 LEBANON

4.3.1 Identification of new cases and follow-up

Section 3.3 elaborated on how Lebanon’s ministries of education and social welfare sought to work together to identify and respond to child protection risks during COVID-19. During the research for this study, however, it was unclear how well this cross-sectoral approach was functioning during school closures, particularly with the compounding effects of the country’s economic collapse, endemic teacher strikes, and fuel shortages. One official at MOSA said that their operations have been constrained because of the “outage of electricity and other limitations.”

NGOs also sought to respond to child protection risks during school closures. Many NGOs are listed in the country’s child protection information management system (CPIMS) and that MEHE can draw on these organisations if children are in need of mental health and psychosocial support. NGOs and CBOs organised non-formal education and, in these settings, teachers and principals sometimes acted as informal social workers. In refugee communities, after identifying children at risk of violence or neglect, teachers intervened by working closely with parents. Nevertheless, teachers said they saw cases that required professional support from a psychologist or medical doctor. Yet, making referrals was particularly challenging during the pandemic. Social workers were less accessible because they were unable to travel to these vulnerable communities during lockdowns.

When educators or social workers detected cases, either remotely or in-person, they responded in ways that they saw fit. Like Colombia and Lebanon, this often happened outside of the formal child protection system. In a focus group with teachers, several mentioned that they encountered Lebanese and refugee children who needed follow-up support. One teacher said that as a result of COVID and other factors, their students are psychologically affected. “They are stressed. They cannot always concentrate with us. They avoid eye contact, which to me is a clue that they are frightened.” A social worker in Bekaa describe a case of an 11-year-old Syrian girl whose father decided to take her out of school so that she could marry her older cousin. The social worker knew the father and daughter personally, which made it possible to speak frankly:



“I saw her, and she said that her dad engaged her to marry her (16-year-old) cousin. I then spoke with the dad saying, ‘You are committing a crime.’ We debated and discussed (‘Did you ask her? It’s a crime’). At the end, she came back [to school]. If she was a shy or fearful person, she wouldn’t have returned.”



Some teachers attempted to follow up with children with whom they had built personal connections. But while teachers tried to follow up informally when students disengaged, follow-ups proved to be extremely challenging during school closures. One teacher explained her experience in trying to help one of her female students:



“[During school closures], I began to notice that she was not participating or sending homework, and she was not responding to the audio recordings, or indicating whether she understood the sent videos or not. I contacted the mother. I learned that her family had separated, and this girl did not follow up on anything that was sent online. [...] the separation of her parents affected her, she became violent, she hated school, and she no longer want to study either online or in my presence. [...] I often spoke with the mother, to [urge her to] return to her husband, saying that this matter was in the interest of her children. And she returned to her husband, and I tried to communicate with the girl and I felt that I influenced her more than her mother. She answered me more than her mother, she respected me more. Now she has gone back to study. I was sending her audio recordings.”



Photo: © UNICEF/UN0550977/Choufany

According to government officials, there was a psychosocial support protocol for children who contracted COVID-19. A social worker from the social work syndicate would follow up with children with COVID-19. They would deliver six psychosocial support sessions via phone, in which they would address feelings of guilt for catching the virus as well as feelings like stigma due to isolation and any grief over loss.

Some refugee children were able to attend the virtual classes that NGOs facilitated on WhatsApp. Teachers created videos and lessons and then organisations tried to provide individual follow-up when they could. Even during these virtual classes, teachers reported seeing children who appeared traumatised or who appeared to be survivors of abuse and neglect. Some teachers noted that street-working children spent all day long begging outside and then attended classes later the same day.



4.3.2 Adaptation of services

During school closures, some adaptations took place at the level of the child protection system. Shifts to social work and case management happened in conjunction with the social work syndicate. This involved sharing tools, training, and coordinating to account for lockdowns and school closures. An official with MOSA explained:



“We coordinate with the syndicate. We did a project in partnership with them and UNICEF. Especially when COVID-19 took off, we coordinated with them a lot. [...] We set an action plan for social work during the pandemic, and how we will help people who are quarantined. There are tools that the syndicate sent to us in the ministry and we, as social workers, assessed those tools. We coordinate with them a lot.”

This coordination reportedly included members of the SSW around the country. When COVID-19 started, there was a lot of uncertainty amongst social service workers. A government official explained that a WhatsApp group was created whereby social workers could reach out to share information and ask questions to coordinate care. The government responded with details on how they could help through activities like writing reports, making home visits, and working with children and families.

Adaptation also took place through the formation of psychosocial support committees. These committees helped to infuse psychosocial support into the education system during school closures. UNICEF was among the actors that worked within these committees to provide psychosocial support to formal and non-formal education institutions. A member of a large international NGO described this adaptation:



“We started to see that those children are online and outside of school. What [issues] are they facing? What kind of messages do we need to provide them in order to support them in this situation? We came up with a set of activities that’s kind of like a competition for NGOs. We chose topics that we will work with, and we asked each NGO to share the content with us. [...] Our committee reviewed the materials and chose the most relevant materials of them all and shared them with all the organisations so that they could use them within their remote activities.”

Most saw remote-based modalities vis-à-vis technology as a vital, albeit imperfect, adaptation to continue to reach children while schools were closed. One INGO respondent explained how an internet connection could be used to reach children with disabilities. They explained that their organisation immediately saw the risks that school closures placed on children with disabilities and as a result, focused on enrolling them in



programmes and facilitating access to remote learning and social support. “We [...] enable them to have access to internet, connectivity, and encourage caregivers to enrol their child in school. These are the extra layers of support that [we offer].”

Some NGOs organised remote support groups. For example, the study team learned of a CBO and INGO who co-organised a parent support group. Over a six-week period, a group of 25 mothers got together on WhatsApp to exchange voice notes and provide updates on their home life. The sessions started with a theme, such as how to use positive language around children. One participant recounted, “When the mother would fight with her husband, she used to redirect her anger towards her children and hit her daughters. We used to focus a lot on moving [parents] away from beating their children.”

Some social workers sent awareness videos as a way to engage parents. In Sur, a group of educators and social workers sent awareness videos about COVID-19 while ensuring that students have devices to participate in online classes. The medical clinic in the Assumoud organisation was open for the parents and children during the whole period. “The foundation [Assumoud] provided psychological support through psychological lectures. The clinic project was successful. There was also educational assistance,” said a teacher. “It was not just about watching the video,” explained a social worker. “We were encouraging parents to send their comments on the video either through audio recordings or messages. We did the same thing with the children as well, as we were asking them to share their opinions through a drawing or a sentence.”



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School closures isolated many children from sources of support. However, for a few students, school closures offered different creative modalities for self-expression, including on child protection issues. Among the Lebanese and refugee communities, some shy students were reportedly more comfortable doing home-based activities. In an educators' groups in Sur, one participant recalled the situation of a shy girl who appeared more confident through remote engagement. “Now we could hear her voice,” they said, “but through the internet. [...] Young volunteers made very wonderful videos. They introduced topics like domestic violence into the videos.”

Some respondents also pointed to the importance of approaching or re-envisioning issues or existing academic or social emotional learning curricula through the lens of COVID. Some took existing programming and reinterpreted it to meet the needs and concerns that children were actively thinking about and expressing. A key informant from an INGO explained efforts to infuse child protection into education programming during remote learning:



“We have case workers and social workers, but we also have recruited teachers who are leading in these virtual classrooms. Those are trained to deliver remote observations. In addition, we, the fieldwork team, work with teachers and families as well, to be able to differentiate and adapt our content to the needs of children with learning difficulties or disabilities. One thing to mention here is that whenever I speak about education interventions, we say that there is child protection taking place. So, we’re integrating social emotional learning in our intervention.”

A focus group of parents and educators echoed this effort to adapt programming to the COVID context, noting that every conversation with young people had to be done with consideration for the stressors in their current situation.



“In our work we stopped the things that we were working on before COVID. So if we were talking about adolescence, we started talking about adolescence during COVID; if we were talking about conflict resolution, we were forced to talk about conflict resolution during COVID. We as employees have been, over the years, trained on certain things. Suddenly we had to develop new skills because things changed. We had to search on Google, look at research and studies. We faced difficulties all the time, but we were able to coordinate with people who supported us in using the Zoom programme and people who specialise in COVID more than us. We also coordinated with associations that gave training to the team.”

The testimonials gathered revealed incongruencies between the experiences of teachers, parents, and children at the community level and response efforts at the decision-making levels (i.e., INGOs and government agencies). MEHE, MOSA, Social work syndicate of Lebanon, and international agencies testified to the significant amount of work they led to improve case management and referral pathways for child protection during the pandemic. However, family members and CBO workers made few references to these mechanisms or sources of support. This prompted discussions around the need for more outreach to the most vulnerable communities and the deficit in the government's capacity to provide quality social work at the national level.

4.3.3 Risks and challenges to continuity of care

The SSW was tasked to identify and respond to child protection risks prior to school closures, but crises like COVID-19 presented major challenges. The SSW was under-resourced and under-supported. This was compounded by the low capacity of the



SSW, even before the pandemic. There are approximately 1,200 public schools in Lebanon, but only 47 SSW at MEHE and 82 within MOSA. At MEHE, the SSW received requests from schools to contract psychologists to each school, but funding shortages meant this did not happen. The study also found limited evidence of the type of professional development opportunities that the workforce needs to do its jobs well.

COVID-related challenges converged with other stressors facing schools, communities, and the country. The price of fuel spiked and families could not afford to travel to community centres or NGO offices for social services. Likewise, NGO budgets reflected the surge in fuel prices.

These concurrent crises spared few from hardship, including those who shared responsibility for looking after children. Some teachers had their own children, and their families faced some of the same pressures that their students and parents were also experiencing. Members of the SSW struggled. The child protection coordinator at DOPS reported that their 47 child protection counsellors experienced various degrees of shock and burnout. “They needed support for themselves.” Unfortunately, this study identified few resources that provided support to the SSW.

A government official at MOSA offered a frank assessment, noting that the social welfare sector was overwhelmed by the scale of need, lack of accountability, limited resources, and compounding crises afflicting the country:



“Let me tell you about our challenges. We have shortage in services, especially mental health services. The needs increased drastically. There are needs that are not included in our services, and we’re now joining them to our services package. We have shortages in providing educational services. For example, when you see a child unable to attend class because of the inability to provide transportation, instalments for private schools, transportation, or books, they are additional challenges. We have logistics problems as government staff. We have power outages, low salaries in this deteriorated economic situation, bureaucracy that delays the response to cases, all those are challenges to us as professionals. The responsibility of child protection is not someone’s responsibility, it’s everyone’s responsibility.”

For these reasons, social service workers, along with teachers, appeared to rely mostly on their sense of care and experiences as parents to respond to the risks they observed around them. A teacher in Taanayal mentioned that she and her fellow teachers are not trained mental health professionals and yet they have little choice but to perform the duties of a social service professional. “Some students have psychological problems,



and we don't have a psychologist at school," she said. "So it means that we are required to handle those cases, even if we don't have experience in psychology or mental health and well-being." Such testimonies were common across CBOs and other non-formal service providers for Lebanese, Syrian, and Palestinian children.

The use of technology was also not a fail-safe way to promote the continuity of care. It facilitated assistance to some children but most still needed assistance. Some children or families did not have a phone; electricity was often unavailable. The internet was unstable. "We were making our effort to work with the parents, even if it was online," said a participant in a focus group.

■ ■ ■ ■ ■ "WE WERE SENDING AWARENESS CLIPS TO CHILDREN AND PARENTS ABOUT COVID. WE SOMETIMES ASKED THEM TO DO ACTIVITIES AFTER WATCHING THE VIDEO, BUT WE FACED MANY DIFFICULTIES. SOMETIMES THE PHONE DIDN'T WORK OR THE ELECTRICITY WAS CUT OFF, OR THE INTERNET WAS WEAK, BUT WE WERE, AS MUCH AS WE COULD, CONTINUING TO FOLLOW UP WITH THE PARENTS."



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Limited access to technology also meant that families could not access health and safety messages, psychosocial support sessions, or hotlines that international and government agencies claimed they had set up.

The shift to online learning also made it difficult for teachers to identify signs of violence, abuse, neglect, or exploitation. When classes were held in person, teachers could more easily detect child protection issues. “If a student gets hurt, we know whether it’s an accident or whether he was beaten. There are some students who lie about this and say it was an accident. But it is sometimes obvious because they have bruises or slap marks on their faces.” By contrast, detecting risks to child protection during remote learning was much more difficult. Teachers were reduced to seeing children on a digital screen, if at all.

Teachers also saw remote learning as much more transactional and less relational; teachers delivered their lessons and then were done. “It was more difficult during online education because we didn’t see students [...]. It’s better to see the student face-to-face. In online classes, you have 45 minutes to perform the lesson to the students. You don’t have time for side talks.” Reflections on online experiences mostly came from teachers of Lebanese children, because very few refugee children had any access to online learning during school closures.

National level key informants also described how some capacities at the ministerial levels have been weakened and some government offices have even temporarily closed. The director of the Higher Council for Childhood, which is a department within MOSA, put it in the starkest of terms:



“We haven’t done anything. We work mostly in policies. We can’t reach children. We haven’t done activities. The government closed the country.”

The interviewee went on to claim that their offices often lack electricity and they are purchasing power banks with their personal money. The narratives revealed a tone of helplessness, but also suggest that the status and plight of communities and children who have become more vulnerable as a result of such inaction has become normalised.

■ ■ ■ ■ ■ TEACHERS SAW REMOTE LEARNING AS MORE TRANSACTIONAL AND LESS RELATIONAL; TEACHERS DELIVERED THEIR LESSONS AND THEN WERE DONE.



5

DISCUSSION AND RECOMMENDATIONS





5.1 Discussion

School closures in humanitarian contexts in this study functioned as an unfortunate tipping point when it came to child protection risks. In addition to poverty, economic uncertainty, and other political and environmental challenges, school closures made it exceedingly more difficult for social service workers to provide a semblance of a systematic response.



When it came to the pandemic, the three contexts shared some unfortunate realities. Each was dealing with multiple, compounding crises even before the pandemic began. COVID-19 school closures introduced more risks to the protection of children, while exacerbating other risks too. The SSW in each setting, which was already stretched beyond capacity prior to the pandemic, was then tasked with following up on child protection risks within this new and unprecedented operating environment.

The research findings show innovative ways in which some social service workers identified new child protection risks and sought to follow up during school closures. However, these actions typically did not happen within the context of a child protection system or another formal response mechanism. Even when told of adaptations to respond to child protection risks during COVID-19 school closures, there was little evidence of implementation on the ground or at sub-national levels, particularly in the DRC and Lebanon. For example, remote learning did not exist for most children in this study. Given this lack of access to technology, most children were unable to receive any type of remote-based social service support either, even if the government or NGOs offered it. Study participants reported limited interface with social service workers, either remote or in-person, during this time.

Instead, the identification of child protection risks during school closures tended to happen informally, through a teacher or another nurturing individual who assumed responsibility to help a child or family. However, teachers and other paraprofessionals often had insufficient knowledge about what to do or how to respond once they identified a risk. Even when helplines—which could provide referrals—existed, children and families did not necessarily know the number to call or have access to a phone. Risk communication



materials were not always in the language of a displaced or refugee family. And even when systems were set up to meet the needs of children and families, the utilisation and uptake of services could be further constrained by a lack of transportation, fear of the virus, or (particularly for the case of refugees) a lack of trust in government systems.



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The social workers, teachers, and other paraprofessionals who responded to child protection risks during school closures often went above and beyond to respond to child protection risks on their own. At the same time, individual action is not equal to the task of sustainable protection: broader, systemic change is needed to improve and strengthen child protection systems. This must include enhancing the capacity, funding, accountability, and recognition of the SSW so that it can do its job safely and effectively with the resources it needs.

Given that each of the study countries encompasses a humanitarian crisis with ongoing armed conflict and displacement issues, the lack of local engagement with child protection reporting mechanisms is alarming. In all three countries, there were notable increases in cases of armed recruitment of children, child marriage, sexual abuse, and other issues during school closures. Thus, the lack of available social services during COVID-19 is a serious cause for concern that warrants further investigation to understand the constraints in reporting and response mechanisms that were related to COVID-19 school closures vis-à-vis challenges that are related to providing social services in humanitarian settings more broadly.

Another point that may influence future SSW responses is to consider whether and how school closures during IDOs like COVID-19 are different from school closures that take place in response to other crises. For example, during natural disasters, political protests, armed conflict, or teacher strikes, there is rarely an attempt on the part of governments and other actors to continue to provide learning, including remote learning. By contrast, with COVID-19 there was an effort to keep children connected to their teachers or schools. Even if these efforts were not as successful as hoped, keeping children connected to schools and



teachers during lockdowns could provide a way to help children stay connected to formal institutions, including both education and social services, because they may be one of the few ways children can remain in contact with trusted adults during lockdowns.³⁰

5.2 Recommendations

The following lessons are informed by study findings. They consider how to strengthen the effectiveness of the SSW in humanitarian and crisis contexts in the event of school closures due to infectious disease outbreaks (IDOs).

1

Decision makers must account for the harmful effects that IDO school closures have on the well-being of children in humanitarian settings.

Decisions whether or not to close schools during IDOs must be informed by the best public health evidence of disease transmission. It must also account for the growing evidence from the COVID-19 pandemic that a decision to close schools will make the lives worse and more dangerous for children, both in terms of their learning as well as their safety and protection.³¹

2

To be effective during IDO school closures, social welfare ministries need better coordination with education and health ministries for the purposes of preparedness, continuity of services, and adapting services during school disruptions and other restrictions on movement.

Governments and humanitarian organisations must harmonise their efforts to enhance case management systems; improve the effectiveness and services offered by hotlines and helplines; dedicate resources (e.g., professional development, counselling services) for a stronger SSW over the longer term; and find opportunities to bridge the divide between humanitarian child protection mechanisms and national child protection systems. This can include working across government ministries to develop risk mitigation plans, data management, and reporting systems during IDOs.

3

The SSW requires more wholesale integration into education systems, not only schools.

In humanitarian settings that are already constrained for resources, there may not be adequate SSW staff to work in schools. Education systems, therefore, are well positioned to maintain some connection with students, even during school closures. Teachers and school administrators can be better capacitated to identify and make referrals as part of a more cohesive collaboration with social services systems, while also recognising that teachers may be facing similar stressors as their students. This could include training teachers on what to do if they see signs of abuse in their students. If remote learning does happen, teachers need to know what to do if they see a problem, including guidance and support to identify abuse and neglect as part of a larger revision of contingency planning and training.



4

Parent-teacher associations and school management committees can help inform a protection focus so that communities can better anticipate and respond to emerging risks during school closures. This process can be facilitated by a trained and sufficiently resourced SSW that is attuned to the needs of schools and the surrounding community. Together, these school groups and social service workers can work on finding ways to ensure the continuity of care, even during IDO school closures.

5

Remote modalities can only be effective if they align with the lived experiences of children, teachers, and families as well as social services workers. This study saw some evidence for how remote modalities can be used to reach children during school closures. But in equal measure, the study illustrated some of the extreme challenges to applying remote modalities in humanitarian contexts, particularly for those who did not have access. Left unchecked, an overreliance on remote modalities will reinforce existing inequalities. Governments and NGOs should consider how technology can be better used to improve the effectiveness of the SSW. This could be done, for example, by considering the utility of modalities such as WhatsApp, information management systems, chatbots, etc. In a best-case scenario, remote learning options could offer a protective function for children by maintaining their connections to educational institutions as well as social and protective services.

6

Designate the SSW as an essential service, one which requires better support and financing to do their jobs safely and effectively. Governments must classify social service workers as an essential service. This point mirrors calls to action from the UN and many other agencies during the pandemic.³² Designating social service workers as essential can allow them to follow up on children in high-risk situations, even in contexts when there are restrictions on movement. In addition, the SSW needs PPE, priority access to vaccinations, training and supervision, freedom of movement during lockdowns and school closures to reach children in need, and sufficient compensation.

7

Raise awareness of what child protection resources are available to children and families during IDO-related school closures. Teachers and other concerned citizens should not feel like they have to “go it alone” to respond to child protection risks without knowing how to refer children to support. As part of preparing for future IDOs, governments and NGOs should raise awareness about the sources of support that are available for children and families. Modalities of risk communication and community engagement should reflect the preferences and realities of the population. Children and families need to know what services are available, what the helpline phone numbers are, and the eligibility criteria of services (e.g., the ability of refugees to access host country services) to address misinformation and discrimination.



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THE ALLIANCE
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