

THE IMPACT OF COVID-19 ON THE CHILD PROTECTION SYSTEM IN BANGLADESH

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PhD acknowledgment

My professional doctorate has represented a wonderful journey in both my personal life and career!

It all started when I was asked by UNICEF Egypt country office to present my working model on community-based child protection and psychosocial support at the Global symposium “GROWING UP IN CONFLICT: THE IMPACT ON CHILDREN’S MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING’ hosted at The Hague in May 2015. This is when I was honored to personally meet Professor Alastair Ager, Columbia University Professor as well as UN expert and consultant. It was at this event that the idea to document my professional practices as a child protection specialist was born, yet I had no idea of the intense and demanding journey that I was about to embark on! Luckily Professor Alastair supported me to connect my research through Edinburgh where he was Director of the Institute for Global Health and Development research. This presented a much more feasible travel destination as a full-time worker and mother of a toddler (at the time!) who would be flying in from Cairo.

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The third and last assignment was possible during my stay in UNICEF Bangladesh where I served as child protection manager and OiC Chief of section, responsible for harmful practices and violence prevention and lead for a national violence prevention program of 20 million euros supported by the European Union.

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Abstract

This dissertation reviews the impact of COVID-19 on the child protection system in Bangladesh and approaches adopted by UNICEF to address there. Bangladesh represents a very rich scenario for a case study on child protection and COVID-19, with several child protection issues of concern interconnecting. Prevalent issues include violence against children and women (VACW) and harmful practices such as child marriage and child labour, both intersecting with humanitarian crises for the Rohingya refugee population. The core research addressed is: “How has COVID-19 impacted the child protection system Bangladesh?”, which is addressed with a mixed methods approach. A definition of child protection is provided, presenting the criteria utilized to assess the child protection system and its adjustments in Bangladesh during the course of the COVID-19 pandemic. The thesis elucidates both the impact of COVID-19 on violence against children and harmful practices in Bangladesh as well as UNICEF support to the Government of Bangladesh. It is shown how COVID-19 provided an entry point for UNICEF Bangladesh to accelerate and expand some of its previous investments in the elimination of violence against children and the strengthening of a child protection system. The thesis concludes that there was a major shift at the government level from a project based and vertical programmatic response to a much more sustainable and scalable approach. This brought tangible progress in the establishment of a child protection system to prevent violence against children and women and harmful practices.

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Abbreviations

APC	Accelerating protection for Children
BBS	Bangladesh Bureau of Statistics
BCO	Bangladesh Country Office
BDRIS	Birth and Death Registration Information System
BIDS	Bangladesh Institute of Development Studies
BMZ	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung
BPRP	Bangladesh Preparedness and Response Plan for COVID-19
BRAC	Bangladesh Rural Advancement Committee
BSA	Bangladesh Shishu Academy
BSST	Basic Social Service Training
BTV	Bangladesh Television
C4D	Communication for Development
CAC	Child and Adolescent Clubs
CBCPC	Community-based Child Protection Committees
CBCPM	Community-Based Child Protection Mechanism
CBO	Community-Based Organization
CCC	Core Commitment for Children
CDC	Center for Disease Control
CHL	Child Help Line
CIPRB	Center for Injury Prevention and Research Bangladesh

COAST	Crisis Outreach And Support Team Foundation
COC	Code of Conduct
CODEC	Community Development Center
COVID-19	Coronavirus disease 2019
CP	Child Protection
CPC	Child Protection Committees
CPD	Country Program Document
CPMS	Child Protection Minimum Standards
CPSS	Child Protection Systems Strengthening
CRC	Convention of the Rights of the Child
CRF	Child Rights Facilitators
CSPB	Child Sensitive Social Protection in Bangladesh
DGHS	Directorate General of Health Services
DIFE	Department of Inspection for Factories and Establishments
DSS	Department of Social Service
DWA	Department of Women Affairs
ECD	Early Childhood Development
ECM	Ending Child Marriage
EU	European Union
FDMN	Forcibly Displace Myanmar Nationals
FGM	Female Genital Mutilation

FV	Family Violence
GBV	Gender-Based Violence
GED	General Economic Division
GP	GrameenPhone
GPS	Global Positioning System
HP	Harmful Practices
IASC	Inter-Agency Standing Committee
ICMH	Institute of Child and Mother Health
IEC	Information Education and Communication materials
IEDCR	Institute of Epidemiology, Disease Control and Research
ILO	International Labor Organization
INGO	International Non-Governmental Organization
IP	Implementing Partners
IPC	Implementing Partners Committee
ISCG	Inter Sector Coordination Group
J4C	Justice for Children
JCF	Jagorani Chakra Foundation
KAPN	Knowledge, Attitude, Practices and Norms
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer (or questioning), and Intersex
LGD	Local Governments and Development
LIS	Library and Information Science

LPADMLJP	Legislative and Parliamentary Affairs Division Ministry of Law Justice and Parliamentary Affairs
MHPSS	Mental Health and Psycho-Social Support
MICS	Multiple Indicator Cluster Survey
MJF	Manusher Jonno Foundation
MOE	Ministry of Education
MOHA	Ministry of Home Affairs
MOHP	Ministry of Health and Population
MOLE	Ministry of Labor and Employment
MOLJ	Ministry of Law and Justice
MOPME	Ministry of Primary and Mass Education
MOSW	Ministry of Social Welfare
MOWCA	Ministry of Women and Children Affairs
MOYS	Ministry of Youth and Sports
MPC	Multi-Purpose Centers
MTEF	Medium-Term Expenditure Framework
NGO	Non-Governmental Organisation
NHRC	National Human Rights Commission
NPA	National Plan of Action
NPAEVAWC	National Plan of Action to Prevent and Respond to Violence against Women and Children
OCC	One Stop Crisis Center

OCHA	Office for the Coordination of Humanitarian Affairs
OECD	Organization for Economic Co-operation and Development
OHCHR	Office of the High Commissioner for Human Rights
ORG	Office of the Registrar General
PFA	Psycho-Social First Aid
PSEA	Prevention of Sexual Exploitation and Abuse
PSN	Program Strategy Note
PSS	Psycho-Social Support
QMU	Queen Margaret University
RAM	Results Assessment Modules
RAPID	Records and Processes Improvement Design
RCCE	Risk Communication and Community Engagement
READ	Ready materials, Extract data, Analyze data and Distil findings
RTAPP	Revised Technical Assistance Project Proposal
S4D	Sports for Development
SAEP	Standardized Adolescent Empowerment Package
SBCC	Social and Behavioral Change
SDG	Sustainable Development Goals
SEA	Sexual Exploitation and Abuse
SEM	Socio-Ecological Model
SGBV	Sexual and Gender-Based Violence

SID	Statistics and Informatics Division
SRHR	Sexual and Reproductive Health and Right
SSW	Social Service Workforce
SSWG	Safe Spaces for Women and Girls
SW	Social Workers
TAPP	Technical Assistance Project Proposal
UN	United Nation
UNCT	United Nations Country Team
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAC	Violence Against Children
VACW	Violence Against Children and Women
VSC	Victim Support Center
WASH	Water Sanitation and Health
WFP	World Food Program
WHO	World Health Organization

1. Introduction

The COVID-19 pandemic, declared by The World Health Organization in March 2020, reached the dimensions of a child rights crisis (Lilly, 2020). In fact, COVID-19, undergoing its 7th wave in autumn 2022, is still creating significant additional pressure on almost all countries worldwide, exacerbating the vulnerabilities of affected populations. Prevention measures such as school closures and restrictions on movement have severely disrupted children's and adolescent's social support having a direct impact on violence and psychosocial distress (Save the Children, 2020a; WHO, 2022).

Likewise, child protection systems have been impacted by COVID-19, creating 1.8 billion increasingly vulnerable children living in developing countries as well as industrialized countries (UNICEF Bangladesh Country Office, 2020c). This research considers Bangladesh as a case study, because this country represents a very rich scenario where several child protection issues of concern interchangeably connect, such as violence against children and women (VACW), harmful practices like child marriage and child labor, as well as humanitarian crises (UNICEF, 2016; Save the Children, 2020b).

This research concentrates on government and UNICEF action to prevent and respond to violence against children. The focus is on how the child protection system adjusted during COVID-19 and which investments were made to empower children, their families and community members. It explores how to boost the capacity of the social workforce and all sector's frontlines and in particular it looks at the response provided by the national Child Helpline (CHL) 1098 and services for the most marginalized children (UNICEF *et al.*, 2020).

Globally, the impact of COVID-19 on children, adolescents and their communities has been massive and has exacerbated pre-existing problems, especially for those already affected by inequality, poverty, disability or social exclusion, including those in humanitarian crisis like refugees, migrants and those internally displaced (OCHA, 2021).

The most marginalized children have been disproportionately affected by the crisis. The urban poor, children living on the streets, and migrant and displaced families have become the most disadvantaged as they live in overcrowded settings, without water and sanitation facilities which make it very difficult for them to comply with physical distancing and other COVID-19 prevention measures (UNICEF, 2020e).

Elsewhere in the world, it is estimated that the 420 million children and their families who live in conflict-affected and fragile settings - including 12 million refugee children and 17 million children internally displaced due to conflict and violence - have been exponentially impacted by the extra burdens that COVID-19 has placed on them (UNICEF, 2020h).

COVID-19 has significantly affected the settings in which children are living due to the adoption of prevention measures, such as lockdown, school closures and physical distancing which has had a negative impact on children and their family's daily lives and consequently has disrupted social support and introduced new significant stressors to households (OECD, 2020).

The immediate effects on the protection of children have been determined by increased stigma towards those affected by COVID-19 and/or living in overcrowded settings or in conditions of poverty, loss of income and most of all restricted access to protective networks like social workers, school teachers, health practitioners among others.

Another important reflection is linked to the fact that COVID-19 has presented a highly changing scenario that has forced actors to oscillate/swing programmatically from response to recovery and back. This has extensively tested the resilience of individuals and child protection social workers, para-social workers and community volunteers (Williams and Pontalti, 2021).

Globally, but also regionally and in Bangladesh, child protection issues of concern have been significantly exacerbated by the pandemic. Levels of physical and emotional maltreatment, neglect, online abuse and bullying have all reportedly increased, no support

service if a child would be affected by any form of disability or if he or she was already in a vulnerable and discriminated category like lesbian, gay, bisexual, transgender, queer (or questioning), and intersex (LGBTQI) or refugees and migrants, unaccompanied and separated children; disruption of child protection systems like alternative care, juvenile justice; direct impact on harmful practices like child labour, child marriage and legal identity; However, the extra burden on parents and caregivers that includes supporting children through home schooling, the loss of livelihood opportunities, social isolation and increased stress has exponentially led to a rise in domestic violence or the witnessing of intimate partner violence (Fry *et al.*, 2021). And while it's expected that cases of violence would increase, the reduced capacity in monitoring and reporting has made such cases particularly challenging to identify. (The Alliance for Child Protection in Humanitarian Action, 2020b).

This research is looking at the preliminary requirements to successfully overcome the impact of such a pandemic under a child protection system strengthening point of view. This includes key required actions to build a continuum of care and protection which will require constant adaptation of child protection services; to advocate with governments to ensure a sound policy framework that is child focused to develop; to mobilize communities to lead on the child protection preventive and responsive interventions; and to adjust and boost child protection systems (CDC, 2022). Another critical programmatic priority for child protection is to ensure monitoring, evaluation and assessment are constantly conducted to be able to adjust programmatic interventions in order to ensure transition/recovery plans for all affected children, families, and communities are put in place timely and are evidence based.

1.1. Situation of Child Protection during COVID-19 globally and in Bangladesh

The abovementioned confinement and restriction of movement has directly increased incidents of violence against children. Preventive measures like lockdowns, which are aimed at controlling the spread of the virus, can expose children to a wide range of

protection risks like violence, exploitation, abuse and neglect. Increased stressors, like loss of income generating activities and social isolation caused tensions in households among parents and caregivers. It is widely recognized that those stressors are substantial causes for domestic violence (UNICEF, 2020c).

Likewise, child protection services have been debilitated by restrictive measures and have resulted in 1.8 billion increasingly vulnerable children who live in over one hundred countries where violence prevention and response services have been disrupted due to COVID-19 (Patrinós and Donnelly, 2020).

Another impact of child protection vulnerabilities generated by the pandemic is an increase in child labor, which comes after 20 years of progress and a recorded drop of over 90 million children engaged in harmful and severe forms of labor (UNICEF and ILO, 2020). With the loss or reduction of household income, there has been an increased need or expectation for children to contribute to their families financially by engaging in work. (UNICEF, 2020c)

The pandemic and its resulting social isolation have left the most vulnerable children even more invisible. With the closure of courts and trials on hold, the duration of children's stays in detention facilities have been prolonged. Another observable child protection issue linked to harmful practices that is directly related to the economic crisis and loss of job and financial income is child marriage. Child marriage as a family coping mechanism also requires its own dedicated strategy (UNICEF, 2021b).

It is fundamental to consider that Bangladesh is one of the most densely populated nations worldwide. According to the last census the country has about 171 million people, 57.5 million of whom are below 18 years of age. Additionally, over 31 per cent of households still live below the national poverty line (UNICEF Bangladesh, 2014).

According to multiple indicator cluster survey (MICS) 2019 more than 45 million children below the age of 14 experience violence in the home systematically (UNICEF Bangladesh Country Office, 2019). Gender based violence and harmful practices like GBV (MJF,

2020), child marriage (UNICEF Bangladesh Country Office, 2019) and hazardous forms of child labour persist (MJF, 2020). As a direct outcome, 20 children are dying every week from extreme forms of violence and abuse. Yearly, an average of 14,029 adults and children die from drowning during climate change related emergencies like flooding, which translates into more than 30 children dying each day from drowning in Bangladesh (Hossain *et al.*, 2022). Furthermore, there are millions of children on the street and out of school, low levels of birth registration and more than one hundred thousand children in institutional care because of a lack of alternative care arrangements that are community/family-based.

Additionally, even prior to COVID-19 there was a meaningful gap in the protection system nationwide, including the lack of a qualified social workforce which represents the fuel of every child protection system. Three thousand is the number of social workers in the country while at least 85 thousand are required based on global calculations on the ratio of one social worker per 100 thousand individuals. As of 2019, prior to the COVID-19 pandemic, more than 100 thousand children were placed in institutions, which amounts to almost 65 children per 100 thousand population.

Given this complex context, UNICEF is committed to adopting a public health approach that invests in universal prevention which consists of guaranteeing that every child grows up in a protective environment. Universal prevention of violence, abuse, neglect, exploitation, and harmful practices foresees access to birth registration, family strengthening programs, justice, and online protection among other rights (UNICEF, 2021f).

With a prevalence of 51 percent, Bangladesh ranks among the top 10 countries in the world with a high incidence of child marriage, this translates to 38 million girls married before the age of 18 and 13 million girls married before age 15 (MICS 2019).

Additionally, children living in humanitarian contexts now find themselves in a double crisis with fragile and depleted services unable to respond to the global pandemic (Fore, 2021).

Three years into the Rohingya refugee crisis, women, men and children – driven from their homes in Myanmar into camps across the border in Bangladesh – are more vulnerable than ever. According to the UN World Food Programme (WFP), almost all refugees remain entirely dependent on food assistance to survive (UN News, 2020).

The complex Rohingya refugee crisis erupted in August 2017, following attacks on remote police outposts in northern Myanmar by armed groups alleged to belong to the community. These were followed by systematic counter attacks against the minority, mainly Muslim, Rohingya, which human rights groups, including senior UN officials, have said amounted to ethnic cleansing. In the weeks that followed, over 700,000 Rohingya – the majority of them children, women and the elderly – fled their homes for safety in Bangladesh, with little more than the clothes on their backs. Prior to the mass exodus, well over 200,000 Rohingya refugees were sheltering in Bangladesh as a result of earlier displacements from Myanmar (OCHA, 2022).

COVID-19 has meaningfully exacerbated Rohingya's vulnerabilities. Disrupted supply chains due to COVID-19 lockdown measures have also affected the availability of fresh food. The pandemic has also hit the scaling up of WFP's e-voucher programme, which provides food assistance to almost 88 per cent of the refugees. Efforts to cover all camp residents, originally planned to be completed in the first half of 2020, have been pushed towards the end of year due to the outbreak. Measures have also been taken to mitigate the risk of COVID-19 at in-kind distribution sites where about 12 percent of refugees receive rice, lentils and oil (UN News, 2020).

The outbreak of COVID-19 in the refugee camps, such as the main camp in Cox's Bazar in southern Bangladesh – the largest and most overcrowded in the world – has put Bangladesh and the international community under high pressure. With several hundred thousand people living in an area of just 13 square kilometers, social distancing has been almost impossible.

In addition to COVID, relentless rain and hazardous weather have added to the challenges. According to humanitarian reports, over 100 thousand refugees have been affected due to

the heavy monsoon rains this year, that destroyed shelters and washed away crops (ISCG, 2020).

One of the most significant impacts on children and their communities there is the disruption of learning. Education centres in the camps have been closed since March 2020 - as is the case in the rest of Bangladesh - preventing more than 300 thousand children and adolescents from accessing learning opportunities, according to UN Children's Fund (UNICEF) (United Nations Children's Fund (UNICEF) Education, 2021). UNICEF and partners have assisted efforts to help children learn at home, engaging parents and caregivers to support learning and providing workbooks and visual aids. However, significant challenges remain, including the fact that many parents cannot read and write (UNICEF, 2020i).

In spite of the incredibly difficult circumstances, the refugee population is actively participating in response efforts to prevent and manage the threat of COVID-19. With the reduction of humanitarian workers in the camps to limit the spread of coronavirus, humanitarian organizations and UN agencies have established new ways to deliver critical services and raise awareness of the disease (UNICEF, 2020g). Rohingya volunteers and Bangladeshi personnel have been essential to such efforts. In July, for instance, UNICEF and partners launched a door-to-door Vitamin A supplementation campaign (Lateef, 2020).

1.2. The research question and the overarching framework.

Despite the catastrophic impact on child rights, the COVID-19 pandemic could represent an entry point for the development of policies and strategies that reinforce the humanitarian and development nexus. Indeed, adopting a nexus approach is critical to effectively addressing the COVID-19 pandemic, enhancing the resilience of the communities and strengthening systems in place in light of reducing risks in the event of future crisis (Lilly, 2020).

In line with the 2030 Agenda for Sustainable Development and ongoing reforms of the United Nations that recognize the positive role sustainable development can play in mitigating the drivers of humanitarian crises, COVID-19 can be used as a basis for building preparedness for future crises by enhancing risk reduction and in-country preparedness. This could include coordination and close monitoring for any secondary impact of the COVID-19 outbreak, including disruptions to child protection services and social services delivery (Ramos and Hynes, 2020).

Important limitations in understanding COVID-19 impacts on children's rights are acknowledged, due to lack of data and evidence. Therefore, it is critical to measure the impact of this phenomenon on the child protection system (UNICEF, 2021b).

This research refers as a conceptual framework to the **UNICEF Global Child Protection Strategy** that identifies five interlinked domains critical to ensure a protective environment for children: children themselves, parents, caregivers and families, communities, societies and child protection systems and other relevant sectors.

When we refer to a child protection system, we define this, according to UNICEF, as "...generally agreed to be comprised of the following components: human resources, finance, laws and policies, governance, monitoring and data collection as well as protection and response services and care management. It also includes different actors – children, families, communities, those working at sub-national or national level and those working internationally. Most important are the relationships and interactions between and among these components and these actors within the system. It is the outcomes of these interactions that comprise the system" (UNICEF, UNHCR, Save the Children and World Vision, 2013; Brunnermeier and Palia, 2021).

The six components of a child protection system extrapolated from the child protection global strategy (UNICEF, 2017c):

- I. “A robust policy, legislative and regulatory framework, including governance based on a cross-sectoral integrated and coordinated approach and minimum standards, oversight and enforcement mechanisms.
- II. Structures, functions and capacities, including effective governance structures, including leadership and coordination across government departments, between levels of decentralization and between formal and informal actors; clearly defined child protection roles, accountabilities and responsibilities, knowledge and capacities to perform key functions.
- III. Community, civil society and social norms, including harmonized formal/informal mechanisms to protect children; effective communication/mobilization to support CP including social norms and children’s life skills, participation and open discussion.
- IV. Preventive and responsive care, including services that meet standards across an appropriate continuum spanning prevention and response, children provided with proper care when needed; focus on prevention over response and social service workers in place and adequately resourced.
- V. Fiscal management and resource allocation, including human, financial and infrastructure resources, increased resources allocated to activities deemed cost effective, scaling up; child protection clearly articulated in budgets, MTEF and sustainable and results-based programming.
- VI. Evidence and data for decision-making, including reliable, useful and timely data available; high quality academic research, ethical and building local capacity and programme and project specific M&E.”

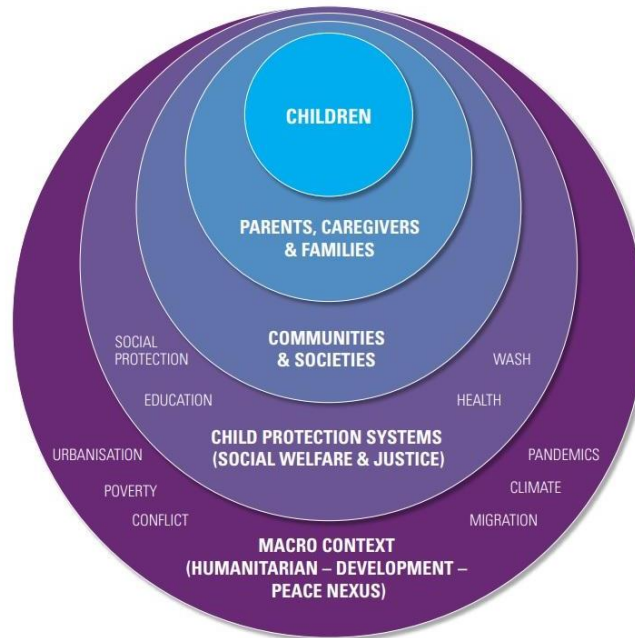


Figure 1: Framework for the Child Protection Strategy (Brunnermeier and Palia, 2021)

Another important framework the research refers to is the **socio-ecological model (SEM)**, which considers violence against children a multifaceted problem with underlying causes at the individual, close relationship, community, and societal levels. This means that the response must be analyzed at multiple levels and several entry points must be considered within the child protection system (UNICEF, 2015).

In order to assess the child protection system components and the way they have been adjusted during COVID-19 in the reality of Bangladesh, the research refers to few technical frameworks (Fry *et al.*, 2021).

At national level another critical reference framework is the UNICEF child protection program **strategy note**.

As per the **Strategy Note** “The UNICEF child protection programme will emphasize the importance of (1) a robust legal and regulatory framework; (2) equitable access to violence prevention and response services for children through an intersectoral approach and a strengthened social service workforce and; (3) strong support and promotion of positive social norms that discourage all forms of violence against children and women (VACW).

These primary workstreams will see increased adolescent empowerment and participation, build the capacity of parents and caregivers as main drivers of change and will serve to enhance the preparedness and resilience of child protection systems in areas of humanitarian response, migration and increasingly severe climate change impacts across all three outputs.”

Based on recent research on brain development, it is vital that early intervention is put in place to assist children that are more likely to be at risk of exploitation and abuse. Early intervention from community action in changing social conditions and institutional arrangements is critical to decreasing the increased probability of child abuse and neglect. Child abuse can occur in all parts of society, including the home, schools, community, church, and other institutions. The risks that each pose to children must be understood and eliminated. Other factors that need to be considered when intervening with child abuse are its effects on poverty, intergenerational cycles of disadvantage, cultural differences, unique experiences of indigenous and ethnic communities and humanitarian crises (Frazer, Guio and Marlier, 2021). Climate change also needs to be considered, as this also poses risks to children and acts as a multiplier of risk (UNICEF, 2021g).

Child protection must be viewed at a whole-of-population level, not explicitly focusing on high-risk families. Preventative frameworks need to be strengthened and embedded across all public and private sectors. This includes large service delivery sectors such as Health, Education, WASH, Social Protection and Nutrition, including Adolescent and early childhood development (ECD) services. Informed by a public health approach, UNICEF will follow a more upstream/systems perspective when dealing with Child Protection.

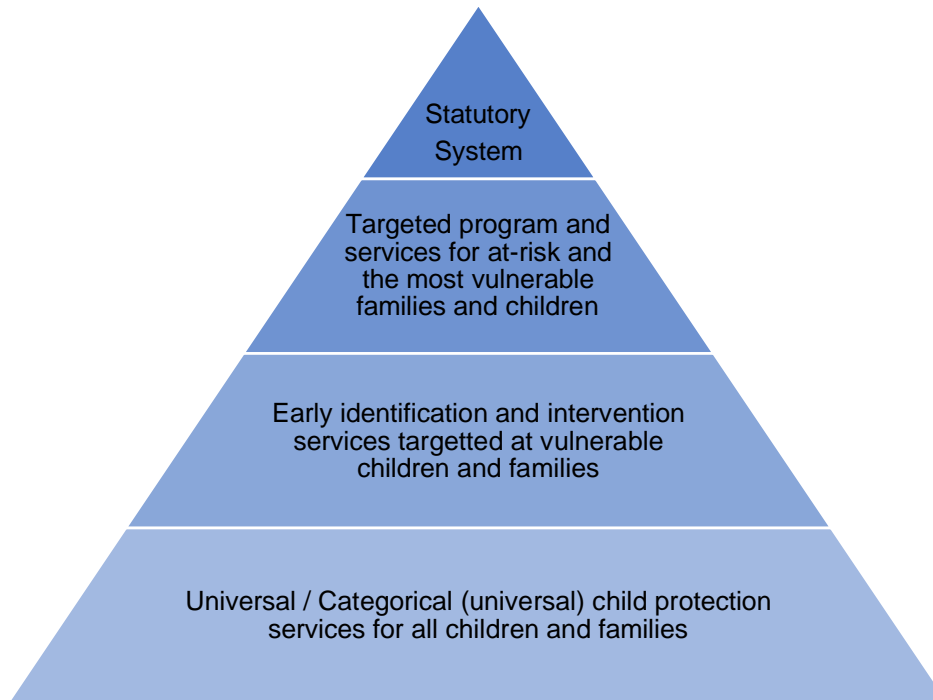


Figure 2 Public Health Approach to Child Protection inspire from the National Framework for Protecting Australia's Children 2009–2020 (Council of Australian Governments., 2009)

UNICEF’s primary goal is to strengthen and promote child protection and services for all children, including adolescents. A humane, compassionate approach is facilitated in all systems and services. UNICEF's child protection program approaches the issue in a multidisciplinary fashion, with a high focus on authentic research, best practices and lessons learned including successes, challenges acknowledged and its current weaknesses. The main changes from 2019 to 2021 were its redirection to more upstream work to reach the most children paying greater attention to gender equality and an intersectoral systems-based approach to work, the Leave No One Behind principle and prevention whenever possible. The programme seeks to strategically leverage public and private sector investments to make a more significant and sustainable impact.

UNICEF Bangladesh’s Child Protection Programme focuses on preventing violence, abuse and exploitation of children and adolescents using a social-ecological framework. All children and adolescents are considered in a public health approach to child protection

using a rights-based imperative in addition to addressing potential harm proactively (Wulczyn *et al.*, 2010).

The long-term psychological effects of the COVID-19 epidemic on communities, families, governments and children needs to be assessed as the number of people with the virus decreases.

The questions that arise as a result of this impact need to be addressed particularly in relation to the long-term effects of the pandemic on child protection services. Guiding principles establish a criterion for moving forward (The Alliance for Child Protection in Humanitarian Action, 2020a). When thinking of programmatic approaches, it is necessary to include the principles outlined in the child protection minimum standards (CPMS). The child and children's voices are of the utmost importance and their best interests must be considered throughout. (The Alliance for Child Protection in Humanitarian Action, 2020b).

Specifically, the research addressed the following main research question: **“How has COVID-19 impacted the child protection system in Bangladesh?”**

The main overarching question can be further unpacked into a few sub questions that follow: How has the child protection system adjusted to COVID-19? Were policies and regulatory frameworks issued or were the existing ones amended? How was the capacity of national and subnational stakeholders built to prevent child protection issues during COVID? How was the case management approach adjusted and how were outreach services, including mental health and psychosocial support (MHPSS) and social workforce's responses strengthened?

The research considers intermediate outcomes to achieve child protection system strengthening both prior and during COVID-19 (UNICEF, 2021d). To measure the adjustments of the child protection system the research focuses on any strategy or national policy level that has had issues in the given timeframe; the amendments that were introduced to the human, financial infrastructure within main Ministerial counterparts and,

if any children including adolescents and parents engaged in any community based or community led intervention? The research also assesses if any coordination among governance structures has been put in place and if a continuum of services exists to address children's needs prior and during COVID-19; Were there investments on the two main social drivers for positive change, working with adolescents as agents to eliminate violence and harmful practices, including online exploitation and abuse and the parents and caregivers who have a protective role towards children and adolescents?

The time frame considered for the research involves comparing how the child protection system in Bangladesh was addressing violence against children prior to COVID-19 in 1st January 2019 and then, in 31st December 2022, how the child protection system has adjusted and addressed violence against children during COVID-19 thanks to support to the child protection system from UNICEF and other actors. (Brunnermeier and Palia, 2021). The reason why I have chosen this timeframe is dictated by the fact that COVID-19 pandemic was declared in March 11th 2019, hence the need to look at documents related to the period immediately before, January 1st 2019 to assess what the situation was at the beginning of the year, as this is the period when United Nations annual reports are published for the previous year of implementation. As per the end line, I have chosen December 31st 2022 as majority of documents available concerning the response to COVID-19 were published by UNICEF and/or the government of Bangladesh at the end of the year in the form of annual report, donor reports and end of the year assessments. Until 2022, Bangladesh registered officially cases of COVID-19 positive individuals and masks would still be utilized sporadically as per my direct observation.

Table 1 UNICEF Child Protection Strategic Framework

 VISION	A world where all children are free from violence, exploitation, abuse, neglect & harmful practises (Guided by the Convention on the Rights of the Child)						
 GOALS	SDG 3.4 Promote mental health and well-being SDG 5.2 Eliminate all forms of violence against all women and girls SDG 5.3 Eliminate all harmful practises, such as child, early and forced marriage and female genital mutilation		SDG 8.7 End child labour, including the recruitment and use of child soldiers SDG 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children SDG 16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all		SDG 16.9 By 2030, provide legal identity for all, including birth registration Preventing family-child separation, ending institutionalisation of children and strengthening family-based alternative care		
 OBJECTIVES	1. All children grow in a protective environment (Universal Prevention)		2. Children living in situations of risk receive targeted support (Leaving No one Behind)		3. Children experiencing violations receive services (Response & Preventing Recurrence)		
 PROGRAMMING STRATEGIES	1. To effectively address the social, cultural and economic determinants of child protection violations at scale (with particular emphasis on social norms and gender transformation)		2. To support inclusive and effective Child Protection Systems in preventing and responding to child protection violations (with particular emphasis on case management and the social service workforce)		3. To effectively prevent and respond to child protection violations in humanitarian situations (and across the Humanitarian-Development-Peace Nexus)		
 PROGRAMMING APPROACHES	Strengthen data and research generation and use	Advocate for national legislation, policies, budgets & accountability	Build capacity for scaled up child protection service delivery across sectors	Strengthen the engagement of communities, children and adolescents	Develop partnerships for coordinated global and national action		
 THEMATIC PRIORITIES	Legal Identity	Access to Justice	Prevention of Family Separation	Mental Health and Psycho-Social Well-Being	Harmful Practises	Violence Against Girls, Boys and Women	Grave violations in armed conflict

1.3. Bangladesh as a case study for child protection system strengthening

As previously mentioned, urgent interventions are required to mitigate the risk of this massive health crisis turning into a child-rights crisis.

In a setting like Bangladesh, COVID-19 continues to trigger detrimental effects on children, their families and their communities in terms of affecting their safety, well-being, and perspectives. Bangladesh represents a very diverse scenario where several child protection issues of concern connect. It is also the landscape for a wide humanitarian crisis that has seen approximately one million Rohingya refugees - who now reside in the overcrowded Cox's Bazar refugee camp - flee from Myanmar. (UNICEF Bangladesh Country Office, 2019)

Among older adolescents, twice as many girls as boys say that the pressure to marry has decreased (14% boys vs 33% girls) since COVID-19. In the younger cohort, 16% of girls say the pressure to marry has decreased compared to 11% of boys. This protective effect, though small and deserving of more research, is important: data suggest that across locations, married girls are more than twice as likely as unmarried girls to report that

gender-based violence has increased in the community during COVID-19 (22% and 9%, respectively)” (Rahman, Baird and Seager, 2020).

The research concentrates on government and UNICEF response to the limitations that were faced in trying to contain the spread of the pandemic despite the very high density of population (UNICEF *et al.*, 2020). It is critical to consider that child protection systems were already weak even before the beginning of this unprecedented crisis, and that Rohingya refugees exacerbated pre-existing issues and brought inestimable damage especially to girls and children as well as those with disabilities and those at higher risk from violence, child marriage and trafficking (UNICEF, 2020d).

1.4. Aims and objectives

To summarize the scope of the research in this introduction, it is important to note that the research explores the response provided in Bangladesh by the Government and UNICEF to boost the child protection system in line with child protection global strategy, child protection program strategy note in Bangladesh and the social ecological model. A list of elements that will be considered as indicators of a system strengthening response will be the following:

Firstly, UNICEF technical support to the government of Bangladesh to boost the Child Helpline 1098.

Secondly, UNICEF support to governmental social workers for capacity building on case management, service provision and psychosocial support.

Thirdly, children, including adolescent and gender transformative programming to empower children and adolescents as agents of social change.

Fourthly, parental and caregiver support provided in the shape of community led child protection systems (UNICEF Bangladesh Country Office, 2020b; Brunnermeier and Palia, 2021).

The research unfolds by providing in the first chapter “the introduction”, which is an overview of the COVID-19 pandemic and its impact at global, regional and national levels on the child protection system. It also highlights the global frameworks and international standards within which the response to child protection issues in Bangladesh are assessed. It finally discloses the main research question and its sub-questions that guide the overall research.

The second chapter is the “methodology and methods” that summarizes the philosophical approach, the three main methodological phases applied (document review, secondary data analysis both quantitative and qualitative) and the methods adopted. This chapter also includes reflection around the role of the researcher and ethics considerations.

The third chapter, “child protection, child protection system and its core elements”, explains the pros and cons of this way of collecting data by reviewing existing documents and it summarizes the criteria adopted for the research.

The fourth chapter is represented by “UNICEF response for child protection in Bangladesh during COVID-19” and includes a data synthesis of both qualitative and quantitative data. The synthesis will be aiming at bringing together data and it will include a synthesis of study characteristics and a synthesis of study findings: theory development, preliminary synthesis and content analysis are the three stages that will be adopted simultaneously (Popay *et al.*, 2006).

The fifth chapter is represented by the “impact of UNICEF support and child protection outcomes in Bangladesh” where arguments supporting the discussion are presented. This section focuses on explaining and analyzing research findings, presenting how they associate with the existing literature.

The sixth and final chapter is the “conclusions” which spells out the answer to the main research question while summarizing and reflecting on the overall research. The last chapter also suggests clear recommendations for future work required on the topic and

indulges in showing how the generation of the key findings of the research have contributed to the child protection sector.

2. Methodology and methods

As mentioned in the above paragraphs, the research will respond to the following main research question: “How has COVID-19 impacted the child protection system in Bangladesh?” A mixed methods approach will be used to answer these questions as it provides a more comprehensive understanding of the research problem rather than quantitative methods alone. Mixed methods research involves the use of both quantitative and qualitative data brought together to answer one overarching research question and this was considered adequate to provide more depth to the findings and rigor to the research design (Babbie, 2004).

A case study approach was taken for country analysis of CP-related policies and control in Bangladesh. This was considered the most appropriate design as this research is seeking to explore how CP is prioritized at national level and what was the increase/decrease in terms of child protection issues of concern, including the number of cases reported to the National Child Helpline and how the child protection system adjusted to respond to those issues of violence, including provision of services, community led interventions, adolescent participation in community activities, family parenting programs, etc.

The research will be conducted in three distinct phases. Phase I will involve a document review, followed by Phase II involving secondary analysis of quantitative data and, finally, Phase III where secondary analysis of qualitative data will be conducted.

As a researcher, I would have preferred to have opted for a primary data collection method, but given the sensitivity of my role and the consequent ethical consideration, I could not pursue this path. This represented a significant limitation as I had to refrain myself from using knowledge that I acquired daily from my interactions with government partners and host communities that would have met my research objectives and answered research questions directly. Nevertheless, the research could only rely on already published articles

and renowned sources. I also faced a meaningful limitation being unable to use some raw data from government internal databases that could have usefully fed into graphics showing more visually trends, rather than quoting already published data in a descriptive manner. As a researcher, I had to adopt substantial steps to maintain rigor and ethics while conducting the data collection and to ensure consistency with the research questions and aims, for example the revision of multiple additional sources that could validate or reject some perceptions I obtained from my work, but I could not quote.

2.1. Philosophical approach: Pragmatic Approach

A paradigm is “a basic set of beliefs or assumptions that guide inquiries” (Creswell and Plano Clark, 2018) and this explains why and how a researcher’s beliefs can influence evidence and knowledge generation as well as its interpretation.

Thematic analysis will be adopted, due to its flexibility, as a “method for identifying, analysing and reporting patterns (themes) within data”. Thematic analysis involves six steps: data familiarization; generation of initial codes; the search for themes; a review of themes; definition and naming of themes; the production of a report (Braun and Clarke, 2006). This approach is based on what the data shows, it also incorporates the importance of participant’s lived experiences and perceptions.

As explained in detail in table 3, a special consideration will be given to address all research questions. In order to do so, some specific variables and constructs will be measured as follows:

In terms of the “Were policies and regulatory frameworks issued or amended?”

The sources and tools the research will be relying on are according to table 3, and include national child law, national newspaper articles (Prothom Alo Daily; Daily Star; Ittefaq), Department of Social Service (DSS) website, Department of Social Service (DSS) website, Ministry of Women and Children Affairs (MoWCA) website, Ministry of Labor and Employment (MoLE) website, MoHP (Ministry of Health and Population) website, Ministry of Education (MoE) website.

The research will be focusing on an analysis of the above-mentioned sources in the considered time frame of January 1st, 2019, prior to the onset of COVID-19 and in December 31st 2022 after COVID-19. Variables to be considered are the number of documents, articles or policies issued regarding child protection issues, its prevention and response, specifically related “violence against children”, including “online safety” and “harmful practices” which refers also to “child marriage”, “child labor” and “children in conflict with the law” both prior to COVID-19 and during the pandemic. The research will be analyzing the increase in number and typology of child protection issues of concern in that given period during the pandemic. As explained above, the time frame considered takes into consideration the fact that COVID-19 pandemic was declared in March 11th 2019, hence the need to look at documents related to the period immediately before, January 1st 2019 to assess what the situation was at the beginning of the year, as this is the period when United Nations annual reports are published for the previous year of implementation. The importance of the research for a period previous to COVID-19 is due to the fact that it was important to understand in which shape the child protection system was in Bangladesh at the onset of the pandemic. As per the end line, I have chosen December 31st 2022 as majority of documents available concerning the response to COVID-19 were published by UNICEF and/or the government of Bangladesh at the end of the year in the form of annual report, donor reports and end of the year assessments. Until 2022, Bangladesh registered officially cases of COVID-19 positive individuals and masks would still be utilized sporadically as per my direct observation. I witnessed the country experiencing 7 waves of COVID-19 during the given period where the scenario would not drastically change but remained unstable shifting from emergency to recovery and back. This allowed me to consider all the three years as an emergency response where COVID-19 preventive measures were adopted during program implementation. Nevertheless, it is important to observe that in Bangladesh school closure was observed from March 19th 2020 to September 13th 2021 (Mashmud, 2021).

Regarding the following question “How was the capacity of national and subnational stakeholders built?”

The sources to be considered are the government action plans, UNICEF rolling work plans, CHL case management website, MICS 2019, Bangladesh Bureau of Statistics (BBS), Department of Social Service (DSS) website, Department of Social Service (DSS) website, UNICEF website, BRAC NGO website, Manusher Jonno Foundation (MJF) website, National newspapers (Prothom Alo Daily; Daily Star; Ittefaq), MoWCA website, MoLE website, MoHP website, MoE website.

The research will focus on identifying whether a capacity building strategy for child protection frontlines was created during COVID-19; how many trainings took place over the considered timeframe, what the learning outcomes were and if these were applied to the daily tasks of workers according to their job descriptions (eg. for children in conflict with the law: pre-trial detention; online trials, etc.). What difference in CHL usage by target beneficiaries was registered as a consequence of the pandemic.

Finally, concerning the question “How has the case management approach adjusted and, how were outreach services, including MHPSS and social workforce’s responses strengthened?”

Some of the sources follow: CHL database and UNICEF and government websites Ministry of Social Welfare (MoSW), MICS 2019, Bangladesh Bureau of Statistics (BBS), Department of Social Service (DSS) website, Department of Social Service (DSS) website, UNICEF website, BRAC NGO website, Manusher Jonno Foundation (MJF) website, National newspapers (Prothom Alo Daily; Daily Star; Ittefaq), MoWCA website, MoLE website, MoH website, MoE website.

What the research will be observing and analyzing is the increase or decrease in number of trainings of social workers on COVID-19 and violence prevention and response; overall number of social workers increased or decreased; the establishment or increase in number of outreach units to identify cases of children out of school during COVID-19; (eg. variable to be considered is the number of home visits, child protection cases managed, community awareness sessions, social behavioral change campaigns, etc).

Table 2 Elements of the pragmatic worldview and their implications for practice, adapted from Creswell and Plano Clark (p.88)(Creswell and Plano Clark, 2018)

Philosophical approach: Pragmatic Approach		
Concept	Description	Pragmatic Perspective
Ontology	What is the nature of reality?	Both singular and multiple realities acknowledged. Singular: observing cases of violence in CP. Multiple: variety of perspectives on child protection system functioning.
Epistemology	What is the relationship between the researcher and the researched in the knowledge production process?	Practical: researcher collects data using “what works” to answer research questions.
Axiology	What is the role of values?	Multiple stances sought from triangulated sources, including both biased and unbiased perspectives.
Methodology	What is the process of how the research is carried out?	Mixed methods approach to combine both quantitative and qualitative data.
Rhetoric	What is the language of the research?	Formal (i.e. descriptive findings) styles of writing.

2.2. Data Collection

Before beginning, a data management plan was conducted to determine the best platforms for safe data collection, analysis and storage. Secondary data was collected for this study to gain a deeper insight into how stakeholders have responded to CP in Bangladesh, particularly in the context of the COVID-19 pandemic.

2.3. Phase I - Document review:

All documents were reviewed and analysed by adopting the READ approach by Dalglish and colleagues (2020). READ consists of a systematic process for document gathering and collection and extraction of data and it embeds a four-step process necessary for more rigorous document analysis: **R**eady materials, **E**xtract data, **A**nalyse data and **D**istil findings.

Table 3 Type of documents included for analysis, with guidance from (Dalglish, Khalid and McMahon, 2020)

Typology of document	Specific examples
Global policies and Legal Frameworks	Child Law National Action plans from Ministry of Women and Children Affairs and Ministry of oSW MoUs with Ministry of Labor and Development
Scholarly work	Peer-reviewed publications Scientific studies Graduate dissertations Textbooks
Programmatic reports	Donor Reports Studies Evaluations
National policies	Government policy briefs
Statistical reports	National CHL1098 Dash boards MICS2019 Government databases
Meetings, webinars	Conference reports/blogs Minutes Presentation notes
Media and social media	Articles Newsletters (Prothom Alo Daily, The Daily Star; etc) UNICEF SitReps UN Factsheets

A document review was conducted, involving identification and analysis of documents related to child protection policies, regulatory frameworks, MoUs, program documents, work plans and related interventions that report the efforts from the Government of Bangladesh and UNICEF to adjust its child protection system to respond to violence against children and elimination of harmful practices prior and during COVID-19. The time frame considered looked at a span of three years, from January 1st 2019 to December 31st 2022 - before and during COVID-19. To make the document review transparent and accessible, I will be relying on the conceptual framework for systematic reviews of research that encompasses a range of questions to guide the researcher through the desk review (Hallinger, 2013).

This review assessed for the first time how the child protection system in Bangladesh has adjusted to COVID-19. In terms of the search strategy, the following search terms were employed based on the inclusion criteria: violence against children; child marriage; child labor; COVID preventive measures; adolescent empowerment; community led child protection; social workers; child helpline. Boolean operators like “AND” or “OR” will be inserted to enhance precision and comprehensiveness in the search. In terms of the geographical coverage of the research, all divisions in Bangladesh will be considered (Dhaka, Cox’s Bazar, Shyloth, Rangpur and Rashjahi, Kulna, Barishal, Mohamensingh and Chattogram).

2.4. Phase II - Secondary analysis of quantitative data:

The second phase of the research consisted of secondary data analysis as this is the most effective way to utilize existing evidence regarding trends in service utilization and availability over the period in question, for example how many cases of violence were reported to the national CHL, how many cases received response and were provided with services; how many social workers received trainings on COVID prevention and domestic violence, etc. In fact, secondary analysis of quantitative data represents an added value especially when it comes to reaching out to marginalized populations (Tate and Happ, 2018). Another advantage of using existing data is to eliminate lengthy processes like

measurement development and data collection (Doolan and Froelicher, 2009). The reason this seems to be the most feasible approach is also dictated by an ethical reflection. In fact, I have been prevented from conducting this research through primary data collection because doing so could generate a perception of conflict of interest, given the managerial role I occupy within UNICEF Bangladesh, which involves management of partnerships with the government and international and national non-governmental organizations as well as engaging in constant interaction with host communities.

The main acknowledged limitation for the secondary data analysis method approach is that the data were originally gathered from answering research questions that are not necessarily relevant for other types of research (Boslaugh, 2007). Another pitfall identified is the fact that the researcher did not participate in the primary data collection and therefore is not fully aware of its methodology and accuracy. An approach to overcome these limitations is represented by the library and information science (LIS) research that provides a systematic process and specific steps to be followed (P. Johnston, 2014). Another risk mitigation measure I have adopted, consisted of relying on my over 20 years working experience in the field of child protection that allowed me to critically analyze and compare findings on practices with similar scenarios where I previously operated (New York Headquarters, Brazil, Egypt, Ivory Coast, Liberia and Kenya).

Secondary data analysis encompasses reviewing already collected information in the form of articles, organizational reports, policies, web and social media pages, mass media products, surveys, the official statistics from national entities or case management databases, among others.

The advantage of analysing secondary data already collected will be the capacity to look at national data when it comes to the number of cases of child victims of violence who received response by national stakeholders during the COVID-19 pandemic. An example of source reports from child protection case management systems attached to the national child helpline 1098 will be used and they will be illustrating all cases of domestic abuse, child marriages, gender-based violence, online abuse, etc. Another advantage is the

capacity to look at a longer time span starting from the beginning of the COVID-19 pandemic, and to be able to compare it with child protection services and case management trends in the past two years before COVID-19. Because of my current work, I have extensive familiarity with published sources and documents from UNICEF and the government, as well as external sources of national data both in English and in Bangla. More specifically, the research looks at an increase or decrease in the number of cases of violence and harmful practices; response to cases by the child protection services compared to the period pre-COVID-19; the community-based investments to address certain cases: an increase or decrease in the number of clubs or community hubs, the existence of virtual clubs versus physical clubs, etc.

2.5. Phase III - Secondary analysis of qualitative data:

The secondary data will also be qualitative. Within this methodological approach, I will be analyzing descriptive and non-numerical data, such as text, video, photographs or audio recordings, as well as the list provided above including reports, policies, MoUs, surveys, interviews with beneficiaries, in particular adolescents who participated in child protection related initiatives or benefited from services. I will also be looking at positive human-interest stories to understand changes in the measures adopted to prevent and respond to violence during COVID-19 and how those align with the UNICEF Global Child Protection Strategy (eg I will be looking at national reports, and different types of interviews and surveys within the target population such as children, including adolescents, parents and caregivers and communities). I will also include innovative approaches like Records and Processes Improvement Design procedures (RAPID PRO) or U Report as a dual messaging system where it is possible to ask questions on a specific topic and receive feedback from beneficiaries. My aim will be to explore the underlying causes that lead to the detrimental impact of COVID-19 on the child protection system. This descriptive component will seek a deeper understanding of the problem and its causalities, specifically reflecting on how an increase or decrease in measures established during COVID-19 could provide support to the social workforce, national CHL and

overall child protection services and as well as the systems that may or may not be in place to support children and their communities (eg. how the issuance of a law and its implementation can impact on prevention of violence during COVID-19, etc.).

My research generated data to assess the impact of COVID-19 in terms of rates of cases of violence and harmful practices identified and reported and the response through service delivery from the child protection system over the considered period of time, meaning the capacity of the Government of Bangladesh, with UNICEF support, to adjust and respond to cases. As mentioned above, in order to ensure rigorous data validation, I established minimum standards practices in this type of research (Descriptive Frequency Analysis; Correlation Analysis; Content Analysis; Descriptive statistics) and I have, consequently, developed a specific set of criteria, based on the definition of system strengthening components and child protection issues of concern. I also exclusively relied on credible sourcing like UNICEF, the United Nations Country Team (UNCT), other official sources from national government counterparts like the Bangladesh Bureau of Statistics, and national and global surveys like MICS, etc.

Following the above-mentioned approach, the research was able to fill in a knowledge gap in the field of child protection, specifically in Bangladesh where no studies have been rolled out in the past year, to understand how the child protection system has responded and adjusted to COVID-19 by providing services to children and adolescent beneficiaries and their families and communities.

The criteria to measure the rigor of quantitative secondary data analysis, as per Lincoln & Guba, 1991, are “trustworthiness (logical relationship between the data and the analytic claims), fit (the context within which the findings are applicable), transferability (the overall generalizability of the claims), and auditability (the transparency of the procedural steps and the analytic moves processes;)” (Lincoln *et al.*, 1991). As shown in table 3 a variety of data sources and data analysis were used.

A data synthesis was undertaken which consists of the procedures used to synthesize findings from both qualitative (Dixon-Woods *et al.*, 2006; Barnett-Page and Thomas,

2009) and quantitative studies. The synthesis aimed at bringing together data and it included a synthesis of study characteristics and a synthesis of study findings. Theory development, preliminary synthesis and content analysis are the three stages that were adopted simultaneously (Popay *et al.*, 2006).

2.6. Data Triangulation

The research has adopted data Triangulation as is a valuable technique to merge different data types coherently to interpret findings. Denzin (1970) refers to four different ways you can utilize triangulation: data triangulation; theory triangulation; methodological triangulation and investigator triangulation. This research adopted data triangulation by monitoring child protection trends over time, it adopted theory triangulation to understand child protection concerns and finally, methodological triangulation via a mixed methods approach.

The methodological triangulation aims at merging both qualitative and quantitative data to ensure complementarity strengths, with the ultimate goal to provide a broader picture on the subject researched (Fusch, Fusch and Ness, 2018).

These efforts can be summarized in the below graphic (Creswell and Plano Clark, 2018):

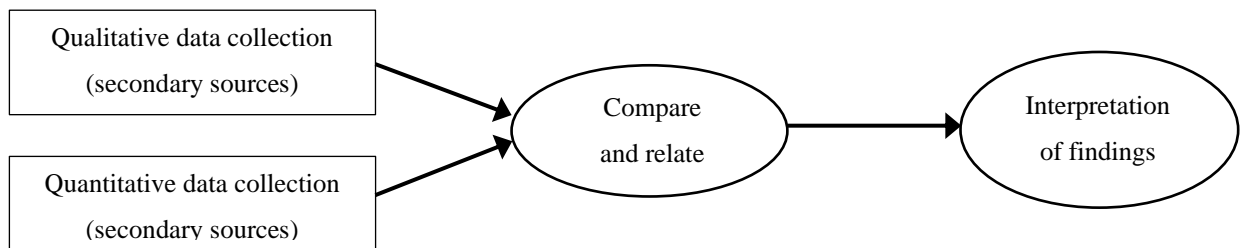


Figure 3 Convergent parallel design, adapted from Creswell and Plano Clark

2.7. Strengths and Limitations of Study Design

In terms of overall strengths of the pragmatic approach, the ability to use a variety of data types as needed helps to minimize bias as multiple realities are accepted (Creswell ch7).

A specific strength of this case study research design lies in its ability to allow an explanation of the presumed causal link between government policy strategies and child protection issues impacting children during COVID-19. A case study design is most effective for such research, investigating how and why a certain reality exists through the examination of underlying processes (Yin, 2018: pp. 21-22).

However, the most relevant weakness of case study design can be its rigor and generalizability. These weaknesses can be overcome by ensuring methodological coherence and by guaranteeing transparency of the findings. In fact, the key elements of rigor are self-awareness, transparency and integrity of the researcher (Finlay, 2002). A high level of self-awareness, in particular towards unconscious biases, is crucial in order to collect and analyse data effectively.

As stated at the beginning of chapter 2, as a researcher, my preference would have been to adopt a primary data collection method but given the sensitivity of my role and the consequent ethical consideration, I had to conduct secondary data collection and to allocate extra efforts to ensure findings addressing the research question with rigor and consistency. Some of the strategies adopted have been to rely on already published articles and renowned sources and to refer to intermediate outcomes indicators based on definition of child protection system and its building blocks and criteria to measure the findings.

2.8. Acknowledging the Role of the Researcher

As stated above the pragmatic paradigm takes into consideration both biased and unbiased perspectives when it comes to data collection. As such, the role I play as researcher has to be taken into consideration to prevent any conflicts of interest, given the post I occupy within UNICEF as a child protection specialist. More specifically, based on my educational background and exposure to work on the technical area of child protection in different settings, I expect to assess both objectively, based on the UNICEF child protection global policy framework and the Socio-Ecological Model Framework, but also

subjectively based on my own specific experience in this field of work and more specifically using the child protection system to respond to humanitarian and emergency settings in West Africa, Middle East, Horn of Africa and Latin America among others. This self-awareness in relation to my role as a researcher have constantly guided me through a fairer analysis and interpretation of data while consistently referring to global policies.

My role as an internal staff member at UNICEF has enabled me to engage with high profile colleagues including the director of child protection in UNICEF New York Headquarters who has initiated and led on the drafting of the UNICEF Child Protection Global Strategy and other policy documents to which I have also contributed.

2.9. Ethics planning

As mentioned above, in order to minimize ethical implications arising from the position I occupy with UNICEF in the context of Bangladesh, which can lead to the perception of abuse of authority or conflict of interest, I will be focusing on document review and secondary data analysis. This approach will prevent me from directly interviewing children, adolescents, and parent's beneficiaries in the field, as well as governmental officials and technical experts. The above ethical consideration is dictated by the need to minimise probable harm while advancing academic knowledge and, being appropriate in terms of cultural impact. It is also of imperative importance to respect UNICEF's value of integrity and the four main clusters of moral principles in research which are respect for people's autonomy, non-maleficence/ do no harm, beneficence/do good and justice (Beauchamp *et al.*, 2001).

Therefore, I submitted my application for ethical approval to the Queen Margaret University (QMU) Research Ethics Panel through a standardized template available on the university website. My submission was cleared prior to starting this research.

3. Child protection, child protection system and its core elements

As mentioned in the introductory chapter, the main overarching question of the research has been broken down into sub questions as follows:

- How has the child protection system adjusted to COVID-19?
- Were policies and regulatory frameworks issued or were the existing ones amended?
- How was the capacity of national and subnational stakeholders built to prevent child protection issues during COVID?
- How was the case management approach adjusted and, how were outreach services, including MHPSS, justice for children (J4C) and social workforce's responses strengthened?

Based on the above-mentioned questions the research has been organized around these six thematic areas:

1. Definition of child protection, child protection system and its core elements.
2. Identification and analysis of global frameworks to assess a functional child protection system.
3. Impact of COVID-19 pandemic on child protection issues globally.
4. Impact of COVID-19 on the child protection system specifically in Bangladesh.
5. UNICEF support to Government response to COVID-19 for child protection in Bangladesh.
6. Impact of UNICEF support and child protection outcome in Bangladesh.

Therefore, the first three thematic areas representing the core of this chapter are the definition of child protection, the child protection system and its core elements; the identification and analysis of global frameworks to assess a functional child protection system and the impact of the COVID-19 pandemic on child protection issues globally. The other three thematic areas will be presented in chapter four as follows: the impact of

COVID-19 on the child protection system specifically in Bangladesh; UNICEF’s support to the Government’s response to COVID-19 for children in Bangladesh.

These questions were addressed through a document review completed using the READ approach by Dalglish and colleagues (2020). As noted in the preceding methodology chapter, READ is a systematic process for rigorous document analysis, consisting of the four steps: ready materials, extract data, analyse data and distil findings (Hallinger, 2013). A total of 150 documents from a wide range of sources and contexts were identified, among which around 40 were selected for data extraction, analysis and distillation. Boolean operators like “AND” or “OR” were also inserted to enhance precision and comprehensiveness in the search. Keywords searched are strictly related to the research question: “**How has COVID-19 impacted the child protection system in Bangladesh?**” and they contain the following terms “child protection system”; “covid-19 and child protection globally, regionally and in Bangladesh”; “children and adolescent participation during covid in Bangladesh”; “national child helpline in Bangladesh”; “social workforce and COVID-19 in Bangladesh”; “online safety and protection during COVID-19”.

The below table summarizes the range of types of documents reviewed, the category of the documents and which questions they are addressing and to which thematic areas they belong. These documents comprise internal and published United Nations global and regional global policies and guidelines as well as national policies, programmatic reports, studies and evaluations.

Table 4 Type of documents and linkages to research questions included for analysis, with guidance from (Dalglish, Khalid and McMahon, 2020)

Typology of document	Specific documents utilized	Research questions	CP thematic areas
Global policies and Legal Frameworks	Child Law 2013, Child Marriage Restrained Act 2017, Child Protection Policy 2011.	Were policies and regulatory frameworks issued or were the existing ones amended?	1. Definition of child protection, system strengthening and its core elements. 2. Identification and analysis of Global frameworks to assess a functional child protection system.

Scholarly work	Peer-reviewed publications. Scientific studies. Graduate dissertations. Textbooks.	How has the child protection system adjusted to COVID-19?	3.Impact of COVID-19 pandemic on child protection issues globally 4.Impact of COVID-19 on the child protection system specifically in Bangladesh
Programmatic reports	CoAR UNICEF 2020 and 2022 UNICEF sitreps 2019 and 2022	How has the child protection system adjusted to COVID-19? How was the capacity of national and subnational stakeholders built to prevent child protection issues during COVID? How was the case management approach adjusted and, how were outreach services, including MHPSS and social workforce's responses strengthened?	5.UNICEF support to Government response to COVID-19 for children protection in Bangladesh. 6.Impact of UNICEF support and child protection outcome in Bangladesh.
National policies	UNICEF Rolling Work Plan with MoWCA, MoSW, MoYS; MoLE; MoLJ; technical guidelines for virtual court(s) for the High Court division of the Supreme Court of Bangladesh (Notification no-213, 10 May 2020, Supreme Court of Bangladesh); technical guidelines for virtual court(s) for the Appellate Division of the Supreme Court of Bangladesh (Notification no-407/2020SC(AD), 10 May 2020, Supreme Court of Bangladesh); additional technical guidelines for necessary orders by virtual	Were policies and regulatory frameworks issued or were the existing ones amended?	1.Definition of child protection, system strengthening and its core elements.

	<p>hearing on very important matters using information technology in the civil and criminal courts (Circular no-230, 30 May 2020, Supreme Court of Bangladesh); usage of information technology in the Courts Act 2020; bail Hearing and Handover Protocol for children in contact and conflict with the law living in the institutions (DSS); guidelines for probation officers dealing with children in conflict and those in contact with the law during and post COVID 19 (DSS); guidelines for providing reunification grants to the children released from institutions by the Virtual Children’s Court (DSS); and the Standard Operating Procedure used to deliver services to citizens during COVID 19 by the Bangladesh police force (Government of the People’s Republic of Bangladesh, 1972).</p>		
Statistical reports	<p>National CHL1098 data extrapolated from CoAR and RAM 2019 and 2022; UNICEF Dash boards; MICS2019.</p>	<p>How has the child protection system adjusted to COVID-19?</p>	<p>3.Impact of COVID-19 pandemic on child protection issues globally.</p> <p>4.Impact of COVID-19 on the child protection system specifically in Bangladesh.</p> <p>6.Impact of UNICEF support and child protection outcomes in Bangladesh.</p>
Meetings, webinars	<p>Workshop reports from MoWCA, MoLE, MoYS’s official websites</p>	<p>How was the capacity of national and subnational stakeholders built to prevent</p>	<p>5.UNICEF support to Government response to COVID-19 for children protection in Bangladesh.</p>

		<p>child protection issues during COVID?</p> <p>How was the case management approach adjusted and, how were outreach services, including MHPSS and social workforce's responses strengthened?</p>	<p>6.Impact of UNICEF support and child protection outcomes in Bangladesh.</p>
Media and social media	<p>Newsletters from Manusher Jonno Foundation (MJF) website, National newspapers (Prothom Alo Daily; Daily Star; Ittefaq); UNICEF Situation Reports 2019 and 2022; UN Factsheets</p>		<p>3.Impact of COVID-19 pandemic on child protection issues globally.</p> <p>4.Impact of COVID-19 on the child protection system specifically in Bangladesh.</p> <p>6.Impact of UNICEF support and child protection outcomes in Bangladesh.</p>

3.1. Definition of child protection, child protection system and its core elements

As per the last two UNICEF Global Child Protection Strategies, the current 2021/2030 one and that of 2008, as well as multiple global policies and frameworks related to children's rights, child protection is defined as the safeguarding of children from violence, exploitation, abuse, and neglect. Article 19 of the UN Convention on the Rights of the Child (UN CRC) provides guidance on the protection of children in and out of the home and other child protection issues of concern like the harmful practices of child marriage and child labor, among others. These issues are spelled out in the UN general assembly resolutions, Sustainable Development Goals (SDGs).

UNICEF Global Child Protection Strategies’ vision is centered on the UN CRC and its primary goal derives mainly from the SDG’s for child protection, reiterating that the protection of children is universal.

Nevertheless, progress against child protection-related SDG’s are unmet, as is displayed in the table below: (Global SDG Indicator Platform, 2022)

16.2.1 Children Experiencing Physical Punishment and/or Psychological Aggression by Caregivers - Global SDG Indicator Platform
➤ SDG 5 (Gender Equality) world’s children below the age of 15 are subjected to physical discipline at home, and roughly three in four children between the ages of 2 and 4 years are exposed to psychological aggression and corporal punishment on a regular basis (16.2);
➤ in one third of countries, at least 5 per cent of young women reported experiences of sexual violence during childhood (16.2);
➤ one in four children under age 5 (166 million), on average, are not registered in the world today and 237 million children under 5 do not have a birth certificate (16.9);
➤ 1 in 3 adolescent girls aged 15 to 19 worldwide have been the victims of emotional, physical or sexual violence committed by their husbands or partners at some point in their lives;
➤ and 15 million adolescent girls aged 15 to 19 have experienced forced sex (5.2);
➤ an estimated 650 million girls and women today were married before their 18th birthday (5.3);
➤ at least 200 million girls and women have been subjected to FGM (5.3). SDG 8 (Child Labour);

- 152 million children are in child labour globally, and almost 73 million children are performing hazardous work (8.7);
- SDG 16 (Violence against Children; Access to Justice; Legal Identity): the United Nations verified over 25,000 grave violations against children affected by armed conflict in 2019, 52 more than half committed by non-state armed groups and a third by government and international armed forces (16.1);

These statistics need to be considered in the context of the many child rights violations that are still unreported because they occur in both domestic environments and family led businesses. In fact, it is reported that more than one billion children are the victim of violence yearly and hence they experience severe and lasting effects to their health and mental wellbeing. Furthermore, violence has been proven to have a massive cost which amounts to seven trillion USD per year. It is estimated that the consequences of physical, psychological and sexual violence against children cost the global economy \$7 trillion (Santos Pais, 2015). It is also proven that investing in prevention would be much more effective. Despite this, many governments do not prioritise child protection strategies as part of their national agenda.

Although children and their communities continue to bear the brunt of violence globally, there have been significant advances in the field of child protection over the past few decades. Thanks to the investments of governments and communities, the progress recorded includes a rise in birth registration, and the decrease of widespread harmful practices such as child labour, child marriage and female genital mutilation. These results could only be achieved by adopting effective prevention and response strategies to child protection. It has also been proven that focusing on individual issues would lead to fragmented programming which would ultimately fail to have an impact on the polyhedric situation that children are facing when confronted with violence (Wessells, 2006; Zack-Williams, 2013).

Consequently, since 2012, the child protection sector's response has relied on a paradigm shift from an issue-based approach to a system approach. The appeal for investing in a child protection system was launched in the UN Secretary-General's Study on Violence Against Children (2006) (Paulo Sérgio Pinheiro, 2009).

Several studies from UN agencies and INGOs confirm that the system strengthening approach would achieve better results by tackling more than one interconnecting issue deemed to be affecting the life of the same child (Wulczyn *et al.*, 2010).

A system approach would also take into consideration existing protection mechanisms that are endogenous in a variety of contexts at community level. By looking at a broader spectrum of mechanisms, children would not be split into categories, for example; children living on the street, children who are victims of violence, etc. But their issues around protection concerns would be addressed systematically and each child's individual context would be taken into close consideration to enhance efficiency (Wessells, 2015).

To summarize, a systems approach to child protection addresses child protection issues and concerns in a more organic, harmonized and sustainable way, by investing in universal prevention and empowering actors who are ultimately accountable towards rights holders. Those duty bearers are the government itself together with civil society, parents and caregivers, families and other community members like religious leaders, etc (Wulczyn *et al.*, 2010).

In order to bring clarity to the child protection system approach to child protection issues, it is fundamental to define the elements of that system. Ultimately, the child protection system consists of an array of laws, regulations and policies that aim to support the prevention and response to child protection issues of concern and includes human and financial resources, laws and policies, governance, monitoring and data collection as well as protection and response services and care management. It also includes different actors such as children, families, communities, those working at sub-national or national level and those working internationally (UNICEF, 2008).

The main objective of a systems approach is to boost the protective environment of children in order to fulfill children's rights and prevent violence, abuse, neglect, exploitation, and other forms of harmful practices. While we have defined a child protection system, it is critical to break down an important element which is the Community-Based Child Protection Mechanism. CBCPM's are an integral part of the child protection system, and they operate at grassroots levels both in urban and rural settings where children live with their families and broader community (Foster, 2004; Donahue and Mwewa, 2006). This component must form a dialogue with more a formal system to ensure all protection aspects are met (Wessells, Kostelny and Ondoro, 2014).

3.2. Identification and analysis of global frameworks to assess a functional child protection system

As definitions of child protection and the child protection system have been provided in the previous paragraph, the research will now present the global frameworks that define accountabilities for a functional and effective system (UNICEF, 2021d).

In 2008, UNICEF elaborated a new strategic shift in its modus operandi by defying a Child Protection Systems Strengthening (CPSS) approach within the Global Child Protection Strategy. It is important to reiterate that the main goal is to build a protective environment for children and to monitor and systematically measure its impact. More specifically in UNICEF's Strategic Plan (2018-2021), a set of indicators and benchmarks has been included to evaluate a CPSS against the results framework.

In 2018, more than a decade after adopting the CPSS approach, UNICEF conducted a comprehensive evaluation, "Strengthening Child Protection Systems: Evaluation of UNICEF Strategies and Programmes Performance" ('the 2018 evaluation'), to examine UNICEF's implementation of the CPSS approach at country, regional and headquarter level, between 2012 and 2018.

The 2018 evaluation identified key elements of a functioning child protection system to evaluate UNICEF's work: (i) legal, regulatory and policy, (ii) governance, (iii) services,

(iv) standards and oversight, (v) resources, (vi) participation and (vii) data. Below you can observe the different categories such as the regulatory framework and relevant policies; governance and government coordination bodies and mechanisms; resources and infrastructures; a continuum of care; minimum standards and accountability mechanisms and social participation (UNICEF, 2021c).

- A robust legal and regulatory framework, as well as specific policies related to child protection.
- Effective governance structures, including coordination across government departments, between levels of decentralization and between formal and informal actors.
- A continuum of services (spanning prevention and response).
- Minimum standards and oversight (information, monitoring and accountability mechanisms).
- Human, financial and infrastructure resources; and
- Social participation, including respect for children’s own views, and an aware and supportive public.”

The evaluation adopted distinct benchmarks to indicate a gradual progression of that subdomain from system building (Level 1) to system maturity (Level 4). These benchmarks made it possible to identify at which stage a child protection system is within its strengthening trajectory.

Among others, key benchmarks include: promoting positive social behavioral change and combatting a range of harmful practices like child marriage, child labor and female genital mutilation; enhancing child’s lives, adolescent participation; supporting life skills and gender transformative programming; investing in community-based violence prevention programmes in partnership with other sectors like education and health; establishing a family strengthening support program, including social protection schemes to promote protecting the parenting and caregiving environment; developing criteria and minimum

standards and establishing monitoring mechanisms to provide oversight of quality and to guarantee accountabilities, scalability and sustainability of the programs.

At a service level, UNICEF commits to guarantee a continuum of care, prioritizing prevention and establishing a case management system for response looking at the best interest of the child. It is of paramount importance to generate evidence that is both gender and age disaggregated through research and situation analysis. Also, enhancing the capacity of national stakeholders on data generation use and program implementation, while providing monitoring and evaluation, is critical.

Intersectoral collaboration with other sectors is vital to child protection outcomes. In the annex 1 you can find a synthesis of the humanitarian development nexus and how my previous working practice and research has contributed to mainstream child protection, through positive parenting programming in primary healthcare units (UNICEF, 2021d).

As we referred to the importance of community based or community led child protection mechanisms as an integral part of the system strengthening, the research will be using UNICEF's Minimum Quality Standards and Indicators for Community Engagement. This is in order to ensure social accountability and transparency in governance. In the next response provided by UNICEF in shaping the child protection program, these criteria will be analysed (UNICEF, 2021d).

To effectively assess a national systems-based approach to child protection generally produces severe challenges due to the fact that there is lack of evidence and quality resources (Combaz, 2013; Krueger, Thompstone and Crispin, 2014; Kruger, 2014). Notably, in many low- and middle-income countries, there is a lack of data due to the fact that the system approach is relatively recent and there is low capacity in producing that data (Krueger, Thompstone and Crispin, 2014) .

Another limitation is presented by the fact that the child protection system often reflects different definitions for international actors versus national governments, which leads to prioritizing different elements (Wulczyn *et al.*, 2010; Krueger, Thompstone and Crispin,

2014). Moreover, the majority of the evidence is documenting the establishment of child protection mechanisms rather than focusing on the child protection outcomes (Combaz, 2013; Wessells, 2014). In other cases where indicators are available, the prevalence of a pilot or project approach won't be satisfactory as a national program approach.

In general, available evidence on the effectiveness of child protection systems in low resource settings does not provide substantial information on the links between given systemic development practices and improved outcomes and impact for children (Combaz, 2013). Therefore, given the difficulty in being consistent and comparable, it is difficult to systematically evaluate the effectiveness of a child protection system (Conticini, Davis and McCaffery, 2012; de Sas Kropiwnicki, 2012). This is the reason why this research will try to prioritize in chapter five a reflection on the mechanisms established and, whenever measurable, also the system's outcomes for child protection. It is in fact helpful to focus on which strategies have been put in place to enhance children's rights to protection despite the limited resource context. For this purpose, key elements will be assessed as per UNICEF meta-synthesis from 2012 that considers as key indicators of an effective system (Joynes and West, 2018):

A system-strengthening strategy that emphasizes the development of the skills of community members and stakeholders in the government. Another important element is evidence-based programming that analyzes the root causes of harmful practices. A critical component is using child protection services to address both prevention and reaction.

Additionally, several indicators will be examined in order to determine whether a child protection system is ineffective. A project-based, vertical, and isolated programming responses as well as weak frameworks for monitoring, evaluating, and managing decisions based on results (Joynes and West, 2018). A few criteria will also be taken into account, including: improving stakeholder coordination mechanisms and ensuring equity-based programming; the active involvement of kids and their neighborhoods; and investing on universal prevention remain of critical importance in alignment with global UNICEF child protection strategy. (Paulo Sérgio Pinheiro, 2009; de Sas Kropiwnicki, 2012).

An effective child protection system encompasses a myriad of aspects, looking at child protection from an interdisciplinary and holistic approach. All programs need to be evidence-based to ensure that a complete assessment of the underlying causes of harmful practices has been tested, reviewed, and evaluated in controlled settings. The relationship between stakeholders such as the government, other non-governmental agencies, schools, and local communities must be continually reviewed and strengthened when permitted. The system must also look at all elements as proactively as possible through prevention in addition to addressing responses reactively.

Contrary to the above, indicators that highlight a child protection system that is not functioning as it should are isolated, project-based, and view programmatic responses vertically, and the planning, management, monitoring, and evaluation frameworks are results-based (Joynes and West, 2018).

In addition, to ensure an interdisciplinary and holistic approach to a childcare system, other factors should be considered to have an optimized system. As well as strengthening bonds between stakeholders, enhanced coordination mechanisms between them should be addressed. Programming should be equity-based. Children should be fully integrated into their communities with meaningful participation practices. Investment in proactive universal prevention is also another factor to be considered.

Furthermore, research has highlighted the importance to bear in mind the different contexts within which the child protection systems are established and evaluated. In fact, the features of each child protection system will be adjusted to the local values and principles and the way child welfare is understood (Cameron and Freymond, 2006). Hence, the research should not assume a top-down approach and it should instead prioritize community-driven, bottom-up approaches (Wessells, 2015).

Relevant frameworks to be able to assess a functional and effective child protection system are also the Public Health Approach to child protection and the Socio-Ecological Model. As explained in the introductory chapter, early intervention from community action is critical to decreasing the probability of child abuse and neglect (The Alliance for

Child Protection and Humanitarian Action, 2021). It is of paramount importance that child protection is viewed at a whole-of-population level, not explicitly focusing on high-risk families.

3.3. Impact of COVID-19 pandemic on child protection issues globally

The COVID-19 pandemic has exacerbated protection risks for children and has severely impacted services in response to those threats. Thanks to the revision of scientific studies, technical notes and reports from UN agencies and other key stakeholders, it was possible to determine the impact of the pandemic on child protection issues worldwide.

It officially began when on March 11, 2020, the World Health Organization (WHO), declared a global pandemic (WHO, 2020). At the time of the coronavirus outbreak, WHO Director-General, Dr. Tedros Adhanom Ghebreyesus, recorded an unprecedented increase in cases outside of China, where the initial outbreak took place. On that occasion, a call to action for all countries of the world to invest in prevention was communicated (Liu *et al.*, 2020).

Not unlike previous pandemics, the havoc that was caused by COVID-19, posed a threat to the everyday reality of children's lives. This occurred in three domains; the first is health related, and concerns the spread of the virus, the second is the socio and economic impact and the third is the meaningful recession towards achieving the Sustainable Development Goals (UN 2020) (The Alliance for Child Protection in Humanitarian Action, 2020a). The preventive measures adopted to limit the spread of the virus led to enormous limitations for children and their entire families, causing long-lasting effects for children, including adolescent's protection and development issues. The pandemic resulted in 1.6 billion pupils halting attendance of school (UNESCO, 2021).

Loss of income generating activities, disruption of community cohesion and psychosocial distress affecting children and their communities, have all characterized an increasingly changing context. Lockdown, school closure and restriction of movement has generated new stressors on parents and caregivers (United Nations International Children's

Emergency Fund, 2020). Among the multiple child protection concerns there is stigma, social discrimination and gender-based violence, along with an incapacity to appeal for help among safety networks and exposure to new forms of violence like online abuse (Fischer, Elliot and Bertrand, 2018).

With reference to the socio-ecological model (Figure one), it is possible to analyse the detrimental effects of the pandemic on children and their immediate circles. It is self-explanatory that when parents, in many circumstances, lose their jobs, children are obliged to adopt certain coping mechanisms that increase their risk of abuse such as child marriage and child labor (The Alliance for Child Protection in Humanitarian Action, 2021b). Neglect and domestic violence are the most common child protection issues of concern and come as a direct consequence of loss of income or incapacity to report cases. Emotional support deriving from peers was also drastically reduced due to social distancing measures. In the table below you can see a summary and capillary presentation of the health risks and disruptions due to COVID-19 as well as the child protection implications for each risk. Interrupted learning is a major disruption, with children, including adolescents being deprived of their opportunity to develop. Additionally, remote learning or home schooling caused additional a burden to parents and caregivers. Consequently, an enormous gap in childcare has been recorded worldwide. Parents working had to leave their children without supervision which led to child-led households recording severe cases of neglect and in some circumstances, peer pressure concluding in substance abuse. Additionally, parents who were left jobless at home, and whose mental wellbeing was affected, tended to practice risky behaviors and expose children to intimate partner violence or domestic violence (Ritz, Hare and Burgess, 2020).

Negative coping mechanisms have affected children who were required to financially support the household by getting married or engaging in child labor - which was often hazardous to their health. Unfortunately, for many of these children there was no option to return to their pre COVID-19 lives after the lifting of restriction measures. Many of them had to drop out of school and continue to generate an income as their parents are

unable to resume their jobs. It is therefore easy to conclude that the direct impact of this mandatory isolation has been an increased exposure to violence and exploitation (UNESCO, 2020).

Child protection views the effects of infectious and non-infectious diseases under three main pillars; the effects of children being separated from caregivers, psychological distress and the increase of potential sexual violence. It also considers the effect on children who are separated from their caregivers through death or sent somewhere that would be better for them, perhaps because that area is less affected. Non-infectious diseases impact children and the stability of their living situations, as caregivers or the child can be hospitalized. Diseases that do require quarantine and isolation to combat the effects of the disease can result in the isolation of the caregiver or child, splitting family members through quarantine, or the abandonment of children after they have received treatment or have been quarantined.

The fear of being infected, stigmatization of the disease when infected or potentially affected, and the death of someone close to children can all cause significant psychological distress. The risks presented by prevention and control measures that can cause distress are hospitalization of a caregiver for treatment and isolation measures where children are unable to socialize with others or receive physical comfort when in distress. Quarantine measures can also cause unrest and fear in the community disrupting daily life and the personal protective gear worn by healthcare workers can also alarm children as it enhances the severity of the situation.

Sexual violence can impact children when a family member dies, or a caregiver suffers from an illness. When the disease is infectious but does not require quarantine or isolation, there is a higher chance of children being left unsupervised, which poses a higher risk of sexual violence against them. Infectious diseases that do require quarantine or isolation lead to schools closing and children having less access to teachers that deliver health information, including reproductive health information. Children are vulnerable to assistance from outsiders who may demand sex for assistance as they need to transport

goods and services to the community. When quarantine and isolation measures are imposed, children have significantly increased barriers to reporting sexual violence.

It is important to understand the various cycles that the government adopted during COVID-19 and how this impacted the communities accordingly. The first stage being preparedness, which refers to the extent to which governments nationwide and their communities gained awareness of the pandemic and issued policies and established mechanisms to guide the response. The second stage would be the response itself, specifically, the level of gravity of the situation recorded in the country and the way governments applied measures to contain the spread of the virus. This differs from promoting isolation or control and mitigation measures. The third stage is transition and recovery and depends on the capacity of the communities to move in or out of recovery or back to the response in relation to the different waves of COVID-19 (Benner and Mistry, 2020).

Therefore, as we reflect on the impact of the pandemic on children, it is obvious that community engagement has been at the heart of preventing, mitigating and responding to the pandemic's effects and more specifically to address violence, abuse, exploitation and neglect among other harmful practices. The community's role has been critical to enhance protective environments and to identify the entry points and strengths of each community. A number of protective systems have been overly altered and these include formal services such as justice for children, social welfare but also health and education as well as informal services, such as safety networks children could rely on (United Nations Children's Fund (UNICEF), 2020).

In order to assess the capacity of a child protection system to adjust and respond to the burden of the pandemic, it is possible to visualize in the table below if the social workers or caseworkers received trainings on COVID-19 and its impact on child protection, including increased stigmatization, discrimination, exposure to domestic violence and online protection issues. Another important indicator is considering how the collaboration among child protection sectors and other sectors went and which strategies have been put

in place to improve referral mechanisms. This has been done through an analysis of existing standard operating procedures and its implementation to ensure timely identification and referrals. Another important criteria to consider is how the most vulnerable, children without parental care and in institutions, children living on the streets, children with disabilities or migrant children have been identified under an equity approach (UNICEF, 2020d).

Which services have been provided for the most vulnerable children, such as children in conflict with justice and children living on the streets. How would they be supported or reintegrated safely in their communities (The Alliance for Child Protection in Humanitarian Action, 2022).

The human rights issue of gender-based violence had a devastating impact on women and girls during the COVID-19 pandemic and it continues to pose a huge problem in the fields of public health and development. Drawing on evidence from current country experiences, UN agencies have identified emerging risks related to gender-based violence and as a result, they have highlighted a range of programme responses and adaptations outlined key points for future programming and advocacy and outlined changes to their current systems.

Given the above-mentioned evidence, it's fair to say that COVID-19 has exacerbated the 'shadow pandemic' of gender-based violence. During lockdowns, the vast numbers of women and girls who experience violence at home found themselves trapped inside with their abusers. This led to a spike in femicide in some countries. The impact of four lockdowns left many women and girls unable to access crisis services which may not have been easily accessible even before the pandemic and there have been reports of centres which previously provided gender based violence services reassigning facilities to provide COVID-19 services instead (UNICEF, 2020f).

Like in any other emergency and humanitarian situation the level of stress increases and specifically during COVID communities would be afraid of the high rates of

contagiousness of the coronavirus, obliging majority of the world's population to a constant condition of uncertainty and threat (IASC, 2020).

It is in this scenario that stakeholders, UN agencies like UNICEF and government bodies have been responding to the crisis within the communities themselves. The research in the following chapter will analyse whether this process started during the preparedness phase, and if it focused on the effort of mapping existing community-level, child protection actors, networks and mechanisms. A needs-based analysis is normally required to evaluate the degree to which children have been impacted by the onset of the pandemic. The design of the implementation plan should be conducted through a participatory approach with children, including adolescents and their caregivers and should assess the potential additional risks, taking into account gender expectations and power dynamics (The Alliance for Child Protection in Humanitarian Action, 2020c).

Another fundamental element that must be considered during this research is the social workforce, which is considered to be the engine of an effective child protection system. For a social worker to fulfill their role, it is crucial to ensure their safety and health while carrying out work-related tasks. It is helpful to clarify that in this research, social workers are governmental and non-government professionals and paraprofessionals, including community workers and volunteers, who are accountable for the prevention and response interventions that fall within the case management process (UNICEF, 2021c).

As is visible from the table below, there are key criteria that must be taken into account to assess the extent to which social workers are supported to carry out their work effectively. Among these criteria we must consider the government's willingness to budget for necessary resources and precautions to help prevent social workers becoming infected by the virus - a process which requires an in-depth analysis of the risks associated with each case. (The Alliance for Child Protection in Humanitarian Action, 2021a).

For social workers to be able to do their work efficiently, they need to be supported by four key areas, the government, their employers, supervisors, and other social service workers. Each one of these groups is responsible for various priority actions that affect

the work of the social worker. A social worker needs to be informed of virus health and safety updates and this responsibility lies with the government, their employers, supervisors, and social workers. Social workers need to be advocated for and provided with adequate funding, training, technology, and any supportive equipment they need in order to fulfill their roles, which the government and their employers must oversee. The health risks and ethical implications of social service interventions need to be reviewed by all stakeholders related to social workers. Supervisors and other social service workers are responsible for how social workers do in-person visits, which situations require these kinds of visits, and what equipment and safety measures need to be put in place around these in-person visits. Where possible for the safety of the social worker, and to minimise any contact with others to prevent the spread of the virus, all four areas need to work together to develop remote work services. The government, the employers of the social workers and their supervisors are obligated to then facilitate suitable training for the social workers to help them use the new technology and equipment suitably and understand how to reduce risks when conducting in-person visits. Meetings are key for social workers to discuss their work cases, in terms of priority, which can be done remotely, and to talk about social workers' wellbeing. Wellbeing action plans are also necessary on an individual and team level. Both regular meetings about cases and the wellbeing action plans are the responsibility of social workers, their supervisors, employers, and the government.

On this occasion, important guidance has been formulated for social workers to keep professionals informed to ensure the safety of their coworkers, clients, and their families. Information circulated was on virus-related knowledge, prevention techniques, health and safety precautions, and national and local laws and policies. It was encouraged the designation of additional social workers as essential service providers as well as the provision of enough financing for salaries, helpful technology, protective equipment, and training.

Extensive training has been provided to analyse the need of in-person visits and those that can be supported remotely. Protocols for decision-making in regard to in-person visits were developed, including in cases where protective equipment is not accessible (e.g., decision trees).

Another critical mechanism that was put in place to ensure adequate child protection response was the child helpline (CHL). At the time of the pandemic, there were questions around whether a new ad hoc helpline should be established or if resources should be maximised to improve the existing service by expanding its reach. Although research was conducted on this issue, it failed to consider whether COVID-19 guidelines and training were provided to CHL staff and operators and whether a capacity assessment of the same staff was conducted. It also failed to determine whether there was enough commitment from the government towards allocating more human resources to deal with the emergency situation at hand (The Alliance for Child Protection in Humanitarian Action *et al.*, 2021).

All the above-mentioned criteria will be considered in the next chapter to understand the status of the child protection system in Bangladesh at the onset of the pandemic the government's response to the crisis.

4. UNICEF response for child protection in Bangladesh during COVID-19

As elucidated in the methodology chapter, the document review has consisted of searching, identifying, considering, and synthesizing information that is organized within six main areas of research relevant to the child protection system during COVID-19 in Bangladesh (Labuschagne, 2003). In order to assure data triangulation which is considered “the combination of methodologies in the study of the same phenomenon” (Denzin, 1970), the document review has been validated with other secondary quantitative and qualitative data. More specifically, the sources verified in this research include positive human-interest stories, interviews, participant or non-participant observation, and secondary quantitative data originating from government databases. The verification of the data with other sources allows the research to gain credibility and accuracy; (Eisner, 1991) while the adoption of different methods mitigates the risk of bias (Rossman and Wilson, 1985).

Chapters 4 and 5 carry on the introduction of three new thematic areas which follow the ones presented in chapter 3: the definition of child protection, the child protection system and its core elements, and the identification and analysis of global frameworks to assess a functional child protection system and the impact of COVID-19 pandemic on child protection issues globally. Chapter 4 will also address the following additional research areas: the impact of COVID-19 on the child protection system, specifically in Bangladesh; the support UNICEF gave to the government of Bangladesh to enable their response to the impact of COVID-19 on children and finally; chapter 5 will focus on the main outcomes of UNICEF supported interventions as of 2022.

Additionally, this chapter will use targeted criteria to explore the positive impacts that might have been felt at the onset of the COVID 19 pandemic had there been an evidence-based child protection system in place that assessed the underlying causes of harmful practices and was delivered in an isolated, project-based approach or through a sustainable and scalable national program (Joynes and West, 2018).

Fundamental Criteria that require consideration include the existing coordination mechanisms among stakeholders and the meaningful participation of children and their communities to design the child protection approach. As mentioned in chapter one, a list of elements that will be considered as indicators of a system strengthening response will be the following:

Firstly, UNICEF technical support to the government of Bangladesh to boost the Child Helpline 1098.

Secondly, UNICEF support to governmental social workers for capacity building on case management, service provision and psychosocial support.

Thirdly, children, including adolescent and gender transformative programming to empower children and adolescents as agents of social change.

Fourthly, parental and caregiver support provided in the shape of community led child protection systems (UNICEF Bangladesh Country Office, 2020b; Brunnermeier and Palia, 2021).

Finally, as per the UN Study on Violence Against Children asserted that prevention is more cost-effective than response, insight will be given into whether universal prevention has been at the core of the child protection agenda (Paulo Sérgio Pinheiro, 2009; de Sas Kropiwnicki, 2012).

Another critical element that must be assessed is the extent to which the key components of the child protection system were available at the onset of the pandemic. Alongside this, the chapter will consider if investing in the social workforce, which is considered to be the engine of an effective child protection system would have had an additional positive impact (UNICEF, 2021c). I'll do this while taking into consideration the government's willingness to budget for necessary resources and precautions to prevent COVID 19 contamination in the workplace.

Moreover, this research will highlight the function of the child helpline 1098 (CHL) during the pandemic and whether COVID-19 guidelines and adequate training was provided to CHL staff and operators. It will also determine if a capacity assessment of the same staff was conducted and whether the government has committed to allocate more human resources to face future emergency situations (The Alliance for Child Protection in Humanitarian Action *et al.*, 2021).

4.1. Impact of COVID-19 on the child protection system specifically in Bangladesh

As explained in chapter 2, Methodology and methods, the time frame considered takes into consideration the fact that COVID-19 pandemic was declared in March 11th 2019, hence the need to look at documents related to the period immediately before, January 1st 2019 to assess what the situation was at the beginning of the year, as this is the period when United Nations annual reports are published for the previous year of implementation. The importance of the research for a period previous to COVID-19 is due to the fact that it was important to understand in which shape the child protection system was in Bangladesh at the onset of the pandemic. As per the end line, I have chosen December 31st 2022 as majority of documents available concerning the response to COVID-19 were published by UNICEF and/or the government of Bangladesh at the end of the year in the form of annual report, donor reports and end of the year assessments. Until 2022, Bangladesh registered officially cases of COVID-19 positive individuals and masks would still be utilized sporadically as per my direct observation. I witnessed the country experiencing 7 waves of COVID-19 during the given period where the scenario would not drastically change but remained unstable shifting from emergency to recovery and back. This allowed me to consider all the three years as an emergency response where COVID-19 preventive measures were adopted during program implementation. Nevertheless, it is important to observe that in Bangladesh school closure was observed from March 19th 2020 to September 13th 2021. School was closed for 543 days and this overlapped with interventions related to conducting remote case management,

enhancement of child help line operators, special trainings delivered to social workers and establishment of virtual courts and hubs for children in street situation. While community led interventions and establishment of new partnerships with Ministry of Labor and Ministry of Youth and Sport materialized when school had resumed and children were allowed to gather in small and crowded spaces (Mashmud, 2021).

In terms of geographical coverage, the research will consider all divisions in Bangladesh, which comprise of Dhaka, Cox's Bazar, Sylhet, Rangpur and Rajshahi, Kulna, Barishal, Mohamensingh and Chattogram.



Figure 4 Bangladesh Division (WorldAtlas, 2022)

The impact of COVID 19 on the population of Bangladesh has been detrimental to the country's socioeconomic structure, and this has been exacerbated by a delayed implementation of the Sustainable Development Goals targets (UNICEF, 2020c).

A range of documents and their indicators have been gathered and analysed to gain a better understanding of the data and evidence in Bangladesh for the child protection response to COVID-19. Among these documents, there are situation reports (SitReps), UNICEF's Results Assessment Modules (RAM), program assessments, donor reports, donor proposals, statistical reports, the National CHL1098 database report, ministerial databases, UNICEF Dashboards, MICS2019, media and social media articles, national newsletters (Protomalo, The Daily Star; Dhaka Tribune, etc.), UN fact sheets, child protection regional and global bulletins as well as UNICEF end of the year reviews, reflections on programmatic challenges and lessons learnt.

The time frame considered has been 1st January 2020 (baseline), and 31st December 2022 (endline). This time frame is considered to be pre and post covid and allowed the research to assess UNICEF and government supported interventions to respond to the pandemic.

In a context like Bangladesh, a densely populated lower-middle- income country, COVID-19 preventive measures have exercised enormous pressure on the population in addition to many other regular stressors. COVID-19 has exacerbated all humanitarian related challenges that a country prone to climate change related disasters would experience that include typhoons, tropical cyclones, and frequent natural disasters. Additionally, the lack of trust in the health system and its facilities has enhanced anxiety and negativity among the population (Huq, 2020).

The research indicates that the impact of COVID-19 on Bangladesh has been assessed in a fragmented manner through different studies since the start of the COVID-19, which on March 11th, 2020, was announced by the World Health Organization (WHO) as a global pandemic (WHO, 2020).

More specifically, very few studies were conducted on how domestic violence has been impacted during COVID-19 and how it manifested itself, including precise studies on the increase in violent crime such as murder and the impact the pandemic has had on mental health, specifically suicide rates and levels of depression (Tandon, 2020).

As discussed in chapters 1 and 3, COVID-19 preventive measures, including the lockdown, led to isolation for victims of domestic violence and created a conducive environment for their perpetrators guaranteeing them impunity (Jahid, 2020). In a study conducted in April 2020 in 27 out of 64 districts in Bangladesh, domestic violence, abuse, sexual and gender-based violence, dowry-related violence, humiliation, or torture affected 4,249 women and 456 children. For a considerable percentage of those victims, 1,672 women and 424 children, the onset of violence was attributed to pandemic stressors (Ranjana, 2020).

In Bangladesh, according to a survey conducted in 2020 by the Manusher Jonno Foundation (MJF), men were exposed to uncertainty and financial constraints, which had a considerable impact on the spouses in their households. MJF interviewed 53,340 women and children in May 2020, just two months after the onset of the pandemic, and the conclusion was that 4,947 were mentally abused, 2,085 were physically abused, 404 were sexually abused, and 3,589 faced financial restrictions as enforced by their husbands (Manusher Jonno Foundation, 2020a). One month after this survey, another was conducted among 57,704 women and children, and the finding disclosed that 4,622 women were mentally tortured, 1,839 were physically abused, 203 were sexually abused, and 3,009 women faced financial restrictions as enforced by their spouses (Manusher Jonno Foundation, 2020).

An additional source indicates that from January to June 2020, over one hundred husbands killed their spouses and around 25% percent of cases were underreported (Ain o Salish Kendra, 2020). Social norms and practices have a significant influence in the context of domestic violence, as social pressure from family members will force women to return to

their abusive husbands in order to maintain family honor and personal reputation (Rahman, 2019; Ali, 2020; Jahid, 2020).

Another study conducted in July 2020 assessed the socio-economic impact of COVID-19, which resulted in unemployment and loss of livelihood opportunities internally and the interruption of international commerce and business externally. The same source confirms that a drop of 30 percent in annual export demand and a drop of 1.1 percent in annual growth in livestock outputs was recorded (UNICEF, 2021c). Furthermore, a study conducted by UNICEF, Bangladesh Bureau of Statistics (BBS), and General Economic Division (GED) at the onset of the pandemic demonstrates that multidimensional poverty affects more children than adults, 42.1 percent against 32.9 to be precise, which leads to the assumption that the pandemic has aggravated an already concerning situation (UNICEF Bangladesh Country Office, 2021a).

Specifically in the child protection sphere, when the pandemic hit Bangladesh in 2019, violence against children and harmful practices were already prevalent with 89 percent of all children between 1 and 14 years old having experienced domestic violence (MICS 2019). UNICEF considers that this dire situation was considerably worsened for the 45 million plus children that were trapped in a lockdown situation (UNICEF Bangladesh Country Office, 2019).

A survey conducted three months after the official start of the pandemic, in June 2020, recorded a 31 percent increase in violence (MJF, 2020). At this time, other types of harmful practices were already widespread. According to MICS 2019, 6.8 percent of the national population of children from 5 to 17 years old were engaged in child labor. At the same time, child marriage, was widespread with 51.4 percent of women aged 20–24 years that were first married before the age of 18 years (UNICEF Bangladesh Country Office, 2019).

Based on the national population of children in Bangladesh (Bangladesh Bureau of Statistics (BBS) and Statistics and Informatics Division (SID), 2020), which is equivalent to 56 million children, these percentages translate into 3.8 million children engaged in

hazardous forms of child labor. 28.7 million children in early marriages, and 49.84 million children (aged 0 to 14) who are the victims of violence. Considering that violence is, by its very nature, an underreported issue (Sharples, 2008), there has been a rise in the number of reported child deaths as a result of violence and abuse according to an analysis of the media articles published in March 2020. An analysis of media articles also shows an increasing trend in adolescent suicide (UNICEF Bangladesh Country Office, 2019).

In addition to the above-mentioned issues, both preexisting and exacerbated by the onset of the pandemic, there is a structural concern regarding the child protection system in Bangladesh. Firstly, there is a national legal framework that provides an overarching directive for fulfilling children's rights in light of the Convention of the Rights of the Child (CRC) (United Nations, 2015). Its implementation is facing substantial challenges due to limited structures, institutions and a lack of human resources and because of the capacity gap demonstrated by child protection practitioners. The Children Act 2013 and the Children Policy 2011 acknowledge the role and accountabilities of social workers towards the protection of children and other rights (Government of the People's Republic of Bangladesh, 2011, 2013). To guarantee its implementation, Child Welfare Boards have been established and are in charge of overseeing the supervision and monitoring of the work of the Child Development Centers, Care homes, and Community-based Child Protection Committees (CBCPCs).

Secondly, the implementation of the Children Act 2013 is affected by the limited availability of a qualified workforce, its capacity and coordination among existing entities. Therefore, the absence of a service workforce supported by the government is often replaced by NGOs and INGOs trying to compensate for the absence of specialized child protection services. In fact, Bangladesh relies on only 3,000 government social workers, that's a ratio of 1 social worker to every 100,000 children (UNICEF, 2022a). This means that in a megalopolis like Dhaka, a city of 40 million people of which more than 17 million children (Bangladesh Bureau of Statistics (BBS), 2022), there should be at least 170 social workers (ration 1:100.000) (UNICEF, 2022a). Instead, there were only two social workers

employed in Dhaka in 2019 and they were UNICEF supported within the two city corporations, Dhaka South and Dhaka North.

Important consideration must be given to the fact that Bangladesh also hosts a protracted humanitarian crisis in Cox's Bazar. This means that at the time of the pandemic, 862,277 Rohingya refugees, of which over half are children, fled from Myanmar and are now living in camps with high density and population. An additional burden brought by the pandemic has been a meaningful limitation of access to the camps by humanitarian workers (UNHCR, 2020).

In March 2020, when WHO declared the pandemic, according to the national database of UNICEF supported child helpline 1098 (CHL), the incidence of violence escalated with a significant prevalence of child rape, child marriage and child deaths as a consequence of violence (UNICEF, 2021b).

4.2. UNICEF support to Government response to COVID-19 for child protection in Bangladesh, a sector breakdown

The United Nations Children's Fund, UNICEF operates under the Convention on the Rights of the Child (CRC), which acknowledges the State as a duty bearer to guarantee that children's rights are fulfilled and ensure that children are given the opportunity to develop and grow. The four core principles of the CRC are non-discrimination, the best interests of the child, the right to survival and development, and taking into consideration the views of the child. In order to fulfill these principles, protection remains of paramount importance (United Nations, 2015). UNICEF also plans its strategies and frameworks to meet the Sustainable Development Goals. Among others, the most relevant goals for child protection are the SDG 5.2 Eliminate all forms of violence against women and girls; the SDG 5.3 Eliminate all harmful practices; the SDG16.1 Significantly reduce all forms of violence and related death rates everywhere and the SDG16.2 End abuse, exploitation, trafficking and all forms of violence against children (WHO, 2015).

UNICEF collaborates with other United Nations agencies, as well as civil society and the private sector to support Bangladesh ministries in rolling out the Bangladesh Preparedness and Response Plan for COVID-19 (BPRP) and 8th Five-Year Plan (Bangladesh Planning Commission, 2020). At the start of COVID-19, UNICEF, as a member of the IPC and Case Management Pillar of the national COVID-19 response, provided technical support to the Directorate General of Health Services (DGHS). Support entailed capacity building, and elaboration of training packages and guidelines among others (Azad, 2020).

During the COVID-19 pandemic, UNICEF further realized the criticality of emergency preparedness. For this purpose, a set of mechanisms were put in place to ensure constant monitoring of the pandemic. These monitoring and coaching were spread-out across a wide region in order to be able to provide timely, tailored coverage.

Thanks to UNICEF's presence in the territory and its extensive expertise in delivering in emergency settings with agility and flexibility, UNICEF Bangladesh leveraged a positive outcome in undeniably difficult circumstances. In fact, UNICEF supported the Government of Bangladesh in ensuring real time data collection to inform decision making, also through U-Reporting - a UNICEF created mobile based polling platform as well as online and observation surveys. More specifically, thanks to the Risk Communication and Community Engagement (RCCE) Pillar for the collection of national COVID-19, more than 42 evidence generation activities were conducted (Government of Bangladesh et al., 2020).

UNICEF was also innovative in the way it initiated the COVID-19 Dashboard, a platform that would continuously update data on the situation in Bangladesh (UNICEF, 2020a). With up-to-date information on the number of tests, confirmed cases and deaths, and other data on the status of COVID-19 in the country, the online dashboard has served as the primary reference point for government officials. U-Report was used to rapidly assess the situation and provide updates to 533,000 adolescents, youth, and other community members that were consulted. Fifteen U-Report surveys shaped COVID-19 prevention

campaigns. Adolescents and youth were engaged via mobile technologies in community activities on COVID-19 and development programming (U-Report Bangladesh, 2022).

While schools and similar institutions were in lockdown status from March 2020 to September 2021 (Mashmud, 2021), UNICEF supported the Ministry of Primary and Mass Education on a national education plan to face the pandemic through technical expertise and supplies. Alternative and creative ways to allow children a continuum of learning was established through a mix of television, radio and mobile phone broadcasts and correspondence. As a result, approximately 17.46 million children aged 3–17 years were reached, and 8.7 million of those were pre-primary/primary children taught via televised lessons. Despite this, the most vulnerable children - those lacking an internet connection and digital devices - couldn't be easily reached. Children living in the humanitarian crisis in the Rohingya camps fit into this category, and in order to ensure their continuation of education, UNICEF produced a range of educational materials to be physically handed out within in the camps (UNICEF, 2021b).

In a bid to ensure continued protection from violence, exploitation, abuse, neglect and harmful practices, UNICEF made a move to align its program strategy with the Global Child Protection Strategy and significant investments in skills and knowledge development, child and adolescent empowerment and family and community strengthening support were made. Overall investment in human capital has been at the core of UNICEF's strategy to respond to COVID-19 and this can be seen in its development of the social service workforce (SSWs), which is defined as "paid and unpaid, governmental and non-governmental, professionals and paraprofessionals, working to ensure the healthy development and well-being of children and families." The social workforce represents the fuel of a functional child protection system as it is accountable for the prevention, early detection, management and response of cases of vulnerable children (UNICEF, 2022a). The social workforce is expected to be qualified according to standardized training and accreditation, as it has the critical scope to ensure

a child's right to protection is fulfilled and timely and quality services are received (United Nations Children's Fund (UNICEF), 2019).

To invest in capacitating human resources UNICEF proceeded according to UNICEF Guidelines to strengthen the SSWs through different stages. The first was an assessment and mapping of government mechanisms which evaluated different capacities and constraints through meetings and round tables with government officials. The second stage was the planning of the social workforce, including para-social workers and community volunteers at each level of the system up to the villages to ensure identification and referral to services. The third stage has been focusing on capacity building through virtual platforms at the national and downstream levels (WHO, 2022).

All high-level negotiations conducted by UNICEF were based on key accountabilities of the social workers (SWs) across the three main directives illustrated in the figure below: promotive, preventive, response, and rehabilitative functions at the macro, mezzo, and micro levels. The promotive function at the macro level refers to the management of budgeting, advocacy and policy development as well as some community dialogue at the mezzo level.

As per the figure below the preventive services prioritize the cost effectiveness of violence prevention conducted by the social service workforce at the mezzo level-working on underlying causes of harmful practices by establishing community-led approach and at a micro level. Working with families and caregivers on family strengthening programs for early detection of cases of violence or abuse. Finally, the response services, the SSWs at the micro level provides psychosocial support, counseling, or necessary services for children victim (United Nations Children's Fund (UNICEF), 2019).

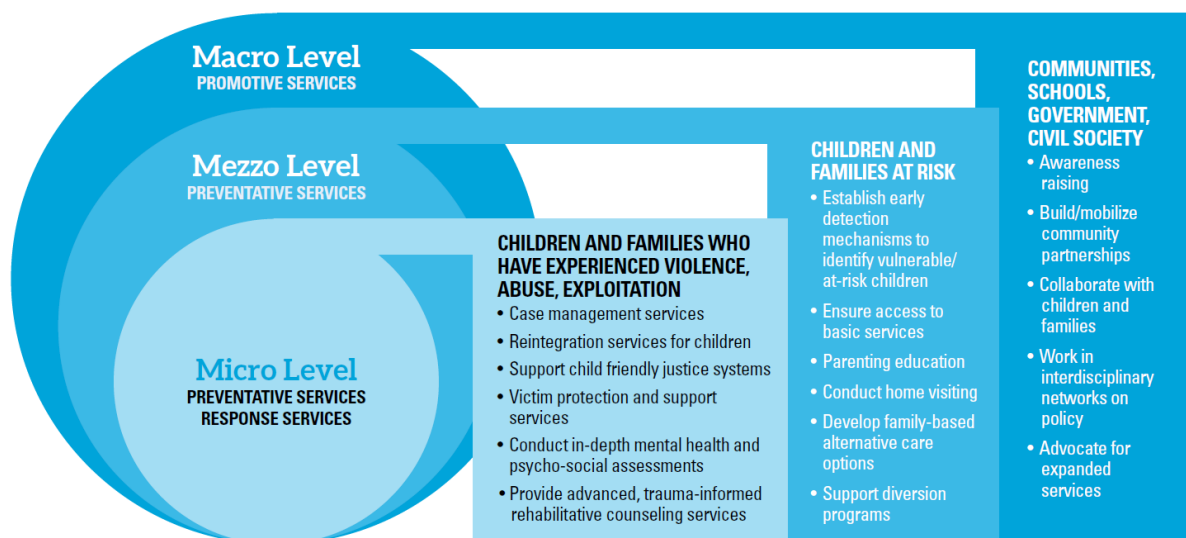


Figure 5 Different Levels of Social Service Workers in the Child Protection Sector (United Nations Children's Fund (UNICEF), 2019)

UNICEF also provided technical assistance to the Institute of Epidemiology, Disease Control and Research (IEDCR) Coronavirus COVID-19 Dashboard (UNICEF Bangladesh, 2020) which has been widely used as a reference source for monitoring, public information and media reporting during the pandemic (the Institute of Epidemiology Disease Control and Research (IEDCR), 2020).

UNICEF invested in advocacy for legislation and policy reform to define social workers' roles and accountability, ensure government budget allocation and overall financial sustainability. Another important investment has been advocating for the recruitment of social workers at the sub-unit level - which is equivalent to a borough or district in many western countries - and is known locally as an Upazila. This would include a community network of volunteers up to the village level that supports the identification of cases, as well as focusing on prevention and referrals (UNICEF, 2021c). Much effort has been placed on building the capacity of social workers, police officers, lawyers, community staff and imams (religious leaders), among other professionals on emergency preparedness, child protection and child safeguarding. Finally, there has been a more defined focus on potential gaps through the development of a database on cases and all case management steps. In fact, the support that UNICEF provided to the government of Bangladesh during the COVID-19 pandemic enabled them to strengthen the child

protection system by providing e-monitoring tools for effective social services coverage; conducting online surveys to understand whether services are reaching those most in need; analyzing MICS 2019 data; and setting up new data platforms, including tracking for Sustainable Development Goals (SDG) progress (UNICEF Bangladesh, 2020).

These investments have helped enhance knowledge and comprehension of vulnerabilities for children and their communities in relation to COVID-19.

In relation to child protection, UNICEF's support to the government can be grouped into four main domains. The first is justice for children; the second is social workforce strengthening and child protection services; the third is the prevention of violence and harmful practices and the fourth is a humanitarian response.

An insight into each domain follows below:

4.2.1. Justice for children

For the first domain, justice for children, several circulars were issued to prevent and respond to the spread of COVID-19 among children in conflict and/or contact with the law. This effort has been led by the Department of Social Services, Bangladesh Police, and the Supreme Court of Bangladesh.

A detailed list of circulars and acts follow: key messages and actions for children in alternative care and in institutions; technical guidelines for virtual court(s) for the High Court division of the Supreme Court of Bangladesh (Notification no-213, 10 May 2020, Supreme Court of Bangladesh); technical guidelines for virtual court(s) for the Appellate Division of the Supreme Court of Bangladesh (Notification no-407/2020SC(AD), 10 May 2020, Supreme Court of Bangladesh); additional technical guidelines for necessary orders by virtual hearing on very important matters using information technology in the civil and criminal courts (Circular no-230, 30 May 2020, Supreme Court of Bangladesh); usage of information technology in the Courts Act 2020; bail **Hearing and Handover Protocol** for children in contact and conflict with the law living in the institutions (DSS); guidelines for probation officers dealing with children in conflict and those in contact with the law

during and post COVID 19 (DSS); guidelines for providing reunification grants to the children released from institutions by the Virtual Children’s Court (DSS); and the **Standard Operating Procedure** used to deliver services to citizens during COVID 19 by the Bangladesh police force (Government of the People’s Republic of Bangladesh, 1972).

In 2020, at the onset of the pandemic, UNICEF advocated with the Ministry of Law and the Supreme Court Special Committee on Child Rights to grant the release on bail of 1,000 children detained in overcrowded centres and facilitate reunion with their families. Virtual courts were established and equipped thanks to UNICEF support and an additional 127 social workers were introduced to serve 306,000 cases of children in conflict with the law. UNICEF has been working closely with children's courts to develop their non-custodial systems and to promote family and community-based care for children in the justice system. This innovative mechanism accelerated trials for children while preventing physical exposure to overcrowded courts crowd therefore preventing potential exposure to COVID-19 (UNICEF, 2021b).

Nevertheless, the number of children placed in detention centers throughout this period continued to increase. In order to operationalize the virtual Children’s Court, a total of 20 training sessions were organised in early 2020 using a virtual platform - and 921 participants (Male: 763 and Female: 158) attended. The training aimed at enhancing the capacity of virtual court systems’ accountable staff. The training provided knowledge and skills in order to improve the justice services being offered to children through virtual courts (Supreme Court of Bangladesh, 2020).

Despite the above-mentioned investment, data collected from detention centers shows that in 2020, 30 to 35 children were still admitted weekly to detention centers. UNICEF has been working towards alternative measures to detention and to boost community-based protection mechanisms, strengthening probation services for children in conflict and/or in contact with the law and ensuring the coordination of multi-actors at the local level (UNICEF, 2021e).

4.2.2. Social workforce strengthening and child protection services

Social workers played a crucial role during the COVID-19 response. Firstly, social workers fulfilled promotive functions, which translated into coordinating work in inter-agency and interdisciplinary networks to establish and promote social service practice and service standards during the pandemic. They also delivered information campaigns and promoted awareness on how to keep communities safe and reduce stigma and how to abide with pandemic protocols to ensure social workers, practitioners, volunteers and communities are safe.

Secondly, social workers played responsive functions, including conducting all steps of case management from identification to case closure and providing protection and support for families affected by domestic violence, abuse, neglect, and exploitation (UNICEF Bangladesh Country Office, 2020b).

In order to perform these functions, social workers received detailed guidance from MoSW and UNICEF on how to conduct home visits during COVID-19, how to ensure self-care and protection, and how to prioritize cases that urgently require home visits versus those that can be managed virtually. For instance, making a phone call to further investigate the nature of the case before the physical assessment is conducted was a recommended practice (The Alliance for Child Protection in Humanitarian Action, 2021a; UNICEF, 2021c).

At the central level, UNICEF supported the MoSW to employ eight call centre agents to their national child helpline 1098 (CHL) which registered an increase in calls equivalent to 40 percent at the onset of the pandemic, according to the government national database. Until the end of 2020, more than 180,000 calls were received and more than 5000 received response and protection from extreme forms of violence. While 26% of calls still go unanswered, the new CHL call center agents ensured that the Child Helpline was able to continue its work 24 hours a day, 7 days a week without breaks, even through lockdowns (UNICEF Bangladesh, 2020).

On average, according to the CHL national database, more than 75% of the calls were for PSS, mental health, abuse and exploitation concerns. More than 60% of calls are from boys which may suggest a positive gender dynamic in terms of access to technology. (UNICEF, 2020b).

Viewing the improvements in UNICEF's government-led case management with the Department of Social Services (DSS):

- 9,428 (60 percent female) social workers were trained online in case management during COVID-19 response.
- UNICEF supported the GoB to meet the salaries of 196 social workers.
- Community-based mental health and psychosocial support provided to children and primary caregivers reached 663,651 individuals (302,576 female).
- 2,070 (172 female) children were released through virtual court and reunified with family through UNICEF's support of GoB in virtual courts.
- In 2021, a national reform on prevention of violence and harmful practice has been conducted to ensure sustainability and scalability of the program in line with the universal prevention principle.
- A more significant focus on community-based prevention and response during COVID-19 lockdown restrictions improved Community-Based Child Protection Committees (CBCPCs) functionality.
- 521,314 (386,396 female) people accessed GBV risk mitigation, prevention and response interventions, including 7 per cent who were PwD accessed and/or were referred to specialized services.
- 5,030 females received Dignity Kits as part of GBV prevention.

- PSEA and Child Safeguarding UNICEF have strengthened the capacity of staff, partners and practitioners in the Prevention of Sexual Exploitation and Abuse (PSEA).
- 569 (401 female) UNICEF personnel were trained on GBV risk mitigation and PSEA.

At the end of 2021, 50 out of the 59 partners working with UNICEF were rated as “moderate” and the others as low. A GBV mapping service started in 2022 in collaboration with UN Women; the PSEA funded this service. Child Protection Sub-Sector partners helped to develop a child safeguarding Code of Conduct (COC). This led to specialised spaces for women and children and staff at the camp working specifically with children in learning and health centres. UNICEF Bangladesh also created an email address specially to report issues and a 24/7 phone number.

Measures have been put in place to provide support to children living on the streets, especially in urban settings. These children, together with children without parental care, are considered to be among the most vulnerable even prior to the COVID-19 pandemic, due to the high risk of violence and abuse that they face and the strong likelihood of being placed in institutional care.

At the onset of the pandemic, the Bangladesh Institute of Development Studies (BIDS) estimated that roughly 1.4 million children lived on the streets across Bangladesh (Consortium for Street Children, 2019). In this context, UNICEF supported the government, city corporations and partners to create eight child protection service hubs for children living on the streets, to enable access to life saving services, basic needs, family reunification/reintegration, and psychosocial support services (UNICEF Bangladesh, 2021).

Throughout the lockdowns in Bangladesh, these children found shelter in very unsafe settings like ports, rail stations or bus stations, and Bazar areas. Most of them were left in the most critical situation no source of food or income due to the fact that restaurants were

closed and movement on the street was restricted. UNICEF responded to this crisis by supporting the Department of Social Service through a partnership with Child Sensitive Social Protection in Bangladesh (CSPB) to manage the hubs (Department of Social Services Government of the Peoples’s Republic of Bangladesh, 2023).

The child protection service hubs provided a safe space, safety, basic hygiene facilities and food provisions as well as paramedical services and case management to children living on the streets. Family tracing and reintegration - including for extended family - has also been at the core of their work.

Detailed criteria, guidelines, and minimum standards were developed to provide quality child services in line with UNICEF's child safeguarding system and its prevention of sexual exploitation and abuse (PSEA) policy. Some operational guidance was also developed restricting the number of children each hub could host to 15 children per night within an area of 24m², 6x4m (as shown in Figure 5).



Figure 6 Example of tent

The 15 children were supervised by 2 caregivers or caretakers who were on rotation every 24 hours. Additionally, one social worker and one education promoter was appointed to

deliver psychosocial support, provide case management, family identification and referral to services and family reintegration when feasible (UNICEF Bangladesh, 2022).

4.2.3. Prevention of violence and harmful practices

In order to address the third domain; the prevention of violence and harmful practices, UNICEF put a range of education and awareness-raising measures in place. During the first year of the pandemic, approximately 112,800 adolescents, of which 70 percent were girls, received life skills and awareness sessions - both on child marriage prevention and COVID-19 prevention - through a range of different platforms including 1,695 adolescent clubs (which were gradually closed for lockdown and replaced by 193 virtual clubs). COVID-19 prevention messages were also spread through a mobile application with a reach of 132,846 adolescents, 27,962 parents and 63,517 other community members (UNICEF, 2021b).

UNICEF also supported the Government of Bangladesh (GoB) to ensure the safety and wellbeing of children, including those with special needs, amidst the intensifying socio-economic fallout caused by COVID-19.

More specifically, UNICEF supported the MoWCA through the Accelerated Protection for Children's Project to use adolescent clubs as a platform for the dissemination of life skills and violence prevention messages via online platforms.

This was made possible by providing online capacity building, system strengthening and awareness-raising interventions, through digital mobile applications and by subscribing as U-Reporters. Among the key opportunities provided to children across the country, there was an opportunity for children to share their experiences and concerns and showcase examples of adolescents taking positive action in response to COVID-19. UNICEF also collaborated with the education sector to enable children to register and learn from the site 'Ghore boshe shikhi' (Learn from Home) about prevention from VAC, how to develop a more positive attitude, mental health development, and online safety measures. Adolescents also learned how to respond to 1098 when required, and how to

support their peers and younger siblings with their learning. The service also aided with facilitating referrals to mental health services and psychosocial support and GBV support services and provided information including awareness on harmful practice prevention. In order to be able to facilitate this initiative, the MoWCA's staff, including child rights facilitators and peer leaders received capacity building on COVID-19 technical guidance notes and the impact on child protection as well as Basic Case Management (Basic Social Service Training-BSST).

As a result, the MoWCA exceeded the target (100,000) of empowering adolescents in 2020 (exceeded by 12,793 adolescents), which was made possible thanks to the combination of adolescent clubs (virtual and offline) during the pandemic.

A range of positive human-interest stories about the adolescents who benefited from these services, have been gathered. Young people aged 18 and 19 from eight divisions within Bangladesh, provided the following feedback:

"This distressed situation is the worst-hit by the prevailing pandemic that has pushed to increase Gender Based Violence, Violence against Children, exploitation, social exclusion, child abuse, sexual harassment, child marriage, school dropout etc. resulting from the decrease of family income." ?

"The learnings of the adolescent club make Reshma more responsible and kinder. Her initiatives in response to COVID-19 save many of our lives";

"Going through adolescent club helped me a lot in getting up the ladder and sticking to my dreams. It was a positive step forward";

"I am so proud; my little daughter is my strength. Thanks to APC project and UNICEF, she has grown up to become a confident young woman";

"The community I have grown up in does not really believe that a child with a disability can amount to much. They did express sympathy with my family, but no one encouraged

them to educate me. My parents did try to do so, despite our poverty situation. It is really a painful form of stigma that people in my condition face”;

“Adolescents are excellent in providing support for child protection through awareness building activities on VAC, GBV, ECM, MHPSS, livelihoods etc. I am really very happy to see adolescent empowerment like Choity. I wish her success in future.” (APC Project, 2022; Ministry of Women and Children Affairs, 2023).

During the COVID-19 pandemic, over 13,500 parents, adolescents, child rights facilitators, social workers, and caregivers, received prevention messages about responding to violence against children, through 966 community-based child protection committees. In response to lockdown measures, UNICEF shifted from a physical approach to a virtual one and supported the leading stakeholder, the Ministry of Women and Children’s Affairs (MoWCA) to establish virtual adolescent clubs. As a result, 20 peer leaders and 50 Child Rights Facilitators (CRFs) were appointed and trained in COVID-19 prevention for adolescents on the Standardized Adolescent Empowerment Package (SAEP) - which is a multidisciplinary manual composed of 81 sessions (UNICEF and UNFPA, 2020).

Another important aspect of UNICEF’s work during the COVID-19 pandemic concerned the protection of children against online violence and abuse. _As of March 2016, around 38.31 percent of 61.2 million people were internet users as per the Bangladesh Telecommunication Regulatory Commission (bdnews24, 2016) Additionally, around 3.3% of children and young people aged 15-19 years were reported to use the internet regularly (Bangladesh Bureau of Statistics (BBS) and UNICEF Bangladesh, 2015). These figures are expected to have exponentially grown during the height of the pandemic in early 2020. While online activities provide an incredible opportunity to reach children, including adolescents, and stimulate their engagement, they also present risks and severe challenges such as peer-to-peer pressure, online bullying, grooming and sexual exploitation. They also expose children to age-inappropriate material such as pornography, extreme violence, or content involving hate speech and radicalization; and

promote self-harm and suicide, illegal drug use or imitating and dangerous behaviour as well as being pro-anorexia, and pro-bulimia (UNICEF, 2017b; tbsnew, 2020).

4.2.4. Humanitarian response

In terms of the fourth domain, humanitarian response, this posed a particular challenge due to the fact that the COVID-19 pandemic came just three years after the start of the Rohingya crisis, causing a severe shock to already vulnerable communities.

UNICEF, in line with the Core Commitment for Children (CCCs), supported the government to enhance stakeholders' coordination by leading the National Child Protection Cluster as well as the Cox's Bazar Child Protection Sub-Sector to provide technical guidance and develop a child-sensitive COVID-19 preparedness and response plan.

In Cox's Bazar, where the Rohingya refugee camps are located, UNICEF offered its support by delivering humanitarian services. A large number of multi-purpose centres - totalling 142 - were established to offer vocational training, life skills, and psychosocial support to 16,354 adolescents in camps and 1,744 in host communities. Additionally, eighteen safe spaces for girls and women were set up to reduce gender-based violence related risks. Overall, 83,383 children (41,096 females, 2,725 with disabilities) in camps and 19,845 children (9,810 females, 258 with disabilities) in the host communities, received psychosocial support by the end of 2020 (UNICEF Bangladesh Country Office, 2020a).

In terms of case management and specialized services, the major response has been the upgrade of the Child Protection Information Management System to ensure a timely response, follow-up, and case closure. As a direct outcome, 3,663 children (1,947 females, 366 with disabilities) benefitted from comprehensive case management services in 2020, out of which 3,230 were from the camps (1730 females) and 433 from the host communities (217 females). Positive parenting sessions were conducted for 45,225 parents and caregivers (22,240 females) in camps and 16,555 in host communities (7,759

females) and 408 community-based Child Protection Committees (CBCPCs) with 5,410 members (2,527 females) were supported to conduct referrals for 1,266 children (590 girls, 39 with disabilities, 949 Rohingya) (UNICEF Bangladesh Country Office, 2020a; United Nations Bangladesh, 2021).

Additionally, UNICEF established 15 safe spaces in the Cox's Bazar District to enhance the resilience of women and girls at risk and victims of gender-based violence. Many of these vulnerable girls provided positive comments about the establishment of such spaces: "People are afraid because they fear services and care will stop. But we are still here", one adolescent girl said, "It helps a lot." (Jean and Miks, 2020).

5. Impact of UNICEF support and child protection outcomes in Bangladesh

According to the findings of the research it seems that COVID-19 provided an entry point for UNICEF Bangladesh to accelerate and expand some of its previous investments in the elimination of violence against children and the strengthening of a child protection system. While the pandemic affected the population in Bangladesh until the end of 2021 throughout several waves, there have also been cases recorded throughout 2022.

The preceding sections of this chapter explored the extent to which Bangladesh was affected by the pandemic and the support UNICEF provided to the government to tackle pre-existing child protection issues as well as the risks and concerns related to violence that materialized at the beginning of 2020.

In this section I will review evidence on the outcome of that support, which was initiated in 2020, and the impact that had on the way child protection is programmed and owned by the government of Bangladesh.

It is important to highlight that school reopened in September 13th 2021 and therefore, majority of results collected on community led approach and outreach for harmful practices and violence prevention initiated in February 2021 were collected at the end of 2022 when measures like lockdown were interrupted and communities were allowed to gather.

For UNICEF, 2022 was the first year of the new country program cycle 2022-2026 (UNICEF Bangladesh Country Office, 2021b). Therefore, 2021 was a year of reform and shifts that paved the way to its full implementation. In terms of child protection, UNICEF's main outcome statement is the following: "By 2026, all children, including adolescents, will be better protected from all forms of violence, abuse, exploitation and neglect and harmful traditional practices" (UNICEF Bangladesh Country Office, 2021b).

When taking into account the three domains of this chapter, the one that experienced the most radical shift was the third; harmful practices and violence prevention. UNICEF developed an internal strategy to respond to this domain which was developed and endorsed over 30 consultations between March 2021 and December 2021. This strategy was central in fulfilling the quest for universal provision of child protection in Bangladesh.

This strategy refers to the nature of violence against children, which is often hidden, unseen or under-reported (UNICEF, 2014) involves many forms of abuse, including physical, sexual and emotional, as well as exploitation, neglect or deprivation. Violence occurs in many settings, including the home, at school, and the wider community. It also takes place on the street, in workplaces and over the internet even in institutional settings. Similarly, a wide range of perpetrators commit violence against children, such as parents, caregivers, family members, intimate partners, teachers, peers, neighbors, employers, strangers, and other children.

In addition to its immediate harm to individuals, families and communities, violence against children has pernicious, lifelong effects that undermine the potential of individuals, and when aggregated across billions of people, may impede economic development (United Nations International Children's Emergency Fund, 2020). According to an estimate, the cost of violence against children can be as high as USD seven trillion. Consequently, the UNICEF Bangladesh child protection section contracted an external company to conduct a costing exercise that would build the capacity of the government to budget for a national violence prevention program.

As explored in chapter 3, during pandemic or disease outbreaks and natural disaster and forced displacement emergencies, violence against children including GBV against adolescent girls and boys often increases exponentially (United Nations International Children's Emergency Fund, 2020). The COVID-19 pandemic and the measures imposed in response to it have greatly increased the risk of intra-family violence and online abuse. Prolonged school closures have impacted more than 1.5 billion children and young people.

Movement restrictions, which meant that many people were confined to a small space, the loss of livelihoods and incomes, causing socio-economic hardship, limited access to services and overcrowding have all heightened levels of stress and anxiety in parents, caregivers and children, and cut families and individuals off from their usual sources of support which include teachers, peers, neighborhoods and wider communities. According to a report, during the COVID-19 pandemic incidences of child abuse and of children witnessing violence between their parents and caregivers increased (The child Fund Alliance, 2020).

Global frameworks and guidelines were adapted in UNICEF's strategy which refers to the Sustainable Development Goals (SDGs) with its bold, ambitious, and clear call to eliminate violence against children, and the Convention on the Rights of the Child includes a right to freedom from violence. SDG 16 sets out clear targets to address violence against children and 16.2 clearly states: "End abuse, exploitation, trafficking and all forms of violence against and torture of children".

A Global framework that's adopted throughout the strategy is INSPIRE. This is a multi-agency framework adopted by international communities including the UN, and the World Bank Group and it recommends a number of strategies and approaches to prevent and respond to VAC across various sectors including justice, health, education, social welfare, planning, labour and finance. These strategies include the implementation of laws and policies, changing social norms, ensuring a safe environment, supporting parents and caregivers, social protection, response mechanisms and education and skill development approaches (World Health Organization, 2016).

As it is widely acknowledged that intimate partner violence has a detrimental effect on children in the household, RESPECT is another meaningful interagency framework to that aims to violence against women and is in full alignment with INSPIRE. It's also translated into seven strategies that form the acronym: "respect": R for relationship skills; E for the empowerment of adolescent girls and women; S for services ensured; P for Poverty

reduction; E for environments made safe, C for child and adolescent abuse prevention, and T for the transformation of attitudes, beliefs and norms through a community-based approach (WHO, 2019).

When considering child protection, the multi-sectoral nature of UNICEF's work has an added advantage due to its links with the community, with education, social protection, health and nutrition services as well as C4D platforms. This multi-sectoral nature results in the institutional response needed to scale-up programming related to the prevention and early detection of child protection. By building the capacity of frontlines from within other sectors this necessary investment compensates for the limited social service workforce in the country (UNICEF South Africa, 2021).

Additionally, the public health model along with the lens of the social-ecological model and the life cycle approach – are used to prevent VACW and strengthen the prevention systems central to the new country programme. Given the many complexes and intertwined causes of protection issues, addressing them at scale necessitates interventions at multiple levels far beyond the reach of the traditional child protection sector alone. The child protection 'vertical' programmes with 'occasional' linkages with other sectors are not an option any longer, they risk being ineffective with little chance to achieve scale and generate transformational outcomes. Therefore, by prioritising prevention through a multisector response (schools, health, nutrition, communities) and addressing gender norms through early learning, education etc) positive outcomes will be met (UNICEF, 2017a).

UNICEF Bangladesh has been supporting the Ministry of Women and Children's Affairs (MoWCA) to implement the Accelerating Protection of Children (APC) Project since July 2017. The UNICEF Bangladesh Child Protection Program planned to move away from ad-hoc interventions toward a more planned, holistic and sustainable community-led approach, according to CPD 2022-2026. This programme has focused mainly on the community-led interventions which have been found to be effective in achieving greater

gender equality and reducing gender-based violence and harmful practices. Violence against children is a multifaceted problem with causes at the individual, close relationship, community, and societal levels, so it must be confronted on several different levels. The social-ecological model (SEM) serves a dual purpose in this regard, as each level in the model represents a dimension where both risks and opportunities for prevention co-exist. This has implications for the way stakeholders engage in child protection. Broad engagement with diverse members of the community needs to be assessed to understand how process were changed and information gathered to attain objectives.

These comprehensive community led interventions transformed the capacity of GoB child protection service providers by also strengthening the capacity of community-based child protection systems making them more responsive and accountable for delivering child protection services like raising community awareness and strengthening prevention services. They also assist with the identification of cases, with referral and case management of vulnerable families and children, and provide specific attention to children with disabilities, children in their early years and adolescents (UNICEF, 2015).

The community-led Children and Adolescent Club (CAC) is one of the core interventions of the APC project that has been implemented directly by MoWCA. Concept notes on club functionality were amended to accelerate and create a community led child protection mechanism. The aim was also to equip the most marginalized communities that include children and adolescents, children with disabilities, parents and caregivers with knowledge and information about the dangers of violence against children and women, and in doing so, empower them to prevent violence and other harmful practices in climate affected locations and other humanitarian settings (Wessells, 2015). The Clubs that serve as community child protection hubs now remain open 5 days in a week - from morning to late afternoon. These platforms are now facilitated by two community adult facilitators, mostly women, and they conduct awareness sessions for community engagement and mobilization. Every club also relies on two trained peer leaders. Age-specific sessions are now conducted daily on violence against children and women and harmful practices

(VACW & HP) prevention and on a community-led approach called “journey of life”. This approach enables children and their community members to identify their issues of concern and to propose the most suitable solutions (UNICEF, 2022c). The significant shift between a project-based approach towards led by NGOs to a national program directly delivered by the government of Bangladesh is a structural change vehicle during the pandemic. The establishment of a community led approach represent a more sustainable and scalable way to establish a child protection system at grassroot level.

Bangladesh has made significant contributions to the prevention of violence against children and women (VACW) with the partnership of MoWCA and UNICEF. UNICEF has developed a range of comprehensive strategies and mechanisms by identifying existing gaps in the response to VACW. Its main strategy is to shift from using NGOs and CBOs to direct government implementation when working on programmes. This is a critical step for the government and requires direct responsibility for the sustainability and scalability of the national program implementation (Ministry of Women and Children Affairs, 2022).

UNICEF has conducted internal and external meetings and discussions to enable the shift from Technical Assistance Project Proposal (TAPP) to renewed- TAPP (RTAPP) and align with the new CPD. This objective is in place to empower and build the capacity of government entities and keep the provision of funding moving so that established child and adolescent clubs can maintain their budgets when UNICEF hands these over to the government. Considering the sustainability plan UNICEF’s emphasis lie in the enhancement of the capacity of MOWCA Officials, strengthening the coordination mechanisms with key relevant ministries and departments, advocacy for budget allocation to run the program under government systems like Local Government and Development (LGD) and engaging the private sector. It also aims to build ownership of government projects, reduce overlapping and make sure there is close coordination with Kishor Kishori Clubs while empowering people through the community led approach. With the view of sustainability and scalability of child protection and adolescent empowerment

programmes under MoWCA, the APC project has planned to change the implementation modality of the project activities with support from the DWA field office (Department of Women Affairs, 2022). The project activities will be implemented directly by MoWCA in collaboration with key relevant ministries and departments (eg MoI, MoPME, MoYS, MoE, DWA, MoHA, DSS, BSA and local governments) to make the child protection programme within MoWCA sustainability and scalability nationwide along with existing provision (Ministry of Women and Children Affairs, 2022; UNICEF, 2022c).

5.1. National response to date in Bangladesh

As mentioned at the beginning of chapter 4, the prevalence of violence against children is increasing daily in Bangladesh where 89% of children aged between one and 14 experience physical violence and psychological aggression (UNICEF Bangladesh Country Office, 2019) by their parents or caregivers.

The consequences of violence are alarming and well acknowledged yet they are not always well documented. Violence not only causes immediate trauma; it can lead to longer-term child depression and behavioral problems, post-traumatic stress, anxiety and eating disorders. Its impact on mental health can, in turn, influence a range of health outcomes, making young people more vulnerable to substance abuse and poor reproductive and sexual health. Furthermore, research has shown that it leads to death including homicide, suicide, severe injury and impaired brain and nervous system function (Nadeem, McIntosh and Lawrie, 2017). Its negative impact on the executive functions of children results in poor educational outcomes, negative coping mechanisms and intergenerational transmission from parent to child and sibling to sibling.

The constitution of Bangladesh places an emphasis on a society that's free from exploitation, and recognises fundamental human rights while securing freedom, equality, justice and economic and social rights for all citizens of the state (Legislative and Parliamentary Affairs Division Ministry of Law Justice and Parliamentary Affairs (LPADMLJP), 2022). It further mandates the state for making special provision in favor

of women, children and for the advancement of any backward section of citizens (Legislative and Parliamentary Affairs Division Ministry of Law Justice and Parliamentary Affairs (LPADMLJP), 2019). Bangladesh made international commitments including ratifying the Convention of the Rights of Children in 1990 and developed laws and policies in light of CRC to prevent and respond to violence against children (OHCHR, 2021).

Bangladesh has made remarkable progress in terms of policy and legislative reform in its address of violence against children and women. The country has adapted several legislative measures including the Children Act 2013, the Prevention of Oppression against Women and Children 2000 with rules, Domestic Violence Prevention and Protection Act 2010 with rules; and the Bangladesh Labor Law 2006 with amendments in 2013 and 2018. It also brought about the Anti Trafficking Act 2012 and 104 Special Tribunal for Women and Children Repression Prevention which both aim to preserve the protection rights of children. Some national level policies are have also been adapted including the National Children's Policy 2011, the National Policy for Women's Advancement 1997, the National Plan of Action to Prevent and Respond to Violence against Women and Children (NPAEVAWC) The NPA to prevent trafficking, the National Policy on Domestic Workers' Rights, the Child Labor Elimination Policy 2010, and a Circular on banning 38 categories of hazardous labor as well as numerous high court directives have all sought to prevent and address sexual harassment in Bangladesh (Government of the People's Republic of Bangladesh, 2011, 2013).

There are several national helplines in place including 1098 - which was supported by UNICEF during COVID which have been established in collaboration with MoSW and provide services to support children, women and those seeking help. Other services currently available for women and girls experiencing violence include the One Stop Crisis Center (OCC), the Victim Support Center (VSC) and Safe Home. The National Human Rights Commission (NHRC) is also an active functioning complaint mechanism. There

are also several national and local NGOs are also providing legal aid and response services to address violence against children (Department of Social Services, 2021).

Despite all the necessary laws and policies being in place, there is a weakness in the implementation of the laws in the country. Additionally, there is a culture of impunity. Perpetrators of violence against children are rarely brought to justice, which contributes to the continued perpetration of violence. Societal acceptance of violence against children, lack of awareness among parents and communities on the impact of violence on children and lack of adequate services for families all contribute to the recent increase of violence in the country against children. Low acquittal rate, lengthy legal procedures and general fear about police or any other law enforcing agency member along with stigma about interactions with police all prevent women and children from seeking legal support in general (The Daily Star, 2022).

The lack of systematic reporting on VACW and access to emergency services and responses is a major challenge. Adequate child protection social workers and coordination among different actors with provision for collecting systematic data on VAC incidents and responses with clear referral pathways and case management is crucial. Also, adequate funding and budget allocation for implementing all laws and policies including institutional strengthening is an immediate thrust (World Health Organization, 2016).

Accordingly, this strategic framework pays particular attention to specific forms of violence such as: violent discipline, including the widely accepted use of corporal punishment and verbal abuse as disciplinary tools by parents and caregivers; school-based violence perpetrated by teachers/school staff as well as children (peer-to-peer violence); sexual abuse, particularly high levels of sexual harassment experienced by girls; and, also harmful practices like child marriage and child labor; violence taking place in humanitarian settings and exploitation such as the trafficking of women and children (World Health Organization, 2016).

The below table illustrates a road map for violence prevention tailored to the Bangladeshi context and it summarizes the key strategies from the global framework

INSPIRE that has been discussed during COVID-19 and can be implemented nationwide.

Table 5 UNICEF Child Protection BCO suggested interventions to eliminate violence

INSPIRE Strategies	UNICEF Child Protection BCO suggested responses
Implementation of laws and policies	<ul style="list-style-type: none"> -Strengthening legal aid services. -Training of law enforcing agency members and judiciary on women and child friendly procedures. -Technical support for making services accessible and women and child friendly. -Strengthening multi-sectoral coordination between judiciaries, police, probation officers, and the social service workforce.
Changing social norms	Generate evidence on the underlying causes of violence. Adolescent participation and positive parenting as two drivers of social change for harmful practices and violence against children.
Ensuring safe environment	<ul style="list-style-type: none"> - Prevention interventions include community-based child protection mechanisms being activated; adolescent empowerment. Response encompasses identification and referral of cases of violence; case management; service provision through establishment of a national CP system (CHL, social workforce). - Prevention of child marriage and child labour as the most prevalent harmful practices by establishing partnership with relevant ministries to strengthen the

	capacity and provide technical support to prevent and end these harmful practices.
Supporting parents and caregivers	<ul style="list-style-type: none"> -Child Protection case work, family support, psychosocial counseling to parents and children. -Roll out of positive parenting modules through adolescent clubs and social service workforce. -Increasing access to positive parenting education materials for parents and caregivers. -Equipping frontline social service and health service frontline workers to be able to provide guidance and information to parents on positive parenting and so on.
Social protection	-Advocacy for targeted social protection schemes for most vulnerable children.
Response mechanism and education and occupational skills development	Adolescent participation, digital literacy, employability skills, partnership with Gen U.

5.2. Addressing the underlying causes of violence and introducing positive norms

Societal factors are extensively associated with violence in Bangladesh, including deeply ingrained social norms regarding expected gender roles and power imbalances between the genders which translate into condoning violence against children.

In order to provide a holistic response to the situation for children and particularly of girls in Bangladesh, UNICEF Child protection section has decided to adopt social norms-informed interventions

This means that at the different levels of the social ecological model there are several protective factors both at the societal level, in terms of policies and structures in place and at the local level, in the form of communities families and schools which can all play a critical supporting role for children (UNICEF Bangladesh Country Office, 2021b).

The question that needs to be asked is in relation to what drives a person's decisions and behaviors. The Social and Behavioral Change (SBCC) approach requires multi-faceted strategies addressing a range of factors (individual, social and structural) determining people's decisions in a holistic manner and with special focus on understanding the underlying cause behind any behaviors. This is the reason why addressing these root causes and not only their symptoms is key and must be at the heart of our gender transformative programming (Petit and Zalk, 2019). Further investments need to be made in working with individuals, families, communities, and society within different platforms to change the beliefs and opinions of enough people to promote positive social change.

Understanding these dynamics as well as family strengthening and gender transformative programming as drivers of change is imperative to developing programmes around harmful practices and ending violence against children. Child protection through community-based interventions and in close coordination with communication for development (C4D) needs to unpack these behaviors and develop new norms, and behaviors where there are few or no immediate or structural barriers.

- Reinforcing positive norms where they serve as entry points to maintaining desired behaviours.
- Changing norms that shape harmful traditional practices or undesirable behaviours.

Evidence generation is expected in the form of a Knowledge, Attitude, Practices and Norms study (KAPN) that will be rolled out in 2021 by C4D and in the framework of the EU Child Protection Program “Fostering Equity, Rights & Empowerment Among Most Marginalised Adolescents and Children with Disabilities in Bangladesh”. In the meantime, two main drivers of change have been identified by the child protection section for addressing the root causes of harmful social norms and VACW and to promote instead positive norms (UNICEF, 2018a)

While schools and communities are vital places to foster respectful relationships, education, and other preventative efforts, children and adolescents learn a lot about relationships from their own families. Many attitudes, actions, and beliefs are developed during infancy and adolescence, thus it’s critical to educate and develop skills in respectful relationships during this period (Save the Children Sweden, 2012). A significant number of children and young people are exposed to parental/ caregiver violence and directly experience violence, since 35% of parents still believe in using physical punishment as a discipline tool for their children (UNICEF Bangladesh Country Office, 2019). The harmful impact on the health, well-being, and development of these children and young people is severe and cumulative in both circumstances. Violence against women can start or worsen during pregnancy and increase after a child is born, making this a critical time for focused prevention or early intervention.

Programmes which promote positive and non-violent parenting should aim not only to prevent violence against children, but also to model respectful and equal relationships between parents and in all intimate and family relationships. This positive parenting program should not only be implemented remotely in underprivileged areas, it should also be available in the urban and integrating schools.

Adolescents and young children play a vital role in the prevention and response to violence against children and women. Many adolescents experience violence in their community and family. If they know how to report this, through a mapping of available resources, then they can play a critical role in reducing and eliminating violence from within the

community. Besides, many who are already living with violent family members and/or with direct abuse, are exposed to relationship models that can influence their own behavior and limit their capacity to imagine alternatives. This is how the circle of violence continues. This circle of violence is by no means inevitable and can be broken by social, educational and psychological factors which reinforce the resilience and capacity of children and young people. Programmes providing supportive and safe environments to enable recovery from the effects of violence, empathy towards others, responding to violence, and learning how to build life skills to create healthy and equal relationships, can make all the difference. In this programme, gender balance and empowerment must be in place and initiatives are needed in order to break all sorts of gender stereotypes (UNICEF and UNFPA, 2022).

The Global Health Assembly 2021 urged the states to establish an inter-ministerial coordination process to prevent and eliminate violence against children following an evidence-based approach based on respect for human rights. This was to coordinate a gender sensitive strategy to address violence against children with clear support from the highest levels of government and several other resolutions and reports suggested the same. Below are some recommendations in the context of Bangladesh. In terms of collaboration with the Health Sector, as demonstrated in other countries, a key entry point is the capacity building of stakeholders (health professionals and frontliner staff) providing maternal and child health programs. This can entail capacity building of frontline health workers on positive discipline, the identification of VAC and reporting; capacity building of health professionals on identification of VAC and reporting; linkage between CHL 1098 service providers and health service professionals and frontline workers and linkage with Adolescent Health Corners in the district hospital and other health related services (Younis, 2018).

Suggested collaboration with the education sector could entail development and establishment of a child safeguarding system. This would compensate the lack of a child protection system and help establishing CPCs or CP focal points, referrals to services;

developing a child safeguarding policy and protocol for teachers and integrate those into the training curriculum for teachers; it would also incorporate VAC reporting mechanisms (including CHL 1098) into teachers' training curriculum, building a capacity for positive discipline among teachers and school staff (UNICEF, 2021a).

Community-led child and adolescent clubs (CACs) are one of the core interventions of the APC project. In order to promote social change and foster a sustainable, community-led mechanism, the clubs have been restructured to be facilitated by adults from within the community, and to include outreach sessions for community engagement and mobilization. These facilitators have been trained to provide regular sessions on child protection issues, capacitating members of the community to prevent and respond to violence against children and women and harmful practices. In addition to the adult facilitators, each club is equipped with two peer leaders who conduct age-specific sessions on VACW and HP and raise awareness on the journey of life, online safety, non-specialized psycho-social support, referral mechanisms, life skills, and livelihoods to empower members of the club. To ensure that the clubs are as accessible as possible, they are now remaining open five days a week from 9am to 6pm (UNICEF, 2022c).

Deeply ingrained social norms condone and promote VACW and HP in Bangladesh. To address this, UNICEF has adopted social norms-informed interventions. This new programme will give special attention to the driving factors and underlying causes of people's decisions at the individual, family, community, and societal levels, to address the root causes of VACW and HP. By adopting this approach, UNICEF will no longer only have to respond to violence caused by behavioural root causes but will also be able to address underlying problems to prevent VACW and HP in the future (WHO, 2022). To this end, UNICEF programmes guide parents on non-violent parenting and the prevention of violence against children, including how to model respectful and equal relationships in all family relationships. UNICEF also supports gender empowerment programmes and gender transformative programming for children to challenge the harmful stereotypes and

norms associated with gender, as well as empower survivors of violence and promote life skills building (UNICEF and UNFPA, 2022).

In order to promote government ownership and ensure sustainability and scalability in the years to come, the implementation of UNICEF programmes will no longer be done by NGOs or CBOs but by the government itself. This approach will build the capacity of government, incentivize ministries to allocate funds for their respective projects, and reduce overlap between ministries. In addition, UNICEF conducted an internal exercise and facilitated a shift in the Technical Assistance Project Proposal (TAPP) aligning with UNICEF Country Program Documents (CPD). UNICEF is developing a sustainable costing and budgeting model for the MOWCA to continue the operation of VACW programming after it is handed over, including the costing information required to plan, fund and manage the process of strengthening or scaling up and running CACs (UNICEF, 2022c).

UNICEF has supported the Ministry of Women and Children's Affairs to establish Children and Adolescent Clubs (CACs) around the country in the most vulnerable areas and they have been converted into **child protection community hubs**. CACs offer a nurturing and safe environment where children, children with disabilities, and their families can have equitable access to comprehensive protection services including recreational activities, mental health and psychosocial support, referrals to services, and rights-based training. The clubs host training sessions to increase the knowledge of children and adolescents on their rights and to increase awareness on issues such as child marriage, child labour, trafficking, gender-based violence (GBV), family violence (FV), birth registration, and response and referral to case management services. A community-led approach is implemented for communities to identify issues of concern and suggest solutions with the ultimate goal of eliminating violence against children and women (VACW) and harmful practices (HP) (UNICEF, 2022c).

The Child Protection Section of Bangladesh has partnered with the Ministry of Women and Children's Affairs (MoWCA) under the Accelerating Protection for Children (APC)

programme to prevent and respond to harmful practices in a sustainable and scalable way. In 2021, a meaningful shift took place to reform the APC project to a national program and to achieve a larger and more meaningful reach. Previously focused on adolescent empowerment, the entire project was revamped to center around the prevention of violence against children and women (VACW) and harmful practices (HP), and in turn it also expanded the beneficiary group from only adolescents to all children. In order to promote government ownership and ensure sustainability and scalability in the years to come, the implementation of the APC project was restructured to shift implementation from NGOs or CBOs to direct implementation from government. This approach works to build the capacity of government, incentivize ministries to allocate funds for their respective projects, and reduce overlap between ministries. In addition, UNICEF is developing an assessment on the entire APC project and a sustainable costing and budgeting model for the MOWCA to continue the operation of VACW programming after it is handed over, including the costing information required to plan, fund and manage the process of strengthening or scaling up and running CACs (UNICEF, 2022c).

5.2.1. Prevention of child labour with MoLE and DIFE

Bangladesh made significant progress toward eliminating the worst types of child labor in 2020. The government has extended the deadline for implementing the National Plan of Action to End Child Labor from 2021 to 2025 (Central Monitoring Committee on Child Labour, 2020). The Ministry of Labor and Employment (MoLE) has also developed an amendment to the hazardous job list, which would include drying fish if approved. Children in Bangladesh, on the other hand, are exposed to the most dangerous types of child labor, such as forced labor in the manufacturing of dried fish and bricks. In the garment and leather product supply chains, children also do hazardous activities. The Bangladesh Labor Act does not include the informal sector, which accounts for the majority of child labor in Bangladesh. Furthermore, the government has not made information on its criminal law enforcement activities involving child labor available to the public (UNICEF Bangladesh Country Office, 2019). UNICEF and MoLE signed a

memorandum of understanding in 2022 to strengthen the collaboration and revamp the commitment towards the elimination of child labor in line with the National Plan of Action 2020-2025. Additionally, UNICEF supported the participation of three governmental officials to the 5th Global Conference against Child Labor, hosted in Durban, South Africa to reiterate their accountabilities to meet SDG. 8 target 8.7 (dhaka tribune, 2022; International Labour Organization, 2022).

In response to these circumstances, UNICEF Child Protection will work with the Ministry of Labour and Employment (MoLE) and its Department of Inspection for Factories and Establishments (DIFE) to strengthen the systems, improve policy dialogue and advocacy and harmonise efforts to build the capacity of the Government of Bangladesh's (GoB) institutions and authorities at the national and sub-national levels to effectively plan, implement, budget for, and monitor relevant policies, legislation, and regulations for the improvement of working conditions. UNICEF will engage with DIFE at the local level to develop and link complementary programs and activities to enhance the delivery of sustainable, accessible, gender-responsive, and high-quality social services for working children, young/adolescent workers, child labourers, and their families.

5.2.2. Sport for Development with Ministry of Youth and Sports (MoYS)

Recognizing the importance of sports for child protection in terms of reducing violence and dangerous behaviour, the UNICEF Bangladesh Child Protection section has established a Memorandum of Understanding (MoU) with the Ministry of Youth and Sports (MoYS). Through this ground-breaking partnership, UNICEF is supporting the establishment of intersectoral linkages between the MoYS and other ministries such as MoWCA, MoE, MoPME, MoHA, and local government divisions in urban and rural areas to strengthen the sports for development (S4D) component at a national scale. By using the sports for development (S4D) approach, children including adolescents, parents, and community members will be empowered for positive social change. UNICEF is providing technical and financial support to the MoYS to promote different types of sports and

games around the country, including SwimSafe, football, cricket, skateboarding, self-defense, kabadi, and badminton. These events will target the most vulnerable districts, with a specific focus on those most at risk for VACW or HP. UNICEF is also continuously supporting the MoYS to develop capacity building resources, different types of sports materials, training modules, and messages for all children, including adolescents and children with disabilities (CwD).

UNICEF adopts S4D to help achieve progress in child survival and development, protect children from violence, and ensure gender equality, empowerment and overall wellbeing through sport. To realise this, UNICEF has signed a national action plan with the Ministry of Youth and Sport and all its departments to support financially and technically the implementation of football, cricket, swim safe, skateboarding, self-defence, badminton, volleyball and kabaddi in the most vulnerable areas of Bangladesh, with particular attention given to girls and out of school children's engagement. From 2022 – 2025 the S4D programme aims to reach more than 10 million children around the country (Daily Bangladesh, 2022; Ministry of Youth and Sports, 2023).

5.2.3. Increased advocacy on prevention of drowning

During COVID-19 new areas of emergency preparedness and response have been also explored, among which prevention of drowning. According to the most current WHO Global Report on Drowning, the yearly global drowning toll is 372,000 individuals, with more than 90% of drowning deaths happening in low and middle-income countries. Drowning deaths account for over two-thirds of malnutrition-related deaths and more than half of malaria-related deaths. According to WHO research, drowning is one of the top ten main causes of mortality among children and young people in all six geographical regions. Children under the age of five continue to be at the greatest risk of mortality, with male children having a risk of death double that of female children. Despite these devastating statistics, drowning prevention receive (Meddings *et al.*, 2017) funding (Meddings *et al.*, 2017).

Drowning is a very regular event in Bangladesh, affecting people of all ages, with children being the most vulnerable. According to the first survey on drowning which took place in 2003-2004, drowning is the biggest cause of death among children under the age of 18. According to the report, around 42 children die every day because of drowning - this amounts to 50,000 children per year (Institute of Child and Mother Health (ICMH) *et al.*, 2003).

In face of this evidence, UNICEF Child Protection will step up its efforts to influence legislation for the adoption of a policy and strategic measures to prevent drowning in Bangladesh, as well as observe World Drowning Prevention Day on July 25, 2022, to raise awareness among policymakers, private sector actors, and communities about the importance of taking appropriate measures to prevent drowning among children in the country.

In light of this, UNICEF will raise awareness among policymakers, private sector actors, and communities about the importance of taking appropriate measures to prevent drowning among children. To prevent drowning at the community level, UNICEF and the Ministry of Youth and Sports (MoYS) are working to scale up the SwimSafe programme across the country. This program will train 52,500 children including adolescents (26,250 girls and 50 children with disabilities) how to swim in the most at-risk areas for drowning. In addition, 1,000 community people will be educated on drowning prevention, 500 first aid responders will be trained, and 100 Community Based Child Protection Committees will be taught how to implement drowning prevention in their areas (Daily Bangladesh, 2022).

The VACW and HP Prevention Programme aims to strengthen systems to address the needs of children in urban locations. As a cross-cutting theme throughout the entire child protection strategy of UNICEF Bangladesh, the urban context is always taken into consideration e.g. children including adolescents living on the streets and in public spaces, poor slum communities, etc. In this way, urban child protection systems will be strengthened by training officers in city corporations (UNICEF, 2018b).

5.2.4. Online protection

In line with global best practice, COVID-19 presented an opportunity to mainstream online protection into all violence prevention programming. Since 2018, UNICEF, the Ministry of Women and Children's Affairs (MoWCA), and Grameenphone have reached millions of children with messages on the benefits of the internet and how to stay safe online. Notably, the partnership has disseminated safety messages through a national campaign of the animated characters Sabina and Meena through Bangladesh Television (BTV), national television, Bangladesh Betar, national radio and social media. In addition, online webinars delivering training to children and their families through the CACs took place during the pandemic to ensure that children had the tools they needed to stay safe online (Daily Bangladesh, 2022).

Grameenphone (GP), Telenor Group, and UNICEF Bangladesh formed a landmark cooperation in 2018 to expand and deepen child online protection in Bangladesh and to involve kids, particularly teenagers, as digital change agents in their communities. The alliance aimed to educate parents and educators about the value of protecting children online by providing them with training on how to be safe online and improving support services for them when they raise concerns about online behavior. It also aimed to raise public awareness of the significance of children's online safety and to hold policy-level conversations with the goal of creating a vision for the future in which every child in Bangladesh is capable of using the internet safely.

Nevertheless, only in 2020 and 2021 Online Protection Programme's activities were expanded. Due to the rise in COVID-19 cases and the lockdowns in Bangladesh beginning in December 2021 and lasting until mid-February 2022, a no-cost extension was necessary and took effect on April 1, 2021. As a result, the Bangladeshi government implemented social distancing policies along with access and movement limitations (GoB). As a result, it was decided to modify the program's planning and execution.

Comparing 2020 to 2022, there was a roughly 50% increase in the number of reports of online harassment. The collaboration between GP and UNICEF to improve children's

online protection has never been more pertinent given the significant increase in incidences of online aggression against children.

GP and UNICEF expanded their collaboration in December 2018 to implement the project Strengthening and Scaling Child Online Protection in Bangladesh, building on the momentum of the "Be Smart Use Heart" campaign. The goal of this arrangement, which was extended for another two years in 2020 and 2021, was to reach youngsters with lessons about online safety through a national campaign using the animated Sabina and Meena characters on national television, national radio, and social media.

The cooperation was again extended from April 1, 2022, to June 30, 2022 because of the COVID-19 pandemic. The most recent work plan sought to build on the groundwork laid in 2021 and span the transition between the previous CPD phase and the new phase. During this project's phase.

Comparing 2020 to 2022, there was a roughly 50% increase in the number of reports of online harassment. Calls to the Child Help Line 1098 (CHL) were addressed by qualified social workers and contact center representatives thanks to UNICEF's collaboration with the Department of Social Services (DSS). Between 2018 and 2021, the helpline received 490,217 calls in total. The helpline's call volume increased by 20% on average each year. In 2022, the helpline introduced a separate category for online child abuse as a result of this new trend.

5.2.5. Humanitarian response during COVID-19

Children from the Rohingya community are still at risk for illness outbreaks, hunger, and dangers associated with abuse, exploitation, and violence, especially gender-based violence (GBV). The Child Protection Sub-Sector conducted an assessment in the Rohingya camps in October 2021, and the results revealed that child labor (64 percent), neglect (59 percent), child marriage (57 percent), risk of trafficking (32 percent), child separation (25 percent), physical abuse (23 percent), and sexual and gender-based violence (SGBV) were the most frequently reported child protection concerns (12

percent). Overall, 5% of households in the refugee population reported an increase in violence against children, as well as an increase in the need for mental health and psychosocial support for both children and their caregivers.

For senior management, government partners, and civil society groups, UNICEF held training in 2022 on "PSEA Values, Attitudes, & Organizational Cultures." PSEA evaluations were carried out for partners in order to determine the implementing partners's (IP) organizational strengths and potential improvement areas in order to meet PSEA Core Standards. A high-risk IP has not yet been identified by UNICEF. By the end of 2022, IPs are helped in achieving a low sexual exploitation and abuse (SEA) risk rating. UNICEF will continue with the following throughout the year: Developing and disseminating awareness training materials, facilitating training for Rohingya/forcibly displaced Myanmar nationals (FDMNs) and host community members, informing them of their rights, explaining what sexual exploitation and abuse (SEA) and child safeguarding mean, and providing assistance for victims.

Incorporating current UNICEF complaint and feedback systems into the inter-agency community-based complaints mechanism will strengthen it and will be in line with PSEA best practices, staff requirements, and choices for reporting sensitive complaints; assisting partners in ensuring that PSEA structures and policies comply with UNICEF rules and the UN Protocol; coordinating with sectors to carry out PSEA evaluations of IPs and keep an eye on how policies and procedures, particularly community-based complaint mechanisms, are being put into practice; UNICEF has taken the following specific measures to strengthen the protection and safety of children and the impacted population; ongoing PSEA webinars and seminars for all UNICEF employees (both new and old), partner employees, government partners, and civil society organizations; assisting partners in educating the public and providing PSEA training for their own employees.

This program's activities centered on changing social norms and behavior, adolescents and young people were encouraged to build on their innate talents and capacities. Adolescents have demonstrated tremendous drive to interact with their peers, family, and

communities in order to develop their skills and provide mentorship. 519 adolescent "social change agents" in total (263 girls and 256 boys) have undergone capacity-building training and are currently bringing about good social change while also honing their leadership skills.

In order to reduce drowning accidents, 516 teenagers (ladies 272, boys 244) are working to clean up, fix roads, and install fence along water sources. As part of the greening initiative in the camps and the host communities nearby, adolescent and youth social change agents played a crucial role in mobilizing their peers and other adolescents in tree-planting activities, thereby directly reducing the risks associated with the monsoon and cyclone seasons. After extended closures due to COVID-19, further actions included urging parents and guardians in the host community to take their teenagers to school. They supported the presentation of the shows and encouraged community people to take part in plays and other cultural events. Members of the CBCPC, parents, neighbors, and organizations that offer services provided assistance to the teenagers and young people.

Four out of the seven Safe Spaces for Women and Girls (SSWGs) that were destroyed were renovated during the monsoon season. Because they offer a place to unwind, forget about tension, and find a shoulder to cry on, SSWGs are a safe and secure environment for women and girls to gather and share their experiences and memories. SSWGs are created with a variety of services to help and support women and girls both on a daily basis and in times of need. The provision of services such as educational seminars, psychosocial first aid (PFA), psychosocial support (PSS) assistance, case management services, dignity kit distribution, and leisure activities.

39 adolescent girls attended GBV case management, structured PSS, and referral services throughout the reporting period (camp -29, host-09, people with disabilities-01) together with 349 women (camp -250, host-93, people with disabilities-06).

A total of 36 religious' leaders, Majhi, government representatives, and 939 women (camp 663, host 271, people with disabilities- 5), 2,780 men (camp 1909, host 813, people with disabilities- 58), 420 adolescent girls (camp 318, host 99, people with disabilities- 3), and

2,316 adolescent boys (camp 1 729, host 550, people with disabilities- 37) participated in awareness-raising sessions on GBV core concepts.

To provide specialized and non-specialized GBV interventions, including community outreach and awareness-raising, working with boys, men, and community and religious leaders in the host communities and in schools, train 1,500 staff members of partner organizations (such as teachers and social workers).

UNICEF The training covered community outreach, raising awareness of GBV, working with boys, men, community and religious leaders in the host communities, and providing specialized intervention and non-specialized GBV intervention to a total of 264 staff (101 men, 163 women) and 50 (men, 30, women 10) Rohingya refugee volunteers.

The project's focusing of male engagement interventions during the reporting period has given them the opportunity to improve their knowledge of GBV, gender sensitivity, PSEA, and sexual and reproductive health and rights (SRHR).

1,000 girls and women's safety and resilience will be increased through safe space programming, community-based safety planning, and action.

Through community-based safety planning and action, as well as safe space programming, 420 girls and women (195 girls and 225 women) have been made more aware of safety and resilience concerns. Through Girl Shine Curriculum programs, which aimed to give girls a sense of resiliency, strength, and resourcefulness, 120 teenage girls were reached. The classes offer teenagers a secure, loving, and judgment-free environment, and the stimulating curriculum guarantees consistent attendance. These workshops have improved the girls' knowledge of their bodies, puberty, and all other facets of adolescent sexual and reproductive health. There have been notable gains and they have substantially improved their feeling of self.

Utilize the six teen clubs—three in the host community and three in the camp—as a tool to reduce GBV through education, prevention, reporting, and referral. 16 new teen groups were established within the six teen clubs that the SSWG helped to organize throughout

the reporting period. Adolescents who participate in the clubs help Camp-8W, Camp-20, Camp-20 extension, and Camp-25 prevent and lessen GBVs. To expand their ability and keep the contextual messages they spread within the community current, the groups have been regularly coordinated with and communicated with. They all actively and willingly contribute to the reduction of GBV through education, prevention, reporting, and referral.

150 members of the Community Based Child Protection Committees (CBCPC) and employees of the implementing partners in the camp received capacity strengthening to recognize, prevent, and address child protection risks (trafficking, sexual and physical violence, child labour and family separation).

This is a regular intervention in which the majority of the CBCPC group members already present take part in a regular monthly meeting that consists of an awareness session where cases are referred to assure support for the most vulnerable children and their families. Around 447 youngsters (Male 317, Female 130) received instruction during this time period on how to prevent family separation during the monsoon season as well as the roles and responsibilities of CBCPC members in order to support the creation of a child-safe environment. Members of the CBCPC also worked to promote learning on topics ranging from child marriage, the negative effects of drug use, child labour, child trafficking and sexual and physical violence have generated a common understanding of child protection issues in the community, and increased interest in education, vocational training and volunteering.

5.2.6. Documentation and quality monitoring

A detailed mapping of existing clubs was conducted, and a database was created for recording locations. Locations were cross checked with MICS 2019 vulnerability mapping to ensure they reached the most vulnerable as per UNICEF's equity approach (UNICEF, 2012).

The Global Positioning System (GPS) system involving mobile phones has been introduced to trace the location of peer leaders and Child Rights Facilitators (CRFs) not

only to witness clubs the opening hours of and hubs opening hours but also for security reasons.

Indicators and indicator definitions were also developed to ensure that targets were being met and that weekly and monthly reporting was both consistent and rigorous and could be verified through pictures, videos and attendance sheets as a means of verification.

5.3.2022: A year of results for children towards universal prevention of violence

In 2022, UNICEF supported the Ministry of Women and Children Affairs (MOWCA) in adopting a national program on violence and harmful practices prevention. A sustainability and scalability strategy were endorsed to ensure direct implementation from the MoWCA with no NGO contributions. Through this reform, 9,387,938 children (56 per cent female) and 3,782,607 parents/caregivers (60 per cent female) participated to awareness sessions on preventing violence and other harmful practices in 987 communities in the most vulnerable districts, including climate-affected areas. This sustainable approach brought an increase in outreach equivalent to 71 times that of 2021 (117,000 children reached in 2021) and a decrease in cost per beneficiary from 75 USD per child to less than 1 USD.

Technical support and funding were given to the Ministry of Law, the Ministry of Home Affairs and the Ministry of Social Welfare. This was done through embedded consultants within each ministry and the expansion of human resources to ensure services were delivered. There were 34 laptops procured for children's courts, and additionally a planning assessment for nine children's courts was completed to enable the establishment of these additional courts in 2023. The investment in key capacity-building initiatives, as noted above, has increased the diversion rate at the police station from < 10% to > 23%.

UNICEF provided technical and financial support to the Ministry of Social Welfare and the Department of Social Services to implement the "Child Sensitive Social Protection in Bangladesh Phase-II" project. Technical and financial support was given to the MOWCA

by expanding human resources and enabling frontline workers to reach more than 4,000 workers. UNICEF also supported various supplies to support the workforce, including 60 laptops, 20 tablets and less than 2,100 kits for workers that included visibility and essential items.

There were also 294 recreation kits provided to more than 200,000 children in over 300 locations. Additionally, less than 44,000 (MoWCA) and less than 9,000 (MOYS) information, education and communication (IEC) materials were delivered to ministries to support these community-led interventions. Over 500 child protection frontliners in the Upazila, district and central levels also received weekly coaching from UNICEF staff. UNICEF supports the Office of the Registrar General (ORG) financially and technically. Additionally, UNICEF contributed to the supply of five laptops, ten computer monitors, five desktop computers, server storage, and financial support for the maintenance of the BDRIS server.

UNICEF's Child Protection Section worked with different ministries, the private sector, and universities in 2022. Key ministries included: The Ministry of Law and Justice, The Ministry of Home Affairs, The Ministry of Social Welfare, The Ministry of Women and Children Affairs, The Ministry of Local Government, The Ministry of Youth and Sports, and The Ministry of Labour and Employment. Other key partners included: the Office of the Registrar General, Bangladesh Supreme Court, Police Headquarters, the Judicial Administration Training Institute, National legal aid and services organisations, The Police Academy, The National Human Rights Commission, Dhaka University, Sylhet Shahjalal University, and Rajshahi.

Support to host communities affected by the refugee influx and mitigate the worst direct and indirect impacts of COVID-19 was provided in Cox's Bazar. Four years later, the Cox's Bazar District of Bangladesh is now home to nearly 895,000 Rohingya refugees, demonstrating the effectiveness of UNICEF's humanitarian response. Bangladesh, a country with a high density of population, has one of the highest numbers of people who

are negatively impacted by flooding, with over 6 million people annually, including 43.6% of children.

1,561,463 cases have been reported for the COVID-19 pan-global caseload. In accordance with interagency response plans, UNICEF will assist the government in anticipating and meeting humanitarian needs by delivering equitable health, nutrition, water, sanitation and health (WASH), education, child protection, and services to end gender-based violence on a large scale (UNHCR and Government of Bangladesh, 2021).

The economy has been negatively impacted by the COVID-19 crisis nationwide, and for the first time in two decades, the trend toward reducing poverty has reversed. The pandemic may have long-term effects due to the learning deficits in addition to its effect on health, including mental health, and a sharp increase in protective needs. With 1,561,463 confirmed cases of COVID-19, including 27,654 fatalities, as of 10 October 2021, Bangladesh had the twenty-ninth (29) biggest caseload worldwide. However, as of October 2021, just 11% of Bangladesh's entire population and 3.7% of Rohingya refugees living in camps had received the full COVID-19 vaccine. While the program is increasingly addressing the requirements of specific response sectors (such as education, WASH, health, and nutrition), all response sectors need to increase their preparedness with risk communication and community participation for a potential COVID-19 rise.

Aside from that, Bangladesh is extremely susceptible to natural calamities including cyclones, landslides, and floods (Yaas and Gulab occurred in 2021). Monsoon floods annually affect almost six million people, with children and women typically suffering the worst consequences. Women and girls in particular are disproportionately at danger of violence, exploitation, and abuse, including gender-based violence, among people with disabilities (GBV). The epidemic scenario worsens these dangers even further.

While promoting coherence and complementarity between humanitarian and development programming, UNICEF will continue to offer multi-sectoral, life-saving humanitarian, and sustainable interventions in line with the Bangladesh Preparedness and Response Plan for COVID-19, the Joint Response Plan for the Rohingya Refugee Crisis, and the revised

Core Commitments for Children. UNICEF will prioritize maintaining services in the camps and host communities while adhering to COVID-19 infection prevention and control measures, focusing on: the secure reopening and operation of learning centers; the changeover of the educational system to the Myanmar Curriculum Pilot; and the support of community-based structures to identify at-risk children who need care and protection and to provide adequate care, referrals, and psychosocial support. In order to meet the needs of women and girls, UNICEF will work to reduce, prevent, and respond to gender-based violence as well as involve communities, particularly young people, in preparedness, response, and resilience-building activities.

With the assistance of BMZ, UNICEF and partners are continuing to run 50 Multi-Purpose Centers (MPCs), 40 of which are in camps and 10 of which are in the host community. These 50 MPCs are currently under the management of the implementation partners BRAC, JCF, COAST Foundation, and CODEC. With a focus on adolescent and young populations, UNICEF has combined child protection and education services into one institution. The MPCs provide a variety of activities, such as case management, psychosocial support, life skills-based learning, and vocational training, that are specifically catered to the needs and interests of kids of various ages. While community involvement focuses on child protection and interaction with parents and stakeholders, the MPCs provide space for kids and teenagers to engage in indoor and outdoor recreational activities. Using technology and peer interaction, six (6) Social Hubs were made operational and accessible with high-quality programs to develop young people's leadership skills. A total of 79,919 children and teenagers (41,124 females and 38,795 males) participated in protective activities and skill training. In addition, 35,507 teenagers (19,593 females and 15,912 boys), including 336 people with disabilities met the project's target of 35,000 teenagers by completing organized life skills training.

It is important to observe and reiterate that I witnessed the country experiencing 7 waves of COVID-19 during the given period where the scenario would not drastically change but remained unstable shifting from emergency to recovery and back. This allowed me to

consider all the three years as an emergency response where COVID-19 preventive measures were adopted during program implementation. Nevertheless, it is important to observe that in Bangladesh school closure was observed from March 19th 2020 to September 13th 2021. According to Al Jazeera school was closed for a total of 543 days and this overlapped with interventions related to conducting remote case management, enhancement of child help line operators, special trainings delivered to social workers and establishment of virtual courts and hubs for children in street situation. While community led interventions and establishment of new partnerships with Ministry of Labor and Ministry of Youth and Sport materialized when school had resumed and children were allowed to gather in small and crowded spaces.

6. Conclusion

After having elucidated throughout the five chapters the child protection situation in Bangladesh at the onset of the pandemic and its transformation by the end of 2022, the following research will be presenting an interpretation of the key findings in chapter six.

In order to proceed with an analysis of the key outcomes, we need to go back to the main research question: “**How has COVID-19 impacted the child protection system in Bangladesh?**” and its sub questions as follows: How has the child protection system adjusted to COVID-19? Were policies and regulatory frameworks issued or were the existing ones amended? How was the capacity of national and subnational stakeholders built to prevent child protection issues during COVID? How was the case management approach adjusted and how were outreach services, including MHPSS and social workforce’s responses strengthened?

In chapter one, the introduction, it was expounded that the research would consider intermediate outcomes to achieve child protection system strengthening prior and during COVID-19 (UNICEF, 2021a). The research provided a clear definition of a child protection system and its core elements. According to the 2018 evaluation of a child protection system conducted by UNICEF, key elements of a functioning child protection system have been identified to evaluate UNICEF’s work: (i) legal, regulatory and policy, (ii) governance, (iii) services, (iv) standards and oversight, (v) resources, (vi) participation and (vii) data. These different categories have been considered: the regulatory framework and relevant policies; governance and government coordination bodies and mechanisms; resources and infrastructures; a continuum of care; minimum standards and accountability mechanisms and social participation (UNICEF, 2021b).

To measure the adjustments of the child protection system, the research focused on strategies like violence prevention, or national policy level acts, like numerous laws and decrees, that have been issued in the given timeframe. Another element that was considered is the amendments that were introduced to the human and financial

infrastructure within the main ministerial counterparts, such as the increase in number of social workers and parasocial workers as well as the creation of community volunteer networks within MoWCA and MoSW. There was also a reflection on whether children, including adolescents and parents were engaged in any community based or community led intervention, like the introduction of journey of life as a main approach in the clubs nationwide (UNICEF, 2021a).

The research also assesses whether there was any coordination between governance structures. And addresses the extent to which a continuum of services exists to address children's needs prior and during COVID-19, like the establishment of a multisectoral monitoring system such as the dashboard alongside humanitarian platforms like cluster and subclusters (UNICEF Bangladesh, 2020). The research also looks at whether there were investments in the two main social drivers for positive change, adolescents as agents to eliminate violence and harmful practices, including online exploitation and abuse and the parents and caregivers that play a protective role for children and adolescents, like peer leaders in the child and adolescent clubs, the family strengthening program and the online protection program (UNICEF and University of Pennsylvania Social Norms Group, 2019). The findings illustrated in detail in chapters four and five address the main research question and its subfunction. The time frame considered goes from the end of 2019 to the first quarter of 2022 as the baseline and it considers 2022 as the end line.

The six components of a child protection system considered as extrapolated from the child protection global strategy (UNICEF, 2017c) follow for easy reference:

- I. “A robust policy, legislative and regulatory framework, including governance based on a cross-sectoral integrated and coordinated approach and minimum standards, oversight and enforcement mechanisms;
- II. Structures, functions and capacities, including effective governance structures, including leadership and coordination across government departments, between levels of decentralization and between formal and informal actors; clearly defined child protection

roles, accountabilities and responsibilities, knowledge and capacities to perform key functions;

III. Community, civil society and social norms, including harmonized formal/informal mechanisms to protect children; effective communication/mobilization to support CP including social norms and children's life skills, participation and open discussion;

IV. Preventive and responsive care, including services that meet standards across an appropriate continuum spanning prevention and response, children provided with proper care when needed; focus on prevention over response and social service workers in place and adequately resourced;

V. Fiscal management and resource allocation, including human, financial and infrastructure resources, increased resources allocated to activities deemed cost effective, scaling up; child protection clearly articulated in budgets, medium-term expenditure framework (MTEF) and sustainable and results-based programming;

VI. Evidence and data for decision-making, including reliable, useful and timely data available; high quality academic research, ethical and building local capacity and programme and project specific M&E”.

As reiterated across chapter 2, “methodology and methods”, I would have opted for a primary data collection method but given the sensitivity of my role and the consequent ethical consideration, I could not pursue this path. This represented a significant limitation as I had to refrain myself from using knowledge that I acquired daily from my interactions with government partners and host communities that would have met my research objectives and answered research questions directly. The research could only rely on already published articles and renowned sources. I also faced a meaningful limitation being unable to use some raw data from government internal databases that could have been feeding into graphics showing more visually trends, rather than quoting already published data in a descriptive manner. As a researcher, I had to adopt substantial steps to maintain rigor and ethics while conducting the data collection and to ensure consistency

with the research questions and aims, for example the revision of multiple additional sources that could validate or reject some perceptions I developed from my work but I could not quote it.

Despite these limitations, I trust the research have addressed extensively each question and provided insights on successful entry points and recommendation for program improvement that are presented in this chapter.

Furthermore, it is important to consider that the findings of the research have potential relevance for other lower income countries transitioning to middle income countries; climate change and disaster prone/affected settings; countries in the South Asia region with similar peculiarity and entrenched social norms that lead to harmful practices as child marriage, child labor and widespread violence; any other highly densely populated megalopolis like Dhaka with similar urban related threats.

If we examine the situation of Bangladesh at the onset of the pandemic, we can deduce that there was not a robust legal and regulatory framework, as well as specific policies related to child protection. There was a national child law, the Child Act 2013 as part of the national constitution, but there were missing bi-laws and there was a lack of budget allocation to ensure its implementation during an emergency response of the scale of COVID-19 (Government of the People's Republic of Bangladesh, 2013).

If we analyse the effectiveness of governance structures, including coordination across government departments, between levels of decentralization and between formal and informal actors, we can observe that in 2019 there was still a meaningful gap in the collaboration among relevant ministries. Instead in 2022 we have recorded several opportunities like the national symposium where all actors came together to advocate jointly for the child protection agenda (dhaka tribune, 2022). This has been the result of upstream and downstream collaboration among stakeholders like MoSW, MoWCA and dynamic new players like MoYS (The Bangladesh Today, 2022) and MoLE (Ministry of Labour Employment and Youth Development, 2022)

In terms of the existence of a continuum of services, spanning prevention and response, we can witness that the two interventions were more fragmented and limited until the 2021 reform when MoSW and MoWCA started working together through platforms like the clubs connecting prevention, identification and response (UNICEF, 2022b).

Concerning the existence of minimum standards and oversight, including information, monitoring and accountability mechanisms, we can recognise that there has been a step forward in the way monitoring and reporting occurred, also thanks to the investment in human resource intensive strategies that saw 15 VACW coordinators seconded to the MoWCA. These professionals, who were technically supervised by UNICEF, are rotationally conducting field missions in each division to enhance quality and harmonize the approach (UNICEF, 2022b).

Human, financial and infrastructure resources were extremely limited in Bangladesh compared to the situation of need and to the overpopulated reality, poor social participation (UNICEF, 2022a); lack of respect for children's own views, and a lack of awareness and support among the public with a few exceptions in adolescent clubs and in the children's hubs.

Initiatives to promote positive social behavioral change and combat a range of harmful practices like child marriage, child labor and female genital mutilation were exiting but poorly documented and there was limited assessment of their impact; the way they enhanced child's lives and adolescent participation. Initiatives to support life skills and gender transformative programming was at its preliminary stage and there is no evidence that the most remote children were reached. On the contrary, out of school children and children in the most vulnerable districts were not targeted by preventive programs like the clubs. Investing in community-based violence prevention programmes in partnership with other sectors like education and health was and is still undervalued as a systematic approach and it is manifested in ad hoc projects.(Unicef Country Office Bangladesh, 2022)

Additionally, establishing a family strengthening support program, including social protection schemes to promote protecting the parenting and caregiving environment has not been conducted systematically and it will be developed in 2023 according to the UNICEF annual work plan and new country program document (UNICEF Bangladesh Country Office, 2021b). With the exception of the national child helpline database, monitoring mechanisms such as minimum standard criteria, were the helpline was further developed in 2021 with the establishment of the innovative GPS mapping of children and adolescent clubs and the MoWCA and MoYS's database.

At a service level, UNICEF, after COVID-19, has increasingly invested in order to guarantee a continuum of care and prioritize universal prevention, starting from 2021, while the pandemic was ongoing (UNICEF and UNFPA, 2021). UNICEF expanded its partnership with MoSW and DSS to improve the case management system looking at the best interests of the child. And UNICEF has gradually and increasingly given precedence to generate evidence that is both gender and age disaggregated through research and situation analysis. As mentioned above, databases were developed and managed on behalf of all stakeholders implementing UNICEF supported programs. Eight studies to assess the situation of street children, violence and adolescent empowerment were commissioned and will be finalized in the first quarter of 2023 thanks to European Union support, one of the main donors that supported the UNICEF child protection program from 2021 (UNICEF Bangladesh, 2020). UNICEF successfully fundraised 25 million dollars from the EU contributions (UNICEF Bangladesh, 2020). This represents meaningful support for a normally underfunded sector (The Alliance for Child Protection in Humanitarian Action, 2019).

Also, enhancing the capacity of national stakeholders on data generation use and program implementation while providing monitoring and evaluation has been at the core of the past two year's efforts. This materialized in 2021 in the form of national reform and a shift in the way violence prevention was approached (UNICEF, 2022b).

The research findings reiterate that intersectoral collaboration with other sectors is vital to child protection outcomes but remains at a preliminary stage in Bangladesh. The UNICEF internal VACW strategy has pointed out the pathway to capitalize on existing resources and entry points from both education and health sectors. Despite road maps for collaboration being developed, the child protection sector did not succeed fully yet to persuade other sectors of the bilateral benefits of a bold collaboration.

As we referred to the importance of community based or community led child protection mechanisms as an integral part of system strengthening, the research adopted UNICEF's Minimum Quality Standards and Indicators for Community Engagement as reference. This was particularly important to ensure social accountability and transparency in governance. (UNICEF, 2021b). Several initiatives were carried out by UNICEF in support of the government, but there is still not full clarity on the roles and accountabilities that prevent violence among other sectors. Clearer roles and accountabilities need to be defined to ensure a stronger and synchronized impact.

In chapter 4 it was acknowledged that it is challenging to effectively assess a national systems-based approach to child protection due to the fact that there is lack of evidence and quality resources (Combaz, 2013; Krueger, Thompstone and Crispin, 2014; Kruger, 2014). It was also stated that in many low- and middle-income countries there is a lack of data due to the fact that the system approach is relatively recent and there is a low capacity for producing that data (Krueger, Thompstone and Crispin, 2014; Wessells, 2014). The research confirms that there was a significant knowledge gap on the system elements, as well as formal evaluations of their performance. There was also a lack of evidence on the government efforts to strengthen the system, which is probably due to the lack of investment in documentation.

An important lesson learnt has been the expansion in some new critical areas for protection such as online safety. While the outcome of the program has met expectations, its nature remains project oriented. A shift towards sustainability and scalability of a national program is required and it seems feasible if the online program will be mainstreamed

through the education sector rather than the MoWCA with its children and adolescent clubs, which are adopting a community led approach and are not necessarily equipped for internet connectivity (digwatch, 2019). Additionally, data gathered from emergency response in Cox bazar does not indicate substantial work on humanitarian development nexus but rather mere emergency interventions to meet children's basic needs like psychosocial support, GBV response and case management through the use of international or national NGOs. Moreover, the research was hoping to shade more light on Government and UNICEF's climate change related interventions and its impact on violence, but the way the office approached climate change through the Program Strategy Note (PSN) has been by mainstreaming it across the prevention stream of work and embedding it into a referral approach for case management. Therefore, there is no major data specifically on the impact of climate change, but it is rather diluted into the broader child protection programming. A need to enhance documentation of the climate change related interventions remains key in a country that is ranking 15th in the Children Climate Change Risk Index. This would allow a more in-depth reflection on how climate related issues, including typhoons, cyclones, etc. interconnect with broader child protection issue and aggravated the COVID-19 emergency response for children in Bangladesh.

Whilst there were several gaps in the way the child protection system and its coordination were structured in 2019, the research's findings make us suspect that violence has increased as a result of the pandemic, but the system is getting better equipped to prevent and respond to it.

To confirm the above statement, I can summarize and group the key findings in the below categories:

- A **system strengthening approach** that focuses on the capacity building of government stakeholders and communities is at the core of the child protection agenda. Over 13 ministries received support as of the end of 2022 in the areas illustrated in chapter 4 which are justice for children; social workforce

strengthening and child protections services; the prevention of violence and humanitarian support (Unicef Country Office Bangladesh, 2022).

- An **evidence-based programming** assessing the underlying causes of harmful practices and the impact of COVID-19 to these underlying causes. Whilst MoSW could already count on a national child helpline and its database, the major shifts occurred with MoWCA in terms of the mapping of existing and newly established child and adolescent clubs nationwide (1000 clubs as of December 2022). Additionally, evidence based programming has recorded some innovative initiatives such as the GPS system which trace community volunteers and child's rights facilitators while delivering sessions and participating in various activities such as sport in rural or urban areas (The Business Post, 2022).
- UNICEF has **addressed both prevention and response** through child protection services. The lessons learned from the research highlighted the need for UNICEF and the government of Bangladesh to move away from ad hoc projects to a holistic national programme approach. Harmful practices prevention has expanded its scope from project-led to national programme in light of the sustainability and scalability strategy endorsed by MoWCA in 2021. The government has committed to universal prevention and has set a target of reaching 45 million children by the end of 2024. In 2022, within a six-month period, the MoWCA was able to reach more than ten million children through awareness sessions against violence and community led programs which include sport for development. Nevertheless, given the lack of data and limited reach, it was difficult to ensure the further inclusion of children with disabilities (Unicef Country Office Bangladesh, 2022). The downside of generating such a massive demand is the burning risk not to be able to meet the communities' needs with a robust response, given the lack of adequate number of social workers and para social workers.
- During the time frame considered, there was a major shift from a project based and vertical programmatic response to a more **sustainable and scalable approach**. Communities have increasingly donated lands and venues for the

clubs' interventions and a costing exercise has been conducted to ensure budget allocation for the government to cover professionals and support incentives for community volunteers. In 2021, all NGOs were fully replaced by direct government implementation and a community-led approach towards a gender transformative programming lens. Despite that, it is necessary to reassess, in a couple years from the beginning of the implementation, to which degree communities are owning the program and if they will continue to donate venues, lands, time and resources to provide safe spaces for their children. Only the time will tell us if the current push is driven by United Nation's inertia, or if it is a fully metabolized process in the best interest of their own children.

- In relation to MoSW, UNICEF invested to **enhance the capacity of the Child Helpline 1098** service to manage, respond, and refer to cases of child protection issues. Whilst capacity of the helpline has increased, it was identified that more work needs to be conducted on the operator capacity as well as the strengthening of referral systems for children reporting online protection issues. For MoYS, full sustainability is guaranteed by the direct implementation of the government and the utilization of sustainable structures (Joynes and West, 2018).
- In 2022 the history of UNICEF in Bangladesh was changed when two important **new partnerships were formed with MoYS and MoLE**. In May of 2022, the UNICEF Bangladesh Child Protection Section signed a Memorandum of Understanding (MoU) with the Department of Inspection for Factories and Establishments (DIFE) as a department of the Ministry of Labour (MoLE) on preventive and responsive measures to child labour. This new partnership has harmonized efforts to build the capacity of the Government of Bangladesh institutions and authorities at national and sub-national level to effectively plan, implement and budget for enforcing and monitoring relevant policies, legislation, and regulations for the improvement of working conditions for children and young people. These efforts focused on enhancing the capacity of relevant stakeholders such as labour inspectors, social workers, and local government authorities. And

they ensured the production of an annual collaboration report on activities, progress and lessons learned. UNICEF also works with DIFE to strengthen existing monitoring and accountability systems, including those of Childline 1098.

- UNICEF, the **MoLE**, and DIFE have adopted a National Plan of Action (NPA) to end child labour from 2021 to 2025. Based on the analysis of the context and the experience of implementation of the previous NPA (2012-2016), the current NPA identifies the relevance of the strategic objectives adopted by the previous NPA. At the same time, the current NPA identifies the actions relevant to address child labour within the SDG implementation strategy of the Government of Bangladesh (GoB). The present NPA is based on two key strategic components; 1) the actions built within the SDG implementation strategy of GoB and 2) the SDGs plan is to eliminate child labour through reducing vulnerability, removing children from hazardous work, ensuring the protection of children in the workplace through partnership across sectors and through the monitoring of the National Plan of Action (dhaka tribune, 2022).
- In terms of **MoYS**, recognizing the importance of sports for child protection by reducing violence and dangerous behaviour, the UNICEF Bangladesh Child Protection section has established a Memorandum of Understanding (MoU) with the Ministry of Youth and Sports (MoYS). Through this ground-breaking partnership, UNICEF is supporting the establishment of intersectoral linkages between the MoYS and other ministries such as MoWCA, MoE, Ministry of primary and mass education (MoPME), MoHA and local government divisions in urban and rural areas to strengthen the sports for development (S4D) component at a national scale. By using the sports for development (S4D) approach, children including adolescents along with parents, and community members will be empowered for positive social change. UNICEF is providing technical and financial support to the MoYS to promote different types of sports and games around the country, including SwimSafe, football, cricket, skateboarding, self-defense, kabadi, and badminton. These events target the most vulnerable districts,

with a specific focus on those most at risk for VACW or HP. UNICEF is also continuously supporting the MoYS to develop capacity building resources including different types of sports materials, training modules, and messages for all children, including adolescents and children with disabilities (CwD). Prevention of drowning fits in MoYS main portfolio (The Bangladesh Today, 2022). To prevent drowning at the community level, UNICEF and the Ministry of Youth and Sports (MoYS) are working to scale up the SwimSafe programme across the country (CIPRB, 2022). This program will train 52,500 children including adolescents (26,250 girls and 50 children with disabilities) how to swim in the most at-risk areas for drowning. In addition, 1,000 community people will be educated on drowning prevention, 500 first aid responders will be trained, and 100 Community Based Child Protection Committees will be capacitated on implementing drowning prevention in their areas (Daily Bangladesh, 2022).

- Finally, as stated in chapter 3, an effective child protection system encompasses a myriad of aspects, looking at **child protection from an interdisciplinary and holistic approach**. All programs need to be evidence-based to ensure that a complete assessment of underlying causes of harmful practices has been tested, reviewed, and evaluated in controlled settings. Since the onset of the pandemic, an increasingly high attention has been allocated to **evidence generation**. The COVID-19 has delayed the roll out of eight studies conducted by UNICEF in 2021 to assess, in a capillary manner, the situation of violence in the country (Joynes and West, 2018).

To conclude, in order to ensure an interdisciplinary and holistic approach to a childcare system, a range of factors should be considered. These should include strengthening bonds between stakeholders and communities and enhancing the coordination mechanisms that make them run smoothly. Programming should be equity-based. Children should be fully integrated into their communities with meaningful participation practices. Investment in proactive universal prevention is also another factor to be considered. To fill in this major gap, UNICEF has advocated for the Prime Minister reaching a consensus on establishing

a Department of Children Affairs within the MoWCA to oversee and coordinate child's rights in the country. This confirms that a meaningful investment has been put in place to advocate for and leverage greater government investment in Child Protection (Dhaka Tribune, 2022).

While the government of Bangladesh has fully embraced the violence universal prevention challenge, it is critical that the response system is able to meet this demand. As the engine of the child protection system, the social service workforce must be strengthened and expanded to identify and respond to the critical situations of violence against children for the benefit of every child in Bangladesh.

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8. Annex 1

*XD026 Developing and Evaluating Professional Practice
Professional Doctoral Program in Global Health and
Development*

*Area of Prof Doc Research:
Child Protection*

Title of XD026 Portfolio Action Plan:

***Bridging the gap between humanitarian and development child
protection responses: delivering Positive Parenting Programs in
Egypt within primary health care units***

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Acronyms

<i>3RP</i>	<i>Regional Refugee and Resilience Plan</i>
<i>BBB</i>	<i>Building Back Better</i>
<i>C4D</i>	<i>Communication for Development</i>
<i>CDA</i>	<i>Community Development Agency</i>
<i>INGO</i>	<i>International Non-Government Organization</i>
<i>LAP</i>	<i>Learning Action Plan</i>
<i>MENA</i>	<i>Middle East & North Africa</i>
<i>MOHP</i>	<i>Ministry of Health and Population</i>
<i>NCCM</i>	<i>National Council for Childhood and Motherhood</i>
<i>NCCPIM</i>	<i>National Coordinating Committee on Combating and Preventing Illegal Migration</i>
<i>OECD</i>	<i>Organization for Economic Cooperation and Development</i>
<i>PHU</i>	<i>Primary Health Units</i>
<i>SOP</i>	<i>Standard Operating Procedures</i>
<i>UNICEF</i>	<i>United Nation's Fund for Children</i>

I. Introduction and brief justification of the work

The importance of positive parenting, my personal commitment

I am currently responsible for the protection of refugee and migrant children in Egypt, and vulnerable Egyptian children. This includes chairing the national Child Protection Working Group in Egypt. In this capacity and, based on my previous working experience I have felt the need to merge work and study in order to further reflect and analyze my scope of work, and innovative approaches and strategies that can more successfully serve children in need. I also wish to improve my researcher skills in order to convert me into a more complete professional.

As a child protection specialist, the spectrum of programs I have lead has been very diverse, but have always grappled with the same issue: how to merge the immediate, timely response for people in great need with a more sustainable and developmental approach. In my latest assignment I have been in charge of the emergency and humanitarian response in Egypt, and this dilemma has become more pressing since the situation in Egypt clearly does not represent an emergency setting as typically understood. Egypt as a middle-income country populated by over 100 million people, provides scenario for development programs, where the protracted crisis of neighboring countries can generate occasional emergencies. This means that there is a potential for emergency responses to also benefit the host country by contributing with a sustainable, system strengthening response.

At the beginning of my working experience in Egypt, in September 2014, I designed an emergency program for refugee children. From its inception I focused on providing the parents of the refugee children with a platform to develop and nurture their parenting skills to provide the best care possible for their dependents alongside all information needed to be optimal caregivers. I believe this to be crucial for children to be emotionally secure, mentally alert, realize their full potential and be healthy. Moreover, I identified that families from local Egyptian communities with vulnerabilities would also benefit from this program and should be incorporated. The program I initiated was developed advocating the methodology of positive parenting to help eradicate domestic violence in the national and refugee population of children.

In APPA, I proposed a Learning action plan (LAP) area of research which focuses on identifying successful approaches in bridging the gap between humanitarian and development programmes in the child protection sector, linking the efforts undertaken to promote the protection of children during emergency responses to those in the longer term.

This document, begins with a brief rationale for why I have chosen this topic, and then links up to the Learning Action Plan (LAP) and its objectives and presents an overview and background of the current situation and context in Egypt. This includes an explanation

of the approach adopted regionally by UNICEF to address the situation for refugees within the Middle East and North Africa Region.

A literature review is then presented, outlining some of the main themes related to child protection in humanitarian and development settings, with special focus on positive parenting to prevent and respond to domestic violence. Also, the document concludes with the methodology and approach used in implementing the project, including a detailed action plan and related timeline and my role and responsibilities at every stage of the roll out of the project. Finally, the methodology adopted, and key findings from the program evaluation are presented.

II. Background & Overview of Situation: Child protection responses in Egypt

As identified in my literature review in APPA, Egypt plays host to a large scope of child protection issues. The humanitarian crisis of Syria has created a huge surge in children needing care and support. Since 2014 the situation in Syria has deteriorated rapidly. With Egypt neighboring Syria, the crisis has impacted Egypt, with the number of displaced Syrians steadily increasing, among an estimated refugee population, mostly from horn of Africa of approximately 5 million people. Since the start of the crisis Egypt alone has received 250,000 to 300,000 Syrians only, fleeing from the turmoil in their country (Boutin and Tourma 2016).

The plight of the Syrian people, creating an influx of child refugees in Egypt, with the large growing number of unaccompanied minors and separated children rates of children susceptible to abuse (at home, school and in their community) and rising numbers of working migrant children; creates a wide range of child protection issues in Egypt.

Up to 2014, The Egyptian Government had not ratified any comprehensive legal instruments to deal with refugees apart from various fragmentary domestic legislative initiatives that regulate their legal status. Refugees are subject to security restrictions imposed by the Egyptian authorities and may also face arrest and detention. Many refugees have reported a lack of police protection and even police harassment. Egyptian authorities have imposed some security restrictions on refugees. Whereas Syrians refugees had initially been allowed into the country without visas, hundreds have been deprived of liberty and deported since July 2013 for allegedly not having the proper residency paperwork to remain in Egypt (Kagan 2011).

The situation for refugees in the country has become increasingly difficult over the recent past with an increase of xenophobia, random violence and crimes against refugees, in

addition to arbitrary detention and a decreased willingness on the part of Egyptian police to respond to crimes committed against refugees.

The refugee population is especially at risk of human rights violations since it often lacks proper documentation, is part of ethnic, religious or racial minorities, is subject to a language barrier, and is economically vulnerable. Aside from threats of arbitrary violence, arrest and detention, refugees also suffer from a lack of economic, social justice and quality education (Ayoub and Khalif 2014).

From 2013 onwards, UNICEF in Egypt began its involvement in the Syrian crisis in Cairo, Alexandria and Damietta. The following year I joined UNICEF in Egypt as child protection specialist and commenced my work with families and vulnerable children. I concentrated on designing an innovative model which could replace the child friendly spaces, by establishing Family Centers and mobile units that would be deployed to reach families in high risk areas.

I established mobile units composed of social workers as there were a growing number of vulnerable refugee families from Sudan, Somalia, Eritrea, and Ethiopia amongst others from the Horn of Africa, that were outside of Cairo in need of help. These people had no access to any kind of infrastructure or financial support. Refugees suffered the threat of deportation and protracted stays in detention centers around the Northern coast area of Egypt, due to lack of information about their legal rights and access issues from services provided by NGOs. (Ayoub and Khalif 2014).

All of the above is the reason why in 2016 I have initiated a partnership between UNICEF child protection section and the the Ministry of Health and Population. I designed and started up a program to mainstream child protection for refugees, migrants and Egyptians populations using as platforms the Primary Health Units across the country. The Ministry of health's cooperation was vital at a national level as the health care units in the country had already in place services involving health and protection for refugees. UNICEF working alongside the Ministry of Health was able to introduce additional interventions to respond against neglect, abuse, exploitation and violence (Deif 2016).

III. Literature Review

A. Emergency response versus development response

The lack of connection between actions taken during humanitarian responses and development work has been widely discussed and acknowledged by child protection practitioners. Despite this, no consensus has been reached as to how, and indeed if, such connections can be achieved. This is partly because adequate field-based evidence is

missing to prove that valuable approaches in humanitarian responses exist that are able to bridge the gap. An overall conclusion is that the child protection sector, and especially the child protection in emergency sector, needs to demonstrate that action taken during emergency responses can become the basis of more sustained support in country, and in particular can enhance the national child protection system (Barnett and Wedge 2010).

In most emergency settings, and in particular in protracted crisis, the response is likely to use the same actors or resources. This means that those agencies providing assistance may be well positioned to use the resources accessed through the emergency response as a way of leaving behind when it exits an improved system. This is commonly known as to 'build back better'. The concept of "Building Back Better" (BBB) is widely defined in the literature as a process of reconstruction to enhance a community's resilience. Resilience in this context has been variously defined as "the capacity to absorb stress or destructive forces through resistance or adaptation"; "the capacity to manage, or maintain certain basic functions and structures during disastrous events;" "the capacity to recover or 'bounce back' after an event. Therefore, BBB translates into a holistic approach, in which post disaster reconstruction is used as a means to tackle a broader spectrum of pre-existing gaps and to reinforce the system (Mannakkara and Wilkinson 2014).

In my APPA I compared the two major types of aid - in emergency / disaster situations and in development settings – and I have underlined causes that are at the root of the divisions between child protection in emergency and child protection in development programming.

B. Significance of positive parenting programs for protecting children

Positive parenting is an embodiment of skills, strategies and tools designed to support and arm parents with the necessary skills, information and support to be able to create a rich and fulfilling life for a child, to prepare the child to start adult life successfully with a well-rounded personality. All developmental needs of a child are addressed in the positive parenting approach. Parents are also taught to have comprehension that the way that they parent can greatly impact their child's life. Positive parenting aims to decrease and prevent violent behavior by enhancing the support, skills and care given in the homes of children (Hendry 2016).

Positive parenting programs can be part of a holistic continuum of care that goes from prevention of violence against children, to the identification of at risk children and providing appropriate responses. In this project, positive parenting is integrated into a family strengthening programming and it is one of the sets of interventions that is provided to refugee, migrant and host communities. It is anticipated that this model can serve as a field experience to document a scalable response that can be subsequently expanded to Egyptian families by the national government.

The United Nations (UN) Convention on the Rights of the Child (CRC) is clear: ‘parents, legal or customary guardians have the primary responsibility for the upbringing and development of the child. But so do governments, non-governmental actors and community-based organizations. According to UN CRC Article 181, states must ‘render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children. In keeping with the spirit of the Convention, family and parenting support is increasingly recognized as an important part of national social policies and social investment package aimed at reducing poverty, decreasing inequality and promoting positive parental and child well-being’ (Daly, *et al.* 2015).

It has been demonstrated that violence is both a serious human rights violation and a major public health concern. It affects the general well-being, physical and mental health, and social functioning of millions of people, in particular children (Pinheiro 2006); it also puts strain on health systems (Krug EG *et al.* 2002), due to expenses relating to treating victims’ health problems, welfare costs, lowers economic productivity (Aldinger, *et al.* 2011), and has a negative effect on and social development.

Parenting has been identified as an important factor linked to child maltreatment, and this cannot be associated with a specific social status. Nevertheless, maltreatment is more likely when parents have a poor understanding of the importance of child nurturing care and development, or to occur to parents who experience an authoritarian parenting style or were abused themselves. There are also psychosocial risks for poor parenting that have been linked to child maltreatment including drug or alcohol dependency, depression, anxiety, low self-esteem and parenting stress (Laura A. McCloskey 2000).

Hence, Violence against children (VAC) has to be considered a global problem affecting both high income countries (HICs) and low- to middle- income countries (LMICs). However, research has shown that child abuse, violence and neglect are more widespread in LMICs where positive parenting and interventions are limited and are not adequately documented or evaluated (Skeen and Tomlinson 2013).

It is therefore not surprising that while analyzing all possible preventing measures to violence against children, UNICEF identifies the support to parents, caregivers and families as the first to the six strategies for ending VAC (Steven 2014).

According to the research parenting programs effectively prevent child maltreatment by reducing risk factors and enhancing protective factors. Specifically, parenting programs can be used as effective primary, secondary, and tertiary interventions for child maltreatment. However, it is agreed that more research is needed to evaluate follow-up effects, to explore the application of parenting programs for special groups of people and it is highly recommended to conduct more studies on the impact of positive parenting programs, especially in LMICs (Chen and Chan 2016).

IV. Link to Theoretical framework (EVAC and IASC)

The project focuses specifically on positive parenting programming, in light of the INSPIRE EVAC Framework of ending violence against children as an example for exploring how these gaps between humanitarian and development sectors can be bridged (Bott and Azaryeva Valente 2017).

Specifically, the project looks at how to use the programmatic response to the Syrian crisis in Egypt, through the example of positive parenting, to implement and evaluate an innovative approach in a setting considered a protracted crisis and therefore, a fertile scenario to transition from a purely humanitarian response and to embrace developmental work within a system strengthening approach. The prevention of violence being taking place as part of an emergency response refers also to the **Inter-Agency Standing Committees Guidelines (IASC)**.

The INSPIRE framework lies on the right of all girls and boys to protection from all forms of violence which has been enshrined in international human rights treaties, including the Convention on the Rights of the Child (CRC): Article 19. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

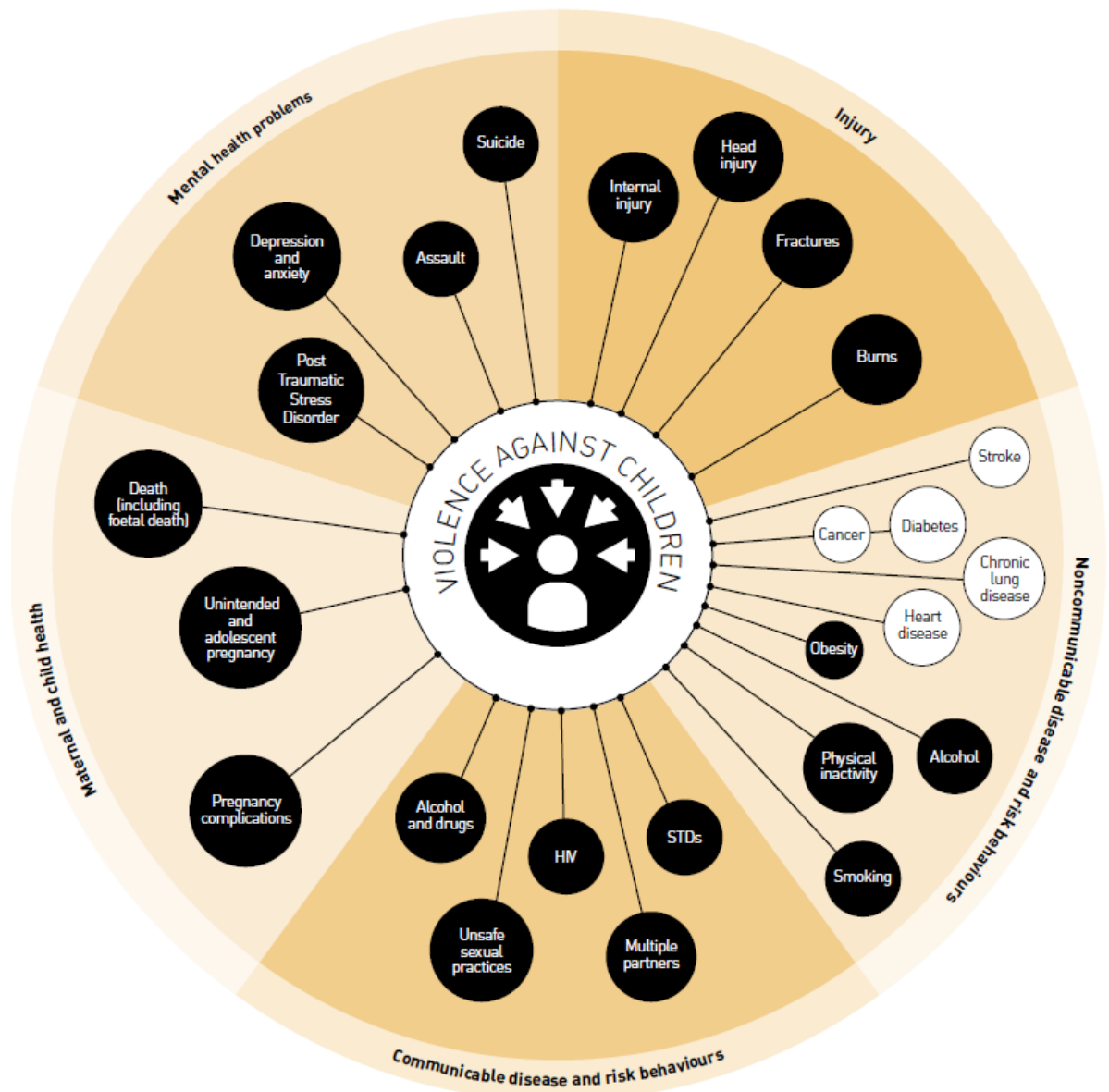


Figure 7 INSPIRE Framework - Violence against children

Effective violence prevention and response requires action at all levels of the ecological model as you can see in the table above, including legal and policy frameworks; systems and institutions; society/communities; households/ families; mothers, fathers and other caregivers; and girls and boys, including adolescents (Butchart and Hillis 2016).








Strategy	Approach	Sectors	Cross-cutting activities
 Implementation and enforcement of laws	<ul style="list-style-type: none"> • Laws banning violent punishment of children by parents, teachers or other caregivers • Laws criminalizing sexual abuse and exploitation of children • Laws that prevent alcohol misuse • Laws limiting youth access to firearms and other weapons 	Justice	
 Norms and values	<ul style="list-style-type: none"> • Changing adherence to restrictive and harmful gender and social norms • Community mobilization programmes • Bystander interventions 	Health, Education, Social Welfare	Multisectoral actions and coordination
 Safe environments	<ul style="list-style-type: none"> • Reducing violence by addressing “hotspots” • Interrupting the spread of violence • Improving the built environment 	Interior, Planning	
 Parent and caregiver support	<ul style="list-style-type: none"> • Delivered through home visits • Delivered in groups in community settings • Delivered through comprehensive programmes 	Social Welfare, Health	
 Income and economic strengthening	<ul style="list-style-type: none"> • Cash transfers • Group saving and loans combined with gender equity training • Microfinance combined with gender norm training 	Finance, Labour	
 Response and support services	<ul style="list-style-type: none"> • Counselling and therapeutic approaches • Screening combined with interventions • Treatment programmes for juvenile offenders in the criminal justice system • Foster care interventions involving social welfare services 	Health, Justice, Social Welfare	Monitoring and Evaluation
 Education and life skills	<ul style="list-style-type: none"> • Increase enrolment in pre-school, primary and secondary schools • Establish a safe and enabling school environment • Improve children’s knowledge about sexual abuse and how to protect themselves against it • Life and social skills training • Adolescent intimate partner violence prevention programmes 	Education	

Figure 8 INSPIRE’s intersectoral response

INSPIRE’s vision is a world where all governments and sectors (see table above), with the strong participation of civil society and communities, routinely implement and monitor interventions to prevent and respond to violence against all children and adolescents, and help them reach their full potential. It reinforces the protections guaranteed in the Convention on the Rights of the Child (CRC), which obliges States Parties to take all appropriate legislative, administrative, social, and educational measures to protect children from all forms of violence while in the care of parents, legal guardians, or any other person who has the care of the child. It reflects the urgent need to address the huge public health and social burden created by violence against children. INSPIRE aims to help countries and communities achieve Sustainable Development Goals (SDG) Target 16.2, “end abuse, exploitation, trafficking and all forms of violence against and torture of children”; SDG Target 5.2, “eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation”, and SDG Target 16.1, “significantly reduce all forms of violence and related death rates everywhere”.

The INSPIRE strategy focuses on the six key actions to prevent and respond to violence, drawing on current best practice, and using new data to monitor and be accountable for progress: (i) supporting parents, caregivers, and families; (ii) strengthening child and adolescent life skills; (iii) changing attitudes and social norms that encourage violence and discrimination; (iv) promoting and providing support services for children; (v) making laws and policies that protect children work; and (vi) carrying out data driven research. The first of the six action “supporting parents, caregivers, and families” represents the basis for this project.

Additionally, the INSPIRE framework interlinks with the above mentioned IASC Guidelines especially in light of the need to strengthen resilience of Community and families, as the second layer of interventions of Mental Health and Psychosocial Support (MHPSS) to beneficiaries in humanitarian settings.



Figure 9 MHPSS pyramid

Positive parenting programming fits in the second layer of the MHPSS pyramid. The second layer represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports. In most emergencies, there are significant disruptions of family and community networks due to loss, displacement, family separation, community fears and distrust. Moreover, even when family and community networks remain intact, people in emergencies will benefit from help in accessing greater community and family supports. Useful responses in this layer include supportive parenting programmes, formal and non-formal educational activities, livelihood activities and the activation of social networks, such as through women's groups (Wessells and van Ommeren 2008). In the context of this project all positive parenting sessions are addressed both to Syrian refugee care givers as well as host communities.

Learning Action Plan and its outcomes.

There are two different areas of learning objectives for my Learning Action Plan (LAP) – those related to professional practice and those associated with my personal development as a researcher and professional.



Figure 10 Community consultation with parents to inform the positive parenting programming

Expected outcomes of my LAP were:

- To identify the change in level of knowledge, attitudes and potential change in practices among program beneficiaries with regards to positive parenting;
- To explore enabling factors that can influence change towards positive parenting practices among beneficiaries;
- To review the implemented program topics to identify challenging and beneficial elements.

Outcomes related to professional practice

1. *To outline and evaluate the benefits of applying humanitarian support programs to development needs in host communities in a multidimensional reality such as Egypt, using parenting programs as an example;*
2. *To critically evaluate the literature and how positive parenting programs, as part of a holistic family strengthening approach, can improve child wellbeing, increase parent's knowledge on positive discipline and reduce domestic violence incidents among both refugee and host communities;*
3. *To demonstrate how the identification of incidents of domestic violence and enhancing national referral pathways can contribute to strengthening the national child protection system;*
4. *To create a proposal of how budgeting and planning emergency funds can be utilized for both the refugee community as well as the host community and the national institutions, in Egypt;*
5. *Implement a parenting project within primary health care units*

6. *Monitor and evaluate the positive parenting project*

Outcomes related to personal development

1. *To develop the skills required of a doctoral researcher through applying the research vitae framework to my learning*

The overall purpose of the Parenting Initiative is to provide appropriate and timely support to parents, including building their abilities and capacities to be able to effectively and positively parent their children given the difficult circumstances they are living in and the uncertain futures families face.

In doing so, it is expected to:

- increase the resilience of children;
- reduce child protection concerns;
- contribute towards reducing violent practices within domestic settings.

V. Implementation

A. Positive parenting program's methodology and structure

After almost one year of dialogue with governmental counterparts, I introduced Positive parenting programs in late 2016 alongside health care services through available national hubs with the collaboration of UNICEF and the Ministry of Health and Population (MoHP). Due to the ever-growing numbers of people in need of care and attention not only seeking primary health care services but also in need of psychosocial support, I introduced the positive parenting initiative to create a more holistic approach to services provided by 40 selected PHUs (primary health units). Within the Family Clubs of the 40 PHUs this new strategic approach and assessments were undertaken, frontline workers job descriptions were revised, and capacity building and some initial coaching was provided to three staff members per units (a nurse and a social worker and doctor).

The positive parenting initiative was built on a non-specialized platform of psychosocial support provided by the PHUs to children and their families. Children and their families that were identified with problems were provided with a number of both family and individual child-base support and services. Family based services provided by the PHUs were activities such as individual counselling, group awareness sessions and group counselling sessions. Activities and services provided for children within the PHUs included: group discussions on relevant themes; social support; providing opportunities for children to play and acquire contextually relevant skills; 'psycho-drama' workshops; sports activities and coping mechanisms and knowledge building on how the children should cope with their current situations to prevent risky/harmful coping mechanisms.

Parents were provided with the required tools, skills and knowledge to support their dependents at home. The psychological program was essential for parents also as a number of parents were found to be suffering with mental health issues ranging from tension, stress and anxiety to acute forms of depression, as reported during Program Monitoring Visits conducted by myself to implementing partners on a bimonthly basis.

The overall intent of the positive parenting has been to improve and develop current child protection problems, reduce child protection concerns, expand existing support to boost positive parenting through existing structures, services and systems at a national level within Egypt, to improve the overall physical wellbeing and mental care and resilience of vulnerable children.

The parenting program is constructed of three sub sections each with its own unique purpose. Before developing its content, I hired an international consultant to run a consultation with parents from refugee communities in the governorates of Cairo, Alexandria and Damietta, to inform the outline of the guiding manual where I could prioritize topic suggested by the caregivers interviewed.

The first section ‘Protective section’, focuses on how to protect children and it is delivered to all parents when they register the parenting program as a basis for the further sub programs. The protection program centers on protecting children in a variety of different abuse forms in multiple places at home or in the street, violence, exploitation, child rights and the role of a parent. The child rights that are covered are the duty to learn, to exist in a loving environment, how to be loved and love in return and how to accept others in their community and in different societies.

The second section ‘Parenting skills’ sessions are delivered twice a week. There are a broad range of topics that include; learning difficulties, intense opposition disorder, urinating, sexual identity disorder, treatment of lying children, behavioral patterns in children, negative mother, vaccination, abortion, first aid, HIV, sexual abuse, stress in adolescents and how to resolve them, dealing with bad behavior, developing child self-confidence, playing skills including games and storytelling, speech and language disorders, strategies for parents, attention deficit and hyperactivity, focus and attention of children, development disorders, consolidation in education, social interaction, social interaction, tips for happier children, antennal care, early marriage, hymen reconstruction, female genital mutilation (FGM), healthy feeding, stress reduction, child rewards and punishments, how to deal with negative behaviors and stages of developmental growth.

The third section ‘Be positive’, is a flowing program without a pre-defined content, adapted to the users social and/or psychological needs to reduce and alleviate stress and to release psychological discharge. A ‘Life skills’ program’ for mothers was also available in some locations. These skills cover both recreational and life skills to generate income. Income related projects for hand crafts, sewing, cooking, and aesthetics with make-up. Recreational skills included computer and English skills, sport for development, a cinema club for mothers and a football club for fathers.

A manual to parenting was created as a guidance book to aid frontline workers in all sectors in guiding refugees with their parenting. The guide provides information on a spectrum of different topics, different parenting styles, the importance of good parenting and warning signs when concerns may need to be addressed. The manual is also used as a platform to guide frontline workers with positive parenting techniques in general and more specific issues that can occur with refugee children (including separated and children without adult supervision); guiding talks that parents may need to have around difficult issues; and strengthening resilience in families.

Social workers and practitioners have been trained extensively to be able to deliver optimal support under a broad scope of sectors such as health and education; with a focus on the best methods for parents to be supported in regard to the variety of stresses they will need to overcome. A comprehensive capacity building strategy was created for this.

B. Capacity building for positive parenting

I initiated the dialogue with health officials through UNICEF health sector's colleagues to mainstream child protection initiatives in the primary health care units' premises. One of the main investment has been to strategize together on how to boost technical competencies and create a culture of knowledge sharing in organizations who are part of the Child Protection Working Group (CPWG) in Egypt. I personally chaired the CPWG at national level and led the capacity building strategy in Egypt since September 2014. Through my double role, child protection specialist in UNICEF and chair of the CPWG, I have developed a capacity building strategy and developed positive parenting modules and tools to promote positive parenting through a wide range of professionals, training hundreds of Egyptian nurses and health sector practitioners, pediatricians, Family Counselling Bureaus, community health volunteers, Ministry of Health and Population's supervisors, CDAs and UNICEF Child Protection implementing partners (including members of the CPWG). The purpose of the training was to highlight the importance of positive parenting and the impact it can have on children's lives in terms of their wellbeing and development physically and mentally; consider different parenting styles, and to address the different ways health care professionals can help parents with any issues that they may be experiencing with their dependents, providing referrals for specialist help when necessary.

Case workers were trained by two UNICEF consultants and two professional trainers from implementing partner NGP, on positive parenting and case management in March 2017. These 40 former MOHP social workers were given an understanding of the components and functions of the case management system and on how to execute cases to the Child Protection Committees or other entities in regard to identification of cases and the correct use of the referral pathway. Positive parenting training was also provided so that the 11 sessions of the positive parenting program was conducted correctly. Case workers in the PHUs are being trained by UNICEF in the integrated child protection strategy. Case

workers are being guided through care plan protection and aftercare, the case management process and monitoring the impact of interventions. SGBV cases are prioritized and the training of these cases with case workers.



Figure 11 Training on positive parenting and case management to PHUs (March 2017)

Positive parenting Action Plan and timeline

Intervention and focal point	Timeline
Learning Action Plan was developed	LAP July 2016
Baseline positive parenting programme- Elisa and external consultant	-October-November 2016
Capacity building training on positive parenting to social workers and health workers-Elisa and trainers	-February 2017
Distribution of pre-and post-assessment Forms-Field workers	-February 2017

Delivery of the 11 sessions within PHUs-Elisa and trainers with Ministry of Health staff	APPB-March to July 2017
TORs evaluation positive parenting-Elisa and M&E team	APPB-September 2017
Consultation with implementers and participants-Elisa and external consultant/team	APPB-From May 2017 onwards
Finalization of the first round of the positive parenting program and evaluation of the program; final report with recommendations-Elisa	APPB-From September to October 2017

VI. IMPLEMENTATION and its outcomes

In late 2016 I initiated the partnership between UNICEF child protection sector and MoHP. By 2017, 16 governorates, 30 Districts, and 120 Primary Health Units were accessed, and Family Clubs were established to roll out psychosocial support and protection related interventions. Moreover, 200 Syrian community health workers from the refugee community were directly engaged in the community outreach activities which ensured a high level of participation. This made of PHUs the most strategic platform to gain refugee trust and hence, attract them to activities which were not strictly health related, like the positive parenting program.

In June 2016 PHUs were selected based on the fulfilment of the following criteria:: a stable staff presence (social workers and health workers); the range of services provided; a deep level of understanding and knowledge of child protection and risks for children; available space and premises including confidential areas; high staff engagement and commitment; had been trained in recognizing abuse and had built strong bonds within the community they operated in.

Prior the beginning of the program rolls out, I have drafted a ToR for a qualitative baseline assessment and I hired a consultant with a team of enumerators to explore the attitudes, trends practices and opinions on many different topics within the Positive Parenting program. The baseline explored differences in parenting strategies in siblings with

different ages and sexes, the common channels for obtaining information on parenting, negative trends in parenting attitudes and practices and different stress coping mechanisms used by parents.

The baseline used method triangulation using both quantitative and qualitative data. A sample of 400 mothers was used for a focus group discussion. The sample used women from 11 different communities within Egypt. These communities composed of three in Giza, three in Alexandria, three in Cairo, one in Obour City and one community in 10th of Ramadan please add map. The nationalities were approximately half Syrian and half Egyptians this was echoed also in age of the participants with half the sample were older mothers (+35 years) and the other half young mothers (18-30 years). The education levels within the sample varied with 65% of the study participants were educated (+12 years of schooling). Recruitment of the sample were found through UNICEF partners in family centers and health units.

Common themes found from the baseline study:

- There was a weak sense of knowledge regarding the developmental stage from child to adolescent and the different challenges parents face in adolescent stage of their child's life.
- There was a weak knowledge from mothers around methods and techniques to alleviate stress.
- Parents tended to reward children for behavior deemed positive.
- Playing with children was not commonly practiced however playing with children in regard to laughing and joking were more commonly practiced. It should be noted that Syrian mothers and older mothers practiced this less.
- Conversations around miss behavior and reasons for were generally not practiced.
- Physical punishment and corporal punishments were highly embedded in parenting practices. This included child spanking on the body by hand, hitting with an object and shouting. Physical contact to the face 'slapping' was used moderately.
- Egyptian mothers were more likely to use 'time out' than Syrian mothers.
- Laughing and joking were relatively common parenting strategies. However, the practice was less common among Syrian mothers and older mothers.
- Playing with children or explaining miss behavior to children was not a common practice
- Rewarding child was also a rather common practice

- Negative parenting strategies and corporal punishments are highly embedded social norms.: spanking child with hand, hitting child with an object, yelling and misbehaving child received were highly used and preferred
- Use of slapping child on the face was used with more caution than other forms of punishments and giving child time out was more common among Egyptians than among Syrians.
- Attitude towards corporal punishment is positive but conditional
- Participants demonstrated little knowledge of stress management.
- Participants demonstrated little knowledge of parenting teenagers or how to protect children from sexual abuse.

After the baseline, new hired social workers who had been trained in Positive Parenting were chosen to deliver the Positive Parenting Program through the PHUs. Eight sessions were delivered covering a wide scope of Positive Parenting, eight on core child protection, plus three additional sessions related to reproductive health, adolescents' development and HIV. In order to evaluate the success of the program I developed a pre and post questionnaire to measure the knowledge the participants have of the material that would be covered in the sessions. The pre-test is provided at the beginning of the first session participants attend and the post test at the end of the program. Participant's questionnaires were only taken into account when they had participated in all eight sessions.

VII. methodology

A. Post implementation evaluation

After six months from the beginning of the implementation, and Based on the baseline conducted by the end of 2016, I hired a team of enumerators to interview 400 parents from three governorates who have been previously interviewed as a sample for the baseline (50% of refugee population and 50% of Egyptian population). After six months from the beginning of the program's implementation, the "change of perceptions" in parents was assessed as well as their understanding of positive parenting and its forms.

The purpose of this module on Developing and Evaluating Professional Practice is to conduct a post assessment of the positive parenting sessions to determine changes in beneficiaries' knowledge, attitude and potential change in self-reported practice. In addition, the assignment has explored the enabling factors (programmatic, environmental, social and cultural factor) that can facilitate the desired change in parenting practices among the targeted communities.

Additionally, the post-implementation evaluation has been interlinked to UNICEF's institutional analysis of the Ministry of Health to assess the feasibility of mainstreaming child protection within the health sector and its sustainability. Another piece of work still

ongoing.

Study population: The target population has included Egyptian, migrants and refugee parents of target beneficiaries living with at least one child younger than 18 years old. Beneficiaries should have completed the eight main sessions of the program.

Study tools and methods: This included quantitative and qualitative analysis of the pre and post tests administered to program beneficiaries to determine key patterns and gaps. Interview guides were developed to conduct focus group discussions and in-depth interviews among both beneficiaries and program implementing staff to elicit further information on the gaps and patterns identified through the analysis of the pre and post exercise. These tools also captured same areas probed in the baseline study.

Sampling: the program beneficiaries' registration lists was used as a sampling frame to identify a representative random sample of completed pre and post-tests. In addition, a sample of beneficiaries was obtained to conduct focus group discussions and in-depth interviews. The latter matched with the samples obtained in the baseline assessment to facilitate comparability of findings from both assessments.

Data collection plan: Pre-and post-tests forms were coded, revised and fed into the computer to conduct analysis. Upon obtaining consent forms from study participants, focus groups and in-depth interviews were conducted in different study locations.

Data management plan: The data entry process, code book, quality assurance mechanisms, data security and software packages will be developed and used.

Data analysis plan: Univariate and bivariate analysis were conducted to identify areas of change in the pre and post-tests. For qualitative methods, data was audio-recorded, transcribed in verbatim and translated from Arabic to English for analysis purposes. The analysis was conducted by using thematic analysis to optimize the provision of practical recommendations for programming purposes.

VIII. Critical consideration of the impact (feedback received, scalability) key findings from the programs evaluation against professional objectives

To prove the benefits of applying humanitarian support to development needs for refugee and host communities, the project has been adopted to show the below impact:

The positive parenting program was initially developed in 2015 to provide short and long-term support for Syrian refugee families; both for their physical and mental wellbeing. The program was able to be applied to families in the host communities within Egypt. Egyptian families were able to participate in the program and apply positive parenting methodology among their own families, to strengthen existing bonds within families and to increase the chances of their children to realize their upmost potential in life.

A synergy was created among the local NGOs who were able to apply among refugee families and the host communities after the program was initially delivered through the family centers within community development associations (CDAs). The positive parenting program was one of the programs that was able to be fully integrated into the most vulnerable areas in Egypt, supporting all parents within these communities.

Thanks to this project, child protection has been mainstreaming within health services, and was made available on a national level through the national health hubs. This holistic approach was sought through the activation of Family Clubs within Primary Health Units (PHUs) by providing non-specialized psychosocial support to children and other members of their family. The ‘Family Clubs’ initiative was relaunched by UNICEF to help aid in child protection and be proactive in its approach of preventing violence against children and for health care to be available for the most vulnerable families.

As reported from the post positive parenting evaluation report, the positive parenting program delivered to both refugee and migrant communities as well as to host communities provided great benefits to both of them. Such a level of change in positive parenting understanding (the average of change varies by nationality, type of change and residence location of participants). On examining the total sample of completed tests (in all locations) (n=289), 22.5% (65 participants) of Parents identified easily the most important needs for their children (i.e. shelter, love and affection, food etc.). Most of the parents have chosen “economic hardship” among their choices of main challenges to their parenting (60%). Most parents, who did not complete the tests showed inability to identify the appropriate intervention method of parenting with respect to a specific problem they face with their child.

Most Syrians were aware that providing a “shelter” to their children comes on top of the parenting responsibilities and needs to be fulfilled, as compared to “education”, “food and clothes”, “love and care” and also “shelter” among Egyptians.

During the FGD, 80% of Syrians and 70% of Egyptians who attended the FGDs could explain the different topics that were discussed during the sessions in general. In terms of ability to distinguish the difference between positive parenting and positive discipline, 40% of Syrians and 30% of Egyptians who attended the FGDs could name and explain to a certain extent of accuracy the difference. They showed an understanding of the holistic nature of positive parenting vis a vis positive discipline method. They explained that the sessions helped them recognize the needs of children and they started to engage in discussions and dialogue with their children. They also explained that they started to work better on building the self-confidence of children by engaging them in decision making.

In terms of harmful behaviors such as comparing siblings to each other 40% of focus group participants explained that the positive parenting sessions helped them understand the importance of not comparing children to each other and they acquired skills to dealing with fights amongst children.

Focus group participants could articulate how the change that they have introduced in the way they engage with their children has reflected on the children themselves. 60% of Egyptians and Syrians explained that when they changed the way they treat children, the children positively responded by improved behaviors. “My son used to be scared all the time, now he talks to me and is less stubborn” explained a participant. “The general environment in the house is much calmer. Even my husband commented on this” explained one participant.

The effect of the positive parenting sessions on the husbands and the house in general was voiced by several Syrian and Egyptian participants who explained that when the situation at home is better, their relationship with their husbands has improved as well. “I told my children to wait until we eat and then ask their father for things or explain problems.”

At the end of each FGD (venue and time permitting), the participants were asked to complete the self-assessment tool designed by the assessment team. The data analysis of the self-assessment tool indicated that all participants found some benefit in attending the sessions as 100% of respondents in the FGDs marked a level of improvement in knowledge and practice as a result of attending the positive parenting sessions.

Egyptians reported an increase in knowledge by 55% and positive change in practices by 41%. Whereas Syrian participants reported an increase in knowledge by an average of 37% and practices by 38%. This could be attributed to the traditional nature of Egyptians where physical punishment and negative discipline methods are more wide spread as opposed to the Syrian population.

Egyptians reported higher average of changes in knowledge and practices than refugee participants. This could be attributed to the traditional nature of Egyptians and Syrians where physical punishment and negative discipline methods are wider spread amongst Egyptians than Syrians. Most of the Egyptian families explained how the sessions helped them recognize the needs of children and how they have started to engage in discussions and dialogue with their children. They also explained that they work better on building the self-confidence of children by engaging them in decision making. New parenting techniques include calming down techniques that has enabled them to reduce the instances of negative discipline that they used to do such as screaming, shouting, use of bad language and regular hitting of children. Egyptians also explained that there are other techniques acquired through the attendance of the positive parenting sessions which include the use of positive discipline in the form of rewards for good behavior and deprivation of some privileges in the occasion of misbehavior. Almost 100% of participants irrespective of nationality in the focus group discussions explained that they used physical punishment before attending the positive parenting sessions. Almost 90% of Egyptians explained that they no longer use physical punishment as a form of discipline.

Additionally, focus group participants could also articulate how the change that they have introduced in the way they engage with their children has reflected on the children themselves.

The effect of the positive parenting sessions on the husbands and the house in general was voiced by several Syrian and Egyptian participants who explained that when the situation at home is better, their relationship with their husbands has improved as well.

Equally important and highly relevant is a second unintended outcome from the positive parenting sessions was reported by Egyptian health aid promoters (rae'dat). Most of the Egyptian health aid promoters explained that attending the positive parenting sessions helped them to improve their performance in the work place. After the sessions, the knowledge that they gained helped them in providing concrete tools and techniques that help parents engaging with their children and solve their problems.

To increase parents 'knowledge on positive discipline, reduce domestic violence incidence and improve child wellbeing

Established on an assessment of needs of families and social workers a strategy was developed through a developmental parenting program to support families with parenting issues that they experience. Based on these needs, the comprehensive purposes of the initiative are as follows: proactive and reactive support in child protection, increasing resilience in children, the promotion of positive parenting through increased support and development in child protection services and interventions in existing child protection structures, systems and/or services in Egypt.

A critical need for a parenting program expandable to a national level to promote positive parenting was required to fulfil a contextually appropriate response based on the needs of the children families and workers with parenting issues in vulnerable areas.

Training has been provided on positive parenting by my team to predominately Egyptian nurses and health sector practitioners but also Ministry of health and Population's supervisors, CPCs members, Community health Volunteers, pediatricians, CDAs and UNICEF child protection. It came across clearly that the training only would not be enough to ensure practitioners to deliver key sessions and positive parenting messages. A coaching mechanism and a positive parenting network should be established and institutionalized.

The baseline exercise for the Positive Parenting Program was ran by myself through UNICEF. The baseline was delivered to 400 participants of which half were Egyptian and half were Syrian. The purpose of the qualitative baseline was to investigate trends in negative practices in parenting, delve into the various channels of communication in which parents receive their information on parenting, examine stress coping mechanisms currently used if at all and probe into different parenting strategies and attitudes to parenting with males and females alongside difference between ages of children also. Repetitive

Following this baseline, I began to deliver the Positive Parenting program on a national level via the PHUs through the newly hired and trained social workers. The program was split into eight sessions covering a wide scope of positive parenting methodology. In order to measure the success of the program, a pre and post questionnaire was created; to assess prior knowledge parents had of the topics covered in the session and then to ascertain what information from the sessions they had internally digested afterwards.

Changes in levels of knowledge also resulted in changes in practices as many participants explained that they can now resort to positive discipline methods and reduce incidences of subjecting children to physical punishment. It is evident that participants have a good understanding of the needs of children and can recognize that the children have different needs at different ages. It is evident that the positive parenting sessions had a positive outcome on the lives of participants and their families. Responses collected during the focus group discussions indicate that there is reduction in use of physical punishment as a form of effective discipline for children. Participants clearly explained that they engage children in dialogue and use many forms of positive punishment methods. It is also evident that this has helped improve the general well-being of children. This has benefited children and the entire family.

The community outreach during the project has been ensured at all time. The PHUs have good relations with many families both Syrians and Egyptians and did not face any difficulty in gathering the required numbers of participants. Participants lists documented higher level of participation in PHUs.

Since the beginning of positive parenting program delivered through the PHUs, cases started to be identified by PHUs social workers during the positive parenting sessions. Cases have been mainly related to domestic violence, speech problems, bed wetting, violence, child labor. Most of the cases have been identified as children in need of specialized PSS and rehabilitation interventions. Very few cases are of high Child Protection Concerns (SGBV and abuse).

All cases were referred to the Child helpline, but no feedback was received and no any intervention was done from their side. Therefore, cases were referred to the nearest Family Center in order to receive the needed services and needed intervention.

The problem however, remains in those areas where there is not a nearby Family Center or an active CPC. In this case, case management interventions remain at the moment limited. Case workers identify the cases but they do not know to which institutions to refer them. Some case workers refer the cases to Charity NGOs or to MOSS or to MOE or to school case workers but it's a pathway referral only based on individual efforts.

Expanding competencies

To guide the PHUs in their expansion with the integrated child protection program, terms of reference (ToRs) were put together which detailed clear roles and responsibilities for the staff that partake in the program. Roles within the program were as follows: one unit

(project) coordinator/manager, one case worker (for the identification and referral of cases) and one social worker (to conduct the positive parenting). These roles were all deployed from amongst the present staff at the PHUs. It was decided that the Community Facilitators would all be members of the refugee community in order to bridge language barriers faced by South-Saharan refugees and to build rapport in the minority communities. As this was such a consultative and intensive process, Dr. Mona Hafez El Naka, Head of PHC Secretary (Primary Health Care Sector), ensured that health staff understood the new integrated programme and staff knew of the expectations and responsibilities dependent on their roles. All staff that partook in the program were motivated in furthering their own capabilities.

The staff of the PHUs chosen for the pilots was provided with financial compensation for their additional work and responsibilities. UNICEF also purchased additional IT equipment and refurbished some of the PHUs for the initiative.

UNICEF and the MoHP after an initial launch and press conference on 27th November 2016 held two technical workshops for the PHUs on the 15th and 19th January. The purpose of the two workshops was to introduce the new partnership and to discuss the vision that was held for the new initiative. This included being transparent about the roles and responsibilities of Family club staff. The action plan for the start up phase was discussed, with clear times frames, the main mile stones and ownership of tasks for the following three months. The participants in the two workshops included senior members of MoHP's staff including the First Assistant of Health Minister, the Head of the department of General Health, the Director of the Technical Unit of the MoHP and the Head of Basic Care Department, alongside representatives from UNICEF Health and Child Protection Sections. Selected persons from the PHU (social worker and case worker project coordinator and leader), attended the workshop with two community facilitators. It was decided that Syrian health workers and key representatives in each governorate would also attend the workshops.

The positive parenting program developed a training program so that participants had equal knowledge and understanding of the importance of positive parenting and the affect this has on children's lives; in regard to their development, well being, and mental resilience. The training also explored different parenting styles and considered the ways professionals in health and other fields could support parents. This training was expanded to hundreds of Egyptian nurses and health sector practitioners, specifically Community Health Volunteers, Ministry of Health and Population's Supervisors, pediatricians, CPCs members, Family Counselling Bureaus, CDAs and UNICEF Child Protection implementing partners (including members of the CPWG).

Case workers were engaged with training for the initiative in March 2017, 40 case workers were trained in the principals of positive parenting and the case management system. The training advised how to conduct the positive parenting program and administered information on the facilitation the 11 sessions. The training the case workers received in the case management system was developed to provide synergy between the case workers

with the case management system, identification of cases and referral pathway to the Child Protection Committees or other entities involved.

To enhance the national child protection system, through identification of cases

The case management system of the MOH recorded 344 cases up until August 2017. Generally, most of these cases are under the classification of Specialized PSS and rehabilitation interventions. The minority are classified as high Child Protection Concerns (SGBV and abuse).

As all cases from Egyptian families were referred to the National Child helpline (most not fully active). These cases were then referred to the Family Centers following an efficient logistic approach of which family center was closest to the family in question for them to the necessary care and support.

Areas in which there was no Family center in the vicinity or an active governmental child protection committee (CPC) received less care and support, interventions presently remain limited. Case workers identify the cases but there is no clear information on the best ways for these cases to be referred, this poses an issue. Cases can be referred to Charity NGOs, the Ministry of Education, the Ministry of social solidarity (MOSS) or to case workers within the child's school.

More data can be analyzed once received in the case management database.

To budget and plan for emergency funds can be utilized to support host communities and national institutions

Since the beginning of the Syrian crisis, donors have been delivering money to Egypt Country Office through the emergency component of the 3RP appeal. Since Jan 2017, the nature of donors has changes with countries like Italy willing to enhance the support to the host communities. In 2017 fund allocation was as follows: \$30,000 to technical staff (evaluations etc), \$12,000 to the MOH for staff's incentives, technical workshops \$7,000 and \$6,000 for supplies.

To deliver the positive parenting project I have negotiated with MoHP the following incentive scheme: paying EGP 300 monthly (equivalent to around USD 16) to each health front liner for a total amount of USD 12,000 for the all project. UNICEF targeted 10,000 beneficiaries in 2017. This target was met in September 2017 three-month before the end of the implementation. 6,000 USD additional USD were spent for supplies, refurbishment of the family clubs venues and services (printing manuals and video documentation).

This shows that the project is both sustainable, because it is counting on governmental staff paid by MoHP and cost effective, because the cost per beneficiaries is equivalent to 1,8 USD per month. Additionally, most of the population addressed is Egyptian with is consistent with the regional 3RP framework focusing on enhancing the resilience of host communities and to boost the capacity of governmental staff and activating national and community mechanism.

IX. Focused reflective sections

While analyzing the key finding of the post implementation evaluation, I have extensively reflected on my role and programmatic decisions within the project, key challenges encountered and solutions to address them at every stage of the project development, from the planning, to the community consultation, to the development of the tools, the implementation strategies adopted and the final evaluation

While initially the parents consulted were mostly Syrians, the program has been delivered to host communities as well, with different mentality, needs and level of engagement. Also, to identify the health sector as a key entry point to outreach the communities and to deliver the program, I should have weight the very low capacity in health frontlines. The training modules, the presentation and tools developed were insufficient to address their knowledge gap. Also, the coaching mechanism was not always easy to be put in place because of security concerns from the Egyptian government to have an external entity continuously present within health premises. Finally, while in principle, PHUs represent a forum for identification and referral of cases of violence against children, the child protection system in the country is not fully operational and responsive. Specifically, the below challenges were reported, and I will have to strategize to respond to them accordingly in a short period of time.

Implementation challenges- A challenge encountered by the assessment team was the number of beneficiaries ready to attend the focus group discussions. The assessment team initially intended to conduct a total of 21 focus group discussions with parents in every location visited. However, the assessment team was only capable of holding 15 focus groups with parents, because the beneficiaries claimed to be tired to be often interviewed by UN agencies and NGOs for different purposes. Also, the timing of the focus group discussions was not always appropriate for beneficiaries. The timing of the assessment coincided with the beginning of the school year and hence parents would be busy with children for school preparation. Syrian population usually arrived in large groups and

while the first session takes place, some of the participants leave making difficult to conduct a second focus group with the appropriate number of participants.

Nurses trained to deliver positive parenting were assigned three extra working hours per day to deliver the sessions. However, sometimes they were obliged to cancel some sections due to their workload. As per the parents, it was reported that they faced problem in filling the forms and not always they have received adequate assistance.

Methodological challenges-Form is too lengthy for participants and a lot of detailed is required therefore participants may not provide true responses or leave blank. There are many participants unwilling to fill in the tests and are begrudging of the limited time frames provided. There is a large element of assistance needed to fulfil this requirement of the test due to participants being illiterate thus facilitators need to aid participants.

Facilitators stated that the training they received (two-days) was insufficient to cover all the material and ensure adequate knowledge of the technical material as well as the skills required for facilitating the sessions. This was also clearly demonstrated during the focus groups with the beneficiaries where the impact of personal skills of facilitators showed a higher level of engagement of participants and higher levels of knowledge and ability to articulate the new techniques acquired.

Material taught (the manual) is written in a difficult language and is very theoretical. Facilitators and PHU staff explained that the session plans should include videos and testimonials to increase the level of engagement of participants. They explained that it is hard for them to explain all the material and that modern techniques could help the participants better understand the material.

External challenges-It was also noted that the modality of implementation varied between the sites visited during the field work for this assessment. In some locations eight sessions one hour each were held with participants. Whereas, in others, a range of three or four sessions (two-hours each) were held. Many of the participants interviewed

explained that the sessions were held in Ramadan which made it difficult for them to attend and reduced their concentration levels.

Geographical challenges- It was noted that in some places the location where the sessions took place was not appropriate or that the number of attendees was very high, because these are more neglected areas. This made it less beneficial to some participants. It has been expressed the need to have specialized sessions on how to better deal with adolescents. Egyptian mothers explained that the sessions related to explaining puberty was most useful as they are not used to explain puberty especially to boys.

System related challenges -As per the component of identifying and referring cases of violence, exploitation and to the national case management system, in the period analyzed 344 cases are classified as children in need of Specialized PSS and rehabilitation interventions. Few cases used of high child protection concerns (SGBV and abuse). Regrettably, no feedback received from Child helpline or follow up ensured. Hence, these cases were referred to a family center, run by NGOs or directly to active district CPCs.

X. Conclusion

In order to fully measure the overall impact of this project, which wants to be mainstreamed at national level, I am also planning in conducting an institutional assessment of the MoHP to evaluate its overall institutional capacity (technical, human resources and financial) for the mainstreaming of child protection through its national PHUs. Through this broader evaluation and feasibility study, I will conduct a costing exercise to analyze the eventual expenses of a programmatic expansion from 40 PHUs in 16 governorates to a national scale up. The costing aims to contribute to planning the scale up child protection services, and their integration into medium term fiscal/expenditure frameworks.

The main goal will be to execute a probability and risks analysis for the implementation of the case management system through PHUs by assessing feasibility of implementing

national case management SOPs and by assessing the functionality of the referral mechanisms to national Child protection Committees.

I believe this additional piece of work will complement the overall findings in order to assess the feasibility to mainstream child protection within the health sector in Egypt to support children and their parents from all nationalities.

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