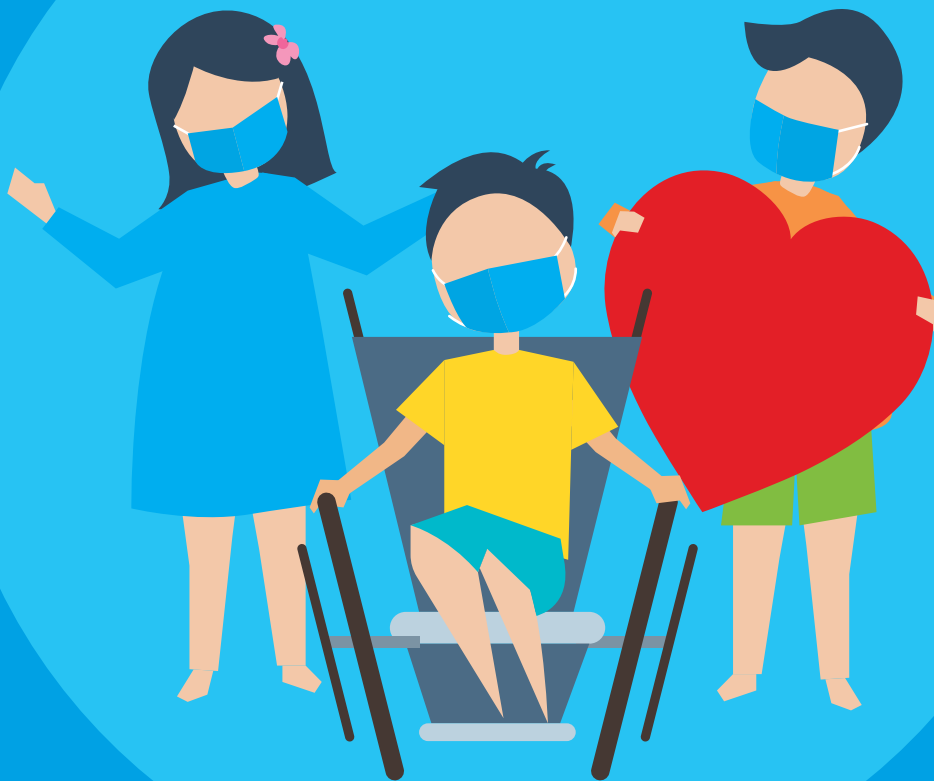




MINISTRY OF SOCIAL AFFAIRS, VETERANS  
AND YOUTH REHABILITATION

GUIDELINES ON

# CASE MANAGEMENT DURING INFECTIOUS DISEASE OUTBREAKS (COVID-19)



APRIL 2020





MINISTRY OF SOCIAL AFFAIRS, VETERANS  
AND YOUTH REHABILITATION  
DIRECTORATE OF TECHNICAL AFFAIRS  
No. 036

# GUIDELINES ON CASE MANAGEMENT DURING INFECTIOUS DISEASE OUTBREAKS (COVID-19)

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## Introduction

COVID-19 can disrupt the environments in which children grow and develop. Disruptions to families, friendships, daily routines and the wider community can have negative consequences for children's well-being, development and protection. Measures used to prevent and control the spread of COVID-19, including quarantine measures such as school closures and restrictions on movements disrupt children's routine and social support while also placing new stressors on parents and caregivers who may have to find new childcare options or forgo work. With added stress, school closures and restricted movement, children and caregivers may face increased social isolation, psychosocial distress and heightened domestic violence. Movement restrictions can also make it much harder for a children or caregivers affected by violence to leave their household and seek help. In addition, stigma and discrimination related to COVID-19 may make children more vulnerable to violence and psychosocial distress. Children and families who are already vulnerable due to socio-economic exclusion, have a history of violence in the home, or those who living in overcrowded settings are particularly at risk. For all of these reasons, the continuation of case management to very high-risk children and families is a fundamental part of emergency response and should be considered child lifesaving.

All children, wherever they live and whatever their circumstances, have the right to be protected, nurtured and free from all forms of violence, abuse, neglect, maltreatment and exploitation as set out in the Convention on the Rights of the Child. Respecting and supporting this right is the essence of child safeguarding. All forms of Sexual Exploitation and Abuse (SEA) are a violation of human rights.

In line with Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) Instruction No. 031, dated 20 March 2020 and Instruction, dated 26 March 2020 on Prevention and Protection of COVID-19 Infection to Children without family, relative or guardian specifically on social work and psychosocial supports for children and families affected by COVID-19, this Guideline aims to further provide technical guidance to child protection workers to better respond to the child protection risks during a COVID-19 pandemic through case management, including psychosocial support.

## Impacts of COVID-19

COVID-19 has significant impact on every aspect of people life from sociocultural norms to individual children:

### • Child:

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- Heightened risks to child of abuse, neglect, violence, exploitation, psychosocial distress and negative impacts on their development
- Unaccompanied and separated children due to family separation
- Child labour and exploitation
- Children with disabilities are likely to face heightened risks
- Social exclusion
- Sexual abuse and exploitation, including online sexual exploitation. Given more people will be online during the quarantine periods, children will be more susceptible to risks of sexual exploitation, child sex offenders will exploit increased access and new opportunities- targeting different communities and locations so parents /carers need to be educated and provide increased supervision and guidance
- Gender-Based Violence (GBV) and intimate partner violence. Outbreaks can fuel and exacerbate the risk for women and girls to experience gender-based violence. Quarantines force families to stay at home or in shelters, but this can put many women and girls at risk of GBV. For instance, crowded shelters without separate rooms for women and girls may increase risks of sexual violence. Self-isolation for a long period of time may make people feel mental health or psychosocial distress, which can heighten risks of girls to domestic violence or intimate partner violence.

- **Family:**

Family separation, reduced access to social supports, caregiver distress, heightened risk of violence/domestic abuse, disruption to livelihood, disrupted family connections and support, fear of the disease

- **Community:**

Break down of trust, competition over scarce resources, limited access to community support services, education and play spaces

- **Society:**

Erosion of social capital, disruption or limited access to basic services

- **Sociocultural norms:**

Stigma against certain ethnic groups, and migrant workers/returnees.

It must be recognized that these risks evolve with the age of the child/young person and that boys and girls experience these risks differently.

## Risk Mitigation and Safe Programming

Humanitarian and development projects, including case management, can exacerbate existing risks of Sexual Exploitation and Abuse (SEA) or create new risks, depending on their scope and scale. For example, in area where children, families and communities struggle economically and violence against women and children is more prevalent. Some personnel may attempt to abuse their power, particularly if they are in charge of distributing food, water, health supplies and/or cash. SEA incidents may occur even when programmes do not directly involve beneficiaries, for example when personnel interact with children and families off-site or in their free time. There are also risks of online SEA whereby perpetrators use information and communication technology (e.g. emails, texts, social media, communication apps) to commit abuse including online grooming, production, dissemination and possession of online SEA materials. In order to mitigate or avoid risk of SEA through programming, Organization should ensure all personnel involving in the preparedness and response to COVID-19 have necessary knowledge and skill related to core principle related to sexual exploitation and abuse, Prevention of Sexual Exploitation and Abuse (PSEA), Child Safeguarding and safe referral practices (Annex 5 and 6).

# Guidelines for DoSVY focal points, managers and supervisors

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## 1. Management of cases:

Case management services need to be continued for children currently receiving case management, as well as for new cases, with a focus on prioritising cases of children at high risk and moving from in-person case management to remote case management where possible for non-serious cases. All case management agencies need to review their existing caseloads to ensure the risk level is modified based on the vulnerabilities of the virus (such as high-risk status for developing the infection). Supervisors should support case workers to:

- Review their case load with their teams to determine which children are most at risk and which are more stable or could receive support remotely.
- Develop a vulnerability and prioritization criteria for child protection cases, identify the most disadvantaged children and children with disabilities that are further at risk of family separation, violence, abuse, exploitation or neglect without supervision or follow up to prioritize for timely preparedness and prevention planning. See the risk index below to assist with classifications of vulnerability. This should be used as a guide and adapted to your specific circumstances.
- Along with the normal rating systems that most agencies will already be using to prioritise cases, in addition you should consider the vulnerability of caregivers and risk of contracting COVID-19, by examining living situation, and the ability of a child and or family to contact a case worker remotely in case of an emergency.
- Teams must consider that they may get additional cases because of COVID-19 that may cause increased distress, violence in the home, including abusive discipline measures, child labour etc.
- Develop a team plan on when and how to follow up on cases at risk. Regular monitoring should take place, based on the needs, and there is need to ensure that case workers have continued plans in place during each follow up so the children and families know what to expect.
- Provide training and support to caseworkers and existing child helplines on COVID-19, including basic facts and myths, impacts on CP concerns, and support services.
- Work with health actors to develop strategies to include marginalised, children with disabilities and hard to-reach children,
- Facilitate referral for other specialised services including GBV services.

- Identify and train local health actors in preventing family separation and identifying and referring children who are unaccompanied and separated (UASC).
- Identify and train persons across communities who are well-placed to care for UASC in case of a COVID-19 outbreak – see additional guidelines for USAC later.
- Build knowledge and capacity of local communities to prevent separation and provide family-based alternative care.
- Work with case workers to identify children who are already considered excluded and may struggle to get appropriate services (i.e. children without family care; children who are refugees, internally displaced, migrants or stateless; children living and/or working on the street)
- Current case management forms of MoSVY, in addition to any other agency specific forms, should be continued to be used.

**Table 1:** Risk assessment matrix

Rating	Suggested action
<b>Red</b>	<b>High risk situation or cases:</b> Find ways to follow up with the child and family and make a plan of how to support and reduce vulnerability together.
<b>Yellow</b>	<b>Situation of concern and medium risk cases:</b> Determine if remote support is possible. If not, follow up with the child and family on how to best continue support and reduce vulnerability together Face-to-face monitoring can be less frequent than for the high-risk cases, but still, ensure in-person contact with the child and family if possible and safe
<b>Green</b>	<b>Stable situation or low risk cases:</b> Check in with child and family remotely, explain how often you will check in, and let them know how to contact you if something changes.

## 2. Procure and preposition needed supplies

- Procure equipment for modified visits (phones, credit, etc.) and provide to case workers
- Provide staff with supplies for hand sanitizer (alcohol hand-gel) and facemasks.
- Monitor hygiene and social distancing protocols strictly.
- Guide case workers to relevant materials. See Annex 3 for a list of the relevant IEC materials.
- Recreational materials for vulnerable families and children who are confined at home

### 3. Preparing and looking after the workforce:

Along with assessing risks for children and families, DoSVY focal points, supervisors and managers need to assess and respond to the health, safety and level of risk for case workers and staff. In addition to the protection concern or existing challenges the child and/or family is facing, social workers and case workers must work to try and protect these vulnerable populations from contracting the virus.

- **Two factors are important while preparing workforce:** need for training and equipment so that workers are safe themselves while carrying out their work and Need for training and equipment so that workers do not transmit the virus to families, or back to their own household or community.
- Strict staff sickness policy should be implemented. Staff should not attend work if they are displaying a cough, fever or shortness of breath.
- Please discuss with your HR teams how best to support sick pay for staff to remove the incentive to work while sick.
- Supervisors need to assess the level of risk for case workers. Caseworkers with underlying health risks (respiratory ailments etc) should be discouraged from conducting home visits. You should also consider the risk to the case worker's family (is anyone in their household at high risk for infection) before discussing who is best place to continue case visits. Case workers should be allowed to voice their concerns with their supervisors, and no one should be forced to conduct case visits – however we do also need to consider how best to support the most vulnerable in our case load. Please have open discussions with your team on how best to minimise the risks while supporting the most vulnerable.
- Case workers should be trained on how to provide support to children and families remotely and provided with the necessary equipment to deliver this support.
- Conduct more frequent check in and supervision, including online supervision with case workers as needed
- Case workers must be aware of Core Principles related to sexual exploitation and abuse (See Annex 5), Protection from Sexual Exploitation and Abuse (PSEA), child safeguarding and safe referral practices (See Annex 6).
- PSEA on children, Child Safeguarding Policies and Code of Conduct, must strictly be implemented. Ensure safe and confidential reporting mechanisms are in place and are known by the staff and the clients. Encourage staff to report any concerns related to PSEA on children and Child Safeguarding.

### 4. Working arrangements



- Work with case workers to explore alternative ways to provide support to children and families remotely if needed
- Working procedures should limit physical contact, unless a case is assessed to be at medium or high risk.
  - a. Use of telecommunications for follow-up and counselling, if feasible.
  - b. Conduct visit maintaining social distancing (no touch, safe distance of 2 metres).
  - c. Conduct visit outside in wide-open, well-ventilated space rather than inside the household. (Please consider with technical advisors which types of cases could be managed in this way without risking confidentiality.)
  - d. Where safe and appropriate, identify options for community follow up of cases – this could include by an extended family member, neighbour, etc. and should consider financial/ logistical issues (e.g. phone credit). Any community follow up should respect confidentiality.
  - e. Ensure strict informed consent/assent procedures are in place – if parents/ caregivers do not agree to a visit or the visit is not possible because of COVID 19, work with them to find alternative solutions including risk mitigation to ensure the organisation’s responsibilities to protect and do no harm.

## 5. Coordination between all sectors and government:

The prevention of and response to infectious disease outbreaks requires close coordination and collaboration between several sectors. A multi-sectoral integrated response (a) ensures that children and caregivers’ needs are addressed holistically and (b) leads to better and more sustainable outcomes for children. Child protection actors should also consider collaborating with religious and traditional leaders.

In addition to mitigating risks, we must build on the strengths and positive coping mechanisms of communities, families, caregivers and children.

Liaise with MoSVY or other bodies to revise or develop SOPs with the Ministry of Health, Ministry of Education, Youth and Sports and others to ensure the safe identification and referral of children at risk.

Keep up to date list of those services that are still functioning and how best to access them – provide this list to the care workers

Referrals as a result of COVID: a) CP actors need to be up to date on adapted health referral mechanisms in the event that a COVID-19 case is suspected in the household. b) Health actors and child protection actors need to be made aware of the referral pathway in the event that a caregiver or child is admitted for COVID-19.

# Guidelines for social workers and case workers

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## 1. Promoting awareness about the virus

Awareness raising should be done with the existing children and families that case workers are responsible for as well as those that support children and families in the community. Case workers must be knowledgeable about the COVID-19, the signs and symptoms and its transmission. The purpose of this awareness raising is to prevent and detect the spread of the disease as well as providing psychosocial support to children and families and helping to mainstream psychosocial support in work with children and families.

### This awareness raising should:

- Inform how to prevent COVID-19, such as hand washing and physical distancing.
- Inform how to recognize signs and symptoms of the disease and the importance of reporting without fear.
- Inform to dispel any myths or superstitions about the virus and modes of transmission which could lead to inappropriate methods to stop the disease and stigmatize children and families that have become ill.
- Disseminate COVID-19 specific health referral pathways (115) and relevant hotline numbers (Annex 1).
- Support to caregivers in distress and support to children in distress as a result of COVID-19. This may be due fear, the illness itself, fear of quarantine (isolation) or any sort of physical distancing, this needs to consider:
  - Ensuring that children receive clear and child friendly and gender-sensitive communication about COVID-19
  - Ensure that adults in the families receive clear messages regarding how to communicate to children regarding COVID-19, to mitigate stress to children.
- Raise awareness about the Child Safeguarding and Protection from Sexual Exploitation and Abuse during the COVID-19 pandemic – What SEA is; Why it is dangerous; What their rights are and what they can do to prevent and respond to SEA incidents. Case workers must be knowledgeable and applying the PSEA and Child Safeguarding into their daily practice to support case management to children and families in the community.

Due to current quarantine (isolation) measures and social distancing, it is advised that case workers use non-physical forms of awareness raising such as through telephone or other platforms.

## 2. Preparing children and families (current cases):

- a. Case workers should discuss plans with the children and families they work with as the situation could rapidly change, including methods of communications eg mobile phone/internet, WhatsApp, Telegram etc.
- b. Case workers should also get the child and family's permission to change case workers if the caseworker becomes ill.
- c. Share gender and age appropriate key messages and answer common questions on COVID-19 in a way that is accurate and child friendly.

## 3. Preparing communities:

Work together with community groups and those within your current referral pathways to help develop plans to support vulnerable families – like determining those that could bring food from the market and leave it with a family that is isolating. Ensure community leaders have access to accurate IEC materials and access to communication means and common social medias.

## 4. Self-preparation

- a. Case workers should be aware of Covid-19, the symptoms, when and how to seek help, and how to prevent further infection (following the key messages of the Ministry of Health, no-touch guidance, and risk communication messaging) (Annex 2).
- b. Case workers should be aware of:
  - i. Tips to guide caregivers and other adults in the extended family to provide age appropriate emotional support and reassurance and positive behaviour management to their children and adolescents.
  - ii. Tips to guide parents, care givers, health personnel, social workers to support the psychosocial wellbeing of children during quarantine, isolation, medical treatment and hospital admission.
  - iii. Tips to guide parents, caregivers, teachers, health personnel, social workers community volunteers engaged in the COVID-19 responses on how to deal with children and adolescents experiencing loss and grief (See Annex 2).
  - iv. Existing mental health and psychosocial resources for specialized supports (Annex 3).
  - v. Tip to guide case workers and frontline workers on how to selfcare and managing stress and psychosocial wellbeing during response COVID-19.
  - vi. Keep up to date list of those services that are still functioning and how best to access them.

## 5. Managing caseload during the response

Continue to provide case management services for children currently receiving case management as well as new cases following the risk matrix mentioned in Table 1.

### Review existing case load focusing on:

- Cases categorised as medium and high-risk including children with disabilities
- Child headed households
- Children with elderly caregivers or caregivers with pre-existing medical condition increasing the susceptibility to COVID-19 (e.g. diabetes, respiratory illness, asthma, tuberculosis, heart disease etc.)
- Review any new cases generated by COVID-19 in line with overall risk ratings of case management and alternative care.

### For new high-risk cases: Priority should be given to:

- Children without family care, children who are separated from their caregivers, including those who would be transferred to medical facilities or alternative care;
- Children in households affected by restrictions on movement or lack of access to services
- Children with disabilities, chronic illnesses, child victims and survivors of the disease, who may be stigmatized/rejected by their families and/or communities; and
- Children with family or household members who have contracted the disease.
- Children at significant risks of harm

**Table 2:** Recommended modality of case management based on risk assessment matrix

<b>Risk Level</b>	<b><i>In case there is no indication of COVID-19 in the family or close community</i></b>	<b><i>In case there is confirmation of COVID-19 in the family or close community</i></b>
<b>Green (Stable situation or low risk)</b>	By phone	By phone, daily check-in to ensure that child/ family are ok. Once the family is cleared from a health actor case worker to visit immediately.
<b>Yellow (Situation of concern or medium risk)</b>	By phone Visit with appropriate precautions if needed	
<b>Red (Risky situation or high risk)</b>	Visit with appropriate precautions if needed	

## 6. Establish mechanisms to ensure that communities facing restrictions on movement have continued access to child-friendly, holistic care for children experiencing violence

## 7. In-person home visits and follow up:

Any in-person home visits should be conducted with the appropriate precautions. For all home visits, case workers must:

- In compliance with relevant government regulations and agency's staff sickness policy during COVID-19 pandemic, seek agreement and clearance from their supervisors before making the visits.
- If a social worker or case worker feels any of the COVID-19 symptoms, he/she should not proceed with home visits. Instead, they should call the Ministry of Health hotlines (115) to consultation and support. The social worker or case worker should then work with supervisor to arrange for another social worker or case worker for the family and get the family's consent for this. The social worker or case worker should only resume duties once s/he is clear of the infection.
- If a social worker or case worker gets infected or is in quarantine/isolation s/he should notify the supervisor and also inform children and families they have visited so that the families can also take health check measures as required

### When visiting a child/family

- Wash with soap/sanitize their hands before, during and after every visit (before entering the household/ the meeting and after it).
- No handshaking and touching during the visit.
- Wear face masks before undertaking community and household visits and know the safe way of putting this on. Take off and dispose the face mask.
- Follow and promote physical distancing - maintain two meters distance with the child and ensure the visit is performed in a ventilated room or open safe space.
- Explain physical distancing through considerate communication – this means explaining why physical distancing is important to protect the child and family, as well as the case worker during COVID-19. Adopt potential playful methods of explaining these precautions using child friendly language.
- In cases where the family asks the social worker not to conduct a home visit due to concerns related to the transmission of COVID-19, case workers should be understanding, postpone the visit and try to do the appropriate follow up over the phone with appropriate case notes.
- Always have and be up to date regarding the referral pathway for Health Services in order to inform families of the safest way to refer any case.
- Phone shall have sufficient credit, data and battery etc. in order to maintain communication with extremely vulnerable groups and also informed the families they can call them when needed.

- Bring additional facemasks and hand sanitizers/soaps in case needed by the children and family
- Upon arrival if the family members are coughing/seem ill, from the safe distance find out what the problem may be, refer the family for health check and support the family for this by contacting the appropriate health care agency; contact supervisor to decide further action.

## 8. Mobilize community support:

Establish alternative mechanisms to ensure that children’s wellbeing is being monitored, even if communities face restrictions of movement and child protection actors have **limited access to the community**. **If it is possible, case workers should coordinate with any volunteers or community groups in the area as appropriate and take into consideration confidentiality, in collaboration with Commune Committee for Women and Children (CCWC) focal points and relevant stakeholders.**

## 9. Pursue a Survivor-Centered Approach for responding to gender-based violence and sexual exploitation and abuse:

This approach seeks to empower survivors and promote their recovery by prioritizing their rights, needs and wishes. Key Standards for applying this approach include:



### Safety

The safety and security of the survivors in the primary consideration



### Informed consent



### Confidentiality

Survivors have right to choose to whom they will or will not tell their story, and information should only be shared with the informed consent of the survivor.



### Respect

Respect for the choices, wishes and dignity of the survivor should guide the decisions by case workers. The role of case managers is to provide the survivor with the information s/he needs to make informed decisions and to facilitate recovery.



### Non-discrimination

Survivors should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristics.

# Guidelines on responding to unaccompanied, separated children (UASC)<sup>1</sup> and other children without parental care

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Due to COVID-19 caregivers may fall ill, be quarantined, be hospitalized or die and children might face separation and abandonment. Children may also become orphans due to COVID-19, or children whose safety is at risk due to an abusive caregiver/s. Alternative care solutions need to be identified for all children without parental care, including starting from when a caregiver is reported sick (before hospitalization or death). Children may also need alternative care solutions for non-COVID 19 related reasons.

- Department of Social Affairs, Veterans and Youth Rehabilitation (DoSVY), with the support of Child Welfare Department and key stakeholders, should
  - a. Have an updated list of agencies and contacts providing alternative care services, including safe available temporary shelters, transit homes, group homes, trained foster carers who are ready to foster a child in case of separation and residential care facilities.
  - b. Upon a mapping of existing safe alternative care options, there may be need to expand further this the network (in consideration of estimated needs and geographical coverage, for instance). If this is needed, identify new safe and reliable options and ensure appropriate screening and trainings are delivered, prior to start using such services.
  - c. Plan and prepare safe alternative care arrangements in accordance with government's Alternative Care Policy . Ensure you are ready with options.
  - d. Work with health facilities and quarantine centres to ensure that any child, in particular children at risk of family separation, in those centres have social work support, and case management support they need, including psychosocial care and alternative care placement if necessary.
  - e. Ensure that there is a case monitoring plan is developed and follow ups take place as expected (either or both in-person and remotely, depending on the criticality of the needs).
  - f. Ensure that the family fostering the child, or the carers taking care of the child within the care-facility (e.g. centre, safe house, isolation ward, etc.) are provided with continued technical guidance and skills to adequately support the child.
  - g. If a child has parents who are in hospital because of COVID 19, they themselves would have to go into isolation. Find out if the child has family support while going through this; provide a social worker to monitor the child's wellbeing and provide support as needed.

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<sup>1</sup> **Separated** children are those separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.

**Unaccompanied children** are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

h. Upon receiving referral:

- ➔ Arrange for the alternative care arrangement keeping in mind the best interest of the child, do no harm and the current pandemic situation, so that health and protection needs of the both the child and the family or facility where the child may be placed and other children and families the child may come into contact, are taken into consideration. If a child has family member with CoVID 19 or is suspected of having CoVID 19, the child should be referred to ortaken to health authorities before placing the child in any temporary arrangement as the child may need to go into quarantine orisolation. It is important to note that an individual may not show symptoms even if s/he is infected, therefore careful assessment has to be made of ALL cases coming to DoSVY during this period to understand health history and circumstances of the child. If in doubt, get advise of health authorities. Final decision has to be agreed with DoSVY before making any decision regarding any alternative care arrangement.
- ➔ Family-based alternative care will be prioritized, such as kinship care followed by foster care. If these are not available or not suitable, DoSVY should look into residential care centres, prioritizing smaller group homes. Inform the careers about CoVID 19 and how to prevent the transmission and support children.
- ➔ Arrange testing for any child left unaccompanied because their parent is hospitalized with COVID-19, and if they are found to be negative, arrange alternative care, with a relative, if possible. If they are found to be positive, care shall be arranged in accordance with MoH’s protocols.
- ➔ Ensure children who are separated from their caregivers have regular opportunities to communicate with them.
- ➔ Work with relevant authorities to establish a registration system to prevent long-term separation and to facilitate reunification.
- ➔ Plan for reintegration as soon as the situation is safe enough to do so. Any tracking that can happen, especially through phone and community support should be done as soon as possible.

### Associations or NGOs should:

- a. Cooperate with DoSVY to confirm their available pool of foster families and the procedure to receive referrals to DoSVY focal points.
- b. Train/raise awareness of foster carers; identify those willing to provide care to children. Provide them with equipment for them and the child to stay safe.
- c. For Associations and NGOs running foster care programs, inform DoSVY on receiving any new child for decision and support for placement.
- d. For Associations and NGOs who do not run foster care programme, refer to DoSVY of any separated or unaccompanied child who need alternative care arrangement for further support and appropriate placement as per the Alternative Care Policy. See Annex 4 for the list of DoSVY focal points.



## Note:

DoSVY, Associations and NGOs shall keep the below basic information of the child and ensure that the information is confidential. This includes:

- Child Identity: name, age and sex (and a copy of his/her birth certification, family book, if available)
- Who is the child living with and their address (name, sex and contact, if applicable)
- Name and contact, home address of the adult who came with the child (if applicable)
- Name of the contact person from the Association or NGO who took information from the child.

Phnom Penh, 13 April 2020  
Directorate of Technical Affairs

**Toch Channy**

cc:

- Minister's Cabinet
- Directorate of Administration and Finance
- Departments under MoSVY
- Municipal/provincial DoSVY
- Child Welfare Focal Points of DoSVY "for action"
- Document-Archive.

# Annex 1: Hotline Numbers



Ministry of Health:  
**115**



## ChildSafe Hotline

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Phnom Penh:	012 311 112
Siem Reap:	017 358 758
Preah Sihanouk:	012 478 100
Kampong Cham:	012 557 188
Poipet:	095 960 303
Neak Leung:	089 500 008
Battambang:	092 911 115



Child HelpLine  
**1280**

## Transcultural Psychosocial Organization Cambodia

(TPO Cambodia) hotline number: 017 222 372 / 089 666 325 / 097 9111 918.

TPO Cambodia's Facebook: [www.facebook.com/tpocambodia](http://www.facebook.com/tpocambodia)

# Annex 2:

## Guiding Tips

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### A. Tips to guide caregivers and other adults in the extended family to provide emotional support and reassurance to their CHILDREN.

**COMMON AND VERY NORMAL RESPONSES OF CHILDREN** who have been through painful or stressful events are:

- Difficulties at sleeping and eating
- Nightmares
- Bed wetting
- Being withdrawn
- Being aggressive
- Having pain in stomach or headache
- Having fears, being afraid to be left alone
- Starting to behave younger as they really are
- Separation anxiety
- Clinging, depending behaviours
- New fears manifest (for instance of the dark)
- Decreased interest in playing and engaging in playful activities
- Being sad, crying more than usual or for no apparent reason

It is important to remember that children's stress reactions are normal reactions to an abnormal situation. Explain this to children when they do not understand their own reactions or find it hard to deal with them.

### SUPPORTING CHILDREN

Children need as much normality, play and fun as possible and to be given a chance to regain their feelings of trust and safety. It is important that caregivers fulfill their roles as before, and don't let the children take on adult roles.

## TIPS- HOW YOU CAN SUPPORT YOUR CHILDREN IN DIFFICULT TIMES:

- 1.** Listen to them when they want to speak about what has happened, even if it may be painful. Acknowledge their distress and fears. Tell them it is ok if they feel sad and they can talk about it if they want.
- 2.** Take time to comfort them and give them affection, even though you are busy providing for their other needs. If there are more children in the family, giving them some individual attention as well is important.
- 3.** Reassure them that they are safe. Explain to them in simple words what is happening. Do not leave them alone and do not leave them with others for a long time. Explain that you will come back soon and that this other person will take care of them in the meantime.
- 4.** Use simple strategies to comfort and calm your children, such as hugging them, telling stories, singing with them and playing simple games.
- 5.** Praise them frequently for their strengths, such as showing courage, compassion and helpfulness.
- 6.** Encourage your children to help you in what you need to do in a safe way.
- 7.** Be sensitive and caring with your children. Hug them and repeat that you love them and are proud of them. It will promote positive emotions and feelings of safety.
- 8.** Practice as much routine as possible, given the situation. Especially before they go to sleep. Try to calm and comfort them as much as possible before they go to sleep, by singing or telling a story.
- 9.** Encourage your children to have a say in the family issues/matters and to participate in the daily life.
- 10.** Do not be angry with your child when he or she acts in an aggressive way, is clingy or is bedwetting, even at an older age. These could be signs that the child is in distress. Be patient, help your child adapt and find out what is bothering the child.
- 11.** Do not push the child to talk about his/her feelings, but let him/her know that you are available for a talk at any time. If the child does not want to talk, you can try to find other ways for the child to express, for example through drawing or play.
- 12.** When they do share, pay attention to them and listen to what they have to say. Let them explain their concerns and fears. Always, show respect to what every child is saying.

## CHILDREN NEED TO KNOW...

- 1.** Children and adolescents need information about what has happened in an age appropriate manner. Caregivers should encourage children to ask questions and use their questions as a guide when talking.
- 2.** Talking is important, however children should not be overwhelmed with information that they did not ask for. It is important to be honest and to use words that children understand. Make it clear that what happened was not a result of their actions. Avoid letting children hear 'adult-talk' about frightful things and do not let them watch upsetting news stories on TV.
- 3.** Help your children to understand what is happening in their surroundings and to the family. Provide them with honest and direct information about what has occurred and why they are in the current situation (such as reasons for living in a prolonged confinement, in quarantine, isolation, for being away from school, from their friends, etc.). Use simple words and positive messages (for instance "you have to stay at home/at the hospital/etc. because it is safer for you. I know it is hard and very boring at times. I know you miss going to school and seeing your friends. But don't worry, we are together and you can still be in touch with your friend from here. This is only temporary and things will go back to normal soon (if this is the case) etc.).

### SEEK HELP...

Call Transcultural Psychosocial Organization Cambodia (TPO Cambodia) hotline number:  
017 222 372 / 089 666 325 / 097 9111 918. TPO Cambodia's Facebook:  
[www.facebook.com/tpocambodia](http://www.facebook.com/tpocambodia)

<sup>2</sup> <https://www.unicef.org/coronavirus/how-talk-your-child-about-coronavirus-covid-1>

## B. Tips to guide parents, care givers, health personnel, social workers to support the **PSYCHOSOCIAL WELLBEING OF CHILDREN** during quarantine, isolation, medical treatment and hospital admission.

### ISOLATION

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#### Children

- Feel lonely, are scared (e.g. of the personal protective equipment - how to explain them about protective equipment wore by health personnel and others) and might feel bored

#### Patients' parents

- Feel guilty, worried
- Under increased pressure to visit their children

### PROTRACTED ISOLATION MAY AFFECT CHILD DEVELOPMENT.

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Children generally cope better when they have a trusted stable, calm adult around them.

#### Children may experience the following specific distress reactions:

- Young children may return to earlier behaviours (e.g. bedwetting or thumb-sucking), cling to carers, and reduce their play or use repetitive play related to the distressing event
- School-age children may believe they caused bad things to happen, develop new fears, become less affectionate, feel alone and be preoccupied with protecting or rescuing people in the crisis.
- Adolescents may feel "nothing", feel different or isolated from their friends, or display risk-taking behaviour and negative attitudes.

### FAMILY AND OTHER CAREGIVERS ARE IMPORTANT SOURCES OF PROTECTION AND EMOTIONAL SUPPORT FOR CHILDREN

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#### PAIN

Children express pain differently and communicate less accurately than adults

- They may withdraw
- Crying and irritability often a sign of pain
- Children may somatise grief and distress; stomach-ache and other symptoms may be common.

#### COMPANY AND CARE

Children need to know that someone is there to care and support for them, otherwise they will be very scared and their initial unsettling feeling may turn into severe distress. You can provide comfort to children so that they know they are not alone in the ward. This can include:

- Playing games, drawing etc
- Talking to them
- Comforting them if they get upset
- Praising them
- Holding them (for younger children)
- Helping them to get to sleep, and staying near them at night
- Comforting and distracting them while they are having medical procedures

### FOR HELP...

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## C. Tips to guide PARENTS, CAREGIVERS, TEACHERS, HEALTH PERSONNEL, SOCIAL WORKERS, COMMUNITY VOLUNTEERS ENGAGED IN THE COVID-19 RESPONSE on How to deal with CHILDREN and ADOLESCENTS experiencing LOSS AND GRIEF

### THE CENTRAL EXPERIENCE OF PEOPLE AFFECTED BY COVID-19 IS LOSS.

- Even if no one in your family dies something will be lost.
- The impacts of loss can be overwhelming.
- Understanding how people, and children, react to loss, how to distinguish between normal and abnormal grief reactions, and how to assist in appropriate mourning, is critical.

### WHEN CHILDREN CRY:

1. Do not try to distract them with other activities to get them to stop.
2. Allow them to cry.
3. Simply keep silent and hold them if necessary/appropriate.
4. Then, address the issue they are crying about.

## DEALING WITH DIFFICULT REACTIONS:

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Sometimes when children are uncontrollably upset (either angry or sad) or crying:

- Merely hold/hug them (if culturally appropriate) until they are calm.
- Do not attempt conversation.

## HELPING CHILDREN EXPRESS THEIR GRIEF

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- Allow children to express their grief about a person they have lost
- If they choose to, help them talk about the person, perhaps simply in terms of describing these people, their appearance, what they liked to do, the time they spent with the children, things they did together etc.
- Use toys and creative ways to communicate, particularly with younger children

## TALKING TO A CHILD ABOUT “DEATH”

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- Never lie to children about death.
  - If they are given false assurances that the person who is dead will come back/ has only temporarily gone away, they will keep hoping for something that does not exist.
  - Later, when they find out, they will lose trust in you and possibly other members of the family.
  - Encourage children to draw as a means of expression
  - If children have lost someone they loved, do not say 'but at least X is still alive and there for you'. One person cannot be a substitute for another.

## PARENTS WHO HAVE LOST A CHILD

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- When parents are upset either due to the death of another child or other issues, do not place the burden of comforting them, on the surviving child.
- Children, while they may do so to some extent, are dealing with their own experiences of grief and cannot be expected to entirely support their parents at this time.
- In fact, this may lead to intensification of guilt on the child's part, thereby inhibiting healing.



## OTHER GENERAL SUGGESTIONS

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- Be sure to individualize the child's problem first.
- Later, while generalizing the event that occurred- Do not let this take away from the fact that this child's experience is unique.
- Do not in any way imply that just because other children went through similar painful experiences, this should/would lessen the difficult emotions of this child.
- Take children's friends with you. Often, children are less fearful in communicating with each other and might open up through their peer groups.
- Never make false promises to children.
- Remember that material things/rewards are only short-term ways of providing comfort and are not a remedy to grief and painful feelings.
- Provide information, discuss and resolve problem along with children. Do not decide for them.
- Avoid getting upset with them. Remember their emotional state.
- Never refer to any child as 'the child who lost his/her mother/father...' because then that will become his/her whole identity rather than retaining and asserting his/her own identity, thereby blocking the healing process.
- Hugs and caresses are comforting for children. However, be careful how you use them.

## WHEN TO REFER?

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### If the child or adolescent:

- Continues to be overwhelmed by immediate emotional reactions.
- Has severe physical reactions.
- Persistent thoughts and images about the event.
- Is very withdrawn and unable to return to daily activities.
- Lacks orientation of time and place.
- Cannot remember events of the past 24 hours.
- Gets overly aggressive and violent.
- Attempts suicide and self-harm.
- Uses alcohol and drugs

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## D. Tips to guide parents and caregivers to promote self-care.

### If You Feel:

- Tired
- Stress
- Agitated
- Angry
- Disoriented
- Irritable
- Less patient with your children
- Confused
- Sad
- Worried
- Powerless
- Overwhelmed
- Guilty

### If You Experience:

- Difficulty at sleeping (for example, difficulty falling asleep, or restless sleep)
- Lack of appetite
- Difficulty at doing daily home-chores
- Difficulty at taking care of yourself and your children
- Lack of motivation
- Loneliness
- Prolonged headache, muscular tension (such as in the neck)
- Lack of energy
- Difficulty concentrating

## PLEASE, BE REASSURED THAT:

- These are all very common reactions, in such a stressful/challenging situation, like the one you are in.
- (Most of your concerns is probably for your children and family members who are also affected by this situation.) if you take good care of yourself, you can better take care of your children and other family members
- If you have a loving and caring attitude with yourself first, you will be able to give your children all the love and care they need from you.

## HERE ARE SOME TIPS FOR YOU TO FEEL BETTER

- 1. Allow yourself time to rest and heal. Be understanding with yourself.**  
*Parents are often so focused on taking care of their families, that they do not take the time to take care of themselves. Allow yourself time and space to express your feelings about what happened. Be patient with your emotional state, as it is normal during adversity to experience mood fluctuations.*
- 2. Maintain regular routines for eating, sleeping and exercising and relaxing.**  
*Keeping to routines is helpful for both parents and children in restoring some level of normalcy for the family during challenging times, including in quarantine, isolation and home-confinement.*

- 3.** To the extent possible, engage in healthy behaviors such as eating nutritious meals, drinking sufficient amounts of water, making the time for daily physical exercise, meditation, relaxation and to take adequate rest.

*Those who are able to maintain healthy behaviors tend to feel more in control of their lives and are more able to cope effectively. Avoid the use of drugs and alcohol.*

- 4.** Maintain regular contacts and social connections with your loved ones, family members, peers, friends, especially during imposed isolation, quarantine, home confinement.

*Spend time talking with other adults who will understand what you are going through. While it is always a good idea to seek support from loved ones, remember that those in your typical support system may be compromised if they experienced the same situation. If this is the case, you may want to reach out to/call them*

- 5.** Plan often for some relaxed, playful family time, perhaps choosing leisure activities where children and other family members can be engaged (doing simple physical/relaxation exercise, fun activity, group- game, story-telling/reading a book together, dancing, singing, watching a movie, etc.

- 6.** Avoid making major life decisions during times of distress and turmoil.

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**Remember that you will be  
of no help to your family if you are  
also having difficulties in coping  
and helping yourself.**

# Annex 3:

## List of IEC Materials Available

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### 1. IEC materials in Khmer, by UNICEF:

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- Covid 19 Protection  
<https://drive.google.com/drive/u/0/folders/13mZKQKU4pdw5mrElgLb9FFBffUc2g5MX>
- The advice for public about Covid19, in English, by WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>
- In Khmer and English, by Save the Children: <https://drive.google.com/drive/folders/1KogT27Bhc-PkGE4EUy5my37OoASWxLLR?usp=sharing>

### 2. Educational Videos ...

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**UNICEF:** Symptom, Prevention and handwashing video, audio and posters

- In Khmer: COVID-19 Greeting and Precautions  
[https://drive.google.com/drive/folders/1Qt02AYb8clRhrd14VAOgXL2deuu\\_aM3h](https://drive.google.com/drive/folders/1Qt02AYb8clRhrd14VAOgXL2deuu_aM3h)
- In Khmer: WHEN AND HOW TO WEAR MASKS: <https://www.youtube.com/watch?v=e7GDwbyz7Og>  
តោះ! ប្រៀងបទនេះទាំងអស់គ្នា! This fun song explains how to wash your hands correctly to prevent #COVID19  
[https://www.youtube.com/watch?v=ZLkfHtpZHwY&feature=youtu.be&fbclid=IwAR1vc5Boq2jKQzZtmPEwF67fLuqUiF8cmN2A9Z3vZStTSzES\\_kN\\_JBPij9E](https://www.youtube.com/watch?v=ZLkfHtpZHwY&feature=youtu.be&fbclid=IwAR1vc5Boq2jKQzZtmPEwF67fLuqUiF8cmN2A9Z3vZStTSzES_kN_JBPij9E)
- In English: <https://drive.google.com/drive/folders/1waFqUzHR9CC9KwB1rXJO6cPoMtOSXOnP?usp=sharing>

**WHO:** About coronavirus video

- In English: <https://youtu.be/mOV1aBVYKGA>
- In English: <https://sites.google.com/view/covid-19-educationalmaterials/home>

### OTHER SOURCES:

អំពីការបង្ការ Covid 19 (Head of Monks, Bou Kry, calls for prevention of Covid 19: <https://www.youtube.com/watch?v=lvYHBYRLgP0>)

# Annex 4:

## List of MoSVY/DoSVY, UN and OI Focal Points

### 1. MoSVY/DoSVY

No.	Entity/Province	DoSVY Contact Person	Phone
1	Child Welfare Department	Mr. Phi No	092 462 263
2		Ms. Sry Chandina	078 822 682
3		Mr. Keo Sokme	010 888 267
4		Mr. Ban Ravuth	012 823 399
5		Mr. Kim Sovannsideth	016 696 277
6	Phnom Penh	Mr. You Sopheak	017 788 866
7		Mr. Leab Bunthoeun	092 381 470
8	Battambang	Mr. Phoung Sith	012 693 388
9	Siem Reap	Mr. Moeung Sokhun	017 874 505
10	Kandal	Mr. Sath Sithy	012 253 106 /015687543
11	Kampong Thom	Ms. Ros Chhenglang	012 739 110
12	Banteay Meanchey	Mr. Kong Sam Oeun	092888803/016337373
13	Kampot	Mr. Gnet Ritha	093 878 859
14	Kampong Speu	Mr. Norng Dara	016 966 639
15	Kampong Chhnang	Ms. Chan Sokhana	096 965 5966
16		Mr. Chhorn Sarin	093 267 247
17	Preah Vihea	Mr. Khva Kimsong	097 283 0444
18	Kratie	Mr. To Dong	012 691 784
19	Takeo	Mr. Suos Dara	010 220 598
20	Kampong Cham	Ms. Long Thavy	092 779 619
21	Mondulhiri	Ms. Meas Sreylen	010 584 413
22	Pailin	Ms. Bun Kimheng	016 948 687
23	Pursat	Mr. Em Phally	012 663 826
24	Prey Veng	Mr. Lev Phearun	012 837 326
25	Ratanakiri	Ms. Chuon Monyroth	097 856 5879
26	Preah Sihanouk	Mr. Horn Kimhong	010 429 126
27	Steung Treng	Mr. Soth Vanna	011 690 607
28	Svay Reang	Ms. Seth Sitha	016 485 687
29	Otdor Meanchey	Mr. Linh Thom	070 774 120
30	Kep	Mr. Him Sambo	096 611 3847
31	Koh Kong	Mr. Sak Samnang	096 625 117 6
32	Tbong Khmum	Mr. Mao Saly	099 370 058

## 2. UNICEF

No.	Province	Contact Person	Phone
1	Phnom Penh, Kandal, Preah Sihanouk	Mr. Keng Menglang	092 837 799
2	Battambang, Banteay Meanchey and Siem Reap	Mr. Sem Buthdy	092 827 234
3	Kratie	Dr. Khiev Pharin	012 910 807
4	Other provinces	Mr. Plong Chhaya Mr. Ratanak Chivith Mr. Phok Sophea	012 948 506 012 723 478 077 200 667

## 3. Save the Children, FCF I REACT

No.	Province	Contact Person	Phone
1	Phnom Penh Kandal	Ms. Nong Socheat	099 257 725
2	Battambang	Mr. Srey Baraing	012 706 671 or 010 556 584
3	Siem Reap	Mr. Sorn Sokchea	092 626 579
	Preah Sihanouk	Mr. Sok Chhay	092 376 678
4	Other provinces	Mr. Leang Lo Mr. Man Phally	012 955 338 or 086 955 338 077 217 921



# Annex 5:

## Six Core Principles related to Sexual Exploitation and Abuse

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These core principles can be applied to any personnel who provide services, which include but not limited to managers, supervisors and case workers.

1. Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment.
2. Sexual activity with children (person under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defence.
3. Exchange of money, employment, goods or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited. This include exchange of assistance that is due to beneficiaries.
4. Any sexual relationship between those providing humanitarian assistance and protection and a person benefiting from such humanitarian assistance and protection that involves improper use of rank or position is prohibited. Such relationship undermines the credibility and integrity of humanitarian aid work.
5. Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, he or she must report such concerns via established agency reporting mechanisms.
6. Humanitarian workers are obliged to create and maintain an environment which prevent sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment.

# Annex 6:

## Child Safeguarding and Protection from Sexual Exploitation and Abuse

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### 1. KEY DEFINITION:

- **Child or children** refers to a person or persons under the age of 18, regardless of the age of adulthood under local law.
- Child Safeguarding refers to all of the actions a company/organisation or institution take to keep all children they come into contact with safe-and include the proactive measures out in place to ensure children do not come to harm as a result of any direct or indirect contact with organisation. Child Safeguarding encompasses the prevention of physical, sexual, emotional abuse, neglect and maltreatment of children by employees and other persons whom the organisation/company is responsible for, including contractors, business partners, visitors to premises and volunteers.
- Sexual Exploitation and Abuse (SEA): (1). "Sexual Exploitation" is any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to profiting monetarily, socially and politically from sexual exploitation of another. (2). "Sexual Abuse" is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. This includes non-contact and online sexual exploitation and abuse.

### 2. KEY ARTICLE:

- Article 1: Respect the physical integrity of all children and never abuse or commit violence against them.
- Article 2: Respect the emotional integrity of all children and never act in ways that can shame, humiliate, belittle, degrade, discriminate against or show differential treatment to them
- Article 3: Do not engage in sexual activity or sexually provocative behaviours with children, including those exploited through prostitution, regardless of the age of consent locally. Mistaken belief regarding the age of the child is not a defence. Abstain from viewing, possessing, producing or distributing child pornography
- Article 4: Do not engage children under 18 years in work (including domestic work) that can be hazardous or interfere with the child's education, or be harmful to the child's health or physical, mental, spiritual, moral or social development

- Article 5: Do not engage directly or indirectly through relationships in the exploitation of children, or place children in situations which would leave them vulnerable to any form of exploitation and violence
- Article 6: Never condone and immediately report any suspected case of violence, abuse and exploitation of a child and any conduct that is in violation of this Code of Conduct for Child Protection

### 3. RESPONDING TO A CHILD'S CONCERN

- Most children who experience abuse do not ask for help, and children's disclosures must always be taken seriously. Most importantly, the employee should immediately contact emergency services if the child is in immediate danger or report it to the child safeguarding focal point for follow up if the child is not in immediate danger.
- If a child suggests they want to tell an employee a 'secret' or disclose information that suggests they are at risk or have been abused, it is important that the employee:
  - Remains calm and does not show shock or disbelief.
  - Listens carefully to what is being said and offers comfort statements, particularly when a child discloses sexual abuse, for example, "I'm sorry this happened to you", "It's not your fault."
  - Does not ask detailed, probing or leading questions.
  - Tells the child that they will take what is said seriously.
  - Explains what they are going to do. (Depending on the child's age, this would include asking what type of help is wanted, and who the child feels comfortable having involved.)
  - Tells the child that they are cannot keep a secret that could cause harm, but the information will only be shared in order to keep them safe.

### 4. TAKE ACTION WHEN A CONCERN IS RAISED: Action steps for the designated safeguarding lead after a concern is raised

- A concern has been reported to you as the designated safeguarding lead about the safety or welfare of a child.

- (a). Does the child need urgent police or medical intervention?
- If YES: Please contact emergency services immediately;
    - a. Ensure the child is safe in the first instance.
    - b. Discuss concerns with your safeguarding committee or case manager to ensure accountability and shared decision making – this may be brief if urgent action is required. as a matter of urgency unless they are implicated in the concern.
  - If NO: Ensure the child is safe in the first instance.
    - c. Discuss concerns with your safeguarding committee or case manager to ensure accountability and shared decision making – this may be brief if urgent action is required. as a matter of urgency unless they are implicated in the concern.
- (b). Are you concerned that a crime may have been committed? Is there reasonable cause to believe that other children may be in immediate danger?
- If YES: Contact the police and discuss your concern with them. They will advise you on the next steps. Possible actions could include:
    - Ensure the child is safe in the first instance.
    - Discuss concerns with your safeguarding committee or case manager to ensure accountability and shared investigation; or Police take no further action, and internal investigation is required.
  - If NO: Following police or internal investigation this may lead to:
    - No further action being taken;
    - Additional training or support for staff, supervision of staff and/or policy revision or development;
    - Referral to statutory agencies;
    - Internal disciplinary procedures if information suggests staff failure to fulfil their duty of care to children;
    - Contacting the child’s family;
- (c). Complete the safeguarding and sexual exploitation and abuse incident report and store the document securely.

## 5. ASSISTANCE AND REFERRALS:

PSEA emphasize a survivor-centered and rights-based approach that supports the survivors to receive the protections and remedies they desire, need and are entitled to. Furthermore, supporting survivors to access quality services in a timely manner is essential to help survivors, beneficiaries and others regain trust in the integrity of aid organization such as safety, medical care, psychological support, legal services, basic materials assistance and support for children born as a result of SEA.



