**Annex to the Inter-agency Technical Note on**
**THE PROTECTION OF CHILDREN DURING THE COVID-19 PANDEMIC:**
**CHILDREN AND ALTERNATIVE CARE**

*Key Approaches to Response*



*Source: Save the Children*

## INTRODUCTION

This accompanying document to the Inter-agency Technical Note on the *Protection of Children during the COVID-19 Pandemic: Children and Alternative Care* provides helpful tips to promote the engagement and participation of all stakeholders, which is central to maintaining continuity of services for children. The care sector is comprised of a wide array of stakeholders, including children, youth, families, governments, the civil society, donors, and others. This document outlines key approaches to response addressing the following:

- Engaging children, families, guardians and communities, including faith leaders
- Working across sectors and with governments
- Engaging with donors

## 1. WORKING WITH CHILDREN, YOUNG PEOPLE, FAMILIES AND COMMUNITIES

| Engagement of children and young people[1] | |
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| **Prevention** | **Response** |
| <ul><li>Information about the virus must be shared in an age appropriate way to children and young people in a language and format that is easily accessible and understood by children.</li><li>Children and young people should be involved in an age-appropriate way in the creation of policies regarding separation due to illness.</li><li>Children should be enabled and empowered to:<ul><li>Discuss their fears and understanding of COVID-19 with their families, trusted adults and case worker, where relevant.</li><li>Discuss concerns about their current living situation.</li><li>Discuss ways of contact outside of home visits or if in-person visits are no longer possible.</li><li>Identify community risks and explore solutions from their perspectives</li><li>Identify supportive people or groups in their families and community as well as how to contact someone if they need help.</li><li>Educate others on how to prevent the spread of COVID-19.</li><li>Help create or review criteria for selecting foster carers or alternative care providers.</li><li>Identify other vulnerable children in their community that may need support.</li><li>Strengthen existing community capabilities to listen to children and young people, particularly the most vulnerable.</li></ul></li></ul> | <ul><li>Establish mechanisms to follow up on children (remotely or with appropriate precautions)</li><li>Establish child friendly ways of caring for children whose parents have become ill or die during isolation period.</li><li>Support children and their families to participate in decisions that affect them, including individual care arrangements and placement in alternative care.</li><li>Share information amongst peers about existing mechanisms such as helplines and emergency lines.</li><li>Establish a method of communication to a complaint mechanism that children and young people can access during the crisis.</li><li>For children and young people using online platforms, online safety and risk should be discussed. Do not assume that all children and families will have internet access.</li><li>Children should be encouraged to (in addition to those in the prevention column):<ul><li>Contact community support either through phone or using protective distancing.</li><li>Contact case workers if they are worried about their own safety or that of others.</li></ul></li></ul> |

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[1] a) [Helping Children Cope with Coronavirus and Uncertainty](#)
   b) [Talking to Children About COVID-19 (Coronavirus): A Parent Resource](#)
   c) [How to speak to your child about the coronavirus](#)
   d) [Relaxation Activities to Do at Home with Kids](#)
   e) [Coronavirus and Kids: Resources from Save the Children](#)

| Engagement of caregivers (including foster and kinship carers)[2] | |
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| **Prevention** | **Response** |
| • Caregivers should be trained:<br>  ➢ About COVID-19 (including appropriate protection measures as well as dismissing misinformation/rumours)<br>  ➢ Providing psychosocial support<br>  ➢ Referral pathways and available services<br>  ➢ On available community supports<br>  ➢ What to do if a family member shows signs of the virus.<br>• Caregivers of children with disabilities who usually obtain services in a residential centre should be trained on how to provide these services at home and the additional needs their children may have.<br>• Additional caregivers should be identified and trained in the community should more children need alternative care.<br>• Explore options with caregivers for distance/remote communication and connection around parenting and family strengthening and support programmes.<br>• Caregivers should be enabled and empowered to:<br>  ➢ Be involved in thinking about others who could help with childcare if they become ill.<br>  ➢ Identify other members of their family or community who could care for their children if they were unable. Including caring for children with disabilities with specific needs for feeding and personal care.<br>• Identify other members of the family and/or community who could assist in providing basic needs (food/water/medicine) if the family is required to isolate. | • Provide remote support where possible to caregivers around parenting, family strengthening and accessing support.<br>• Identify high risk caregivers/families that will require visit and work to minimise risk to staff members and family during visit (meeting outside, handwashing, keeping appropriate distance etc).<br>• Continuity of care and/or alternative care solutions if needed should be identified for children starting from when a caregiver is reported sick (before hospitalization or death).<br>• Emergency alternative care placements should be readily available to receive children needing temporary care. All caregivers and service providers should be trained on quarantining practices and what to do in the event a child shows symptoms.<br>• Caregivers should be enabled and empowered to:<br>  ➢ Contact child protection staff to report any concerns/challenges<br>  ➢ Contact community focal points.<br>  ➢ Provide remote support to other caregivers in their community.<br>  ➢ Provide psychosocial support to children |

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[2] a) Parent/Caregiver Guide to Helping Families Cope With the Coronavirus Disease 2019 (COVID-19)
b) Helping children cope with stress during the 2019-nCoV outbreak
c) Resources for Supporting Children's Emotional Well-being during the COVID-19 Pandemic
d) Stress, Resilience, and the Role of Science: Responding to the Coronavirus Pandemic

| Mobilisation of community leaders, including faith leaders[3] | |
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| **Prevention** | **Response** |
| • Train community leaders on related risks that COVID-19 can pose for children (especially children with disabilities and children with pre-existing chronic illness), basic facts including symptoms, modes of transmission, so that they can identify and refer children and combat myths that stigmatize child survivors or children of survivors.<br><br>• Community leaders should be enabled and empowered to:<br>  ➢ Determine best ways to spread messages in their community adhering to social distancing (i.e. radio/megaphone/online).<br>  ➢ Mobilize those in the community to become kinship or foster carers.<br>  ➢ Be a source of support through messaging and encourage community members to follow safety protocols to prevent infection.<br>  ➢ Encourage social cohesion; combat the xenophobic tendencies that have arisen in some communities against migrants and other populations 'on the move' who are blamed for transmitting COVID-19. | • Community leaders should be enabled and empowered to:<br>  ➢ Combat stigma and rumours about COVID-19 and those that have survived the illness.<br>  ➢ Combat stigma or xenophobia targeted at refugee and migrant populations.<br>  ➢ Mobilize safe targeted assistance to the most vulnerable children (including those with disabilities and pre-existing chronic illnesses) and families in the community.<br>  ➢ Alert child protection teams of any concerns or risks to children.<br>  ➢ Understand impact on existing referral pathways. |

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[3] a) Global Multi-Religious Faith-in-Action Covid-19 Initiative
  b) Considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19
  c) COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement

## 2. WORKING ACROSS SECTORS AND WITH GOVERNMENTS (INCLUDING IMPLICATIONS FOR CARE SYSTEM REFORM)

Protecting the rights of children in alternative care or at-risk of separation, in the context of an emergency, requires collaboration across a range of sectors and government ministries/departments. Intersectoral collaboration and coordination is paramount for this. This includes but may not be limited to health, education, social protection, social welfare, communication, law enforcement and emergency management. Children outside of family care, including those in residential care settings, are at particular risk of being overlooked as sectors focus on the delivery of adapted modalities of education, health information and other services, to children via households. Emergency planning departments/ministries may likewise be less cognisant of the impact of restrictions and containment measures on children outside of family care.

**Key priority actions may include:**

- **Social Welfare/Social Protection**: Coordination and referral mechanisms should be in place and streamlined at the local level to ensure at risk families and children are identified and referred to appropriate child protection, social welfare, social protection services and schemes. This may require communication, training and coordination between a range of departments, including child protection, social welfare/protection, frontline health workers and law enforcement. Particular attentions should be given to ensuring frontline workers who may come in contact with children are aware of and able to identify indicators of violence against children (VAC) and/or domestic violence (DV) as these can increase in emergency settings.

- **Health:** through advocacy and in collaboration with the ministry/dept. of health and local hospitals and clinics, ensure the health needs (both existing and in the event of COVID-19 infection) of children in alternative care are not deprioritised and barriers to accessing health care are identified and proactively addressed. This may necessitate securing agreements at the ministerial level for priority/automatic access to existing free healthcare schemes for children in the formal care system, as well as ensuring that children outside of households are considered in the development and delivery of new modalities of health care services (i.e. online medical consultations and drive through testing/clinics).

- **Mental Health:** Enhanced mental health and psychosocial support (MHPSS) interventions remotely or on site for children in alternative care, in the process of reunification or transitioning into independent life must be assured, in the context of increased post-traumatic stress disorder (PTSD) risks.

- **Education:** through advocacy and in collaboration with the ministry/department of education, and local schools, ensure alternate means of education (distance and/or online) are made accessible to children in alternative care, including residential care settings in the event of school closures. This needs to take into account ensuring access to sufficient

devices, internet, educational resources and appropriate learning resources for children with disabilities[4].

- **Local task forces:** These can be set up between schools, child protection agencies, juvenile judicial authorities, social, health services and other organizations including family associations. This task force should be properly accredited and should have the capacity to report and to immediately intervene when necessary by providing relief, periodic monitoring of children and facilities by competent personnel; and alert systems triggered when violations to childcare safeguarding and protection occur.

- **Documentation/information management:** systems for documenting children separated or accompanying adults in health facilities, quarantine centres, or in transit centres/alternate accommodation for displaced people should be in place and standardised across sectors and agencies. This is necessary to ensure rapid tracing and reunification in the event separation has occurred or is likely to occur, in particular where caregivers require treatment.

- **Remote Support:** Enable the establishment of remote circles of learning and support – including MHPSS – for providers of alternative care and social workers, so that they can stay connected, share experiences, learn from each other and lift each other up.

- **Monitoring:** Local, regional and national governments should ensure that supervision and registration of children's situations is shared, facilitated and protected in the framework of international, regional and national data protection protocols.

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[4] INEE Key Education Resources in the Context of COVID-19

## 3. WORKING WITH DONORS

Donors will and must play a critical role in ensuring a coherent response that ensures the heightened risks faced by the furthest behind children are not exacerbated and entrenched by this crisis.

Lessons learned from the response to SARS, MERS, Ebola and the HIV/AIDS pandemic must be urgently applied to ensure children do not fall prey to similar mistakes that have immediate and long-lasting implications. Practical measures can be taken now to prevent this.

Organisations advocating within donor communities should proactively share messaging with donors to build awareness of appropriate responses to care and protection in an emergency and pre-empt appeals for funding in the context of the COVID-19 response that would be inappropriate and harmful to strengthening children's care and care systems.

**Key messages for donors may include:**

- **Prevent** the unnecessary separation of children from their parents or carers by ensuring that at-risk families are targeted by humanitarian and development interventions. Ensure residential care facilities (including orphanages, children's homes, etc.) are not used as a programmatic response to the pandemic, in line with on-going care reform efforts and the UN General Assembly Resolution on Children Without Parental Care (2019)[5].

- **Protect** children in at-risk families and residential settings through increased, remote and safe monitoring, sanitation facilities and psychosocial support. Ensure continuous investment and prioritisation of the social service workforce and their wellbeing and protection, including Personal Protection Equipment for those with interpersonal roles.

- **Defend** existing Official Development Assistance (ODA) commitments to care reform and child protection systems strengthening (CPSS) to prevent life-threatening regression. Ensure any decision to redirect ODA to tackle the Covid-19 crisis systematically includes measures for CPSS and provides social safety nets for the most vulnerable families and communities. Ensure that countries have the capacity to monitor and protect the public health of all, including children in institutions.

- **Modify** existing financial commitments and grants to ensure governments and civil society are equipped with the flexibility and funds to prevent and be urgently responsive to the increased (child protection) caseload. For instance, unrestricting restricted funds and providing upfront as opposed to funding in arrears.

- **Share** this guidance with all field teams with a directive to ensure children in alternative care and in at-risk families are integrated into overall COVID-19 responses, including WASH and education programming.

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[5] UN General Assembly Resolution on the Rights of the Child (2019)

Private donors should also be supported to ensure appropriate and safe responses to the crisis that act in the best interests of the child.

● Private donors should be encouraged to maintain funds to existing programs, permit greater flexibility of funding to allow for critical adaption in an emergency response, be aware of the likelihood of increasing demands on services throughout the emergency period.

● They should be made aware of global standards on enacting moratoriums on new residential care services during an emergency to prevent funds being inappropriately directed.

● Private donors should be supported to redirect funds towards family preservation and family-based care services to support them to scale up their efforts during the emergency.

● In the event that some services, such as residential care centres or boarding schools close during this time, private donors should be made aware that there may remain costs for monitoring and supporting children in families that require ongoing funding. New or adapted funding agreements could be put in place to allow for this.