The below guidance has been designed to ensure the care of children affected by COVID-19 due to either the child or caregiver requiring medical care in the home, community or health facility, it serves to:

1. Guide all actors, especially health actors, in understanding key considerations when it comes to possible family separation: what they should consider and when it may be necessary to involve child protection actors;

2. Guide child protection actors on steps to consider if children or caregivers are at risk of being separated due to COVID-19.
If children or caregivers are affected by COVID-19, it is important to note that there may be different options for isolation or quarantine in Myanmar. Based on the Ministry of Health and Sports (MOHS) guidance, the options are as follows:¹

1. **Hospitalization**: admission to a health care facility for treatment.

2. **Quarantine**:
   - **Community-based facility quarantine center**: separates and restricts the movement of people who were likely to have been exposed to COVID-19 in selected facilities.
   - **Facility-based quarantine center**: separates and restricts the movement of people who were likely to have been exposed to COVID-19, including staying at monasteries or schools.
   - **Home quarantine**: individuals who were likely to have been exposed to COVID-19 are self-quarantined at their homes.

3. **Isolation**: individuals who tested positive are placed in isolation to prevent transmission to others in a designated COVID-treatment facility.

¹ SOPs for Community Based Facility Quarantine Centre includes guidelines for individuals and health professionals on restrictions when in quarantine facilities issued by Ministry of Health and Sports on (DD/MM/2020).
Key considerations for Children and their Caregivers during quarantine, isolation and hospitalization due to COVID-19

Caregiver: a person who provides direct care (as for children, elderly people, or the chronically ill etc.). This can be a parent or any adult person who, by law or custom, is responsible for doing so.

Caretaker: an adult member of the community who is identified by the caregiver/s or the child herself/himself, to take care of the child while his/her caregiver/s recover from COVID-19. Caretakers chosen by the caregivers of the child can be extended members of the family, or other members of the community known to the caregivers.

b. Under circumstances where a trusted member of the community cannot be identified by the caregiver/s of the child, another caretaker needs to be identified by health actors or a child protection agency in consultation with the Department of Social Welfare (DSW).

Principles of Alternative Care

a. Necessity: whether an alternative care placement is necessary or not in order to prevent a child from being separated from his/her family; therefore, if placement is not necessary, the child should be left with their caregivers.

b. Suitability: ensure appropriate decisions are made in the best interests of the child regarding his/her placement; where possible, kinship care (i.e. care by relatives) should be prioritized over other types of care and alternative family-based care. Residential care should be the last resort, only after all family-based care options have been exhausted.

c. Best Interests of the Child: encompass a child’s physical and emotional safety, well-being as well as their right to positive development.
### General Key Considerations

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<td><strong>Recognise that there will be more need for alternative care as caregiver/s may become ill or die or a child becomes at risk due to increased violence in the home.</strong></td>
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<td>In communities where quarantine/isolation facilities are set up, Health and Child Protection actors are advised to draw on existing pools of community members who are willing and able to support persons in quarantine or isolation with daily support such as bringing food and supplies, in accordance with the MOHS guidance.</td>
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<td>These community members should also have knowledge/awareness on overall protection considerations, including risks of child abuse and exploitation, gender-based violence, domestic violence, and know how to make referrals for further support, if necessary.</td>
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<td>Health professionals/frontline workers should refer a child for case management as soon as a caregiver becomes ill and no other family members can provide care, and when it becomes evident that an appropriate care arrangement may be required.</td>
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<td>Caseworkers should conduct a participatory case plan with caregiver/s who have tested positive to ensure the appropriate decision on alternative care placement for the child be drawn upon when caregiver/s are incapacitated, in accordance with the principles of Alternative Care as above-mentioned.</td>
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If children are being placed in institutions/training centres for lack of family-based
alternative care or caretaker/s, that should be temporary and for a limited duration
only. All residential care facilities should meet the minimum standards (e.g. gender-
appropriate WASH facilities and accommodation, key messaging on COVID-19,
appropriate staff-to-child ratios at all time) and if a child falls ill he/she should be
separated/isolated from other children.

Note: For a placement due to protection reasons or lack of caretaker in the community, the
placement needs to be based on key principles of suitability, necessity and the best interests
of the child.

If a child is placed in a quarantine facility, the child and family must be able to return
home after 21 days as per the MOHS guidance. The child and family must be
reunified after the duration of mandatory quarantine.

Note: During this period of family separation, it is critical to support the child in maintaining
the family contacts as much as possible through different available communication channels.

Community focal points and case managers need to ensure children/caregivers in
quarantine facilities access services currently being provided in communities,
such as hygiene kits, baby kits, food items and other non-food items (NFIs).

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If a child tested positive for COVID-19 and needs to be isolated or hospitalized: The child should always maintain regular contact with his/her caregivers and the child should be returned to caregivers immediately after he/she is fully recovered. Protection measures for children need to be in place, by ensuring:

- At the screening stage, avoid family separation

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<th>If a child is in quarantine:</th>
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<tr>
<td>1. Ensure family is quarantined together where possible, therefore at screening stage avoid any family separation</td>
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<td>2. Ensure the environment is safe for children by considering:</td>
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<td>- Gender-appropriate WASH facilities and accommodation</td>
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<td>- Appropriate staff-to-child ratio</td>
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<td>3. Upon completion of 21 days, ensure a safe release and family reunification</td>
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<td>4. If a child is quarantined alone, child and family must be reunified after the duration of 21 days of quarantine</td>
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✔ If caregiver/s tested positive for COVID-19, one care giver (who has not tested positive) should be assigned to take care of the child while the other caregiver is under quarantine/isolation. Further support is required, when both caregivers are isolating and in need of support themselves or are in critical health conditions and referred for further support. In such circumstances, a caretaker should be identified by caregivers and/or children. If that fails, health actors or a child protection agency should identify a caretaker (this could include DSW, community social workers, or community leaders depending on the child/family’s choice).

If caregiver/s do not test positive for COVID-19 but their child has tested positive, the caregiver/s need to understand that:

• They must follow guidelines/instructions given by Health professionals.

• If the child is isolated alone, caregiver/s should contact the child at least once a day or whenever possible to ensure safety and wellbeing of the child.

• If the child is distressed or in need of support, make necessary referral to child protection agencies or other service providers.
**Important point to consider** - When there are mixture of infected and not-infected children in the household: when a caregiver has more than one child to care for, and there is another caregiver, roles can be divided. One would become responsible for caring for non-infected children and must not be in direct contact with the infected child – for a minimum of 21 days. If a second caregiver is not present or not available to take care of non-infected children all day (due to work or other responsibilities), the caregiver should ideally identify an individual in their community who is able to care for the non-infected children in the household, while the primary caregiver looks after the infected child who is isolated in a designated facility, either in the community or hospital. The primary caregiver who looks after the child in isolation in this instance needs to understand that she/he will not be able to see their other children for 21+ days until health professionals advise that the isolated child is free of the virus as is the caregiver.

✔ If a child does not have an adult caregiver available by custom or law and is placed in either facility-based quarantine center or community-based facility quarantine center, it is important to contact DSW working in the area (or in absence of DSW, child protection agencies). The DSW case manager/NGO case worker must facilitate to ensure a designated caretaker whom she/he would be in close contact and regularly follows up with the child as appropriate (e.g. community member, community social worker, medical social worker or other health frontline worker, depending on the circumstances).

All children with physical and mental disabilities should always have the presence of a caregiver. In case caregivers and other family members are deceased, the child must be immediately referred to DSW or Child Protection agency, who will then facilitate assignment of a caretaker in collaboration with the child; when an alternative care placement needs to be arranged case management/NGO case worker must consider key principles of necessity, suitability and the best interests of the child.
If one or both caregivers need to be quarantined, isolated or hospitalized:

1. If only one caregiver is affected, other caregiver or caretakers (e.g. aunts, uncles, cousins or neighbors) should be responsible for children.

   a) If only one caregiver is affected, other caregiver or caretakers (e.g. aunts, uncles, cousins or neighbors) should be responsible for children.

   b) If both caregivers are affected or there is no other caregiver who can take care of the children:

      i. It is important to arrange spontaneous informal kinship and community-based alternative care placement under which family members identify caretaker/s in their extended family or community. This means ONLY if required case management agencies working in the area will be intervening to find a temporary family placement for the child/children.

      ii. In case no spontaneous placement is found for children in need of temporary alternative care, the case should be referred to DSW/Child Protection agencies working in the area where the case is found. If required, Case Management focal points will guide the child protection agency working in the area to identify a temporary family placement in the community. It is important to note that:

         • The spontaneous alternative care placement should primarily be sought in the extended family/community.

         • Messaging around modes of transmission and risks of infection regarding COVID-19 should be disseminated to prevent fears that may stigmatize the child/children in spontaneous arrangements.
Residential care/drop-in centers: Risks to children in residential care settings may stem from rapid closure of residential facilities and children's return to families and communities without adequate preparation. Risks may also stem from remaining in residential care with congested environments more prone to cluster infections and at higher risk for abuse, neglect and exploitation.

- Ensure that residential care facilities/drop-in centers continue to be considered as ‘essential’ hence remain operational and are equipped with information/supplies to prevent the spread of COVID-19. Children in those care facilities should have essential services such as health, hygiene, protection, education, and nutrition.

✔ For children in the street situation: Police should be directed to ensure that children in the street situation are not arrested for not self-isolating. Instead, those children should be supported to access health services, child protection and welfare services, including through child helplines.

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