THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

TECHNICAL NOTE:

PROTECTION OF CHILDREN DURING THE CORONAVIRUS PANDEMIC (V.2) [1]

MAY 2020

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A Global Child Rights Crisis

Globally, children - those under 18 years of age - are vulnerable to violence, abuse and neglect, most often at the hands of those they know and trust. This is especially evident for those children with special needs or disabilities, diverse sexual orientations, who experience inequality, and who are expected to take on adult roles. For children living on the streets, deprived of their liberties, displaced, in institutions, in child labour or servitude, the situation is grave. António Guterres, Secretary General of the UN, suggests that COVID-19 is quickly turning into a "broader child rights crisis". A child's right to be safe – as outlined in the Convention on the Rights of the Child[2] and Child Protection Minimum Standards (CPMS)[3] – is profoundly at risk.

Infectious diseases like COVID-19[4] disrupt the environments in which children grow and develop. The COVID-19 pandemic affects children in three main ways: (1) through infection with the virus itself,[5] (2) through the social and economic impacts of measures, such as control, containment and mitigation, intended to reduce or stop transmission of the virus in various contexts; and (3) through the potential longer-term effects of the crisis including economic downturn and a delay on progress towards achieving the Sustainable Development Goals (UN 2020).[6]

The measures used to prevent and control the spread of COVID-19 have led to disruptions to families, friendships, daily routines and wider community dynamics. These have had many harmful consequences for children's protection, well-being, and development. As countries move past confinement and quarantine measures, the socio-economic and political impact of these measures will continue. Reduced economic opportunities, loss of employment and income, disrupted societal and community level trust and cohesion, food insecurity, and other impacts including psychosocial distress will continue putting children's well-being and healthy development at risk.

Aim of this brief: To support child protection practitioners and policy makers in putting the child's safety and well-being at the centre of their COVID-19 pandemic response.

- Part 1, structured around the CPMS, discusses children's specific protection needs in the context of COVID-19 and highlights the secondary risks that result from the public health prevention and control measures put in place by governments.
- Part 2 outlines response and recovery options for those responding to CP issues in different sectors in line with the CPMS and the Guidance Note: Protection of Children During Infectious Disease Outbreaks.
- Part 3 contains links to the Annexes of this Technical Note.
- Part 4 presents links to recommended resources relevant to COVID-19 including education in emergencies; mental health and psychosocial support (MHPSS); and child-friendly materials.
- Part 5 includes a dedicated feedback form and a case study submission form.

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[2] United Nations, 1989, Convention on the Rights of the Child
[3] The Alliance, 2019, Minimum Standards for Child Protection in Humanitarian Action
[4] Please refer to the WHO, 2020, Q&A on coronaviruses (Covid-19) (updated regularly) and Technical Guidance
[5] The WHO, 2020, Q&A on Coronaviruses (Covid-19): Can children or adolescents catch COVID-19? explains that "Research indicates that children and adolescents are just as likely to become infected as any other age group and can spread the disease. Evidence to date suggests that children and young adults are less likely to get severe disease, but severe cases can still happen in these age groups."
[6] United Nations, April 15, 2020, Policy Brief: The Impact of COVID-19 on children

1. Child protection in the context of the coronavirus

COVID-19 has quickly changed the context in which children live. Some prevention and control measures, such as home containment, school closures and restrictions on movement, have disrupted children's routines and social support, while also placing new stressors on parents and caregivers. Stigmas, discrimination, gender inequality, overcrowded settings, poverty, loss of livelihoods, and disease control measures with limited protection supports are some of the factors that make children more vulnerable to violence and psychosocial distress.

In addition, new challenges present themselves as containment measures are alleviated and mobility and community interactions are restored. As children and families move from response to recovery, the child protection measures will also shift. COVID-19 is a dynamic and uncertain disease: it will not necessarily stay in the recovery stage but, in many communities, it will force children, families, and child protection actors back to the response stage and then again back to recovery. This type of back and forth movement strains individuals and communities in new ways and requires agility, adaptation, and living with the unknown (See Figure 1).

Figure 1. Cycle defining stages of COVID-19 in communities for children at all ages and stages of development.
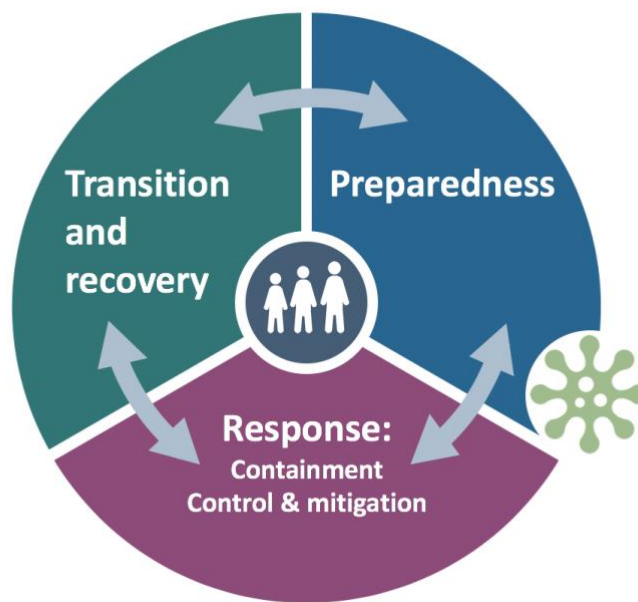
- **Preparedness**: Governments and communities are aware of the disease and set up policies and systems to guide response and recovery.
- **Response**: Varies according to the transmission of the disease.
  - **Containment:** Isolating individuals and contacts according to suspected or known interaction with the disease.
  - **Control and Mitigation**: Population control measures at the societal level, determined and monitored by governments
- **Transition and Recovery**: Communities begin to open up in a variety of ways as determined by the lessening of public health measures. The disease defines the movement and each context looks different. There is the potential that individuals and communities transition both forwards and backwards: in and out of response to recovery to response. The stages are dynamic.

1.1. Responding to a dynamic crisis: Guiding principles

In various contexts, governments, communities, families, and children confront the uncertainty, anxiety, and long-term impact of the crisis as the spread of the virus begins to slow down and the number of cases decreases. This may raise certain questions:

- Will the removal of restrictions on movement guarantee the area is COVID-free?
- Is it safe for children to start attending school or to re-enter into child care?
- How can communities, families, and governments prepare for possible re-emergence of COVID-19 or for future pandemics?
- What will life look like post-pandemic?
- How will daily needs be met for children at all stages of development?

In order for child protection efforts to be successful, there is a need to anticipate and respond to these types of questions and the longer-term effects of the pandemic. Guiding principles establish a criterion for moving forward.

Guiding principles for preparedness, response, transition and recovery in the context of COVID-19:

The principles outlined in the CPMS Standards are foundational to the following:

Prioritise the best interests of the child and children's voices through all stages. When making decisions that will affect children and their well-being, children have the right to have their:

1) Best interests assessed and taken into account; and
2) Views shared freely and safely to inform the decision-making process.

Determining the child's best interests requires an assessment of any potentially positive or negative consequences of actions that may be taken on the child's behalf. Key strategies to involve children include: adapt messages for the full range of children including infants, young children and adolescents; provide children with appropriate information; listen to children; encourage children to express their concerns and ideas; build on their strengths; and prioritise children's and caregivers' views in decision making.

Apply the principle of non-discrimination and inclusion to all stages of COVID-19.[7] Respect for the inherent dignity, diversity, and acceptance of all children is required under international law. Children shall not be discriminated against on the basis of gender, sexual orientation, age, disabilities, nationality, immigration status, or any other reason.[8] Humanitarian crises, like the COVID-19 pandemic, can increase discrimination and heighten specific children's risk of all forms of abuse, neglect, exploitation, and violence. Workers and community members need to seek diverse children's participation while ensuring that all children have access to adapted protective resources and support.

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[7] The Alliance, 2019, Minimum Standards for Child Protection in Humanitarian Action
[8] Ibid

Build continuity of care and protection in all stages of the crisis. Effective programming will look different as the dynamics of the disease and response change within different contexts. It is critical to ensure the continuity and adaptation of child protection services as countries and communities move through the various stages of the COVID-19 crisis and prepare for managing cases with long-term consequences and critical protection issues.

Engage governments to develop innovative child-focused legal and policy frameworks to protect all children. The urgency of emerging child protection risks during the pandemic can offer an opportunity for child protection actors to advocate for improved legal and policy frameworks. Advocacy efforts should ensure that measures implemented to address COVID-19 are adapted to support children's needs at all stages of their development, and are in line with international standards, including CPMS and the Core Humanitarian Standard.
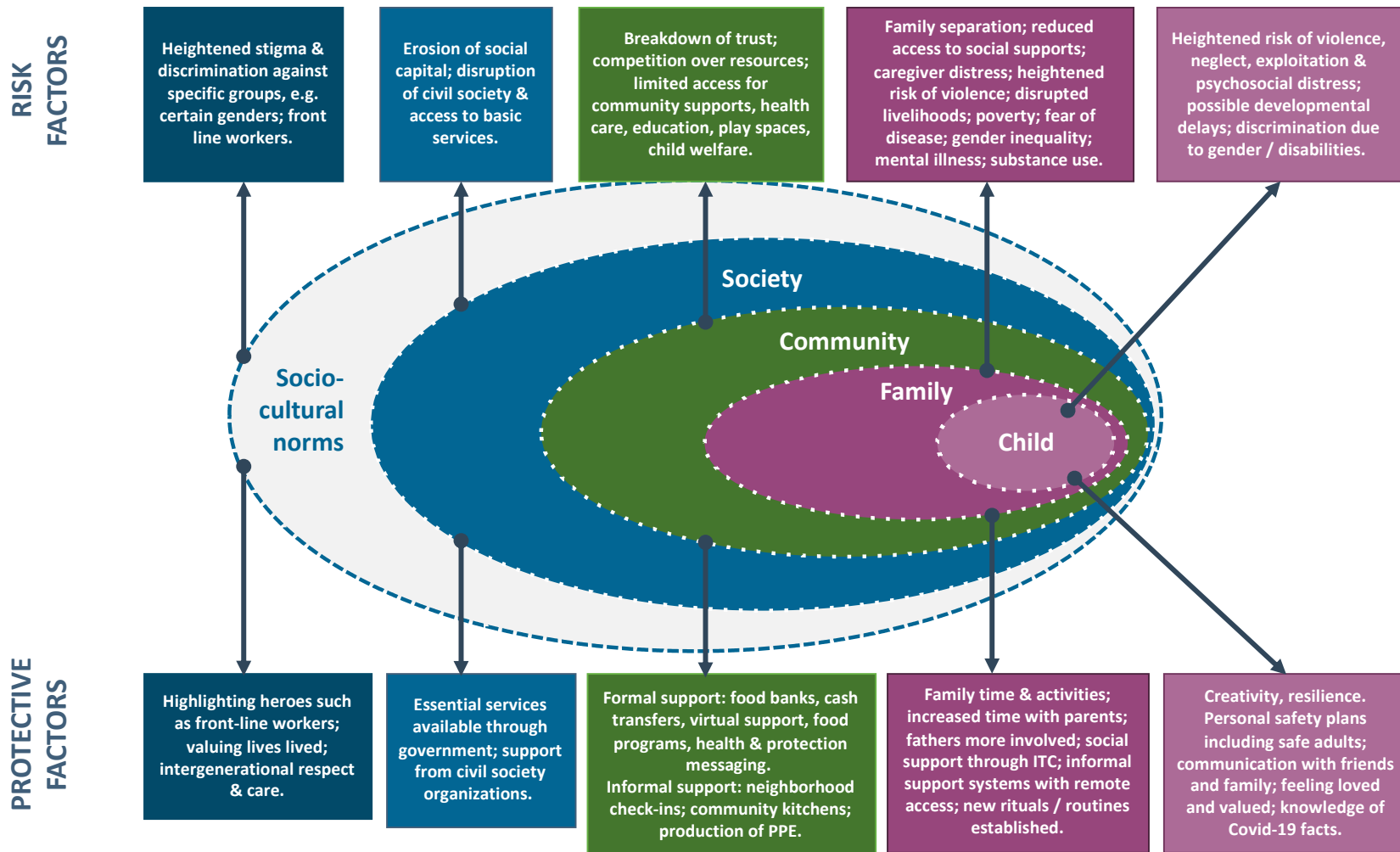
Engage communities to guide the child protection response. Community engagement is critical to preventing, mitigating and responding to abuse, neglect, exploitation, and violence against children during the COVID-19 crisis. Community members, including children and youth, are well placed to identify and respond to risks: they know how to strengthen and maintain protective environments for their children and families. By working in collaboration with community members – formal and informal, across sectors, all genders and ages – children will be at less risk and communities can sustain their commitment of safety.

Adapt and strengthen child protection systems – both formal and informal. The pandemic has altered protective systems for children, including formal services (e.g. social, health, education and justice services) and informal systems such as family and community care networks. Strengthening systems involves developing a plan to assess, improve, and adapt parts of child protection systems that need to be strengthened, while building on existing community and individual strengths to support and protect children and families.

Document and measure progress to assess the success of responses to child protection issues. Assessment, measurement, evaluation, and active monitoring are vital for an effective, longer-term response. Within this novel situation, each stage in each context holds new information that is important for tracking emerging risks, identifying promising practices, and making decisions on programming and interventions. It is critical that appropriate, inclusive, and non-discriminatory monitoring and accountability systems are integrated into the response and transition/recovery plans for all affected children, families, and communities.

Build on protective factors while addressing risk factors. Although there are many factors that put children at risk for experiencing violence and needing protection, there are also numerous protective factors that have the potential to mitigate and prevent these risks. The Socio Ecological Framework places the children within the family, community, and society in defining the complexity of these risks while also highlighting the protective factors that can guide practitioners and policymakers as they respond to new and anticipated challenges.

1.2. Socio-ecological impact of COVID-19: Protective and Risk Factors

RISK FACTORS

Heightened stigma & discrimination against specific groups, e.g. certain genders; front line workers.

Erosion of social capital; disruption of civil society & access to basic services.

Breakdown of trust; competition over resources; limited access for community supports, health care, education, play spaces, child welfare.

Family separation; reduced access to social supports; caregiver distress; heightened risk of violence; disrupted livelihoods; poverty; fear of disease; gender inequality; mental illness; substance use.

Heightened risk of violence, neglect, exploitation & psychosocial distress; possible developmental delays; discrimination due to gender / disabilities.

Socio-cultural norms

Society

Community

Family

Child

PROTECTIVE FACTORS

Highlighting heroes such as front-line workers; valuing lives lived; intergenerational respect & care.

Essential services available through government; support from civil society organizations.

Formal support: food banks, cash transfers, virtual support, food programs, health & protection messaging.
Informal support: neighborhood check-ins; community kitchens; production of PPE.

Family time & activities; increased time with parents; fathers more involved; social support through ITC; informal support systems with remote access; new rituals / routines established.

Creativity, resilience. Personal safety plans including safe adults; communication with friends and family; feeling loved and valued; knowledge of Covid-19 facts.

1.3. Specific child protection risks related to the COVID-19 pandemic

Seven of the eight child protection risks listed in the _Minimum Standards for Child Protection in Humanitarian Action_ (CPMS) are likely to either emerge as new risks for children or be exacerbated by the current pandemic. The table below presents the seven risks, the COVID-19 specific factors that may contribute to each of the risks, and the potential outcomes children may experience.

Child protection risks	Potential harm to children
Child Protection Risk: Dangers and Injuries **Resources: CPMS 7; Annexes**	
Children: particular susceptibility of immuno-compromised children and those with chronic health conditions; access to toxic products; limited supervision **Caregivers**: limited understanding of disease, transmission and consequences; inability to adequately supervise children; crowded housing; poverty; inability to keep cleaning and toxic products safely stored **Community**: presence of COVID-19; insufficient child and adult friendly resources explaining COVID-19; lack of protective mechanisms for workers, families, children; lack of water and cleaning solutions; chemical spraying in schools, displacement camps, and on streets and other public surfaces.	**Children potentially experience:** ● Illness, death. ● Transmission of infection to loved ones and friends. ● Harm due to ingesting or being exposed to toxic products. ● Injuries due to lack of supervision.
Child Protection Risk: Physical and emotional maltreatment **Resources: CPMS 8; Annexes**	
Children: COVID-19 fatigue; lack of food due to no school or community feeding programmes; limited interactions with teachers; no personal safety plans; no support services if disabled, LGBTQI? or learning challenges; increased exposure to harmful online messaging. **Caregivers**: continued work requirements such as for front-line workers or stay at home measures: quarantine/isolation or illness/death; loss of work and income; home-schooling responsibilities; increased use of drugs and other substances; quarantine fatigue; increased stress; domestic violence. **Community**: childcare/school/ recreation/business closures; online learning; child protection actors limited in direct access to children and families; child protection reports decreased due to disruption in accessibility, monitoring, and support; limited sharing of information amongst sectors such as health, education, and child protection. **Society**: enforcement of government confinement or lockdown policies; focus on containing the virus; limited justice and legal services.	**Children potentially experience:** ● Increase in psychosocial distress. ● Increase in self harm. ● Increase in emotional and physical abuse including witnessing domestic violence. ● Increase in neglect with their basic needs unmet. ● Online harassment, bullying and violence. ● Increased violence for those living on the street, separated and unaccompanied, in institutions and refugee and migrant camps.

Child protection risks	Potential harm to children
Child Protection Risk: Sexual and Gender-based violence (SGBV) **Resources: CPMS 9; Annexes**	
Children: household responsibilities based on gender-norms such as caring roles on girls and income generation on boys; adolescents increase exposure to inappropriate online content. **Caregivers**: loss of work and/or income; work requirements result in reduced time for supervising children; family abusers have increased access to children; illness or death of caregivers; domestic violence. **Community**: pressure on or lack of access to child protection/SGBV support actors; limited sharing of information amongst sectors such as health, education, justice, and child protection. **Society:** limited ability to effectively receive or deal with complaints; reduced legal services; inadequate child protection / SGBV services; limited sexual and reproductive health services for adolescents and youth for prevention, counselling and treatment.	**Children potentially experience:** • Increased risk of sexual violence, including family sexual abuse, sexual exploitation either in person or online, and child marriage. • Increased amount of work and responsibilities. • Feelings of isolation; unsupported due to reduced community protection. • Increased obstacles to reporting SGBV incidents and seeking medical treatment, legal advice or other support.
Child Protection Risk: Mental health and psychosocial distress **Resources: CPMS 10**	
Children: no routine; fear of illness, separation or death of family member or friend; pre-existing mental health conditions; isolation; loss of routines. **Caregivers**: fear of illness, separation or death of family members or friends; pre-existing mental health conditions and /or addictions; increase in drug and substance use; inability to access support; isolation; distress due to inability to meet family's basic needs. **Community**: MHPSS services' inability to provide direct services including treatment and support; children/caregivers unable to access usual supports and treatment for pre-existing mental health conditions; lack of access to community support structures such as faith.	**Children potentially experience:** • Distress due to fear and uncertainty, loss of routine, and separation from family members. • Pervasive toxic stress; PTSD. • Depression, self-harm. • Developmental regression and/or disruption. • Complicated grief. • Engagement in drug and substance use. • Exacerbation of mental health issues.

Child protection risks	Potential harm to children

Child Protection Risk: Child labour Resources: CPMS 12; Annex	
Children: not going to school; domestic work requirements; seen as less at risk for illness and death from COVID-19; lack of protective equipment or access to soap and water in workplaces. **Caregivers**: loss of work and income. **Community**: unable to provide any oversight on employers; lack of adult workers so children are recruited. **Society**: decreased attention and ability to control exploitation in certain at-risk sectors; inability of governments to provide oversight.	**Children potentially experience:** • Increased pressure to work. • Working long and difficult hours as a child labourer. • Forced to work in worst forms of child labour, including hazardous work, armed groups, or sexual exploitation.

Child Protection Risk: Unaccompanied and separated children Resources: CPMS 13; Annex	
Children: child head of household; placed in institutions or other alternative care; street living; waiting for reunification with family. **Caregivers**: illness and/or death may cause separation; voluntary separation. **Community**: inability of community mechanisms to provide resources and care; delayed or no reunification services.	**Children potentially experience**: • Isolation/quarantine/illness/death of caregiver. • Becoming separated or unaccompanied due to illness of caregivers or family members. • Becoming orphans. • Being sent away by parents to stay with other families in non-affected areas, put in institutions, or on their own. • Inability to be reunited due to border closures, movement restrictions, and quarantine.

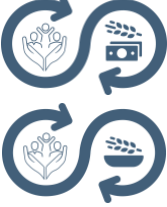| Child Protection Risk: Social exclusion Resources: CMPS 8, 10, 11, 17, 20	
Children: living/working on the street; children in conflict with the law, including those in detention; children with disabilities; those who are refugees, migrants, internally displaced, stateless or in armed groups. **Caregivers:** social stigmatisation of infected individuals or individuals/groups suspected to be infected e.g. health and front-line workers. **Community**: closure of basic services for vulnerable children and families. **Society**: limited or no governmental birth registration; children excluded and valued less than other children.	**Children potentially experience:** • Social and racial discrimination and xenophobia if transmission suspected. • Disproportionate impact if part of disadvantaged and marginalised groups. • Increased risk/limited support if living/working on the street, with disabilities, in conflict with the law, unaccompanied or refugees, migrants, displaced or stateless. • Decreased access to child protection support. • Disruption to being registered at birth due to quarantine.

2. Child Protection Response: during and beyond the pandemic

Advocacy with government, collaboration with other sectors, child protection-specific programming, child/youth engagement, and localisation are key priorities during a COVID-19 response. All of these need to be built on protective factors that exist in individuals, communities, societies, and children themselves.

2.1. Toward a multi-sectoral response: Working with communities, including children and families, governments and other sectors

As highlighted in the CPMS, "the prevention of and response to infectious disease outbreaks requires close coordination and collaboration between several sectors." A multi-sectoral response (a) ensures that children and caregivers' needs are addressed holistically within all levels of society and (b) leads to better outcomes for children. In alignment with the principles (section 2.1), this requires involvement at the community, government, and sector levels.

Multi-sectoral Interventions: Priority Actions

| Generic Actions for all Sectors | Ensure all personnel are trained on: safe identification of abuse, neglect, exploitation, and violence against children; gender, inclusion and disability issues, referral and documentation of child protection cases; child-friendly communication; and child safeguarding policies and systems. All organisations and affiliates supporting children must comply with Child Safeguarding Policies and Procedures in order to ensure the safety of children and their families. Train personnel who interact with children and families on the psychosocial impact of the crisis and the support needed. i.e. Psychological First Aid. Ensure updated referral pathways and procedures are in place, reinforced, and adapted to the situation. Update or establish safe, accessible, child-friendly complaints and feedback mechanisms in all facilities and online. Develop creative community mechanisms for children and families to signal their support and protection needs. Collaborate on safety audits to assess and address children's protection needs at all facilities and within all programs. Advocate, develop, disseminate, and display child protection messaging including: handling caregiver stress; children's right to be safe; available services such as MHPSS, family tracing, and reunification - throughout sector messaging. Disseminate accurate health information through child protection actors. Address stigma and social exclusion that may result from the virus through awareness raising messaging. Use the disruption of the pandemic to develop meaningful, inclusive, protective activities. Collaborate to include child protection concerns in assessments and monitoring tools. Strengthened, multi-sectoral systems for child safeguarding and protection from sexual exploitation and abuse. |

Sector and CP Standard	Actions
Protection	Advocate with authorities: • That restrictions on movement and across borders must not contribute to family separation and negative impact on children. • To facilitate family reunifications for children. • To receive asylum seekers and process asylum claims even where a State has closed its borders, with priority given to children and the most vulnerable. • For the non-refoulement principle to be upheld at all times. • To ensure that all children under their jurisdiction have access to Refugee Status Determination, Best Interest Determination and other refugee procedures that are child-friendly.
Food Security, Livelihoods 21, 22	• Collaborate to adapt food, cash, and livelihoods support by targeting criteria and referrals so that children experiencing or at high risk of abuse, neglect, exploitation, and violence are prioritised.
Education 23	• Work with education and mental health and psychosocial support (MHPSS) colleagues to: • Identify teachers in distress, • Provide MHPSS to all teachers, and • Mitigate against the use of physical and humiliating punishment by schoolteachers, management, or administrative staff. • Advocate with government and private employers for flexible working arrangements for parents and caregivers (including teachers) who may have lost access to childcare to enable them to continue care and education of their children. • Advocate with governments and schools to ensure continuation of age-appropriate and disability inclusive learning to support children's development and well-being. Consider remote teaching via radio, TV or online (context dependant), support for parents, and sharing of resources/resource packs. • Support the development of learning activities for children in early childhood all the way to adolescents. • Work with schools to ensure that protection and safety messages are delivered to parents and children in a way that: limits panic and distress; provides reassurance; encourages adherence to public health messaging and gives them support. • Work with education actors to introduce social emotional learning modules that address stigma and social exclusion caused by the COVID-19 pandemic and that utilise protective factors.

Sector and CP Standard	Actions
Health and Psychosocial Well-being 24	**Health** • Advocate for free health care for children, improved access to health care, and child-friendly services regardless of documentation status. • Advocate for child-friendly intake and discharge procedures to promote family unity and reduce the risk of separation. • Ensure information, education, and communication (IEC) materials are child-friendly (limited text). • Strengthen capacity on clinical management of rape (CMR) and ensure minimum CMR supplies are available in key facilities to appropriately respond to sexual violence. • Include measures to protect children during a COVID-19 outbreak in contingency plans. • Develop common standard procedures for identifying, documenting, and referring children's cases between child protection and health services to ensure children receive appropriate protection services, including safe, appropriate, family-based care. **Mental health and psychosocial support (MHPSS)** • Train staff on special measures to support children's psychosocial well-being through different stages of development and needs. • Support the adaptation of service provision for all children, including those in early childhood up to older adolescents. • Identify and build on children's resilience and coping strategies. • Support children to develop self-regulating skills. • Collaborate on MHPSS care and messaging for children and caregivers affected by COVID-19.
Nutrition 25	• Ensure children and families in quarantine, self-isolation, or health facilities have access to adequate nutritional support. • Develop creative alternatives to school or community-based feeding programs.
WASH 26	• Collaborate to set-up child-friendly hand-washing stations at health facilities, schools, childcare centres, alternative care centres, and other locations children are likely to visit. • Collaborate to provide safe, child-friendly hygiene promotion activities before and during outbreaks, including the development of posters, videos, and infographics targeting children, parents/caregivers, and teachers.
Shelter and Settlement 27	• Collaborate to identify risk mitigation measures in indoor and outdoor play spaces that address disease control while meeting children's developmental needs, where possible. • Adapt the design of shelters to meet needs of family members who must self-isolate and prevent family separation.

Sector and CP Standard	Actions
Camp Management 28	• Support camp management actors in adapting services and participation mechanisms to ensure they remain safe, child-friendly, accessible and inclusive to all children, including girls and children with disabilities.

2.2. Child Protection-specific Programs: Actions for front-line workers

The response to COVID-19 goes through various stages that are dynamic, not linear: Preparedness, Response (including Containment and Mitigation), Transition and Recovery. In each country, public health measures are being implemented in unique ways resulting in different impacts on children. The child protection actions taken should be determined by the context and informed by the Minimum Standards for Child Protection in Humanitarian Action and the Guidance Note: Protection of Children during Infectious Disease Outbreaks.

Box 1. To contextualise the child protection response in your country or community, ask:

- What public health measures have been implemented? Which of the stages described in section 1 and below best matches our current situation?
- Are we anticipating an imminent change in policies that will move us into a different stage?
- How do we adapt our response to a new stage to ensure the protection and inclusion of all children? How will we include children: of all ages and developmental stages; of diverse sexual orientation, gender identity/expression and sexual characteristics; living with disabilities; who are displaced and/or come from all kinds of social and cultural backgrounds; who live in a variety of care settings; and representing other aspects of diversity?
- How will child protection risks and protective factors change with the new stage?
- What stage are we in? Are we in a combination of stages? (Follow the flowchart below)

Are governments and communities:
- **Aware of the disease, and,**
- **Setting up policies and systems to guide response, transition, and recovery?**

Are targeted quarantine or social distancing measures in place WITHOUT wide-scale population-level measures?
Are there quarantine measures imposed on households (i.e. lockdown conditions)?
Are their restrictions to movement? Are there school closures?

Has there been a lessening of some public health measures in your location? Are schools / other services re-opening?

Does your location or community not fit any of the scenarios listed above?
➔ **If yes, adapt actions from any of the columns below.**

If yes, go to column A.

If yes, go to column B.

If yes, go to column C.

Example Considerations for Priority Child Protection Actions by Stage		
A Preparedness Actions	**B** Response Actions (Containment; Control and Mitigation)	**C** Transitions and Recovery Actions
CP Strategy: Individual and group activities for child well-being (CPMS 10 and 15)		

MINIMUM STANDARDS:

- Replace group activities with community-based, home-based, peer-to-peer and one-on-one care and support. Example methods may include child-friendly mindfulness activities over radio and television; online mindfulness, yoga, or group activities; collaborative, creative projects (art, poetry), community activities with visual but not physical contact; and/or regular telephone calls from a friend or trusted individual.

- Train personnel who are implementing mental health, well-being, and group activities on how to prevent the spread of COVID-19 and how to communicate appropriately with children and communities about the virus.

IN YOUR CONTEXT THROUGH ALL STAGES:

- Have child-friendly materials on infectious disease transmission, preventing violence, and psychosocial well-being been developed and disseminated to children and families?

- Have communities and children actively participated in design and implementation of these materials?

Are infection prevention measures available at all locations providing activities for children, such as access to PPEs? Is a preparedness plan available in the event that face-to-face activities cannot take place?	Have age- and gender- appropriate messages been developed and conducted by and with children through various media (e.g. radio, loudspeakers, message boards, TV, digital)?	Have efforts been made to restart group activities for children based on the lifting of measures and adapted to their age and gender? What fears need to be addressed as children and families re-engage with activities?

Example Considerations for Priority Child Protection Actions by Stage		
A **Preparedness Actions**	**B** **Response Actions (Containment; Control and Mitigation)**	**C** **Transitions and Recovery Actions**
Are staff trained on infectious disease transmission, prevention and control, child protection risks, and psychosocial responses?	Have efforts been made to combat the potential stigmatisation of infected children? Are strategies in place for providing remote psychosocial support to children who are self-isolating? Have recreational and education kits been distributed to households?	How will government guidelines be followed in opening group/school activities?

CP Strategy: Strengthening family and caregiver environments (CPMS 16); Annex

MINIMUM STANDARDS:

- Include all family members in the protection, development, and well-being of the children in their household, involving other family members (beyond primary caregivers) - men and women - especially in situations where primary caregivers are unwell or pose a risk to the child or children.

- Implement interventions that strengthen caregivers' mental health, psychosocial well-being, and parenting skills.

- Adapt family strengthening interventions to respond to the specific needs of children who are in foster care or are in child-headed households.

IN YOUR CONTEXT THROUGH ALL STAGES:

- How can interaction with children and their families be continued based on the measures in place, the families to be reached, and the available communication systems?

- Which families in the community have been identified as particularly vulnerable in the pandemic (e.g. those with pre-existing health conditions, living in poverty), and what needs to be done to financially and emotionally support vulnerable families during each stage?

- What particular considerations should be made for households providing care to children at different ages and stages of development (early childhood vs. adolescence, for example)?

Is an interagency plan in place for vulnerable families to access basic services and support if/when needed? Have awareness raising activities on preventing COVID-19 transmission been undertaken? Have opportunities been identified in context to highlight the importance of responsive parent-child relationships during COVID-19?	Is a check-in plan, including emotional support, available for vulnerable children and families in all types of situations? How are teachers, and other community members who maintain remote contact with parents and children, being supported? What measures been put in place by governments and other sectors to prevent child-family separation? How will routine contact between children and family members who are physically separated be facilitated?	What are the specific needs of families during this transition that require consideration? What messaging is needed to encourage families to adapt to new routines? Are measures in place to ensure this is done safely? How are families who lost their livelihoods during COVID-19 being supported in the longer term?

Example Considerations for Priority Child Protection Actions by Stage		
A **Preparedness Actions**	**B** **Response Actions (Containment; Control and Mitigation)**	**C** **Transitions and Recovery Actions**

CP Strategy: Community-level approaches (CPMS 17); Annex

MINIMUM STANDARDS:

- Map the impact of the COVID-19 pandemic and response measures on pre-existing community networks, capacities, and risks.
- Identify those that are still able to operate and reach children.

IN YOUR CONTEXT THROUGH ALL STAGES:

- What are the strengths of the community and their children that can be leveraged in the response to COVID-19?
- How can community-level essential services be used to enhance children's protection and protection messaging?
- How can community-level programs that aim to foster children's protection be documented, monitored, and evaluated?

Is a community-level plan to keep children safe from both COVID-19 and abuse and neglect available? How are community members engaged with prevention strategies to keep vulnerable groups from infection and support their access to treatment? Are the community-level referral systems for children and families known to all and functional?	Have community members, including children, been adequately educated and consulted in the development of child-friendly messages on COVID-19, associated risks, and referral pathways? How are community members, including traditional and religious leaders, engaged with identifying and adapting protective and traditional practices within the community? Are there community-based capacity building opportunities to strengthen the options for remote communication with children and community members? How are children and community members empowered to carry out activities to end stigmatisation, promote safe coping mechanisms, and support affected populations?	Are communities able to meet the basic needs of their members as the community opens up? How do communities adapt their recovery strategy to the age (including early childhood and adolescence) and gender of children? How do communities apply lessons learned as they move in and out of stages?

Example Considerations for Priority Child Protection Actions by Stage		
A **Preparedness Actions**	**B** **Response Actions (Containment; Control and Mitigation)**	**C** **Transitions and Recovery Actions**
CP Strategy: Case management (CPMS 18); Annex		

MINIMUM STANDARDS:

- Adapt and specialise case management support for children in quarantine, isolation, or under observation or in treatment centres. Based on local-level analysis of COVID-19 risks[9] to children, family members and caseworkers, eligibility criteria should be developed, agreed upon, and included in standard operating procedures. The eligibility criteria will (i) establish which are the child protection cases that should be prioritised for in-person visits; and (ii) take into account COVID-19 risks for the caseworker, child, and their household. Eligibility criteria should be transparent, realistic, reviewed, and adjusted as knowledge is gained about the context and children's protection risks.

IN YOUR CONTEXT THROUGH ALL STAGES:

- What are the protection risks for children of different genders, ages, ethnic groups and geographic locations?
- What plans are in place to adapt case management for the most vulnerable children and youth through the different stages and for resource management, including coverage if caseworkers become ill?
- How can children in all settings be educated on what to do if they are harmed or feel unsafe?

Have caseworkers and existing child helplines been trained on COVID-19, including basic facts and myths, child protection concerns, displacement settings, and support services? In collaboration with health and other sectors, what strategies been developed to include marginalised and hard-to-reach children, risk mitigation measures for caseworkers, referrals, and alternative follow-up methods if home visits become impossible?	What Standard Operating Procedures (SOPs) have been developed with the health sector, education, justice, and others to ensure the safe identification and referral of children at risk? How will specific children - children without family care; children who are refugees, internally displaced, migrants or stateless; children living and/or working on the street; children with disabilities; children of different ages and genders - be identified and supported even if they are unregistered? What mechanisms are in place to ensure that children and families facing restrictions on movement have continued access to child-friendly, holistic care for children experiencing violence?	How will caseworkers support children as they go back to school? What is the case load and capacity to follow children and families as they move in and out of stages? Where will caseworkers find additional support for families when COVID-19 financial governmental support is stopped?

[9] The Alliance, April, 2020, Annex 1: Risk assessments" of Social Service Workforce Safety and Wellness during the COVID-19 Response: Recommended Actions, https://alliancecpha.org/en/child-protection-online-library/social-service-workforce-safety-and-wellness-during-covid-19

Example Considerations for Priority Child Protection Actions by Stage		
A **Preparedness Actions**	**B** **Response Actions (Containment; Control and Mitigation)**	**C** **Transitions and Recovery Actions**
CP Strategy: Alternative Care (CPMS 19); Annex		

MINIMUM STANDARDS:

- Tailor interventions to the needs of children living in the full range of care settings as identified through local-level assessments - this may include for example children in foster care, kinship care, residential care, or independent living arrangements.
- Strictly limit the placement of children in residential care during the emergency phase.
- Classify alternative care as 'essential services' within government emergency management frameworks.
- Develop guidance on controlling the spread of COVID-19 in alternative care settings.

IN YOUR CONTEXT THROUGH ALL STAGES:

- How can children in alternative care communicate with their families during all stages of COVID-19?
- How can children's safety and continuous care, including psychosocial support, be ensured and documented through all stages?

Have community members who are well-placed to care for UASC in case of a COVID-19 outbreak been identified and trained? How do communities build the capacity to prevent separation, identify and refer vulnerable children, establish family tracing and reunification, and provide family-based alternative care for unaccompanied and separated children?	Are safe, family-based alternative care arrangements (preferably kinship care) available and supported? How are resources and information being disseminated to help families stay together? Are policies in place to prevent long-term separation and to facilitate family reunification including cross border for refugee and migrant children?	Is restoring family links prioritised? Have support needs of families and children been identified as they transition? How are children in independent living and child-headed households being monitored and supported?

Example Considerations for Priority Child Protection Actions by Stage		
A **Preparedness Actions**	**B** **Response Actions (Containment; Control and Mitigation)**	**C** **Transitions and Recovery Actions**
CP Strategy: Justice for Children (CPMS 20); Annex		

MINIMUM STANDARDS:

- Strengthen, maintain, or establish systems of collaboration between the justice and child protection systems.
- Reinforce or establish joint referral pathways for children in contact with the law.
- Train justice actors on the rights and best interests of children and age and development-appropriate ways of communicating with children.
- Advocate with authorities to:
  - Release children in all forms of detention - including immigration detention - whenever possible.
  - Create practical child- and family-friendly alternatives to detention.
- Prevent the arrest or detention of children for violation of COVID-19 directives. Immediately return any child who has been detained due to an offense related to COVID-19 containment measures to their family.

IN YOUR CONTEXT THROUGH ALL STAGES:

- How are children in detention assessed and monitored to determine their safety?
- What communication lines are available to connect with children in detention? Who is able to see or communicate with children in detention? Caseworkers? Family?
- How are children's rights implemented in the justice system during COVID-19?

Have the implications of COVID-19 on the justice system for children been assessed? Has training been provided for justice personnel on COVID-19 and its impact on children? How can police and community justice personnel be integrated in planning response and recovery processes?	Have SOPs between the justice system and child welfare been revised to ensure the safety of children at risk during the COVID-19 pandemic? What is needed in order to provide psychosocial support to children and their families who come into contact with the justice system? What are the support needs of mothers who are with their young children in the justice system?	What psychosocial support is needed as children in de-tension come out of lockdowns? What support do families need as they re-integrate their children who are released from detention?

The final questions to be asked are:

- What has been learned from each stage on how children were safe or unsafe?
- Have we listened to children, their caregivers, and families about their experiences in this pandemic?
- How do we identify and scale good/promising practices?
- How can lessons learned within each stage be applied to future COVID-19 outbreaks and other pandemics?

For further guidance on the child protection response during COVID-19, please refer to the Annexes below (section 3), and to the Alliance COVID-19 Website that will continue to add and update resources, including guidance notes, webinars, podcasts, and other multi-media and child-friendly materials.

3. Annexes

Below is a full list of [available annexes to the Technical Note](#).

[Technical Note: COVID-19 and Children Deprived of their Liberty](#)
This note aims to provide detaining authorities with key information and steps to respond to COVID-19 including by instituting a moratorium on new children entering detention facilities; releasing all children who can be safely released; and protecting the health and well-being of any children who must remain in detention.

[Protection of Children during the COVID-19 Pandemic: Children and Alternative Care](#)
The aim of this technical note is to support child protection practitioners and government officials in their immediate response to the child protection concerns faced by children who are at risk of separation or in alternative care during COVID-19 pandemic.

[Social Service Workforce Safety and Wellness during the COVID-19 Response: Recommended Actions](#)
This document is intended to provide guidance on how to support the social service workforce and empower them to safely serve children, families, and communities during the COVID-19 pandemic. This guidance is for governments, non-governmental organisations, social service workers, and their supervisors.

[Technical Note on COVID-19: Protecting Children from Violence, Abuse, and Neglect in the Home](#)
This resource, which is informed by reports from the field, examines issues that children may face as countries implement lockdowns and stay-at-home orders to curb the spread of COVID-19. Protective prevention and response strategies are then outlined with the goal of strengthening the protection of children in all types of homes.

[Technical Note: COVID-19 and Child Labour](#)
This technical note offers guidance and information to practitioners and policymakers on child labour issues during and after COVID-19 and what actions can be taken. It presents the potential risks COVID-19 can pose to children at risk of child labour and children engaged in child labour and the programmatic and advocacy actions in line with the 2019 **[Minimum Standards for Child Protection in Humanitarian Action (CPMS)](#)** and the **[Child Labour in Emergencies Toolkit](#)** (revised edition forthcoming in 2020).

[Technical Note on Working with Communities to Keep Children Safe](#)
This resource examines the potential negative impacts of COVID-19 disruptions to families, friendships, daily routines, and the wider community on children's well-being, development, and protection. This guidance aims at supporting child protection actors working with communities to keep children safe to adapt their programming to the contagious environment of COVID-19. It includes key actions and hyperlinks to additional resources and tips.

[Key Messages and Considerations for Programming for Children Associated with Armed Forces or Armed Groups During the COVID-19 Pandemic](#)
This document highlights issues relating to prevention and response programming for Children Associated with Armed Forces or Armed Groups (CAAFAG) in the context of the COVID-19 pandemic.

[Technical Note: Child Helplines and the Protection of Children during the Covid-19 Pandemic](#)
This document provides guidance on how to support children and families through a child helpline service, including collaboration with existing, national child helplines. It also explores how existing child helpline can support children and families during the COVID-19 pandemic through child protection mechanisms and systems.

Forthcoming annexes (May 2020):

- COVID-19 Child Protection Case Management Guidance

4. Resources

Child Protection Area of Responsibility Child Protection Resource Menu for COVID-19   A collection of child protection resources related to a COVID-19 response
Key messages and actions for coronavirus disease (COVID-19) prevention and control in schools: Operational guidance on protecting children and schools from COVID-19
INEE Resource Page on Novel Coronavirus (COVID-19): A collection of COVID-19 and education in emergencies resources
IASC MHPSS Reference Group's Briefing Note about MHPSS Aspects of COVID-19   • A briefing note about MHPSS aspects of the 2019 novel coronavirus (COVID-19) outbreak   • A child friendly video describing the Coronavirus epidemic.
WHO Country & Technical Guidance - Coronavirus disease
Parenting in the time of COVID-19
UNICEF pages on the coronavirus
Global Social Service Workforce Alliance resources page
Global Partnership to End Violence Against Children COVID-19 Hub
International Society for the Prevention of Child Abuse and Neglect (ISPCAN) COVID-19 resources
Together for Girls COVID-19 Resource Page
The Alliance for Child Protection in Humanitarian Action - Child Protection and COVID-19 pandemic
UNHCR Community of Practice on Child Protection (requires registration)

5. Feedback

Users of this Technical Note and the above guidance documents are encouraged to provide feedback to inform future iterations and development of additional, associated products using our **dedicated feedback form**.

The Alliance is also soliciting case studies related to child protection approaches – including success stories, good/emerging practices, and lessons learned – in the context of COVID-19. Please use our **case study submission form** to share your experiences.