Technical Note: Protection of Children during the Coronavirus Pandemic (v.1)[1]

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Introduction

Infectious diseases like 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. In addition, measures used to prevent and control the spread of COVID-19 can expose children to protection risks. Home-based, facility-based and zonal-based quarantine and isolation measures can all negatively impact children and their families.[2]

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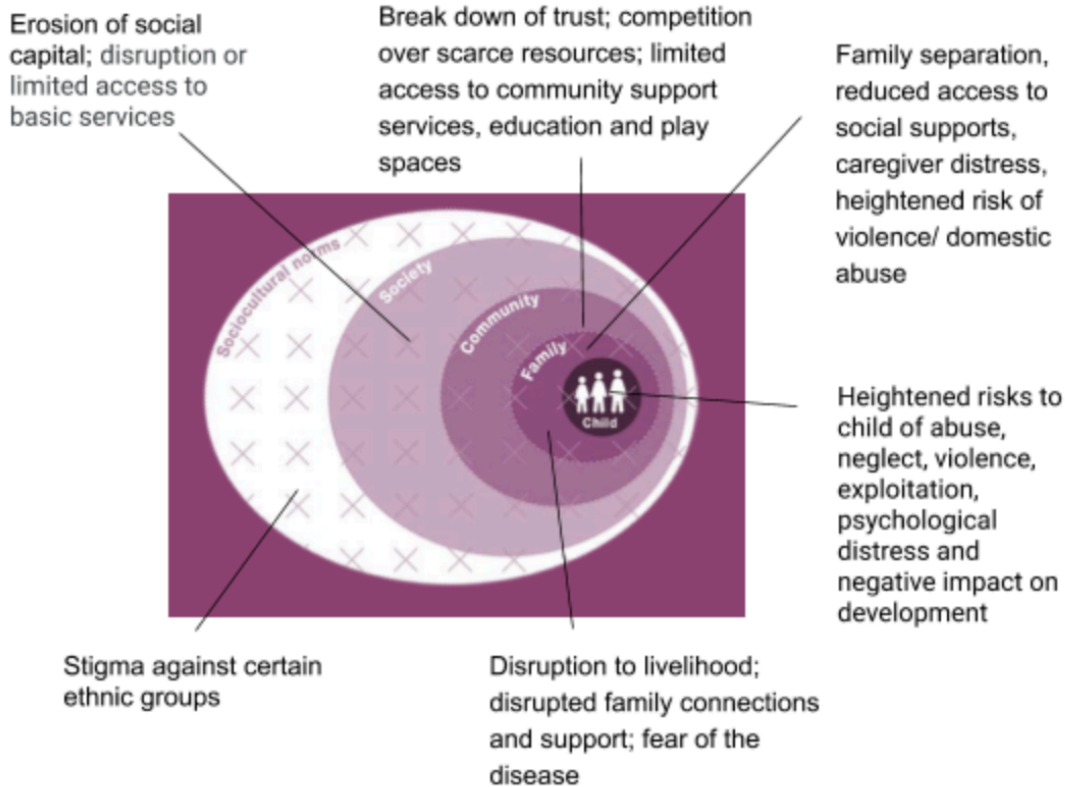
[2] For more information on quarantines, consult pages 14–15 of the Guidance Note: Protection of Children during Infectious Disease Outbreaks

The aim of this brief is to support child protection practitioners to better respond to the child protection risks during a COVID-19 pandemic. Part 1 presents the potential child protection risks COVID-19 can pose to children. Part 2 presents programmatic options in line with the 2019 Minimum Standards for Child Protection in Humanitarian Action (CPMS) and the Guidance Note: Protection of Children During Infectious Disease Outbreaks.

1. Child protection in the context of the coronavirus

COVID-19 can quickly change the context in which children live. 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. Stigma and discrimination related to COVID-19 may make children more vulnerable to violence and psychosocial distress. Disease control measures that do not consider the gender-specific needs and vulnerabilities of women and girls may also increase their protection risks and lead to negative coping mechanisms. Children and families who are already vulnerable due to socio-economic exclusion or those who live in overcrowded settings are particularly at risk.

1.1. Socio-ecological impact of COVID-19

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

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

Family separation, reduced access to social supports, caregiver distress, heightened risk of violence/ domestic abuse

Heightened risks to child of abuse, neglect, violence, exploitation, psychological distress and negative impact on development

Stigma against certain ethnic groups

Disruption to livelihood; disrupted family connections and support; fear of the disease

1.2. Child protection risks

Some of the child protection risks below are observed in the current COVID-19 pandemic and some are potential risks observed in previous infectious disease outbreaks.

Risks presented by COVID-19 and related control measures	Causes of risks
Child Protection Risk: Physical and emotional maltreatment	
- Reduced supervision and neglect of children - Increase in child abuse and domestic/interpersonal violence - Poisoning and other danger and risks of injuries to children - Pressure on or lack of access to child protection services	- Childcare/school closures, continued work requirements for caregivers, illness, quarantine/isolation of caregivers - Increased psychosocial distress among caregivers and community members - Availability and misuse of toxic disinfectants and alcohol - Increased obstacles to reporting incidents
Child Protection Risk: Gender-based violence (GBV)	
- Increased risk of sexual exploitation of children, including sex for assistance, commercial sexual exploitation of children and forced early marriage - Pressure on or lack of access to child protection/GBV services	- Reduced family protection of children - Reduced household income and/or reliance on outsiders to transport goods and services to the community - Girls' gender-imposed household responsibilities such as caring for family members or doing chores - Increased obstacles to reporting incidents and seeking medical treatment or other supports
Child Protection Risk: Mental health and psychosocial distress	
- Distress of children due to the death, illness, or separation of a loved one or fear of disease - Worsening of pre-existing mental health conditions - Pressure on or lack of access to MHPSS services	- Increased stress levels due to isolation in treatment units or home-based quarantine - Children and parents/caregivers with pre-existing mental health conditions may not be able to access usual supports or treatments - Quarantine measures can create fear and panic in the community, especially in children, if they do not understand what is happening

Risks presented by COVID-19 and related control measures	Causes of risks
Child Protection Risk: Child labour	
• Increased engagement of children in hazardous or exploitative labour	• Loss or reduction in household income • Opportunity or expectation to work due to school closure
Child Protection Risk: Unaccompanied and separated children	
• Separation • Becoming unaccompanied or child head of household • Being placed in institutions	• Loss of parents/caregivers due to disease • Isolation/quarantine of caregiver(s) apart from child(ren) • Children sent away by parents to stay with other family in non-affected areas
Child Protection Risk: Social exclusion	
• Social stigmatisation of infected individuals or individuals/groups suspected to be infected • Increased risk/limited support for children living/working on the street and other children already at risk • Increased risk/limited support to children in conflict with the law, including those in detention	• Social and racial discrimination of individuals/groups suspected to be infected • Disproportionate impact on more disadvantaged and marginalized groups • Closure/inaccessibility of basic services for vulnerable children and/or families • Disruption to birth registration processes due to quarantine

2. Child Protection Response

Advocacy with government, collaboration with other sectors, and child protection-specific programming are key priorities during a COVID-19 response.

2.1. Working across sectors and with governments

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 and (b) leads to better outcomes for children. Child protection actors should also consider collaborating with religious and traditional leaders. Multi-sectoral interventions should prioritise:

• Standard procedures for documenting and referring children's cases that may need follow-up;

- Clear protocols to prevent/reduce family separation and other forms of child protection risks;
- Reduce stigma and social exclusion that may result from the disease; and
- Clear, coordinated, child-friendly community messaging on children's unique risks and vulnerabilities related to the outbreak.

In working with government, CP actors should advocate to ensure measures implemented to address COVID-19 accord with international standards, in line with the WHO advisory, and are human rights-based, non-discriminatory and proportionate.

The following are priority actions for working across sectors and with governments towards a child protection-sensitive response.

Health (CPMS Standard 24)
- Advocate for vulnerable children and their families' free access to healthcare (if it is not universal).
- Collaborate to include CP concerns in health sector assessment and monitoring tools.
- Develop common standard procedures for documenting and referring children's cases between CP and health services to ensure children receive safe, appropriate, family-based care if separated.
- Advocate for clear and child-friendly intake and discharge procedures to promote family unity and reduce the risk of separation.
- Facilitate safe and regular communication between children and parents/caregivers who are temporarily separated.
- Collaborate to ensure child-friendly health facilities/access to health care, including guidance for health staff on child-friendly communication and special measures to support children's psychosocial well-being when undergoing treatment and quarantine.
- Support child safeguarding training for health workers (particularly where children are separated from their families or caregivers).
- Establish safe, child-friendly complaints and feedback mechanisms in health care facilities.
- Strengthen capacity on clinical management of rape (CMR) and ensure minimum CMR supplies are available in key facilities to appropriately respond to sexual violence.
- Collaborate on mental health and psychosocial support (MHPSS) care and messaging for children and caregivers affected by COVID-19.
- Include measures to protect children during a COVID-19 outbreak in contingency plans.
- Ensure that information, education and communication (IEC) materials, including information on available services, are produced and displayed with limited text in child-friendly versions.

WASH (CPMS Standard 26)
- Collaborate to ensure child-friendly hand-washing stations are available at health facilities, schools, child care 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 and infographics targeting children, parents/caregivers and teachers.
- Collaborate on safety audits to assess and address any safety needs at WASH facilities.

Nutrition (CPMS Standard 25)

- Ensure children and families in quarantine, self-isolation or health facilities have access to adequate nutritional support.
- Collaborate on safety audits to assess and address any safety needs at nutrition centres.

Education (CPMS Standard 23; INEE List of Resources)

- Limit the impact of school interruption by using child-friendly distant education methods such as TV, radio or online learning.
- Advocate with government and private employers for flexible working arrangement for parents and caregivers who may have lost access to childcare to enable them to continue care and education of their children.
- Work with schools to ensure that protection and safety messages are delivered to parents and children in a way that limits panic and distress, reassures, and encourages adherence to health messaging.
- Train teachers and other school staff on signs of distress to enable them to identify and refer children who may have specific child protection needs.
- Ensure teachers and volunteers have necessary knowledge and skills related to GBV risk mitigation, Prevention of Sexual Exploitation and Abuse (PSEA), child safeguarding, and safe referral practices.
- Support the development and roll-out of child-friendly complaints and feedback mechanisms in schools and other education facilities.
- Develop, disseminate or display messages in schools about child protection and available services including case management and family tracing and reunification.
- Work with education actors to address stigma and social exclusion in schools.

2.2. Child Protection-specific Programs

What actions should complement the existing actions in the Minimum Standards for Child Protection in Humanitarian Action and the Guidance Note: Protection of Children during Infectious Disease Outbreaks to protect children during the COVID-19 pandemic? In addition to mitigating risks, we must build on the strengths and positive coping mechanisms of communities, families, caregivers and children.

Priority Child Protection Actions	
Preparedness actions	**Response actions**
CP strategy: Individual and group activities for child well-being (CPMS Standards 10 & 15)	
In consultation with others, identify alternative mental health and psychosocial support (MHPSS) and educational activities for children	- Train health, education, child services and MHPSS staff on COVID-19-related CP risks - Identify strategies for providing psychosocial support to children, especially to those under quarantine

Priority Child Protection Actions	
Preparedness actions	**Response actions**
● Consult children and adolescents, including girls, in the design of interventions	● Conduct remote, age- and gender-appropriate awareness raising ● Adapt existing referral pathways
CP strategy: Strengthening family and caregiving environments ([CPMS Standard 16](#))	
● Work with children, caregivers and other stakeholders to understand cultural beliefs and practices that could protect or endanger children during an outbreak ● Identify awareness-raising opportunities to highlight the importance of responsive parent-child relationships ● Develop an inter-agency plan, in collaboration with relevant authorities, to strengthen the care of vulnerable children	● Provide targeted support to interim care centres and families, including child-headed households and foster families, to emotionally support children and engage in appropriate self-care ● Provide financial and material assistance (cash or NFIs) to families whose income-generating opportunities have been affected ● Encourage and create safe opportunities to support routine contact between children and family members who are physically separated ● Work with other sectoral actors, including governments, to put in place measures to prevent child-family separation
CP strategy: Community-level approaches ([CPMS Standard 17](#))	
● Identify what role communities can play in raising awareness and in protecting children and families ● Work with communities to identify strategies to prevent and protect vulnerable groups (e.g. refugees, children in alternative care, those at risk of stigmatization and social exclusion)	● Work with community members to develop child-friendly messages on COVID-19, associated risks and referral pathways ● Identify flexible strategies to communicate with communities remotely ● Together with communities, carry out activities to end stigmatization, promote safe coping mechanisms, and support affected populations ● Work with traditional and religious leaders to adapt traditional practices, if necessary (i.e. greetings, burial and grieving ceremonies, etc.)
CP strategy: Case management ([CPMS Standard 18](#))	
● Provide training and support to caseworkers and existing child helplines on COVID-19, including basic facts and myths, impact on CP concerns, and support services	● Revise or develop SOPs with the health sector and others to ensure the safe identification and referral of children at risk

Priority Child Protection Actions	
Preparedness actions	**Response actions**
● Work with health actors to develop strategies to include marginalised and hard-to-reach children ● Identify risk mitigation measures for caseworkers and alternative methods for follow-up if home visits become impossible ● Facilitate referral for other specialised services including GBV services	● Establish mechanisms to ensure that communities facing restrictions on movement have continued access to child-friendly, holistic care for children experiencing violence ● Identify children whose excluded status renders them more vulnerable (i.e. children without family care; children who are refugees, internally displaced, migrants or stateless; children living and/or working on the street; children with disabilities; etc.)
CP strategy: Alternative care ([CPMS Standard 19](#))	
● Identify, train and mentor 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 ● Build the capacity of systems to prevent separation, engage in family tracing and reunification, and provide family-based alternative care for UASC	● Establish safe, family-based alternative care arrangements (preferably kinship care) ● Ensure children who are separated from their caregivers have regular opportunities to communicate with them ● Avoid disseminating information that might unintentionally encourage families to neglect or abandon their children ● Work with relevant authorities to establish a registration system to prevent long-term separation and to facilitate reunification

3. 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