

WORKING WITH COMMUNITIES

TO KEEP CHILDREN SAFE v.1.1

ANNEX TO THE TECHNICAL NOTE ON THE
PROTECTION OF CHILDREN DURING THE
CORONAVIRUS PANDEMIC



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

MAY 2020

INTRODUCTION¹

Infectious diseases like COVID-19 can disrupt the protective 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. COVID-19 also has a direct impact on the ability of child protection actors to engage with communities, as well as on the ability of communities to self-protect and support each other. Learning from past infectious disease outbreaks has taught us that **community members act to protect children from the onset of the crisis, and are best placed to identify both child protection and COVID-19 related risks and respond effectively and appropriately.**

This guidance² aims at supporting child protection actors working with communities to keep children safe³ to adapt their programming to the contagious environment of COVID-19. It builds upon [Standard 17 in the Minimum Standards for Child Protection in Humanitarian Action](#) and includes key actions and hyperlinks to additional resources, links and tips aimed at:

1. Understanding how communities organize themselves to protect children in times of COVID-19
2. Working with communities to implement safe and effective ways to protect children in times of COVID-19
3. The health, safety and wellbeing of community members

Where we refer to “**key community members**” in this document, we are referring to trusted, influential community members, paid or unpaid, professional or volunteer. These community members have already been or should be⁴ identified by the community, with support from child protection actors. Key community members could be locally elected government leaders or officials, but also religious and traditional leaders, teachers, representatives of community-level child protection groups, structures and networks, or selected members of children’s clubs and youth groups, women’s groups, parent-teacher associations, organizations of persons with disabilities etc. Ideally, they should have previously received training on child protection, child rights, and other pertinent topics. Child Protection actors should aim to work with and strengthen existing structures that they already have a relationship with, rather than create new ones for COVID-19 responses. This is particularly crucial given the limited possibilities to reach out and foster new relationships and provide training, supervision, etc.

¹ Suggested Citation: The Alliance for Child Protection in Humanitarian Action, Working with communities to keep children safe, Version 1.1, May 2020

² This Guidance Note has been developed by the Community-level Child Protection Task Force of the Alliance for Child Protection in Humanitarian Action (The Alliance) and builds on the Technical Note: Protection of Children during the Coronavirus Pandemic.

³ It is assumed that users already have child protection knowledge and experience, and are familiar with and experienced in community-level child protection approaches. See the recommended resources under ‘References’ at the bottom of the guidance note for additional guidance on community-level child protection approaches

⁴ In the case that key community members need to be identified, children, youth, and women should actively participate in the process, and due consideration should be given to refugee, migrant and displaced communities where relevant

CONTENTS

1. Understanding how communities organize themselves to protect children in times of COVID-19.....	3
2. Working with communities to implement safe and effective ways to protect children in times of COVID-19	4
2.1 Overall considerations.....	4
2.2 Safe, child-friendly and effective awareness raising in light of COVID-19.....	6
2.3 Strengthen the family and caregiving environment to promote children’s healthy development and keep them safe	8
2.4 Monitoring and referral of highly vulnerable children and families.....	9
3. Ensuring the health, safety and wellbeing of key community members.....	10
4. Feedback on this note	11
5. References.....	11

1. UNDERSTANDING HOW COMMUNITIES ORGANIZE THEMSELVES TO PROTECT CHILDREN IN TIMES OF COVID-19

Key Considerations	
Work with the community ⁵ , if possible, during the preparedness phase, to map existing community-level child protection groups, structures and networks to understand how they organize themselves in times of COVID-19 and how the pandemic impacts their functioning, including child and youth participation.	
Assess with the community how existing <u>child protection risks</u> are exacerbated and how new ones might emerge as a result of the pandemic.	
Work with the community to identify the groups of children who might get overlooked, or left out of response plans, e.g., migrant and displaced children including irregular migrant children, children with disabilities, street children, children in or recently released from detention, and children living in institutions as well as children separated or orphaned as a result of COVID-19.	
Work with the community to learn about local processes and cultural practices to deal with various child protection threats and incidents, grief and loss, and fear.	
Work with the community, including children, youth, and more marginalized groups, to identify social and gender norms, power dynamics and local and/or cultural beliefs and practices that could be harmful to children during the outbreak.	
Work with the community to assess telecommunications feasibility in the context (phone, radio, online and messaging platforms); where appropriate, build on the kinds of communications methods people are already using and feel comfortable with.	
Work with the community to identify the most effective and safe ways to disseminate messages on COVID-19 and child protection and to address rumours and misinformation.	
Work with the community to identify which families and alternative care arrangements in communities might be more impacted by COVID-19 and need additional child protection follow up. Please see the <u>Alternative Care during COVID-19 Technical Note</u> for additional information.	
Work with the community to identify existing opportunities for children and families to report on – and, where possible and safe, be involved in designing – responses child protection concerns and violations.	
Relevant resources	
Click here for a tool to understand existing community responses to support children during COVID-19. This can be used in many different ways, for example: to facilitate focus group discussions, conduct key informant interviews, carry out a survey.	The Alliance
<u>COVID-19 focus group discussion guide for communities</u>	UNICEF, IFRC
Click here for overview of risks presented by COVID-19 and related causes and control measures	The Alliance
<u>Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response</u>	GBV AoR, IASC
<u>Protection of Children during the COVID-19 Pandemic: Children and Alternative Care</u>	The Alliance
Please also see the UNHCR <u>Child Protection Community of Practice</u> for additional resources	UNHCR COP

⁵ For the different actions listed in this section this could be done (remotely) for example through a desk review, community consultations or Focus Group Discussions or Key Informant Interviews as deemed appropriate in context

2. WORKING WITH COMMUNITIES TO IMPLEMENT SAFE AND EFFECTIVE WAYS TO PROTECT CHILDREN IN TIMES OF COVID-19

2.1 Overall considerations

Key Considerations
Work with key community members to develop a remote communication plan (e.g., phone trees, WhatsApp or Facebook groups, etc.) to stay in contact if/when quarantine measures are put in place.
Work with key community members to involve children and youth in the development and dissemination of child protection and COVID-19 related messages. They are often very knowledgeable about vulnerable groups in the community, and may have strong relationships with them.
<u>Work with faith-based organizations and leaders</u> as well as teachers and schools to share relevant messages, reduce fear and stigma, and provide reassurance to people in their communities.
Engage with traditional healers who frequently have their own explanatory models of illness that do not fit with the germ theory of disease. During the Ebola crisis, healers often helped people engage in effective action, adjust their burial rituals, etc.
Learn from and support local initiatives ⁶ to address child protection and COVID-19, and provide modest support where possible and appropriate. Be ready to document and learn from any unintended consequences (positive or negative).
Train and/or remotely mentor the identified relevant key community members in relation to: <ul style="list-style-type: none"> ○ <u>Child protection risks and vulnerabilities that can arise during COVID-19</u> ○ <u>Child safeguarding</u> and simple PSEA messages ○ Recognizing and emphasizing the <u>use of soft skills</u> when engaging with community members (adults and children). These include active listening, enabling inclusive dialogue, empathy, humility, understanding power dynamics, etc. ○ Communication with boys and girls, including children of different ages, developmental stages, gender, those with disabilities and those hard to reach ○ Where appropriate: how to reach children who don't speak the dominant language(s) ○ How to provide support to community members, caregivers and children through remote modalities. ○ Referral pathways: how to identify vulnerable girls and boys and safely refer them to appropriate services and community supports, while safeguarding confidentiality.
Consider pre-positioning basic or smart mobile phones and phone credit with key community members, if in a location where owning a mobile phone is uncommon and it is safe to do so. Research possibilities for remote top-up of phone credit / airtime.
In settings where there is a lack of access to electricity to keep phones charged, work through local leaders who often have access to electricity, gaining their support for child protection work and the necessary charging.
Reach out to organizations supporting persons with disabilities, including parent/caregiver associations, to gather information on the situation for children with disabilities, including those in residential care and institutions and find ways to collaborate.
Ensure strong <u>PSEA policies and accessible reporting channels</u> ⁷ are in place to prevent and respond to any issues which arise as a result of increased humanitarian interventions, actors and resources combined with increased hardship for communities as a result of COVID-19.
Support key community members to collect and provide feedback and reflect on what is working and what is needed. Use the feedback to inform ongoing forms of support.

⁶ For example, women's associations may come up with good ideas how to take care of older, more vulnerable caregivers or how to share the child care load

⁷ In line with CPMS, especially Standard 4: Human Resources

Relevant resources, links and tips	
Click here for resources on religion and COVID-19	WVI, WHO, IRW
List of practical guidance, tools and tips on how to engage (remotely) with communities in times of COVID-19	Child Protection Community Exchange
Click here for useful resources on using social media and messaging platforms during COVID-19 tips for using social media to share, update, respond and listen to communities in times of COVID-19. Includes guidance for creating and using WhatsApp groups and using WhatsApp Business, Instagram, Facebook, and Twitter for conducting polls	IFRC
10 things you should know about COVID-19 and persons with disabilities	Save the Children
Repository of resources on disability inclusion and COVID-19	International Disability Alliance
Please see here for practical tips on engaging adolescents and youth in COVID-19 response	UNICEF
Click here for guidance on remote PFA during COVID-19	IFRC
Please see the interim technical note on Protection from Sexual Exploitation and Abuse (PSEA) during COVID-19 response	IASC

2.2 Safe, child-friendly and effective awareness raising in light of COVID-19

Key Considerations: Awareness raising on child protection risks
Work with key community members to identify established and trusted approaches to raise awareness and engage the community (including children and youth) in protecting children through phone, radio or online or other means of communication.
Work with key community members and health workers to develop safe and appropriate ways to communicate about the virus with children, and how to support caregivers to communicate to children in a way that is accurate but does not cause undue stress (see tips below).
Work with key community members to ensure relevant, accurate and accessible messages are repeated frequently for the purpose of prevention and detection of COVID-19 as well as <u>reducing rumors</u> and <u>stigma</u> in the community. This awareness raising includes: <ul style="list-style-type: none"> ○ Information on how to prevent COVID-19, such as hand washing and <u>community social distancing</u> and the use of masks. ○ Information about modes of transmission and risks of infection. ○ Information on how to recognize signs and symptoms of the disease and the importance of reporting. ○ Information on COVID-19 specific health referral pathways and hotline numbers.
Strategize before you communicate. Consider developing a user-friendly on- and offline communication and community engagement strategy, which includes child protection and COVID-19 messages which take age, gender, language, literacy and education levels and disabilities of the target group into considerations.
When mobile mic-ing is common practice, consider setting up fixed-site loudspeakers within the community for information dissemination.
Consider using posters ⁸ , community bulletin boards or printed flyers and images at key locations in the community, which can be regularly updated with the latest information and advice in the appropriate language(s).
When courtyard meetings or group gatherings are common practice but no longer possible, consider using your established and trusted networks to share information by phone, online or local radio instead.
Remember that community members might avoid using large amounts of data for online communications, so make sure that content is produced in a low-resolution format that allows for sharing over internet or MSM with the minimum file size.
When using social media to disseminate messages, think about how to encourage discussion and receive feedback from the audience. ⁹ For example, received questions and feedback could be recorded in order to share this with the community through appropriate channels.
Consider involving children with a smart phone to make a short video, or use <u>TikTok</u> or make a <u>cellphilm</u> to record their lives and experiences during COVID-19 and share with others. Ensure children know how to use social media whilst keeping themselves safe online.
Ensure coordination with education with education services where they are operating remotely.

⁸ Posters don't have to be printed; hand-written information on a whiteboard or flip-pad can be equally useful

⁹ Evidence shows that people who engage in discussion after watching or listening to information gain a lot more from it than those who only engage passively

Relevant resources, links and tips	
Click here for CP and GBV messages on in times of COVID-19 from various contexts	CP AoR
Practical guide to community engagement from a distance on risk communication and community engagement through remote methods include phone, online and loudspeaker	BBC Media Action
Click here for modalities of delivering awareness-raising sessions when children and families are either unavailable or don't have access to internet connection	CP AoR Iraq
Learn more about cellphilm here and watch some examples . Watch a 60-second cellphilm on how to make a 60-second cellphilm	
The teen reporter handbook : 22-page handbook on how teenagers can develop interesting content for radio	Radio Diaries Inc.
COVID 19 – how to include marginalized and vulnerable people in risk communication and community engagement : Includes tips to include children, persons with disabilities, women and girls, GBV survivors, refugee and migrants and elderly	Regional Risk Communication and Community Engagement Working Group
Please see here for resources on COVID-19 and its implications for protecting children online	UNICEF
Additional resources in relation to COVID-19 messages	
My Hero is You, Storybook for Children on COVID-19	IASC
14-page child-friendly explanation book about the coronavirus with games and quizzes for children and caregivers	IFRC
Key tips and discussion points for community workers, volunteers and community networks on COVID-19 : how to engage with communities, asking the right questions and what to say	IFRC, UNICEF, WHO
A guide for risk communication and community engagement : helps key community members run focus group discussions with communities to find out perceptions and questions surrounding COVID-19	UNICEF, IFRC
How your community can prevent the spread of COVID-19 : 5 pages of useful tips for communities to mobilise together around COVID-19	IFRC, UNICEF, WHO
The New Coronavirus Radio Show Guide and Running Order: Risk communication and community engagement for new coronavirus	IFRC

2.3 Strengthen the family and caregiving environment to promote children’s healthy development and keep them safe

Key Considerations	
Work with key community members to support caregivers (including foster and kinship carers) with parenting tools to interact constructively with children during the time of confinement.	
Support key community members to identify appropriate guidance for caregivers and families on safe on- and offline activities for children of different age groups during isolation. This should include special considerations for particularly vulnerable children, including children with disabilities.	
If key community members have been trained in PSS, they could offer <u>remote psychosocial support to caregivers</u> .	
Support key community members to share simple <u>messages with caregivers and families on coping with stress during COVID-19</u> and <u>how they can help children cope with stress</u> .	
Contribute to and promote community initiatives to raise spirits such as singing from homes collectively, sharing prayers, offering appreciation to health workers and promoting positive messaging and storytelling on social media.	
Work with schools, local education authorities and education partners to help parents and caregivers engage with and support children’s continuing education. There may be formal learning happening via radio or online, or resources being distributed. Where parents and caregivers have time and capacity they can also support children to learn directly using a variety of <u>distance learning resources</u> .	
More relevant resources	
<u>COVID-19 Parenting tips</u>	Parenting for lifelong health
<u>Parenting in the time of COVID-19</u>	WHO
See section 13 Activities for children during isolation/quarantine in the <u>CP AoR Resource Menu</u> for activities for different age groups, online (comic) books and games, animated videos, a comic creator and much more.	CP AoR
<u>Tips for parents and caregivers during COVID-19 School closures: Supporting children’s wellbeing and learning</u>	MHPSS Collaborative for Children and Families, Save the Children
<u>Relaxation activities to do at home with kids</u>	Save the Children
<u>Helping children cope with stress during COVID-19 (for children)</u>	WHO
<u>Remote Psychological First Aid during the COVID-19 outbreak</u>	IFRC
<u>Psychological First Aid Training Manual for Child Practitioners</u> – See sessions 7 and 8 on communication with children and session 9 on communication with caregivers	Save the Children
<u>Caring for Child Survivors Training Materials: Modules 6-9 on communication with children</u>	IRC and UNICEF
<u>Caring for Child Survivors Training Materials: Module 17 Psychosocial interventions (can be adapt to phone)</u>	IRC and UNICEF
<u>COVID-19 Advice for families of children with disabilities</u>	Contact
<u>INEE Technical Note on Education during the Covid-19 Pandemic</u>	INEE
<u>CPMS Standard 16 Strengthening family and caregiving environment</u>	The Alliance

2.4 Monitoring and referral of highly vulnerable children and families

Key Considerations	
Work with key community members to monitor and support families who might be at heightened risk (e.g., refugees, those with elderly carers, families living in crowded conditions, child-headed households, medically vulnerable family members, alternative care arrangements) with the focus on helping to minimize risk of disease, reducing psychosocial impacts of quarantine and reducing protection risks to children and caregivers.	
Key community members should promote safe reporting and referrals verbally by phone instead of sharing children’s identifying information via text or WhatsApp messages including photos to ensure confidentiality.	
Where possible, use already existing telephone hotlines. Ensure they are up-to-date with the latest information and referral routes. Hotlines may get very busy, so consider how to support increase and support staffing to cover more calls. People answering calls should be able to speak relevant languages and dialects so that they will be able to communicate clearly with those calling.	
While checking in on vulnerable families and children, key community members should: <ul style="list-style-type: none"> ○ Listen to children and caregivers, and not judge or press or force them to share information – particularly not information related to SGBV ○ Ask children or caregivers if they would like to be linked to supportive services and community supports ○ Explain what to expect if a case worker follows up with the child or caregiver 	
Key community members can use non-verbal forms of communication (e.g., nodding, sounds, pointing) and images depicting mood, protection, abuse and other key concepts to show over smart phones or tablets if there are children and caregivers who do not use verbal language.	
Key community members should encourage community members to share if there are barriers for girls and boys in accessing services and supports, in particular marginalised children in the community, brainstorming solutions collaboratively.	
Relevant resources	
<u>The Protection Children during the COVID 19: Children in Alternative Care – Key approach to response</u>	Better Care Network, UNICEF, The Alliance
<u>1-page guidelines for virtual monitoring of children, their families and residential Care Facilities during the COVID-19 Pandemic</u> , useful for key community members	Changing the Way We Care
See the interagency COVID-19 Child Protection Case Management Guidance for more information regarding the link between communities and case management actors	The Alliance
Click <u>here</u> for hotline related materials that are adapted for COVID-19 – Since <u>setting up hotlines</u> is labor and resource intensive, first check whether a well-functioning, accessible child helpline is already established in a given context	CP AoR
Please click <u>here</u> for the “Community Support Volunteers for UASC” toolkit	UNHCR

3. ENSURING THE HEALTH, SAFETY AND WELLBEING OF KEY COMMUNITY MEMBERS

Key Considerations	
Train key community members on Infection, Prevention and Control (IPC) guidelines set in place by the national government and agencies they are working with.	
When in-person contact is necessary, ensure that key community members' safety is protected through the provision of Personal Protective Equipment (PPE) and train them on the correct use.	
Link key community members to formal services or humanitarian actors (as appropriate) to make PPE, including hygiene kits and handwashing stations – and knowledge on how to use it. Make these available and accessible in the community, including to children and/or caregivers with disabilities.	
<p>Key community members MUST:</p> <ul style="list-style-type: none"> ○ Use hand sanitizer and follow national guidance e.g., <u>wearing masks</u>. ○ Wash/sanitize their hands frequently - before, during and after any essential home visit. ○ Where still appropriate, follow and promote physical distancing (safe distance of 2m, or follow national guidance) and aim to conduct home visits outside in a wide-open, well ventilated space rather than inside. ○ Stay home if they are sick. Where possible inform a substitute focal point who has also been trained to support children and families. ○ Seek medical attention if they have a fever, cough and difficulty breathing. If it is confirmed that they have COVID -19, all members of their household should remain in quarantine for at least 14 days to protect themselves, their family and community. 	
Check in regularly (set up a group chat, schedule a regular call or adopt another appropriate method) with key community members to discuss wellbeing, including signs of stress and means of self-care. Give them the time to talk about their concerns, needs, and their ideas.	
Share culturally relevant and appropriate resources for how key community members can manage stress and maintain emotional wellbeing. This can include, for example, a simple self-care exercise per day, materials/links, or phone numbers for accessing psychological support etc.	
Enable and encourage key community members to structure their time around additional caring responsibilities and to take time off for sickness.	
Relevant resources	
<u>Interim Guidance: Supportive Supervision for volunteers providing Mental Health and Psychosocial Support during COVID-19</u>	IFRC

4. FEEDBACK ON THIS NOTE

To keep this COVID-19 community-level child protection guidance up to date, ensure that good practices are shared between countries, and develop more in-depth guidance, we are inviting you to share the following feedback [here](#) regarding:

- ✓ Questions related to key community members' roles in working with community to protect children in times of COVID-19
- ✓ Lessons learnt and good practices in relation to (remote) community-level child protection from this response, or from prior work during infectious disease outbreaks (such as Ebola)
- ✓ Newly developed and/or contextualized guidance and tools for community-level child protection in times of COVID-19

5. REFERENCES

The content of this guide was adapted from:

- The Alliance for Child Protection in Humanitarian Action (2018). [Guidance Note: Protection of Children during Infectious Disease Outbreaks](#)
- The Alliance for Child Protection in Humanitarian Action (2019). [Minimum standards for Child Protection in Humanitarian Action \(CPMS\)](#)
- The Alliance for Child Protection in Humanitarian Action (2020). [Technical Note: Protection of Children during the Coronavirus Pandemic](#)
- Wessells, M. G. (2018). A [guide](#) and [toolkit](#) for supporting a community-led approach to child protection. New York. Child Resilience Alliance
- The Alliance for Child Protection in Humanitarian Action (2020). [A Reflective Field Guide: Community-level Approaches to Child Protection in Humanitarian Action](#)