Quick Review Series

Protecting children during the COVID-19 pandemic

The Alliance for Child Protection in Humanitarian Action is hosting a series of webinars and sharing resources and guidance to place child protection and social welfare at the centre of an emergency response. They have developed an interagency technical note (available in different languages) that will be updated as new learning arises from the field.

This quick review looks at a webinar on protection of children during COVID-19 pandemic and shares lessons learnt from the child protection Ebola response. The webinar also talks about key priorities and the way forward in the coming months.

In its COVID-19 technical note, the Alliance recommends that child protection must be central to all responses, and that the wellbeing of children must be prioritised. It also suggests that:

- Child protection and social services should be considered as essential services. They should have access to personal protection equipment (PPE) and cleaning materials and have adequate support (financial and technological) to work remotely if needed.2
- Workforce re-training and capacity building are needed; workers must be supported to demonstrate high level of adaptability and agility to work in this environment.
- There is a need to understand the extent and nature of the existing vulnerabilities that children might experience in a given context.
- There is a need to understand the potential risks to children if care givers are vulnerable or have comorbidities. Children might also be at risk due to family separation.
- Disruption to services results in reduced monitoring of various kinds of abuse and violence. Special planning needs to be in place to protect the vulnerable cohorts such as children with disability, children with life-threatening illnesses and those in households with a history of family violence.
- Children, parents, caregivers and staff must have access to psychosocial first aid.
- Adaptive programming and continuity for case management is vital with utmost care given to the safety of the worker and the client. New models of supporting group work remotely must be developed.
- We must consider ways of supporting children whose parents are unwell or have contracted COVID-19.
- Alternative care arrangements have to be modified and adapted as well. This includes children in state care, juvenile detention, non-state care, NGO-based care, immigration detention facilities and any other kinds of care. Staff working in institutional care must be seen as essential workers and have access to PPE and cleaning equipment.
- We need to critically engage with the government to share reliable and authentic information about the virus and the outbreak and aim towards stigma prevention.
- We need to actively advocate with governments and donors to focus attention on child protection and social welfare.

Governments need to be mindful about the ways in which essential equipment is diverted. When the COVID-19 outbreak happened in China, all the PPE equipment went first to the health workers, which significantly delayed the social service response as social workers were at risk but also potentially a risk to vulnerable families and children. Without PPE, these workers could not respond to social welfare problems.

Coordination between agencies for sharing materials, learning about commonalities and adapting resources is crucial at this time. There is also a need to advocate for children's safety across multiple sectors. Child

protection should be working with education, health, food security, accommodation and other sectors to provide a coordinated response.

It is anticipated that COVID-19 will have multiple secondary impacts. In order to respond to the direct and indirect impact of quarantine on child mental wellbeing, education and social welfare, a coordinated response is vital.

Child protection should also be working with police to provide child friendly approaches while managing quarantine restrictions.

We need to better understand the risks associated with moving towards online educations models. For example, what are the rules and regulations for unsupervised conversations between teachers and children or for one-on-one teaching lessons? What consent is needed about sharing information and about managing privacy of data? Child protection needs to be involved with education departments to see how online content is developed, implemented and reviewed. School work should also be accompanied with social messaging and help health alerts regarding COVID-19.

If access to internet or mobile devices are problems, other modes of engagement need to be explored. For instance, during the Ebola outbreak, radio was an important mode of communication. It was used widely to disseminate facts about the outbreak. In order to support remote areas, we need to explore and adapt different forms of media and training materials. Training material can be converted into short radio messages or WhatsApp videos to support remote staff. Child protection needs to work with communication teams to develop child friendly material as well.

During the Ebola outbreak many survivors were recruited to do face-to-face or phone-based support. They ran a helpline to share information about the outbreak. We have to think innovatively and creatively to involve people from other sectors to act as support staff for the social sector. Rapid training of education, health and social service workers using child protection principles could be a way forward.

Child protection must work with services that are still delivering services and explore possibilities of reaching out to children and of reducing barriers for children to access the services.

Another lesson learnt from the Ebola crisis response was that child protection must sit at all decision-making tables to make sure that no child is left behind. Responding to critical needs now is important, however it is equally important to plan for families and children who will become more vulnerable due to COVID-19. For example, past crises show that child abuse and family violence cases increase, highlighting the importance of planning and managing the transition from the response to the recovery phase.