MESSAGES FOR GOVERNMENTS

Coordinating the Protection of Children during the COVID-19 Response
Overall Messages

COVID-19 is a public health emergency with multiple direct and indirect impacts on children’s protection, well-being, and development, both in the short- and long-term. For example, the closure of schools, confinement, and reductions in food security and household income pose life-threatening risks for children, including exposure to violence, exploitation, abuse, family separation and harmful family coping mechanisms, such as child marriage and hazardous child labor.

Child Protection interventions are, thus, lifesaving for children. COVID-19 preparedness and response plans must include protection services for the most vulnerable to ensure life-saving protection interventions are available and accessible for children and their families.

Taking a whole of government approach and coordinating with relevant line ministries is critical to ensure a comprehensive multi-sectoral approach that ensures children are protected in all areas of their lives.

All actions to protect children in COVID-19 responses should: be consistent with the Minimum Standards for Child Protection in Humanitarian Action; aim for children’s participation; and be inclusive, taking gender, age, disability, and other factors into account.

Protection from Sexual Exploitation and Abuse (PSEA) must be integrated into the COVID-19 response, including assurance of safe access to all services and confidential, child-friendly, reporting channels. For more details, see the IASC Interim Technical note on PSEA during the COVID-19 response.

RISKS OF NOT PRIORITIZING CHILD PROTECTION INTERVENTIONS DURING THE COVID-19 PANDEMIC

- High-risk child protection cases are left without follow up or transition plans.
- New child protection cases are not taken care of or referred appropriately.
- Child protection risks that are often hidden, such as sexual abuse, physical violence, or neglect, will be missed without dedicated protection staff to provide regular follow-up and monitoring.
- Additional children are placed at risk, such as those living on the streets, separated due to illnesses in the family or COVID-19 related measures such as quarantines or travel restrictions.
- Public funding for social services is cut and access to services is significantly reduced (e.g. services are not adapted to provide remote support for children confined to homes).
Specific Messages

1. *Prioritize Children’s Protection*
   - Governments must classify and resource the social service workforce as essential staff during the COVID-19 outbreak, allowing them to continue delivering life-saving support to children and families.
   - Adapt existing programming based on access constraints, for example strengthening child helplines, radio messaging, establishing remote check-ins with vulnerable cases of children, etc.
   - Prioritize child protection services, including mental health and psychosocial support, case management, alternative care services and monitoring, child helplines, and other essential services, among critical services so these highly critical services remain operable.
   - Support child protection case workers to maintain and adapt support for children and families at high risk of violence, abuse and exploitation. Prioritize cases by risk level (e.g. high, medium, and low risk cases) and determine appropriate corresponding actions to be taken per risk level. See page two of the example *Lebanon COVID-19 Child Protection Case Management guidance*. *Global level case management guidance forthcoming.*
   - Cooperate with civil society organizations and the private sector to cover gaps in funding and the social service workforce.
   - By providing a coordination platform, relevant authorities and line ministries should work with CP organizations and institutions at different levels to maximize collective resources and improve the overall efficiency and quality of the response.

2. *Children at Risk in Quarantine or Isolation*
   - Implement protocols and plans for isolating or quarantining sick children that will enable them to have their ongoing physical and psychological needs met during COVID-19. Support protocols to allow parents to stay with ill children wherever possible.
   - Where parents and children are temporarily separated from primary caregivers, support routine communication through phone calls, video messages, etc.
   - Ensure family-based alternative care options for children whose caregivers are being quarantined, with non-family-based interim care (e.g. small group home or interim care center) being a last resort.
   - Ensure children caring for/living with elderly caregivers or caregivers with severe illness or disabilities are prioritized for immediate support.
3. **Staff Health and Well-being**

- Provide caseworkers and social workers with the necessary protective equipment and risk mitigation training to continue delivering essential services *safely*, in support of children’s care and protection in communities.

- Put in place Infection, Prevention and Control (IPC) guidelines for caseworkers to guarantee the health and safety of children/caregivers, caseworkers and community volunteers.

- Identify ways to create new networks or virtual spaces so that social workers can access information and peer and other support networks and provide them with the necessary technology and equipment to do so.

4. **Multi-Sector Cooperation**

- Promote consistent, accurate messaging about COVID-19 and ways to mitigate risks to children (e.g. promoting positive parenting and coping messages, how to reduce risk of family separation, etc.) by coordinating messages between child protection, gender-based violence, mental health, and health actors.

- Update and strengthen multi-sector referral pathways to reflect *new or adapted* health, education, mental health and psychosocial support, and other services or resources.

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**Exchange and Learn**


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