

ChildFund International's Life Stage and Child Protection Technical Guidance

V1. 24 March 2020

The purpose of this Technical Guidance for Country Offices (CO) is to provide CO and local partner staff with recommendations and possible adaptations to existing program models and activities during the COVID-19 outbreak. It is designed to strengthen the effectiveness of response and ensure a coordinated approach across regions. This Technical Guidance accompanies the Minimum Standards for Program Implementation During the Coronavirus Outbreak version1 issued 17 March 2020. It should be noted that even where an office chooses not to initiate a COVID-19 response, these guidelines can be used to support and adapt the ongoing programming in an office and meet the needs of the affected populations.

Unfortunately, current programming and activities may need to be suspended and adapted to new realities. Quarantine and social distancing requirements as well as infected community members will place stress on children, youth, and families as well as ChildFund and local partner staff. ChildFund and our local partners are viewed positively by communities and can serve a critical role during this global crisis. As an organization, we must always prioritize safety and health, but we encourage COs to think creatively about how we can still support communities and use our existing platforms in the prevention and potentially the response to COVID-19. The points below are based on best practice, global standards, and strategies used in similar health crises such as Ebola and other viral outbreaks. Country Offices are not required to apply every recommendation. **COs and local partners must prioritize and ensure that all national and international standards for the response to COVID-19 are applied to all program models, activities, advocacy and any support provided to our communities.**

This Technical Guidance provides programmatic recommendations in the following areas:

- ❖ Community mobilization efforts' recommendations that are common to all program areas.
- ❖ Program recommendation for Life Stages (LSs) 1, 2, and 3; Community-Based Child Protection efforts; and Child Protection in Emergency including children on the move programming.
- ❖ Reminder to use a gender and social inclusion lens when adapting ALL programming.
- ❖ Technical resources and information specific to Life Stage and other CF activities.

Programs and Partnerships will continue to provide technical guidance and support as needed through webinars, conference calls, and responses to individual country issues and concerns. We will also update this Technical Guidance as the COVID-19 situation evolves in the coming weeks. IO strongly encourages that CO and local partner staff do everything to keep themselves safe and healthy and practice intentional self-care as needed. We will get through this together!

0. Community Mobilization Efforts	
Implications for Community Mobilization.	<ul style="list-style-type: none"> ❖ As part of its community-based approach, ChildFund relies heavily on interactions and relationships with the community. ❖ Some if not most country offices and local partners will be required to suspend mobilization activities in line with local, regional, and national government calls to action to protect further spread of the virus. ❖ ChildFund and its local partners have a unique opportunity to use our existing relationships of trust to assess the impact in communities and provide support as appropriate and safe. ❖ COs and LPs are encouraged to think about how to adapt mobilization, make information available, and maintain community connections in alternative ways to meeting in groups.
0.1	<ul style="list-style-type: none"> ● Assess Community Meetings or Gatherings. At this time, meetings within the community should follow local and national government issued requirements related to number of individuals who can meet at any one time, and the distance that needs to be maintained between individuals. In absence of guidelines from the national government, CO's should apply meeting guidelines provided by WHO or the US Centers for Disease Control.
0.2	<ul style="list-style-type: none"> ● Provide Accurate and Accessible Information. Provide accurate information about COVID-19 and make sure that it is readily available and accessible to frontline workers, patients infected with COVID-19, as well as community members. Consider how information can be shared with groups that have low to no literacy.
0.3	<ul style="list-style-type: none"> ● Dispel Myths and Misinformation. Identify myths and misinformation around COVID-19 that may be circulating in the community, determine the source (online disinformation or local rumour), and ensure that accurate information is getting to those who may be confused and targeted by inaccurate reporting. In every country and context, there will be myths and misinformation related to the virus such as eating or drinking certain foods will cure people or that certain people (race/religion/caste, etc.) are at higher risk. ChildFund is a trusted entity in many communities and can serve a critical role in correcting misinformation with facts and accurate prevention and treatment recommendations.
0.4	<ul style="list-style-type: none"> ● Assess Food and Non-Food Needs. Consider linking families to a “food bank” or a “food distribution” program. If not available, guidance on specific response to needs, including cash transfer options during COVID-19 will be forthcoming.
0.5	<ul style="list-style-type: none"> ● How to Get the Message Out. Use current communication channels, advocacy platforms and networks to coordinate among stakeholders and disseminate information about COVID-19. Work with local authorities to leverage resources to COVID -19 response for children and youth specifically through national advocacy platforms if available. Include the voices of children and youth whenever possible when designing and implementing messaging around COVID-19.
0.6	<ul style="list-style-type: none"> ● Information, Education, and Communication (IEC). Identify, adapt or develop inclusive IEC materials that are simple and created in variety of accessible formats, including the use of images and pictures, to ensure messages reach all members of the community.

0.7	<ul style="list-style-type: none"> • Community Mobilization and Gender/Social Inclusion – When considering updates to community mobilization, please refer to the Gender and Social Inclusion section in the ChildFund Minimum Standards for Program Implementation During the Coronavirus Outbreak – March 17, 2020. Additionally, please consult with Shelby French, Senior Advisor, Youth and Gender for additional assistance with ensuring best practice of gender and social inclusion is informing all prevention and response to COVID-19. There will be an upcoming webinar (April) on strategies to use around gender and social inclusion in all aspects of prevention and response.
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1. Life Stage1 (0-5) - Please contact Cassandra Scarpino, Sr. Advisor, Early Childhood Development, with questions about the below recommendations. CScarpino@ChildFund.org	
Implications for Infants, Young Children, and Parents/Caregivers	<ul style="list-style-type: none"> ❖ Infants and young children will be impacted by the COVID-19 health crisis in ways that are specific to their stage of development and growth. ❖ While younger people seem to be less affected by the virus (symptoms are often less acute), newborns, infants and young children remain among the population considered most vulnerable (especially newborn even if not premature). As we are still learning about how the virus spreads, manifests and impacts their health, it should not be assumed they are less impacted by the virus. ❖ Parents and caregivers will be stressed by mandates to socially isolate and will have increased worry about income and overall well-being of the family. This might limit their energy and ability to engage in responsive parenting. ❖ Childcare provided by extended family members (grandparents, aunts, uncles, etc.) may be unavailable if they are vulnerable to the virus, sick, or need to quarantine. ❖ Parents and caregivers may be forced to quarantine and be separated from their infants and children who may not be ill. ❖ The risk of violence in the home increases during times of crisis, especially when forced to remain at home and disrupt critical income generating activities. Infants and young children often bear the brunt of this stress through abuse and or neglect and are negatively affected by witnessing violence against other members of the family. ❖ ChildFund is a trusted entity in the community and can be a critical source of support for parents and caregivers.
1.1	<ul style="list-style-type: none"> • Align Messaging around the Needs and Support of Infants, Young Children and Parent/Caregivers. Reach out to government and peer organizations (e.g. through national ECD committee, national ECD working group, other civil society organizations working in ECD) to assure messaging and actions taken align. As we are likely to be working in overlapping areas/areas in close proximity we want to make sure that families/caregivers receive the same guidelines and messaging.
1.2	<ul style="list-style-type: none"> • Assess Community Meetings or Gatherings Related to Infant and Childcare, and or Parent/Caregiver Support. Follow local and national government regulations about the max # of individuals and distances to be maintained. In absence of

	directives at country level and in presence of confirmed cases of COVID-19, all group meetings and gatherings should be suspended as recommended by WHO or the US Centers for Disease Control .
I.3	<ul style="list-style-type: none"> • Non-ChildFund/LP Community Events. Encourage local authorities to minimise/postpone/cancel public outreach events related to ECD, particularly if local response is slow or uninformed about the risks.
I.4	<ul style="list-style-type: none"> • Advocate for Access to Healthcare. Assess the status of access to healthcare for all infants, young children, and their parents/caregivers, particularly the most marginalized. Identify where there may be bottlenecks and use local networks to advocate for inclusive health care for the most vulnerable infants, young children, and families.
I.5	<ul style="list-style-type: none"> • Coordinate/Lead an Inter-agency Plan, in collaboration with relevant authorities to ensure the care of vulnerable children and their caregivers.
I.6	<ul style="list-style-type: none"> • Pregnant or Nursing Women. If pregnant or nursing women are part of the group, sessions should be suspended. While currently there is no evidence on whether expectant women are at greater risk than the general public nor whether they are more likely to have serious outcomes as a result of their infection, the changes in their bodies may increase their risk of some infections.¹ While so far the virus has not been detected in breast milk, we still do not know whether mothers with COVID-19 can transmit the virus via breastfeeding². The many benefits of breastfeeding should still be considered and discussed with health providers for guidance for new mothers with COVID-19.
I.7	<ul style="list-style-type: none"> • Play. It is still extremely important to engage with infants and young children with playful parenting. Unless the caregiver has a confirmed case of COVID-19 or has been instructed to quarantine themselves from the rest of the family or is a suspected case (in that case, national and WHO directions should be followed), few strategies can be adopted to continue providing a nurturing environment to infants and young children (IYC): <ul style="list-style-type: none"> ○ Caregiver should wash their hands after coming back home from outdoors before touching/playing child. Other important times to wash hands are before and after using the bathroom, before and after preparing meals for child/family, before (breast)feeding child, before and after changing infant. ○ Unless the caregiver has a confirmed/suspected case of COVID-19 (in which case they should quarantine themselves and follow national directions), there are not additional risks in playing with infants and young children and regular recommendations/suggestions/ideas for early stimulations activities within the household can continued to be shared with caregivers, from responsive materials already available to country offices. ○ In contexts with confirmed cases, guidelines on self-isolation (staying at home) and social distancing (six feet or 2 meters or more between persons) should be followed in those instances that IYC are outside the home. Visits outside should be avoided unless essential. Especially infants often bring their hands and objects to their mouths to explore them and this would put them at risk in an uncontrolled environment.

¹ From CDC: https://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fpregnancy-faq.html

² Ibid.

	<ul style="list-style-type: none"> ○ It is never too early to start good hygiene practices, handwashing included. Gently washing mobile infants' hands is a good practice especially before meals. With older young children hand washing can become a game, songs can be sung for the recommended handwashing time (20 seconds or more) to help children learn the adequate duration of handwashing and make it a pleasant activity.
I.8	<ul style="list-style-type: none"> ● Health, food and nutrition. <ul style="list-style-type: none"> ○ For scheduled health check-ups/vaccinations, the local health provider/clinic/unit should be consulted (by phone) prior travelling to the clinic - if possible - to learn about any specific guidance. ○ Depending on the national government response to the spreading of the virus, food supply might be affected. COs should reach out to Health Department and compile recommendations on how to prepare nutritious meals with alternatives/food items less likely to become scarce and available locally. ○ Financial support to community food banks and direct cash transfer might be considered by COs as a strategy to support households in the most vulnerable (financial) situations.
I.9	<ul style="list-style-type: none"> ● Home Visits. Home visits should be suspended (a measure to protect both caregivers and home visitors). While the same level of engagement with caregivers might not be possible i.e. frequency and duration, when/where possible, communication channels should be continued in alternative modalities. This continuous contact would provide the opportunity to share key messages + check-in with caregiver + share ideas for early stimulation activities + reinforce government directives on social distancing/etc. and share about resources as needed.
I.10	<ul style="list-style-type: none"> ● Alternative Modalities. For group sessions, the same level of continuous engagement might not be feasible given the caregivers-facilitator ratio. While individualized attention might not be possible, if the available technology allows it, group text messages/group WhatsApp texts can be sent to each caregiver group with key messages + ideas for early stimulation activities, etc. Resources include: <ul style="list-style-type: none"> ○ Free apps with early stimulations ideas/activities include Vroom. ○ Ideas on relaxation activities to do with children can be found here (as Save the Children resource). ○ Group text messages can be used in contexts where households do not have smart phones. ○ Key messages, ideas for activities, reinforcement of government directions w/regard to COVID-19 measures can be shared through radio broadcast. ● Note: please be conscious that in some contexts there might be just one cell phone/smartphone per household and that often belongs to the head of the household, and messages might be filtered/not arrive to the intended audience. To mitigate, some strategies might include: <ul style="list-style-type: none"> ○ Design and send clear short messages inclusive of explanatory/introduction explaining scope of messages. ○ Provide SIM cards for other members of the household so they can share the same phone unless it is a potential source of conflict.

I.11	<ul style="list-style-type: none"> • Costs and logistics associated w/alternative communication modalities. Where possible i.e. there is budget available, facilitators and mentors should be provided with data transfer (for smartphones)/credit for cell phones to being able to maintain communication with caregivers following scheduled times. For contexts where there is also a challenge related to service coverage, a longer-term strategy is to try negotiate with service providers for the installation of new transmission towers (service providers might be convinced by the longer-term prospect of broadening their client base.
I.12	<ul style="list-style-type: none"> • Provide Alternative Staffing when Frontline Workers Are Needed for COVID-19 Response. For contexts where home visits and group sessions are carried out through frontline workers from the health sector (i.e. we're working with nurses and other health workers), the engagement with caregivers should be suspended or possibly carried out by other para-professionals/volunteers to avoid overburdening the health care sector.
I.13	<ul style="list-style-type: none"> • Adapting the Responsive Parenting and Protection Program Model. <ul style="list-style-type: none"> ○ <i>Mapping exercise</i> (for available materials and existing/gaps in policy) can still take place by doing desk research/reaching out via mail/phone to government and non-government partners. ○ <i>Scheduled Training with Local Partners and sub-national govt.</i> Assess their availability to connect virtually or to receiving some learning materials via email. While unfortunately a significant part of the capacity building workshop won't be easily replicable/can't be moved to a virtual modality (the experience of different adult learning strategies that will need to be then cascaded to facilitators for their vis a vis work), there is still the possibility to help increase their knowledge on nurturing care, etc. Depending on their time availability (to be assessed as they might be engaging in response activities to the COVID-19 pandemic), context, IT available, content might be shared in different ways e.g. through online webinars or via text messages, similar to those that would be shared with caregivers. ○ <i>Scheduled training with facilitators and caregivers.</i> To be suspended. In context where mentors and facilitators can access and have necessary IT and literacy skills to engage with online materials, a more long-term solution is to develop online trainings with our content. Similarly, to what explained above, the limitation will be the absence of the experience of how to conduct vis-a-vis engagement with adults. ○ <i>Additional activities</i> - For community mobilization/consultant, home visits, group sessions, reflective supervision, direct data collection with caregivers i.e. interviews, see recommendations above on community gathering, group sessions and home visits.
I.14	<ul style="list-style-type: none"> • LS1 and Gender/Social Inclusion – When considering updates to LS1 programming and activities, please refer to the Gender and Social Inclusion section in the ChildFund Minimum Standards for Program Implementation During the Coronavirus Outbreak – March 17, 2020. Additionally, please consult with Shelby French, Senior Advisor, Youth and Gender for additional assistance with ensuring best practice of gender and social inclusion is informing all prevention and response to COVID-19. There will be an upcoming webinar (April) on strategies to use around gender and social inclusion in all aspects of prevention and response.

2. Life Stage2 (6-14) Please contact Janella Nelson, Sr. Advisor, Education with questions about the below recommendations.

jnelson@childfund.org

<p>Implications for Students and School Systems</p>	<ul style="list-style-type: none"> ❖ School-aged children will be impacted by the COVID-19 health crisis in ways that are specific to their stage of development and growth. ❖ The closing of schools can be incredibly stressful for children, youth, and families and create more fear and anxiety. ❖ Schools play an incredibly important part of a community, particularly where education can be difficult to afford and access. ❖ Children will be at risk of having their learning and development interrupted or perhaps never returning once schools reopen, particularly adolescent girls who may take on additional caregiving responsibilities for sick or infected family members. ❖ Children will need things to do while not in school via technology and offline methodologies that they can access and use at home.
<p>2.1</p>	<ul style="list-style-type: none"> • Align Messaging around Education during COVID-19. Reach out to government and peer organizations (e.g. through national committees, national education working groups, other civil society organizations working in education) to assure messaging and actions align. As we are likely to be working in overlapping areas/areas in close proximity we want to make sure that families/caregivers receive the same guidelines and messaging around education and schools during the COVID-19 crisis.
<p>2.2</p>	<ul style="list-style-type: none"> • Use School Facilities and Infrastructure. If available and given permission to use, schools and other educational facilities can be used to ensure the wider community has access to accurate information during a crisis.
<p>2.3</p>	<ul style="list-style-type: none"> • Provide Accurate Information to Schools and Students. Identify different channels that can be used to raise awareness with students and those in the educational system about the virus, school updates, and/or offer educational activities-posters, mobile phones, radio, TV/videos, loud-speakers, etc. Activities should be done in collaboration with Ministries of Education and follow guidelines related to meeting in small groups.
<p>2.4</p>	<ul style="list-style-type: none"> • Coordinate with the Ministry of Education to ensure that accurate messages and school/community updates are being passed on to students and caregivers through different channels. Updates should be given weekly or more often if new

	<p>information comes up. Messages should also encourage caregivers to support children’s distance learning, provide times/dates of radio/TV programs, etc.</p>
2.5	<ul style="list-style-type: none"> • Advocate for Children in School. Use current advocacy platforms and networks to coordinate among stakeholders and disseminate information on issues related to education and the impact of COVID-19. Work with local authorities to leverage resources to COVID-19 response for children and education through national advocacy platforms if deemed necessary.
2.6	<ul style="list-style-type: none"> • Advocate for Parents/Caregivers of School-Aged Children. Advocate government for flexible working engagement for parents and caregivers who may be impacted by COVID-19 but are required to keep working.
2.7	<ul style="list-style-type: none"> • Work with Schools, PTAs and SMCs to help identify vulnerable students who need additional support and are at greater risk.
2.8	<ul style="list-style-type: none"> • If Schools Are Open. <ul style="list-style-type: none"> ○ Provide soap, buckets and other hygienic materials to schools. ○ Provide 1-day workshop for teachers on child protection risks, reducing stigma, dispelling myths related to COVID-19, and distance learning preparation. ○ Most schools will need to close at some point. This time should be used to prepare teachers and students for the transition to distance learning. ○ Support teachers to identify distance learning channels their community can access and develop lessons for 2 to 3 months for students/caregivers in case of school closure. ○ Support development of a mobile teacher network through WhatsApp/Google Hangout/etc. to share materials and support teacher well-being. ○ Support school clubs, parent-teacher associations (PTAs), School Management Committee (SMCs) to deliver key messages on hygiene, etc.
2.9	<ul style="list-style-type: none"> • If Schools Are Closed. Activities should be done in collaboration with the Ministry of Education (MOE) and schools. <ul style="list-style-type: none"> ○ Support development of learning packets or list of activities for each grade to send to parents via paper form, mobile phones, or other options. ○ Activities should focus on academics and social-emotional learning. ○ Lessons prepared in advance by teachers or platforms designed by the MoE for distance learning should take priority. ○ If not available, external content that has already been developed can be taken. See list of Self-directed learning content & Mobile Reading applications on UNESCO, Distance Learning Solutions. ○ Provide the SEL activities from Learning and Well-being in Emergencies in the SBVP Toolkit to educators, caregivers or older siblings to do at home with students.

	<ul style="list-style-type: none"> ○ Support uploading of literacy and numeracy lessons or digital content on SD cards that can be used with mobile phones who don't have internet and distribute SD cards following hygiene guidance. ○ Develop virtual training for educators (with internet access) on supporting student distance learning using virtual platforms such as Funzi ○ Coordinate virtual groups (WhatsApp) for caregivers to be able to ask questions and provide support to each other. ○ Link students and their households with services that are providing soap, learning materials, and Sandisk (SD) cards for mobile phones.
2.10	<ul style="list-style-type: none"> ● Reading Support (schools open or closed) <ul style="list-style-type: none"> ○ Collaborate with a radio program to broadcast storytelling, lessons, and social-emotional activities during times that students will be able to listen. ○ Identify books from digital libraries (Storyweaver, Library for All, WorldReader) that can be printed at low cost and provided to students to take home and increase social awareness of these free digital reading that can be used on mobiles phones. ○ Liaise with internet service providers to explore how internet access can be made available for students learning from home. a radius around a school.
2.11	<ul style="list-style-type: none"> ● LS2 and Gender/Social Inclusion – When considering updates to LS2 programming and activities, please refer to the Gender and Social Inclusion section in the ChildFund Minimum Standards for Program Implementation During the Coronavirus Outbreak – March 17, 2020. Additionally, please consult with Shelby French, Senior Advisor, Youth and Gender for additional assistance with ensuring best practice of gender and social inclusion is informing all prevention and response to COVID-19. There will be an upcoming webinar (April) on strategies to use around gender and social inclusion in all aspects of prevention and response.

3. Life Stage 3 (15-24 years) Please contact Shelby French, Senior Advisor, Youth and Gender about the recommendations below – sfrench@childfund.org

Implications for Adolescents and Youth	<ul style="list-style-type: none"> ❖ Adolescents and youth, ages 15 through 24, will be impacted by the COVID-19 health crisis in ways that are specific to their stage of development and growth. ❖ They may experience disruption to their schooling and both informal and formal group activities. ❖ Adolescence is a time where peer groups and friends become increasingly important, so separation from these groups can increase young people's feelings of isolation and cause tension in the home.
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	<ul style="list-style-type: none"> ❖ Youth may often be asked by families to take on more responsibilities in the home particularly if a parent or caregiver becomes sick. ❖ Youth may also be asked to take over family businesses or financial activities if a caregiver is ill or if the local economy is affected. ❖ Youth already employed or in vocational training and education programs (VTEP) may lose income and progress in completing a technical certificate program. ❖ Youth who are parents will be more vulnerable and may not have the extended family care of their children that they normally rely on if family members become ill or are told to stay in their homes. ❖ Vulnerable youth such as youth living on the street, married early, experiencing intimate partner violence, LGBTQI groups, and migrants may be stigmatized and or marginalized from critical services and sources of information. ❖ Most youth programs and activities are implemented within a group format so social distancing and other prevention measures will have a significant impact on programming.
<p>3.1</p>	<ul style="list-style-type: none"> ● Align Support around Adolescents and Youth. Reach out to government and peer organizations (e.g. through national committees, national working groups, other civil society organizations working with youth) to assure all messaging and actions align. As we are likely to be working in overlapping areas/areas in close proximity we want to make sure that adolescents, youth, and families receive the same guidelines and messaging.
<p>3.2</p>	<ul style="list-style-type: none"> ● If Groups Are Still Meeting in Person <ul style="list-style-type: none"> ○ Adhere to local, national government, WHO, or CDC guidelines for recommended numbers of people meeting in groups and how far apart people should meet if social distancing measures are applied. ○ If groups continue to meet, ensure that all members follow handwashing and hygiene practices and that materials outlining the required hygiene care are available and posted where the groups meet. ○ Make soap, water, and hand sanitizer available for use at the group meeting site. ○ Provide, review, and discuss the appropriate COVID-19 prevention and response information as appropriate to the community context. ○ Engage youth in assessing how COVID-19 could affect each group and person in different and similar ways. ○ Facilitate a risk assessment and mitigation activity with the group for preventing and responding to COVID-19 in their community. ○ Invite each group member to create a personal risk mitigation plan for the group and their families. ○ Discuss protection risks specific to adolescents and youth such as sexual exploitation, domestic violence, intimate partner violence, and human trafficking. ○ Identify how to safely report concerns while still meeting in person and if group activities are suspended. ○ Ensure that there is a plan to stay connected in some way if and when the group meetings are suspended.
<p>3.3</p>	<ul style="list-style-type: none"> ● Determine When to Suspend Group Meetings and Activities

	<ul style="list-style-type: none"> ○ Youth in any program model or group-based activity must follow all local, regional, or national governments requirements around groups and congregations of people. ○ However, country offices and local partners can choose to suspend group programming if an increased risk is observed in the community, such as learning that someone is sick within the community, in the group, or a family member within the group. ○ Country offices and local partners should stop all group activities if a member, a facilitator, or a visitor to the group meeting begins showing symptoms of being ill, even if it is not diagnosed as COVID-19.
3.4	<ul style="list-style-type: none"> ● Consider Alternatives to Group Meetings and Ways to Keep Youth Connected. <ul style="list-style-type: none"> ○ Create a private Facebook, WhatsApp, or other safe social media option that group members can access and use to communicate with each other. ○ For those who do not have phones or access to a computer of any kind, consider ways to send messages via mail or other hard copy delivery. ChildFund is exploring the provision of SIM cards for use with a phone in the household. More information will be coming in the evolving versions of this guidance. ○ Ask group members to keep a journal (provide them with a notebook and pen/pencil for that purpose) and have them record what life is like during COVID-19, how they hope to change their community to better respond to health threats like this, or other prompts to keep young people engaged with the group and aware of how the experience is impacting them and their families.
3.5	<ul style="list-style-type: none"> ● Employ a Youth Centered Design Strategies to Discussing Ideas About How to Keep the Community Healthy. <ul style="list-style-type: none"> ○ Utilize the Design and Do steps in the Voice Now! blueprint to engage youth around solutions that they can employ in their families and communities to keep them healthy. ○ This can be done with prompts and questions provided either using an online chat technology, social media, or via hard copy materials that can be safely delivered. ○ While the solutions generated may not be possible given social distancing restrictions, the connections and generation/sharing of ideas will hopefully keep youth feeling empowered and engaged with their communities during a time of crisis.
3.6	<ul style="list-style-type: none"> ● Recruit Youth to Assist COVID-19 Response Efforts <ul style="list-style-type: none"> ○ Youth can be a valuable resource during a time of crisis. ○ Determine if there are safe activities where youth can be employed to provide support in prevention activities, i.e. handing out materials to schools, posting materials through key community locations, taking care of younger siblings so caregivers more vulnerable to the virus do not have to be in close proximity to those who may pass the disease ○ Ensure there is adequate training, that all activities ensure the safety of the young person first, and there is adequate supervision by an adult if participants are under 18.

3.7	<ul style="list-style-type: none"> • Check in with Vulnerable Youth - As with young children, adolescents and youth can be impacted by increased levels of violence and abuse generated by the stress of the crisis.
3.8	<ul style="list-style-type: none"> • Advocate for Adolescents and Youth – Link with government as well as peer organizations for minimum and safe youth engagement in any voluntary prevention and response activities and ensure that the most vulnerable youth – youth living on the street, married early, experiencing intimate partner violence, LGBTQI groups, and migrants – are able to access prevention and response services including health care as needed.
3.9	<ul style="list-style-type: none"> • Access and Use Communication Channels/Platforms Most Used by Adolescent and Youth. Think about how youth access media and how outreach methods should be adapted for this age group. Consider youth-friendly mediums for awareness programs on COVID-19 and to introduce at home activities that will engage while maintaining the ‘stay home’ requirements if mandated. If COVID-19 response expands, consider use of TV channels or radio, to conduct child friendly programs on COVID-19 as well other LS3 specific activities. Also, consider how youth may be able to design messaging to their peers with a special emphasis on dispelling myths and providing accurate information.
3.10	<ul style="list-style-type: none"> • LS3 and Gender/Social Inclusion – When considering updates to LS3 programming and activities, please refer to the Gender and Social Inclusion section in the ChildFund Minimum Standards for Program Implementation During the Coronavirus Outbreak – March 17, 2020. Additionally, please consult with Shelby French, Senior Advisor, Youth and Gender for additional assistance with ensuring best practice of gender and social inclusion is informing all prevention and response to COVID-19. There will be an upcoming webinar (April) on strategies to use around gender and social inclusion in all aspects of prevention and response.

4. Community-based Child Protection Efforts Please contact Betsy Sherwood, Sr. Advisor, Child Protection about the recommendations below – bsherwood@childfund.org

Implications for CBCP Activities	<ul style="list-style-type: none"> ❖ The COVID-19 outbreak has the potential to impact communities on many different levels, particularly the context of child protection. ❖ Previous mapping may still apply, but new concerns may arise as a result of a health crisis. ❖ ChildFund is in a good position to understand the community context given previous mapping activities and can use that information in considering development of prevention and response activities to COVID-19.
4.1	Modify CBCP Activities: Based on local and or national guidelines for prevention of COVID-19, suspend in-person CBCP activities and support partners to engage with children and caregivers remotely. Consult with TA if there are questions about when to suspend if governments are not already requiring reduction of group meetings.

4.2	CBCP Mapping Findings: Countries who utilized the CBCPM Tool on Child Protection in Emergencies in their mappings should immediately support local partners to reflect on findings and determine the specific and unique needs for populations in their communities and develop COVID-19 response interventions to reach these groups.
4.3	Adapt & Strengthen CP Referral Pathways: CO Child Protection Specialist should work directly with each partner to review partner specific CBCP Mapping findings for formal and informal child protection systems and developed adaptations for existing referral pathways as needed. Consider ways to make safe and confidential referrals using remote systems -i.e. Promoting Child Help Lines or establishing other call-in or secure online reporting options.
4.4	Support & Promote Remote Community-Led Action Planning: CO Child Protection Specialist should continue to support partners to reflect on and analyse CBCP mapping findings, and to consider ways to convene Action Planning activities remotely – i.e. group phone calls, via messaging systems. It is a critical time to continue to strengthen existing community-based protection mechanisms.
4.5	Empower Partner & Child-Led Advocacy Efforts: Consider engaging groups and committees established in during the CBCPM process to support with COVID-19 response activities. Encourage representatives from these groups to advocate for the unique needs of children and caregivers directly with key stakeholders and decision makers in their community. Support partners to find ways to engage children and youth to develop direct messages to share their ideas and needs using virtual platforms.
4.6	CBCP and Gender/Social Inclusion – When considering updates to CBCP activities, please refer to the Gender and Social Inclusion section in the ChildFund Minimum Standards for Program Implementation During the Coronavirus Outbreak – March 17, 2020. Additionally, please consult with Shelby French, Senior Advisor, Youth and Gender for additional assistance with ensuring best practice of gender and social inclusion is informing all prevention and response to COVID-19. There will be an upcoming webinar (April) on strategies to use around gender and social inclusion in all aspects of prevention and response.

5. Child Protection in Emergencies including Children on the Move - Please contact Radwa el Manssy, Sr. Advisor, Child Protection Advisor with questions about the below recommendations. Rmanssy@childfund.org

Implications for Children in a COVID-19 Emergency Response	<ul style="list-style-type: none"> ❖ Children and youth are often disproportionately affected in any type of emergency. ❖ They are often at greater risk of violence and normal protective factors can break down. ❖ A formal emergency response to the COVID-19 outbreak. However, there are preliminary steps that can be taken to prepare for participation in a response effort, particularly for the protection of our primary beneficiaries, children and youth.
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5.1	<ul style="list-style-type: none"> • Assign a Child Protection Focal Point. Where a humanitarian coordination mechanism exists, designate a Child Protection (CP) focal person to participate and access information in Child Protection and other working groups relevant to programming such as WASH, health sectors, and others. Given the current preventative environment, meetings will most likely be conducted virtually. It is strongly advised that COs be involved in these groups and track and apply rapidly changing information.
5.2	<ul style="list-style-type: none"> • Rapid Child Protection Assessment. Rely on Community-Based Child Protection mapping to help determine the primary points of vulnerability for children and youth and help inform a coordinated response. More assistance, including specific tools will be provided around this if ChildFund moves into a stage of emergency response or support.
6.3	<ul style="list-style-type: none"> • Train. Train health, education, child services and MHPSS staff on COVID-19-related CP risks. Please refer to Technical note: Protection of children during Coronavirus outbreak available in English, French, Spanish and others at https://alliancecpha.org/en/COVID19.
6.4	<ul style="list-style-type: none"> • Connect with Existing Referral Systems and Identify Key Resources Need for an Updated Referral System in the COVID-19 Context. Establish connections with formal referral systems to allow for comprehensive support to children and families. Ideally, referrals should include connections to: <ul style="list-style-type: none"> ○ Organizations for immediate needs (shelter, food, clothing, and cash). ○ Organizations that can coordinate kinship or alternative arrangements for children whose parents/caregivers might be affected by the virus. ○ Nutrition centers for food or feeding programs. ○ Clinics or medical systems (health services including sexual and reproductive health (SRH), human immunodeficiency virus (HIV) testing, medications for acute illness, monitoring of chronic diseases, etc.). ○ Mental health systems (for specialized care, medication for chronic illness). ○ Social systems for children or family members with physical or developmental differences that may require case management or other supervision support, including any cash assistance programs and other services that support the wellbeing of families.
6.5	<ul style="list-style-type: none"> • Monitor and Track Families and Children who Tested Positive to COVID-19. Consider organizing a basic monitoring and tracking system for all families and children that are impacted and infected by the virus. More guidance around tools for this will be shared as they become available.
6.6	<ul style="list-style-type: none"> • Train in Psychological First Aid. All local partners, community mobilizers are recommended to be trained in Psychosocial First Aid (PFA), so that they can recognize symptoms of extreme distress in a child and refer, and if needed, provide urgent and immediate psychological support. PFA also provides guidance on self-care and how facilitators can deal with stress and avoid burnout. PFA training modules can be provided for this purpose. More assistance will be provided by Technical Advisors on how to provide remote/virtual trainings to local partners and others.

6.7	<ul style="list-style-type: none"> • Ensure Hygiene Awareness and Practice. Prioritize health and personal hygiene awareness in communities, specifically inside care institutions and detention facilities (if your program is already working in this setting).
6.8	<ul style="list-style-type: none"> • Provide Hygiene Kits. Consider the distribution of cash for purchase of hygiene kits if the products are locally available, or consider direct purchase in refugee, displacement and asylum seekers settings (if your program is already working in this settings).
6.9	<ul style="list-style-type: none"> • Build Awareness of Child Protection Reporting Mechanisms including Child Safeguarding. All community workers and volunteers should be aware of child protection reporting mechanisms in their communities and be well informed on how to safely identify and refer any suspected Child Protection cases. Staff and volunteers who are new to CFI should complete a comprehensive training on CFI Child Safeguarding Policy and be well-informed of the increased child protection risks towards children and adults during crisis.
6.10	<ul style="list-style-type: none"> • CIE and Gender/Social Inclusion – When considering support of children in emergencies or children on the move, please refer to the Gender and Social Inclusion section in the ChildFund Minimum Standards for Program Implementation During the Coronavirus Outbreak – March 17, 2020. Additionally, please consult with Shelby French, Senior Advisor, Youth and Gender for additional assistance with ensuring best practice of gender and social inclusion is informing all prevention and response to COVID-19. There will be an upcoming webinar (April) on strategies to use around gender and social inclusion in all aspects of prevention and response.

RESOURCES (This list will be updated as new resources, materials, and tools are developed and made available)

General information on COVID 19 for community members and parents

- WHO main Coronavirus Website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- WHO advise to the public video: <https://www.youtube.com/watch?v=OZcRD9fV7jo&feature=youtu.be>
- WHO Risk Communication Overview 17-minute video: <https://openwho.org/courses/risk-communication/items/c38eb3bf-c35b-4133-a481-816137ddc0f1>
- The three-hour, WHO COVID-19 online training course: <https://openwho.org/courses/introduction-to-ncov>
- UNICEF Latest News and Guidance on COVID 19: <https://www.unicef.org/coronavirus/covid-19>
- Resource for parents with video (English, Spanish, French): <https://www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know> Speaking to children: <https://www.unicef.org/coronavirus/how-talk-your-child-about-coronavirus-covid-19>
- Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission <https://resourcecentre.savethechildren.net/node/17032/pdf/community-mitigation-strategy.pdf>
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Life Stage 1 Resources

- [Vroom](#) is an open sourced app with daily “brain building” activities for children aged 0-3.
- [Ideas on relaxation activities](#) to do with children can be found (Save the Children).
- [Ideas for play activities for children 12-24 months](#), might not be relevant/feasible in some contexts (Zero to Three)

Life Stage 2 Resources

- ChildFund is a member of the Inter-agency network for Education in Emergencies. A list of various materials related to education can be found at <https://inee.org/collections/coronavirus-covid-19>
- KOLIBRI: Offline learning application to support universal education containing content from various other education applications. <https://learningequality.org/kolibri/>
- UNESCO, Distance Learning Solutions to Mitigate Covid-19 School Closures. Useful sections are the Systems with Offline Functions & Self-directed learning content & Mobile Reading applications: <https://en.unesco.org/themes/education-emergencies/coronavirus-school-closures/solutions>
- Key Actions for Schools (English, French, Spanish, Portuguese): <https://inee.org/resources/key-messages-and-actions-covid-19-prevention-and-control-schools>
- Guidance Note on Psychosocial support to children (English, French, Spanish): <https://inee.org/resources/inee-guidance-note-psychosocial-support>
- SBVP SEL and self-protection lessons can be found on the SBVP WG SharePoint site. <https://childfundintl.sharepoint.com/sites/sbvpwg/Shared%20Documents/Forms/AllItems.aspx?viewid=32e36df8%2D947c%2D4fd7%2Db486%2Dd7b5f4a8036c&id=%2Fsites%2Fsbvpwg%2FShared%20Documents%2FSBVP%20Component%201%20%2D%20Child%20SEL%20and%20Selfprotection>
- Digital Libraries:
 - Storyweaver, Digital repository of multilingual stories for children. Stories can be read, downloaded, translated, versioned or printed. Some books are audio. 230 languages. <https://storyweaver.org.in/>
 - WorldReader, mobile Library in Hindi, English, Spanish can use on phones. Free for 3 months and then \$0.50 device/monthly: <https://www.worldreader.org/keep-children-reading/>
 - Library for All <https://libraryforall.org/>
 - [African Storybook](#)) - Open access to picture storybooks in African languages.
- This UNESCO link shows the countries who have closed schools globally and the number of children who are affected: <https://en.unesco.org/themes/education-emergencies/coronavirus-school-closures>

- Schools are a protection factor for children. Consequences of school closure are many and being out of school increases risks to children: <https://en.unesco.org/themes/education-emergencies/coronavirus-school-closures/consequences>

Life Stage 3 Resources

- UNICEF - How teenagers can protect their mental health during coronavirus (COVID-19): <https://www.unicef.org/coronavirus/how-teenagers-can-protect-their-mental-health-during-coronavirus-covid-19>
- Voice Now! Blueprint (ChildFund) to be adapted for online and or mobile use (April 2020): https://childfundintl.sharepoint.com/:w:/r/sites/lifestagethree-globallearninggroup/_layouts/15/Doc.aspx?sourcedoc=%7BD3744501-D155-4D9F-94C2-3E0F66FBC17D%7D&file=Voice%20Now!%20Blueprint%20DRAFT%202%20-%20OCT2019.docx&action=default&mobileredirect=true
- Voices of Youth - Studying at home due to coronavirus? This is how young people around the world are keeping their mood up: <https://www.voicesofyouth.org/campaign/studying-home-due-coronavirus-how-young-people-around-world-are-keeping-their-mood>

Gender and Social Inclusion Resources

- CARE - Gender Implications Of Covid-19 Outbreaks In Development And Humanitarian Settings: https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf
- GBV Guidelines - COVID-19 resources to address gender-based violence risks: <https://gbvguidelines.org/en/knowledgehub/covid-19/>
- UN News - Preventing discrimination against people with disabilities in COVID-19 response <https://news.un.org/en/story/2020/03/1059762>
- International Disability Alliance - COVID 19 and the Disability Movement: <http://www.internationaldisabilityalliance.org/covid-19>
- Developing Disability Inclusive Information, Education & Communication (IEC) Materials Simple Checklist [file:///C:/Users/bsherwood/Downloads/GBVFLW-tool-7%20\(2\).pdf](file:///C:/Users/bsherwood/Downloads/GBVFLW-tool-7%20(2).pdf)
- How to consider protection, gender and inclusion in the response to COVID-19 (IFRC) - <https://reliefweb.int/sites/reliefweb.int/files/resources/Technical-guidance-note-for-PGI-and-health-staff-17March20.pdf>
- [Plain language information on Covid-19](#) developed by SARTAC.
- Easy-to-Read Information on COVID-19 (Avail in multiple languages) developed by Inclusion Europe: <https://www.inclusion-europe.eu/easy-to-read-information-about-coronavirus/>
- COVID-19 Outbreak and Gender: Key Advocacy from Asia and the Pacific: <https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2020/03/GiHA-WG-Advocacy-Brief-Gender-Impact-COVID19.pdf>

Child Protection Resources

- Child Protection Area of Responsibility (CP AoR) Child Protection Resource Menu for COVID-19 [Dropbox folder with collected global, regional, and country-level resources for COVID-19](#)
- The Sphere standards and the Coronavirus response ([available in Arabic, Bahasa Indonesia, Chinese, English, French, Japanese, and Spanish](#))
- Technical note: Protection of children during Coronavirus outbreak available in English, French, Italian, Chinese and Farsi at <https://alliancecpha.org/en/COVID19>. Spanish version will soon come.
- Helping children cope with stress during the 2019-nCoV outbreak <https://resourcecentre.savethechildren.net/node/17033/pdf/helping-children-cope-with-stress-print.pdf>
- Save the Children resource centre for COVID 19 <https://resourcecentre.savethechildren.net/spotlight/covid-19-information-and-guidance>
- IASC Briefing Note on Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak, [available in Arabic, Chinese, Simplified Chinese, and English](#)
<https://reliefweb.int/sites/reliefweb.int/files/resources/IASC%20Interim%20Briefing%20Note%20on%20COVID->
- Briefing Note on Psychosocial support during an outbreak of Ebola virus [disease http://ebolacommunicationnetwork.org/wp-content/uploads/2014/11/EXT_Ebola-briefing-paper-on-psychosocial-support1.pdf](http://ebolacommunicationnetwork.org/wp-content/uploads/2014/11/EXT_Ebola-briefing-paper-on-psychosocial-support1.pdf)