



Protecting children during the COVID-19 pandemic: prevention and response

Child Protection Unit
UNHCR

October 2020



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What began as a health crisis risks evolving into a broader child-rights crisis.
(UN Secretary-General)

The impact of COVID-19 on children has been profound, exacerbating pre-existing inequalities and heightening protection risks. The pandemic has affected children in three main ways: infection with the virus itself, the immediate impacts of measures to stop transmission of the virus and end the pandemic, and the potential longer-term effects of delayed implementation of the Sustainable Development Goals.¹

Infectious diseases disrupt the environments in which children grow and develop, including protective networks and services. UNHCR operations have also been affected by this global crisis. In this guidance note, UNHCR examines specific ways that protection and other staff and partners can address difficulties in protecting children during the COVID-19 pandemic. It is intended to be a living document and will be updated as necessary, especially when new problems emerge, or new learnings become available. The online [Child Protection Community of Practice](#) is a platform containing key tools for the COVID response which also provides a space for exchange between field staff on UNHCR and partners' COVID child protection response.

This guidance note outlines practical approaches to COVID-19 to support UNHCR staff and partners in their protection of children and address how the needs of children of concern to UNHCR have been affected by the pandemic. The document focuses on children's protection needs, from violence, abuse and exploitation to family separation. The guidance covers activities specifically related to COVID-19, as well as methods of adapting child protection programming to address the impact that COVID is having on children's protection, well-being and access to rights and services. It compliments existing inter-agency child protection guidance on COVID developed by the Alliance for Child Protection in Humanitarian Action, consolidating UNHCR and partners' best practices and existing relevant UNHCR and inter-agency guidance. For public health technical guidance, please refer to the resources issued by the Public Health unit provided at the end of this document and to World Health Organization (WHO) guidance. Country operations staff should take into account official guidance issued by the national authorities in connection with the COVID-19 situation.

¹ Policy Brief: The Impact of COVID-19 on Children (United Nations publication, 2020).

Key child protection issues during the COVID-19 pandemic

COVID-19 has created a perfect storm which puts forcibly displaced children at even greater risk.

Increased levels of poverty, reduced access to education, movement restrictions and confinement are driving increased levels of violence against children, exploitation of children including child labour and child marriage, and prevention of the reunification of children and their families. There are several key protection issues:

- Disruptions to families, friendships and daily routines, which can have a negative effect on children's well-being and development, resulting in high levels of stress and anxiety. Raising awareness on COVID-19 is also has a two-side effect: as the media and social interactions are often focused on the outbreak, young people are exposed to large amounts of information and pick up on the high levels of stress and anxiety in the adults around them.
- Deprivation of the school environment. For many children, schools are a source of not only education, but also basic social and psychological support, as well as free or subsidized meals.
- Confinement to home due to quarantines and restrictions on movement, which puts children at risk of:
 - 1) overcrowded living conditions with limited access to water, sanitation and hygiene (WASH) and limited options for social distancing;
 - 2) exposure to violence, including gender-based violence (GBV), in the home and limited ability to seek help;
 - 3) exploitation online of those who have the time and means to spend time online (including for remote schooling purposes).
- Increased poverty, which may expose refugee children to an increased risk of exploitation and abuse, including child labour, child trafficking and child marriage. Refugee and internally displaced girls and boys may be exposed to an increased risk of sexual exploitation by members of their own families, as well as by community members.
- Separation of children from families/parents/caregivers due to restrictions of movement.
- Disruption of services and country/region-wide movement restrictions, which limit children's and families' access to life-saving services dealing with GBV, health, case management, mental health and psychosocial support (MHPSS) and shelter. Furthermore, services may only be available through remote modalities such as via telephone and the Internet.

Key advocacy messages for governments and other decision makers

Advocacy with authorities to change policies plays a key role in protection, including the protection of children. UNHCR and partners undertake advocacy of various kinds, including media campaigns, public speaking, commissioning and publishing research, and lobbying, adapted to the specific issues and contexts in which we work. In the context of COVID-19, advocacy with authorities and other decision makers is essential to mitigate the impact of the crisis on the health and well-being of refugee and IDP children and their families.

The below key advocacy messages can be adapted to various contexts:

- **Child protection interventions should be regarded as an essential service during COVID-19.** Child protection services should be recognized as life-saving and therefore continue to be provided and accessible to all children even during movement restrictions, quarantines and other types of restrictions.
- Ensure that movement restrictions are implemented in a manner that does not unnecessarily separate children from their caregivers and provides procedures for children to be reunified with their parents if they become separated.
- Engage national authorities, including health services and law enforcement, in operational issues to deliver programmes. Explain the need for mobility of staff in order to intervene in high-risk cases and negotiate access for such situations. This may include obtaining open-ended permits to travel during movement restrictions.
- Ensure that essential child protection services such as alternative care continue to be provided and accessible to all children, even during movement restrictions, quarantines and other types of movement restrictions. Provide targeted support to interim care centres and families, including child-headed households and foster families, to ensure emotional support and assistance. Avoid use of institutional care, and instead prioritize family-based care, including extended family (kinship) care.
- Place a moratorium on the use of immigration detention for children and families, release children from all forms of immigration detention and support alternatives to detention. Reduce the number of children deprived of their liberty during the COVID-19 emergency to reduce vulnerabilities to infection due to crowding, confinement and limited access to health and hygiene. Prevent arrest or detention of children for violating directives relating to COVID-19 and ensure that any child who was arrested or detained is immediately returned to his or her family.
- Provide opportunities for children's views to be heard and taken into account in decision-making processes on the pandemic, through consultation and dialogue.
- Increase the accessibility and affordability of Internet access for children, especially in areas with movement restrictions, in order to provide education, recreation, virtual social interaction and information on COVID-19 to maintain children's learning, support and play. Possible measures include financial packages to improve connectivity, data packages and telecommunications subsidies, lending devices and providing technical support hotlines.



Section 1: COVID-19 specific interventions

This section provides an overview of the interventions for children, families and communities specifically related to COVID-19, with a focus on child-friendly communication. Essentially, this section highlights the new child-friendly activities that have been undertaken to respond to the COVID-19 situation.

1.1. Communicating with children and parents or caregivers about COVID-19

COVID-19 is a type of virus that is highly contagious and can trigger serious illness, especially in persons with pre-existing health conditions and with weakened immune systems, particularly in older people. Research is still being carried out to further understand the risks of contracting the disease, the different impacts of the disease and its longer-term consequences. While it is mostly older and sick people for whom COVID-19 can be dangerous and lethal, children and adolescents can also develop serious health conditions when infected with COVID-19, and a small percentage may even die. Although many children and youth may not feel sick and may not have symptoms when infected with COVID-19, they can still be a carrier of the virus and can transmit it to their family members and communities.

Communicating with children. Children and adolescents have a right to be informed about COVID-19, entailing the right to accurate information that is based on evidence and free from manipulation and rumours, and to have their views taken into account in matters affecting them. It is also important to provide age-appropriate information, and to answer children's questions as honestly as possible. Ensure that all materials, including radio, leaflets and services delivered directly, are child-friendly, translated into local languages, adapted to intellectual, hearing and visual impairments, and relevant to the context and culture. Find ways to share information about referrals and services that younger children and adolescents may need, such as where to seek care and services for GBV or where to seek psychosocial support, and consider how to disseminate information to adolescents without access to phones and the Internet.

FIELD PRACTICES

In Bosnia and Herzegovina, the Constitutional Court ruled that the restrictions of movement placed on children are unconstitutional and in violation of the European Convention on Human Rights.

In Ecuador, Guayaquil's local authority on children's rights issued an emergency ban on evictions of families with children, given the economic crisis resulting from COVID-19.

In Albania, the Ministry of Health and Social Protection issued an instruction regarding child protection during the COVID-19 emergency. It defines the role of various state actors and includes persons of concern (including unaccompanied and separated children) within its categories of beneficiaries.

Parents and caregivers should be aware of the impact of their own stress and concern on children and avoid scaring them with unnecessary COVID-19 information in a situation when they may be already under serious stress due to the closure of schools, home confinement, disruption of services and economic crisis. Information about COVID-19 and its impacts, as well as positive coping mechanisms, should be provided to children in a child-friendly manner. See [Talking about COVID-19](#) for advice.

Health messages for children. In terms of keeping safe and healthy, the following points should be communicated to children directly and/or via their families and communities:

- Wash your hands regularly.
- Do not touch your face, or the faces of others.
- Greet people and express empathy without physically touching other people: avoid handshakes, hugs and kisses.
- Maintain a physical distance of 1.5 metres away from other people whenever possible.
- If available, wear a face mask or a scarf to cover your mouth and nose (but remember to replace your mask with a new one after two hours).

FIELD PRACTICES

In Serbia, UNHCR partners – the Danish Refugee Council (DRC) and the Crisis Response and Policy Center (CRPC) – trained UASC Peer Educators on COVID-19 protective measures.

In Ecuador, UNHCR trained youth web influencers from Ecuador, Colombia and Venezuela in the production of COVID-19 prevention material.

It is essential that the above messages are communicated to children in a language that they can fully understand. Depending on the age, gender, cultural/religious identity and education level of the target audience, such messages need to be tailored, designed and delivered in consultation with parents/caregivers and with the children themselves. It is usually more effective to engage children with creative and interactive methods such as posters, songs, storytelling and drama, especially if targeting younger or illiterate children.

Key resources for children on COVID-19, protection and coping. The Inter-Agency Standing Committee (IASC) recommends [My Hero is You, Storybook for Children on COVID-19](#). Sample messages for children on different protection issues in the context of COVID-19 can be found in the COVID section of the [UNHCR Child Protection Community of Practice platform](#).

Communicating with parents and caregivers. Parents and caregivers play an important role in informing, supporting and protecting children of all ages. As such, it is important to provide parents and caregivers with tools to help them help children. Communication with parents and through parents with their children is a key part of the COVID-19 risk communication strategy. Parents and caregivers themselves are under stress, so it is important that programmes also focus on strengthening positive caring approaches and help parents deal with their own stress. [COVID-19 Parenting Guidance](#) is a practical and comprehensive toolkit with key messages to convey to parents and most of its topics concern psychosocial support and parenting in the times of COVID-19.

Communicating with communities. The Alliance for Child Protection in Humanitarian Action, of which UNHCR is a member, published a number of [guidance documents on COVID-19](#), including on [communicating with communities](#). Here are some key tips:

- Consider placing posters, flyers or images in key locations in the community and regularly update them with the latest information and advice in the appropriate language(s). The posters do not have to be printed – a whiteboard or handwritten/hand-drawn information can be used.
- When in-person meetings or group gatherings are common practice but no longer possible due to restrictions, consider using your established and trusted networks to share information by phone or online instead.
- Remember that community members may wish to avoid using large amounts of data to view online communications, so make sure that the content is produced in a low-resolution format and compress the file to a size that will allow it to be shared via the Internet or SMS.
- When using social media to disseminate messages, think about how you can encourage discussion and answer questions from your audience. You could record received questions and aggregate feedback, relaying this to the community through the appropriate channels.
- Consider involving children with a smartphone, encouraging them to make a short video, a TikTok or a short film recorded on their phone chronicling their lives and experiences during COVID-19, which they will share with others. Ensure children know how to use social media while keeping themselves safe online.

1.2. Beyond communication and information provision: engaging children, parents and communities during the COVID-19 pandemic

In an economic downturn, it is more crucial than ever to avoid disruption to protection services, communities, parents' and children's skills, knowledge and resources, caused by quarantines, movement restrictions and physical distancing requirements, in order to care for and protect children. In general, child protection actors have previously identified community actors and stakeholders and already know many pre-existing community resources to tap into, and who is best placed to help children with each issue. Mobilization of community-based child protection mechanisms and a wider buy-in from the community to protect children play a paramount role in child protection programming. However, just as in any other emergency, the COVID-19 crisis has likely changed much of the social fabric, social relations and behaviours of communities, families and individual children. To design and implement community-based programming in order to protect children from COVID-19, a first step is to update the community mapping and work with communities to assess how power and gender dynamics may have changed since the start of the pandemic.

It is likely that the disease and its impacts have complicated the lives and changed the behaviour patterns of many community members. Even if the virus itself has not caused much physical damage, the COVID-19 measures implemented by the authorities, as well as the multitude of information and rumours about the illness and how to protect yourself from it, remove a sense of normality from individuals and groups and trigger new coping mechanisms in children and adults, some of which are positive and others negative. In this situation, MHPSS services should be made available and scaled up so that children and families in need can access them.

FIELD PRACTICES

In Ethiopia, UNHCR and partners undertook a re-mapping of community support systems, developing a mechanism to ensure the continuation of monitoring by collaborating with health actors, increasing the phone credits of refugee volunteers and maintaining one-to-one communication with the volunteers. The operation also reviewed their planned programmes for 2020 and reallocated funds that were earmarked for programmes that could not be implemented in order to focus on the child protection response during the COVID-19 pandemic. Furthermore, the operation committed to disbursing two months' worth of cash-based intervention assistance to vulnerable foster families in order to ensure the continuation of quality family-based care.

Key actions to engage children, families and communities in the COVID-19 response include:

- Regularly consulting with children, families and communities to understand how COVID-19 is affecting their protection and well-being.
- Mobilizing communities and children themselves to identify and communicate effective and positive strategies that could be successfully promoted by the parents/caregivers, families and the community, and to formulate advice and strategies that address negative coping strategies demonstrated by children to manage stress, anxiety and disruption of daily routines.
- Supporting parents/caregivers and families to implement positive strategies in collaboration with UNHCR and partners (see above).
- Mobilizing communities and youth to generate ideas on mitigating the consequences of absence from schools, particularly how the community itself could temporarily set up learning spaces and learning activities – whether there are options without external support, and which options exist if limited external support is available. These suggestions need to be formulated as suggestions and proposals for activities. If the missing schools also provided services (meals, counselling, protection monitoring), then specific arrangements and activities to close those gaps should also be formulated as suggestions and proposals for activities.
- Ensuring protection monitoring and emergency response. Community networks, particularly women's and youth networks, should be mobilized to generate ideas on how girls, boys, women and other family members could seek assistance outside their homes while under home confinement and COVID-19 restrictions and identify who could be available to help address cases of domestic violence. Depending on the availability of services by humanitarian actors, Child protection staff and/or community focal points need to be identified for remote protection monitoring and for emergency response.
- Ensuring prevention and mitigation. For families and households with a history or risk of violence, case workers should work with the families to identify trusted community support. Community-level prevention, mitigation and response should be adapted to the COVID-19 situation and implemented with the support of UNHCR/partner staff either remotely or in person.

- Facilitating remote sessions for vulnerable girls and boys to raise their awareness of increased risks of violence in the home during COVID-19-related confinement and other restrictive measures, covering how they can protect themselves and how they can get help should they need it. An age-, and culturally appropriate methodology to achieve this should be identified and implemented.
- Facilitating remote sessions for men and boys to build their skills in respectful relationships and non-violent behaviour, and equipping them with stress- and anger-management skills, as well as contributing to the protection of girls and boys from other perpetrators.
- Engaging communities to raise awareness of children, parents and caregivers on methods of keeping children safe online and the risks of child exploitation and abuse (see [COVID-19 and its implications for protecting children online](#)). Providing specific advice about protecting children online through suitable community channels.
- Supporting communities to re-assess existing community capacities and gaps in monitoring the movements and whereabouts of children, including protocols to detect any migrating or lost children and youth who come from outside of the community, and to alert Country Programme agencies and community focal points.
- Engaging communities to raise awareness on identification of children who have been separated from their parents or caregivers and how to facilitate tracing and reunification of missing children with their parents and caregivers in other locations and other communities.
- Expanding the pool of pre-screened standby caregivers and households that would be able to provide temporary care for children and youth who are separated from their families.



Section 2: Delivering protection to children during the pandemic – how do we do it and what should we do differently?

2.1. Child protection services

Best Interests Procedure

Adapting Best Interests Procedure (BIP) to the COVID-19 situation is crucial for ensuring that children who are already receiving case management services continue to do so, while new cases are identified and supported in a timely and appropriate manner. The following sections describe some of the key considerations for continuing to implement BIP during COVID-19.

Reviewing and revising the prioritization and sensitivity criteria. Together with partners and other members of the child protection coordination mechanism, review and update the operation's prioritization criteria. Case prioritization should take into account the severity and complexity of the risk and how COVID-19 interlinks with these risks. As we rely more on community child protection workers to support identification, referrals and possible interventions and follow-up (see below), the sensitivity criteria should inform decisions regarding which cases may be delegated to such community workers for specific elements of case management support. Generally, emergency and high-risk cases should always be handled by case workers. The revised prioritization and sensitivity criteria should be included as addenda to the operation's BIP standard operating procedures (SOPs) (see UNHCR's BIP SOPs Toolkit, included in the [UNHCR BIP Toolbox](#)).

Conducting service mapping and updating the referral pathways. With movement restrictions and/or social distancing measures in place, some services may not be available or may be limited. Staff and focal points may not be mobile or have been temporarily replaced by other staff as a result of COVID-19. For example, health centres may not be open for non-emergency patients in order to reduce the spread of COVID-19 and police and judicial services may not be operating at full capacity. Similarly, psychosocial support programmes may be scaled down, and schools and Child Friendly Spaces may be closed. For refugee children, asylum-seeking children and stateless children, access to services provided by national protection and social welfare systems may be further restricted due to their status and lack of documentation. These children and their families may encounter discriminatory restrictions as they may not have documentation or registration records to obtain permits to enable movement.

Together with partners and the child protection coordination structure within an operation, service mapping should be carried out and the referral pathway updated with the most current contact information. Pay special attention to the needs of children of concern to UNHCR and their families who are not registered or who have been granted refugee status, as services may have to be delivered to them at their paces of habitation.

Reviewing open cases and reprioritizing them. Case managers/supervisors, together with individual case workers, should undertake a review of all open cases, and reprioritize them based on the revised prioritization and sensitivity criteria. Emergency and high-risk cases should remain a priority, including children at risk in exceptional situations and children in situations requiring possible separation from their parents against their will, for whom a Best Interests Determination (BID) is required.

For new cases, actions should also include checking if they have been registered for and/or require documentation to access services. These children should be referred to and prioritized for registration.

Developing COVID-19-related addenda to the BIP SOPs. While reviewing and updating the prioritization and sensitivity criteria and prioritizing the referral pathways, operations should also plan to develop addenda to their BIP SOPs. UNHCR’s BIP SOPs Toolkit (see [UNHCR BIP Toolbox](#) to download a copy) indicates that revision of SOPs should be undertaken if there are significant changes in the operational context, including changes in the operational environment that significantly impact children or changes that impact the service provision. However, considering that restrictive measures imposed due to COVID-19 are likely to be temporary and the time required to make changes to SOPs, it is recommended that operations concentrate on developing addenda that focus on the specific changes in the implementation of the response. Operations should, nevertheless, continue to monitor developments and whether the addenda to the SOPs are providing the necessary guidance to implement BIP for children at risk. Revision of BIP SOPs may be considered should the situation continue to pose challenges to delivery of response services to children at risk.

Negotiating access to high-risk and emergency cases. As described in the section on advocacy, negotiate with the health sector and authorities to establish procedures for accessing children at heightened risk. Consulting with and/or involving government authorities during development of addenda to the operation’s SOPs is a good way of ensuring these procedures are clearly defined and agreed upon. Depending on which level of government authority is responsible for this decision (for example, national government, provincial or municipal authorities), advocacy and negotiations may have to be conducted at the respective levels.

Assessing, case planning and implementing case plans. Consider using the short BIA form for case assessment. Ensure face-to-face assessment for emergency and high-risk cases within the time frame set in the prioritization and sensitivity criteria.

Case planning should involve the child and their caregivers, even if this means subsequent contact with the child and caregivers is carried out remotely (please see the “remote case management” point for confidentiality and data protection considerations). Should case planning meetings take place remotely, take precautions to ensure that personally identifiable information is not divulged by phone or through messaging services. Implementation of the case plan will be based on the updated service mapping and referral pathway.

FIELD PRACTICES

In Lebanon, the Child Protection Case Management Task Force has developed *Guidance for Remote Phone Follow-up in COVID-19*, a guide that describes key steps for remote phone follow-up as part of the steps within BIP.

Step 1. Calling the family/trusted adult as a step to establish the first contact with the child. It recognizes that children may not have access to phones, and that parents/caregivers are responsible for their children. Also at this stage is agreeing that the child may choose to discuss their concerns privately.

Step 2. Verifying the conditions are safe for the child before continuing with the communication. Children may feel uncomfortable speaking on the phone or doing so may place them at greater risk. It is essential that case workers establish that the child is willing to speak and can speak freely and confidentially. This includes establishing safe words and code words to use with the child and regularly asking for their consent. If the child does not sound confident/comfortable, give them the option of contacting the case worker when they feel ready.

Step 3. Agreeing on follow-up measures. This includes providing the child with current information about services and making referrals based on prioritization of needs.

Ensuring case workers are protected from contracting COVID-19. Case workers who continue to carry out face-to-face interviews and/or home visits should be provided with appropriate Personal Protective Equipment (PPE) and receive training on measures to limit the risk of contracting COVID-19. Operations should also ensure protocols are in place in the case symptoms arise. If required to continue to work in the office, appropriate social distancing measures should be implemented in the workplace. Local regulations and guidance from authorities, the United Nations, or the in case of partners, their organization, should be followed.

Carrying out remote case management. Recognizing that during the COVID-19 pandemic, access to children at risk is currently limited or curtailed by movement restriction measures and therefore face-to-face interventions may not be possible, operations have established procedures for implementing elements of BIP remotely. This includes establishing procedures for remote case management.

Specific considerations for remote case management include:

- Hotline numbers should be widely disseminated, and when a new case is reported, measures should be in place to respond to it (as described in the operation's addendum to the BIP SOPs).
- Case workers working from home should establish a private/confidential space within the residence for receiving/making phone calls.
- When a call is received or made, the person should confirm that the child is able to communicate freely and without increased risk, particularly if the risk with the potential for escalation is within the household (see the following points for additional guidance).
- Once confirmed that it is safe to continue, the person should explain the purpose of the call, what options are available and the type of support the case worker can provide or signpost. Explain the principle of confidentiality, and information that may have to be shared in case of referrals. Seek the child's consent/assent before proceeding.
- Provide encouragement to the child so that they feel confident to communicate without fear or hesitation.
- During the conversation, regularly check that the child and/or family understands the case worker and vice versa.
- Take notes during the call, and check with the child and/or parent/caregiver if anything that is stated is not clear.
- During follow-up calls, recap the previous discussion and explore what has changed, identify additional or new risks and needs, and agree on the next steps.
- If referring the child to another service (for example, advising the child and/or family to contact a specific service provider), be aware of the services that are presently available, and provide the most up-to-date information, including on how to access these services.
- If a referral is made to a service provider for follow-up (for example, requesting that service providers reach out to the child), ensure that the child and their family is informed about the contact that will be made by such service provider, while ensuring that the service provider is only given information that is necessary to provide the relevant service. Further information on ensuring safety during remote child protection services are available in [this information sheet](#) developed by Terre des Hommes and the Child Protection Hub for South East Europe.

FIELD PRACTICES

In **Uganda**, UNHCR and partners, together with the Child Protection Sub-Working Group, undertook a review of the operation's prioritization and sensitivity criteria in line with the Sub-Working Group's Business Continuity Plan. This included updating the sensitivity levels and incorporating an outreach/contact modality guide, indicating which cases require face-to-face intervention by case workers and which cases may be delegated to the community child protection workers, based on a careful review of each case. The revised prioritization and sensitivity criteria were then shared with case workers for implementation.

To further support case workers, they have also begun developing a flow chart to insert into the operation's remote case management guidelines. Flow charts of this description facilitate timely decision-making within the constrained operational contexts created by COVID-19.

Specific considerations for remote case management when interviewing children at risk within households (to be read alongside the previous considerations listed in the last few pages) include:

- Starting by confirming that the child is able to speak freely, without incurring further risk, and explaining to the child that they can hang up whenever they want (for example, if they notice that someone is approaching them or is able to hear them).
- Explaining that in order to respond, it might be helpful to know some basic information about the child and their whereabouts. However, a child who is not prepared to share any information may do so when they feel comfortable. In any case, as the child may be at increased risk, try to obtain as much information as necessary to respond quickly.
- Agreeing on code words to refer to the perpetrator of the risk, as well as to indicate when it is not safe to talk.
- Being prepared to provide remote psychological first aid (useful tips are available in the [information sheet](#) developed by Terre des Hommes and the Child Protection Hub for South East Europe).
- Asking if and confirming that the child consents to home visits by a case worker, should this be considered appropriate and necessary. As a general principle and based on the updated prioritization criteria, all efforts must be made to conduct face-to-face assessments for children whose risk level is high.
- Where necessary (for instance, when considering removal of the child from the household), working with collaboration with national child protection authorities.

Note: this guidance also applies when interviewing other family members if there may be a risk of GBV (see also [UNHCR GBV guidance during the COVID-19 pandemic](#) [intranet]).

Community engagement in BIP. There is increasing reliance on the community to support the implementation of BIP for children at risk. This includes identification, immediate response, referrals and follow-up. Immediate response by community members can include providing basic psychological first aid and information, and where possible, accompanying the child to services (for example, the health centre), facilitating the child's access to service providers and counselling the child and their caregivers. It is important to remember that members of the community are themselves at risk. Some do not have access to services, and some have limited contact with child protection actors (for example, due to lack of money for phone calls). Therefore, specific support measures should be put in place, as indicated in the key considerations that follow.

Key considerations for engaging community members in BIP:

- Reviewing and revising the operation’s prioritization and sensitivity criteria (see the previous paragraphs), which should define the situations in which members of the community should be involved in BIP.
- In operations where community volunteers have previously been engaged in case management services, they should be briefed on the specific measures put in place for case management during COVID-19. This includes reiterating their role in supporting low- and medium-risk cases, maintaining the highest level of confidentiality when transmitting information about the child, adhering to the updated guidance on case management during COVID-19, including with regards to new forms of communication and introduction to the updated prioritization and sensitivity criteria and referral pathways.
- Where community volunteers were not previously involved in case management and where their engagement is required due to COVID-19-related movement restrictions, identifying and selecting the most trained/qualified members by first preparing a list of community volunteers known to the child protection actors and identifying those who are considered best suited/most trustworthy to provide BIP support for children at risk (low- and medium-risk cases, per the updated prioritization and sensitivity criteria). Considering whether they have previously received training on child protection in general, and on case management, psychosocial support, and sexual- and gender-based violence in particular, among other issues. Considering how diligent their previous work has been. Selecting both males and females. Considering whether the child protection actor trusts the community volunteer and whether there are any concerns around affiliations or lack of respect for confidentiality.
- Defining the role community members will perform. This can include conducting an initial assessment of medium- and low-risk cases (as determined on a case-by-case basis by the case workers). In such cases, it is also important to agree on which parts of the short BIA form the community worker will complete. If considering this option, it is important to weigh up the option of the community worker storing the forms somewhere before submitting them to the case worker against the need for gathering initial information about the case. One option would be to establish safe and secure drop-off points where the community worker may deposit such forms.
- Briefing the selected community workers on the procedures to follow. This may be done by phone, online or via one-to-one coaching based on negotiated access for case workers to the community.
- It is important to monitor the work of the community workers. This means organizing weekly calls and ensuring that they have sufficient credit or data to make calls to the case worker.
- Community workers must be supported, not only with technical guidance, but also with well-being checks and information about staying safe. Make provisions to reimburse the community worker’s travel and communication costs.
- Ensuring selected members of the community can carry out the expected tasks will require provisions to be made to compensate the costs involved. This can include covering the cost of stationary, repair of bicycles, fuel for vehicles or other transportation costs, communication, etc. Operations therefore need to review their programmes, identify activities that may not be implemented due to COVID-19, and reallocate these funds for prioritized child protection services, including support to community workers engaged in BIP.



Confidentiality and data protection. It is important to update the communication modalities that will be used between children, case workers and, where applicable, community child protection workers to reflect any changes due to COVID – for example, avoiding making confidential calls at times when colleagues have to care for children at home. It is also even more important than ever to ensure that case numbers are used to refer to the child rather than names and other personally identifiable information when case workers are working from home. For new cases identified by community workers, the case worker should immediately identify a case number, and henceforth use that number when discussing the child’s case.

If using WhatsApp or similar communication tools, it is critical that group messages are avoided when communicating information regarding individual cases. Ensure that all parties actively delete messages regarding cases from their devices after the information has been transmitted and the case worker confirms that they have transferred these to the child’s case file and secured the information.

UNHCR staff and partners are bound by UNHCR’s [Policy on the Protection of Personal Data of Persons of Concern to UNHCR](#) (Data Protection Policy). It is also useful to review, update or develop an addendum to the operations Information Sharing Protocol if COVID-19 has had a specific impact.

BID during the COVID-19 pandemic. During the COVID-19 outbreak, the accessibility and effectiveness of the national child protection procedures may be further curtailed. Complex cases that may require UNHCR-led BID, as listed in [UNHCR’s BIP Guidelines](#), include:

- possible separation of a child from their parents against their will;
- determining the most appropriate options for children at risk in exceptional situations;
- identifying durable solutions and complementary pathways for unaccompanied children (and separated children where there is an additional significant risk factor or protection concern).

The circumstances requiring BID do not change during the COVID-19 pandemic. However, cases requiring BID will require prioritization. Case prioritization for BID should be based on the circumstances of each individual case, the level of risk and the possible harm caused if actions are delayed.

BID for children who may have to be separated from their parents against their will should remain a priority. However, as noted in the BIP Guidelines, action to protect the child should not wait for the BID process to be completed. An initial BIA that assesses and documents the situation should be the starting point. Removal of the child from their parents should be done in partnership with national child protection and law enforcement counterparts and followed up with the BID.

In exceptional situations where a BID is required to determine the most appropriate options for children at risk, prioritization should once again be based on the level of risk. Per the BIP Guidelines, a BID is not required unless there are compelling reasons, except, for example, when considering family reunification for unaccompanied and separated children (UASC) who may face protection risks once reunified (for example, those at risk of entering into a child marriage or experiencing abuse within the family), or in the case of temporary care arrangements for UASC who may be facing abuse, violence, exploitation or neglect within the care arrangement. Family reunification or identifying appropriate care arrangements should not be delayed. Therefore, where these risks are not present, it can be safe to proceed with a standard BIA.

According to the BIP Guidelines, a BID is required when identifying durable solutions or complementary pathways for unaccompanied children and separated children where additional risk factors or protection concerns are present. Decisions on whether to prioritize BID for these cases will be based on the urgency of the case.

Cases requiring face-to-face BID interviews and home visits will require adaptation. In the case of identifying durable solutions and complementary pathways and determining the most appropriate options for children at risk, remote options can be adopted, provided that no additional risk factors are present or identified. However, where additional risks are identified during the interview, follow-up home visits should be planned in accordance with the determination that the case is a high-risk or emergency case (please see paragraph on negotiating access to high-risk/emergency cases). In high-risk or emergency cases where a face-to-face interview cannot be conducted due to movement restrictions, the BID panel can convene to determine the most appropriate course of action which may as a last resort include remote interviews where it is determined that this would not put the child or other family members at greater risk and where it is considered to be in the child's best interest.

As a first step, BID Supervisors should review all open BID cases and cases requiring BID and prioritize these for follow-up. Decisions regarding remote or face-to-face interviews will be based on and in accordance with the guidance presented in this document.

During the COVID-19 outbreak, remote BID panel meetings may be held. BID Panel members should be briefed on the process, ensuring that they receive the case files with personally identifiable information redacted. Calls should not last for more than 90 minutes at a time, with no more than three cases being panelled. This is to ensure that focus is maintained during the call. Panel members should join the call from a secure location, away from other colleagues and family members. During the call, it is important not to disclose any personally identifiable information about the child.

The decision of the BID Panel will be recorded by the BID Supervisor, and the panel members are requested to send their agreement or disagreement in writing (by email). The email should only contain the child's case number. See below for a sample confirmation email. Signatures of the panel members will be obtained when movement restrictions/social distancing measures have been lifted or digital signatures will be used.

SAMPLE CONFIRMATION EMAIL

I, [full name of panel member] of [name of organization / address], having participated in the BID panel call on [date and time] pertaining to the case number [insert case number], hereby agree/disagree with the recommendations contained in the BID report. This email confirms my agreement/disagreement and will be followed by my signature on the relevant form upon lifting of restrictions on movement.

Alternative care

The measures undertaken to address COVID-19 have increased the risk of family separation during the pandemic for many reasons. This includes caregivers being quarantined, leaving children without adult care, parents who were temporarily away not being able to return home due to travel or movement restrictions, or due to voluntary separation in the hope of increased assistance or opportunities. Separation may also be prolonged due to caregivers not being able to reach the country of asylum and thereby reunite with their children who arrived earlier due to border closures. Furthermore, many unaccompanied and separated children in family-based alternative care are experiencing protection risks as caregivers struggle to maintain a sufficient livelihood standard for the household. This includes neglect within the household and families indicating a desire to withdraw care for these children.

Preventing family separation, providing appropriate alternative care for newly separated children and continuing quality care for those who are already in alternative care remain priorities and should be considered essential services.

For specific guidance, please see [Protection of Children during the COVID-19 Pandemic: Children and Alternative Care](#), published jointly by the Alliance for the Protection of Children in Humanitarian Action, the Better Care Network and UNICEF. UNHCR's [Child Protection Issue Brief on Alternative Care](#) is an additional resource that can be used to guide adaptations to response services during COVID-19.



Preventing separation and facilitating family reunification. Efforts must be made to prevent family separation by minimizing the risk of family members contracting COVID-19. This means providing information to families, caregivers and children on preventing the spread of COVID-19. Such messages must be disseminated in a manner, format and language that is accessible to refugee or IDP populations, including people with disabilities (please see the section on communicating with children and parents or caregivers about COVID-19). Child protection actors must work with the health sector to target families that are at increased risk, and must also provide them with support to plan for care arrangements should carers become ill. In communities where the risk of separation is high (e.g. communities with patterns of onward movement) multisectoral support for families should be increased. Where hygiene kits are being distributed, priority should be given to the most vulnerable families, such as those with older caregivers and child carers. More information about preventing separation is available in the Better Care Network’s [Program Guidance: Preventive and Responsive Support to Children, Families and Alternative Care Providers during COVID-19](#). Child protection actors should also work with other protection actors to advocate with the authorities for any movement restrictions to include procedures that ensure children can be reunified with parents/caregivers as soon as possible (for instance, after a period of quarantine if coming from a high-risk area). In countries with mandatory quarantine and/or limitations on the number of people who can enter the territory or a particular geographical area, priority should be given to children and/or families being reunified. Where unaccompanied children need to be quarantined, provision should be made for them to be accompanied by a family member or another trusted adult wherever possible.

FIELD PRACTICE

In Ecuador, UNHCR has focused on strengthening the capacities of the local child protection system so that it can identify cases of separation, provide the response needed and refer cases that need additional support to UNHCR. Colleagues are also working on strengthening the capacities of partners to work with communities and identify children in need of protection. This work also includes developing communication strategies to inform the community about services and raise awareness about protection and prevention of family separation. For instance, WhatsApp communication tools are being used to reach populations of concern with information cards about their rights and the services available.

Providing appropriate alternative care. When separation happens, especially when caregivers are required to spend time at the hospital, it is common practice for relatives and neighbours to step in to provide care for the children. However, this may not always be the case, particularly during the COVID-19 pandemic. As a response, continue to review the pre-existing pool of foster families and confirm their availability to provide care for children separated from their caregivers when necessary, and assess additional support needs to ensure the viability of family-based care. In operations with existing supervised independent living arrangements, prepare children in the household to welcome additional children who may be placed in such care arrangements. It is also important to continue working with community-based child protection mechanisms to identify new and willing caregivers, and preparing them to provide care for children in need of alternative care. Placement in alternative care should be done based on need, appropriateness and the child’s best interests. Use the short BIA form to assess the child’s protection and care needs and ensure that the matching process is carried out thoroughly. Institutional care should always be a last resort and should be for the shortest possible time.

Continuing quality of care. The impact of COVID-19 on household income and stress levels can affect the conditions for unaccompanied and separated children who are already in alternative care arrangements. Children in family-based care may experience increased discrimination within the household, face expectations to find work and contribute towards the household income or be further stigmatized by seeing themselves as burdens on caregivers. Children living independently, including children in child-headed households, are likely to experience specific difficulties relating to livelihoods and increased distress. These children can be at increased risk of exploitation and abuse (e.g. child labour and/or sexual exploitation).

Assessing the quality of care for these children should be systematized and additional support mechanisms should be established. This can be achieved through community child protection workers (as described in the section on case management) and increased monitoring. Scheduling regular calls with the child and caregiver should also be planned, following the guidance provided in relation to remote BIP. These assessments should seek to review the specific support needs of families providing alternative care and arrange to support these families, ensuring clear and transparent criteria are used.

In addition to reallocating resources that may not be utilized due to COVID-19, in-person (where feasible) and remote counselling and guidance to manage stress should be provided to families caring for UASC and to children living independently as part of their support. The parenting resources described previously can also be useful for families caring for UASC.

Response services for violence against children

Restrictions on movement, a lack of livelihood opportunities and a lack of protective spaces such as schools and child-friendly spaces are exacerbating pre-existing risks for children. This includes increasing [reports of GBV](#) and [violence against children](#), including corporal punishment. Younger children, girls and children with disabilities are particularly at risk. In addition, young and adolescent girls are more likely to have to take on additional caring burdens within the household and are more at risk of domestic violence and forced marriage.²

UNHCR and its partners are aware that GBV and violence against children occur in any emergency situation, even where there are few or no reports of incidents. The impact of COVID-19 means that the likelihood of reporting is diminishing further, as survivors, including children, have limited avenues to seek protection.

Although this can be challenging, especially during COVID-19, measures to strengthen identification are crucial to ensuring children's protection and delivering timely response services. [Reinforcing, adapting or establishing helplines](#) and expanding their reach in terms of operational hours and staffing resources are key steps that can be taken. This includes strengthening the operation of UNHCR's own hotline facilities, including those that have been in operation prior to COVID-19, and ensuring that the referral mechanisms linked to these hotlines are also updated and used. One of the key steps that can be taken is to reassign field-based staff who are now prevented from being mobile to handle the hotlines, through linking with the national chapter of the [Child Helpline International](#), for example, where available and applicable. Community child protection workers who are known in the community should also be supported so that they can continue to remain engaged (see section on BIP for more on engaging communities in BIP).

Violence against children in the home often co-exists with GBV. See [COVID-19: Protecting Children from Violence, Abuse, and Neglect in the Home](#) for more information about child protection during the COVID-19 pandemic. In addition to increased levels of corporal punishment and abuse, children may be directly subjected to GBV or witness violence within the household, resulting in significant psychological and emotional impact. For more information, see the [WHO fact sheet on violence against children](#). Information on prevention, risk mitigation and response to GBV against children during COVID-19 is available in [UNHCR GBV Guidance during the COVID-19 pandemic](#) and in the section on child protection in the IASC guidance [Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response](#). Also see UNHCR's [Child Protection Issue Brief on Sexual Violence against Children](#) for general guidance. Child protection actors must work closely with GBV staff to strengthen linkages and expand on the expertise of both units, ensuring that the BIP for child survivors of GBV includes timely referral to and follow-up of GBV services. Where GBV is suspected in the home, all efforts should be taken to avoid undertaking home visits or calling children or family members when they are at home. Alternatives such as arranging visits outside the home or arranging a time to speak when the child or family member is either outside the home or alone at home are preferable. As a last resort, where such options are not available and children are at imminent risk, case workers should consult with their supervisors to determine the best course of action based on the child's best interest. Options include involving the national authorities, undertaking a home visit or calling a trusted friend or neighbour if neither of the first two options are available (see below).

Responding to violence against children should be carried out in a way that does not put them at further harm. When children are identified as being in severe risk of harm, UNHCR and partners must respond. Such interventions must involve the national child protection system or the national protection counterpart wherever possible and in the best interests of the child. Involving these actors in the revision of prioritization and sensitivity criteria and service mapping/updating referral pathways from the outset is important. Separating children from their parents against their will must be carried out either by the authorities, or, where this is not possible, in liaison with the relevant national authorities based on a BID completed either before or immediately after such separation. Please see the section on BID during COVID-19 under the section on BIP.

Birth registration

With services being curtailed and access to health centres becoming limited, birth registration of children of concern to UNHCR is a significant protection concern. All children have the right to be registered at birth, even during COVID-19. To address this issue, a first step is to undertake a review of how COVID-19 is affecting birth registration in your operation in order to identify barriers to registering births of children of concern to UNHCR. Key questions to ask could include:

- Is there an increase in homebirths? What is the specific reason for this?
- Are trained midwives present during homebirths?
- Are midwives usually authorized to issue birth notifications?
- Is there a change in the rate of issuance of birth notifications? What are the reasons for this? (e.g. midwives do not have access to the form and other stationary)
- Are birth registration services still functioning? If not, why?

One of the priorities is to ensure that in the absence of birth certificates, birth notifications are issued for all newborn children. This means, checking with midwives and other health care providers if they have been issued sufficient quantities of forms to be used in the community. It also means ensuring that relevant authorities provide health care providers working from home with the tools necessary for carrying out their work, and that they consider this health service essential and guarantee it can be provided irrespective of movement restrictions.

Advocacy should therefore be carried out with national authorities to maintain birth registration procedures during COVID-19, and where this is not immediately possible, for support to be provided so that birth notifications can continue to be issued. Options for increasing national capacity to handle any backlog once COVID-19 restrictions have been lifted should be discussed and planned. Advocacy should also be carried out to suspend late birth registration fees for periods where registration was not possible due to COVID-19-related movement restrictions. Awareness about birth registration and the process for obtaining birth notifications should be promoted in the interim as part of the operation's messaging on COVID-19. For more information about birth registration, please see [UNHCR's Child Protection Issue Brief on Birth Registration](#).

2.2. Child-friendly procedures

As refugee protection procedures (including reception, registration, refugee status determination and durable solutions) continue to be disrupted and adapted to the new operational context, it is crucial that they remain accessible to children of different ages, gender and backgrounds, and are implemented in a child-friendly manner.

Key recommendations to ensure that procedures remain child-friendly include:

- Ensuring that all information that is developed and disseminated is also accessible and relevant to children of different ages, abilities and backgrounds. This includes information about changes to protection services, delays and alternative options, safety measures established within reception, registration and refugee status determination procedures.
- Reviewing the caseload of children awaiting access to procedures with child protection focal points in the operation and prioritizing children at risk for protection procedures.
- Reviewing and updating referral pathways used by the section with child protection focal points and other service providers to ensure that children and their families accessing protection services receive the most up-to-date information and referrals.
- Being aware of and sensitive to children at registration points who may have been separated from or lost their parents due to COVID-19, and referring these children to the child protection focal point for follow-up.
- Ensuring that staff conducting remote protection procedures, for instance remote refugee status determination, are provided guidance and advice on remote interviewing approaches in relation to children (see the section on BIP).



Section 3: Key resources on protecting children during COVID-19

Internal resources (accessible only to UNHCR staff)

- UNHCR Intranet: [Resources on COVID-19](#) (see in particular the chapters on protection, health and education)
- [UNHCR Risk Communication and Community Engagement COVID-19](#) (intranet)
- UNHCR GBV guidance during COVID-19: [Gender-based violence prevention, risk mitigation and response during COVID-19 pandemic](#) (intranet)

Inter-agency resources (accessible to UNHCR and partners)

- UNHCR external brief (2020): [Protecting Forcibly Displaced Children during the COVID-19 Pandemic](#)
- UNHCR COVID-19 resources folder: [UNHCR Refugee Child Protection Community of Practice](#)
- Alliance for Child Protection in Humanitarian Action: [COVID-19 resources](#)
- Alliance for Child Protection in Humanitarian Action: [Technical Note: Protection of Children during the Coronavirus Pandemic \(version 2\)](#)
- Alliance for Child Protection in Humanitarian Action: [Technical Note: Adaptation of Child Protection Case Management to the COVID-19 Pandemic \(version 3\)](#)
- Alliance for Child Protection in Humanitarian Action: [Protection of Children during the COVID-19 Pandemic: Children and Alternative Care – Immediate Response Measures](#)
- Child Protection Area of Responsibility: [COVID-19 resources](#)
- WHO: [COVID-19 guidance](#) and [WHO Guidance on Risk Communication and Community Engagement \(RCCE\)](#)

UNHCR has also worked with a number of child protection actors to develop a massive open online course on adapting child protection case management during COVID-19. For more information on the course and to register, please follow the link of your preferred language: [Arabic](#), [English](#), [French](#) and [Spanish](#).

The Alliance for Child Protection in Humanitarian Action has also developed a massive open online course on [protecting children during COVID-19](#), which provides information on how to adapt child protection programming during the COVID-19 pandemic.

CONTACT US

Child Protection Unit

Field Protection Service, Division of International Protection
hqchipro@unhcr.org