Save the Children

Save the Children's COVID-19 Program Framework and Guidance

Version 2.0

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Background

COVID-19 is a global pandemic which **threatens children and their rights in countries around the world** and exposes them to potentially massive disruption to their healthcare, education, access to basic needs and services like food, protection and social interaction with family members, teachers, peers and communities. While current trends indicate that children appear to be less severely affected by COVID-19 in terms of their health and survival, further data is urgently required to understand the nature of transmission and specific risks to children. However, response strategies required to contain the virus, while absolutely necessary, will have serious immediate impacts on economic and social activities. We know from previous epidemics that children and families – and particularly the most deprived and marginalised – are currently and will be impacted for months and years to come. Crisis like these will tend to worsen existing inequalities – including gender inequalities – and we must be mindful of this in our response. This is an unprecedented, global scale crisis that definitively will set back our Breakthrough goals in their current form, and in order to protect these goals to the extent possible, we will 1. Mitigate the impact of the disease itself by contributing to the reduction of illness and death due to COVID-19 and other diseases, and 2. Maintain key program goals as much as possible across our three Breakthroughs while recognizing the immediate economic and social impacts like loss of income, loss of access to normal services, and increased isolation. **How we respond both now and going forward will help mitigate the impact of COVID-19, and to the extent possible preserve children's rights to Survive, Learn, and Be Protected. We will focus our efforts on the most critical work essential to maintaining these commitments to the extent possible.**

Survive: Current indications and previous experience of responding to infectious disease outbreaks highlight major risks to children and their families that arise from the pressure on healthcare systems resulting in reduced access to routine health services (e.g. disruption of routine immunisation and essential obstetric care services, co-morbidity and a predicted rise in other common causes of childhood illness like pneumonia). Although epidemiology of the virus suggests that older people and people with chronic medical conditions appear to be more at risk of developing severe symptoms, children are able to both get infected and transmit the disease-a fact not widely understood to-date. Poor hygiene practices, or inability to comply with hygiene practices due to limited sanitation facilities and crowded living conditions, combined with personal hygiene habits such as sneezing or coughing in one's hand can exacerbate the spread of the virus. Food insecurity due to economic burdens (often the direct result of requirements to contain the disease), availability and access of essential items may be long-term, increasing cases of malnutrition and livelihoods loss. Countries currently experiencing humanitarian crises will be further burdened by pandemic waves that further disable weakened systems and general instability.

Learn: At the time of this writing, over 862 million children are currently out of school due to COVID-19. The impact on learning has already been massive, and planning assumptions state formal school disruption of between 2-12 months. Alternative learning methods must begin now to continue some form of educational gains, and UNESCO's Director-General has noted that the world is 'entering uncharted territory' never before experienced with all countries similarly impacted at around the same time. The short and long-term impacts of children out of school now will extend beyond learning objectives, and will hit the most vulnerable families and most marginalized (e.g. girls) the hardest, and we must act collectively and creatively. Evidence from previous epidemics shows significant risks for adolescent girls in particular to return to school (linked to caring responsibilities, early marriage, pregnancy etc.).

Be Protected: Further impacts of COVID-19 include heightened risks of child abuse, neglect, violence, exploitation, psychological stress and negative impacts on development through loss of or separation from primary caregivers, loss of protection services, limited access to community support, disruption in family income and social connections, fear and anxiety caused by a pandemic and the increase of children's exposure to and experiencing domestic violence and linked against children in the home. Vulnerabilities can increase for children facing discrimination due to their ethnic group, children with disabilities, children migrating and/or facing displacement, and children living in care homes, juvenile justice and other detention centres. Vulnerability may also increase due to stigmatization and discrimination against children who themselves have had COVID19 and/or children whose caregivers may suffer or die from COVID19. The

mental health and psychosocial impact of quarantine, isolation, stigmatization, and separation from caregivers, loss of routine, connections and education can take a devastating psychological toll on children if not immediately supported. Additionally, when parents and caregivers become ill, it becomes increasingly difficult to effectively care for their children. This is exasperated by the fact that older adults who themselves face additional risks to COVID-19, may play a caregiving role. Caregivers facing significant loss of income without a family or societal safety-net may feel forced to resort to negative coping strategies that further place children at risk of child labour, early marriage, and early pregnancy. In addition, children may be more at risk of bullying, abuse and exploitation online due to longer hours spent online and in situations where they no longer have the same access as before to appropriate supervision and follow up by protection services.

Save the Children's COVID-19 program strategy will require a coordinated international response to protect the most vulnerable children and communities from infection and the secondary impacts on non-COVID-19 related health, education and protection. The international community and governments will need to take extraordinary measures to contain, delay and mitigate the impact of COVID-19 at local, national and international levels. Measures taken by governments and public health experts to prevent and control the spread of the disease during infectious disease outbreaks must be calibrated to the phase of the outbreak in each country and designed to protect children and the most vulnerable groups.

Save the Children's COVID-19 Overall Strategy is based upon three pillars: 1. Staff Wellbeing, 2. Business Continuity, and 3. Programs (Preparedness and Response). The Program Framework breaks out Program Preparedness and Response into four Phases, and recognizes that communities and programs will move through the four Phases at different times and through different waves of an outbreak throughout an entire 12-18 (or more) month period. *This Framework does NOT include Staff Wellbeing or Business Continuity.*

Program Framework for Immediate Implementation

This framework represents Save the Children's planning assumptions and priority areas for implementation over four phases of programming: Preparedness, Initial Response, Large-Scale Response, and Recovery. Each phase is defined by the specific scenario in-country (and in-community) and the overall objectives by Phase. This framework is not a comprehensive program document, rather is a higher-level guidance that allows Save the Children staff to locate which Phase their country/community are in and to begin implementation of key actions and activities by sector. There will be accompanying guidance for each sector that will outline detailed program components, and all sectors will align with international and national standards and best practice to-date.

Key Principles and Program Planning Assumptions:

Principles

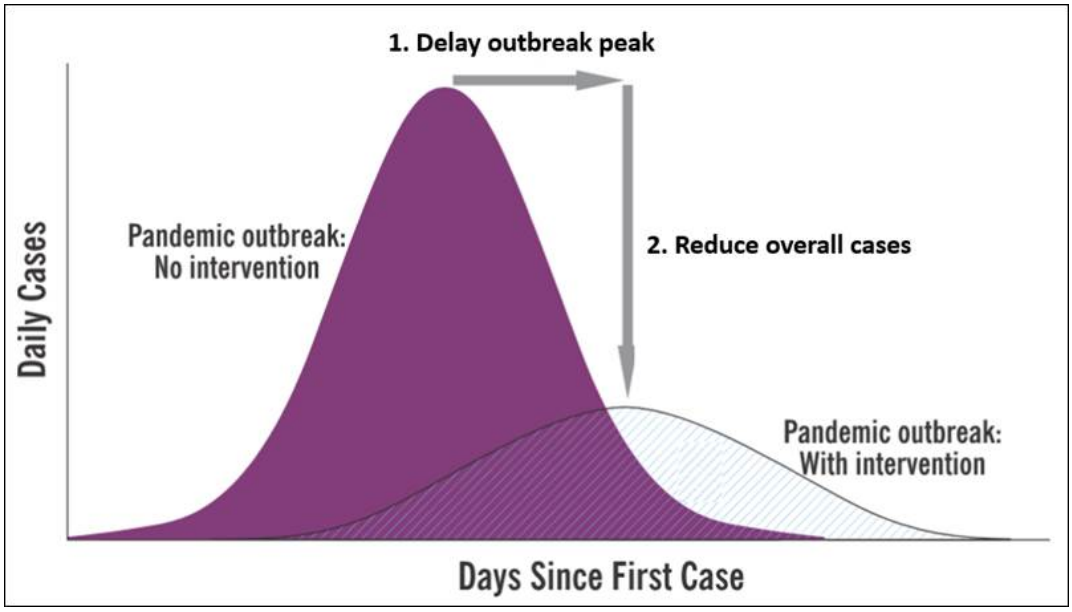
1. Save the Children will include appropriate child safeguarding measures at every phase and within every programming activity.
2. Save the Children will include appropriate measures to mitigate increased risk of gender-based violence and particularly to protect women and girls from sexual exploitation, abuse, harassment or any other form of misconduct. This includes any violations committed against them by Save the Children employees, volunteers, partners, suppliers and representatives.

3. We will continue to ensure our work is driven by our values of accountability, ambition, collaboration, creativity, and integrity and that children and children's rights are at the center of everything we do.
4. Where we have humanitarian programs, we will maintain our commitment to the humanitarian imperative, which is ensuring the right of children and families to receive assistance, and for us to provide that assistance wherever it is needed.
5. We will prioritize partnerships and collaboration with local actors.

6. We will communicate with and share our work widely to ensure collaboration and best practice is implemented in real-time throughout the global pandemic duration.
7. The most marginalized and deprived in every population will be impacted the most (and the longest), and we will target our efforts first to these groups.
8. Our work will be informed by contextual gender and social inclusion analysis as well as effective and up-to date risk communication and community engagement (RCCE) methods.
9. We will comply with the ESC policy and ensure that our programs do not harm the environment in which the target population and children are living.

Planning Assumptions

1. Each community is unique and appropriate communication and mitigation strategies will vary based on the level of community transmission, characteristics of the community, and local capacity to implement strategies.
2. Virtually all communities on earth will experience outbreaks ("pandemic waves"), and a substantial proportion of all people will become ill during a period of 12-18 months.
3. All communities may experience from 1-3 waves of the duration of 6-16 weeks. The characteristics of the first wave may not predict what happens in future waves in the same community.
4. Three will be significant and immediate secondary impacts that result from efforts to contain the spread of the disease - particularly economic and social impacts through loss of income, loss of access to normal services and increased isolation
5. Supplies of COVID-19 tests, vaccines and antiviral medications will be inadequate at best, and possibly completely unavailable to many communities.
6. Health-care systems will be overwhelmed, and there will be a rise in secondary illnesses and unnecessary deaths with impacts across health and other sectors.
7. The challenge of an emergency puts additional strain on existing gender inequalities. General societal and economic disruptions are expected globally, but particularly in countries with weaker infrastructure. Job and income loss will be inevitable with social distancing and quarantine measures, especially for the poorest, mostly engaged in the informal labor market. The global economy is already slowing down from COVID-19, which if sustained could turn into a global recession.
8. Global or even local deployments/surge will be very limited, at best.
9. There may be very little time for a country or program to prepare from movement from one Phase to the next.
10. Thirty percent (30%) or more of the workforce may be absent due to illness or caring for a family member during a pandemic wave.
11. Prompt and comprehensive interventions (also called Non-Pharmaceutical Interventions or NPIs) and mitigation strategies at community-level are essential and will delay the outbreak peak and reduce the overall cases (see figure below.) Without any NPIs in place, a new study predicts approximately 80% of a population could become infected.



** **NOTE:** As Save the Children continues to learn and adapt to COVID-19, relevant supporting documents to complement this Framework will be developed, called Companion Pieces. The most current version of the **User Guide to the COVID-19 Program Framework and Companion Pieces** will include links and descriptions to all documents as they are produced. Please refer to the link above to find the latest information.

PROGRAM FRAMEWORK

SC PHASE	1. PREPAREDNESS	2. INITIAL RESPONSE	3. LARGE-SCALE RESPONSE	4. RECOVERY
SCENARIO	• None or few confirmed cases in country • No school closures • Minimal market disruptions • Insecurity and rumors spread, resulting in potential disruptive behaviors • Some pre-emptive measures may impact supply-chain delivery (e.g. border closures, movement restrictions) • Limited or no testing availability • Global or regional surge/deployment is limited or not available	• Confirmed cases of community transmission in areas of operation • Sporadic closure of school, markets, transportation systems • Changes in availability of essential supplies • Beginnings of critical infrastructure breakdown • Access to healthcare is reduced • Anxiety is heightened, which may impact social interaction and demand for service • Deterioration of coping and support mechanisms • Beginnings of food and income loss due to decreased economic activity • Potential price- instability in costs of essential food, water and supplies	• Widespread, sustained community transmission • Significant market disruptions • Lack of available essential water, food and supplies • Widespread and prolonged closures of schools, markets, transportation systems • Collapse of healthcare system • Public health and other critical services workforce is reduced by 30% • Individual or group relaxation of social distancing measures as fatigue and anxiety increase • Government and local restrictions prohibiting movement and access to services • High illness and potentially high death rates in some populations • Disproportionate impact on the marginalized and deprived • Irregular population movements within the country or between countries • Disproportionate impact on elderly and resulting impact on societal structures and norms	• Decrease in community transmission • Schools and public spaces beginning to re-open • Markets coming back online; essential goods more widely available • Government restrictions lifted or eased • Likelihood of movement into another wave, return to initial response phase
OBJECTIVES	1. Preparedness and contingency planning 2. Ensure SCI and operational partners' staffs are healthy and free of disease. 3. Communicate critical risk and increase community awareness and education	1. Reduce or delay transmission ("flatten the curve") with mitigation strategies in all SC programs 2. Continue programming objectives as much as possible with risk mitigation strategies in place 3. Prepare program, staff and beneficiaries for potential large-scale disruption to come	1. Begin/scale-up all COVID-19 response programming for life-saving and life-sustaining measures during the pandemic wave 2. Begin/ scale up MHPSS services 3. Reduce illness and death throughout wave 4. Continue key program goals as much as possible	1. Support safe return to school 2. Ensure mental health and wellbeing of children and their caregivers 3. Resume all program objectives 4. Prepare for possible second wave

TOPLINE INTERVENTION GUIDANCE	**Integrated Program Risk Communication and Community Engagement (RCCE):** • Analyze context (including gender and social inclusion analysis), prioritize key audiences and a set of key behaviors and understand key barriers and facilitators for change • Collaborate across teams and with other stakeholders to develop tailored key messages and dissemination approaches that are appropriate for such audience (including for children), timely, and inclusive of the most marginalized. • Engage with regional/national inter-agency RCCE efforts to avoid duplication of efforts, • Review existing SBC channels for reach at community levels (men, women, and people with disabilities, youth and children) including social and mobile media. • Map existing community groups and platforms **Across all sectors:** 1. Do not initiate new programs. Consider funding opportunities to strengthen current programs and appropriate modifications.	**Integrated Program Risk Communication and Community Engagement:** • Ensure rapid and sensitive communication with children and communities about changes to program activities. • Reach children and communities with tailored (e.g., child-friendly and gender-inclusive) key messages through trusted and accessible channels , to raise awareness,, prevent stigma and combat rumors • Assess and track strength of misconceptions, key barriers and distrust; and Track – paying particular attention to the groups/people who may be most impacted. • Practice effective community entry and local leader advocacy to create trust • Work with community leaders and existing community platforms (including children's groups/networks) on use of SBC materials and to mobilize safe community systems of support • Engage with regional/national inter-agency RCCE efforts to avoid duplication of effort. • Collaborate with mHealth platforms, digital and mass media for online dissemination of information and development of feedback loop with community members including monitoring of frequent misconceptions and exposure data	**Integrated Program Risk Communication and Community Engagement :** • RCCE sharing approaches shift to online platforms and methods that do not require face-to-face interaction, where necessary – taking into account access limitations faced by the most marginalized. \ • Ensure all RCCE is informed by gender and social inclusion analysis, • Ensure communication with children and communities about changes in our program activities • Widely distribute accurate, accessible child-friendly and age and gender-sensitive materials through trusted channels. • Track and address new rumors/misinformation that may be circulating – paying particular attention to the groups/people who may be most impacted • Work with community leaders and existing community platforms (including children's groups/networks) on use of SBC materials • Engage with regional/national inter-agency RCCE efforts. • Collaborate with mhealth platforms, digital and mass media for online dissemination of information and development of feedback loop with community members including monitoring of frequent misconceptions and exposure data	**Integrated Program Risk Communication and Community Engagement:** Collaborate across teams and with other stakeholders to review, revise and continue to dissemination approaches that are appropriate for such audience, and tailored also for children and for most marginalized • Ensure communication with children and communities about changes in our program activities and recovery approach. • Continue engagement with regional/national inter-agency RCCE efforts. (collect lessons learned, including community leaders and children's own recommendations and experiences, for preparedness and mitigation) • Collect and upload effective SBC materials onto SBC media and materials data base
	Health 1. Coordination a. Participate in coordination with Ministry of Health & key actors b. Map specific health capabilities: referral lab, referral hospital, procurement, supply chain 2. Infection Prevention & Control (IPC) a. Strengthen IPC in supported health facilities; identify and train IPC focal points	**Health** As per preparedness, plus 1. IPC a. Support isolation, triage and - screening at existing supported health facilities. b. Define patient referral pathways 2. Community Case Management a. Adapt guidance and train health care staff for community case management, including identification	**Health** As per initial response, plus 1. Case Management a. Maintain routine and emergency health service provision for non COVID care at primary, secondary and community level through provision of training, incentives, supplies, human resources 2. Place/link to child protection focal point at triage and community surveillance to refer	**Health** 1. Surveillance a. Continue to actively monitor and report on cases and diseases trends 2. Supply Chain a. Review critical functions of medical supply chain 3. IPC and Case Management a. Carry out training to assess any skill deficits 4. Coordination

	3. Surveillance a. Strengthen surveillance system including case definitions and contact tracing 4. Risk Communication & Community Engagement (RCCE) a. Promote culturally-appropriate and child-friendly and empathetic community engagement to detect and respond to public perceptions and counter misinformation on key public health measures	of and response to rise in domestic violence/Gender Based Violence and other child protection risks 3. Surveillance a. Set up register for reporting health care associated infections (HCAI) in existing supported health facilities and communities 4. Supply Chain a. Pre-position COVID 19 basic diseases commodity packages in health facility and explore local sources of supplies; work with donors on supplier flexibility 5. Meet the needs of women healthcare workers (who constitute 70% of the workers in the health and social sectors globally), on the frontline of the response, including psychosocial response and menstrual hygiene needs of the responders.	identified cases of children unaccompanied and separated from their primary caretakers due to treatment and preventative measures (and other child protection risks). 2. Meet the needs of women healthcare workers (who constitute 70% of the workers in the health and social sectors globally), on the frontline of the response, including psychosocial response and menstrual hygiene needs of the responders.	a. Conduct an operational review to inform future response activities
	NUTRITION 2. Reduce frequency of follow up 3. Develop/strengthen existing "online and offline" platforms for dissemination of key information and messages promoting and supporting optimal IYCF practices, particularly breastfeeding 4. Identify supply chain coordination, methods and risks and consider commodity supply in the face of reduced frequency and increased distribution of nutrition supplies 5. Identify beneficiaries who may need support with IPC goods or nutrition goods 6. Do not initiate new programs. Consider funding opportunities to strengthen current programs and appropriate modifications. 7. Disseminate signs, symptoms and actions for Covid-19 to all frontline nutrition staff and community workers 8. Identify school-based nutrition programs and children attending school that will lose access to primary source of nutrition that may need additional support	**NUTRITION** **As per preparedness plus** 1. Continue to support regular recommendations on feeding practices across all age groups **2.** Implement identification and isolation of patients at the point of entry to facilities **3.** Suspend or adapt all group activities, mass screenings and community assessments etc. 4. Implement community-based programming and appropriate integrated SBCC messaging including optimal nutrition practices and Health/WASH/IPC/etc. **5.** Support/direct distribution of IPC materials to suspected or confirmed mothers who are breastfeeding **6.** Integrate public health response with Health and WASH	**NUTRITION** **As per initial response, plus** 1. Consider reduction up to 8 weeks between follow up or temporary suspension of programs 2. Link to /advise Child Protection focal points to ensure appropriate nutrition/feeding of children unaccompanied and/or separated from their primary caretaker due to treatment/illness (with special considerations to those who were breastfeeding) 3. Ensure children and families in quarantine, self-isolation or health facilities have access to adequate nutritional support.	**NUTRITION** 1. Slowly re-increase follow-up back to baseline. Re-start group activities 2. Prioritize order of assessments that were delayed alongside other actors

	WASH 1. Develop/adapt and disseminate IPC guidance / protocol based on CO context /community norms 2. Develop guidance on cleaning high-touch surfaces like doors/doorknobs, faucets, railing, toiler flushers, devices used by children with disabilities etc. 3. Including IPC guidance at household level, working places and Community public places 4. Develop the contingency plan, contingency stock and frame work agreement for essential hygiene items 5. Develop distribution SoP 6. Provide essential training module to staff and local partners	**WASH** 1. 'Activate the Contingency plan and shift to response mode ' 2. Approaching national /in country networking, conducting Intensive campaign on handwashing with soap and personal hygiene more widely through appropriate channels of communication 3. Disseminate IPC guidance for SC heath facility and Non Health Facility 4. Working with Community based platform such Community leaders and traditional healers can play a crucial role as information providers, especially in populations with low literacy levels. 5. Identify remote support for WASH 6. Distribution of Hand-washing related to NFI and where critically required, restore and repair water supply and handwashing stations in learning spaces /Schools. Ensure accessibility to persons with disabilities. 7. Collaborate to ensure child-friendly hand-washing stations are available at health facilities, schools, child care centres, alternative care centres, and other locations children are likely to visit (note – these facilities may close as the situation moves to large scale response)	**WASH** **As per initial response, plus** 1. Distribution of Hand-Washing related NFIs. Ensure enough soap for everyone for handwashing, cleaning and clothes-washing purposes for a period of 2 months. Add 50% buffer stock. 2. Where critically required, restore and repair water supply and handwashing stations (also accessible to children with disabilities) in learning spaces /Schools 3. In case of SC plan to running Static health services, WASH will do Join response with Health to provide non-medical support activities including medical waste management, water supply, essential WASH facility and decontamination protocol 4. Approaching Community based structure Establish and strengthen locally relevant *'change agents'* such as school WASH clubs and champions; mothers and caregivers peer to peer groups; community health workers; other children's groups, etc.	**WASH** 1. As joint response with other sector to provide an inclusive hygiene education community based program
	Education 1. Continue education programming (Early Childhood Care and Development/Basic Education/Alternative or Non-Formal programming) with adaptations: • Together with existing children's clubs where possible, promote handwashing, hygiene and raise awareness around COVID-19 risks, with key messages appropriate to the age and language of learners. Provide learning spaces with adequate handwashing facilities as per in-country guidance (e.g. soap, handwashing stations)	**Education** 1. Strict adherence to government guidelines including postponing/cancelling activities and implement additional government guidance to inhibit the spread of COVID-19 in schools. 2. Advocate to ensure understanding amongst education stakeholders, parents, caregivers and communities that school closures are only effective if accompanied by social distancing. 3. Implement social distancing practices (e.g. staggering start and end of the day, reduce large events, ensure minimal space between children's desks, avoid contact).	**Education** 1. If preparedness actions have not been possible, work immediately to support the MoE to develop distance-learning tools, and prepare additional relevant content for academic skills as well as mental health and psychosocial support, health, and child protection key messages. 2. Support MoE in operationalizing distance-learning modalities including disseminating information to all partner and ensuring remote schools are reached. Assess child-safeguarding risks associated with distance learning modalities (i.e. cyberbullying or online	**Education** 1. Support MoE to prepare guidelines on safe school reopening including clean-up if school has been used as temporary health center, in coordination with Health, WASH and Child Protection actors. **2.** Work with MoE to develop catch-up programmes or condensed curricula to avoid loss of school year. **3.** Support community mobilisation for (re)enrollment of children in schools (or non-formal programmes if needed) **4.** Continue to implement safe programme guidelines/regulations in schools to prevent a future outbreak.

	• Reinforce cleaning and disinfection of learning spaces on a daily basis. Establish standard operating procedures in case students and families disseminated ensuring that the most vulnerable and marginalized have access/ teachers become unwell. 2. Support MoE to map available distance learning tools, and prepare additional relevant content for academic skills as well as mental health and psychosocial support, health, and child protection key messages. 3. Explore distance-learning tools. 4. If a SC led cluster/WG/sector is active, ensure cluster is adequately staffed, assigning Emergency TL/Education TA to double hat if necessary; meet with other education cluster lead agencies to coordinate SC contributions. 5. Where co-leading the Cluster/WG, convene Education partners to discuss ongoing activities and preparedness; develop contingency plan for the sector (or adapt existing cluster strategy if available), including considering 'make-up hours/weeks', including shifts; ensure preparedness is on Inter-Cluster Working Group agenda. 6. Ensure Education TAs are familiar with the child safeguarding in education risk guide and working closely with CSG focal point to identify potential safeguarding risks and mitigation plans. 7. Work with Child Protection colleagues to assess the in-school services children are accessing (e.g. food programs, counselling or other less formalized support, after-school care provision, etc.) and how a pause in services will affect children, especially the most marginalized, vulnerable, or children with disabilities. Update reporting and referral mechanisms to prepare for possible school closures.	4. Implement standard operating procedures in the case of learner or teacher sickness in line with national health guidance around quarantine and isolation practices. 5. Working with school management structures and child protection actors to provide parenting support including guidance on how to deal with the emergency-related issues and support children's learning and wellbeing. 6. Work through the Education Cluster/WG/LEG to support the MoE to determine continuity of education options, considering the needs all children (language, and modality): • Use of online/e-learning strategies • Assigning reading and exercises for home study and self-learning • Radio, podcast and television broadcasts • Assign teachers and community facilitators to conduct follow-up with students (remote via mobile phones or in small groups) 7. Coordinate and ensure Education Cluster / sector / partners are prepared to implement contingency plans, mitigation measures, monitoring and information management on school closures and number of learners and teachers affected, monitoring implementation of continuity of education activities (e.g. radios distributed, listening figures), 8. Ensuring ongoing communication with Humanitarian Country Team and donors on sector needs, particularly highlighting vulnerable groups such as girls and boys who are displaced, disabled, or with parents affected by COVID-19.	predators) and include mitigation measures. 3. Coordinate with child protection colleagues, partners and community-based facilitators to remotely monitor access to learning for particularly vulnerable children, including referral to specialized health or protection services where needed (e.g. through phone calls). 4. Work with social service systems and child protection actors to ensure continuity of critical services that may take place in schools such as health screenings, feeding programs or specialized services for children. 5. Where Cluster or coordination groups are newly activated, ensure sector leadership for SC-led clusters/WGs/sector, including dedicated staff assigned and functioning of the information management systems. 6. Develop Cluster Strategy (or Annex to existing Strategy) or support the LEGs to scale up monitoring and information management to identify needs, gaps to inform partner programme planning, donor prioritization, and represent the sector in inter-sector coordination (e.g. Humanitarian Country Team). 7. Support consultations with students to understand their ongoing needs, the impact the crisis has had on their families/rights/community and what actions they may want to take. Share this information with other sectors/duty-bearers. **8.** Ensure support for Mental Health/Psychosocial support needs are available.	**5.** Ensure support for Mental Health/Psychosocial support needs are available. **6.** Work with child protection actors to train teachers on how to support children as they return to formal learning, including how to refer children with severe needs to specialized services. 7. Cluster/WG/LEG to support/lead after action reviews to document good practices and lessons learned, including participatory processes that involve direct feedback from children, teachers, their parents and communities.
	Child Protection 1. Support caregivers without access to safe infection control materials for their	**Child Protection** 1. Mobilize a community response to monitor the situation of vulnerable	**Child Protection** 1. Ensure placement of appropriate social welfare staff at hospitals to identify and	**Child Protection** 1. Extend social protection schemes (or cash/in kind transfers) to at-risk

	home, resources for safe and healthy quarantine and/or access to information on how to care, protect and talk to their children. 2. Develop contingency plans for the care of children orphaned or left without appropriate care by severe cases of COVID-19. 3. Advocate/develop preparedness plans for identification of, prevention and response to violence, abuse, exploitation and neglect within a contagious environment, to maintain and expand protection to the most vulnerable children. 4. Build capacity of children's programming facilitators and managers in infection control, monitoring and information sharing on decision making around closures 5. Within current child-focused programming, support information sharing with children, explore with children options for remote communication, work with children to assess the risks and impact the virus is having on their lives and develop age and gender appropriate child friendly messaging and community preparedness plans. 6. Ensure CP technical leads work closely with CSG lead to identify potential SG risks and mitigation 7. Develop plans with vulnerable families already receiving case management on how to access services and where to receive additional support within their own support network.	households and offer support when needed, including reassurance and support to children affected by separation or loss 2. Strengthen capacity of child protection case management workforce to safely provide protection services for the most vulnerable,, within a contagious environment as per appropriate vulnerability analysis 3. Support to parents and carers on how to provide positive parenting and psychosocial support to their children - what to watch for and how to respond. 4. Work with Education sector, to incorporate psychosocial support messaging and programming in any distance learning platforms utilized, and sensitization of teachers to address psychosocial impacts during return to school activities 5. Disseminate information/develop platforms for connections as appropriate that address the specific psychosocial needs of different age groups due to school disruptions and social distancing 6. Train Health, Education, Nutrition, EFSL, and WASH staff on COVID-19-related CP risks and adapted reporting and referrals mechanisms that will function at a distance in the event of school closures, quarantine, lockdown, etc.	better protect children separated from family members due to treatment or sudden population movement. 2. Continuously assess alternative care options and gaps for children, support development safe and appropriate alternative care options for children who are separated from their primary caretakers due to treatment and preventative measures. 3. Explore options with communities for distance/remote communication and connection around parenting and family strengthening and emotional support for caregivers programming 4. Integration of CP Case management and referral mechanisms within the Health Response to identify and respond to child protection concerns, with a focus on domestic violence and linked violence against girls and boys. 5. Work with key child protection system actors (community networks, district level social welfare officers, civil society and/or as contextually defined) to ensure follow up on and support to children isolated from social services 6. Work with communities to carry out activities to end stigmatization, bullying and discrimination and to promote safe coping mechanisms, and to support affected and isolated groups.	households facing temporary loss of income, and enable carers to offer continuing quality care, reduce stress in the home and prevention of resorting to negative coping measures (i.e. child labor and early marriage)) 2. Partner with schools, community centres and child friendly spaces to implement recovery/children and youth resilience building activities and structured programming. 3. Work with social welfare workforce to identify, follow up on and support children who remain separated from primary caretakers, including family reunification and alternative care support. 4. Mobilize community to implement structured and non-structured community based psychosocial support activities. 5. Partner with women's groups and domestic violence prevention /response organizations to provide support to children, women and non-binary people who may be exposed to/experiencing domestic violence and linked violence against children. 6. Assess and build capacity of child protection systems to support recovery and protection of children's wellbeing
	Food Security & Livelihoods 1. Assess market for key commodities, closely monitor food prices and markets (including labor markets) 2. Establish triggers for early actions (e.g. use HEA - Household Economy Approach - where available to identify which supply side shocks to incomes should be monitored, along with market prices) and establish thresholds for price	**Food Security & Livelihoods** 1. Monitor government regulations on the movement of goods and market closures 2. Continue to remotely monitor food and key commodities prices and strengthen market supervision (including labor) 3. Provide start-up capital, linkages, engagement with potential e-commerce delivery providers and advocate with	**Food Security & Livelihoods** 1. Cash transfers and/or support to access credit to traders to keep business open. Focus on women who are often overrepresented in informal economy. 2. Remotely monitor logistical operations of regional agricultural and food supply chains. (e-commerce and delivery companies can also play key logistical roles)	**Food Security & Livelihoods** 1. Conduct market analysis to plan the early recovery phase (using HEA where available) 2. Advocate for government to mitigate the burden on farming enterprises by reducing or delaying their tax and social insurance premium bills and lowering their rents

	increases that need to be matched by increased transfers or switch to in-kind support. 3. Prepare logistics for cash/in kind distributions 4. Explore partnership with private sector and explore innovations to ensure supply chain continuity and improved resilience of the food system (e.g. encourage e-commerce and delivery, tap into youth ability to connect and innovate) 5. Ensure FSL leads work closely with CSG lead to identify potential SG risks and mitigation plans	mobile network providers to reduce/eliminate transaction costs; 4. Support to traders to maintain supplies (including cash to maintain stocks) 5. Advocate for and support (remote/safe) access) to financial services and more flexible qualification criteria for the poorest and most marginalized as well as	3. Advocate for enabling policies and increase support to production entities (poor farmers) 4. Engage young people in remote skills training and job matching opportunities and tap into their ability to mobilize and connect using innovative solutions 1. Protect vulnerable groups (e.g. young people) and provide/advocate for employment services to those at risk of losing their employment (e.g. provide information on available local jobs to migrant workers as borders close)	3. Provide or advocate for the provision of in-kind/ cash and vouchers to purchase inputs for livelihoods recovery e.g. seeds, tools, livestock. 4. Support economic resilience of the poorest and most affected by the economic slowdown through market system strengthening (including labor market) 5. Identify lost livelihoods and opportunities for new ones that might be more resilient in the future (e.g.: using HEA and IGA modeling; labor market assessments)
	Social Protection/Cash 1. Conduct analysis (including gender and social inclusion analysis) of Social Protection systems to ensure ability to respond to expansion in terms of support provided (e.g. value of cash transfers) and number of beneficiaries 2. Conduct a Cash Emergency Preparedness assessment to better assess feasibility of cash transfers and establish transfer mechanism and amount (e.g. using HEA and Cost of the Diet). 1. Where possible, gradually shift to electronic transfers, to minimize physical contact in cash or paper voucher distributions and have contingency plans in place for shifting to in-kind in course of action, when cash or vouchers will no longer be feasible. That may require pre-positioning of goods in warehouses. 3. Ensure TAs are familiar with the child safeguarding in Cash and Voucher risk guide and working closely with CSG lead to identify potential SG risks and mitigation	**Social Protection/Cash** 1. Expand access to Social Safety Nets (cash or in kind depending on the context, functioning of the market etc.) 2. Consider cash "plus", i.e. cash distribution linked to Social Behavior Change Communication following SBCC guidance 3. Ensure connections with existing Social Protection systems	**Social Protection/Cash** 2. Cash and in-kind distributions to meet immediate food and cash needs (e.g. to cover transport and medical expenses) 3. Advocate for universal Social Protection schemes to reach poorest households and women who are overrepresented in the informal economy and bear the brunt of caregiving	**Social Protection/Cash** 1. Expand multi-purpose cash assistance to most vulnerable households 2. Advocate for continued social protection to support recovery phase 3.
	I**ntegrated Activities:** **Child Rights/Child Participation**	**Integrated Activities:** **Child Rights/Child Participation**	**Integrated Activities:** **Child Rights/Child Participation**	**Integrated Activities:** **Child Rights/Child Participation**

	1. With adequate risk mitigation in place, consult with children and families to understand how their lives have been affected by COVID-19 and current rumors, and adapt interventions based on that information. 2. Map out and identify existing children's groups/networks who may want to support information sharing, advocacy and actions related to COVID-19. As early as possible, work with them to share/develop resources (e.g. pilot child friendly materials), planning, risk assessments, etc. 3. Conduct rapid information needs assessment with children to determine availability of information, accessibility and trust in different channels, and to gather information on appropriate language(s) and literacy levels. 4. Work with children to define solutions/options for remote participation, feedback and communication – taking into account the realities of the most marginalized and deprived. 5. Support children to engage in safe risk communication activities. 6. Ensure government/duty-bearer (including the private sector) commitment to the full respect of children's rights, and any limitations imposed must be legitimate and proportional. **Gender** 1. Conduct a rapid gender and social inclusion analysis to understand how existing inequalities might be exacerbated by the pandemic and the quarantine. E.g., prevalence of domestic violence, the burden of care falling on women, men and boys being affected by COVID19 at higher rates, women's participation in the informal economy, women's representation in the care sector (health, social services), etc. **MEAL**	1. With adequate risk mitigation in place, consult with children and families to understand how their lives have been affected by COVID-19 and current rumors, and adapt interventions based on that information. 2. Roll out the remote participation/communication mechanisms informed by the information needs assessment, and designed with children during preparedness phase. 3. Support children to engage in safe risk communication activities. **Gender** 1. Containment and mitigation measures to address the burden of unpaid work on women in care work (nurses, teachers, etc.) 2. Address the heightened of domestic/family violence 3. Train first responders on handling disclosures of GBV, including psychosocial support. 4. Prioritize access to sexual and reproductive health services, including pre- and post-natal healthcare. **MEAL** 1. Postpone less critical or time-sensitive MEAL activities; adapt critical or time-sensitive MEAL activities where necessary 2. Ensure appropriate feedback and reporting channels are functioning, including channels that can be used without face-to-face interaction 3. Draft a learning agenda for the response, which will facilitate an inclusive process for learning and reflection to inform programming 4. Continuously monitor key context indicators to inform decision-making 5. Disaggregate data by sex, age and, if possible, disability and other social characteristics that drive inequality **Child and Adult safeguarding:**	1. Community engagement, participation and information provision shifts to remote and other risk-mitigating measures (radio, text) - with specific effort to try to reach most marginalized and deprived. 2. Ensure children's actions, views and recommendations are shaping and informing response plans and efforts. Communicate these efforts and changes to children/communities. **Gender** 1. Collaborate with local women's rights and domestic violence prevention/response centers to extend support to women, children, and gender-non-conforming people who are quarantined with abusive partners, family members and parents/guardians. 2. Develop gender sensitive economic and social protection strategies to address loss of livelihoods, especially for women who are disproportionately represented in the informal sector. **MEAL** 1. MEAL activities, including feedback and reporting channels, shift to remote implementation and other risk-mitigating measures 2. Continuously monitor key context indicators to inform decision-making 3. Disaggregate data by sex, age and, if possible, disability and other social characteristics that drive inequality 4. Ensure COVID-19-related learning (whether generated internally or externally to Save the Children) is used to inform our response **Child and adult safeguarding (SG)** 1. SG leads/CSFP leads to work closely with sector leads to assess emerging child and vulnerable adults risks and developing mitigation plans (including other functions)	1. With adequate risk mitigation in place, consult with children and families to understand how their lives have been affected by COVID-19 and adapt interventions based on that information. 2. Involve children in identifying recovery priorities for their communities. Explore the role children themselves would like to play in these efforts. 3. Continue to work with children on safe risk communication activities, in preparation for potential future waves. 4. Together with children, evaluate distance learning/remote communication tools used by children, share learnings with other sectors and begin planning and modifications for potential future waves. 5. Advocacy towards government/duty-bearers should focus on making resources available for recovery that ensure and maintain children's rights. **MEAL** 1. MEAL activities to shift away from remote implementation and to expand in scope, covering initially postponed activities 2. Continuously monitor key context indicators to inform decision-making 3. Disaggregate data by sex, age and, if possible, disability and other social characteristics that drive inequality 4. Ensure COVID-19-related learning (whether generated internally or externally to Save the Children) is used to inform our recovery **Child and adult Safeguarding:** 1. Continue to implement safe programming across all the sectors. 2. Ensure appropriate mitigation measures are in place to reduce risk of violence, harassment, exploitation and harm 3. Ensure all SG cases reported are followed and proper investigation take place

	1. Conduct scenario planning for MEAL activities in Phase 2 and 3 (including accountability), to prioritize, adapt or delay where necessary, and prepare risk assessments and mitigation plans 2. Establish/strengthen, and raise awareness on, feedback and reporting channels that can be used by children and communities without face-to-face interaction 3. Identify relevant secondary data (e.g. from CRSA) and review lessons learned from other public health crises and disease outbreaks in relevant contexts 4. Identify key context indicators that will help identify changes in phases and trigger changes in programs 5. Ensure MEAL leads are familiar with the child safeguarding in MEAL risk guide and working closely with CSG lead 6. Disaggregate data by sex, age and, if possible, disability and other social characteristics that drive inequality **Child and Adult Safeguarding:** 1. Ensure permanent CSG Coverage (CSG leads to validate the lists of all of their focal points and work with HR & CDs to fill in any gaps identified 2. Ensure all CSG staff are up to date with SG related training (Datix, PSEA, as well as the Hum CSG Toolkit); and that all other staff receive CSG refresher training 3. Utilize the SC integrated risk assessment and Work closely with technical lead across the different sector to identify SG and sexual exploitation (SEA) risks and develop a mitigation action plan 4. Ensure victim support referral pathways and information, local reporting procedures are up to date and understood by staff 5. CSG leads need to ensure that all field offices have an updated referral map of available support services distributed to	1. Safeguarding leads/CSFP to provide technical support to teams to ensure safer programming and mitigate the potential of transmission in activities involving children or their parents. 2. SG lead/FP to work closely with other functions (supply chain, advocacy, media and comms) to ensure all risks of abuse and exploitation are mitigated **MHPSS** 1. Prioritize access to specialized mental health services for persons with pre-existing mental health conditions, or those with new acute presentations (in coordination with health teams) 2. Training of first responders on the identification of persons with mental health conditions that may be exacerbated by the outbreak (e.g. anxiety, depression) 3. Train first responders how to recognize and respond to the rising domestic/gender-based violence 4. Ensure that appropriate in situ and remote psychosocial support is available for staff support, and provide regular opportunities for staff to debrief 5. If group psychosocial activities are being conducted, review appropriateness and cease if needed, to ensure alignment with social distancing and infection control. Should group-based programs cease, ensure those who attended are provided with opportunities for remote follow-up (where possible)	2. Ensure that adapt service modalities are also risk assessed and all mitigation plans in place. 3. Support children and families affected by COVID19 with child friendly material and psychological support **MHPSS** 1. Ensure staff have access to remote/online MHPSS services 2. Maintaining social contact with people who might be isolated using phone / text / radio. Ensure parents/caregivers of children with special needs are receiving appropriate care, as they will experience more stress and frustration. 3. Ensure at a minimum 2 staff members are able to provide appropriate remote support (limited to emotionally supportive communication) to persons with pre-existing mental health conditions, or new acute presentations to prevent their isolation 4. Parental support by establishing hotline to discuss concerns / stresses 5. Consider / establish supports for women, children and non-binary people who might be experiencing domestic violence due to the quarantine.	4. Work with CP and Safeguarding teams to ensure victims/survivors receive the appropriate support from the time of the initial report and process. 5. **MHPSS** 1. Support the re-establishment of community support mechanisms that existed before the outbreak to ensure community-based MHPSS in reinstated 2. Re-engage persons with existing mental health conditions to appropriate MHPSS services 3. Support MHPSS staff in-country (cross-organizational) in upskilling on strengthening MHPSS through a health systems strengthening approach 4. Commence activities to address stigmatization of persons and families previously infected, including a community messaging component

	all relevant staff and uploaded to SharePoint. 6. Review all communication materials that aims to reduces stigma, emphasize on hygiene messages and fact to be child friendly and community friendly about ensure it is distributed through our different interventions **Mental Health Psychosocial Support (MHPSS)** 1. Integrate MHPSS considerations throughout preparedness plans 2. Consider the mental health and psychosocial support needs of all staff, especially frontline workers 3. Ensure up to date mapping exists of available MHPSS services including access to specialized services and determine planned continuity of such services should a response commence			

Adaptations / Unique Considerations by Context

ADAPTATION / UNIQUE CONSIDERATIONS BY CONTEXT	
Countries with Strong Systems (More Prepared)	**Unique elements to consider for COVID-19 programming in this situation:** • National guidance is likely to adapt and adjust quickly with the changing situation • SC country and program teams should ensure adaptation of any internal guidance to align with developing national standards • Opportunities will likely exist for digital responses in certain sectors and for certain activities (EdTech and remote MHPSS, for example) **PER SECTOR CONSIDERATIONS:** **Health** • Private providers may play a significant role • Advocate early for a community-based model of care • Potential to scale up cash-based interventions • Consider innovative and alternative risk communication strategies • Ensure that consistent access to SRH services is maintained, thus preventing an increase in maternal and newborn mortality and morbidity **Nutrition** • Identify additional community sites and plan for increased dispersed locations for distribution of commodities • Transfer responsibility and programs to community-based health workers where appropriate

- Breastfeeding counselling, basic psychosocial support (with referrals as appropriate), and practical feeding support should be provided to all pregnant women and mothers with infants and young children
- Consider appropriate integrated SBCC messaging for optimal nutrition practices alongside Health/WASH/IPC/etc.

WASH

- Unlikely that there will be WASH program in these countries; any WASH intervention will already be in line with the National Strategy
- The intervention for WASH will be integrated closely with any health intervention

Education

- Education partners may include private corporations with Corporate Social Responsibility programs on education
- Focus of education intervention may be on making sure that government initiatives/programs reach the most marginalized and vulnerable children Supporting Government in activating contingency plan and emergency systems as soon as possible.
- Supplementing MoE's existing learning materials with materials on wellbeing/ MHPSS of learners and their parents

Child Protection

- Support/Advice the development of Alternative Care for Children Affected by COVID-19 emergency guidelines aligned with the Global Alternative Care Guidelines, including emergency child protection case management and social welfare workforce planning Assess the child protection system for infectious disease readiness and support capacity building gaps of the social welfare workforce
- Explore options for distance linkages and information sharing through internet based-platforms to provide , MHPSS activities and services (including specialized mental health services) and sharing of child friendly and parent support information on how to provide a safe and healthy quarantine period
- Assess access to services of the most vulnerable groups and support in emergency preparedness and response plans.

Poverty Reduction (FSL/CSSP/Cash)

- Support the government and other appropriate duty bearers to use inclusive and child sensitive social protection measures, particularly for the most vulnerable
- Advocate for protection measures for active workforce: teleworking and staggered hours; greater paid sick leave; occupational support – such as hotlines and dedicated websites; and to stem any and all discrimination and exclusion – including stigmatization. Also, consider childcare support for working parents when schools and nurseries are closed. Pay partial attention to number of youth NEET (not in employment, education or training).
- Support the government and other appropriate duty bearers as well as the private sector to provide employment services to workers whose employment is border closures and the overall social distancing and economic downturn.
- Support the development of business continuity plans for small business owners

<u>Integrated Activities:</u>

Child Rights Governance/Child Participation

- Support the government and other appropriate duty bearers to develop accurate, accessible and child-friendly risk communication materials.
- Support the government and other appropriate duty-bearers to develop feedback mechanisms within all programs plans and adaptations (e.g. within distance learning tools; government services, etc.)

MEAL

- Support the government and other appropriate duty bearers collect data that identifies the needs, views and experiences of children, in particular those from deprived and marginalized groups as well as those highest at risk to be affected by COVID-19.
- In countries with high levels of internet connectivity and widespread social media use, consider these means to collect data, share information, support participation and receive feedback.

MHPSS

	• Adopt a health system strengthening approach to ensure mental health care in line with mhGAP (e.g. training of health staff on identification and basic management of mental health conditions that might be exacerbated during the outbreak). Work closely with MoH to ensure mental health care is adequately considered in country response action plans. • Consider the role of private practitioners in offering specialized mental health services. **Gender** • Conduct gender and social inclusion analysis to understand the physiological and cultural burden of the disease and its outcomes on different population groups (e.g. COVID19 being more deadly for men and boys) • Address the disproportionate burden of women's and girls' care work • Prevent and address gender-based violence: quarantine and social distancing can confine many women, children and gender-non conforming individuals • Address the needs of women on the frontline of the pandemic, including psychosocial support and menstrual hygiene needs • Ensure social protection and economic empowerment, especially for women who are disproportionately represented in the informal economy • Prioritize access and services on sexual and reproductive health. • Ensure women and girls' equal voice and participation
Countries with Weak or non-Functioning Systems (Less Prepared)	**Unique elements to consider for COVID-19 Programming in this situation:** • High likelihood of essential services being provided by SC; need to balance program criticality with risk to staff and program participants • Likelihood of mistrust, potential for increased insecurity • There may be a lack of leadership from local government • Conflicting information and haphazard information flows are highly likely **PER SECTOR CONSIDERATIONS:** **Health** • Private health care providers and traditional health care providers may play a significant role • Institute community case management early and modify community case management guidance for low resource setting • Adapt NPIs guidance for low resource settings • Explore alternative/local supply chain sources early for medical and IPC supplies **Nutrition** • Distribute IPC materials to breastfeeding mothers if suspected or confirmed case. • Identify additional community sites and plan for increased dispersed locations for distribution of commodities • All supplementary feeding programs should continue if possible (distribution methods should be altered to avoid large gatherings). The community-based provider or CHW may be able to assist in distribution to affected households, linked to wider food security efforts **WASH** • Assess capacity of WASH infrastructure in Community bases, health centres; Improve access to WASH facilities in health centres, where required; Training of health care workers on integrated COVID-19 response in line with the wider strategy; Wider outreach program in the community through existing projects/crisis modifiers • Approaching National and Community based network to Develop/adapt and disseminate key messages to cut/reducing Transmission Disease Chain **Education** • Make MHPSS messaging available to support parents and out of school children • Work with education partners through national Education Clusters to support the local authorities to develop/ implement and monitor guidance for schools to prevent the spread of Covid-19 in schools. • Work with education partners through national Education Clusters to support the local authorities in developing/ implementing and monitoring of guidance for schools' reopening • Global Education Cluster will collect, review and disseminate learning materials that will be used for distance learning

	• Remote learning will use different platforms (internet, TV, radio, mobile phones) depending on the what is most accessible • Provide practical guidance to caregivers, who may also have low level of literacy, to support children's learning and development **Child Protection** • Where Save the Children provides, or supports protection services for children, assess and priorities vulnerabilities and risks to stopping services to ensure children do not fall through the cracks (with a focus on home visits to children who have issues of violence and abuse in the home and children outside family based care) • Where programming must stop, assess and design plans to ensure routine, structure, connection and support can be put in place • Parents and carers whom need to go out to work while day-care centres and schools are closed may find themselves obliged to leave their children without proper supervision and exposed to heightened risks of exploitation or abuse. • Social welfare workforce capacity building to ensure adequate numbers and capacity to operate in a contagious environment should be assess and developed to ensure protection of children, alternative care and family support and reunifications **Integrated Activities:** Parents facing a significant loss **Poverty Reduction (FSL/CSSP/Cash)** • Assess feasibility and appropriateness of income without a family direct (where feasible, electronic) cash/vouchers and/or society-wide safety net in kind distributions, where possible linked to existing social protection schemes • Advocate for protection measures for active workforce (highly dependent on the labor market) • Support the government and other appropriate duty bearers as well as the private sector to provide employment services to workers whose employment may even feel forced to resort to negative coping strategies affecting their children including unsafe migration, child labor or child marriage.be affected **Integrated Activities:** **Child Rights Governance/Child Participation** • Ensure adequate focus on child-focused rumor tracking (useful in all contexts but more important in situations with greater mistrust). Particular attention should be given to tracking rumors that may impact certain groups of children more than others (i.e. rumors related to gender, disability, ethnicity, etc.) **MEAL** • Ensure assessment and monitoring data identifies the needs, rights violations, views, and experiences of children, in particular those from deprived and marginalized groups as well as those highest at risk of being affected by COVID-19. **Gender** • Conduct gender and social inclusion analysis to understand the physiological and cultural burden of the disease and its outcomes on different population groups (e.g. COVID19 being more deadly for men and boys) • Address the disproportionate burden of women's and girls' care work • Prevent and address gender-based violence: quarantine and social distancing can confine many women, children and gender-non conforming individuals • Address the needs of women on the frontline of the pandemic, including psychosocial support and menstrual hygiene needs • Ensure social protection and economic empowerment, especially for women who are disproportionately represented in the informal economy • Prioritize access and services on sexual and reproductive health. • Ensure women and girls' equal voice and participation **MHPSS** • Ensure MHPSS considerations are implemented in each sector and that all frontline staff are trained in psychological first aid (PFA) • Ensure MHPSS messaging is developed that focuses on proactive coping strategies for children and families • Ensure vulnerable community members are considered at all stages of response (e.g. persons with severe mental disorders, older adults, persons with disabilities)
Refugee Camps / IDP settings /	**Unique elements to consider for COVID-19 Programming in these situation:**

Collective Sites / Children on the move / Returnees	• Refugees, asylum seekers, IDPs and migrants who may be present in collective sites or on the move are at higher risk of scapegoating, stigma and other specific, discriminatory measures including possible forced returns • Children and families in collective sites may not be included in national plans; and/or may fall under different legal structures (i.e. could be centrally managed through CCCM structures) thus are more likely to miss out on critical health communications • While collective sites present a unique risk, its critical to also note that the majority of refugees, migrants and displaced populations live in urban centers • Refugee, displaced and migrant populations are often left out of disaster and epidemic preparedness planning, even at the best of times. National authorities, health ministries, WHO and partners should ensure full inclusion of refugees, displaced and migrant children in national preparedness and response plans. They must also ensure that such populations have access to accurate and relevant information in applicable language(s) and child-friendly versions in line with the national level of preparedness • Separation of families due to border closures could be more extreme • Movements may be more limited; access to outside services for those in collective sites may be restricted • Expected higher burden on women and girls who will take on additional care work in the home and for anyone who falls ill • Access to information in some settings may be restricted (ex. limited internet in Cox's Bazaar) **PER SECTOR CONSIDERATIONS:** **Integrated Program Messaging (Social/Behaviour Change):** **RCCE** • Work with existing camp management teams, committees and/or community leaders to conduct consultations, risk assessment, and identify existing trusted communication channels (formal and informal). • Monitor rumors and feedback from camp residents and host communities and respond through trusted channels. Avoid instilling fear. Ensure that languages used for SBC materials are addressing literacy levels of different groups • Address potential site-specific amplification, such as during food distribution and market attendance with messaging and e.g. phasing of attendance to avoid congregation of too many people at once. Bridge or replace suspended recreational and other group activities with digital group engagement (WhatsApp group cascades or other digital or mobile means where possible), while ensuring non-digitally equipped beneficiaries are not excluded **Health** • Surveillance: In refugee settings using UNHCR's health information system, the case definitions should be integrated into the list of acute conditions under surveillance based on national or global WHO case definitions. In other settings, EWARS should be utilized where it is feasible/ applicable. • Quarantine: When a COVID-19 case is confirmed and isolation or quarantine is needed, of importance in this context is the consideration of stigma and negative (or cultural/social) coping mechanisms linked to the scarcity of space/accommodation and the resulting grouping of people based on other than family relationships (e.g. children and women of several families sleeping together, teenage and single adult men sharing an accommodation). • Screening: For newly displaced individuals, screening should be implemented at reception/transit sites or upon arrival to collective site, including identification of signs and symptoms of COVID-19, as well as the risks of exposure, for example: observe visual signs of respiratory illness, coupled with questions on presence of fever/respiratory symptoms, and questions on history of contact • Modify community case management guidance for refugee setting, train community volunteers for home based care, environmental adaptations to reduce risk e.g. increasing water supply, improving shelter and reducing indoor air pollution **Nutrition** • Do not stop programming unless essential • Distribute IPC materials to breastfeeding mothers if suspected or confirmed case • All supplementary feeding programs should continue if possible (distribution methods should be altered to avoid large gatherings). The community-based provider or CHR may be able to assist in distribution to affected households **WASH** • Assess capacity of WASH infrastructure in camps /temporary Settlement, health centres; Improve access to WASH facilities in Camps, Temporary Settlement, health centres, where required; Training of health care workers on integrated COVID-19 response in line with the wider strategy; Wider outreach program in the community through existing projects/crisis modifiers

- Develop contingency stock for essential hygiene and handwashing items so people can continue good hygiene practices
- Develop/adapt and disseminate key messages to cut/reducing Transmission Disease Chain
- Approaching Camp Management /Temporary Settlement and key group to develop join plant to end the Covid-19 outbreak

Education

- The resources developed and provided will be disseminated through the Global Education Cluster and national Education Clusters, EiE Working Groups and/or Local Education Groups to ensure a harmonized country-level response and one that aligns to our role as co-Lead with UNICEF.
- Coordination will also be critical with UN bodies operating in these contexts.
- All distance learning will vary based on language requirements with the population in the particular settings and accessible platforms

Child Protection

- Migrating children and children from ethnic minority groups who are perceived as being a source of COVID-19 contagion and subject to discrimination and violence and to potential forced returns
- Children separated from their families and/or unaccompanied are at high risk of child protection concerns as well as adequate support and care to protect themselves from COVID-19 as well as the corresponding response
- Children on the move and away from their communities of origin may find themselves without appropriate and adequate support systems and may already be experience chronic levels of stress.

Poverty Reduction (FSL/CSSP/Cash)

- Support cash and in-kind distributions following international guidance to avoid risk of contagion
- Support livelihoods and employment programming to ensure continuity in skilling and employment services to advise on livelihood and employment opportunities, create linkages to financial services, paying particular attention to adolescents and youth
- Support the development of business continuity plans for small business owners

<u>Integrated Activities:</u>

Child Rights Governance/Child Participation

- Ensure adequate focus on child-focused rumor tracking (useful in all contexts but more important in situations where there is greater potential for scapegoating). Particular attention should be given to tracking rumors that may affect certain groups of children more than others (i.e. rumors related to gender, disability, ethnicity, etc.)
- Adapt access and focus of child friendly spaces to each context. For example, share child friendly information and (when safe) consult with children regarding the impact of COVID-19. Engage children in safe risk communication activities. If Spaces are closing, ensure these changes are communicated with sensitivity to children (addressing their fears and disappointment) - explore alternative ways to ensure children are still receiving support and opportunities to be heard and take action.

MEAL

- Ensure assessment and monitoring data identifies the needs, rights violations and experiences and views of children, in particular those from deprived and marginalized groups as well as those highest at risk of being affected by COVID-19

Gender

- Conduct gender and social inclusion analysis to understand the physiological and cultural burden of the disease and its outcomes on different population groups (e.g. COVID19 being more deadly for men and boys)
- Prevent and address gender-based violence
- Address the needs of women on the frontline of the pandemic, including psychosocial support and menstrual hygiene needs
- Ensure women and girls' equal voice and participation

MHPSS

- Ensure a minimum of one staff member is able to provide emotionally supportive care for persons presenting with acute mental health presentations

	• Ensure vulnerable community members are considered at all stages of response (e.g. persons with severe mental disorders, older adults, persons with disabilities)