Child Protection Mainstreaming in Health Facilities during COVID-19 and Other IDOs

Facilitator Guide

ACKNOWLEDGEMENTS

Numerous individuals contributed their time and expertise in developing this learning module. As the co-leads of the Learning and Development Working Group, Katie Robertson, of Plan International, and Elena Giannini (UNICEF), led the development of this module in consultation with Working Group members. Their leadership was instrumental in moving the work forward.

Our special thanks to the Alliance members who supported the development of this module: Audrey Bollier, Laurent Chapuis, Claire Whiting, Brigid Pfister, Laura Lee, Angelisa Diveny, and Michelle Van Akin.

PUBLISHING/CITATIONS

The Alliance for Child Protection in Humanitarian Action (the Alliance) supports the efforts of humanitarian actors to achieve high-quality and effective child protection interventions in humanitarian settings.

Through its technical working groups and task forces, the Alliance develops interagency operational standards and provides technical guidance to support the work of child protection in humanitarian settings.

For more information on the Alliance's work and joining the network, please visit https://www.alliancecpha.org or contact us directly at: info@alliancecpha.org.

This facilitator's guide is made possible by the generous support of the American people through the Bureau for Humanitarian Assistance (BHA) at the United States Agency for International Development (USAID). The contents are the responsibility of the Alliance, and do not necessarily reflect the views of USAID or the United States Government.

For readers wishing to cite this document, we suggest the following:

The Alliance for Child Protection in Humanitarian Action (2021). *Child Protection Mainstreaming in Health Facilities during COVID-19 and Other IDOs: Facilitator Guide.*

COURSE OVERVIEW

Course aim: To introduce key considerations for health partners to preserve family unity and prevent separation of children and caregivers in health facilities during COVID-19 and other infectious disease outbreaks (IDOs).

Course duration:

- 1 day (8.5 hours) session for face-to-face training, or
- 3 live sessions of 180 minutes each for remotely facilitated training.

Course objectives. By the end of the course, participants will be able to:

- Describe the increased protection risks for children during COVID-19
- Explain child protection mainstreaming best practices during COVID-19 and other IDOs
- List key actions for health actors to prevent family separation and preserve family unity
- Recall safe referral processes for children identified as at risk

Target audience: This training is designed for practitioners specializing in child protection in humanitarian action (CPHA), to enable them to deliver to health partners and to foster better coordination between sectors in the context of COVID-19 and other IDOs.

Related competencies:
Integrating CPHA and health:

- Identifying the relevant guidelines, principles, and standards that inform joint child-protection (CP) and health collaboration, programming, and assessment (refer to the CPHA Competency Framework)

Prerequisites: Participants are expected to be familiar with psychological first aid for children, the child protection referral pathway, and standard operating procedures (SOPs) applicable in their context.

Facilitator requirements: This module should be delivered by facilitator(s) with expertise and experience in both child protection and health, in humanitarian contexts. It is expected that a relevant facilitator from each of Child Protection (CP) and health sectors will deliver the module together, to ensure that key messages are accurate and that participant questions can be answered clearly and precisely.

Agenda: Sample agendas for face-to-face and remotely facilitated delivery of the module are shown below. These can be adapted as required for your context.
.
Equipment, materials, and preparation required:

- 4 flipcharts, Post-it notes
- Assorted colored markers (enough for 4 groups to use simultaneously)

Face to face:

Time	Session
9:00-9:30	Welcome and Introductions
9:30-10:15	Risks to Children during COVID-19
10:15 – 11:15	Preventing Family Separation, Part 1: Quarantine, Isolation, and Treatment
11:15 – 11:30	Break
11:30 – 12:20	Preventing Family Separation, Part 2: Preserving Family Unity When a Child or Caregiver Is Admitted to a Facility (1)
12:20 – 13:15	Lunch
13:15 – 14:00	Preventing Family Separation, Part 2: Preserving Family Unity When a Child or Caregiver Is Admitted to a Facility (2)
14:00 – 14:45	Preventing Family Separation, Part 3: SOPs and Other Preparatory Actions for the Care and Protection of Children in Health Facilities
14:45 – 15:00	Break
15:00 – 16:10	Safe Referral Processes
16:10 – 17:05	Psychological First Aid Refresher**
17:05 – 17:30	Evaluation and Close

** Remove this session if participants have already completed the full psychological first aid training.

Remotely facilitated:

	Session content
Session 1	180 minutes • Welcome and Introductions • Risks for Children during COVID-19 • Preventing Family Separation, Part 1: Quarantine, Isolation, and Treatment

Session 2	180 minutes • Preventing Family Separation, Part 2: Preserving Family Unity When a Child or Caregiver Is Admitted to a Facility • Preventing Family Separation Part 3: SOPs and Other Preparatory Actions for the Care and Protection of Children in Health Facilities
Session 3	180 minutes 1. Safe Referral Processes 2. Psychological First Aid Refresher 3. Evaluation and Close

Supporting information:

- The content of this learning module is largely based on *Guidance: Children, Isolation and Quarantine: Preventing Family Separation and Other Child Protection Considerations during the COVID-19 Pandemic*, guidance note from The Alliance and UNICEF. It is recommended that the facilitator be familiar with this guidance note. It may also be useful for the facilitator to review the Alliance guidance note *Key considerations: Family Tracing and Reunification (FTR) for Unaccompanied and Separated Children (UASC) in relation to the COVID-19 pandemic, and other potential infectious disease outbreaks*.
- Recommended group size: 12-24 participants face to face, and in line with public health measures in place; 12-20 for remotely facilitated sessions.
- Contextualizing the course:
  - Some onboarding activities may need to be adjusted for appropriateness to the target audience.
  - The Safe Referrals Process session should be reviewed and adapted to ensure that the content is fully aligned with the referral process in your context.

Remotely facilitated version:

Platform-specific instructions have been avoided in the writing of this course. Once you have identified which online platforms you will use, we recommend reviewing all the exercise instructions to ensure that they are clear and specific, to best enable the participants to engage quickly and easily with interactive elements of the course.

To deliver the exercises in this course, you will need the following technical platforms and tools:

- Video calling platform with breakout room and chat functionality
- Interactive online whiteboard with Post-it and drawing functionalities
- An online shared folder where participants can access key course resources

The specific preparation required ahead of each session is detailed in the session plans below, which include sample layouts of online whiteboards.

Depending on your timetable, you should add a 5-minute break every hour for remotely facilitated training, as well as longer breaks as required.

It is essential that the facilitator and technical producer work together, and that their roles and responsibilities are clear and agreed upon. Note that the technical producer does not need any specific qualifications. The only requirement is to be comfortable and confident using the chosen video calling platform, and thus able to support the facilitator appropriately.

Overview of Sessions & Learning Objectives

Welcome and Introductions
Session aim: To introduce the participants to the course, each other, and to the facilitation team. By the end of this session the participants will be able to: • Recall the structure and objectives of the course • Identify the facilitators and their fellow participants • Use key features of the remote learning platform(s) (Applicable to remotely facilitated sessions only)
Session 1: Risks to Children during COVID-19
Session aim: To introduce the participants to the specific CP risks associated with COVID-19 and other IDOs, and to inform them about how the risks for children increase in these contexts.
S1. O1: Describe the increased risks to children during COVID-19 and other IDOs.
S1. O2: Reflect on the different ways in which children may be impacted by COVID-19 and other IDOs.
Session 2: Preventing Family Separation, Part 1: Quarantine, Isolation, and Treatment
Session aim: To emphasize the importance of preventing the separation of children from their caregivers, and to introduce key actions to prevent family separation in health facilities during COVID-19 and other IDOs.
S2. O1: Explain the importance of preserving family unity and preventing family separation during COVID-19 and other IDOs.
S2. O2: List basic good practices for preventing family separation for quarantine, isolation, and treatment during COVID-19 and other IDOs.

Session 3: Preventing Family Separation, Part 2: Preserving Family Unity When a Child or Caregiver Is Admitted to a Facility
Session aim: To consider good practices for preserving family unity and for prioritizing the best interests of children admitted to health facilities during COVID-19 and other IDOs.
S3. O1: Describe the centrality of preventing family separation for quarantine, isolation, or treatment.
S3. O2: List key actions for preserving family unity when a child must be placed alone.
S3. O3: Suggest key actions to improve current practice based on good practice.
Session 4: Preventing Family Separation, Part 3: SOPs and Other Preparatory Actions for the Care and Protection of Children in Health Facilities
Session aim: To consider preparatory actions for health facilities to preserve family unity by preventing family separation due to isolation, quarantine, or admission to treatment facilities during COVID-19 or other IDOs.
S4. O1: List key preparatory actions for health facilities to preserve family unity and prevent family separation due to quarantine, isolation, and treatment during COVID-19 and other IDOs.
S4. O2: List the content of SOPs for the care and protection of children in every isolation, quarantine, or treatment facility.
S4. O3: Recall where to find tips and technical guidance on CP mainstreaming during COVID-19 and other IDOs.
Session 5: Safe Referral Processes
Session aim: To review how to safely identify and refer children identified as at risk.
S5. O1: Recall vulnerability criteria for identifying and referring children who are at risk.
S5. O2: Recall safe referral processes for children identified as being at risk according to the set vulnerability criteria.

Session 6: Psychological First Aid Refresher
Session aim: To refresh the participants' knowledge of psychological first aid.
S6. O1: Recall what psychological first aid includes
S6. O2: Recall action principles of psychological first aid.
Session 7: Evaluation and Close
Session aim: To collect participant feedback, recap key learning points, and close the course.
S8. O1: Identify key learnings from the course.

Welcome and Introductions

SESSION PLAN:

Session Length	30 minutes (45 minutes for remotely facilitated).
Aim & Learning Outcomes	Session aim: To introduce the participants to the course, each other, and to the facilitation team. By the end of the session, the participants will be able to • Recall the structure and objectives of the course • Identify the facilitators and their fellow participants • Use key features of the remote learning platform(s) (Applicable to remotely facilitated sessions only)
Key Learning Points	Not applicable to this session.
Related Materials & Supporting Information	The learning environment — the behaviors you may want to elicit from the participants include: • Respect • Punctuality • Willingness to listen • Openness to new ideas and perspectives • Eagerness to learn • Readiness to share experiences

Preparation Required	For remotely facilitated sessions: • The Welcome and Introductions session includes 15 minutes in which to introduce the participants to the key features of your chosen video calling platform and other online tools to be used during the course. The technical producer should design this section of the course once the platforms have been confirmed. • You will need an online whiteboard for the learning environment section. No preparation or access for the participants is required.

Time	Facilitator Notes:	Producer Notes	Screen / Resource
10 min.	**Welcome** Introduce yourself and welcome the participants to the course. Show the slides and outline the course objectives and structure. **Icebreaker** Divide the participants into groups of around 4 and explain that they have 3 minutes to come up with a list of 5 things that they have in common. Allow 3 minutes, then bring the groups back together and ask each group to share 1 or 2 examples of what they have in common.	Start the call 15 minutes early, and display an onboarding activity on screen. Welcome the participants by name as they join the call. Introduce the producer and explain that they are available to respond to any technology-related questions. Randomly assign participants to breakout rooms. Open the breakout rooms. Allow 3 minutes. Close the breakout rooms.	PowerPoint (PPT) slides 2 and 3

10 min.	**Introductions** Invite the co-facilitators and participants to briefly introduce themselves to the group, giving their name, role, and organization.		
15 min.	**Technical introduction** Applicable to remotely facilitated sessions only.	Note: This section needs to be developed by the technical producer based on the platforms and tools you will be using in the course. The aim is to familiarize the participants with the key features that will enable them to quickly and easily engage in activities later in the course.	
5 min.	**The learning environment** In plenary, ask: How do we want to work together? What actions should we commit to, in order to make the most of our time together? Facilitate the discussion and note the commitments on a flipchart. Then display the flipchart on the wall of the training room.	Use the built-in whiteboard function or another online whiteboard. The producer should take notes as the discussion goes on.	
5 min.	**Wrap-up** Ask the participants if they have any questions, then wrap up the session.	In remotely facilitated sessions, use this time for a 5-minute screen break.	

Risks to Children During COVID-19
SESSION PLAN:

Session Length	45 minutes.
Aim & Learning Outcomes	Session aim: To introduce the participants to the specific CP risks associated with COVID-19 and other IDOs, as well as how child protection risks increase in these contexts. By the end of the session, the participants will be able to: • Describe the increased risks for children during COVID-19 and other IDOs • Reflect on the different ways in which children may be impacted by COVID-19 and other IDOs
Key Learning Points	• The primary risks for children associated with COVID-19 and other IDOs include: illness, death, death of a caregiver, detention and/or separation from caregivers due to quarantine or isolation, the separation from caregivers, stigma associated with IDOs, lack of supervision, psychosocial distress, becoming orphaned. • The primary risks resulting from public health measures imposed to control the transmission of COVID-19 and other IDOs may include: increased vulnerability to gender-based violence, including child marriage; violence and abuse at home and in other settings; exploitation and neglect; reduced/lack of access to education; online bullying; harassment and other forms of online abuse and exploitation; child labor; economic insecurity; reduced access to support services; and increased obstacles to reporting issues and abuse.

Preparation Required

For face-to-face sessions:

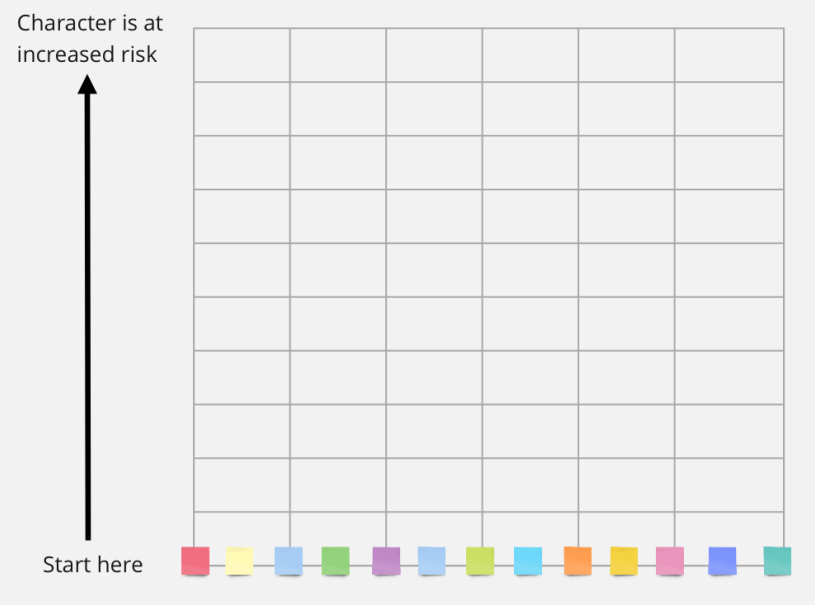
- Print one copy of the “Risks to Children” activity handout per 3-4 participants, and cut out the factor cards on page 2.
- Cut up character cards and prepare an open space for a power walk.

For remotely facilitated sessions:

- Create a shared folder with the activity template, which would be saved once for each group of 3-4 participants.
- Prepare a virtual whiteboard for a “power walk” (see a sample layout just below).

Related Materials & Supporting Information

Virtual whiteboard power walk — sample layout:



See the next few pages for the Power Walk activity cards and Risks to Children activity sheets.

Activity: Power walk character cards

Print one copy, cut out characters cards and prepare room for the power walk.

You are a 15-year-old girl, and you had been separated from your family for 3 months by the start of the pandemic, having moved to the city to find work. To earn enough to eat, you have been selling items on the street. You are not in contact with any CP actors.	You are a 13-year-old boy, and you recently arrived in a new country after fleeing conflict in your home country. You have not yet been able to access any support services, including the asylum application procedure.
You are a 12-year-old girl. You have one caregiver who is working reduced hours due to the pandemic. Your household income is therefore diminished.	You are an 11-year-old girl with a preexisting medical condition that makes you more vulnerable to COVID-19. Your caregivers are looking after you at home and shielding you from people outside the family.
You are a 10-year-old boy with 3 siblings and 2 employed caregivers. Both your caregivers are able to continue working throughout the pandemic. One of your caregivers regularly conducts essential travel in and out of the region for their job.	You are a 9-year-old boy with 1 sibling. You have been attending school online for the last 6 months. Your father is unable to work due to the pandemic, and is at home with you most of the time. He has been violent towards your mother in the past.
You are a 14-year-old boy with an elderly caregiver who is highly vulnerable to COVID-19. A neighbor usually helps out with household chores and shopping. Your caregiver never leaves the house unless it is completely necessary.	You are a 10-year-old girl living with a foster family. Your parents live in a different district. You speak regularly with your parents via telephone and have in-person visits every two weeks.
You are a 14-year-old girl who works part-time as a maid. Your parents are deceased and your uncle arranged the position for you. Your employers treat you harshly at times. You are enrolled in accelerated learning classes in the evenings.	You are a 15-year-old boy. You live with your caregivers, 3 siblings, and several cousins. You usually attend school and also work in a local factory for a few hours in the afternoon, where they sometimes beat you if you aren't fast enough. Both the school and the factory are closed due to COVID.
You are a 5-year-old boy, and have 2 younger siblings. You live in a refugee camp. Your mother sells items in the market in the next district, and your father does cash for work whenever possible.	You are an 8-year-old girl, and a survivor of sexual violence. The perpetrator was a family member. You are supported by a CP case worker. Having a regular routine, including going to school, is important for you.

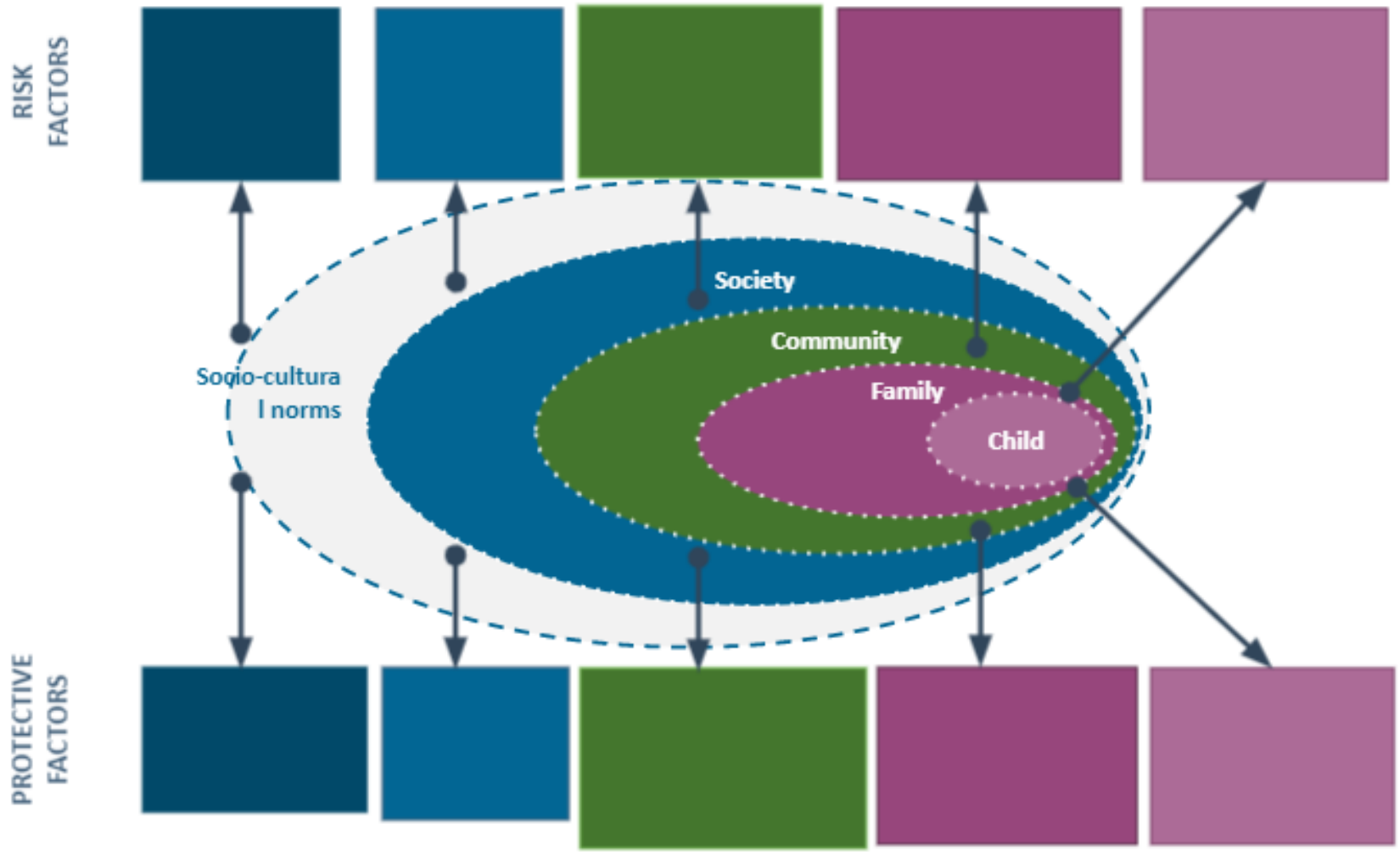
Activity: Power walk character cards

Print one copy, cut out characters cards and prepare room for the power walk.

You are a 16-year-old boy with 5 younger siblings. You are enrolled in a high school. Your father travels for work. Your mother takes care of your siblings, but can become overwhelmed at times, and often needs your support.	You are a 7-year-old boy with a physical disability. You are dependent on caregivers for all your physical care. You attend a day school, and this enables your parents to work and provide respite care.
You are a 12-year-old girl living with your elderly grandparents and 2 siblings. Your mother is dead. Your father works overseas as a laborer. He sends money back each month for food and other essential items.	You are a 15-year-old girl engaged in commercial sex work (transactional sex) to meet basic survival needs: food and clothing for yourself and your younger siblings. You visit a drop-in center each week where healthcare is available at no cost, including contraception. You also take an evening class at the drop-in center to learn skills needed to establish a micro-business.

Activity: Risks to Children

Print one copy of the "Risks to Children" activity handout per 3-4 participants, and cut out the factor cards on page 2.

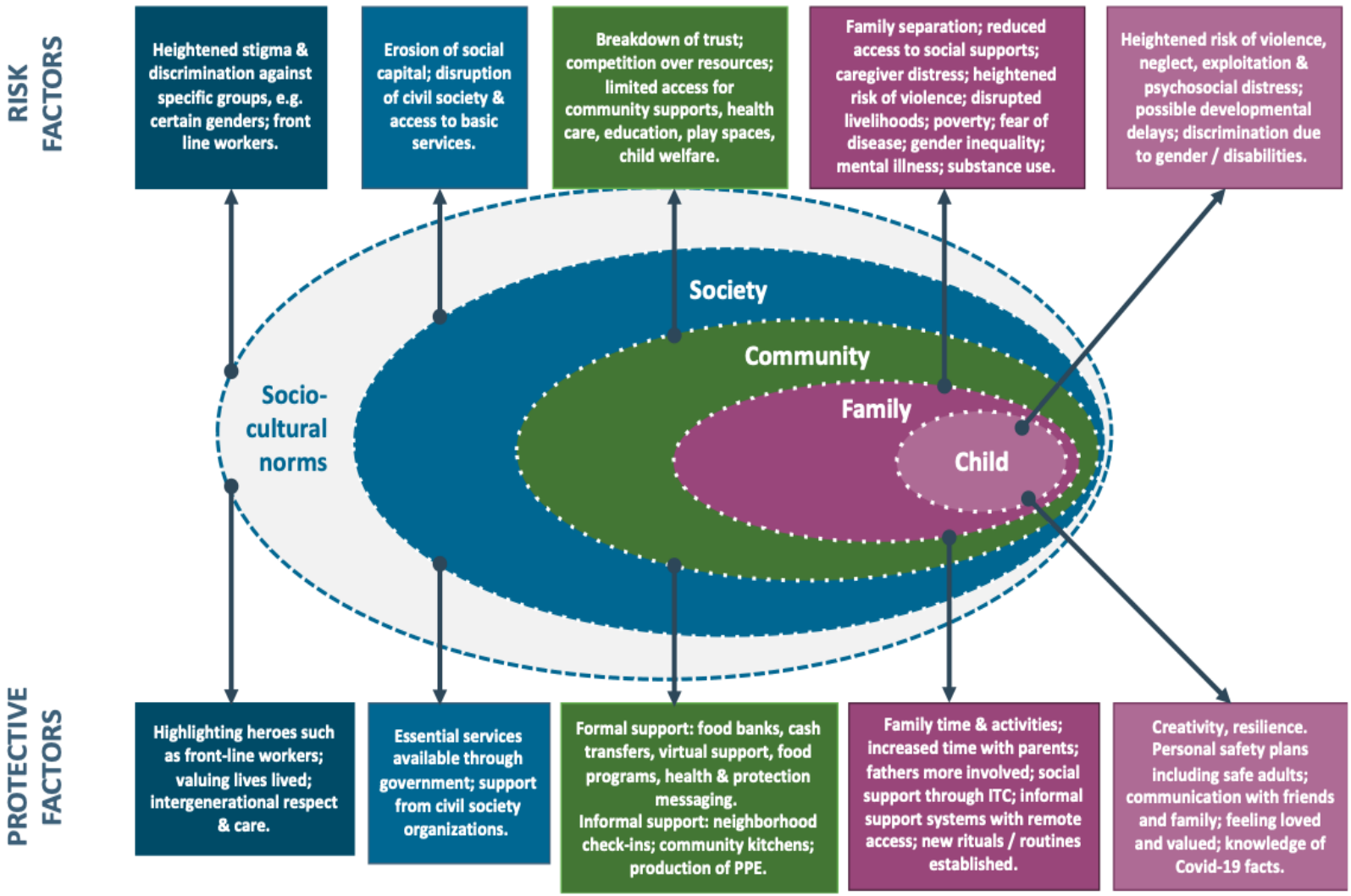


Activity: Risks to Children

Match cards with corresponding blank Socioecological model.

Formal support: food banks, cash transfers, virtual support, food programs, health and protection messaging. Informal support: neighborhood check-ins; community kitchens; production of PPE.	Erosion of social capital; disruption of civil society and access to basic services.	Creativity, resilience. Personal safety plans including safe adults; communication with friends and family; feeling loved and valued; knowledge of COVID-19 facts.	Heightened stigma and discrimination against specific groups, e.g. certain genders, frontline workers.	Heightened risk of violence, neglect, exploitation and psychosocial distress; possible developmental delays; discrimination due to gender/disabilities.
Family separation; reduced access to social supports; caregiver distress; heightened risk of violence; disrupted livelihoods; poverty; fear of disease; gender inequality; mental illness; substance use.	Breakdown of trust; competition over resources; limited access for community supports, health care, education, play spaces, child welfare.	Family time and activities; increased time with parents; fathers more involved; social support through ITC; information support systems with remote access; new rituals/routines established.	Essential services available through government; support from civil society organizations.	Highlighting heroes such as frontline workers; valuing lives lived; intergenerational respect and care.

Activity: Risks to Children



Time	Facilitator Notes	Producer Notes	Screen / Resource
15 min.	**Introduction** Introduce the session aim and objectives. **Risk and protective factors** Introduce the socio-ecological model, and briefly explain its purpose and the levels involved. Explain that the participants will now work in small groups to consider what risk factors and protective factors may exist at each level of the socio-ecological model during COVID-19 or other IDOs. Organize the participants into the groups and provide each group with a blank socio-ecological model and a set of risk-factor and protective-factor cards. Circulate among the groups to assist as required. Show the completed diagram on the slide, and take any questions from the groups regarding any risk-factor and protective-factor cards they had placed differently.	Prepare breakout rooms for 3-4 participants each. Copy and paste the link to the shared folder with the PowerPoint version of the exercise.	PPT slide 4
10 min.	**Power walk** Shuffle the character cards (see the supporting information below) and hand one to each participant. Ask the participants to read their card, but not to share any details of their character as yet.	Remote version - email or use the chat function to send each participant the text of a character card. Ensure that they get only the text on their own character, and do not see any of the others.	

	Say: “We are going to think about how the pandemic may affect children differently, depending on their characteristics and situation.” Have the participants line up side by side in an open space or across the training room (move the chairs out of the way). Explain that you will read out loud a number of statements regarding risks during the pandemic. The participants should consider how the risks would impact their character, and then: • Keep still if their character would not be particularly affected. • Take one step forward if their character would be at some increased risk. • Take two steps forward if their character would be at a much greater risk. If anyone makes a particularly big move, invite them to explain why and to describe what impact they believe their character would face. Read the statements: • The schools are closed and distance learning arrangements have been put in place. • Your neighbor — a supportive adult — has stopped visiting due to the risk of spreading the infection.	Have each participant write their own name on a note on the whiteboard. This is their marker, and they should move it forward or back on the grid in response to each question.	

	• Movement restrictions stop any nonessential travel between districts. • Fears are growing in the community about the spread of the virus, especially by those who travel to other regions. • Child protection staff are not categorized as essential workers, and are therefore unable to conduct in-person visits or meetings. • A loss of economic opportunities is causing stress and negative coping mechanisms among some parents. • At the national level, resources are limited and the government is prioritizing healthcare and the economy. Schools and all nonessential services remain closed, but businesses reopen.		
15 min.	**Debrief** Before you end the exercise, invite each participant to read their character card out loud while still standing in their ending position. Start at the front of the room/space, and work backwards. Invite the participants to return to their seats. Debrief the participants to learn about the specific risks children faced, and how these risks were impacted by the IDO.		

	In plenary, ask: • What specific risk factors and/or protective factors did your character face? • At which level(s) of the socio-ecological model did these factors appear? • What was the impact of the pandemic on your character? • How did it feel to experience negative impacts? • How do you think your character would have been doing without the pandemic?		
5 min.	**Wrap-up and close** Recap the key learning points and link to the next session.		

Quarantine, Isolation, and Treatment
SESSON PLAN:

Session Length 	60 minutes.
Aim & Learning Outcomes 	Session aim: To emphasize the importance of preventing the separation of children from their caregivers, and to introduce key actions to prevent family separation in health facilities during COVID-19 and other IDOs. By the end of the session, the participants will be able to: • Explain the importance of preserving family unity and preventing family separation during COVID-19 and other IDOs • List basic good practices for preventing family separation in the context of quarantine, isolation, and treatment in COVID-19 and other IDOs
Key Learning Points 	**Potential impact of quarantine, isolation, and treatment policies on children and families — family separation** • Quarantine and isolation are measures that restrict people's movement in order to slow the transmission of a contagious disease. Quarantine is the separation of persons who are not ill, but who may have been exposed to an infectious disease. The purpose is to monitor their symptoms and promote early detection of cases. Isolation is the separation of ill or infected people from others to prevent the spread of the disease. • There are four types of quarantine/isolation: – Home-based quarantine or isolation, in which the person stays at home and does not interact with other household

	members who are not also in quarantine/isolation. – Facility-based quarantine or isolation, in which the person stays outside the home in a dedicated facility. These are usually run by health authorities or government bodies. Families or members of a group may be quarantined or isolated together. – Community-level quarantine and movement restrictions, in which people's movements within a community, town, city, or other administrative unit is restricted. – Zone or area-based quarantine, in which movement between zones (towns, states, or countries) is prohibited, sometimes without notice. • Isolation, quarantine, and treatment measures applied to children or their caregivers can result in **family separation**. For instance, when a child or caregiver is placed in a facility while the other remains at home, travel restrictions (cross border, within a country) may prevent the child from being reunified with the caregiver. • Separation linked to isolation, quarantine, or treatment measures applied to children and/or caregivers can result in increased CP risks, including violence, sexual or other exploitation, abuse, and neglect. This might be the case when a child is left alone at home or is placed without the caregiver/s in an isolation, quarantine, or treatment facility. • There is a risk of prolonged or permanent family separation if a child is moved from one facility to another without proper documentation or communication. • Such risks are exacerbated when the child is **young** or has **special needs.** **General recommendations for preventing family separation:** • Systematically **consider home-based isolation and quarantine first** for children and caregivers as an alternative to facilities, especially for mild to moderate COVID cases.

	• A decision to quarantine or isolate a child or caregiver should be made with the **best interests of the child** as the primary consideration. This decision should be based on a number of factors, including medical, familial, and psychosocial factors such as the presence of vulnerable persons in the household and the general conditions at home. • When determining a child's best interests, the **child's views** should be considered, consistent with their age and capacities. The principle of **"do no harm"** should prevail. • For patients with a high risk of deterioration, isolation/treatment at a hospital remains the preferred option. • Efforts should aim to **keep the child and caregiver together** during the provision of clinical care, and during the implementation of infection prevention and control measures, especially in the case of breastfeeding women and their infants. • When it is not possible to keep a child with their caregiver/s, identify an **alternate healthy family member** or a safe person known to the child as a caregiver (i.e., kinship care). • Only as a last resort, when there is no other alternative, place the child in **adequate temporary alternative care. Family-based care is preferable over facility-based quarantine or isolation.** When placing the child, consider the new caregiver's health, ability to provide care, and distance from the child's own home and primary caregiver/s. • If a child **must** be isolated, quarantined, or treated in a facility rather than at home, all efforts should be made to **allow a primary caregiver** or other adult family member who is familiar to the child to **accompany the child.**
Preparation Required 	Not applicable to this session.

Related Materials & Supporting Information 	Not applicable to this session.

Time	Facilitator Notes	Producer Notes	Screen/ Resources
5 min.	**Introduction** Introduce the session aim and objectives.		
10 min.	**Quarantine and isolation** Explain that quarantine and isolation are measures that restrict people's movement to slow the transmission of an infectious disease. **Ask:** What is the difference between quarantine and isolation? Take one or two suggestions from the participants, then confirm using the slides: Quarantine is the separation of persons who are not ill, but who may have been exposed to an infectious disease, to monitor their symptoms and promote early detection of cases. Isolation is the separation of ill or infected people to prevent the spread of an infectious disease. Ask the participants what quarantine measures they know of, and check whether they can explain the type of quarantine introduced. Follow up by complementing their knowledge with information below: • Home-based quarantine or isolation, in which the person stays		PowerPoint (PPT) slide 6 PPT slide 7

	at home and does not interact with other household members who are not in quarantine/isolation. • Facility-based quarantine or isolation, in which the person stays outside the home at a dedicated facility. These are usually run by health authorities or government bodies. Families or members of a group may be quarantined or isolated together. • Community-level quarantine and movement restrictions, in which people's movements within a community, town, city, or other administrative unit are restricted. • Zone or area-based quarantine, where movement between zones (towns, states, or countries) is prohibited, sometimes without notice. **Preventing family separation** **Say:** Public health measures such as isolation and quarantine, as well as medical treatment, may result in family separation when a caregiver or child is placed in a facility while the other remains at home; or when they are placed outside the home in different facilities; or when measures such as travel restrictions (cross border or within a country) are imposed, and family members cannot reunite until the restrictions are lifted. **Child-protection risks increased by family separation:** Separation linked to isolation, quarantine, and treatment measures applied to children and/or caregivers can result in increased **child-protection risks**. These include the risks of violence, sexual or		PPT slide 8

	other exploitation, abuse, and neglect. There is also the risk of prolonged or permanent family separation if caregivers are placed in different facilities from their children, or if children are moved between facilities/hospitals without proper documentation and regular communication. The risks are greatest for younger children and for children with special needs. **Measures to prevent family separation** Show the slides and present the following key messages: **When deciding where children and caregivers should quarantine or isolate, one should do the following:** • Systematically consider **home-based isolation and quarantine first** for both children and caregivers over facilities, especially for cases of mild to moderate COVID that do not require facility-based treatment. • A decision to quarantine or isolate a child or caregiver should always have the **best interests of the child** as the primary consideration. This decision should be based on a number of factors, including medical, familial, and psychosocial factors such as the presence of vulnerable persons in the household and general conditions at home. • When determining a child's best interests, the **child's views** should be considered, consistent with		PPT slide10 PPT slide 11

	their age and capacities. The principle of **"do no harm"** should prevail. **For patients with a high risk of deterioration, isolation/treatment at a hospital remains the preferred option.** • Children and caregivers should be admitted together, if possible. • When facility-based quarantine or isolation is required, efforts should be made to **keep the child and caregiver together** while they receive clinical care or are subject to infection prevention or control measures. This is especially true for breastfeeding women and their infants. **Family-based care should be preferred over facility-based care.** • When it is not possible to keep children with their caregiver/s, family-based care is preferable to facility-based care. In these cases, identify an **alternative healthy family member** or safe person known to the child as a caregiver (i.e., kinship care). • Only as a last resort, when there is no other alternative, place the child in **adequate temporary alternative care.** • **Family-based care is preferable over facility-based quarantine or isolation**. Consider the new caregiver's health, ability to provide care, and distance from the child's own home and primary caregiver/s.		

40 min.	**Good practices for health actors** Assign the participants to groups of 3-4 each, then ask them to divide a provided flipchart into two columns. Give the participants the following instructions: Building on what we have covered so far, in column 1 address the question: 1. What measures should be taken by health actors to prevent family separation due to quarantine, isolation, or treatment? In column 2 address the question: 2. What are the key considerations when determining where a child/caregiver should quarantine/isolate? Ask each group to discuss and document their ideas on the flipchart, in the two columns. Allow 20 minutes for this exercise. Ask each group to present their ideas back in plenary. Complement with information from the Key Learning Points, making sure that all the points are covered.	Prepare breakout rooms for 3-4 participants each. Share a link to a virtual whiteboard or shared online document(s) that participants can work with. Copy and paste the questions into the chat. Launch the breakout rooms and allow 20 minutes. Close the breakout rooms.	PPT slide 12
5 min.	**Wrap-up and close** Explain that measures must always be taken to prevent family separation. In circumstances where family separation is unavoidable, health actors must do all they can to preserve family unity. **Say:** We will consider the key measures for health actors for preserving family unity in the next sessions.		

Preserving Family Unity When a Child or Caregiver Is Admitted to a Facility
SESSION PLAN:

Session Length	95 minutes.
Aim & Learning Outcomes	Session aim: To consider good practices for preserving family unity and for prioritizing the best interests of children admitted to health facilities during COVID-19 and other IDOs. By the end of the session, the participants will be able to: • Describe the centrality of preventing family separation for quarantine, isolation, or treatment • List key actions for preserving family unity when a child must be placed alone • Suggest key actions to improve current practice based on good practices
Key Learning Points	Measures must always be taken to prevent separation and to promote family unity. **Recommendations for when a child is admitted to a facility:** • If a child **must** be isolated, quarantined, or treated in a facility, rather than at home, all efforts should be made to **allow a primary caregiver** or other adult family member who is familiar to the child to **accompany the child.** • When this is not possible, and a child is placed alone, health actors must take all measures to preserve family unity: – Unless it is a medical or other emergency, health actors **should contact child-protection actors before separating a child** from the

	family, to support and document appropriate care and contact arrangements during the separation. – Document the child's and caregiver's details, tagging the child and ensuring that the details are transferred with the child if the child is moved to a new location. – **Facilitate regular and frequent contact** between the child and the family. Establish procedures, including safe options for visiting and free-of-charge phone calls, video calls, and email or/and postal mail exchanges. Reunification should be as swift as possible. – Ensure that the child's family receives **regular and frequent updates** on the child's condition and location. – When the child must be transferred alone to a facility, and that facility is far away from the family's residence, **appropriate temporary accommodations should be made available to the child's caregiver/s**. • If a child admitted to a facility is separated or unaccompanied, health actors must immediately **refer the child to the child-protection focal point** at the facility for documentation and case management, including family tracing, when necessary. • Select facilities where the services are **disability inclusive**, and capable of delivering a minimum care package for children, including psychosocial support, access to education and other services, provision of food and nonfood items, and stimulating and nurturing support.

Recommendations for when a primary caregiver is admitted to a facility:

- If an ill caregiver being admitted is accompanied by a child, **information about the child and the child's family should be gathered** upon admission, and child-protection staff should be immediately assigned to the case.
- In consultation with the caregiver and the child, the authorities should make the necessary care arrangements, including the **transfer of any children to the care of a responsible trusted adult** who has been identified by the caregiver. Details regarding the handover of the child, including when, where, and to whom the handover was made (including contact details), should be documented.
- If an adult is admitted to a facility alone, **an inquiry should be made about the presence of any children at home**, and about the care arrangements made for the children. If the children have been left alone, child-protection staff should be immediately notified and assigned to check on the children, **make necessary care arrangements**, and report back to the caregiver.
- Children whose caregivers are undergoing treatment should be informed about where their caregivers are and, if appropriate, their caregiver's health status.
- The health facility should **facilitate regular and frequent free-of-charge contact** between the caregiver and any children, including through visitation, phone calls, electronic contact, or other means.

Preparation Required	Note here any specific actions the facilitator should take before the session begins — for example, preparing flipcharts or Miro boards, arranging the training room in a particular way, or dividing the participants into groups for an upcoming exercise.
Related Materials & Supporting Information	For more information to help you facilitate the discussions and activities in this session, be sure to read the UNICEF document Children, Isolation and Quarantine: Preventing Family Separation and Other Child Protection Considerations during the COVID-19 Pandemic.

Time	Facilitator Notes	Producer Notes	Screen/ Resource
5 min.	**Introduction** Introduce the session aim and objectives.		
45 min.	**Facility-based care** **Say:** If a child **must** be isolated, quarantined, or treated at a facility rather than at home, all efforts should be made to **allow a primary caregiver** or other adult family member who is familiar to the child to **accompany the child**. **Preserving family unity when a child must be admitted alone** **Say:** If it is not possible for a caregiver to be admitted with a child, health actors must do what they can to preserve family unity. Our first activity will consider this. **Best practices for health actors when a child is admitted to a health facility:** Divide the participants into small groups (3-4 people), and ask them to draw a health actor on a		

new flipchart. Explain that a child is being admitted for isolation, quarantine, or treatment, and ask:

- What can the health actor do to prevent family separation in this situation?
- When a child has to be admitted alone to a facility, what can the health actor do to ensure that family unity is preserved?
- Whom should they contact? And when?
- What do they need to document?
- What should they provide the child?

Ask each group to discuss and draw their ideas on the flipchart, around the drawing of the health worker. Allow 20 minutes for this activity.

Display the groups' flipcharts and have each group present its key points in turn, ensuring that each group adds to the comments already made by other groups rather than repeating them.

Summarize and compliment the points presented by the groups, and add the following information:

Preventing family separation when a child must be admitted to a facility:

If a child **must** be isolated, quarantined, or treated at a facility, rather than at home, all efforts should be made **to allow a primary caregiver** or other adult family member who is familiar to the child to **accompany the child**.

Measures to preserve family unity when a child must be admitted alone:

If it is not possible for a caregiver to be admitted with a child, and a child is placed alone, health actors do what they can to preserve family unity:

This includes the following measures:

- Unless it is a medical or other emergency, health actors **should contact child-protection actors before separating a child** from the family, to support and document appropriate care and contact

	arrangements during the separation. • Document the child's and caregiver's details, tagging the child and ensuring that the details are transferred with the child if the child is moved to a new location. • **Facilitate regular and frequent contact** between the child and the family. Establish procedures, including safe options for visiting and free-of-charge phone calls, video calls, and email or/and postal mail exchanges. Reunification should be as swift as possible. • Ensure that the child's family receives **regular and frequent updates** on the child's condition and location. • Where the child must be transferred alone to a facility, and that facility is far away from the family's residence, **appropriate temporary accommodations should be available to the child's caregiver/s**. • If a child admitted to a facility is separated or unaccompanied, (NOTE - Check here if the participants know what unaccompanied means; if they do not, provide the definition) health actors must immediately **refer the child to the child-protection focal point** at the facility for documentation and case management, including family tracing, when necessary. Remember to: • Select facilities where the services are **disability inclusive**, and capable of delivering a minimum care package for children, including psychosocial support, access to education and other services, provision of food and nonfood items, and stimulating and nurturing support.		
10 min.	**Recommendations for when a primary caregiver is admitted to a facility:** **Say:** If an ill caregiver being admitted is accompanied by a child, health actors should:		PPT slide 14

	• **Gather information** about the child and the child's family, and immediately assign child-protection staff to the case. • In consultation with the caregiver and the child, authorities should make necessary care arrangements **to identify and transfer any children to the care of a responsible, trusted adult** who has been identified by the caregiver. The details regarding the handover of child, including when, where, and to whom the handover was made (including contact details) should be documented. If an adult is admitted to a facility alone, health actors should: • **Inquire about the presence of children at home.** If there are any children at home, health actors should inquire about their location and the care arrangements that have been made. If the children are alone, child-protection staff should be immediately notified and assigned to check on the children, **make necessary care arrangements**, and report back to the caregiver. • Inform the children whose caregivers are undergoing treatment about where their caregivers are and, if appropriate, their caregiver's health status. • **Facilitate regular and frequent free-of-charge contacts** between the caregiver and any children, including through visits, phone calls, email, electronic or other means.		
30 min.	**Application to context** Divide the participants into groups of 3–4 people. The ask them to discuss two questions: • What measures are in place in their own facility to prevent family separation and promote family unity? • What still needs to be done? Allow 15 minutes for the discussion.	Prepare breakout rooms. Paste the questions into the chat function.	

	In plenary, ask for inputs from the groups. If the participants are all from the same facility, create a list of recommended actions. If the participants are from different facilities, ask them to listen for recommendations that they could apply to their own facility. Note that health partners can access the tip sheet and technical guidance note for a reminder of best practices.	Close the breakout rooms.	
5 min.	**Wrap up and close** Ask the participants if they have any questions, then wrap up the session. Note that preparatory actions will be covered in the next session.		

SOPs and Other Preparatory Actions for the Care and Protection of Children in Health Facilities
SESSION PLAN:

Session Length	45 minutes.
Aim & Learning Outcomes	Session aim: To consider preparatory actions for health facilities to preserve family unity by preventing family separation due to isolation, quarantine, or admission to treatment facilities during COVID-19 or other IDOs. By the end of the session, the participants will be able to: • List key preparatory actions for health facilities to preserve family unity and prevent family separation due to quarantine, isolation, and treatment during COVID-19 and other IDOs • List the SOPs for the care and protection of children in every isolation, quarantine, or treatment facility • Recall where to find tips and technical guidance on CP mainstreaming during COVID-19 and other IDOs
Key Learning Points	**Preparatory actions to prevent family separation as a result of isolation, quarantine, or admission to treatment facilities, and to preserve family unity:** • Assign a focal point in each facility for child protection issues. The designated focal point should be trained and liaise with other personnel. • Establish Standard Operating Procedures (SOPs) for the care and protection of

	children in every isolation, quarantine, or treatment facility. • The SOPs should include: (1) roles and responsibilities; (2) referral pathways between health and child protection actors; (3) a minimum care package for children, including psychosocial support, education and other services, and the provision of food and nonfood items; (4) child safeguarding measures; and (5) age- and gender-appropriate nurturing care arrangements. • Train all health personnel who are in contact with children on the content of the SOPs; and inform them about their obligations under the established child-safeguarding measures, including the obligation to report any breaches. • Train and support health personnel to provide appropriate care to any children being treated at a healthcare facility or who are accompanying their caregivers there. • Develop referral pathways and widely disseminate information about them — including those for child-protection, family tracing, and reunification cases — to ensure safe, accessible entry points. • Establish SOPs for registration and confidential data collection systems for when cases in which children or caregivers are admitted or discharged. The data should include complete contact details. There should also be data protection and data sharing protocols endorsed by the relevant actors.
Preparation Required 	Note here any specific actions the facilitator must take ahead of the session, for example, preparing flipcharts or Miro boards, arranging the training room in a particular way, or assigning participants to groups for an upcoming exercise.

Related Materials & Supporting Information	Not applicable to this session.

Time	Facilitator Notes	Producer Notes	Screen/ Resource
5 min.	**Introduction** Introduce the session aim and objectives.		
10 min.	**Preparatory actions** **Say:** There is a range of key preparatory actions that health facilities should ensure are in place to preserve family unity by preventing family separation due to isolation, quarantine, or admission to treatment facilities. **Ask:** Can you think of any examples of preparatory actions? Take some suggestions and then recommend the following: • Assign a **focal point at each facility to deal with child-protection** issues. The designated focal point should be well trained and capable of liaising with other personnel. • Establish SOPs for the care and protection of children in every isolation, quarantine, or treatment facility. • The SOPs should include: (1) a definition of the roles and responsibilities; (2) **referral pathways** between health and child protection actors; (3) **a**		PPT slide 15

	minimum care package for children, including psychosocial support, education and other services, and the provision of food and nonfood items; (4) **child safeguarding** measures; and (5) age- and gender-appropriate nurturing care arrangements. • Train all health personnel who are in contact with children on the content of the SOPs; and inform them about their obligations under the established child safeguarding measures including their obligation to report any breaches. • Train and support health personnel to provide appropriate care to any children being treated at their health-care facilities or who are accompanying their caregivers there. • Develop **referral pathways** and widely disseminate information about them — including those for child-protection, family tracing, and reunification cases — to ensure safe, accessible entry points. • Establish SOPs for **registration and confidential data collection** regarding cases in which children or caregivers are admitted or discharged. The data should include complete contact details. There should also be data-protection and data-sharing protocols endorsed by the relevant actors.		
5 min.	**Application to context** Divide the participants into groups of 3-4 people. Give each participant a copy of the tip sheet, and refer them to the section on preparatory measures. Then ask the participants to discuss the following points:	Prepare breakout rooms of 3-4 participants each. Paste the questions into the chat function.	Tip sheet on maintaining family unity

	Of the preparatory measures covered in the handout regarding the care and protection of children in health facilities during COVID-19 or other IDOs: • Which ones are already in place at your own facility? • What still needs to be put in place/done? If participants don't know, they can discuss how to find out what regulations/measures are in place. Ask the participants to add notes on the handouts regarding the preparedness actions that still need to be established. Allow 15 minutes for discussion. In plenary, ask for feedback from the groups on what measures still need to be put in place at their facilities or what actions are needed to improve preparedness. Add the identified items to the list from the previous session. Note that health partners can access the tip sheet and technical guidance note for a reminder of best practices. Answer any questions from the participants and close the session.	Close the breakout rooms	

Safe Referral Processes
SESSION PLAN

Session Length	70 minutes.
Aim & Learning Outcomes	Session aim: To review how to safely identify and refer children identified as at risk. By the end of the session, the participants will be able to: • Recall vulnerability criteria for identifying and referring children who are at risk • Recall safe referral processes for children identified as being at risk according to the set vulnerability criteria
Key Learning Points	• The vulnerability criteria that serve as bases for referrals vary from context to context (Note: Adapt this key learning point to match the referral pathway in your context.) • Referral is the process of directing an individual to a secondary service provider because the person requires assistance that is beyond the expertise or the scope of work of the referring service provider. (It may also take place to avoid a duplication of services when there is an agreed geographical division of services.) • Safe referrals are essential for children who need protection, to ensure first and foremost that they are safe. They are also essential for children who need other support services. • Confidentiality and data protection during referrals ensures that their data is secure, and only accessed by trained individuals who are providing relevant services. • The referral process consists of the following steps: Identify the vulnerability; identify the

	service/agency that can respond to this need, according to the set referral pathway; contact the service/agency to confirm eligibility; explain the procedure to the individual; document the individual's consent; make the referral; follow up on the referral; protect the collected data. (Note: Adapt this key learning point to match the referral pathway and associated service mapping in your context.)
Preparation Required 	For face-to-face sessions: • Adapt the session to your context, ensuring that the correct referral process is being used throughout, and that the key learning points are aligned with the way the process is carried out in your setting. • Prepare the sorting activity: Write or print each step of the referral process in your context onto a separate sheet of paper. Create one copy per 3-4 participants. For remotely facilitated sessions: • Adapt the session to your context, ensuring that the correct referral process is being used throughout, and that the key learning points are aligned with the way the process is carried out in your setting. • Prepare the sorting activity: Add each step of the referral process in your context to a piece of paper or to a Post-it note on the virtual whiteboard. Create one copy per 3-4 participants.
Related Materials & Supporting Information 	This will be specific to your context, but it should include the details of a safe referral process and any relevant contacts. It may be useful to create a brief handout on these points for participants to take away after the session.

Time	Facilitator Notes	Producer Notes	Screen/ Resource
5 min.	**Introduction** Introduce the aim and objectives of the session.		
30 min.	**Deciding when to make referrals** Divide the participants into small groups (4-5 each), and have the groups discuss the following questions: • Before the COVID-19 outbreak, which children/caregivers would you normally refer for additional services? • Are there any other categories of children that you would consider for referral with the ongoing COVID-19 crisis or other IDOs? Allow 10 minutes for discussion. Then ask one group to present key points from their discussion of the first question, and another group to present key points from their discussion of the second question. Invite all other groups to contribute further suggestions from their own discussions. Add information from the referral pathway in your context.	Prepare breakout rooms for groups of 4-5 participants. Paste the questions into the chat function. Close the breakout rooms.	
10 min.	**Making safe referrals** **Ask**: What do we mean by referrals? Listen to some suggestions, and then explain that a referral is the process of directing an individual to a secondary service provider because the person requires assistance that is beyond the expertise or scope of work of the referring service provider. (It may also be done to avoid any duplication of services when there is an agreed geographical division of services.)		

	Sorting exercise Explain that we are now going to think about how we would go about making a safe referral. Put the participants into groups of 3-4 and give each group a set of cards, each indicating a particular process step (see “Preparation Required” above). Explain that they should organize the steps into the order in which they would carry them out, if they were making a referral. Note they have just under 10 minutes to do this. Circulate among the groups to provide support as required.	Prepare breakout rooms of 3-4 participants. Share the link to the virtual whiteboard, ensuring each group knows which section or page they should work on to avoid duplications.	
20 min.	**Discussion** Facilitate a discussion to check that the correct order of the steps has been understood. **Ask:** What needs to be considered during the different steps of the process? Highlight the importance of confidentiality and data protection, and provide any key points specifically related to child protection. **Say:** It is important that the referral process be explained to the child and caregiver, and that the child’s views be taken into account wherever possible. Consent should be sought in an appropriate manner, given the age and capacities of the child and the presence or absence of a supportive caregiver.		
5 min.	**Wrap up** Recap the key learning points and highlight where and for whom referrals should be made in your context. Wrap up the session.		

Psychological First Aid Refresher
SESSION PLAN

Session Length	55 minutes.
Aim & Learning Outcomes	Session aim: To refresh the participants' knowledge of psychological first aid (PFA). By the end of the session, the participants will be able to: • Recall what psychological first aid includes • Recall the action principles of psychological first aid NOTE: Do not include this session if the participants have already received the full psychological first aid training.
Key Learning Points	• Psychological first aid includes: giving practical care and support that does not intrude; assessing needs and concerns; helping people to satisfy basic needs (e.g., food and water, information); comforting people and helping them to feel calm; helping people to access information, services, and social supports; and protecting people from further harm. • Psychological first aid involves factors that seem to be most helpful to people's long-term recovery. These factors include: feeling safe, connected to others, calm, and hopeful; having access to social, physical, and emotional support; and feeling able to help themselves, as individuals and communities. • Psychological first aid is not: - something only professionals can give; professional counselling; a clinical or psychiatric intervention, although it can be part of good clinical care;

	- a psychological debriefing; asking someone to analyze what happened to them or to put events into chronological order; pressing people to tell you their story; or asking people the details about how they feel or what happened to them. • There are three main action principles to adhere to when giving psychological first aid to children and adults. They are LOOK, LISTEN, and LINK. • The action principle LOOK has three main components. These are to (1) check for safety; (2) look for children with obvious basic needs; and (3) look for children, parents, or other caregivers who show serious signs of distress. • The action principle LISTEN has two main components: These are to (1) approach children, parents, or other caregivers who may need your support, and ask about their needs and concerns; and (2) listen to the children, parents, or other caregivers, and help them feel calm by staying close to them (to the extent possible during an IDO) and listening to them if they want to talk about what happened (but not pressuring them to talk if they don't want to). • The action principle LINK has three main components: These are to (1) help the children and families identify their needs, (2) provide information, and (3) link (or refer) them to services to meet identified needs.
Preparation Required 	For face-to-face sessions: • Print and cut up the psychological first aid statements

Related Materials & Supporting Information	**Case study text:** *After crossing the border into a new country, Hana and her younger brother John were separated when they had to be processed for admission to a facility for testing and quarantine. They had a few minutes to say goodbye before being taken into a rooms. The siblings had not eaten for more than a day, and didn't know how or when they would speak to or see their parents again. The doctor administering the health check for entry to the facility noticed that Hana and John seemed weak, tired, and very upset. She asked Hana and John if she could help them with anything. When they didn't answer, she got them a drink of water and asked them gently what she could do to help. Hana told the doctor that they had been separated from their mom and dad, and that they were scared. The doctor reassured Hana and John that their parents were nearby and made a phone call to request that the parents come and join their children for the admission process. The doctor waited for the parents to arrive before starting the health check. Once the health check was complete, the doctor notified a colleague that the family needed to be provided with a meal.*

Time	Facilitator Notes	Producer Notes	Screen/ Resources
5 min.	**Introduction** Introduce the aim and objectives of the session.		
20 min.	**Psychological first aid true or false** **Say:** You have already received training in psychological first aid, so let's recap what it includes and does not include. Organize the participants into pairs and give each pair one statement from the list below. • Giving practical care and support that does not intrude • Assessing needs and concerns • Helping people to satisfy basic needs (e.g., food and water, information)	Prepare breakout rooms for groups of 2 participants each. Send one or both members of each pair one statement via the chat function. Launch the breakout rooms. (Allow 5 minutes	

	• Comforting people and helping them to feel calm • Helping people to access information, services, and social supports • Protecting people from further harm • Helping people feel safe, connected to others, calm, and hopeful • Providing access to social, physical, and emotional support • Helping people feel able to help themselves, as individuals and communities Explain that each statement is about what psychological first aid is or the most important factors that support it. Ask each pair to come up with a second statement about psychological first aid, this time, a false one. Allow 3 minutes for this exercise. Explain that each pair will now read their two statements, and the rest of the group must guess which is true and which is false. Collect the true statements and display them on the flipchart, then use them and the key learning points to recap what psychological first aid is, and what it is not. Ask the participants if they have any questions.	for this part of the exercise when delivering remotely.) Make a list of the true statements in the chat function or on a virtual whiteboard.	
30 min.	**Action principles of psychological first aid** Explain that we will now recap the action principles of psychological first aid. **Ask:** What are the three action principles of psychological first aid? Guide them to come up with the following answer: look, listen, link. Ask each pair to join with another pair to create groups of 4. Hand out copies of the	Merge the previous pairs to make breakout rooms of 4. Share a link to the case study.	

	case study and ask the participants to read it and identify what specific actions are taken under each principle. Allow the groups 15 minutes to discuss. In plenary, address each principle in turn, asking the groups to identify the actions associated with each principle. Ensure that the following actions are mentioned: **Look:** • Check for safety. • Look for children with obvious basic needs. • Look for children, parents, or other caregivers who show serious signs of distress. **Listen:** • Approach children, parents, or other caregivers who may need your support, and ask about their needs and concerns. • Listen to the children, parents, or caregivers, and help them feel calm by staying close to them (to the extent possible during an IDO) and listening to them if they want to talk about what happened (but not pressuring them to talk if they don't want to). **Link:** • Help the children and families identify their needs, • Provide information, • Link (or refer) them to services to meet identified needs. Remind the participants that it is essential that they use these psychological first aid skills when interacting with children or caregivers who are upset or distressed. Ask the participants if they have any questions, then wrap up the session.	Close the breakout rooms.	PowerPoint (PPT) slides 16-18

Evaluation and Close
SESSION PLAN:

Session Length	25 minutes.
Aim & Learning Outcomes	Session aim: To collect participant feedback, recap key learning points, and close the course. By the end of the session, the participants will be able to: • Identify their key learnings from the course
Key Learning Points	Not applicable to this session, as they will be identified by the participants on an individual basis.
Preparation Required	For face-to-face sessions: • Print a copy of the course evaluation form for each participant. For remotely facilitated sessions: • Prepare a link to the online course evaluation form.
Related Materials & Supporting Information	Not applicable to this session.

Time	Facilitator Notes	Producer Notes	Screen/ Resource
15 min.	**Course recap** Congratulate the participants on reaching the final session of the course, and briefly outline what will happen in this session. Explain that this session will start with a recap of what has been covered during the course. Provide each participant with a sheet of paper and ask them to write a quiz question on it, based on the course content. Give them a couple of minutes to do this, then have each participant fold their sheet into a paper airplane. Ask half of the participants to stand at one end of the training room, with the other half standing at the other end. Tell the participants to launch their paper planes towards their colleagues at the other end. Next, each participant should pick up the plane that has landed closest to them. The participants should then, one by one, read out and answer the question written on the sheet they picked up. If anyone gets stuck trying to answer a question, invite other participants to provide input. Repeat until all the questions have been answered.	Remote recap option: Ask each participant to think up a quiz question and write it down, then to select one random object from the room they are in. You should select an object, too. Hold up your object and ask if anyone has an object that is similar to yours or is in some way connected to it. If anyone does, they should read out their quiz question. Whoever answers correctly reads out their question, and so on, until all the quiz questions have been answered. Try to ensure that all participants get to answer a question.	
5 min.	**Learning logs** Ask the participants to spend a few minutes working individually. Take some notes about their key learnings from the course, as well as anything they plan to apply when they return to work.		

5 min.	**Wrap up and close** Thank the participants for their feedback, and for their engagement throughout the sessions. Explain that you will share an evaluation form which should be completed and returned. Refer them to any further support available after the course. Highlight key resources that might be useful, particularly the tip sheet and the technical guidance note.	Share the link to the online evaluation form. Share links to any contacts or resources in the chat function.	