



2020 ANNUAL MEETING ON CHILD PROTECTION IN HUMANITARIAN ACTION: ACTION POINTS ON THE PROTECTION OF CHILDREN AND INFECTIOUS DISEASE OUTBREAKS



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

Alliance 2020 Annual Meeting Day 3

A Report from the Alliance for Child Protection in Humanitarian Action

The Alliance for Child Protection in Humanitarian Action (the Alliance) held the **2020 Annual Meeting on Child Protection in Humanitarian Action** over a virtual platform from the 5th to 16th of October 2020. The Annual Meeting was an opportunity for Child Protection actors to come together and exchange knowledge and experience, while networking with other agencies, academics, policy makers and donors. This year's theme, **Infectious disease outbreak and protection of children**, was selected based on the current reality that we are all dealing with. This year's meeting explored the lessons learnt, promising practice and innovative approaches to protection of children amidst infectious disease outbreaks.

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

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

The Alliance for Child Protection in Humanitarian Action (2021). 2020 Annual Meeting on Child Protection in Humanitarian Action: Action Points on the Protection of Children and Infectious Disease Outbreaks

© The Alliance for Child Protection in Humanitarian Action, 2021

Table of Contents

TABLE OF CONTENTS	2
INTRODUCTION.....	2
OBJECTIVES AND METHODOLOGY	4
<i>Objectives</i>	4
<i>Methods and Analysis</i>	6
THE EMERGENCE OF CHILD-CENTRED CRITICAL ACTIONS.....	8
SIX CHILD-CENTRED CRITICAL ACTIONS AND A FRAMEWORK FOR ACTION	9
1. <i>Be guided by, and accountable to, children and their communities</i>	10
2. <i>Leverage and build upon established networks of trust</i>	12
3. <i>Use appropriate, available and safe means of communication</i>	14
4. <i>Identify the specific risks children are facing in the context of the outbreak</i>	16
5. <i>Promote and resource child well-being amongst children, caregivers and communities</i>	18
6. <i>Adapt modalities of ongoing programmes to reflect the outbreak environment</i>	20
KEY CONSIDERATIONS.....	22
CONCLUSION	25
ANNEXE 1. DAY 3 PARTICIPANT OVERVIEW	27
ANNEXE 2. PUTTING CHILDREN AT THE CENTRE: SUGGESTED ACTIONS FROM DAY 1 ACTIVITY (JAMBOARD).....	32
ANNEXE 3. KEY RESOURCES SUPPORTING THE SIX CHILD-CENTERED CRITICAL ACTIONS	38

Introduction

The year 2020 has been unlike any other. In addition to natural disasters and situations of conflict and displacement in various settings, the entire world has been disrupted by the Coronavirus (COVID-19) pandemic. COVID-19 has engulfed and devastated people worldwide, leaving us with a sense of collective and individual vulnerability and testing our solidarity at family, community, national and international levels. The pandemic has also thrust us into a historic socio-economic crisis, leaving many countries with more debt, poverty and people in need of the most basic services and commodities. And central to all of this is ‘the child’ - the young across the world who have had their lives and futures turned upside down, evidenced by the increase in violence against them both off and online, documented impacts of school closures, loss of their rights, increased poverty, the fragility of their childhoods, and their inability to access protection resources and support.

This catastrophe has caused the humanitarian sector to band together on a global level like never before. It has asked us to reach beyond commonly held silos to find strategies to engage across sectors and regions. The humanitarian world is being called upon to learn, define, discover and accelerate new ways of working. However, it is clear that if we put the pandemic at the centre of our response, not children, we can fail to uphold their rights and protect them. Community and national decisions that are made with little or no reflection about their impact on children often result in serious negative consequences for them.

The Alliance for Child Protection in Humanitarian Action is a global, inter-agency group that sets standards and provides technical support to ensure that efforts to protect children from violence and exploitation are effective and of high quality. The COVID-19 global pandemic determined that The Alliance’s 2020 Annual Meeting was dedicated to the topic of **Infectious Disease Outbreak and the Protection of Children**. The meeting explored the lessons learnt, promising practices and innovative approaches to the protection of children amidst infectious disease outbreaks. Four hundred and sixty-six (466) individuals from 90 countries joined the event, including 88 national and local actors.

The Annual Meeting Background Paper, [2.2 billion children: How do we ensure their protection and well-being amidst an infectious disease outbreak?](#)¹ examined what has been happening to children during this pandemic. Using the socio-ecological model, we asked critical questions about the status of both the humanitarian response and the gaps in prioritizing children and their engagement. It showed alarming statistics – which we all know – and the severe long-term risks to children. It asked searching questions: “How did we miss putting children at the centre of our work?” It examined what was, and was not, done. On Day 1 of the Annual Meeting, participants discussed the paper, eagerly sharing their thoughts, reactions and hopes with colleagues – conversations documented in this analysis.²

By Day 3, it was evident that participants were willing to take the discussion further and **“develop specific child protection action points for all sectors to apply during future waves of COVID-19 and infectious disease outbreaks.”** By examining input from Day 1, technical aspects and all levels of the socio-ecological model – the child, family, community, state/society – Day 3 participants wrestled with critical questions, defined gaps, proposed preparations and action steps for future infectious disease outbreaks, and demonstrated possibilities for change and a new way forward. It was agreed that as humanitarian actors and stakeholders, our role is to: put children at the centre of our work, advocate for their rights, and work ethically to apply these rights equally to all children. These underscored six Critical Child-Centred Actions (see figure 1) that emerged as themes:

- 1. Be guided by, and accountable to, children and their communities.**
- 2. Leverage and build upon established networks of trust.**
- 3. Use appropriate, available and safe means of communication.**
- 4. Identify the specific risks children are facing in the context of the outbreak.**
- 5. Promote and resource child well-being amongst children, caregivers and their communities.**
- 6. Adapt modalities of ongoing programmes to reflect the outbreak environment.**

¹ The Alliance for Child Protection in Humanitarian Action (2020). Background Paper for the 2020 Annual Meeting: Infectious Disease Outbreaks and the Protection of Children. 2.2 billion children: How do we ensure their protection and well-being amidst an infectious disease outbreak?

² The conversations and brainstorming were captured through the use of Jamboard (Google) for this activity.

Further analysis highlighted overall and specific recommendations, challenges and examples for each Critical Action. Although there were many technical solutions to child protection issues, the Critical Actions suggest that instead of becoming distracted by a program model or new technology, we must renew our conceptual commitment that child protection programmes have to uphold child rights. We must do what it takes to operationalize this – even during a pandemic. The first step is to meaningfully and strategically put children at the centre of our work.



Figure 1. Six Child-Centred Critical Actions to guide responses during future waves of COVID-19 and other infectious disease outbreaks

Objectives and Methodology

Objectives

To develop specific child protection action points for all sectors to apply during future waves of COVID-19 and infectious disease outbreaks.

A total of 466 individuals participated in the five-day meeting from 90 countries. Eighty-eight of these were national and local actors. The activities pertinent to this report are mainly from Day 1 and Day

3, while also drawing on case studies presented by colleagues in thematic presentations throughout the meeting. On Day 1, **413 participants** engaged in a session to prepare for the meeting and the discussions on Day 3. Of the **219 participants** on Day 3, 61 per cent of participants were from International NGOs, while others were from UN Agencies (17 per cent) and 5 per cent from national, local or regional organisations. Notably, almost equal numbers of child protection officers, managers or advisors were based in a field office (25 participants) and Headquarters (28 participants).

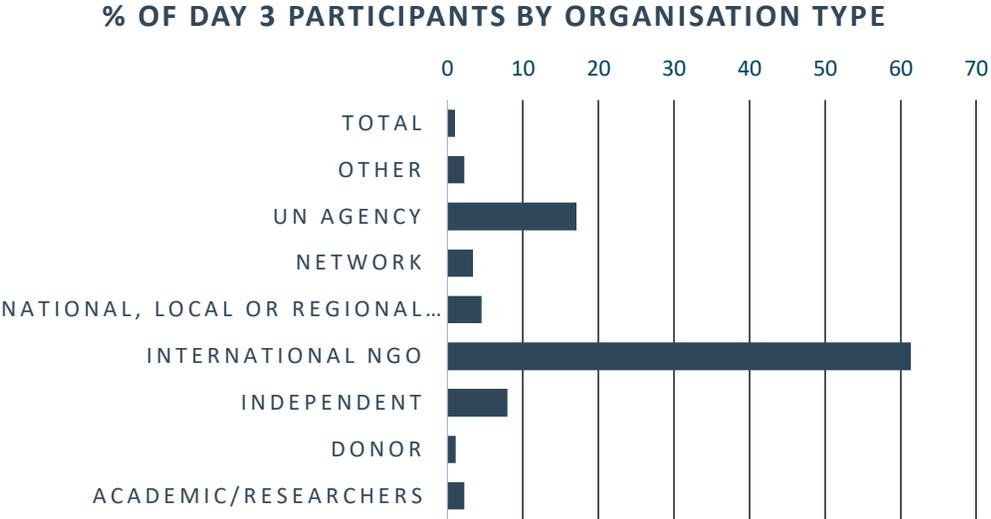


Figure 2. % of Day 3 participants

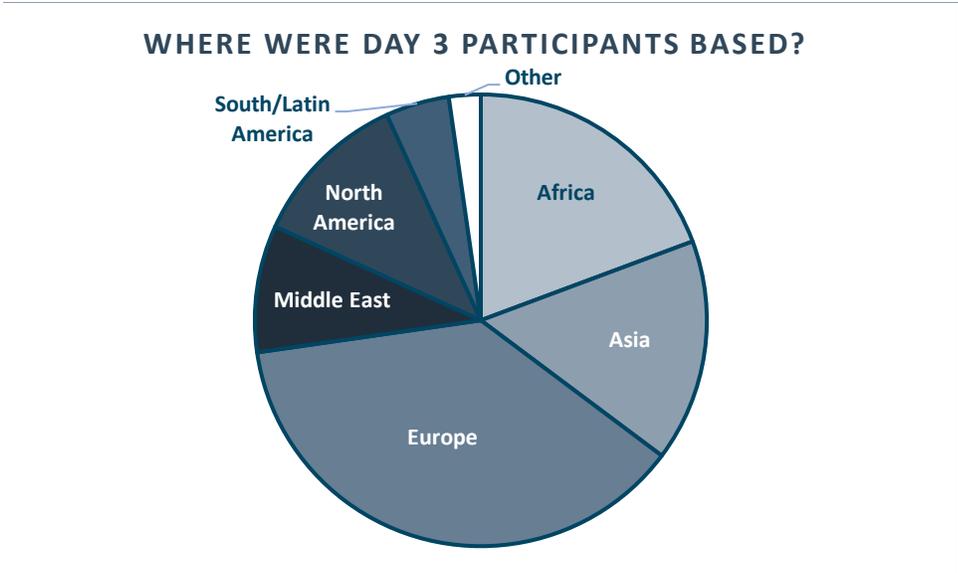


Figure 3. % of Day 3 participants from various regions

Methods and Analysis

The Alliance’s Annual Meeting and its online format presented a unique opportunity to engage a group of global participants from the child protection sector in humanitarian settings (and beyond) to reflect on the protection of children during the COVID-19 response. A mixed-methods approach involving surveys and focus group discussions (FGDs), as described in Table 1, was used to gather participants’ perspectives. On Day 1, surveys were carried out (using Mentimeter) and a session that involved 25 smaller FGDs was facilitated, with insights from each captured on Jamboard.³ On Day 3, sessions were held in a plenary and in five large groups. Five facilitators were trained and worked with producers for each session to lead a larger group through the process. This involved administering the Mentimeter surveys and the FGDs, where the participants were divided into small groups of six to eight participants to answer key questions. Responses were documented on Google Slides; all Jamboard and Google Slide responses were saved and later transcribed and transferred to Excel for analysis.

Thematic analysis was carried out, using a mix of inductive coding (whereby the codes emerged from the data itself) and deductive coding (based mainly on the socio-ecological framework). As a team, the emergent themes were discussed and became the Child-Centred Critical Actions to guide the child protection response during IDOs. As sub-codes were organised, this developed into a framework for action.

Table 1. Methods applied during the Annual Meeting to explore child protection action points during Infectious Disease Outbreaks

Group work	Theme	Methods	Participants
Day 1: Poll and Group work	Children at the centre of the IDO response	<ol style="list-style-type: none"> 1. Mentimeter Survey 2. Group work (Jamboard) 	<ul style="list-style-type: none"> • Focus group discussions (FGD) of six to eight people
Day 3: Group work A (Five rooms with Breakout Groups)	Key challenges faced during COVID-19 (Five Key Topics). Themes: <ul style="list-style-type: none"> • Technology • Participation 	<ol style="list-style-type: none"> 1. Survey (Mentimeter) 2. Thematic Focus group discussions (Google Slides) 	<ul style="list-style-type: none"> • Five large groups organised by theme

³ Jamboard is an online tool (Google: <https://jamboard.google.com>) whereby participants can each access a common page to brainstorm on a topic, inputting their thoughts in written form. These were saved and later transcribed.

Group work	Theme	Methods	Participants
	<ul style="list-style-type: none"> Socio-economic Sectoral Silos MHPSS 		<ul style="list-style-type: none"> Focus group discussions of six to eight people One FGD was held in Spanish, Arabic and French
Day 3: Group work B (Five rooms with Breakout Groups)	Children and IDOs through a socioecological framing. Themes: <ul style="list-style-type: none"> Child Family Community Governments and Nations Cultures and Socio-cultural Norms 	<ol style="list-style-type: none"> Mentimeter Survey Thematic Focus group discussions (Google Slides) 	<ul style="list-style-type: none"> Five large groups organised by theme Focus group discussions of six to eight people One FGD was held in Spanish, Arabic and French
Day 3: Group work C Five rooms with Breakout Groups	Action Points to protect children during future Infectious Disease Outbreaks (IDOs) and waves of COVID-19	<ol style="list-style-type: none"> Mentimeter Survey Focus group discussions (Google Slides) 	<ul style="list-style-type: none"> Five large groups Focus group discussions of six to eight people One FGD was held in Spanish, Arabic and French

The activity and question responses on the first day of the Annual Meeting were designed to inform the sequence of activities on Day 3. For example, in a poll, participants were asked, **“What are the key challenges you have faced in your work to protect children during COVID-19?”** The responses (in figure 4 below) informed the design of the thematic groups on Day 3 (Group work B). The top five challenges, according to participants, were Technology, Participation, Socio-economic, Sectoral Silos, and Mental Health and Psychosocial Support (MHPSS) (defined in box 1). Participants were able to choose the group that they wanted to engage in; however, a ‘cap’ ensured relatively equal distribution of participants per group. An outline of the day can be found in Annexe 1.

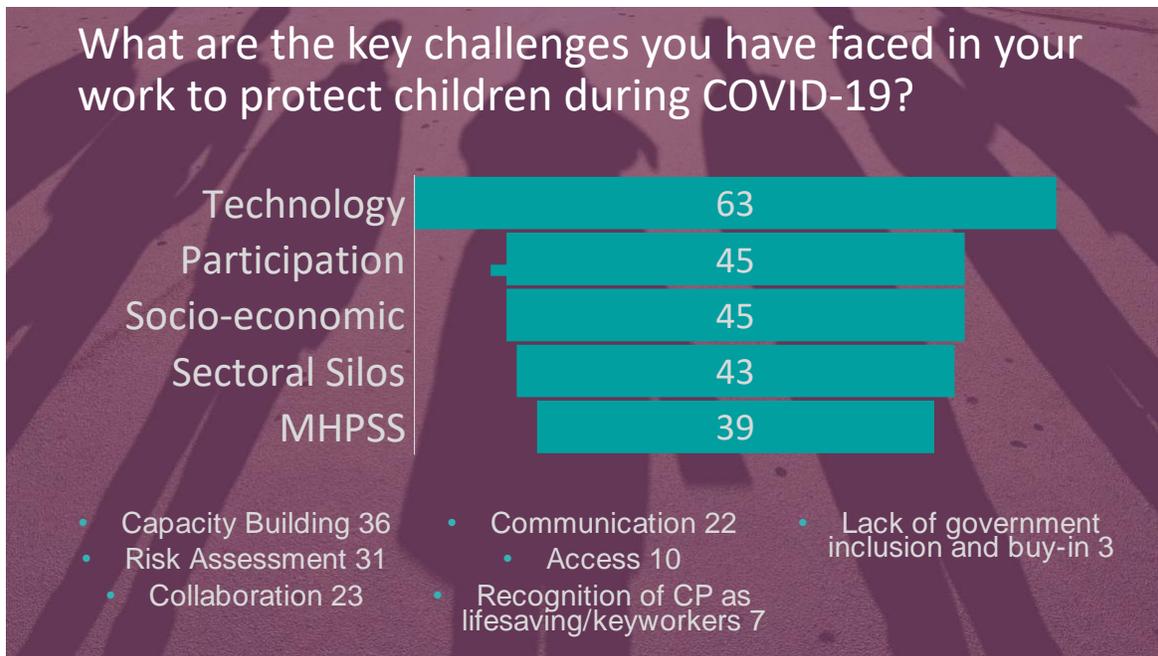


Figure 4. Challenges identified by participants as they work to protect children during COVID-19

Box 1. Challenges faced during COVID-19, as defined by Day 1 participants

- **Participation:** Challenges raised include a lack of appropriate, timely participation of children in the response.
- **Mental Health and Psychosocial Support (MHPSS):** Challenges raised include insufficient psychosocial support for children, families, staff and others affected by the pandemic.
- **Sectoral Silos:** Challenges raised include siloed thinking and responses and a lack of integrated, holistic responses between sectors (Health/PSS, education, WASH, nutrition, security, etc.).
- **Socioeconomic Impact:** Challenges raised include insufficient funding for programmes and a population affected by economic losses and unemployment.
- **Technology:** Challenges raised include: a lack of access to technology to deliver programmes during containment; and a lack of reliable technology to access populations.

The Emergence of Child-Centred Critical Actions

On the first day of the Annual Meeting, it was clear that participants felt that ‘children need to be at the centre of decisions during Infectious Disease Outbreaks’, with 4.3/5 agreeing strongly with this statement. In a group activity, participants strategized about how to approach this, with meaningful child engagement emerging as a strong theme and advocacy, capacity strengthening and cross-sectoral collaboration also receiving high priority (figure 5). Participants explored these themes in more depth on Day 3 where the focus was to share about the challenges and learnings from COVID-

19, explore opportunities and develop specific child protection action points for all sectors to apply during future waves of COVID-19 and infectious disease outbreaks (IDOs).

HOW DO WE PUT CHILDREN AT THE CENTRE OF THE CHILD PROTECTION RESPONSE DURING INFECTIOUS DISEASE OUTBREAKS?

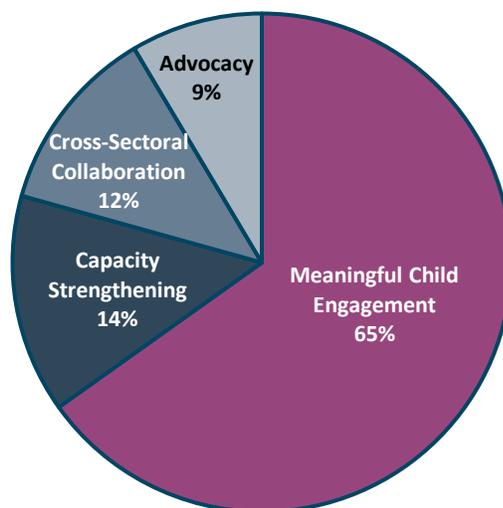


Figure 5. Participant reflections on how to put children at the centre of the child protection response during IDOs⁴

Six Child-Centred Critical Actions and a Framework for Action

Building on the reflections of Day 1 (see figure 5 and Annexe 2) and sessions A and B of Day 3, participants described both actions taken to address IDO challenges and recommendations. **Six Child-Centred Critical Actions** emerged to guide responses during future waves of COVID-19 and other infectious disease outbreaks:

Six Child-Centred Critical Actions

1. Be guided by, and accountable to, children and their communities.
2. Leverage and build upon established networks of trust.
3. Use appropriate, available and safe means of communication.
4. Identify the specific risks children are facing in the context of the outbreak.
5. Promote and resource child well-being amongst children, caregivers and their communities.
6. Adapt modalities of ongoing programmes to reflect the outbreak environment.

⁴ This data was taken from Jamboard entries – there were 137 total responses.

1. Be guided by, and accountable to, children and their communities.

Overall recommended actions
<ul style="list-style-type: none"> • Listen to, and learn from, children, families, and communities. • Facilitate consultations and participatory assessments to understand the risks and challenges children and young people face. • Develop multiple, inclusive channels for providing feedback. This should include modalities that work in more remote settings where the internet may not be accessible. • Strengthen children’s advisory groups/forums and age-appropriate participation in decision making at different levels of governance, so the mechanism is in place for future waves • Amplify children’s voices in awareness-raising (radio, social media); provide space for young people to express their views. • Discover what community support systems already exist, their role during outbreaks and how to best support them.
Specific recommended actions
Engaging with children
<ul style="list-style-type: none"> • Involve children as key actors – not just beneficiaries – in assessments, planning sessions, councils, focus groups, etc. • Account for and invest the time necessary to facilitate safe, collaborative environments with children, so they are comfortable sharing their thoughts and feelings. • Attend to children’s fears versus adults’ fears.
Promoting child participation
<ul style="list-style-type: none"> • Build adolescents’ capacity through peer-to-peer programmes by mentoring younger children (or their peers) about topics that they are interested in. • Increase awareness and provide training for communities/adults on how to listen to, and include children’s perspectives in decision making.
Being inclusive
<ul style="list-style-type: none"> • Find methodologies that enable children of different ages and abilities to participate. • Use local languages and include children from diverse backgrounds, minority/ethnic groups, refugees, marginalized children, etc.
Being accountable
<ul style="list-style-type: none"> • Involve children at every stage in the process/response, including in evaluating effectiveness. • Create child-friendly feedback and complaint mechanisms.

Examples of what was done	Challenges faced
Child	
<ul style="list-style-type: none"> • Children provided feedback about programming through peer-to-peer engagement, sharing challenges and lessons learned. • Involved children with developing and sending messages during awareness-raising campaigns. • Set up WhatsApp groups with children as part of the programme to hear their thoughts/concerns. • Conducted online surveys with children to understand how the pandemic was affecting them. • Children and youth actively approached awareness-raising about COVID-19 and impacts on children. 	<ul style="list-style-type: none"> • Involving children in planning and implementing the COVID-19 response • Involving children with disabilities in participatory processes. • Identifying vulnerable/marginalised children and youth who are not involved in youth groups • Many girls/women did not have access to their own devices, had less digital literacy, and there were not as many resources to help them purchase cards, etc. • Difficult to report abuse/violence
Family	
<ul style="list-style-type: none"> • In Iraq, actors collected feedback from families who participated in sessions that were adapted from the group-based curriculum and delivered at home. 	<ul style="list-style-type: none"> • Accessing and supporting families • Transferring skills
Community	
<ul style="list-style-type: none"> • Community engagement with support acted as a check on NGOs. • Communities defined and supported marginalised children. • Built capacity with non-protection community members. 	<ul style="list-style-type: none"> • Placing the well-being of communities and their priorities at the centre of response efforts • Collaborating with communities
Government and other Sectors	
<ul style="list-style-type: none"> • Understand local government policies on issues related to children's well-being and base advocacy on this. 	<ul style="list-style-type: none"> • Policies were sometimes lacking or non-existent. • Refugee children were ignored.

Case studies

Below are several short video presentations from the Annual Meeting of programming and interventions that highlight approaches that are guided by, and accountable to, children and their communities:

- Philippines (World Vision) – [The Power of Joint Advocacy for the Protection of Children in COVID-19](#) on listening to and engaging children in advocacy efforts.
- Worldwide (World Vision) – [Building Resilience of Children and Young People during COVID-19](#)

2. Leverage and build upon established networks of trust.

Overall recommended actions
<ul style="list-style-type: none"> • Carry out mapping to identify who is most locally able to conduct outreach during the infectious disease outbreak. • Use existing networks, such as education, health or other networks, to reach out to children during COVID-19. • Invest in building trust and strengthening relationships with communities before infectious disease outbreaks.
Specific recommended actions
Accessing children/families
<ul style="list-style-type: none"> • Work with existing formal and informal community organisations – including CBOs, NGOs, women’s groups and youth groups. • Work across sectors, especially with education, health and social protection actors, to ensure child development is protected and prioritised.
Engaging parents
<ul style="list-style-type: none"> • Create awareness among parents and guardians about their roles as gatekeepers and the importance/validity of soliciting children’s unfiltered input.
Working with communities
<ul style="list-style-type: none"> • Work with local leaders and institutions to ensure that local response plans and contingency planning have specific accommodations for ALL children. • Build capacity by training local governments and other service providers on the Best Interest of the Child. • Promote collaboration between community agencies and members.
Advocating with leaders
<ul style="list-style-type: none"> • Advocate on various levels – with formal and informal community leaders, community groups, government officials, etc. – and across sectors to ensure that child protection is a priority in response planning. • Provide decision makers with data and evidence to support child-centred decision making.

“Building trust with children and communities is even more important when we aren’t physically present.”

Examples of what was done	Challenges faced
Child	
<ul style="list-style-type: none"> • In Iraq, case workers with relationships with children maintained them through regular calls. • Children and youth networks actively raised awareness about COVID-19 with other children. • Community mentors already connected to children continued to reach out to them during the outbreak. 	<ul style="list-style-type: none"> • Trusting relationships were not easily identifiable to external parties. • Building trust remotely was difficult without physical proximity.
Family	
<ul style="list-style-type: none"> • Leveraged relationships between families to disseminate messages in neighbourhoods. 	<ul style="list-style-type: none"> • Amongst families in some communities, there was mistrust towards outsiders.
Community	
<ul style="list-style-type: none"> • In Somalia, faith leaders were involved in programmatic responses. • Mobilized trusted community members to reach out to children who had difficulties accessing services. • Broadcasted sensitization messages through community structures. 	<ul style="list-style-type: none"> • Insufficient fora for community dialogue and discussion.
Government and other Sectors	
<ul style="list-style-type: none"> • Made relationship-building efforts with government officials. • Carried out stakeholder mapping to identify structures to reach out to children. • Developed coordination with the Ministry of Health at the local level to maintain CP activities. 	<ul style="list-style-type: none"> • It took time to build trust and acceptance amongst local institutions. • Inter-ministerial and inter-sector coordination. • Competition over budget.

Case studies

Below are several short video presentations from the Annual Meeting of programming and interventions that highlight this Critical Action:

- Worldwide (World Vision) - [Faith Community Contributions to Child Protection in COVID-19](#)
- India (Save the Children) - [Strengthening Community-Based Protection Services for Children during COVID-19](#)

3. Use appropriate, available and safe means of communication.

Overall recommended actions
<ul style="list-style-type: none">• Ensure language used is appropriate and accessible in the local context.• Consider data protection aspects to both online and offline communication.• Develop protocols for the safe engagement of children with various media.• Use multiple forms of locally available communication in a complementary manner to disseminate messages.• Develop messages to counter potential stigmatization and discrimination related to the infectious disease outbreak.
Specific recommended actions
Messaging to children
<ul style="list-style-type: none">• Involve children in the development of child-friendly messaging.• Ensure message dissemination through child-friendly channels and mediums while considering children with disabilities, marginalised children and children of different ages.
Setting up safe communication
<ul style="list-style-type: none">• Create safe spaces/platforms for children and young people to express their views, challenges and solutions with peers, parents/caregivers, and duty bearers at different levels.• Ensure language, culture and access to technology are key considerations when developing both content and outreach strategies.

Examples of what was done	Challenges faced
Child	
<ul style="list-style-type: none"> Actors developed and aired child-friendly messages via radio. In Iraq, actors delivered PFA via telephone because WhatsApp and Messenger were not deemed secure and child-friendly enough. Actors developed messages to reach children of different abilities. 	<ul style="list-style-type: none"> Reaching children in rural and poorly accessible areas with limited connectivity. Lack of service accessibility. Developing messages that were appropriate to, and accessible by, children with different abilities. Accessing girls who did not have devices or were isolated.
Family	
<ul style="list-style-type: none"> Provided caregivers with training on safe engagement with digital technologies. 	<ul style="list-style-type: none"> Caregivers lack knowledge about how to promote the safe use of digital technologies with children.
Community	
<ul style="list-style-type: none"> Set up two communication modalities: reached those with smartphones via internet and connected those without smartphones through community groups. In Myanmar, actors used USB sticks and CDs to deliver messages about COVID-19 and PSS. Actors established call centres for PFA. 	<ul style="list-style-type: none"> Illiteracy Limited access to smartphones and the internet amongst community members. Community members' reluctance to engage with online platforms.
Government and other Sectors	
<ul style="list-style-type: none"> Actors ran TV campaigns with information about COVID-19. Actors used megaphones to distribute key messages to the public. 	<ul style="list-style-type: none"> The requirement to quickly change modalities to use radio, television and digital means of communication. Sensitive topics were difficult to 'break down' for transmission through phones or brief messaging.

It is critical to maintain “ongoing communication with community members like teachers to reach out to children who have difficulty accessing services.”

Case studies

Below are several short video presentations from the Annual Meeting of programming and interventions that highlight this Critical Action:

- Sudan (Plan International) - [Child Protection Awareness Raising Campaign during COVID-19: Keeping it Simple](#)
- Iraq (War Child) – [Does a Mobile Phone Saves Children’s Lives?](#)

4. Identify the specific risks children are facing in the context of the outbreak.

Overall recommended actions
<ul style="list-style-type: none">• Identify which children are particularly vulnerable in the local context; this may be due to excluded status or other factors.• Develop data collection tools and modalities specific to infectious disease outbreak contexts.• Understand the potential risks to children that online platforms or other media used during the outbreak may pose.• Consider ways to involve other sectors with assessing child protection risks.• Build the local evidence base of known risks and known protective factors for children.
Specific recommended actions
Implementing child-centred risk identification
<ul style="list-style-type: none">• Involve children and adolescents in risk assessments and the execution of all child protection assistance and services.• Create and implement a plan to identify and continuously engage and measure the impacts on children.
Ensuring diverse representation
<ul style="list-style-type: none">• Ensure diversity of age and gender perspectives in assessments, including children with special needs, with additional consideration for those who may have parents with special needs and abilities.• Create opportunities and safe spaces for children and families who may be stigmatised and/or disadvantaged (e.g., Unaccompanied Asylum-Seeking Children (UASC), refugees, minorities, etc.) to participate.

“Ensure that community leaders and champions, including refugee children/youth, women leaders and influencers know how to identify risk, know how to respond and know how to refer to support services and protection mechanisms.”

Examples of what was done ⁵	Challenges faced
Child	
<ul style="list-style-type: none"> • Conducted a cross-sectoral assessment of the impact of COVID-19 on children and their families. • Assessed the needs of children through a survey and interviews to raise children’s voices. • In Iraq, teams noted that children were struggling with the school closures and were increasingly engaging in child labour and child marriage. • In Somalia, teams noted an increase in cases of sexual- and gender-based violence. 	<ul style="list-style-type: none"> • Most data collection methodologies used by child protection actors involved face-to-face contact. • Protocols were needed for the safety of children when they used remote/technology for MHPSS and protocols for data protection.
Family	
<ul style="list-style-type: none"> • In Ethiopia, teams identified that the families of informal, daily wage labourers were most affected and supported them with food assistance, cash transfers and kit distributions. • In Bangladesh, caseworkers learned from caregivers that psychosocial support was a key need for children and their parents. 	<ul style="list-style-type: none"> • Gathering evidence of how COVID-19 was affecting children and their families.
Community	
<ul style="list-style-type: none"> • Used WhatsApp to ask families about what services were available and if they were accessible. 	<ul style="list-style-type: none"> • Continuing community-level protection monitoring using both remote and face-to-face methods. • Available assessment tools did not always consider the socio-cultural acceptability of the methods.
Government and other Sectors	
<ul style="list-style-type: none"> • Governments followed policies that deemed social workers ‘essential’. • In New Zealand, the government implemented policies to protect society, including children. 	<ul style="list-style-type: none"> • Child protection workers deemed non-essential.

⁵ These examples came directly from Annual Meeting participant working groups and were recorded on Google slides. Not all examples had specified the locations.

Case studies

Below are several short video presentations from the Annual Meeting of programming and interventions that highlight this Critical Action:

- Syria (Hurras Syrian Child Protection Network) – [Between War and Pandemic: Activating the Agency of Syrian Teens through a Participatory Study of Resources and Needs](#)
- Worldwide (Terre des hommes, UN Special Representative of the Secretary-General on Violence Against Children, and Queens University Belfast) - [#CovidUnder19: Co-creating with Children to Inform CP Policy](#) (extended presentation)

“Parents need basic support to understand what risks exist when using online platforms, what protective measures exist and how to use them.”

5. Promote and resource child well-being amongst children, caregivers and communities.

“MHPSS must be considered an essential service for children and caregivers during IDOs including specialised services.... Advocacy with decision makers must consider specific MHPSS needs of children, with an increased focus on mental health & well-being of staff & volunteers.”

Overall recommended actions
<ul style="list-style-type: none"> • Advocate for investment in social protection or income-generating programmes for families affected by economic effects of the epidemic. • Facilitate access to services for children and their families. • Ensure mental health and psychosocial support is considered essential during infectious disease outbreaks.
Specific recommended actions
Promoting children’s well-being
<ul style="list-style-type: none"> • Be clear and promote the understanding that children and adolescents are different and diverse in learning styles, interests, abilities, etc., so including different ages in decision-making is critical to developing appropriate strategies. • Ensure physical and emotional safety is at the forefront of response measures.
Funding
<ul style="list-style-type: none"> • Advocate for allocation of dedicated budget and indicators for CPIE planning, implementation, and monitoring. • Provide more significant and flexible funding at the grassroots level to strengthen community systems so they can promote CP and respond to CP risks.

Examples of what was done	Challenges faced
Child	
<ul style="list-style-type: none"> In Somalia, the Response Innovation Lab developed child-friendly videos with self-care tips for caregivers and children. 	<ul style="list-style-type: none"> Access was limited to child-friendly services and information.
Family	
<ul style="list-style-type: none"> In Niger, information about sick parents was shared with the health sector to ensure children received care. In Niger, collaboration with colleagues from Water and Sanitation (WASH) teams ensured that families who needed soaps and masks received them. 	<ul style="list-style-type: none"> Families faced challenges accessing services and getting the help they needed. Living conditions of families could increase the risk of infection.
Community	
<ul style="list-style-type: none"> In Ethiopia, child protection teams worked with the health sector to ensure that birth registration was not interrupted. In Tanzania, child protection actors worked with WASH actors who conducted door-to-door support. Livelihood programmes included child protection considerations in targeting criteria. 	<ul style="list-style-type: none"> Ongoing programmes and services were threatened or stopped during the outbreak. Limited services were available in the community due to outbreak regulations. Reduced mobility was due to restrictions.
Government and other Sectors	
<ul style="list-style-type: none"> Conducted advocacy with the sub-national and national government about the importance of children's protection during outbreaks. In Ethiopia, the government ran social protection programmes to support those in need. Actors developed procedures to protect children in health centres. The government supported policies that deem social workers 'essential workers' during the outbreak. 	<ul style="list-style-type: none"> Prioritised funding for health interventions, with less focus on other sectoral responses. Limited inter-ministerial and inter-sectoral coordination. Advocacy did not occur with Ministries of Finance. Lack of funding for children protection at all government levels.

Case studies

Below are several short video presentations from the Annual Meeting of programming and interventions that highlight this Critical Action:

- Worldwide (Viva) - [Protecting Children Over the Phone during COVID-19: Reducing Violence at Home through Evidence-Based Family Mentoring in 30 Countries](#)
- Africa (Plan International) - [Coping with COVID-19: Supporting Adolescents and their Parents/Caregivers](#)
- Cambodia (UNICEF) – [Adaptation and Provision of Multi-Tiered Mental Health and Psychosocial Support to Children, Parents, Caregivers and Frontline Workers during COVID-19](#)

6. Adapt modalities of ongoing programmes to reflect the outbreak environment.

Overall recommended actions
<ul style="list-style-type: none">• Identify how to provide remote programming and/or continue services without increasing the risk of transmission.• Identify practical ways to integrate child protection into the programming modalities of other sectors.• Promote a work culture that takes care of staff health through training on PPE and ensuring staff are up to date on the latest tools.• Upskill and train staff on the use of different technologies.
Specific recommended actions
Engaging with children in all response phases
<ul style="list-style-type: none">• Train and involve children as active participants in all phases of the response including needs assessments, programming and planning, and implementation and monitoring.• Invest in and strengthen preparedness work before an outbreak by identifying opportunities for children to participate in awareness-raising and planning.
Promoting child-centred actions across sectors
<ul style="list-style-type: none">• Prioritise child-specific services, including health, education, and child protection services, and be prepared to navigate restrictions with innovative/adaptive delivery mechanisms.• Advocate and coordinate among sectors to ensure that Child Protection is considered a central and cross-cutting necessity to the response during IDOs.
Developing appropriate resources
<ul style="list-style-type: none">• Adapt materials/modalities suitable for different contexts.• Create resources that are age-appropriate, child-friendly and culturally sensitive.

“Children and youth should participate in the research, project design and the life of the project.”

Examples of what was done	Challenges faced
Child	
<ul style="list-style-type: none"> • In Myanmar, actors held face-to-face gatherings with children where it was possible to meet while upholding social distancing measures. • Set up hotlines to support the identification of children at risk. • Set up safe spaces where children could find out information about services. • Organised smaller groups of children for activities, and connected youth online through strategically facilitated computers for access. 	<ul style="list-style-type: none"> • Identifying children at risk • Conducting remote case management with and for children • Child-friendly spaces and other programmes had to close to reduce transmission risk.
Family	
<ul style="list-style-type: none"> • In Bangladesh, actors developed a home-based curriculum for psychosocial support based on local realities, (e.g., the lack of space within many homes), using locally available materials. • In Bangladesh, a structured caregiver curriculum also continued to be rolled out, but instead of larger gatherings, the staff went to homes where two to three families could gather safely. • In Iraq, actors developed sessions that could be implemented in the home and through online sessions (WhatsApp and Messenger were not deemed secure enough nor child-friendly). • In Iraq, actors reviewed the curriculum used before the pandemic and identified areas that could be delivered to children by parents at home. Facilitator guidelines were developed to support this along with PSS kits, which included games that could be played inside the house. 	<ul style="list-style-type: none"> • Adapting existing curriculum and materials for caregivers to deliver to their children in the home environment. • Training parents on how to use devices and the kinds of platforms that are available to help children learn. • Distribution of items to families.
Community	
<ul style="list-style-type: none"> • In Iraq, case management continued remotely with caseworkers reaching out to children and their families via telephone. • Training was provided to members of community-based organisations. • Community leaders used a platform called Twilio to identify people who were sick and needed to go to the hospital. 	<ul style="list-style-type: none"> • Accessing children in hard-to-reach areas and upholding ongoing contact.

Government and other Sectors	
<ul style="list-style-type: none"> • Provided training for the social service workforce and equipped staff with necessary materials. • Revised SOPs with the health sector to ensure the safe identification and referral of children at risk. • Coordination with the Ministry of Health workers at local levels to maintain child protection activities, whilst upholding IPC measures. • Justice system was open to establishing virtual courts. 	<ul style="list-style-type: none"> • Services were interrupted, and schools had to close temporarily to reduce transmission risk. • Conducting training whilst upholding physical distancing measures. • Budgetary constraints. • Not all children were covered by the services provided.

Case studies

Below are several short video presentations from the Annual Meeting of programming and interventions that highlight adapting modalities of ongoing programmes to reflect the outbreak environment:

- Mongolia (World Vision) – [Adapting Child Helpline Services Online to Identify and Support Children at Risk](#)
- Bangladesh (UNICEF) - [Advocacy and Activation of Virtual Courts: Steps for Minimizing Children Deprived of Personal Liberty from the Overcrowded Detention Centers](#)

Key Considerations

When asked ‘How do we ensure that we do no harm to children during IDOs?’, risk assessment and safeguarding of children was critical, as were child-friendly and child-centred approaches. Participants emphasised that the former also needs to be grounded in the child’s reality, with children, families and communities involved in assessing the situation for individuals and groups (see figure 6).

Participants also emphasised the importance of generating data, highlighting both children’s experiences and programme impact. One participant explained that “Research to know the positive and negative impact of our work (qualitative feedback from the children) is needed.”

“Listen to children – their needs, thoughts.”

Participants discussed the role of child protection actors, highlighting the need to ethically and empathetically consider the power we have in children’s lives. A participant shared that we need to “Confront our own power and privilege and think about how we uplift voices of children and communities.” This also exposed the need to redefine the concept of harm during IDOs by drawing on the perspectives of children:

HOW DO WE ENSURE THAT WE 'DO NO HARM' TO CHILDREN DURING IDOS?

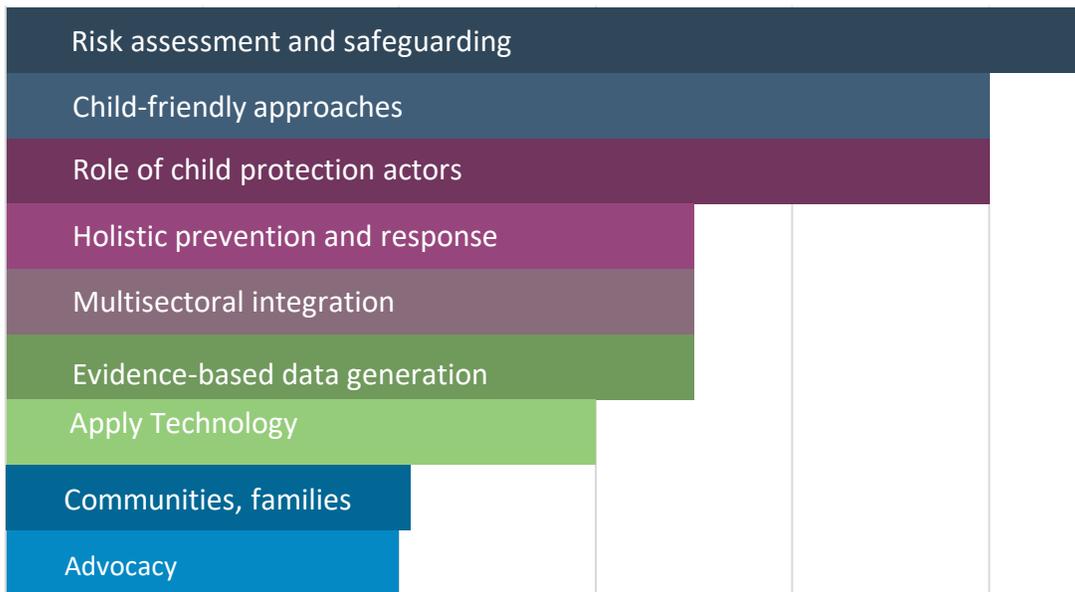


Figure 6. Participant responses to ensuring no harm is done to children during IDO

Legend:

Risk assessment and safeguarding: Ensure the safety of children, considering their developmental stage and needs.

Child-friendly approaches: Ensure child-friendly approaches, programs, language and participation; build self-awareness of power and responsibility as child protection actors to listen to children.

Role of child protection actors: Consider in planning and adapting programs, coaching, mentoring, building capacity, and promoting the CPMS Standards.

Holistic prevention and response to IDOs: Consider the whole child (i.e., education, psychosocial, and health needs).

Multisectoral integration: Consider with Health, Education and other sectors.

Evidence-based data generation: Produce evidence to generate data and lessons learned and data generated through participatory processes with children.

Technology to ensure 'no harm': Use and adapt technologies such as helplines; encourage digital literacy, safe media, clear guidelines and Information Management.

Communities and families: Work with communities and families by supporting local efforts, understanding and mitigating harmful practices.

Advocacy: Work in influencing decision-makers from local to high level; advocate for increased funding.

We must “confront our own power and privilege and think about how we uplift voices of children and communities.”

In the final session, participants were asked ‘How are we held accountable for protecting children during IDOs?’. Overwhelmingly, the need for an accountability framework (61 per cent) came out clearly (see figure 7). Further, **out of those participants who described the need for an accountability framework, over 1/3 (35.7 per cent) expressed the need to be accountable to children** (see figure 8).

HOW ARE WE HELD ACCOUNTABLE FOR PROTECTING CHILDREN DURING IDOS?

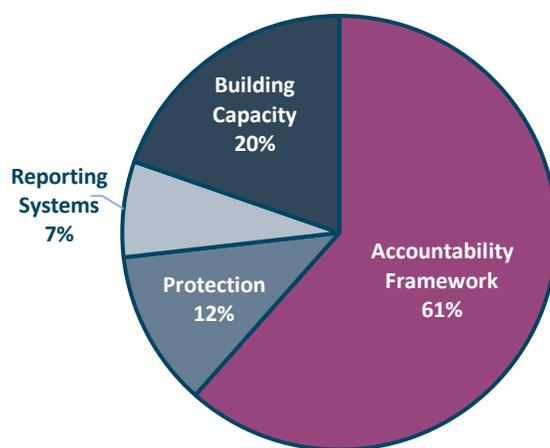


Figure 7. Participant responses to ‘How are we held accountable for protecting children?’

Legend:

Accountability Framework: CP Actors and Sector Personnel need a robust Accountability Framework that holds CP sector accountable to children (20.8 per cent of participants), families (5.2 per cent), communities (15.8 per cent), donors (6.2 per cent), government (5.2 per cent), child protection sector (8.3 per cent) including our own organisations (5.2 per cent of this) and through programme evaluation – MEAL (3.1 per cent of this)

Capacity Building of Personnel/Community Members: Train, provide technical support (e.g., CSG focal point), build programmes on feedback, use technology and diverse communication methods.

Protection through application of Child Protection Minimum Standards (CPMS), Protection from Sexual Exploitation and Abuse policies (PSEA), Child Safeguarding (CSG): Put protection mechanisms and policies in place; Strengthen standards and policies; Use evidence-based guidance; Coordinate structures; Adapt culturally

Reporting Systems: Strengthen and adapt reporting and complaint systems in various situations (e.g., remote); Build transparent process; Identify risk

ACCOUNTABILITY FRAMEWORK: WHO SHOULD WE BE ACCOUNTABLE TO?



Figure 8. Perceptions of who we should be accountable to during infectious disease outbreaks

“Robust accountability mechanisms, where children and caregivers are able to give feedback about operations/services being provided during an IDO - feedback mechanisms that are child friendly and easily accessible, are necessary.”

Conclusion

Participants examined child engagement during COVID-19 throughout the Annual Meeting (specifically during Day 1 and 3). On Day 1, 65 per cent of participants voted for meaningful child engagement as the top priority (see figure 5). However, it soon became apparent that there were very few examples or other forms of evidence that demonstrated how children’s perspectives were accounted for and integrated into programming.

Since children’s participation/engagement is one of the four guiding pillars of the Convention on the Rights of the Child (CRC), it is perplexing that we lost their voices during COVID-19 programming, particularly in the early stages. If children’s voices are not meaningfully included in CP programming – as the CRC insists – we are not upholding some of the foundational elements of children’s rights. To be ‘child-centred’, we must avoid reinforcing the types of inequalities we intended to ameliorate. Not only do we need to engage with all children, but we also need to recognise that *all* children do not have the same experience. For example, there is a ‘blacktop’ bias of consulting with children who are easy to reach (urban vs. rural, English vs. local language interactions, younger children vs. adolescents, children with disabilities, gender, ethnic minorities, migrant children and so on). Participants recognised the need to engage with marginalised groups of children but flagged this as a weakness in the COVID-19 response. We are left with a critical question:

- *How can we confidently say that we are protecting children if we are not having meaningful engagement with them?*

In being challenged to put children at the centre of our work, the data also shows that we need to think differently about how we work with communities and locally grounded interventions and programmes. The focus on community is particularly noteworthy considering we must also attend to global evidence, guidance, and technical notes about how best to approach community-based CP programming, particularly during an IDO. This tension poses an important reflection:

- *How do we partner as equals with communities and local initiatives while applying global evidence to local programming?*

Participants overwhelmingly defined the need for an Accountability Framework with over one-third of participants expressing the desire for clear guidelines on how to be held accountable to children. When we think about what it means to be guided by, and accountable to, children, we must ultimately take a stance that is open to self-criticism and introspection, asking the difficult questions about whether we are actually adhering to what we aspire to be.

- *How can children/local stakeholders hold programmes accountable?*
- *How can programmes better hold themselves accountable to children?*
- *How can other programmes or entities demand a higher standard from organisations that espouse children’s rights?*

The experience of global IDOs, and especially COVID-19, has clearly shown that humanitarian organisations need to re-emerge as child-centred. Adaptations are required to advance the Six Child-Centred Critical Actions, become aligned with CRC and CPMS and develop new working methods. We need a clearly defined relationship between the technical, conceptual and political aspects of this work. By putting children at the centre and setting up Accountability Frameworks, CP in a humanitarian crisis changes significantly: engaging with children demands innovation and new ways of thinking; accountability requires ownership, responsibility and paradigm shifts.

“Stepping onto a brand-new path is difficult, but not more difficult than remaining in a situation.” Maya Angelou

“From the child all the way up to service providers, donors, governments... [we] need to make sure that we give voice to children, provide [the] most evidence-based guidance, [and] advocate with donors to make sure their funds enable protection of children.”

Annex 1. Day 3 Participant Overview

Annual Meeting Day 3

Action points on the protection of children and infectious disease outbreaks (IDO)

Participant notes for group work sessions

Group work A - Key challenges faced during COVID-19

- *Reflection time on how we have done in the COVID-19 response*
- *Session 2: 13:45 - 14:35 CET*

Key group work questions:

- What has been done to address the particular challenge (e.g., lack of technology, lack of sufficient funding) during IDOs?
- What are your top three recommendations to address this challenge during future waves of COVID-19 and IDOs?

(Room 1): Participation

- Challenges raised include a lack of appropriate, timely participation of children in the response.

(Room 2): Mental Health and Psychosocial Support (MHPSS)

- Challenges raised include a lack of sufficient psychosocial support for children, families, staff and others affected by the pandemic.

(Room 3): Sectoral Silos

- Challenges raised include siloed thinking and responses and a lack of integrated, holistic responses between sectors (Health/PSS, education, WASH, nutrition, security...).

(Room 4): Socioeconomic Impact

- Challenges raised include a lack of sufficient funding for programmes, and a population affected by economic losses and unemployment.

(Room 5): Technology

- Challenges raised include a lack of access to technology to deliver programmes during containment, and a lack of reliable technology with which to access populations.

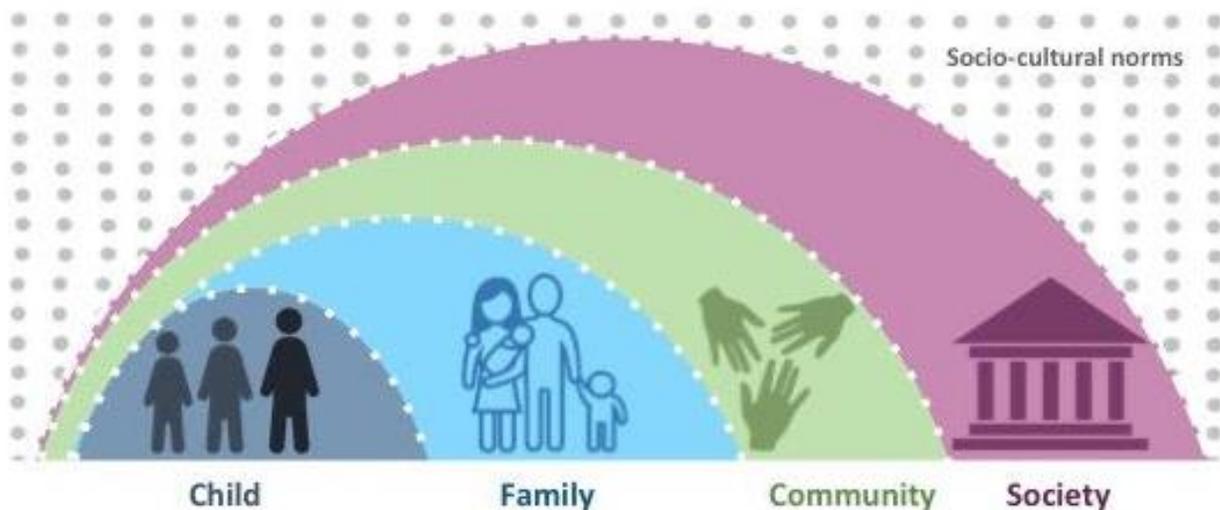
Group work B – Children and Infectious Disease Outbreaks (IDOs) through a socioecological framing

- *How to improve centrality of child protection in future infectious disease outbreaks, including the continued response to COVID-19*
- *Session 4: 15:40 - 16:30*

Key group work questions:

- What has been done well, and what are the gaps in, working with this group to protect children during IDOs?
- What do you see as the top three priorities for this group for protecting children during future waves of COVID-19 and IDOs?

The socio-ecological model



For each level, below are *additional questions* taken from the [Background Paper](#) that can be used to prompt critical thinking around these topics. They won't all be covered in your session!

(Room 1): The Centre: The Child

Additional questions for consideration: The child

- How do we ethically engage with children so they can define and helps us to understand:
 - What risks they face?
 - What protective factors they have around them?
- How can we access marginalised children and adjust our approaches to their realities?
- How do we advocate for children’s participation in all the decisions that affect them?
- How do we protect at-risk children when they are isolated from us?
- How do we systematically engage with children so that their thoughts and views are taken into account in all humanitarian action?
- How do we identify risks and address the COVID-19 exacerbated risks at all levels of the socio-ecological model?



(Room 3): The Family

Additional questions for consideration: The family

- How do we access families when they are isolated from us in a pandemic?
- How do we assess the risks/protective factors and adjust our responses?
- How do we include families in the decision-making process around the rights of their children?
- How do we build our programmes to adapt to family systems and structures?



(Room 5): The Community

Additional questions for consideration: The community

- How can we put preparedness systems in place that enable us to map community efforts and mobilise community-level actors when infectious disease outbreaks prevent access?
- How can international- and national-level formal actors better facilitate and support community-level non-formal actors' actions?
- How can we engage marginalised segments of communities in risk-mapping and decision-making, so they are supported?



(Room 2): Governments and Nations

Additional questions for consideration: Governments and nations

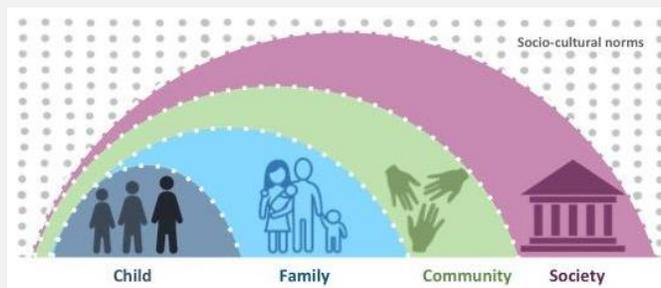
- How do we advocate with governments to apply the Convention on the Rights of the Child and enact the principle of the best interest of the child during a pandemic?
- How can we promote earmarked funding for the protection of children?
- How is child protection being linked to social protection?
- How can we advocate for children so that their well-being and protection is better accounted for by governments? How do we do this so that governments make the best interests of children central to their decisions, budgets, social protection and crisis response actions?
- How are we held accountable for adhering to the CPMS and the rights of children in our work?



(Room 4): Cultures and Socio-cultural Norms

Additional questions for consideration: Cultures and socio-cultural norms

- What systemic reforms are necessary for the protection of marginalised or excluded children who have no voice?
- How do we work with key local stakeholders – such as families, informal community-based structures, and grassroots and faith-based organisations – to identify vulnerable and marginalised children and families?
- How can we develop quality contextualised response and prevention systems and structures?
- How do we work across sectors so that child protection is integrated into all aspects of the humanitarian response – including the health, WASH, food security, education and social protection/CASH sectors?



Group work C – Action points

To protect children during future Infectious Disease Outbreaks (IDOs) and waves of COVID-19
(Session 5: 16:40 - 17:20)

Key group work questions

- How do we ensure that we ‘do no harm’ to children during IDOs in our various roles?
- How are we held accountable for protecting children during IDOs?
- List the top two priority actions to protect children during future waves of COVID-19 and IDOs from your perspective.

Annex 2. Putting Children at the Centre: Suggested Actions from Day 1 Activity (Jamboard)

Below are lists of recorded participant responses to the following questions posed during discussions on Day 3:

1. Be guided by, and accountable to, children and their communities

How do we engage with children?

- Play with groups of children and collect their opinions.
- Talk/listen to children and take into account what they feel and say.
- Do not assume you know the answers to the questions you would like them to answer.
- Involve children in planning sessions and include them in children's councils and focus groups.
- Involve children as key actors, not just as beneficiaries.
- Through the process in which we engage with children: Children might not be used to being consulted, and they need to learn to do so. We need to accurately estimate and allow for the time required to help them formulate their thinking.
- Access children virtually, online and through remote modalities.
- Engage children in positive activities related to the actual situation (i.e., small contests).

What strategies promote child participation?

- Ensure child-friendly participation tools are available in situations where we may not be able to access children directly.
- Increase awareness and train adults to listen to, and take seriously, children and young people.
- Ensure CP actors have the skills needed to engage children.
- Build adolescents' and youth's capacities through peer-to-peer programs where they can mentor other children on topics they are interested in.
- Have communities identify themselves as advocacy champions.
- Help children network with others.
- Increase awareness about child participation at the community level.

How do we include all children?

- Promote refugee children's inclusion in stakeholder meetings, including meetings with state agencies.
- Find methodologies that enable children of different ages to participate; Use age-appropriate tools to incorporate different age groups.
- Ensure inclusivity of children from minority populations.
- Remove communication barriers to enhance participation of neuro-diverse children and children with disabilities.
- Communicate in local languages.

How can children be involved with accountability?

- Improve feedback and complaint mechanisms so that they are child friendly. Move away from only having feedback boxes.
- Evaluate success and measures of success with children.
- Actively engage children in participatory decision-making processes.
- Develop child-led accountability mechanisms.
- Put children at the centre as an integral part of accountability.

- Include children’s voices as part of lessons learned that inform future programming.
- Advocate for greater accountability to children and for children's protection.

2. Leverage and build upon established networks of trust

How do we access children and families through intersectoral formal and informal community structures?

- Engage as actors - for example, work with Scouts groups so messaging is passed amongst peers - expanding children's networks on the ground, which helps us to reach more children.
- Access children, particularly during lockdowns through trusted community networks.
- Use existing mechanisms for child participation, such as social workers who are already working with children.
- Establish and/or strengthen community-based structures for children and ensure that through these structures children are actively engaged in their own protection during the COVID-19 response.
- Use child-centred actors to reach children and families.
- Reach out to CBOs, NGOs and women-led organisations to assess refugee and asylum-seeking children’s situations.
- Collaborate with other sectors to access children and listen to their opinions.
- Ensure that schools are involved in the initial response and throughout the course of action.
- Identify clear approaches to CP integration with key COVID-19 response sectors.
- Enhance collaboration with partners who are also working with children.
- Work with community-based organisations to reach as many children as possible, including the vulnerable and marginalised.
- Work across sectors, especially with education, to ensure child development is protected and prioritised.
- Partner/collaborate with health sector actors (including MoH).
- Engage the community by raising awareness and involving children to share their views.
- Avoid working in silos.

How do we engage parents?

- Work with parents to emphasise child participation in issues that affect their lives.
- Equip parents to elicit and elevate their children's needs and views.
- “In some cases, it wasn't easy as parents were the main access and therefore it was about parents’ interpretation of children's views.”

How do we work with and leverage community leaders/networks?

- Provide decision-makers with data and evidence to support child-centred decision-making.
- Strengthen established structures and networking – e.g., policies, laws, working with stakeholders, etc.
- Work with local leaders and institutions to ensure that local response plans and contingency planning have specific accommodations for children.
- Build capacity by training government and other service providers on the Best Interest of the Child so that they can realise the agency of children.
- Work with partners who are fundamental to the emergency response before the emergency: Child Protection Emergency Preparedness is key.
- Look at SERF coordination to access several groups.

How do we advocate with leaders to prioritise children?

- Advocate with policy makers and leaders to prioritise CP services, include children's participation, etc.
- Advocate within the humanitarian coordination system.
- Advocate on various levels to ensure that protection is specifically considered the priority sector for funding within the response, and that it includes child protection.
- Advocate with governments to prioritise children and their well-being.

3. Use appropriate, available and safe means of communication

What do children need to hear?

- Provide accurate and up-to-date information to the children we are working with.
- Create child-friendly and child-sensitive messaging and have children help create these messages.
- Share information on COVID-19, especially on prevention and health protocols and measures.
- Discuss children's situation regarding COVID-19 and how they can protect themselves.
- Focus on raising awareness sessions.
- Provide child-friendly mechanisms for information sharing about the IDO.
- Collect testimonies and give information on how to respond to COVID-19.

How do we communicate safely with children?

- Take time with each child.
- Invite children to focus groups (with health protocols in place).
- Use age-appropriate tools to incorporate participation by different age groups.
- Reach out to children in resource-poor/low-connectivity areas and make information accessible.
- Create increased and ongoing safe spaces/platforms for children and young people to express their views, challenges and solutions. This includes space to hold discussions with: i) peers, ii) parents/caregivers, and iii) duty-bearers at different levels.
- Involve children, especially adolescents, in communication strategies for their communities.
- Develop child-friendly forms of communication.
- Ensure that messaging and communication is child-centred.
- Address language barriers where family-based care within the refugee community is not possible.
- Strengthen technology use to engage children virtually when gatherings are restricted.
- Ensure that children are maintaining PPE and protective measures.

4. Identify the specific risks children are facing in the context of the outbreak

How do we identify risks through a child-centred approach?

- Engage children in needs assessments.
- Engage children and adolescents to learn their views on their care arrangements.
- Involve children in risk assessments and the execution of all child protection assistance and services: the key is in genuine participation, despite the IDO restrictions.
- Carry out assessments to learn children's views.
- Assess the ways children are meeting together. Use those methods to reach children and listen to their opinions and their thoughts on the risks they face, and then draft the response.
- Include children's needs in advocacy discussions and include child-sensitive interpretations of the centrality of protection.

- Consider all of children’s needs, not only the risk of COVID-19 infection.
- Immediately attempt to identify and measure the effects of COVID-19 on children.
- Conduct assessments to ascertain the risks to children and how they can best be involved. This evidence will then form the basis of their participation in the response.
- Find evidence of the impact on children and of the benefits of involving children.

How do we include a diversity of children within assessments?

- Do not forget to include children with special needs and those with parents who have special needs and abilities.
- Include children living with disabilities and children vulnerable to sexual and gender-based violence (SGBV).
- Address prejudices so as to give voice to disadvantaged children, but also to address the different needs children might have.
- Identify, screen and train child carers at centres for UASC.
- Assess all refugee needs, and keep following up on their cases.
- Ensure age and gender perspectives in assessments.
- Develop a CP Health facility checklist to ensure that centres are child friendly.

5. Promote well-being for children, their caregivers and their communities

How do we promote children’s well-being?

- Understand that children and adolescents have different learning styles which need to be understood if we are to effectively engage them.
- Ensure that children are maintaining PPE and protective measures.
- Involve children and families in efforts aimed at child well-being.
- Understand and remove barriers to well-being for children.
- Maintain a children's rights and child well-being focus.
- Ensure CP actors have the skills needed to engage children.

In alternative care:

- Look at alternatives to institutions – e.g., family reunification or family-based care.
- Establish an interim care centre in collaboration with the Health team while exploring family-based care.
- Work with the health sector to test care options before placement.
- Engage youth in assessing case management and their care.

How do we fund children’s well-being?

Activities and Services that Promote Children’s Holistic Well-being:

- Designate child protection during infectious disease outbreaks as lifesaving, in the same way that Health, WASH, etc. are.
- More funding needs to be directed to strengthen systems at the grassroots level.
- Funds need to be available to put children’ priorities first.

Education:

- Provide funding for children's education.
- Ensure that child protection and education receive an equitable amount of funding.
- Specific funding should be dedicated to Child Protection, as opposed to pooled funding.
- Funding is needed to strengthen systems at the grassroots level.

Child Protection:

- Identify funding that has not been spent due to COVID-19 restrictions, and ensure spending prioritizes alternative care and child protection.
- Pay attention to where the funding goes and do not divert resources away from CP.
- Specific funding should be dedicated to Child Protection, as opposed to pool funding.
- Ensure that child protection and education receive an equitable amount of funding.
- Ensure child protection initiatives in non-traditional humanitarian settings are included and provided with funding.
- Advocate allocating a dedicated budget and indicators for CPIE planning, implementation, and monitoring.

Social protection: Cash assistance

- Strengthen the national authorities' ability to monitor and respond to social protection needs.

6. Adapt modalities of ongoing programmes to reflect the outbreak environment

How do we engage children in ALL phases of Preparedness, Response, Transition and Recovery?

- Include them in preparedness, response and resilience strengthening efforts.
- Coordinate efforts and collaborate with children while responding to the crisis.
- Engage children in planning and response initiatives.
- Consider the best interests of children throughout the response interventions.
- Consult children from the start, including in needs assessments, programming and planning, and implementation and monitoring.
- Conduct needs assessments during programming and planning cycles.
- Involve children in all project cycle steps.
- Ensure children's participation in understanding what happens to them during COVID-19, and to inform program adaptation.
- Strengthen preparedness work: before an outbreak, identify opportunities for children to participate in awareness-raising and planning.
- Prioritise child-specific services, including health services and child protection services. Find innovative ways to deliver despite restrictions.

How do we promote a focus on all children in all sectors?

- Make information, education, and communications materials accessible to, and appropriate for, children living with disabilities.
- Provide specific training for potential carers on how to care for children during COVID-19.
- Ensure activities are age-appropriate and child-friendly, and that the needs of children of different ages are considered in the design and implementation of interventions.
- Ensure IEC materials on COVID-19 are age and culturally appropriate.
- Strengthen preparedness work – prior to an outbreak, identify opportunities for children to participate in awareness-raising and planning.
- Ensure that Child Protection is considered central to the response in IDOs.
- Coordinate efforts across sectors.

- Prioritise child-specific services, including health and child protection services, and find innovative ways to deliver services despite restrictions.

How do we develop relevant resources and tools?

- Adapt materials and modalities so they are suitable for different contexts.
- Develop a CP Health facility checklist to ensure that centres are child-friendly.
- Provide specific training for potential carers on how to care for children during COVID-19.
- Ensure activities are age-appropriate and child-friendly, with the needs of children of different ages considered in the design and implementation of interventions.
- Ensure IEC materials on COVID-19 are age and culturally appropriate.

Annex 3. Key Resources Supporting the Six Child-Centred Critical Actions

Save the Children (2020), The Hidden Impact of Covid-19 on Children: A Global Research Series
Joining Forces (2020), Children’s Right to be Heard: We’re Talking; Are You Listening?
World Health Organization (2016), Guidance for Managing Ethical Issues in Infectious Disease Outbreaks (pp. 30-34)
UNICEF (2020), ENGAGED AND HEARD! Guidelines on Adolescent Participation and Civic Engagement (pp. 59-61)
#CovidUnder19 (2020), Overview and Survey Results
CPC Learning Network (2020), Moving Towards Children as Partners in Child Protection in COVID-19 Guide: From Participation to Partnerships (see Annex A for additional resources)
The Alliance for Child Protection in Humanitarian Action (2020), Evidence Synthesis: Child Participating during COVID-19