



TECHNICAL NOTE SUMMARY: PROTECTION OF CHILDREN DURING THE COVID-19 PANDEMIC (V.1)*

The Alliance for Child Protection in Humanitarian Action (The Alliance) has provided [guidance](#) for child protection (CP) practitioners on how to effectively respond to CP risks and complications amidst the ongoing COVID-19 pandemic. The summary below outlines the Alliance's assessment of the additional risks COVID-19 may present for children and associated suggestions on how to integrate and adapt appropriate CP strategies.

1. CHILD PROTECTION IN THE CONTEXT OF THE CORONAVIRUS

Children and families with pre-existing vulnerabilities are likely to be most seriously affected by social and environmental changes resulting from public health responses to the COVID-19 pandemic. Some of the most significant risks include:

PHYSICAL AND EMOTIONAL MALTREATMENT

This includes neglect, abuse, and other physical risks resulting from school closures, more stressful home environments, less attentive or non-existent adult supervision, and new barriers to or increased response times associated with reporting incidents.

GENDER-BASED VIOLENCE (GBV)

Girls are increasingly vulnerable to sexual and economic exploitation in a pandemic due to rising household financial distress, lower levels of oversight, and barriers to or lack of availability of reporting and/or treatment options.

MENTAL HEALTH AND PSYCHOSOCIAL DISTRESS

Disease-related loss, separation, or isolation may create heightened levels of stress in children and/or exacerbate pre-existing mental health conditions. COVID-19 may also inhibit availability and responsiveness of mental health services.

CHILD LABOUR

COVID-19 may lead to increased child labour due to financial distress and/or children's increased presence in the household and availability to support economic activities.

UNACCOMPANIED AND SEPARATED CHILDREN

Death, isolation of, or separation from caregivers due to disease may result in child abandonment, institutionalization, or increases in child-headed households.

SOCIAL EXCLUSION

Children and families may experience discrimination and/or be disproportionately impacted by the disease and related public health measures as a result of pre-existing vulnerabilities such as socio-economic status, race, or cultural associations.

*This resource is a summary of the [Technical Note: Protection of Children during the COVID-19 Pandemic](#).

2. CHILD PROTECTION RESPONSE

Effective responses to infectious disease outbreaks must be multi-sectoral and must adhere to international health (WHO advisory) and human rights standards. In particular, attention and advocacy efforts should be devoted to ensuring child protection policies and procedures are well integrated in and coordinated between the [Health](#), [WASH](#), [Nutrition](#) and [Education](#) sectors. In addition to government-led action, community consultation and collaboration is key for developing effective intervention strategies. Across these four priority sectors, and in consultation with local communities where possible, actions should focus on:

- Standard procedures for documenting and referring children's cases that may need follow-up;
- Clear protocols to prevent/reduce family separation and other forms of child protection risks;
- Reduced stigma and social exclusion that may result from the disease; and
- Clear, coordinated, child-friendly community messaging on children's unique risks and vulnerabilities related to the outbreak.

Specific priority actions for child protection programs include:

- **[Individual and group activities for child well-being](#)**. Train health actors and educators on CP risks and identify alternative psychosocial support mechanisms and educational activities. Ensure interventions and awareness campaigns are both gender- and age-sensitive.
- **[Strengthening family and caregiving environments](#)**. Understand cultural beliefs and practices that could protect or endanger children during an outbreak. Provide access to appropriate emotional, financial, and material resources for caregivers and/or child-headed households that are particularly vulnerable and/or have been directly affected by the disease. Prevent child-family separation where possible.
- **[Community-level approaches](#)**. Elicit input and support from community members (including traditional and religious leaders) on the design and implementation of effective, child-friendly messaging and communication strategies to promote child protection, risk prevention, and overall awareness of appropriate referral procedures.
- **[Case management](#)**. Ensure caseworkers are educated on COVID-19 facts and common myths, especially as they relate to CP issues. Develop strategies to identify and support vulnerable, marginalized, and/or hard-to-reach children, including alternative check-in and communication options for situations where physical visits may be unsafe or impossible.
- **[Alternative care](#)**. Establish safe options for alternative care arrangements (preferably with kin) with systems for tracking separations and preventing unnecessarily prolonged separation or abandonment. Provide mechanisms for continued family communication.

For more, please review the [Technical Note: Protection of Children during the COVID-19 Pandemic](#).