Save the Children, developed in February 2019 a [**Safeguarding children in WASH guidance**](https://savethechildren1.sharepoint.com/How/childsafeguarding/Shared%20Documents/Child%20Safeguarding%20%20WASH%20%282019%29.pdf) that should be used as first reference for WASH teams for a safe implementation of activities in all contexts. COVID-19 is bringing additional challenges to child safeguarding in WASH. This brief presents guiding principles to safeguarding during COVID-19 and a non-exhaustive list of risks, suggestions and resources on how to manage those risks to ensure children are as safe as possible during COVID-19 response.

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| **Safeguarding Guiding Principles** **Children participation:** Ensure children’s leadership and participation for an effective, inclusive and safe WASH response to COVID-19. Boys, girls and children with special needs, must be properly and safely consulted in all phase of the response (needs assessment, design, monitoring, evaluation). Even though many things are changing during COVID-19, Save the Children must continue to guarantee a safe ethical and meaningful participation of children. Refer to [SC- Child participation during COVID-19](https://savethechildren1.sharepoint.com/what/humanitarian/SCDocuments/Forms/AllItems1.aspx?id=%2Fwhat%2Fhumanitarian%2FSCDocuments%2FGlobal%20-%20COVID-19%2FGlobal%2FTechnical%20resources%2FChild%20rights%20governance%20and%20child%20participation%2F01_Essential%2FChild%20Participation%20during%20COVID-19%20summary%20guidance%20V1%2E0%20PDF%2Epdf&parent=%2Fwhat%2Fhumanitarian%2FSCDocuments%2FGlobal%20-%20COVID-19%2FGlobal%2FTechnical%20resources%2FChild%20rights%20governance%20and%20child%20participation%2F01_Essential).**Gender and inclusion[[1]](#footnote-1):** COVID-19 is expected to differently impact on life of boys, girls and children with special needs. It is therefore essential for SC WASH teams to conduct specific consultations and define specific activities to responds to needs of different groups, particularly the most vulnerable and marginalized. Women already spend 2-10 times more time on unpaid caregiving and domestic work than men. In a pandemic this is exacerbated, with women and girls bearing primary responsibilities for caring for sick family members, including the elderly, caring for children who are out of schools as part of containment efforts[[2]](#footnote-2) and managing water, sanitation and hygiene tasks; the latter, made even heavier by need of extra water for handwashing and disinfection because of COVID-19. This will impact on girls’ access to essential services and education opportunities, and additional awareness at community and government level needs to be implemented to empower girls.**Assessing and managing risks[[3]](#footnote-3):** To allow safe programming and do no harm, not only limited to COVID-19, but for every WASH response and every WASH activity, an [Integrated safeguarding risk assessment](https://savethechildren1-my.sharepoint.com/%3Ax%3A/g/personal/cat_carter_savethechildren_org/EaQhQggqKKBIrYz4i1_5UD4BByE0jZHhrTcjceRULi9YdA?e=vldYjA) and [Risk assessment for child participation and data collection with children](https://savethechildren1.sharepoint.com/%3Aw%3A/r/what/me/_layouts/15/Doc.aspx?sourcedoc=%7B23FBE792-D2F6-4D7E-803F-8184428D56D8%7D&file=Risk%20Assessment%20Template_with%20example.docx&action=default&mobileredirect=true) must be undertaken prior starting of activities. Risks and mitigation measures should be monitored and updated throughout the project duration. **Reporting:** As result of quarantine and movement restriction measures the government may adopt to contain COVID-19 spread, number of gender-based violence and other abuses on children and women may increase along with the possibility for SC WASH staff and Partners’ WASH staff to witness or commit those abuses. It is therefore essential that Save the Children staff, volunteers and partners are trained and/or receive a refresher on child and adult safeguarding, particularly to prevent and reduce the risk of sexual exploitation and abuse to children, women or any other vulnerable person. In this particular moment, when several services are closed or possibly reducing their functionality due to COVID-19, it is important for Save the Children to update and regularly review and provide to its staff the latest map of services that can be used to refer children and adults who have experienced any form of abuse, sexual violence or harassment and are in need of immediate medical treatment, legal psychosocial, protection or other support. |

**Safeguarding Programmatic tips**

1. Child participation: To enhance safeguarding and to contribute to effectiveness and sustainability of COVID-19 recovery, SC must Invest in safe children participation through children’s WASH committees/clubs and organizations of children with disabilities. Embed safeguarding awareness in activities and re-enforce messages of what is acceptable behaviour and how to report any safeguarding concerns safely. Ask the children and adult beneficiaries how we can strengthen our safeguarding mechanisms and deliver the WASH services safely.

When interviewing children (WASH needs assessment and/or activity monitoring), make sure children and carers consent is taken, even when consultations are done remotely (internet survey/phone calls[[4]](#footnote-4)). Ensure two adult rule. If volunteers are engaging with children, a paid SC staff member should supervise them. Ensure safely measures are put in place to mitigate any risks to children taking part whether through digital technology or face to face.

1. Safe distributions: As water and hygiene items demands will increase aiming at interrupting the transmission of COVID-19, we assume that distribution of hygiene items and water (e.g. water trucking) will also increase. To protect children and their families from COVID-19 transmission, special measures need to be implemented during distributions, particularly social distance and disinfection measures. For instance, for safer water distribution, provide extra taps stands and/or extra taps distant at least two meters from each other, use nudges for social distance and suggest water schedule to avoid gatherings. To implement safe distribution of kits, beside house-by-house distribution, specific training supporting staff to assess risk of transmission and to develop COVID-19 SOP may be implemented. Refer to [IASC- Food standard operating procedures in the context of the COVID-19 outbreak](https://fscluster.org/sites/default/files/documents/final_interim_iasc_guidance_on_covid-19_outbreak_readiness_and_response_-_food_distribution2.pdf) and to [OXFAM and Solidarités International- Hygiene kit distribution SOPs for Myanmar](https://drive.google.com/file/d/1OOv8exriKmjiU_EVSSwitwEjmNNyZGmR/view).

Due to movement restriction access to hygiene commodities and water may be implemented through cash transfer, social distance measures at ATMs (Automated Teller Machine for cash withdrawals, deposits, funds transfers) and frequent disinfection or hand washing stations at ATMs should be enhanced.

1. Dangerous items: When distributing disinfectant material to households and institutions, adequate IEC material and training must be provided about **how to safely use, dose and store disinfectant, users must also be aware of highly hazardous content of kits,** particularly for children. In this regard, SC staff should carefully evaluate risks and benefits of distributing those products, particularly in camp like settlements where makeshift shelter may not allow appropriate storage nor relevant use of disinfectant.
2. Remote hygiene promotion: To protect children and their families from COVID-19 transmission, face to face hygiene promotion should be as much as possible limited by using radio, television, social media, loudspeaker instead or implemented with additional risk reduction measures (social distance, smaller groups of beneficiaries, provision of PPE and soap/hand sanitizers to protect hygiene community volunteers, refer to [SC- COVID-19 HCV kit](https://savethechildren1.sharepoint.com/%3Aw%3A/r/what/humanitarian/SCDocuments/Global%20-%20COVID-19/Global/Technical%20resources/WASH/01_Essential/Global/Humanitarian/4_covid_19_CHV_kit_v2_EN.docx?d=wd1f9d0c54449465bb8a740a40fa9e7cd&csf=1&web=1&e=pVhBZO)).

As result of COVID-19 containment measures, SC information and education programmes, including WASH awareness for COVID-19, are likely to happen remotely through social network and other internet platform. SC must put in place additional protection measures as children spending more time online means children being exposed to protection risks on the internet, including GBV, child sexual exploitation and abuse.[[5]](#footnote-5) If you are planning to use digital technology in programming you must collaborate with IT and safeguarding teams and ensure risks have been identified and mitigated against and online safety measures are in place from the design stage through implementation to exit. Refer to [UNICEF- COVID-19 and its implications for protecting children online](https://www.unicef.org/media/67396/file/COVID-19%20and%20Its%20Implications%20for%20Protecting%20Children%20Online.pdf).

1. Construction site closure: As result of governmental mitigation measures against COVID-19 spread, SC WASH construction sites may be closed. Construction sites must be properly secured (fence the area, properly secure with slabs latrines' pits and other excavations, clean the area from sharp material, safely store dangerous equipment, display appropriate and accessible signs warning children of the dangers and to stay out[[6]](#footnote-6)). Refer to [SCI- COVID-19 Construction Guidance Note](https://savethechildren1.sharepoint.com/sites/ConstructionandShelterTechnicalWorkingGroup/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FConstructionandShelterTechnicalWorkingGroup%2FShared%20Documents%2FXX%20COVID19%2FSCI%20Guidance%20Note%20v2%2020%2D04%2D06&p=true&originalPath=aHR0cHM6Ly9zYXZldGhlY2hpbGRyZW4xLnNoYXJlcG9pbnQuY29tLzpmOi9zL0NvbnN0cnVjdGlvbmFuZFNoZWx0ZXJUZWNobmljYWxXb3JraW5nR3JvdXAvRXYtTDYzT2d5bVJBdk5kcnpheVlzYUlCUzhSeUJxLXVCZzRPMndmYmI4YTNvdz9ydGltZT1zZXFEazBmbDEwZw).
2. Child friendly infrastructure design, including children with special needs: children using public sanitation facilities (showers/toilets) may fear to contract the virus and regress to OD and showering at night in non-protected facilities with increased risk of violence on boys and girls. To mitigate this risk along with the one of other diseases outbreak caused by open defecation and stagnant water, additional sanitation facilities may be constructed along with increased awareness on importance of using appropriate sanitation facilities. For safe and appropriate access, design of facilities to be used by boys, girls, children with disabilities and younger children should be discussed with users in separate sex/age/special needs FGDs (or remote consultation). Construction of additional sanitation facilities must be accompanied by measures to guarantee a safe access to those facilities such as cleared, levelled, wheels chair accessible and lightened pathway. Similarly, additional water and hygiene infrastructures like handwashing and water distribution points, provided to enhance social distance as well as to respond to increased water and hygiene related needs caused by COVID-19, should be conceived with a child friendly and children with special needs friendly design defined together with the specific users. Child friendly hygiene information/posters should be available to informing children and vulnerable adults on how they can safely use the WASH facilities and leave them safe for the next user (e.g. shared latrines and water points).
3. Gender balanced staff and safe recruitment: To comply with national regulations of safe distancing and gathering avoidance, additional Hygiene Promoters workers/volunteer may need to be recruited so that sessions with lower number of attendees can happen. To allow safe and appropriate access to hygiene promotion messages, particularly for girls, a minimum of 50%, or more, female promoters may be needed (consultation with beneficiary girls and boys should provide their preference in terms of sex of promoters). Ensure all staff and volunteers are properly vetted and trained in safeguarding within the local context and to the specific work they are doing and that they are properly managed and supervised.
4. Child friendly communication, including children with special needs: When visiting communities, hygiene promoters and WASH SC staff should have received trainings on how to deliver hygiene promotion and COVID-19 related messages in child friendly way for the message to be clear and not frightening (refer to [SC- Tips on How to Talk to Kids About the Coronavirus](https://www.savethechildren.org/us/what-we-do/emergency-response/coronavirus-outbreak/coronavirus-outbreak-how-to-explain-children)). Also, hygiene promoters and WASH SC staff may wear PPE such as mask that may frighten children, so, make sure you explain what those devices are and why are worn. To reach children with special needs and protect them from disease transmission, hygiene and COVID-19 related messages must be designed in a format that meet the need of those who may have difficulty seeing, hearing or understanding information. Refer to [SCI- WASH tip sheet for disability inclusion during COVID-19](https://savethechildren1.sharepoint.com/%3Ab%3A/r/what/humanitarian/SCDocuments/Global%20-%20COVID-19/Global/Technical%20resources/Disability%20and%20COVID/Thematic%20Tip%20Sheets%20for%20Disability%20Inclusion%20during%20COVID-19/WASH%20Tip%20Sheet%20for%20Disability%20Inclusion%20during%20COVID-19%20%20Save%20the%20Children%20pdf%20version.pdf?csf=1&web=1&e=CTa4vA) for further guidance and resources.
5. Adolescent girls and children with special needs hygiene commodities: Because of COVID-19 mitigations measures (quarantine and restriction movements affecting both hygiene commodity users and suppliers) but also because of fear of contracting COVID-19, girls may lose or have limited access to MHM (menstrual hygiene management) commodities and information with consequent health risks and dignity impairment. For the same above reasons, access to hygiene commodities for children with specific needs may be limited (bedpan, nappies, body lotions).
6. Complaints and feedback mechanisms: Review and modify existing or establish accountability/feedback and complaints mechanisms. Re-enforce to beneficiaries and service users expected behaviour of staff, volunteers, suppliers and where and how to report if they have a concern, particularly around their safety and welfare. Refer to [SC Tip sheet: feedback and reporting mechanisms & COVID-19](https://savethechildren1.sharepoint.com/%3Aw%3A/r/what/humanitarian/_layouts/15/Doc.aspx?sourcedoc=%7BDC121125-EF0E-4070-A99B-E46C83D8CE38%7D&file=ENGLISH%20-%20FRM%20adaptation%20during%20COVID-19%20v1.0.docx&action=default&mobileredirect=true).

**Additional Resources**

* [SCI Child Safeguarding Humanitarian Toolkit](https://savethechildren1.sharepoint.com/How/childsafeguarding/Pages/Child-Safeguarding-Humanitarian-Tool-Kit.aspx)
* [IASC- Interagency GBV risk mitigation tip sheet](https://gbvguidelines.org/wp/wp-content/uploads/2020/04/Interagency-GBV-risk-mitigation-and-Covid-tipsheet.pdf)
* [WEDC- Water and sanitation for disabled people and other vulnerable groups: Designing services to improve accessibility](https://wedc-knowledge.lboro.ac.uk/details.html?id=16357)
* [UNICEF- WASH Guidance Including children with disabilities in humanitarian action](http://training.unicef.org/disability/emergencies/downloads/UNICEF_WASH_English.pdf)
1. Refer also to [IASC - COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement](https://interagencystandingcommittee.org/system/files/2020-03/COVID-19%20-%20How%20to%20include%20marginalized%20and%20vulnerable%20people%20in%20risk%20communication%20and%20community%20engagement.pdf) [↑](#footnote-ref-1)
2. [SCI- COVID-19: Gender Equality Matters](https://savethechildren1.sharepoint.com/what/humanitarian/SCDocuments/Forms/AllItems1.aspx?id=%2Fwhat%2Fhumanitarian%2FSCDocuments%2FGlobal%20%2D%20COVID%2D19%2FGlobal%2FTechnical%20resources%2FGender%20Equality%2F01%5FEssential%2FCOVID19%20Gender%20Equality%20Brief%20%2D%20Save%20the%20Children%20%28April%202020%29%2Epdf&parent=%2Fwhat%2Fhumanitarian%2FSCDocuments%2FGlobal%20%2D%20COVID%2D19%2FGlobal%2FTechnical%20resources%2FGender%20Equality%2F01%5FEssential) [↑](#footnote-ref-2)
3. Refer to [SC Safeguarding children in WASH](https://savethechildren1.sharepoint.com/How/childsafeguarding/Shared%20Documents/Child%20Safeguarding%20%20WASH%20%282019%29.pdf) for more examples of risk mitigation measures [↑](#footnote-ref-3)
4. For phone call surveys, consent can be recorded by having one SC staff reading the informed consent script and another SC staff witnessing the process. [↑](#footnote-ref-4)
5. [SCI- COVID-19: Gender Equality Matters](https://savethechildren1.sharepoint.com/what/humanitarian/SCDocuments/Forms/AllItems1.aspx?id=%2Fwhat%2Fhumanitarian%2FSCDocuments%2FGlobal%20%2D%20COVID%2D19%2FGlobal%2FTechnical%20resources%2FGender%20Equality%2F01%5FEssential%2FCOVID19%20Gender%20Equality%20Brief%20%2D%20Save%20the%20Children%20%28April%202020%29%2Epdf&parent=%2Fwhat%2Fhumanitarian%2FSCDocuments%2FGlobal%20%2D%20COVID%2D19%2FGlobal%2FTechnical%20resources%2FGender%20Equality%2F01%5FEssential) [↑](#footnote-ref-5)
6. Refer to [SC construction site safety posters](https://savethechildren1.sharepoint.com/sites/ConstructionandShelterTechnicalWorkingGroup/Shared%20Documents/Forms/AllItems.aspx?viewid=51074b6f%2Db9c7%2D4233%2D8845%2D236e6c7d8fa6&id=%2Fsites%2FConstructionandShelterTechnicalWorkingGroup%2FShared%20Documents%2FD%2E%20Site%20Safety%20%26%20Safe%20Programming) available on SC Construction and Shelter Technical Working Group [↑](#footnote-ref-6)