



Interim Guideline for Children Protection at Quarantine, Isolation and Treatment Centers in COVID-19 Pandemic

- **Avoid separation of children from parents/caregivers and siblings and;**
- **Protect children from violence, exploitation and abuse including gender-based violence**

RATIONALE AND BACKGROUND

COVID-19 disrupts families, friendships, daily routines and the environments where children grow, and can have negative consequences for children's well-being and development. Furthermore, the measures used to prevent and control the spread of the virus such as isolation and quarantine, can all negatively impact children and their families by exposing children to protection risks such as separation from parents/caregivers and other family members, child abuse, physical or sexual violence. This is particularly true for younger children, as well as children with special needs.

Isolation and quarantine may result in family separation when either a caregiver/parent or a child is placed in a facility while the other remains at home. Thus, when implementing isolation policies, authorities should take steps that minimize family separation. This SOP provides guidance to health workers and other care providers (including social workers) in the isolation and treatment center on how to avoid and mitigate any separation of children from parents/caregivers and siblings affected by COVID-19, and how to ensure all activities, services and facilities are safe for children, have child safeguarding and measures for prevention, mitigation and response of gender based violence, including sexual exploitation and abuse. 'Children' constitute any girl or boy up to 18 years old.

Any disruption to the child - parent/caregiver-relationship can be highly stressful and damaging to children and can lead to long-term consequences including behavioral and mental health issues such as troubles at school and negative coping mechanisms including substance abuse. Sexual exploitation and abuse can lead to similar consequences.



TREATMENT AND CARE IN ISOLATION CENTERS

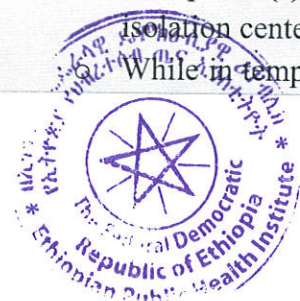
a) Case Management

- Ensure the registration and case management forms include details of **all family members** of the child and these details should be transferred with the child anytime she or he is moved to another facility / location
- The child's family should be regularly (daily) informed on the child's condition and whereabouts
- Treatment process and data recorded to be kept **confidential at all times** and prevent unauthorized or unnecessary access to the file

b) Child Protection

There are **three scenarios for treatment and care and for which the best interests of the child are to be prioritized in all such options:**

- **Scenario One:** If child(ren) and parent(s)/caregiver(s) experience signs and symptoms or are tested positive for COVID-19, they should all be sent to the treatment/isolation center together
- **Scenario Two:** If parent(s)/caregiver(s) are tested positive and child(ren) are negative, the parent(s)/caregiver(s) should be sent to treatment/isolation center and the children should be taken care by relatives or other familiar and trusted adults known to the parent(s)/caregiver(s). Siblings should be kept together
 - If there is no one to take care of the child (ren) they should be referred for temporary alternative care by a mandated social worker for kinship care (preferred option) or foster care or, if that is not possible, an appropriate NGO or governmental organization. Note putting child (ren) into any institution should always be the last option and always for the shortest amount of time possible. All such temporary alternative care options should be checked in advance for adherence to child safe guarding procedures, see part (e)
 - Before the child (ren) are placed in temporary alternative care, the situation should be explained to the child (ren) and in appropriate language noting their age and ability on what is happening and to make explicit that this arrangement for care is temporary
 - The parent(s)/caregiver(s) should be taken to a treatment/isolation center closest to the child (ren's) home.
 - While in temporary alternative care, it should be ensured that



those taking care of the child (ren) practice self-care and prevention. Child (ren) should be provided with psychosocial support to keep healthy and safe. Children should be provided with opportunities to have regular contact to the parent(s)/caregiver(s) through save means such as telephone.

- **Scenario Three:** If child(ren) are tested positive and parent(s)/caregiver(s) negative, one parent/caregiver should accompany the child(ren) in isolation/treatment center to be close to the child(ren) while not putting themselves at risk and to maintain the familial contact with the child.

In general:

- Wherever possible, the facility should be located as close as possible to the child’s family home. However, if that is not possible, appropriate temporary accommodation near to the facility should be available for parent(s)/caregiver(s)
- Means for voice communication (i.e. access to a telephone, free phone calls) between children and their parent(s)/care giver(s)/families should be provided free of charge and as often as possible

c) Gender based violence prevention, risk mitigation and response

Center infrastructure

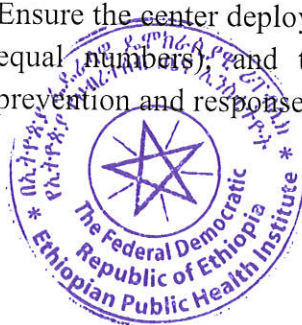
- Provide **separate facilities for males and females** including for sleeping, sanitation and hygiene (toilets), and provide sanitary materials, including menstrual hygiene materials
- Ensure communal areas and sanitation facilities have proper lighting and locks (i.e. inside latches that children can easily operate) to ensure privacy and security
- Provide safe spaces for women and children including adolescents where basic services (i.e. recreational, psychosocial support and case management) can take place

Sleeping arrangements

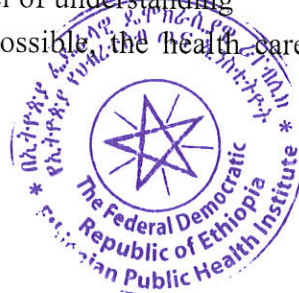
- Affected **children with parent(s) / caregiver(s) should be kept together**
- If not possible, children remain with their mothers
- **Children should not be alone**

Staffing numbers and composition

- Ensure sufficient numbers of care staff or other volunteers are in place in the center to keep children safe, protected and stimulated
- Ensure the center deploys both male and female workers (striving for equal numbers) and train them on psychological first aid and prevention and response to gender-based violence



	<ul style="list-style-type: none"> • Ensure staff have updated GBV referral pathways and know how to safely refer survivors to available services
<p>d) Addressing Mental Health and Psychosocial Support needs</p>	<p><u>Information and awareness</u></p> <ul style="list-style-type: none"> • Raise awareness among the people in the center on harassment and violence and about the available services <p><u>Services for survivors of GBV</u></p> <ul style="list-style-type: none"> • Ensure support services to survivors of GBV by trained social workers with case management expertise are provided in the center, with full consideration for privacy and confidentiality • Ensure availability of MHPSS for the frontline workers for their own mental health and psychosocial well-being • Ensure a MHPSS specialist to the centers to visit regularly and support the families and children • Ensure availability of MHPSS and other informational materials in child friendly formats to facilitate explaining the COVID-19 situation to children, and encourage parents to communicate with their children to reduce fear and panic • If children’s condition allows, provide play material to enhance wellbeing
<p>e) Child safeguarding procedures for staff</p>	<ul style="list-style-type: none"> • To ensure a child friendly and child safe facility and services that do no harm to children: <ul style="list-style-type: none"> ○ Conduct background checks for all workers in the center to ensure all staff have no history of violence, exploitation and abuse and are safe for working with children ○ Ensure all staff are trained on and have signed a Code of Conduct that includes zero tolerance for any form of physical, emotional and sexual exploitation and abuse ○ Appoint a senior member of staff as the Safeguarding focal point ○ Ensure all staff treating children can undertake age-appropriate and child-friendly methods for providing services and treating children <p><u>During examination and treatment</u></p> <ul style="list-style-type: none"> • Child(ren) should always be accompanied by parent(s)/caregiver(s) including, when medically examined or treated • Communication with the child(ren) should be sensitive to their age and level of understanding • If not possible, the health care worker should be accompanied by



another worker and least one must be of the same sex as the child

- **No child should be left alone without immediate supervision by parent(s)/caregiver(s)**
- Ensure safe and confidential feedback and complaint mechanisms for patients, that are also accessible for children, are in place and; ensure people know how to report incidents or concerns
- Install complaint boxes

