



Adapt. Imagine. Innovate.

Child Protection during COVID-19: a catalogue of innovations and adaptations

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Acronyms and abbreviations

CMTF	Case Management Task Force
COVID-19	Coronavirus disease 2019
CO	Country office
CP	Child Protection
CSO	Civil society organisation
CYR	Child and Youth Resilience
CVA	Cash and Voucher Assistance
EAMR	East African Migration Routes
EPO	Egyptian Post Office
FCF/REACT	Family Care First/REACT
FSL	Food Security and Livelihoods
GBV	Gender-based violence
GPEVAC	Global Partnership to End Violence against Children
HEART	Healing and Education through the Arts
IEC	Information, education and communication
IFRC	International Federation of the Red Cross
INGO	International non-governmental organisation
IRC	International Rescue Committee
MEAL	Monitoring, evaluation, accountability and learning
MHPSS	Mental health and psychosocial support
PASC	Programa de Apoyo a la Sociedad Civil
PFA	Psychological First Aid
PSS	Psychosocial support
PwV	Parenting without Violence
SCI	Save the Children International
SM	Social mobiliser
SOP	Standard operating procedure
TOR	Terms of reference
UNHCR	UN Refugee Agency
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WASH	Water, sanitation and hygiene



Solema* (age 22) and her son Sayeed* (age 3) receive treatment at Save the Children's health facility in the Rohingya refugee camps. Photo credit: Sonali Chakma / Save the Children.

Cover image: Aracelly* (age 26) and her daughter, Kalles* (age 1) painting a colouring book in Santa Rosa, Lima Peru. Photo credit: Miguel Arreátegui / Save the Children

*Names changed to protect identities.

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FOREWORD

At the start of 2020, Save the Children was poised to build on the considerable progress made in Child Protection during 2019, when we directly reached nearly 3.5 million girls and boys and 2 million adults in 70 countries with interventions to prevent violence, abuse, exploitation and neglect. Plans had to change rapidly as a result of the COVID-19 global pandemic.

Humanitarian and development teams around the world had to quickly find new ways to ensure that we could continue to deliver essential Child Protection interventions in contexts that had become inaccessible almost overnight. The speed and agility with which these innovations and adaptations were rolled out is testament to the expertise, local knowledge and ingenuity of our field teams, as well as the strength of local relationships and partnerships.

This catalogue showcases many promising innovations and adaptations that if studied further, have the potential to inform an evidence base of Child Protection good practice. The lessons learned are documented here so that so we can learn from experience of what works and what doesn't, consider what we should implement on an ongoing basis, and identify what we might do differently during future public health crises.

COVID-19 is a threat multiplier that could have a devastating impact on the protection and wellbeing of the world's most vulnerable children. Loss of family income and school closures affect the physical and mental health of children and increase the risk of violence and abuse at home, child marriage and child labour.¹ Children living on the streets, child refugees and immigrants are at even greater risk of violence. There is an urgent need for Save the Children and other agencies to adapt and discover new and creative ways to ensure that Child Protection programming continues to reach the children who need it most.

We hope the innovations and adaptations in this catalogue will inspire colleagues around the globe to keep finding new ways to ensure that every child is protected from violence, exploitation, abuse and neglect.

Alison Sutton, Director, Child Protection
Clare Feinstein, Head of Programmes, Child Protection

INTRODUCTION

The purpose of this catalogue

This catalogue is an easy-to-use collection of lessons learned from Child Protection innovations and adaptations that were implemented during the COVID-19 pandemic. It is primarily intended for use by Save the Children and partner Child Protection staff at country level.

The interventions recorded here ensured continuity of essential Child Protection services at a time when operational contexts were restricted, and children and communities were harder to reach. They are intended to inspire and enable further rapid innovations and adaptations when devising new programming, both during the ever-changing contexts of the COVID-19 pandemic and in the event of any future public health crises.

These examples should also be used to inform pandemic preparedness efforts at country, regional and global levels. They have the potential to form the foundation of an evidence base of good practice, if they are tracked to establish effectiveness, relevance and safety over time. The online version of the catalogue will be periodically updated to build this evidence base.

Lessons learned from operational experience in the field should be used alongside other resources and technical guidance that are referenced in this catalogue.

How this catalogue was created

From the outset of the COVID-19 pandemic, country offices and the Child Protection technical community were encouraged to capture lessons learned on a rolling basis in Save the Children International's (SCI) Global COVID-19 Learning Log, and this is the primary source of the innovations collated in this document.

Any lessons entered into the Learning Log that were tagged with the words 'Child Protection' were extracted and classified according to pre-defined 'areas of innovation and adaptation' (see page 7), derived from the interventions that had been prioritised with the greatest frequency in country office Child

¹ Save the Children. (2020). Protect a Generation: The impact of COVID-19 on children's lives
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Protection response plans. These include case management, Parenting without Violence (PwV)², and mental health and psychosocial support (MHPSS). Cash assistance or Cash and Voucher Assistance for Child Protection, was identified as a strategic and emerging category in responses globally, and was included for this reason. Interventions that did not fall into one of these pre-defined areas were tagged as 'other'. The 'other' category ultimately formed the fifth area of Digital Child Protection Innovations and Adaptations. The 'Challenges' section of the Learning Log was periodically reviewed to identify any additional programmatic/operational gaps in which 'innovation' could be encouraged.

As there are potential limitations to the number of Child Protection, or indeed any thematic lessons that can be submitted to the Learning Log, a variety of other internal communications were reviewed to ensure that we captured any other Child Protection innovations, adaptations or lessons learned, as these were shared. These were followed up with country offices, who were encouraged to subsequently capture them in the Learning Log.

Selected lessons were followed up for further elaboration where necessary and analysed according to what worked well, what didn't, and any recommendations for replication.

High and low-tech

Digital technology and online applications including mobile phones, Bluetooth, social media platforms and messaging apps, have been indispensable for maintaining connections between homes, schools, humanitarian teams and communities during COVID-19, and have sparked countless innovations.

While much can rightly be made of high-tech innovations, it is also vital to recognise the creativity applied in so-called 'low-tech' contexts, where operational environments have often been more restricted and populations potentially harder to reach. For this reason, the catalogue strikes a balance between high and low-tech adaptations and innovations.

We're in this together: local and global, partners and allies

In many ways, COVID-19 has accelerated appreciation of localisation amongst international development organisations. Good pre-existing relationships between Save the Children's country offices and local community partners enabled our access to locked-down communities. Analysis has shown this was an important enabling factor underlying the most effective adaptations and interventions that were launched in the early days of the pandemic response.

Save the Children values the contextual expertise of grassroots and national Child Protection partners and continually strives to improve its support and reinforcement of local actors. We believe that preparedness for humanitarian response requires the creation of coordination environments that are more enabling for local and national leadership – for example, by rethinking who participates, the languages that are used, and the decision-making culture. For this reason, this catalogue intentionally specifies resources in local languages, in the hope that this contributes to the development of a more representative resource base for internal and external use.

Another element that effective interventions had in common was pre-existing, formalised relationships with government, inter-agency, and INGO or NGO allies and partners, either via official consortium or through a memorandum of understanding to contribute to a shared policy or change agenda.

During the pandemic, partnerships at the global level – such as the Global Partnership to End Violence against Children (GPEVAC), the Joining Forces coalition and the Alliance for Child Protection in Humanitarian Action – have accelerated common agendas and amplified advocacy for child-sensitive and participatory interventions that prioritise Child Protection across different thematic sectors. Links to useful partner resources are provided in the catalogue where relevant. Some country offices have highlighted that the existence of accepted common guidance and advocacy objectives across agencies has increased adoption of adaptations and has largely helped to prevent duplication or contradiction between initiatives.

How to use this catalogue

This catalogue is available in two formats. The printable pdf version takes the form of a series of tables, one for each innovation area, which can be printed

² Parenting without Violence is Save the Children's evidence-based positive parenting intervention which works with parents and caregivers, children, communities and societal structures to reduce the use of physical and humiliating punishment against children in the home.

out and laminated for ease of use as a set of reference cards. This may be particularly useful for field staff taking operational decisions, who are familiar with the context and need to make quick decisions about adaptations, with little time to consult lengthy text.

An online version of the catalogue is also available on the Kaya platform. This version will include access to additional content and more detailed information such as case studies, progressive monitoring reports or evaluation findings, as these become available. Links are available to all the same resources listed in the printable format. Periodic updates will build an evidence base of the relevance and effectiveness of the interventions over time.

Identify the innovation area you are working in:

The catalogue is divided into five innovation areas:

1. Remote/adapted case management (blue)
2. Remote/adapted Parenting without Violence (yellow)
3. Remote/adapted mental health and psychosocial support (purple)
4. Cash and voucher assistance for Child Protection (teal)
5. Digital Child Protection innovations and adaptations (gold)

Identify the challenge you would like to address:

Each of the five innovation areas summarises interventions according to the operational challenges they address. For each challenge, there is an explanation of the core characteristics of relevant interventions, advice from the implementing country office, plus links and language information for any available resources. The online catalogue may include additional resources and digital content such as podcasts or video.

Develop your innovation or adaptation using the insights available:

Each of the innovation areas, apart from the emerging area of Cash and Voucher Assistance for Child Protection, is preceded by a checklist of good practice, which captures key learnings and common features of effective adaptations in this innovation area.

These are observed factors that *seem* to have enabled quick and effective implementation of Child Protection projects and programmes in the challenging context caused by COVID-19.

- Within your chosen area of innovation, use the commonalities as a rough guide to help you quickly identify gaps to address, areas you should work on in terms of preparedness for future pandemic or public health crisis responses, and potential in your own programme for implementing adapted versions of the interventions listed for this priority area.
- For the specific challenge you wish to address, consult the relevant intervention(s) in the corresponding coloured table for that innovation area and consider how they may work in your country context. Brainstorm alone or with colleagues including partners, adapt the idea, and consider how you might make it better.
- Click on the links in the tables to access resources to adapt to your context. Please note that some links will only be available to Save the Children staff.
- Should you require more information, use the [Kaya platform](#) to access the online catalogue and locate the intervention you are looking for, along with any additional content. At the beginning of each section, you will also find links to major guidance documents and protocols (internal and/or external), which you should refer to as necessary.

Summary table: areas of innovation and adaptation

1. Remote/ adapted case management	1.1 Development of remote/adapted case management SOPs, guidance	1.2 Training/ capacity-building on remote/adapted case management	1.3 Providing remote, telephone/other tech-based case management
	1.4 Community groups, para-social workers to provide case management	1.5 Integration of CP into other services (i.e. placement SWs in health centres, training of health teams)	
2. Remote/ adapted Parenting without Violence	2.1 Development of Parenting without Violence adapted strategy/ guidance/ protocol/toolkit	2.2 Virtual sessions/training on positive parenting	2.3 Provide remote, telephone support on positive parenting to caregivers
	2.4 Positive parenting messaging through mobile, online, social media, podcasts, webinars	2.5 Community awareness-raising/campaigns, IEC materials, 'stay at home kits' radio, TV	
3. Remote/ adapted MHPSS	3.1 Development of remote or 'COVID-19 safe' PFA, PSS, MHPSS guidance, tools	3.2 Training/capacity building on remote PFA, PSS, MHPSS	3.3 Providing remote, telephone/other tech-based PFA, PSS, MHPSS support, hotline
	3.4 Adapted programming, HEART, CYR, home-based PSS kits	3.5 MHPSS messaging through mobile, online, social media; videos; campaigns/ awareness-raising	3.6 Integration of CP into other services (i.e. placement SWs in health centres, training of health teams/first responders)

4. Cash & Voucher Assistance for Child Protection	4.1 Child trafficking	4.2 Child marriage	4.3 Child labour
	4.4 At risk of family separation	4.5 Case management	4.6 At risk of violence/ negative coping
5. Digital Child Protection innovations and adaptations	4.7 Marginalised/ vulnerable households	4.8 General Child Protection	
	5.1 Online safety	5.2 Adolescent sexual health and rights, protection from sexual violence	

CLICK ON:



to listen to a podcast or sound byte



to watch a short video clip



to link to resources or source files

CHILD PROTECTION PRIORITY AREA INNOVATIONS AND ADAPTATIONS

Remote/adapted case management

WHAT'S NEW?

Before COVID-19, Save the Children and partner staff participated in face-to-face training and mentoring on case management approaches, as well as other state and non-state actors in the social welfare workforce. Projects utilised face-to-face case management and household visits to identify children at risk of violence or neglect. During the pandemic, these were replaced by interventions that were most often managed remotely by Save the Children teams, ranging from innovative partnership with trained cadres of community-based volunteers, phone or text messaging, and virtual capacity-building and mentoring for government and non-governmental actors, as well as partners and field staff.



CHECKLIST:





Commonalities of effective case management adaptations based on analysis of lessons logged in the Learning Log:

- Work in **equal partnership with community partners**, community members or other informal actors at household level to reach and engage families, often building on **strong localized partnerships before COVID-19**.
- Build on **pre-existing case management capacity**: where case management capacity had been strengthened for government actors or other case workers before COVID-19, remote case management tended to be more easily rolled out.
- Benefit from **pre-existing agreements** with government or inter-agency allies, as well as from working in consortium, where consortia existed before COVID-19.


Key resources



- [Save the Children's COVID-19 Child Protection Case Management Guidance](#)
- [Technical Note: Adaptation of Child Protection Case Management to the COVID-19 Pandemic v.3](#) (Alliance for Child Protection in Humanitarian Action)
- [Case management preparedness checklist \(PLAN\)](#)
- [How to provide case management by phone guidance \(Alliance CMTF and COVID Task Team\)](#)
- [How to ensure safety through remote CP support](#) (Terre des Hommes)
- [10 Things you should know about COVID-19 and Persons with Disabilities \(Save the Children\)](#)
- [COVID-19 case management with Primero brief and video on adapting CPIMS+ to COVID-19](#)
- [Guidance Manual on Strengthening Supervision for the Social Service Workforce](#) (Global Social Service Workforce Alliance)


PRIORITY AREA: REMOTE/ADAPTED CASE MANAGEMENT

Challenge	Innovation area	Innovation/adaptation	Advice from CO	Region	Language & resources
<p>Restricted access to case management workforce</p> <p>Capacity gap: appropriate response, how to support children during COVID-19</p> <p>Risk to interruption of Child Protection services</p> <p>Risk of increased gender-based violence and child abuse</p>	<p>1.1 Development of remote/adapted case management, SOPs, guidance</p> <p>1.2 Training/ capacity-building on remote/adapted case management</p>	<p>In Myanmar, Save the Children, in partnership with UNICEF and in close collaboration with case management task force members, harmonized case management tools and training on:</p> <p>1) distance case management implementation in the context of COVID-19, and on</p> <p>2) key considerations in supporting children and caregivers during quarantine, hospitalisation and isolation.</p> <p>Content was used for webinar-based training of government social work managers and staff members, as well as the CSO/NGO case management workforce.</p> <p>Online technical coaching and mentoring was provided on an ongoing basis.</p>	<p>In areas where case management capacity is low the response was slower and less effective initially.</p> <p>Therefore, it is important to strengthen the case management capacity of staff and partners with a focus on preparedness, including better planning for pandemic contexts, which demands greater efficiency in remote modalities.</p> <p>Working on an interagency level was helpful in developing contextualized guidelines and SOPs and implementing these in a timely manner.</p>		<p>Myanmar language</p> <p>English</p> <p></p> <p>Key Considerations for Children and Their Caregivers During Quarantine, Isolation and Hospitalization Due to COVID-19</p> <p>Child Protection Case Management Guidance During COVID-19 (Myanmar-specific)</p>
<p>Lockdown measure: staff working from home</p> <p>Restricted access to children, families and communities</p> <p>Capacity gap: appropriate response,</p>	<p>1.1 Development of remote/adapted case management. SOPs, guidance</p> <p>1.2 Training/ capacity-building on remote/adapted case management</p>	<p>In Lebanon, Save the Children co-leads the Case Management Task Force with the International Rescue Committee (IRC).</p> <p>Through the Task Force, SCI developed comprehensive guidance for remote case management, and built the capacity of agencies across the country virtually, to implement the guidance.</p>	<p>Re-prioritise most urgent cases (e.g. abuse, suicidal ideation etc.) and reorganize existing caseload so that cases are followed up by phone instead of in-person, except where absolutely necessary.</p>		<p>Arabic</p> <p>English</p> <p></p> <p>CP case management guidance: Parental</p>

<p>how to support children during COVID-19</p> <p>Need for alternative care during pandemic</p> <p>Hard-to-reach, migrant and displaced population, in camps and informal settlements</p> <p>Risk of increased gender-based violence and child abuse</p>	<p>1.3 Providing remote, telephone/other tech-based case management</p> <p>1.6 Appropriate Care-specific case management</p>	<p>Guidance topics included:</p> <ul style="list-style-type: none"> · General case management during COVID-19 and further guidance on alternative care · Guidance for case workers on Parental support and awareness · Guidance for Caregivers on Social Distancing · Guidance on how to conduct Remote PSS support for caregivers (this one produced by the PSS Committee) · Guidance for case workers on remote telephone follow up. 	<p>New SOPs are strengthened if they can draw on existing resources, such as in this case, the CO's existing alternative care protocol, as well as existing pool of host families, to support children without access to kinship care or other informal care arrangements who required alternative care.</p>	<p>support to children (Arabic) (English)</p> <p>Child Protection Case Management during COVID-19 (Lebanon-specific) (English)</p> <p>Guidance for Child Protection Case workers to share with Children or Caregivers on COVID-19 Preventive Safety Measures when doing Case Management Work (English)</p> <p>Special considerations on the separation of children and of adults who rely on a caregiver from their caregiver due to COVID 19 in quarantine, isolation or hospital (English)</p> <p>Guidance on remote phone follow-up – for case workers (Arabic) (English)</p> <p>Guidelines for the Provision of</p>
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					Remote PSS to Caregivers during COVID-19 (English)
<p>Restricted access to children, families and communities</p> <p>National helplines closed down or not coping with demand</p> <p>Risk of increased gender-based violence and child abuse</p>	<p>1.3 Providing remote, telephone/other tech-based case management</p> <p>1.4 Community groups, para-social workers to provide case management</p>	<p>In Uganda, remote and online case management was adapted to reach children and their families.</p> <p>Community based Child Protection mechanisms and structures were supported with airtime to call families or children, and to provide support online.</p> <p>A new guideline was developed guiding on how to conduct remote case management.</p>	<p>Advocate for the social service workforce to be considered an essential sector during pandemics.</p> <p>Advocate for helplines targeting different needs, such as GBV support or MHPSS, to remain open and staffed during pandemics as they are critical mechanisms for reporting and feedback.</p> <p>Recognize community-based mechanisms as key frontline staff during pandemics, especially for hard-to-reach populations such as refugees. Build their response capacity and preparedness accordingly.</p>		

<p>Restricted access to children, families and communities</p> <p>Risk of increased gender-based violence and child abuse</p>	<p>1.4 Community groups, para-social workers to provide case management</p> <p>Integration: Health and CP</p>	<p>In Zanzibar, volunteers previously trained in Parenting without Violence became ambassadors for COVID-19 prevention in their communities, providing information through household visits.</p>	<p>Where possible, ensure opportunities for safe face-to-face interaction when sharing new or sensitive prevention information. Communities need to engage and discuss to process the information received, written information is not enough.</p> <p>The home visit component of Parenting without Violence is a potentially powerful vehicle for communicating other information, as volunteers have been capacitated and are trusted by community members.</p>		
<p>Restricted access to children, families and communities</p> <p>Restricted access to case management workforce</p> <p>Capacity gap: appropriate response, how to support children during COVID-19</p>	<p>1.4 Development of remote/adapted case management. SOPs, guidance</p> <p>1.2 Training/ capacity-building on remote/adapted case management</p> <p>1.3 Providing remote, telephone/other tech-based case management</p>	<p>In Iraq, Save the Children actively contributed to the development and review of the Child Protection technical working group on case management's COVID-19 case management technical guidance.</p> <p>The tools provided technical guidance on:</p> <ul style="list-style-type: none"> i) Case identification and registration; ii) Case risk assessment; 	<p>Community-based Child Protection mechanisms are key to effective Child Protection approaches, not only during emergencies but also during early recovery and development.</p> <p>Therefore, it is important to invest more in strengthening the capacity of community-based mechanisms.</p>		<p>English</p> <p>Arabic</p> <p>Child Protection Case Management Guidance for Remote Phone Follow-up</p>

<p>Risk of increased gender-based violence and child abuse</p>	<p>1.4 Community groups, para-social workers to provide case management</p>	<ul style="list-style-type: none"> iii) Develop an individual case plan for each child; iv) Implement the case plan including direct support and referral services; v) Follow-up and review; vi) Case closure. <p>Save the Children liaised with well-established community-based Child Protection mechanisms to identify the critical cases of at-risk children and refer those cases to the case management team.</p> <p>The case management team conducted the risk assessment through phone and determined whether the referred cases were eligible for the case management mechanism following the criteria of eligibility developed for Iraq by the interagency case management as part of the CM SOP lead by SCI in 2019.</p> <p>The case management team used phone calls to follow up on cases considering confidentiality and data protection during phone calls and, with allowed physical access to the most sensitive cases through case conference and involvement of different actors including the government.</p>			
<p>Lockdown measure: staff working from home</p> <p>Restricted access to case management workforce</p>	<p>1.2 Training/ capacity-building on remote/adapted case management</p>	<p>In Indonesia, Save the Children switched to online training for government employees from the Ministry of Women Empowerment and Child Protection’s integrated service centre for women and Child Protection.</p>	<p>Restrict the number of participants to no more than 20-30.</p> <p>Use webinar setting if number of participants exceeds 30 persons.</p>		<p>Bahasa Indonesia</p> <p>Case management e-learning</p> <p>Moka monitoring tools</p>

		<p>Training consisted of six Zoom meeting sessions of two hours each, conducted over three days.</p> <p>Pre-post tests were conducted via Google Form. Further efforts attempted to combine the case management online training with an existing Moodle-based government e-learning platform on case management</p>	<p>Keep virtual trainings short. Two hours for each session is adequate.</p> <p>Keep pre-post tests on measuring the increment of participants' performance.</p> <p>Ensure that all participants know how to join and operate the application platform (e.g. Zoom) well before the start of training.</p> <p>Use icebreakers within the training session, and request participants to use video mode.</p> <p>Use any method to increase participation, such as Q&A session, brainstorming, case studies, and simulation.</p>		
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CHILD PROTECTION PRIORITY AREA INNOVATIONS AND ADAPTATIONS

Remote/adapted Parenting without Violence

WHAT'S NEW?

Before COVID-19, Save the Children and partner staff would participate in face-to-face training and mentoring on the Parenting without Violence common approach, a Save the Children intervention designed to reduce the use of physical and humiliating punishment in the home. Parents and caregivers were supported through a specialised programme of positive parenting group sessions, and children participated in a coordinated series of sessions, tailored for different age groups. The approach also includes home visits and sessions bringing together adults and children. During the pandemic, Save the Children teams devised new ways to reach staff, partners and parents/caregivers with training, mentoring and essential messaging. Making use of various forms of print and technological media, they modified content and differentiated delivery to various categories of participants through virtual trainings, phone follow-up, WhatsApp groups and radio dramas.



CHECKLIST:



Commonalities of effective Parenting without Violence adaptations based on analysis of lessons logged in the Learning Log:



- Take care to know and **understand the daily reality of the different members of the audience** you are trying to reach remotely. Consider if your chosen methods will reach caregivers who are illiterate, mothers whose chores or burden of care may have increased as a result of the pandemic, breadwinners who have lost an income and must spend most of their available time seeking work, etc., and include **differentiated communication strategies**.
- **Modify virtual training content** to ensure maximum participation and update: keep sessions short, prepare well, enable internet connectivity where possible, increase measures to ensure participant accountability.


Key resources

- [Key messages for parents & caregivers, young children and adolescents during COVID-19](#) (based on Parenting without Violence)
- [Adapted Parenting with Violence parenting sessions](#) (includes translated versions)
- [COVID Adapted PwV MEAL Package](#)

PRIORITY AREA: REMOTE/ADAPTED PARENTING WITHOUT VIOLENCE

Challenge	Innovation area	Innovation/adaptation	Advice from CO	Region	Language & resources
<p>School closures</p> <p>Restricted access to parents, teachers, caregivers</p>	2.2 Virtual sessions/training on positive parenting	<p>In Guatemala, prior to COVID-19, Save the Children developed a diploma course targeting parents and teachers for Safe Schools and Parenting without Violence. When school closures restricted access to their target group, they adapted materials using Know, Remember, Do methodology.</p> <p>Modules were produced in writing, as well as videos narrated by team members, and shared in WhatsApp groups.</p> <p>Group phone calls were used for parents and teachers unable to keep up with WhatsApp chat groups as a result of socio-economic pressures.</p>	<p>Use different types of media to communicate the same message, in order to reach different audiences. It worked well to circulate both written modules and videos, as parents and teachers could choose which they preferred (some only liked reading, others preferred only watching videos).</p> <p>Test and modify approaches as they are rolled out; do not just assume that an approach is perfect from the start.</p>		<p>Spanish</p> <p>Sound clips, content, communications material</p>
<p>School closures</p> <p>Risk to mental health of children and community members</p>	2.2 Virtual sessions/training on positive parenting	<p>In Côte d'Ivoire, Save the Children developed and tested e-learning modules to train staff members on the Parenting without Violence common approach. These modules were adapted to the Ivorian context and rolled out to field staff and CSO partners.</p>	<p>The bigger Save the Children movement should start to map out experiences of e-learning and share best practices.</p> <p>Prepare thoroughly for virtual training sessions.</p>		<p>French</p> <p>Remote National Capacity Building resource pack</p>

<p>Risk of increased gender-based violence and child abuse</p>			<p>Keep sessions short! Participating in virtual training sessions can be more exhausting than face-to-face – shorter sessions work better than long ones.</p>		
	<p>2.2 Virtual sessions/training on positive parenting</p>	<p>In Latin America, civil society partners of Save the Children’s regional PASC (Civil Society Strengthening Programme) programme adapted the positive discipline in everyday parenting (PDEP) methodology so that it could be delivered virtually to mothers and fathers in Venezuela, El Salvador, Guatemala, Peru and Honduras, using online modalities and social media.</p>	<p>The use of digital platforms, which are friendly and easy to access, ensured wider participation in workshops and webinars of participants from different social backgrounds and geographic context.</p> <p>Online courses benefited from greater participation by fathers and male caregivers. The team is studying this observation in more depth to better understand why.</p> <p>Online training processes require substantial preparation time and require piloting before the first session, by means of simulation or testing .</p>		<p>Spanish</p>
<p>Restricted access to parents, teachers, caregivers</p>	<p>2.2 Virtual sessions/training on positive parenting</p> <p>2.3 Provide remote, telephone support on positive parenting to caregivers</p> <p>2.4 Positive parenting messaging through mobile,</p>	<p>In Nepal, Save the Children adapted all sessions of the Parenting without Violence course into radio sessions. The script for radio drama was prepared based on the sessions of Parenting without Violence which was later given a voice over and recorded. As part of preparation, some distance meetings were held</p>	<p>The social mobilisers’ role was shown to be very effective, enabling regular follow-up with parents and children via phone calls on the objectives and key learnings of the sessions/modules.</p>		<p>Nepali</p> <p>English</p> <p>PwV radio programme script, content and outline</p>

	<p>online, social media, podcasts, webinars</p>	<p>with the radio journalists/radio stations to make them fully aware of the objectives and the content. In parallel, a ToR was developed for social mobilisers (SMs) to carry out monitoring on the effectiveness of the radio sessions. The SMs have been in regular touch with parents and children via phone calls and have received positive responses.</p>	<p>Regular monitoring and follow up with the participants is necessary when activities are conducted through digital platforms.</p> <p>Make sure calls are made at convenient hours for respondents (take into account peak hours of household chores to ensure women are reached equally). Also, ensure that radio sessions are aired at convenient times for communities/households.</p> <p>In remote areas with connectivity (electricity) issues, consider providing solar-powered radios and/or reaching communities with recorded sessions.</p> <p>Promote smaller groups for interaction sessions as a means of promoting scale and reach.</p>		<p>Child-friendly videos and animation</p> 
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CHILD PROTECTION PRIORITY AREA INNOVATIONS AND ADAPTATIONS

Remote/adapted mental health and psychosocial support

WHAT'S NEW?

Before COVID-19, the majority of MHPSS interventions implemented in Save the Children programming were conducted via face-to-face methodologies. As a major threat in its own right to the mental health and psychosocial wellbeing of children and caregivers, COVID-19 necessitated an urgent and rapid shift to platforms, approaches and messaging that would reach existing and new programme participants with essential MHPSS services. Save the Children and partner teams responded with innovations and adaptations that enabled home-based access to MHPSS, ranging from printed kits for distribution to caregivers and children, to smart phone applications, and MHPSS for government frontline responders and essential personnel.



CHECKLIST




Commonalities of effective MHPSS adaptations based on analysis of lessons logged in the Learning Log:




- Accommodate different audiences in the same community. **Use various platforms or methodologies to communicate the same message.** Not everyone will respond to social media nor benefit from it, some community members prefer print media or the spoken word.
- **Involve some form of two-way interaction.** If possible, combine remote methodologies with an occasional household visit in line with local restrictions and guidance on physical distancing or phone interaction to introduce or follow-up on use of materials that are distributed for home-based used.
- **Integrate** interventions with case management and other approaches implemented by Child Protection, Health, Education or Cash and Voucher Assistance teams.


Key resources

- [Remote supportive supervision guidance \(IFRC\)](#)
- [Remote Psychological First Aid \(PFA\)](#) (Terre des Hommes)
- [Training module for child helpline counsellors \(Child Helpline International\) \(Not COVID-19-specific\)](#)

PRIORITY AREA: REMOTE/ADAPTED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Challenge	Innovation area	Innovation/adaptation	Advice from CO	Region	Language & resources
<p>Restrictions on implementing Safe Spaces or community-based activities</p> <p>Limited access to field-based staff</p>	3.4 Adapted programming, HEART, Child and Youth Resilience (CYR), home-based PSS kits	<p>In Afghanistan, Save the Children staff developed and promoted home-based PSS, including through a toolkit which employed photography as a vehicle for building resilience in children and young people.</p> <p>Activities were selected/designed that required little experience or resources. Resources were allocated for printing and distribution with PSS kits containing coloring books, coloring pencils, COVID-19 storybooks, some recreational items.</p>	Contextualise activities as much as possible and differentiate for a range of capabilities. Ensure activities can be modified to suit different ages. Consider how activities can be modified so that children with physical or intellectual disabilities can be included at home. Door to door distribution enables staff to provide brief explanations of the resources provided and to answer any questions, respecting physical distancing guidance and using PPE.		
<p>Closure of child-friendly spaces</p> <p>School closure</p> <p>Restricted access to households for psychosocial support</p>	3.4 Adapted programming, HEART, CYR, home-based PSS kits	<p>In Uganda, for psychosocial support, facilitators and case workers residing within communities moved from house-to-house distributing and engaging with children and families using adapted psychosocial games and charts including stress busters, My Wellbeing diary and play materials included in home learning packs.</p>	Intensify efforts to communicate via a range of mechanisms/platforms, including community outreach, mobile vans and bicycles, community radios, and visual charts. Not all families (especially those in refugee camps) have access to radio/TV		<p>Stress Busters from the HEART programme</p>  <p>(English) (Ukrainian) (Armenian) (Welsh)</p>

		<p>Trainings were conducted on Psychological First Aid for staff and members of community groups.</p> <p>Short games, activities and messages on how families can cope with distress and COVID-19 information were disseminated through media, as well as through other Save the Children activities related to risk communication and community engagement.</p>	stations.		<p>(Spanish) (Portuguese) (Spanish)</p> <p>Kids Talk Corona Virus video (Human Rights Watch)</p> 
<p>Reduced access to regular in-person psychosocial support services</p>	<p>3.3 Providing remote, telephone/other tech-based PFA, PSS, MHPSS support, hotline</p>	<p>In Zambia, Save the Children strengthened the capacity of national helpline staff by increasing workforce numbers, and by providing training as well as psychosocial support, to ensure enhanced and ongoing quality of essential tele-support to children and communities experiencing increased anxiety and protection concerns.</p> <p>They also promoted the use of the helpline within the protection cluster, communities and other national platforms such as radio and television.</p>	<p>Prioritise first responders' psychosocial wellbeing as an ongoing intervention, to reduce burnout.</p> <p>Continuously update the referral directory and follow up on cases to track support provided.</p>		
<p>Control and prevention measures disrupted children's routines and social support, and placed additional stressors on parents and caregivers</p>	<p>3.5 MHPSS messaging through mobile, online, social media; videos; campaigns/awareness-raising</p>	<p>In Somalia, Save the Children developed parenting messages and delivered these via radio/TV, social media and door-to-door.</p> <p>They distributed community messages through posters in strategic places, reinforcing proactive coping strategies for stress reduction and messaging for parents on how to communicate</p>	<p>Radio and TV programmes may air when audiences cannot pay full attention and audiences push away mobile phone text messages when they are not interested or cannot read SMS texts because of literacy or language issues.</p>		<p>Risk Communication & Community Engagement (RCCE) Somalia COVID-19 Rapid Assessment Survey Report</p>

		<p>with children about COVID-19.</p> <p>Active efforts were made to identify women focal points, to ensure that women and girls would not be overlooked in interventions.</p>	<p>Therefore, it is important to use mixed approaches to reach various categories of parents.</p> <p>Ensuring channels for two-way discussion about campaign topics – between community and campaigners – was a big determinant of success.</p> <p>Therefore, where possible, incorporate some safe door-to-door/face-to-face interaction to directly speak to children, have discussions with fathers and community leaders regarding GBV, involve religious leaders as mobilisers and ensure the safety of case workers.</p> <p>Work with existing structures within the community for swift trust building and collaboration - this is paramount to the success of community-led campaigns.</p>		
		<p>In Myanmar, Save the Children provides one on one emotional support through an online text/chat platform called Mee Pya Tike.</p> <p>The target group is adolescent girls and boys, and topics covered in support sessions have included loneliness, stress, relationships with</p>			<p>English</p> <p>Myanmar language</p> <p>Link to web portal</p>

		<p>friends (including girlfriends/boyfriends), peer pressure and careers.</p>			
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“Thank you for being a shelter when I feel suffocated and no one to express.”

“Please extend chatting time.”

“I like the app as I do not need to provide personal information.”

“The best app for teenagers. I love this app.”

“The app makes me feel better and keeps me warm. Such a good app.”

“The best team everyone needs. I feel satisfied. Youths need the companion whenever they feel down.”

“Thank you for being able to express feelings which I do not want to share with others. I felt better. Although the chatting time is short, I like the app.”

- Mee Pya Tike app users, 2020

WHAT'S NEXT?

New interventions that stand out as particularly promising, are being integrated into longer term ambitions and plans for the upcoming new strategic period in country offices across the globe. These will continue to be updated in the online version of the catalogue, as plans progress. As an example, Myanmar's Mee Pya Thike app will evolve from a standalone programme component to play a bigger role in the country office's expanded COVID-19 continuation in 2021. It will be used to integrate PSS into a bigger health and protection response, by communicating messages targeting the specific mental health needs of women and girls during COVID-19, and drawing on feedback of chat sessions to collect data that will help tailor Save the Children responses to the feelings and experiences of boys and girls during the pandemic.

Mee Pya Tike is the only text chat platform in Myanmar enabling users to chat with trained listeners by text messaging in an anonymous and safe manner.

Upcoming activities include:

- Continuation of Mee Pya Thike psychosocial support chat application
- Digital campaign on mental health targeting youth, adolescents and caregivers and promoting the Mee Pya Thike application
- Psychosocial support to 20 volunteers
- Risk communication – dissemination of existing RCCE materials (including protection risks) to frontline workers/ maternal and child cash transfer mothers, youths, garment workers.

CHILD PROTECTION PRIORITY AREA INNOVATIONS AND ADAPTATIONS

Cash and Voucher Assistance for Child Protection

WHAT'S NEW?


Economic poverty is one of the key drivers of Child Protection risks. In order to meet basic needs, very poor households may be forced to resort to negative or harmful coping strategies, to reduce household expenditures (for example, school drop out, child marriage) and increase household income (child labour, sexual exploitation or forced recruitment). COVID-19 further increases children's risk of violence, exploitation, neglect and abuse. Integrated Cash and Voucher Assistance and Child Protection programming can help mitigate or address part of these risks. CVA refers to all programmes where cash transfers or vouchers for goods or services are directly provided to individual, household or community recipients. This excludes remittances and microfinance in humanitarian interventions (although microfinance and money transfer institutions may be used for the actual delivery of cash).


This is an emerging priority area, and therefore only two examples are showcased, but more are expected to follow as new interventions are developed and monitored, and as Cash and Voucher Assistance is increasingly integrated with Child Protection and other sectors. Innovations focus on finding effective, safe ways to distribute cash, as well as methodologies for seeking out the most vulnerable families by combining Child Protection and household vulnerability criteria.

Key resources

- Cash and Voucher Assistance and Child Protection toolkit (Alliance for Child Protection in Humanitarian Action, forthcoming in early 2021)
- [The Cash Learning Partnership](#)
- [3 Things to Know about CVA and CP during the Covid-19 Pandemic](#)

PRIORITY AREA: CASH AND VOUCHER ASSISTANCE FOR CHILD PROTECTION

Challenge	Innovation area	Innovation/adaptation	Advice from CO	Region	Language & resources
<p>Overcrowding during distribution</p>	<p>4.6 At risk of violence/negative coping</p> <p>4.7 Marginalised/vulnerable households</p> <p>4.8 General Child Protection</p>	<p>In Egypt, the East Africa Migration routes project (EAMR) mitigated the risk of overcrowding by providing cash assistance to vulnerable refugees over the counter through the Egyptian Post Office.</p> <p>The EPO has over 4,000 branches across the country and a centralised data system. Refugees were able to use the refugees' ID (UNHCR cards) to approach any PO and collect their assistance.</p>	<p>For longer-term projects to use the same modality, invest more in providing training and enhancing the systems of governmental entities that have a high potential of implementing cash distribution.</p> <p>Transactions were cost-effective, and with 4,000 branches countrywide, the EPO was considered an accessible location by the majority of beneficiaries.</p> <p>Limitations included lack of live record of dispersal (only pdf records were available), and high levels of bureaucracy related to the EPO as government institution.</p>		

<p>Anticipating that the impacts of COVID-19 (i.e. income loss, food security) will be secondary impacts on Child Protection and separation of children.</p> <p>The need to do beneficiary selection in a way which takes Child Protection risks into account to identify households who most need cash assistance.</p>	<p>4.4 At risk of family separation</p> <p>4.5 Case management</p> <p>4.6 At risk of violence/negative coping</p> <p>4.7 Marginalised/vulnerable households</p> <p>4.8 General Child Protection</p>	<p>In Cambodia, Save the Children, with the Ministry of Social Affairs, Veterans and Youth (MoSVY), are implementing a cash and livelihoods program under FCF REACT.</p> <p>Beneficiary selection was conducted through a Household Economic Survey (HES) that combined common questions in Food Security and Livelihoods programming (e.g. household socio-demographic vulnerabilities, income, debt, hunger) with Child Protection (e.g. harmful coping strategies, risk of separation).</p>	<p>Ensure adequate provision of training (including practising using the tool) and coaching is available.</p> <p>Implement feedback loops with partners to understand beneficiary selection, profile of non-eligible households, etc.</p> <p>The HES survey and questions have been successful in identifying households where there are both food security and Child Protection risks.</p> <p>The threshold scoring for selection was not shared with partner case workers and all the analysis was undertaken by FCF REACT. This ensured both limiting of any bias in case workers completing the HES and also ensured their safety in not having any role in the decision-making of beneficiary selection.</p>		<p>Household Economic Survey Tool (English)</p>
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CHILD PROTECTION PRIORITY AREA INNOVATIONS AND ADAPTATIONS

Digital child protection innovations and adaptations

WHAT'S NEW?

COVID-19 has vastly increased the use of digital technology and online applications by children and young people across the world. It has changed the face of the education sector, and online education is likely here to stay. Smart phones and social messaging applications have become a lifeline for staying in touch with friends and family. The associated increased risk of online abuse necessitates urgent interventions that equip children and young people and their parents, caregivers and teachers with knowledge and skills to stay safe online, and while online safety is not a new area of work for Save the Children and partners, country offices responded with an array of adaptations to promote safeguarding.



CHECKLIST:




Commonalities of effective digital adaptations based on analysis of lessons logged in the Learning Log:


- As with messaging discussed in previous sections, use different audiences in the same community. **Use various platforms or methodologies to communicate the same message.** Not everyone will respond to social media nor benefit from it, some community members prefer print media or the spoken word. Use subtitles if language may result in minority groups being excluded.
- **Use validated and accepted interventions** by target communities during emergencies to ensure effective uptake and participation throughout the lifecycle of the project. Don't introduce a new platform unless the target community is very technologically literate.
- **Combine digital interventions with distribution of airtime, data or accessories** such as earphones if this will improve uptake of messaging.

Key resources

- [Covid-19 and its implications for protecting children online](#) (UNICEF, GPEVAC, various)
- [Digital Safeguarding for Migrant and Displaced Children](#) (Save the Children)

PRIORITY AREA: DIGITAL CHILD PROTECTION INNOVATIONS AND ADAPTATIONS

Challenge	Innovation area	Innovation/adaptation	Advice from CO	Region	Language & resources
<p>School closures</p> <p>Restricted access to child participants for planned online safety activities</p> <p>Many children using the internet for education for the first time, necessitating online safety knowledge and skills</p>	5.1 Online safety	In Sri Lanka , Save the Children collaborated with the government and consortium partners to adapt an online safety course, intended for face-to-face delivery, so that it could be delivered virtually instead.	<p>Existing government agreements and consortium partnerships served as enablers to expedite delivery.</p> <p>It took longer than expected for children to work through modules/lessons, partly due to availability of data and internet.</p> <p>Therefore, it is important to plan for delays, or design the timeline to accommodate the length of time that it can realistically take to work through sessions.</p>		
<p>School closures</p> <p>Increased risk of online abuse associated with greater</p>	5.1 Online safety	Using Facebook as a platform for dissemination, Save the Children in Nepal recently rolled out a series of comic books on online abuse and safety. The comic book targeted to children is designed to empower them to report cases of online abuse and harassment, especially during the COVID-19 pandemic.	Comic books have the potential to inform and inspire conversations related to sensitive subjects and trigger desired behaviour change actions.		 <p>Comic book on Facebook</p>

online activity					
<p>An existing intervention of an app targeting adolescent sexual and health rights was about to be released, and had the potential to promote broad-based awareness about COVID-19 prevention among adolescents and youth, but did not initially include this info</p>	<p>5.2 Adolescent sexual health and rights, protection from sexual violence</p>	<p>In Sierra Leone, Save the Children launched a game application titled ‘My Sexual Health and Rights’ and adapted it to include contents on COVID-19.</p> <p>The content was created and led entirely by adolescents and young people, The youth were responsible for identifying their challenges and came up with solutions that aligned with their needs. As a result, the app consisted of modules covering the following topics: sexual reproductive health and rights, Child Protection, sexual gender-based violence, and personal hygiene; and COVID-19 was added as a module to act as a prevention aid.</p> <p>The app could be accessed online or offline through smartphones or tablets, the most common and accessible channels of communication for adolescents and youth in Freetown.</p>	<p>Some young people and adolescents had difficulty reading the English subtitles, and physical distancing combined with low volume on some devices sometimes made it difficult to hear the voice over which was done in the local dialect (Krio).</p> <p>Therefore, it is important to also disseminate earphones or small speakers to amplify the voice overs.</p> <p>Collaborate with local technology and innovation universities/ colleges, for exchange of knowledge, skills and experiences.</p> <p>Ensuring the participation of children and young people from the baseline survey up to co-creating the app and leading its roll out, allowed for the project to be totally young people and adolescent-led, giving them confidence to solve their own problems that can lead to scalable and sustainable projects.</p> <p>Therefore, it is important to include young people and adolescents at the very beginning as well as throughout the design process.</p>		<p>Krio</p>

