Save the Children's COVID-19 Program Framework and Guidance

Version 1.0

BACKGROUND

COVID-19 is a global pandemic which **threatens children's rights in countries around the world** and exposes them to potentially massive disruption to their healthcare, education, access to basic needs and services like food, protection and social interaction with family members, teachers, peers and communities. While current trends indicate that children appear to be less severely affected by COVID-19 in terms of their health and survival, further data is urgently required to understand the nature of transmission and specific risks to children. We know that regardless, children and families –and particularly the most vulnerable and deprived-are currently and will be impacted for months and years to come. This is an unprecedented, global scale crisis that definitively will set back our Breakthrough goals in their current form, and in order to protect these goals to the extent possible, we will 1. Mitigate the impact of the disease itself by contributing to the reduction of illness and death due to COVID-19 and other diseases, and 2. Maintain key program goals as much as possible across our three Breakthroughs. **How we respond both now and going forward will help mitigate the impact of COVID-19, and to the extent possible preserve children's rights to Survive, Learn, and Be Protected and the Breakthrough commitments we have made. We will focus our efforts on the most critical work essential to maintaining these commitments to the extent possible.**

Survive: Current indications and previous experience of responding to infectious disease outbreaks highlight major risks to children and their families that arise from the pressure on healthcare systems resulting in reduced access to routine health services (e.g. disruption of routine immunisation and essential obstetric care services, co-morbidity and a predicted rise in other common causes of childhood illness like pneumonia). Although epidemiology of the virus suggests that older people and people with chronic medical conditions appear to be more at risk of developing severe symptoms, children are able to both get infected and transmit the disease-a fact not widely understood to-date. Poor hygiene practices combined with personal hygiene habits such as sneezing or coughing in one's hand can exacerbate the spread of the virus. Food insecurity due to economic burdens, availability and access of essential items may be long-term, increasing cases of malnutrition and livelihoods loss. Countries currently experiencing humanitarian crises will be further burdened by pandemic waves that further disable weakened systems and general instability.

Learn: At the time of this writing, over 862 million children are currently out of school due to COVID-19. The impact on learning has already been massive, and planning assumptions state formal school disruption of between 2-12 months. Alternative learning methods must begin now to continue some form of educational gains, and UNESCO's Director-General has noted that the world is 'entering uncharted territory' never before experienced with all countries similarly impacted at around the same time. The long-term impacts of children out of school now will extend beyond learning objectives, and will hit the most vulnerable families and most marginalized (e.g. girls) the hardest, and we must act collectively and creatively.

Be Protected: Further impacts of COVID-19 include heightened risks to child abuse, neglect, violence, exploitation, psychological stress and negative impacts on development through loss of or separation from primary caregivers, loss of connection to protection mechanisms and services, limited access to community support, disruption in livelihoods and family connections, fear and anxiety caused by a pandemic and the increase of domestic violence in the home. Vulnerabilities can increase for children facing discrimination due to their ethnic group, children with disabilities, children migrating and/or facing displacement, and children living in care homes, juvenile justice and other detention centres. The mental health and psychosocial impact of quarantine, isolation, stigmatization, and separation from caregivers, loss of routine, connections and education can take a devastating psychological toll on children if not immediately supported. Additionally, when parents and caregivers become ill, it becomes increasingly difficult to effectively care for their children. This is exasperated by the fact that older adults who themselves face additional risks to COVID-19, may play a caregiving role. Caregivers facing significant loss of income without a family or societal safety-net may feel forced to resort to negative coping strategies that further place children at risk of child labour, early marriage, and early pregnancy.

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Save the Children's COVID-19 program strategy will require a coordinated international response to protect the most vulnerable children and communities from infection and the secondary impacts on non-COVID-19 related health, education and protection. The international community and governments will need to take extraordinary measures to contain, delay and mitigate the impact of COVID-19 at local, national and international levels. Measures taken by governments and public health experts to prevent and control the spread of the disease during infectious disease outbreaks must be calibrated to the phase of the outbreak in each country and designed to protect children and the most vulnerable groups.

Save the Children's COVID-19 Overall Strategy is based upon three pillars: 1. Staff Wellbeing, 2. Business Continuity, and . Programs (Preparedness and Response). The Program Framework breaks out Program Preparedness and Response into four Phases, and recognizes that communities and programs will move through the four Phases at different times and through different waves of an outbreak throughout an entire 12-18 (or more) month period. *Note that this Framework does NOT include Staff Wellbeing or Business Continuity.*

Program Framework for Immediate Implementation

This framework represents Save the Children's planning assumptions and priority areas for implementation over four phases of programming: Preparedness, Initial Response, Large-Scale Response, and Recovery. Each phase is defined by the specific scenario in-country (and in-community) and the overall objectives by Phase. This framework is not a comprehensive program document, rather is a higher-level guidance that allows Save the Children staff to locate which Phase their country/community are in and to begin implementation of key actions and activities by sector. There will be accompanying guidance for each sector that will outline detailed program components, and all sectors will align with international and national standards and best practice to-date.

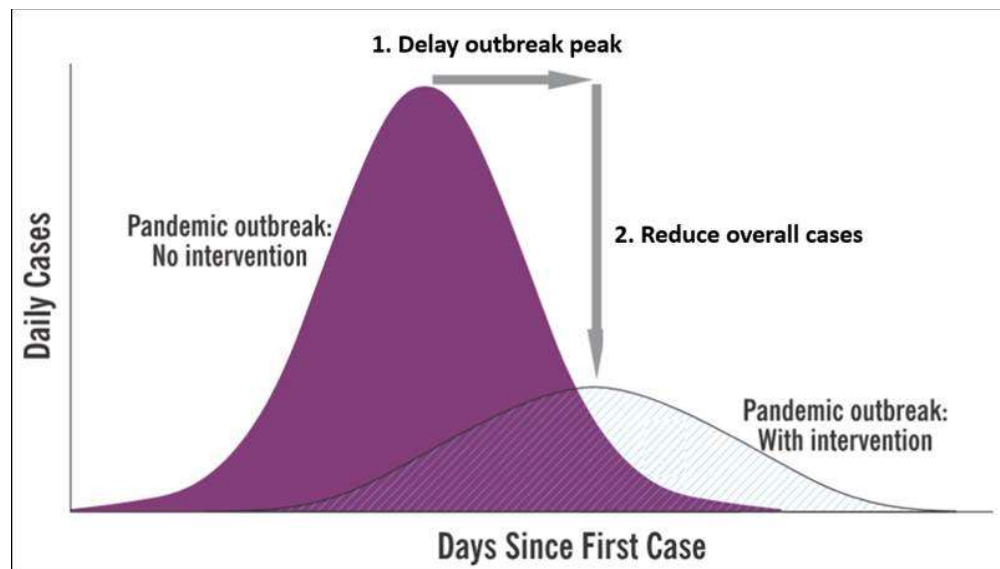# Key Principles and Program Planning Assumptions:

Principles

1. Save the Children will include appropriate child safeguarding measures at every phase and within every programming activity.
2. We will continue to ensure our work is driven by our values of accountability, ambition, collaboration, creativity, and integrity and that children and children's rights are at the center of everything we do.
3. We will maintain our commitment to the humanitarian imperative, which is ensuring the right to children and families to receive assistance, and for us to provide that assistance wherever it is needed.
4. We will prioritize partnerships and collaboration with local actors.
5. We will communicate with and share our work widely to ensure collaboration and best practice is implemented in real-time throughout the global pandemic duration
6. The most marginalized and deprived in every population will be impacted the most (and the longest), and we will target our efforts <u>first</u> to these groups.
7. Our work will be informed by contextual gender and social inclusion analysis

Planning Assumptions
1. Each community is unique, and appropriate communication and mitigation strategies will vary based on the level of community transmission, characteristics of the community, and local capacity to implement strategies.

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2. Virtually all communities on earth will experience outbreaks ("pandemic waves"), and a substantial proportion of all people will become ill during a period of 12-18 months.
3. All communities may experience from 1-3 waves of the duration of 6-16 weeks. The characteristics of the first wave may not predict what happens in future waves in the same community.
4. Supplies of COVID-19 tests, vaccines and antiviral medications will be inadequate at best, and possibly completely unavailable to many communities.
5. Health-care systems will be overwhelmed, and there will be a rise in secondary illnesses and unnecessary deaths with impacts across health and other sectors.
6. The challenge of an emergency puts additional strain on existing gender inequalities. General societal and economic disruption are expected globally, but particularly in countries with weaker infrastructure.
7. Global or even local deployments/surge will be very limited, at best.
8. There may be very little time for a country or program to prepare from movement from one Phase to the next.
9. Thirty percent (30%) or more of the workforce may be absent due to illness or caring for a family member during a pandemic wave.
10. Prompt and comprehensive interventions (also called Non-Pharmaceutical Interventions or NPIs) and mitigation strategies at community-level are essential and will delay the outbreak peak and reduce the overall cases (see figure below.) <u>Without any NPIs in place, a new study predicts approximately 80% of a population could become infected.</u>

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PROGRAM FRAMEWORK

SC PHASE	1. PREPAREDNESS	2. INITIAL RESPONSE	3. LARGE-SCALE RESPONSE	4. RECOVERY
SCENARIO	• None or few confirmed cases in country • No school closures • Minimal market disruptions • Insecurity and rumors spread, resulting in potential disruptive behaviors • Some pre-emptive measures may impact supply-chain delivery (e.g. border closures, movement restrictions) • Limited or no testing availability • Global or regional surge/deployment is limited or not available	• Confirmed cases of community transmission in areas of operation • Sporadic closure of school, markets, transportation systems • Changes in availability of essential supplies • Beginnings of critical infrastructure breakdown • Access to healthcare is reduced • Anxiety is heightened, which may impact social interaction and demand for service • Deterioration of coping and support mechanisms • Beginnings of food and income loss due to decreased economic activity • Potential price-hikes in essential food, water and supplies	• Widespread, sustained community transmission • Significant market disruptions • Lack of available essential water, food and supplies • Widespread and prolonged closures of schools, markets, transportation systems • Collapse of healthcare system • Public health and other critical services workforce is reduced by 30% • Individual or group relaxation of social distancing measures as fatigue and anxiety increase • Government and local restrictions prohibiting movement and access to services • High illness and potentially high death rates in some populations • Disproportionate impact on the marginalized and deprived • Irregular population movements within the country or between countries	• Decrease in community transmission • Schools and public spaces beginning to re-open • Markets coming back online; essential goods more widely available • Government restrictions lifted or eased • Likelihood of movement into another wave, return to initial response phase
OBJECTIVES	1. Preparedness and contingency planning 2. Ensure SCI and operational partners' staff are healthy and free of disease. 3. Communicate critical risk and increase community awareness and education	1. Reduce or delay transmission ("flatten the curve") with mitigation strategies in all SC programs 2. Continue programming objectives as much as possible with risk mitigation strategies in place 3. Prepare program, staff and beneficiaries for potential large-scale disruption to come	1. Begin/scale-up all COVID-19 response programming for life-saving and life-sustaining measures during the pandemic wave 2. Begin/ scale up MHPSS services 3. Reduce illness and death throughout wave 4. Continue key program goals as much as possible	1. Support safe return to school 2. Ensure mental health and wellbeing of children and their caregivers 3. Resume all program objectives 4. Prepare for possible second wave
TOPLINE INTERVENTION GUIDANCE	**Integrated Program Messaging:** • Collaborate across teams and with other stakeholders to develop key messages and dissemination approaches that are appropriate, timely, and inclusive of the most marginalized.	**Integrated Program Messaging:** • Ensure rapid and sensitive communication with children and communities about changes to program activities. • Child-friendly and gender-inclusive key messages prevention (including	**Integrated Program Messaging:** • Information sharing approaches shift to online platforms and methods that do not require face-to-face interaction, where necessary.	**Integrated Program Messaging:** 1. Collaborate across teams and with other stakeholders to develop key messages and dissemination approaches that are appropriate, timely, and inclusive of the most marginalized.

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• Analyze context, prioritize set of key behaviors and understand key barriers and facilitators • Engage with regional/national inter-agency communication and community engagement efforts, • Review existing SBC channels for reach at community levels (men, women, youth)	appropriate handwashing practices) are shared with children and communities, to raise awareness, prevent stigma and combat rumors • Assess strength of misconceptions, key barriers and distrust • Track and address new rumors/misinformation that may be circulating – paying particular attention to the groups/people who may be most impacted. • Practice effective community entry and local leader advocacy • Work with community leaders and existing community platforms on use of SBC materials • Engage with regional/national inter-agency communication and community engagement efforts. • Collaborate with mHealth platforms, digital and mass media for online dissemination of information and development of feedback loop with community members including frequent misconceptions and monitoring data	• Ensure communication with children and communities about changes in our program activities • Widely distribute accurate, accessible child-friendly materials. • Track and address new rumors/misinformation that may be circulating – paying particular attention to the groups/people who may be most impacted • Work with community leaders and existing community platforms on use of SBC materials • Engage with regional/national inter-agency communication and community engagement efforts. • Collaborate with mhealth platforms, digital and mass media for online dissemination of information and development of feedback loop with community members including frequent misconceptions and monitoring data	2. Ensure communication with children and communities about changes in our program activities and recovery approach. 3. Engage with regional/national inter-agency communication and community engagement efforts. (collect lessons learned, including children's own recommendations and experiences, for preparedness and mitigation) 4. Collect and upload effective SBC materials onto SBC media and materials data base

Health
1. Coordination
  a. Participate in coordination with Ministry of Health & key actors
  b. Map specific health capabilities: referral lab, referral hospital, procurement, supply chain
2. Infection Prevention & Control (IPC)
  a. Strengthen IPC in supported health facilities; identify and train IPC focal points
3. Surveillance
  a. Strengthen surveillance system including case definitions and contact tracing
4. Risk Communication & Community Engagement (RCCE)
  a. Promote culturally- and age-appropriate and empathetic community engagement to detect and respond to public perceptions and counter misinformation on key public health measures
	Health
	As per preparedness, plus
	  1. IPC
	  a. Support isolation, triage and -screening at existing supported health facilities.
	  b. Define patient referral pathways
	2. Community Case Management
	  a. Adapt guidance and train health care staff for community case management
	3. Surveillance
	  a. Set up register for reporting health care associated infections (HCAI) in existing supported health facilities and communities
	4. Supply Chain
	  a. Pre-position COVID 19 basic diseases commodity packages in health facility and explore local sources of supplies
	5. Meet the needs of women healthcare workers (who constitute 70% of the workers in the health and social sectors
		Health
		As per initial response, plus
		1. Case Management
		  a. Maintain routine and emergency health service provision for non COVID care at primary, secondary and community level through provision of training, incentives, supplies, human resources
		
		2. Meet the needs of women healthcare workers (who constitute 70% of the workers in the health and social sectors globally), on the frontline of the response, including psychosocial response and menstrual hygiene needs of the responders.
			Health
			1. Surveillance
			  a. Continue to actively monitor and report on cases and diseases trends
			2. Supply Chain
			  a. Review critical functions of medical supply chain
			3. IPC and Case Management
			  a. Carry out training to assess any skill deficits
			4. Coordination
			  a. Conduct an operational review to inform future response activities

		globally), on the frontline of the response, including psychosocial response and menstrual hygiene needs of the responders.	
NUTRITION 1. Reduce frequency of follow up 2. Develop/strengthen existing "online and offline" platforms for dissemination of key information and messages promoting and supporting optimal IYCF practices, particularly breastfeeding Pre-position nutrition supplies 3. Identify beneficiaries who may need support with IPC or nutrition goods 4. Do not initiate new programs. Consider funding opportunities to strengthen current programs and appropriate modifications. 5. Disseminate signs, symptoms and actions for Covid-19 to all frontline nutrition staff and community workers	**NUTRITION** **As per preparedness plus** 1. Continue to support regular recommendations on feeding practices across all age groups **2.** Implement identification and isolation of patients at the point of entry to facilities **3.** Suspend all group activities, mass screenings and community assessments 4. Implement community-based programming and appropriate integrated SBCC messaging including optimal nutrition practices, Health/WASH/IPC/etc. **5.** Support/direct distribution of IPC materials to suspected or confirmed mothers who are breastfeeding	**NUTRITION** **As per initial response, plus** 1. Consider reduction up to 8 weeks between follow up or temporary suspension of programs	**NUTRITION** 1. Slowly re-increase follow-up back to baseline. Re-start group activities 2. Prioritize order of assessments that were delayed alongside other actors
WASH 1. Develop/adapt and disseminate IPC guidance / protocol based on CO context /community norm 2. Develop guidance on frequently cleaning high-touch surfaces like doors/doorknobs, faucets, railing, toiler flushers etc. 3. Including IPC guidance at household level, working places and Community public places 4. Develop the contingency plan, contingency stock and frame work agreement for essential hygiene items 5. Develop distribution SoP 6. Provide essential training module to staff and local partners	**WASH** 1. 'Activate the Contingency plan and shift to response mode ' 2. Approaching national /in country networking, conducting Intensive campaign on handwashing with soap and personal hygiene more widely through appropriate channels of communication 3. Disseminate IPC guidance for SC heath facility and Non Health Facility 4. Working with Community based platform such Community leaders and traditional healers can play a crucial role as information providers, especially in populations with low literacy levels. 5. Deploy WASH Expert/Activated WASH Backstopping for CO response 6. Distribution of Hand-washing related to NFI and Where critically required, restore and repair water supply and handwashing stations in learning spaces /Schools	**WASH** As per initial response, plus 1. Distribution of Hand-Washing related NFIs. Ensure enough soap for everyone for handwashing, cleaning and clothes-washing purposes for a period of 2 months. Add 50% buffer stock. 2. Where critically required, restore and repair water supply and handwashing stations in learning spaces /Schools 3. In case of SC plan to running Static health services, WASH will do Join response with Health to provide non-medical support activities including medical waste management, water supply, essential WASH facility and decontamination protocol 4. Approaching Community based structure Establish and strengthen locally relevant *'change agents'* such as school WASH clubs and champions; mothers and caregivers peer to peer groups; community health workers; other children's groups, etc.	**WASH** 1. As joint response with other sector to provide a 'Hygiene education community based program
Education	**Education**	**Education**	**Education**

1. Education programming (Early Childhood Care and Development/ Basic Education) continuing without or with minor adaptations. 2. Safe programming in education (practicing proper handwashing before meals, after use of toilet, etc.) continues with key prevention messages for COVID-19 to students and families disseminated ensuring that the most vulnerable and marginalized have access to information. 3. Explore distance-learning tools. 4. If a SC led cluster/WG/sector is active, ensure cluster is adequately staffed, assigning Emergency TL/Education TA to double hat if necessary; Convene other education cluster leads to coordinate SC contributions. 5. Convene Education Cluster/ sector partners to discuss ongoing activities and preparedness; develop contingency plan for the sector (or adapt existing cluster strategy if available); ensure preparedness is on ICWG agenda. 6. Ensure education technical leads are familiar with the child safeguarding in education risk guide and working closely with CSG lead to identify potential SG risks and mitigation plans 7. Assess the in-school services children are accessing (e.g. food programs, drop-in centers, counselling, temporary shelter, safe haven) and how a pause in services will affect children, especially the most marginalized and vulnerable children.	1. Strict adherence to government guidelines including postponing/cancelling activities and implement additional government guidance to inhibit the spread of COVID-19 in schools. 2. Implement school absenteeism monitoring systems to track student and staff absence. 3. Start preparation of distance learning tools. 4. Coordinate and ensure Education Cluster/ sector/ partners are prepared to implement contingency plans, mitigation measures, monitoring and information management. 5. Prepare and disseminate regular needs assessments, ensuring ongoing communication with HCT and donors on sector needs.	1. Support MoE in operationalizing distance-learning modalities including disseminating information to partner/remote schools. 2. Ensure that the most vulnerable children and their families are supported and able to access government offered distance- learning (language, modality). 3. Work with social service systems to ensure continuity of critical services that may take place in schools such as health screenings, feeding programs or therapies for children with special needs. 4. Ensure sector leadership for SC led clusters/WGs/sector, including dedicated staff assigned (or double hatting if necessary) and functioning of the information management system. 5. Prepare and disseminate regular needs assessments, ensuring ongoing communication with HCT and donors on sector needs. 6. Prepare guidelines and information required for recovery, for example on reopening of schools (seeking external support for this if necessary).	1. Ensure ALL children formally enrolled are returning back to school. 2. Continue to implement safe programming guidelines/regulations in schools to prevent a further outbreak. 3. Ensure support for Mental Health/Psychosocial support needs are available. 4. Support consultations with students to understand their ongoing needs, the impact the crisis has had on their families/rights/community and what actions they may want to take. Share this information with other sectors/duty-bearers. 5. Cluster/WG/sector led after action reviews to document good practices/lessons learned.
Child Protection 1. Support caregivers without access to safe infection control materials for their home, resources for safe and healthy quarantine and/or access to information on how to care, protect and talk to their children. 2. Develop contingency plans for the care of children orphaned or left without appropriate care by severe cases of COVID-19.	**Child Protection** 1. Mobilize a community response to monitor the situation of vulnerable households and offer support when needed 2. Strengthen capacity of child protection case management workforce to safely provide protection services for the most vulnerable and at heightened risk of exposure to domestic violence, within a	**Child Protection** 1. Ensure placement of appropriate social welfare staff at hospitals to identify and better protect children separated from family members due to treatment or sudden population movement. 2. Continuously assess alternative care options and gaps for children, support development safe and appropriate alternative care options for children who are separated from their primary	**Child Protection** 1. Extend social protection schemes to at-risk households facing temporary loss of income, and enable carers to offer continuing quality care and reduce stress in the home. 2. Partner with schools, community centres and child friendly spaces to implement recovery/resilience building programming

3. Advocate/develop preparedness plans for identification of, prevention and response to violence, abuse, exploitation and neglect, within a contagious environment, to maintain and expand protection to the most vulnerable children. 4. Build capacity of children's programming facilitators and managers in infection control, monitoring and information sharing on decision making around closures 5. Ensure CP technical leads work closely with CSG lead to identify potential SG risks and mitigation 6. Develop plans with vulnerable families already receiving case management on how to access services and where to receive additional support within their own support network.	contagious environment as per appropriate vulnerability analysis 3. Support to parents and carers on how to provide psychosocial support to their children - what to watch for and how to respond. 4. Support to communities and responders to provide reassurance and support to children affected by separation or loss 5. Incorporation of psychosocial support messaging and programming in any distance learning platforms utilized, and sensitization of teachers to address psychosocial impacts during return to school activities	caretakers due to treatment and preventative measures. 3. Explore options with communities for distance/remote communication and connection around parenting and family strengthening and support programming 4. Integration of CP Case management and referral mechanisms within the Health Response to identify and respond to child protection concerns, with a focus on SGBV.	3. Work with social welfare workforce to identify, follow up on and support children who remain separated from primary caretakers, including family reunification and alternative care support. 4. Mobilize community to implement structured and non-structured community based psychosocial support activities. 5. Partner with women's groups and domestic violence prevention/response organizations to provide support to children, women and non-binary people who may be exposed/experiencing domestic violence. 6. Assess and build capacity of child protection systems to support recovery and protection of children's wellbeing
Food Security & Livelihoods 1. Closely monitor food prices and markets (including labour markets) 2. Establish triggers for early actions (e.g. use HEA outcome analysis project and quantify the impact of a shock 3. Prepare logistics for cash/in kind distributions 4. Explore partnership with private sector and explore innovations to ensure supply chain continuity and improved resilience of the food system (e.g. encourage e-commerce and delivery) 5. Ensure FSL leads work closely with CSG lead to identify potential SG risks and mitigation plans	**Food Security & Livelihoods** 1. Continue to closely monitor food prices and strengthen market supervision (including labour) 2. Support to traders to maintain supplies (including cash to maintain stocks) 3. Advocate for banks/financial institutions to re-open/ be more flexible for qualification criteria 4. Advocate for market regulations to avoid "food panic reactions"	**Food Security & Livelihoods** 1. Cash transfers and/or support to access credit to traders to keep business open. Focus on women who are often overrepresented in informal economy. 2. Monitor logistical operations of regional agricultural and food supply chains. (e-commerce and delivery companies can also play key logistical roles) 3. Advocate for enabling policies and increase support to production entities (poor farmers)	**Food Security & Livelihoods** 1. Conduct market analysis to plan the early recovery phase 2. Advocate for government to mitigate the burden on farming enterprises by reducing or delaying their tax and social insurance premium bills and lowering their rents 3. Consider providing temporary subsidies for farmers. 4. Support economic resilience of the poorest and most affected by the potential economic slowdown (most likely to be rural poor)
Social Protection/Cash 1. Conduct analysis of current Social Protection systems to ensure ability to respond to expansion in terms of support provided and number of beneficiaries 2. Conduct a Cash Emergency Preparedness assessment to better assess feasibility of cash transfers and establish transfer mechanism and	**Social Protection/Cash** 1. Expand access to Social Safety Nets (cash or in kind depending on the context, functioning of the market etc.) 2. Consider cash "plus", i.e. cash distribution linked to Social Behavior Change Communication activities aimed at improving nutrition or other outcomes for children.	**Social Protection/Cash** 1. Cash and in-kind distributions to meet immediate food and cash needs (e.g. to cover transport and medical expenses) 2. Advocate for universal Basic Income/ Social Protection schemes to reach poorest households 3. Protect vulnerable groups and provide employment services to migrant	**Social Protection/Cash** 1. Safety Nets to drive "reconstruction"

		workers as borders close (e.g. provide information on available local jobs)	
amount (e.g. using HEA and Cost of the Diet) 3. Ensure TAs are familiar with the child safeguarding in Cash and voucher risk guide and working closely with CSG lead to identify potential SG risks and mitigation	3. Ensure connections with existing SP systems		

Integrated Activities:

Child Rights Governance/Child Participation
1. With adequate risk mitigation in place, consult with children and families to understand how their lives have been affected by COVID-19 and current rumors, and adapt interventions based on that information.
2. Map out and identify existing children's groups/networks who may want to support information sharing, advocacy and actions related to COVID-19. As early as possible, work with them to share/develop resources (e.g. pilot child friendly materials), planning, risk assessments, etc.
3. Support children to engage in safe risk communication activities.
4. Ensure government/duty-bearer (including the private sector) commitment to the full respect of children's rights, and any limitations imposed must be legitimate and proportional.

Gender
1. Conduct a rapid gender and social inclusion analysis to understand how existing inequalities might be exacerbated by the pandemic and the quarantine. E.g. prevalence of domestic violence, women's participation in the informal economy, women's representation in the care sector (health, social services), etc.

MEAL

Integrated Activities:

Child Rights Governance/Child Participation
1. With adequate risk mitigation in place, consult with children and families to understand how their lives have been affected by COVID-19 and current rumors, and adapt interventions based on that information.
2. Support children to engage in safe risk communication activities.

Gender
1. Disaggregation of data related to the outbreak by sex, age and, if possible, disability and other social characteristics that drive inequality
2. Containment and mitigation measures to address the burden of unpaid work on women in care work (nurses, teachers, etc.)
3. Address the heightened of domestic/family violence and Training of first responders on handling disclosures of GBV, including psycho-social support.
4. Prioritize access to sexual and reproductive health services, including pre- and post-natal healthcare.

MEAL
1. Postpone less critical or time-sensitive MEAL activities; adapt critical or time-sensitive MEAL activities where possible necessary
2. Ensure appropriate feedback and reporting channels are functioning,

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Integrated Activities:

Child Rights Governance/Child Participation
1. Community engagement, participation and information provision shifts to remote and other risk-mitigating measures (radio, text).
2. Ensure children's actions, views and recommendations are shaping and informing response plans and efforts. Communicate these efforts and changes to children/communities.

Gender
1. Collaborate with local women's rights and domestic violence prevention/response centers to extend support to women, children, and gender-non-conforming people who are quarantined with abusive partners, family members and parents/guardians.
2. Develop gender sensitive economic and social protection strategies to address loss of livelihoods, especially for women who are disproportionately represented in the informal sector.

MEAL
1. MEAL activities, including feedback and reporting channels, shift to remote implementation and other risk-mitigating measures
2. Continuously monitor key context indicators to inform decision-making
3. Disaggregate data by sex, age and, if possible, disability and other social characteristics that drive inequality

Child and adult safeguarding (SG)

Integrated Activities:

Child Rights Governance/Child Participation
1. With adequate risk mitigation in place, consult with children and families to understand how their lives have been affected by COVID-19 and adapt interventions based on that information.
2. Involve children in identifying recovery priorities for their communities. Explore the role children themselves would like to play in these efforts.
3. Continue to work with children on safe risk communication activities, in preparation for potential future waves.
4. Advocacy towards government/duty-bearers should focus on making resources available for recovery that ensure and maintain children's rights.

MEAL
1. MEAL activities to shift away from remote implementation and to expand in scope, covering initially postponed activities
2. Continuously monitor key context indicators to inform decision-making

Child and adult Safeguarding:
1. Continue to implement safe programming across all the sectors.
2. Ensure all SG cases reported are followed and proper investigation take place

MHPSS
1. Support the re-establishment of community support mechanisms that

1. Conduct scenario planning for MEAL activities in Phase 2 and 3 (including accountability), to prioritize, adapt or delay where necessary, and prepare risk assessments and mitigation plans
2. Establish/strengthen, and raise awareness on, feedback and reporting channels that can be used by children and communities without face-to-face interaction
3. Identify relevant secondary data (e.g. from CRSA) and review lessons learned from other public health crises and disease outbreaks in relevant contexts
4. Identify key context indicators that will help identify changes in phases and trigger changes in programs
5. Ensure MEAL leads are familiar with the child safeguarding in MEAL risk guide and working closely with CSG lead
6. Disaggregate data by sex, age and, if possible, disability and other social characteristics that drive inequality

Child and Adult Safeguarding:
1. Ensure permanent CSG Coverage (CSG leads to validate the lists of all of their focal points and work with HR & CDs to fill in any gaps identified
2. Ensure all CSG staff are up to date with SG related training (Datix, PSEA, as well as the Hum CSG Toolkit); and that all other staff receive CSG refresher training
3. utilize the SC integrated risk assessment and Work closely with technical lead across the different sector to identify SG and sexual exploitation (SEA) risks and develop a mitigation action plan
4. CSG leads need to ensure that all
5. Review all communication materials that aims to reduces stigma, emphasize on hygiene messages and fact to be child friendly and community friendly about ensure it is distributed through our different interventions

including channels that can be used without face-to-face interaction
3. Draft a learning agenda for the response, which will facilitate an inclusive process for learning and reflection to inform programming
4. Continuously monitor key context indicators to inform decision-making
5. **Disaggregate data** by sex, age and, if possible, disability and other social characteristics that drive inequality

Child and Adult safeguarding:
1. Safeguarding leads/CSFP to provide technical support to teams to ensure safer programming and mitigate the potential of transmission in activities involving children or their parents.
2. SG lead/FP to work closely with other functions (supply chain, advocacy, media and comms) to ensure all risks of abuse and exploitation are mitigated

MHPSS
1. Prioritise access to specialized mental health services for persons with pre-existing mental health conditions, or those with new acute presentations (in coordination with health teams)
2. Training of first responders on the identification of persons with mental health conditions that may be exacerbated by the outbreak (e.g. anxiety, depression)
3. Ensure that appropriate in situ and remote psychosocial support is available for staff support, and provide regular opportunities for staff to debrief
4. If group psychosocial activities are being conducted, review appropriateness and cease if needed, to ensure alignment with social distancing and infection control. Should group-based programs cease, ensure those who attended are provided with opportunities for remote follow-up (where possible)

1. SG leads/CSFP leads to work closely with sector leads to assess emerging child and vulnerable adults risks and developing mitigation plans (including other functions)
2. Ensure that adapt service modalities are also risk assessed and all mitigation plans in place.
3. Support children and families affected by COVID19 with child friendly material and psychological support

MHPSS
1. Ensure staff have access to remote/online MHPSS services
2. Support adults/caregivers with activities for children during home isolation/quarantine. Any communication or activities to explain the virus should be made in child friendly way based on simple accurate facts and proactive coping strategies.(e.g. hand washing games with rhymes/, storybooks and games promoting stress reduction techniques) Maintaining social contact with people who might be isolated using phone / text / radio
3. Ensure at a minimum 2 staff members are able to provide appropriate remote support (limited to emotionally supportive communication) to persons with pre-existing mental health conditions, or new acute presentations to prevent their isolation
4. Parental support by establishing hotline to discuss concerns / stresses
5. Referral to domestic violence clinics for women, children and non-binary people who might be experiencing domestic violence due to the quarantine.

existed before the outbreak to ensure community-based MHPSS in reinstated
2. Re-commence group-based PSS activities that focus on the promotion of wellbeing and resilience e.g. HEART and Child and Youth Resilience Program
3. Re-engage persons with existing mental health conditions to appropriate MHPSS services
4. Support MHPSS staff in-country (cross-organizational) in upskilling on strengthening MHPSS through a health systems strengthening approach
5. Commence activities to address stigmatization of persons and families previously infected, including a community messaging component

Adaptations / Unique Considerations by Context

ADAPTATION / UNIQUE CONSIDERATIONS BY CONTEXT

| Countries with Strong Systems (More Prepared) | **Unique elements to consider for COVID-19 programming in this situation:**
• National guidance is likely to adapt and adjust quickly with the changing situation
• SC country and program teams should ensure adaptation of any internal guidance to align with developing national standards

PER SECTOR CONSIDERATIONS:

Health
• Private providers may play a significant role
• Advocate early for a community-based model of care
• Potential to scale up cash-based interventions
• Consider innovative and alternative risk communication strategies
• Ensure that consistent access to SRH services is maintained, thus preventing an increase in maternal and newborn mortality and morbidity

Nutrition
• Identify additional community sites and plan for increased dispersed locations for distribution of commodities
• Transfer responsibility and programs to community-based health workers where appropriate
• Breastfeeding counselling, basic psychosocial support (with referrals as appropriate), and practical feeding support should be provided to all pregnant women and mothers with infants and young children
• Consider appropriate integrated SBCC messaging for optimal nutrition practices alongside Health/WASH/IPC/etc.

WASH
• Unlikely that there will be WASH program in these countries; any WASH intervention will already be in line with the National Strategy
• The intervention for WASH will be integrated closely with any health intervention

Education
• Education partners may include private corporations with Corporate Social Responsibility programs on education
• Focus of education intervention may be on making sure that government initiatives/programs reach the most marginalized and vulnerable children Supporting Government in activating contingency plan and emergency systems as soon as possible.
• Supplementing MoE's existing learning materials with materials on wellbeing/ MHPSS of learners and their parents

Child Protection
• Support/Advice the development of Alternative Care for Children Affected by COVID-19 emergency guidelines aligned with the Global Alternative Care Guidelines, including emergency child protection case management and social welfare workforce planning Assess the child protection system for infectious disease readiness and support capacity building gaps of the social welfare workforce
• Explore options for distance linkages and information sharing through internet based-platforms to provide , MHPSS activities and services (including specialized mental health services) and sharing of child friendly and parent support information on how to provide a safe and healthy quarantine period
• Assess access to services of the most vulnerable groups and support in emergency preparedness and response plans.

Integrated Activities: |

Child Rights Governance/Child Participation
- Support the government and other appropriate duty bearers to develop accurate, accessible and child-friendly risk communication materials.
- Support the government and other appropriate duty-bearers to develop feedback mechanisms within all programs plans and adaptations (e.g. within distant learning tools; government services, etc.)

MEAL
- Support the government and other appropriate duty bearers collect data that identifies the needs, views and experiences of children, in particular those from deprived and marginalized groups as well as those highest at risk to be affected by COVID-19.
- In countries with high levels of internet connectivity and widespread social media use, consider these means to collect data, share information, support participation and receive feedback.

MHPSS
- Adopt a health system strengthening approach to ensure mental health care in line with mhGAP (e.g. training of health staff on identification and basic management of mental health conditions that might be exacerbated during the outbreak). Work closely with MoH to ensure mental health care is adequately considered in country response action plans.
- Consider the role of private practitioners in offering specialized mental health services.

Countries with Weak or non-Functioning Systems (Less Prepared)	**Unique elements to consider for COVID-19 Programming in this situation:** - High likelihood of essential services being provided by SC; need to balance program criticality with risk to staff and program participants - Likelihood of mistrust, potential for increased insecurity **PER SECTOR CONSIDERATIONS:** **Health** - Private health care providers and traditional health care providers may play a significant role - Institute community case management early and modify community case management guidance for low resource setting - Adapt NPIs guidance for low resource settings e.g. homemade face masks - Explore alternative/local supply chain sources early for medical and IPC supplies **Nutrition** - Distribute IPC materials to breastfeeding mothers if suspected or confirmed case. - Identify additional community sites and plan for increased dispersed locations for distribution of commodities - All supplementary feeding programs should continue if possible (distribution methods should be altered to avoid large gatherings). The community-based provider or CHW may be able to assist in distribution to affected households, linked to wider food security efforts **WASH** - Assess capacity of WASH infrastructure in Community bases, health centres; Improve access to WASH facilities in health centres, where required; Training of health care workers on integrated COVID-19 response in line with the wider strategy; Wider outreach program in the community through existing projects/crisis modifiers - Approaching National and Community based network to Develop/adapt and disseminate key messages to cut/reducing Transmission Disease Chain **Education** - Make MHPSS messaging available to support parents and out of school children - Work with education partners through national Education Clusters to support the local authorities to develop/ implement and monitor guidance for schools to prevent the spread of Covid-19 in schools.

	• Work with education partners through national Education Clusters to support the local authorities in developing/ implementing and monitoring of guidance for schools' reopening • Global Education Cluster will collect, review and disseminate learning materials that will be used for distance learning • Remote learning will use different platforms (internet, TV, radio, mobile phones) depending on the what is most accessible • Provide practical guidance to caregivers, who may also have low level of literacy, to support children's learning and development **Child Protection** • Where Save the Children provides, or supports protection services for children, assess and priorities vulnerabilities and risks to stopping services to ensure children do not fall through the cracks (with a focus on home visits to children who have issues of violence and abuse in the home and children outside family based care) • Where programming must stop, assess and design plans to ensure routine, structure, connection and support can be put in place • Parents and carers who need to go out to work while day-care centres and schools are closed may find themselves obliged to leave their children without proper supervision and exposed to heightened risks of exploitation or abuse. • Social welfare workforce capacity building to ensure adequate numbers and capacity to operate in a contagious environment should be assess and developed to ensure protection of children, alternative care and family support and reunifications **Integrated Activities:** **Child Rights Governance/Child Participation** • Ensure adequate focus on child-focused rumor tracking (useful in all contexts but more important in situations with greater mistrust). Particular attention should be given to tracking rumors that may impact certain groups of children more than others (i.e. rumors related to gender, disability, ethnicity, etc.) **MEAL** • Ensure assessment and monitoring data identifies the needs, rights violations and views and experiences of children, in particular those from deprived and marginalized groups as well as those highest at risk of being affected by COVID-19. **MHPSS** • Ensure MHPSS considerations are implemented in each sector and that all frontline staff are trained in psychological first aid (PFA) • Ensure MHPSS messaging is developed that focuses on proactive coping strategies for children and families • Ensure vulnerable community members are considered at all stages of response (e.g. persons with severe mental disorders, older adults, persons with disabilities)
Refugee Camps / IDP settings / Collective Sites	Unique elements to consider for COVID-19 Programming in this situation: • Refugees, asylum seekers, IDPs and migrants who may be present in collective sites are at higher risk of scapegoating, stigma and other specific, discriminatory measures • Children and families in collective sites may not be included in national plans; may fall under different legal structures (i.e. could be centrally managed through CCCM structures) • Separation of families due to border closures could be more extreme • Movements may be more limited; access to outside services for those in collective sites may be restricted • Expected higher burden on women and girls who will take on additional care work in the home and for anyone who falls ill **PER SECTOR CONSIDERATIONS:** **Integrated Program Messaging (Social/Behaviour Change):** • Work with existing camp management teams, committees and/or community leaders to conduct consultations, risk assessment, and identify existing trusted communication channels (formal and informal). • Monitor rumors and feedback from camp residents and host communities and respond through trusted channels. Avoid instilling fear. Ensure that languages used for SBC materials are addressing literacy levels of different groups

- Address potential site-specific amplification, such as during food distribution and market attendance with messaging and e.g. phasing of attendance to avoid congregation of too many people at once. Bridge or replace suspended recreational and other group activities with digital group engagement (WhatsApp group cascades or other digital or mobile means where possible).

Health
- Surveillance: In refugee settings using UNHCR's health information system, the case definitions should be integrated into the list of acute conditions under surveillance based on national or global WHO case definitions. In other settings, EWARS should be utilized where it is feasible/ applicable.
- Quarantine: When a COVID-19 case is confirmed and isolation or quarantine is needed, of importance in this context is the consideration of stigma and negative (or cultural/social) coping mechanisms linked to the scarcity of space/accommodation and the resulting grouping of people based on other than family relationships (e.g. children and women of several families sleeping together, teenage and single adult men sharing an accommodation).
- Screening: For newly displaced individuals, screening should be implemented at reception/transit sites or upon arrival to collective site, including identification of signs and symptoms of COVID-19, as well as the risks of exposure, for example: observe visual signs of respiratory illness, coupled with questions on presence of fever/respiratory symptoms, and questions on history of contact
- Modify community case management guidance for refugee setting, train community volunteers for home based care, environmental adaptations to reduce risk e.g. increasing water supply, improving shelter and reducing indoor air pollution

Nutrition
- Do not stop programming unless essential
- Distribute IPC materials to breastfeeding mothers if suspected or confirmed case
- All supplementary feeding programs should continue if possible (distribution methods should be altered to avoid large gatherings). The community-based provider or CHR may be able to assist in distribution to affected households

WASH
- Assess capacity of WASH infrastructure in camps /temporary Settlement, health centres; Improve access to WASH facilities in Camps, Temporary Settlement, health centres, where required; Training of health care workers on integrated COVID-19 response in line with the wider strategy; Wider outreach program in the community through existing projects/crisis modifiers
- Develop contingency stock for essential hygiene and handwashing items so people can continue good hygiene practices
- Develop/adapt and disseminate key messages to cut/reducing Transmission Disease Chain
- Approaching Camp Management /Temporary Settlement and key group to develop join plant to end the Covid-19 outbreak

Education
- The resources developed and provided will be disseminated through the Global Education Cluster and national Education Clusters, EiE Working Groups and/or Local Education Groups to ensure a harmonized country-level response and one which aligns to our role as co-Lead with UNICEF.
- Coordination will also be critical with UN bodies operating in these contexts.
- All distance learning will vary based on language requirements with the population in the particular settings and accessible platforms

Child Protection
- Migrating children and children from ethnic minority groups who are perceived as being a source of COVID-19 contagion and subject to discrimination and violence.
- Children separated from their families and/or unaccompanied are at high risk of child protection concerns as well as adequate support and care to protect themselves from COVID-19 as well as the corresponding response
- Children on the move and away from their communities of origin may find themselves without appropriate and adequate support systems and may already be experience chronic levels of stress.

Integrated Activities:

Child Rights Governance/Child Participation

- Ensure adequate focus on child-focused rumor tracking (useful in all contexts but more important in situations where there is greater potential for scapegoating). Particular attention should be given to tracking rumors that may impact certain groups of children more than others (i.e. rumors related to gender, disability, ethnicity, etc.)
- Adapt access and focus of child friendly spaces to each context. For example: share child friendly information and (when safe) consult with children regarding the impact of COVID-19. Engage children in safe risk communication activities. If Spaces are closing, ensure these changes are communicated with sensitivity to children (addressing their fears and disappointment) - explore alternative ways to ensure children are still receiving support and opportunities to be heard and take action.

MEAL

- Ensure assessment and monitoring data identifies the needs, rights violations and experiences and views of children, in particular those from deprived and marginalized groups as well as those highest at risk of being affected by COVID-19

MHPSS

- Ensure a minimum of one staff member is able to provide emotionally supportive care for persons presenting with acute mental health presentations
- Ensure vulnerable community members are considered at all stages of response (e.g. persons with severe mental disorders, older adults, persons with disabilities)