The COVID-19 pandemic has had a profound impact on children. Over 1.5 million children have suffered the death of a parent or grandparent caregiver due to COVID-19. Violence against a much larger number of children has considerably increased. The first wave of COVID-19 disrupted the education of an estimated 1.6 billion children, and many of them are likely to permanently drop-out. More than 142 million children have been pushed into poverty, and that number continues to grow. The collective result of these factors is a protection crisis for children. Poverty exacerbates and increases the likelihood of violence and neglect, while lack of access to in-person education services decreases the opportunity to identify and refer vulnerable children to critical protective social services. Moreover, children who have lost one or both primary caregivers are at elevated risk of abuse, neglect, institutionalization, school drop-out, and trafficking, perpetuating the cycle of poverty.

The U.S. Government (USG) COVID-19 global response is addressing the profound risks children face to support adequate protection and care, in keeping with the whole-of-government Advancing Protection and Care for Children in Adversity (APCCA) Strategy.

The following guidance note outlines specific actions required to address the protection crisis for children and is intended to be complementary to, and integrated with, USG health, education, and economic investments for children and families impacted by COVID-19.

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1 This estimate was developed by a group of experts led by the Centers for Disease Control and Prevention using data from 18 countries, representing 77 percent of global COVID-19 deaths in 2020.
RECOMMENDED APPROACH

The U.S. Departments of Health and Human Services (Centers for Disease Control and Prevention and National Institutes of Health), Labor, and State; the U.S. Agency for International Development (USAID); and the Peace Corps collaborate under the whole-of-government Advancing Protection and Care for Children in Adversity: A U.S. Government Strategy for International Assistance (APCCA Strategy). The approaches recommended below align with objectives of the APCCA Strategy:

- **PREVENT** adverse impacts on children, including deaths of parents and caregivers from COVID-19; nutritional and material deprivation; and disruption of education and other essential services.
- **RESPOND** to strengthen systems, communities, and families to address the impacts of COVID-19, particularly for children who need family-based alternative care including kinship, foster, or adoption.
- **PROTECT** children from violence and deprivation by strengthening positive parenting, economic support, child protection measures, and educational access.

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- **PREVENT** adverse impacts on children and families, including the deaths of caregivers from COVID-19; nutritional and material deprivation; and disruption of education and other essential services.
  - Encourage and support governments to classify frontline social service and education personnel as essential workers so that the requisite public health response resources can be mobilized to keep them safe on the job; train and equip them on how to protect themselves and others from infection; and prioritize their access to vaccines, so they can continue to fulfill critical functions, such as in-person instruction and conducting home visits when necessary.
  - Support vaccine equity by identifying and supporting access for the most vulnerable households, including elderly or grandparent primary caregivers of children, single heads of household, and persons with underlying medical conditions, including HIV. Promote vaccine acceptance among these same households, particularly by strengthening collaboration with faith and community organizations on COVID-19 risk communication and community engagement.
  - Advocate for and support the safe reopening of education services across the education life cycle.
  - Support child-sensitive social protection programs to identify families living in poverty, and provide cash or in-kind support to enable them to meet their basic needs.
  - For children who lack adult care and supervision during the day, set up places within communities where they can be safely cared for, access a healthy meal, and benefit from age-appropriate development and learning activities. Institute stringent health measures, such as ensuring that all workers and children have access to clean water/soap and PPE.
• Support and implement evidence-based parenting programs, such as Parenting for Lifelong Health, Families Matter, and Real Fathers. Such programs provide caregiver and child psychosocial support; promote positive, non-violent discipline; strengthen responsive and nurturing care; and create critical opportunities for early learning.

• Provide parents and other family caregivers information, training, and mentoring, to help them interact constructively with their children during home confinement, support their holistic development and learning, and help monitor children’s “digital time” and safe access to online resources, which have increased as families shelter at home.

**RESPOND** to strengthen systems, communities, and families to address the impacts of COVID-19 infections, deaths, and mitigation measures, especially for children who need family-based care including kinship care, fostering, or adoption.

• Support social work and child protection posts in hospitals, health clinics, schools, and other response centers and community settings to identify and respond to child protection needs.

• Work with relevant authorities to establish a registration system for children separated from a parent or other caregiver due to medical necessity to prevent long-term separation and to facilitate reunification. Support hospitals and treatment centers to develop standard operating procedures for immediate documentation of all children accompanying infected adults who require treatment and quarantine.

• Develop detection and referral mechanisms for COVID-19-affected children and families requiring additional support, with special attention to children remaining in the home after the death of a parent or caregiver. To promote family unity and reduce the risk of separation, health facilities should establish clear, child-friendly intake and discharge procedures and protocols.

• Ensure separated children receive appropriate family care, including family-based alternative care, where family separation has occurred due to COVID-19 or another cause. Provide medical screening and arrange testing and care during quarantine, if appropriate, for any child left unaccompanied because their parent or caregiver is hospitalized due to COVID-19. Initiate a case file to record family information, including name and treatment location of the parent(s).

• Identify and train persons who are well-placed to care for children separated from their families within their communities, and provide resources to mobilize and scale up the emergency and respite foster care systems.

• Fund legal assistance to ensure and protect guardianship and inheritance rights for orphans and widows.

• Develop protocols and guidance for preventing and reducing family separation, including strengthening gatekeeping mechanisms, where child placement in alternative care may be necessary, including through strategic collaboration with health, education, and faith and community partners.

• Advocate to ensure vulnerable families, including kinship and foster families, caring for children are included in governmental and non-governmental emergency social protection
schemes.

- Support the routine inclusion in vital statistical records, such as death certificates, the names of dependent children of the deceased.

**PROTECT children from violence and deprivation by strengthening positive parenting, economic support, child protection measures, and educational access.**

- Advocate with host governments to classify child protection and domestic violence responders as essential workers and to keep child helplines operational.
- Provide modalities for remote monitoring and case management for times when travel for home visits are not possible—digital case management tools, access to mobile devices, data and phone credit, and mobile phones with power sources.
- Ensure communities have sufficient “eyes on children” and means of identifying and referring at-risk children and families for support. Mobilize key influencers such as religious, traditional, and other community leaders, including those from women’s and youth organizations.
- For government, community, and faith-based actors, develop tools and provide training on strengthening the identification of child protection risks at key health, education, and social protection entry points as part of the COVID-19 response.
- Use a positive youth development approach to engage young people directly in action to promote their own safety and well-being.
- Provide and strengthen school-based psychosocial support services for learners and educators to help them recover from the various impacts of COVID-19, including safe and confidential referrals to specialized care and protection services; expand school-based counseling, child psychologist, and social worker personnel and capacity.
- Provide training to teachers, children’s groups, and leaders of community organizations to recognize and report abuse.
- Support evidence-based violence prevention programs (such as Coaching Boys into Men or No Means No Worldwide).
- Provide support to child help lines to operate 24/7 and to hire, support, and train additional counselors to respond to the pandemic-related increase in child abuse and violence referrals and provide psychosocial support to those affected.
- Ensure that child protection messaging, policies, procedures, and training are integrated within COVID-19 response efforts in the health, education, labor, justice and social protection sectors. This should include guidance on family strengthening, preventing family separation, alternative care, and violence prevention.

**RESOURCES**

**Guidance, Assessment and Monitoring**


- **INSPIRE Indicator Guidance and Results Framework**, WHO.
• “Guidelines for virtual monitoring of children, their families and residential care facilities during the COVID-19 pandemic,” Changing the Way We Care (English & Spanish).

Child Protection
• Technical Note: Adaptation of Child Protection Case Management to the COVID-19 Pandemic-Version 2, ACPHA.
• Technical Note: Child Helplines and the Protection of Children During the Covid-19 Pandemic, ACPHA, Child Helpline International, Child Protection Area of Responsibility, UNICEF.
• Impacts of Pandemics and Epidemics on Child Protection Lessons learned from a rapid review in the context of COVID-19, Innocenti, UNICEF Office of Research.

Education
• Education Resources in Response to Coronavirus, USAID.
• Return to Learning Toolkit, USAID.
• Strategies for Accelerating Learning Post-Crisis, USAID.
• Social and Emotional Learning and Soft Skills Toolkit, USAID.
• Delivering Distance Learning in Emergencies, USAID.
• Operational Considerations for Schools in low-resource international settings, CDC.

Strengthening Family Care
• “Program guidance: preventive and responsive support to children, families and alternative care providers during COVID-19,” Changing the Way We Care (English, Spanish, and Romanian).

Alternative Care
• “Guidance for Alternative Care Provision During COVID-19,” Better Care Network, Save the Children, ACPHA, and UNICEF.
• Introducing “Guidance for Alternative Care Provision during COVID-19”: Policy Makers (recorded webinar for health policy makers on the above Guidance).
Additional issues

- “Mitigating the effects of the COVID-19 pandemic on food and nutrition of schoolchildren,” World Food Programme, the Food and Agriculture Organization of the United Nations, and UNICEF.
- “Key Messages and Considerations for Programming for Children Associated with Armed Forces or Armed Groups During the COVID-19 Pandemic,” ACPHA.

For questions or further guidance, please contact COVID19_ChildrenInAdversity@usaid.gov.